



# USAID | ETHIOPIA

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Closing date: October 10, 2021 - 17:00 Addis Ababa Time

Subject: Notice of Funding Opportunity (NOFO) No.: 72066321RFA00007

Program Title: Social and Behavior Change for Health (SBCH) Activity

Ladies/Gentlemen:

The United States Agency for International Development's (USAID) Mission in Ethiopia (USAID/Ethiopia) is seeking applications for a cooperative agreement from qualified entities to implement the Social and Behavior Change for Health (SBCH) Activity, subject to the availability of funds. Eligibility for this award is not restricted.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on [www.grants.gov](http://www.grants.gov), and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety.

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USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers and System for Award Management (SAM) requirements detailed in Section D.6.7. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

U.S. Agency for International Development  
Entoto Road  
US Embassy  
P. O. Box 1014  
Addis Ababa, Ethiopia

Tel. : 251-11 130 6002  
Fax : 251-11 1242438  
Website: <http://ethiopia.usaid.gov/>

USA Address:  
2030 Addis Ababa Place  
Washington, DC 20521-2030

Please send any questions to the points of contact identified in Section D. The deadline for questions is shown above. Responses to questions received by the deadline will be furnished to all potential applicants through an amendment to this notice posted to [www.grants.gov](http://www.grants.gov).

Issuance of this NOFO does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

*Alula Abera*

Alula Abera  
Agreement Officer

U.S. Agency for International Development  
Entoto Road  
US Embassy  
P. O. Box 1014  
Addis Ababa, Ethiopia

Tel. : 251-11 130 6002  
Fax : 251-11 1242438  
Website: <http://ethiopia.usaid.gov/>

USA Address:  
2030 Addis Ababa Place  
Washington, DC 20521-2030

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**ACRONYMS**

ANC	AnteNatal Care
AOR	Agreement officer's Representative
C4H	Communication for health
CBHI	Community Based health Insurance
CBOs	Community Based Organizations
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, Learning, and Adapting
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organizations
DHS	Demographic and Health Survey
DO	Development Objective
ECBH	Empowered community for Better Health
EDHS	Ethiopia Demographic and Health survey
FBOs	Faith Based Organizations
FGM	Female Genital Mutilation
FP	Family Planning
GIS	Geographical Information System
GoE	Government of Ethiopia
GBV	Gender Based Violence
HC	Health Center
HEP	Health Extension Program
HEWs	Health Extension Workers
HP	Health Post
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
ITNs	Insecticidal Treated Nets
IR	Intermediate results
LLINs	Long Lasting Insecticidal Net
LME	Learning Monitoring and Evaluation
MIS	Malaria Indicator Survey
MCH	Maternal and Child Health
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
NOFO	Notice of Funding Opportunity
PAD	Project Appraisal Document
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PIRS	Performance Indicator Reference Sheet
PMI	President's Malaria Initiative
PNC	Postnatal care
PPR	Performance Plan and Report
RH	Reproductive Health
RHB	Regional Health Bureau
RMNCH	Reproductive, Maternal, Neonatal and Child Health
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SBCH	Social and behavior Change For Health
SBC	Social and Behavior Change

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TFR	Total Fertility Rate
THDR	Transform Health in Developing Regions
TPHC	Transform Primary Health Care
U5M	Under 5 Mortality
UHC	Universal Health Coverage
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

**1. TITLE:**

Social and Behavior Change for Health (SBCH)

**2. SUMMARY**

USAID/Ethiopia, intends to award a five-year assistance Activity, entitled Social and Behavior Change for Health (SBCH), to support an organization or group of organizations, from here on known as “Recipient” or “Consortium” who share the expressed public purpose of improving healthcare outcomes through evidence-based and theory-grounded social and behavior change (SBC) interventions. The overall goal of this activity is *to increase sustained adoption of appropriate health and nutrition behaviors*. USAID expects to award one cooperative agreement based on a competitive Notice of Funding Opportunity (NFO). Subject to the availability of funds, USAID intends to allocate approximately \$35 million funding to be allocated over a five (5) year period. USAID reserves the right to fund any or none of the applications submitted.

SBCH will operate in seven rural regions of Ethiopia namely, Benishangul Gumuz (BG), Gambella, Tigray, Sidama, Amhara, Oromia and Southern Nations, Nationalities and People’s (SNNP). USAID/Ethiopia will support the successful recipients in achieving the recipients’ public purpose of improving behavioral outcomes. This activity will focus its support primarily at the woreda level and below to ensure communities can effectively act to improve their own health.

This Activity supports USAID’s effort to integrate development activities within certain geographic *woredas*. These sectors include health, education, WASH, nutrition, and youth programming, and may also include economic growth and resilience programming. The Applicant is expected to coordinate with other designated implementing partners (on a woreda-by-woreda basis) from other sectors. Coordination includes sharing of annual work plans, coordination of resources where it is cost-effective, and coordinated reporting to local government officials (e.g., woreda and regional administrators). SBCH will operate in 32 high integration woredas (where interventions with three or more of those sectors overlap), 79 medium integration woredas (two sectors overlap), and 22 woredas from BG and 14 from Gambella, totaling 147 woredas. Please see Annex-1 for “high integration” and “medium integration” woredas, concepts and definitions and requirements for rural programming and list of SBCH priority woredas.

SBCH supports health sector actors to *increase utilization of quality health and nutrition services* as stated in the development objective (DO) 4 of the USAID/Ethiopia Country Development Cooperation Strategy (CDCS) 2019-2024. It will contribute to social and behavior change (SBC) efforts outlined by the Government of Ethiopia (GoE) and other sector actors, to meet the ambitious goals outlined in the Health Sector Transformation Plan (HSTP II 2020-2025).

**3. OBJECTIVES**

Expanded access to health services and products is clearly needed to improve key development indicators in Ethiopia. Increased understanding, acceptance and demand for these resources are equally essential. The Social and Behavior Change for Health (SBCH) activity described in the

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Notice of Funding Opportunity (NFO) is intended to foster positive health practices in households and communities and support changes in cultural norms that will reinforce and maintain these practices. This activity is critical to the achievement of USAID/Ethiopia's Development Objective 4 (DO4) and responds directly to Intermediate Result 4.4 (IR4.4).

For this NFO, SBC is defined as the coordinated use of a range of communication and non-communication approaches - including mass media, community-level activities, nudging and interpersonal communication - to change individual and family behaviors, and improve social and gender norms in support of improved health outcomes. High-quality SBC is evidence- and theory-driven, and identifies and addresses specific drivers of health beliefs and behaviors at individual, interpersonal and collective levels. It follows a proven model for planning, creative development, implementation, and evaluation, and emphasizes ongoing engagement and participation of the primary audience and other stakeholders. This activity will have the following objectives:

- Adopt and sustain positive behaviors at individual, family, and community levels,
- Increase demand and timely care-seeking for health and nutrition services, and
- Improve the enabling environment for gender equitable and healthy behaviors.

The SBCH activity will build on prior USAID investments in Ethiopia, such as Communication for Health (C4H), Transform: Primary Health Care (TPHC) and Transform: Health in Developing Regions (THDR); and align with the Empowered Communities for Better Health (ECBH) project and USAID/Ethiopia's country development cooperation strategy (CDCS 2019-2024). SBCH, when feasible, works with the Ministry of Health (MoH) at national and sub-national levels with a significant focus and engagement at the woreda (district) level. This activity will focus on: family planning (FP); adolescent and reproductive health (RH); maternal, newborn and child health (MNCH); maternal and child nutrition; hygiene and sanitation; malaria; and zoonotic disease risk communication.

## **4. BACKGROUND**

### ***4.1 Country Context***

With over 112 million people, Ethiopia is Africa's second most populous country. Despite real gross domestic product growth rebounding to nine percent in 2019, Ethiopia still ranks as one of the poorest countries, with a per capita income of \$850. Ethiopia aims to reach lower-middle-income status by 2025 (World Bank 2020).

### ***4.2 Health Context***

Ethiopia's Ministry of Health (MOH) has articulated priorities and goals through the 2015-2020 Health Sector Transformation Plan (HSTP) and 2020 - 2025 HSTP II. Both the 2016 Ethiopia Demographic and Health Survey (EDHS) and the 2019 mini-DHS show overall positive trends over the past 20 years, yet not at the rates required to meet the HSTPs goals. Further, progress has stagnated in some areas, newborn health in particular. Community health interventions are delivered through the Health Extension Program (HEP). From 2005 to 2016, the maternal

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mortality rate declined by 39 percent to 412 per 100,000 live births. Per the 2019 mini-DHS, under-five mortality (U5M) rate dropped by 55 percent; stunting by 21 percent; and use of modern FP methods increased 193 percent. Poor water, sanitation, and hygiene (WASH) and malnutrition continue to drive the burden of morbidity and mortality in Ethiopia — the statistics have not changed since 2007. Newborn mortality has increased from 2016 to 2019. Between 2015 and 2019, malaria deaths have dropped from 3.6 to 0.3 per 100,000 populations at risk and malaria case incidence has dropped from 5.2 million in 2015 to less than one million in 2019 (HSTP II, 2020). Inequitable social and gender norms adversely impact health and health-seeking behavior regarding FP, MNCH, hygiene, and malaria services.

***Maternal Health:*** Ethiopia has improved maternal health care availability and increased the number of women who deliver in health facilities by expanding maternal health services and intensifying demand creation interventions. Antenatal care (ANC) coverage and skilled delivery increased from 28 percent to 74 percent and from 6 percent to 50 percent, respectively, between 2005 and 2019. Although ANC1 coverage improved, ANC4 and early ANC were still low: 43 percent and 20 percent, respectively, and the quality of ANC remains suboptimal; for example, only 11 percent of pregnant women received iron for 90 or more days. Maternal mortality remains unacceptably high (412 per 100,000 live births). According to preliminary analysis of the 2019 Maternal Death Surveillance data, the leading cause of maternal deaths is obstetric hemorrhage (46 percent), mostly due to postpartum hemorrhage; followed by eclampsia and sepsis (11 percent each). Most maternal deaths due to hemorrhage occurred on the way to health facilities from home or during referrals for blood transfusion and treatment. In order to improve these conditions, it is necessary to strengthen birth preparedness at the community level and improve communication during referral.

Postnatal care (PNC) for both newborns and mothers is the least prioritized program component of maternal and child survival interventions. In 2016, only 17 percent of women aged 15-49 received a PNC visit within two days of delivery, while 81 percent did not have a postnatal check within 41 days of delivery. In 2019, PNC visits within two days have almost doubled from 17 percent in 2016 to 32 percent in 2019 (mini-DHS, 2019). HSTP II has a target to increase coverage of early PNC (within two days) from 32 percent to 76 percent by 2025. In order to improve PNC, particularly with a focus on early PNC, programmers must understand better the perspectives of women and their families on PNC services, to identify comprehensive intervention packages that address these considerations and promote utilization of services at community and facility level.

***Newborn and Child Health:*** Ethiopia is one of five countries that contribute to half of global U5M. According to the 2016 EDHS, Ethiopia documents good progress over the previous five years with a U5M rate of 67 per 1000 live births. The mini-DHS 2019 showed further decline to 55 per 1000 live births. Most of the decline was in children 1-4 years, and infants above four weeks. Improved nutritional status, increasing levels of vaccination (though immunization coverage is still low), decline in malaria and improvement in socioeconomic status contributed to this decline. Despite this progress, newborn mortality has stagnated, and represents 43 percent of overall U5M in 2016, and thus remains a priority. The major killers of newborns are intrapartum complications including birth asphyxia, preterm birth complications (prematurity) and sepsis. Long standing and highly prevalent misconceptions affect optimal health care seeking practices

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for newborns. The challenge of changing social norms and beliefs about newborn care and unhealthy home practices is well recognized, as is the need to apply differential approaches adopted to the varying cultural contexts in order for families to recognize the need for and seek appropriate care promptly for newborn illnesses.

***Family Planning and Reproductive Health:*** Over the past 20 years, Ethiopia focused on expanding FP method and service availability at the community level, which drove significant increases in contraceptive use. In 2019, 41 percent of married Ethiopian women used contraception compared to just 14 percent in 2005. However, unmet need for FP remains high at 22 percent and significant variations in the total fertility rate (TFR), desired family size, and contraceptive prevalence rate (CPR) exist among regions and different socioeconomic groups. For example, the TFR and CPR ranges from 1.8 children per woman and 50 percent in Addis Ababa to 7.2 children per woman and one percent in Somali respectively. Variation between groups is driven by a range of factors including variable service access and quality, FP awareness levels, and sociocultural attitudes affecting desired family size and FP demand.

***Malaria:*** In the past five years, Ethiopia achieved a remarkable reduction in malaria morbidity and mortality in most parts of the country following the scale-up of antimalarial interventions. The Ethiopian government started a sub-national elimination program to interrupt local malaria transmission by 2030. However, sub-optimal usage of malaria products and services remains a challenge. The results of the 2015 Malaria Indicator Survey highlighted gaps in utilization of some interventions. For example, among people living in households owning at least one long lasting insecticidal net (LLINs), only 61 percent slept under an LLINs the night before the survey. Only 44 percent of pregnant women and 45 percent of children under five slept under an LLIN the previous night. It was reported that only 38 percent of children under the age of five who had a fever sought medical attention within 24 hours of the onset of fever.

***Nutrition:*** Ethiopia remains the seventh most undernourished country in sub-Saharan Africa; poor nutrition is an underlying cause of half of child mortality. In 2019, stunting and wasting rates were 37 percent and seven percent respectively; iron and folic acid supplements for pregnant women was only 11 percent; anemia in women of childbearing age is 24 percent; exclusive breastfeeding in the first six months was 59 percent and only 14 percent of children aged 6-23 months consume a diet that meets the minimum acceptable dietary standards. Every month, over 25,000 children with severe acute malnutrition are admitted in health facilities across Ethiopia. If not identified early and treated properly, these children could die, and even survivors suffer lifelong cognitive effects, with diminished school performance and earning potential. Women who were malnourished in childhood are more likely to suffer from complications during childbirth. A multi-sectoral nutrition lens is required to support improved maternal and child food consumption. Norms that influence maternal and child feeding practices may have contributed to poor health outcomes.

***Household Hygiene and Sanitation:*** Only seven percent of Ethiopia's population have access to basic sanitation and 41 percent have access to basic water supply (JMP 2019). Insufficient access to clean water and sanitation remains a key driver of morbidity and mortality. Increasing key hygiene practices at the household level can improve maternal and child health outcomes.

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Generally, sanitation and hygiene in this activity should be seen as a support or contribution to efforts under the HEP to improve key hygiene practices, which may include support for household interventions such as hand washing with soap, safe disposal of feces, menstrual hygiene management; safe treatment, storage and handling of water. HEP interventions prioritize hygiene interventions that focus on pregnant women, babies, children under 3 years, and their parents, which requires integration with MNCH interventions.

**Zoonotic diseases:** In Ethiopia, anthrax, brucellosis, avian influenza, rabies and Rift Valley Fever are five priority zoonotic diseases that can jump from animal to human populations, resulting in public health concerns. For the last two years, USAID/Ethiopia has supported risk communication interventions targeting high risk populations for zoonotic diseases.

#### **4.3 Social and Gender Norms**

**Social and Gender Norms:** Social norms - what people in a group believe - can have profound effects on individuals' and group health behaviors and actions. Gender norms shape the social views of expected behaviors of males and females, and surveys conducted under the previous USAID SBC activity highlighted that inequitable gender norms negatively affected ten of 16 surveyed health behaviors. Further, the most recent Ethiopian Health Accounts Health Utilization survey showed variation in health seeking behavior by sex, residence, wealth, and age across regions. Social norms or beliefs that favor traditional practices or deprioritize health services are among the factors that contribute to low utilization of MNCH services. Cultural norms around masculinity and femininity can influence health risks, health knowledge, and willingness to seek services. For example, regarding maternal health and FP, a number of norms, preferences, and cultural factors affect women's access to and utilization of FP, ANC, PNC, and delivery services. Norms that negatively affect ANC include pregnant women seeking support at the health facility only if they feel physically unwell, not disclosing pregnancy until it is visible, and thus not obtaining preventative health services. Due to social norms that dictate that women should remain at home for 40 days post-delivery, women avoid visiting health facilities for PNC.

Female Genital Mutilation (FGM) is still widely practiced in Ethiopia. The 2016 EDHS showed 65 percent of women circumcised (half occurring before the girl was five years old); the practice is nearly ubiquitous in Eastern Ethiopia. Further, gender-based violence (GBV) is prevalent, with EDHS 2016 reporting that 23 percent of women ages 15-49 have been victims of physical violence, and 34 percent of married women have been victims of physical, mental, and/or emotional abuse by their spouse. This could be underreported, as women are much more accepting of beating wives than men (63 percent of women report it is acceptable, versus 28 percent of men). Social norms are powerful influencers of health behaviors and outcomes, and SBC programs must effectively identify and measure norms and consider how to leverage social norms that benefit health, and how to shift those that are detrimental.

#### **4.4 Behavior Change Programming in Ethiopia**

**Institutionalization of health communication in Ethiopia:** In 1968, health education was institutionalized and incorporated into the organizational structure of Ethiopia's MoH to facilitate health promotion services. The 1978 Alma-Ata declaration, which identified health education as a component of primary health care, played a role in the development of the MOH's Health

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Education unit. This unit was upgraded to a department in 1988 and restructured in 1995 to become the Health Education Center. In 2005 the Health Education Center merged with the HEP and was named the Health Education and Extension Center, which was dissolved with restructuring in 2007. Currently, the health promotion and education team is staffed with 11 experts functioning under the HEP and Primary Health Care (PHC) Directorate.

***Current approaches to health communication:*** Health communication within Ethiopia's public sector has historically been characterized by a strong emphasis on broad, community-based programming, grounded in principles of community health education and promotion. The HEP has provided a platform for health communication in Ethiopia since its inception in 2003. Community engagement is vital to this effort.

The HEP Roadmap 2020-2035, another milestone, outlines strategic shifts the HEP must make to reach Ethiopia's goal of achieving Universal Health Coverage (UHC) through PHC. The Roadmap has systematically appraised findings and recommendations of the 2019 National HEP Assessment and recent attempts to optimize HEP. The Roadmap responds to the evolving healthcare needs of communities. The 2019 National HEP Assessment revealed that communities desire comprehensive services at the health post (HP) level. Moreover, increasing literacy and access to diverse information sources mean the health promotion and disease prevention strategies designed at the outset of the HEP may not be as acceptable or as effective as they were 20 years ago. The expanding coverage of community-based health insurance (CBHI) has increased demand for clinical and curative services, burdening some Health Centers (HC) suggesting the need to further decentralize PHC services.

The 2019 National HEP Assessment has also shown the need to revise current behavior change theories and strategies to consider varying needs, outcomes, and cultural contexts. Specific behavioral theories are required for different health outcomes, whereby different approaches would increase each of the HEP targeted behavioral outcomes. The assessment showed that current strategies lack effectiveness for household level behavior change.

***4.5 USAID Approach to Social and Behavior Change***

Through SBC activities, USAID and its partners raise awareness, and reduce misinformation and barriers that prevent individuals, families, and communities from practicing behaviors that improve health outcomes. The agency's SBC investments include programs that:

- increase demand for available commodities and services,
- foster sustained changes in behavior by shifting attitudes, addressing norms, and reducing barriers to consistent practice of healthy behaviors,
- support health care workers by building skills and addressing biases that present barriers to care, and
- build the capacity of organizations and governments to implement and manage SBC interventions in priority countries.

The USAID Behavior Change Framework is designed to mainstream behavior change activities in the global health agenda to prevent child and maternal deaths by identifying the behavior changes that can most significantly reduce mortality, called accelerator behaviors. These

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behaviors were selected because they address a significant cause of mortality but have low uptake. Examples include low use of oral rehydration salts, iron tablet consumption during pregnancy, and postnatal care-seeking.

In the process of working through accelerator or priority behavior integration, USAID encourages countries to think about activity design more effectively through applying a behavioral lens to their SBC programming. The process comprises four components (1) *setting the stage* by setting the health goal, selecting behaviors and indicators, (2) *creating a behavior profile* for the selected behavior(s), (3) *applying a behavioral profile* to ongoing programs and future activities, and (4) *tracking results* to concrete behavioral outcomes and health goals.

**4.6 Alignment with USAID/Ethiopia CDCS (2019-2014)**

This activity is under Development Objective 4 (DO4). It responds directly to intermediate results (IR) 4.4 “*utilization of quality health and nutrition services increased*” of USAID/Ethiopia’s 2019-2024 country development cooperation strategy (CDCS). DO4 supports “*sustained improvement in essential service delivery outcomes, focused on women and girls.*” This activity will directly contribute to results envisioned under the Empowered Communities for Better Health (ECBH) project but will also support the Health System Strengthening (HSS) Project, as both projects contribute to IRs 4.4 and 4.5.

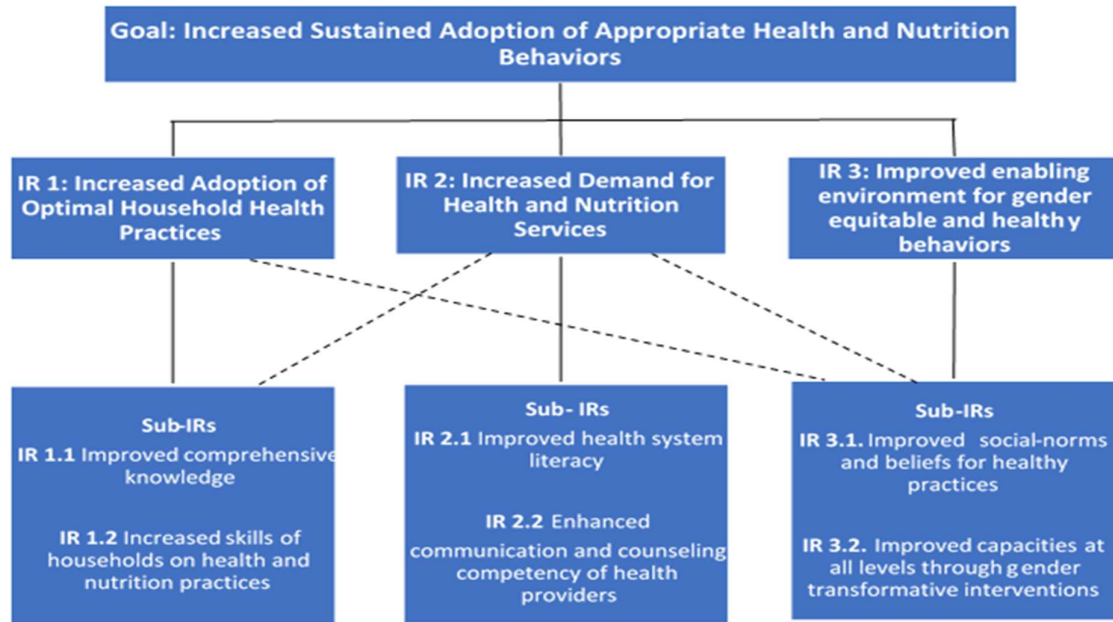
This activity will directly contribute to ECBH Project Result 1: *Increased sustained adoption of appropriate health and nutrition behavior.* The primary mandate of the SBCH activity is to support HEP, the primary vehicle for SBCH interventions, and support private and civil society groups to improve health status of Ethiopians through quality SBC programming, which will in turn contribute to increases in health service utilization.

**4.7 Problem Statement**

A large proportion of Ethiopia’s population does not fully understand optimal preventive and health-seeking behavior, when, how and where to obtain health services (health literacy). Service provider behavior can influence (positively or negatively) health seeking practices. People are treated as passive recipients of health and nutrition services. In addition, certain prevailing gender and social norms are barriers for healthy practices and behaviors. The lack of health literacy, health system literacy and health seeking results in poor health outcomes, particularly for FP/RH, MNCH, malaria, nutrition; sanitation and hygiene; and zoonotic diseases risk.

## 5. ACTIVITY DESCRIPTION

### 5.1 Activity Results Framework



The following table illustrates the anticipated level of effort for the three objectives of the SBCH activity. Recipients should also consider the funding breakdown for this activity.

IR 1: Increased adoption of optimal household health practices	45%
IR 2: Increased demand for health and nutrition services	35%
IR 3: Improved enabling environment for gender equitable and healthy behaviors	20%

### 5.2 Theory of Change

**IF** individuals and families possess the knowledge, acquired skills and practice healthy household behaviors.

**IF** they have the intent, capacity and skills for care seeking in a timely manner; and

**IF** restrictive social and gender norms are less accepted among communities; and

**ASSUMING** that simultaneous efforts successfully improve access to health services and the quality of those health services,

**THEN** communities will seek timely treatment and adopt and sustain priority health and nutrition behaviors.

### **5.3 Activity Intermediate Results**

#### **IR 1: Increased adoption of optimal household health practices**

To improve health status, individuals should understand the benefits from practicing healthy behaviors, and have both the desire and ability to practice those behaviors and seek services. Factors that affect individual and household health behavior include: 1) knowledge of health risks and benefits; 2) outcome-expectations of the cost or benefit of adopting behaviors; and 3) self-efficacy or collective efficacy, meaning the confidence in the ability of an individual or group to take action and overcome barriers. Motivational factors are also important in directing individuals to clear actions; and acting on healthy behaviors and practices; interventions will focus on the dynamic interaction of an individual, his/her behavior and the environment in which that behavior occurs.

##### ***IR 1.1 Improved comprehensive knowledge***

Various studies in Ethiopia have shown people recognize key health facts, but comprehensive knowledge, which measures a person's full understanding of a health issue, remains low. The SBCH activity will support efforts to increase comprehensive understanding of health issues, including risks, benefits, and opportunity cost of choosing optimal behaviors, specifically related to key reproductive, maternal, newborn, child, and adolescent health (RMNCAH), malaria, nutrition, and household hygiene and sanitation practices. Community leaders and institutions that serve as information sources or influencers of health practices will be secondary targets. The HEP Roadmap framework will guide SBCH efforts, including engaging with community-level platforms, such as community volunteers, schools, civil society organizations (CSO), faith-based organizations (FBO), and community-based organizations (CBO). The Activity will support use of a variety of communication channels, such as interpersonal communication, house-to-house visits, social mobilization, mass media (social, mainstream, audio, print video) and digital technologies. This Activity will also engage the private sector (such as private media, entertainment or advertising agencies) to contribute to health promotion and education activities. High quality educational entertainment ("edutainment") will be a priority. The Activity will contribute to sustainability and ownership of SBC interventions at district and community levels.

The Activity will recognize and address underlying factors and barriers related to health behavior. For example, neonatal health is a priority in Ethiopia, yet poor hand-washing practices contribute to neonatal infections. Thus, SBCH will analyze how knowledge (or lack thereof) affects behaviors, and support context-specific adaptations of SBC tools and approaches, including applying evidence-based processes (such as Behavioral Economics and Human-Centered Design) and exploring motivational factors. Engaging with academia could improve efforts to document learning and adaptations in Ethiopia. The Activity will encourage innovations to achieve the following expected results:

#### **Expected results:**

- Improved comprehensive knowledge of selected behaviors and practices at the household level.
- Increased capacity of local community leaders, community volunteers and youth groups to reinforce comprehensive knowledge of selected behaviors and practices.

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- Increased engagement from private media, entertainment and advertising companies for health promotion and education.

***IR 1.2 Increased skills of households and communities on health and nutrition practices***

Understanding the benefits of a healthy behavior does not directly lead to adopting the behavior. Human behavior change is a process, and a product of cognitive processes. Environmental and social factors may deter people from adopting optimal behaviors, highlighting the need for change at the individual, family, and society levels for sustainable behavior change (the Socio-Ecological Model). The SBCH Activity will encourage systems that accelerate community-wide behavior change in RMNCAH, malaria, nutrition, household hygiene and sanitation, behaviors in target communities. People learn not only from their own experiences, but by observing others, and SBCH will support approaches that model optimal behaviors and practices. Generally, sanitation and hygiene in this Activity will be in support of, or contribution to HEP efforts to improve key hygiene practices. This may include, but is not limited to, support for household practices related to hand washing with soap, safe disposal of feces, menstrual hygiene management, safe treatment, storage and handling of water. In addition, hygiene interventions that focus on pregnant women, babies, children under three years, and their parents. It requires close integration with existing MNCH interventions.

This Activity will support systems that influence individual, household and community members to correctly and consistently use health services and products. This IR will support building capacity and skills to improve individuals' and communities' confidence to practice healthier behaviors and will encourage a systemic approach for sustainable community practices.

**Expected Results:**

- Increased adoption of optimal preventive health practices at household level.
- Improved system to support individuals, families and communities to achieve required skills and capacities for healthy practices.

**IR 2: Increased Demand for Health and Nutrition Services**

In Ethiopia, health care utilization remains low, especially among rural dwellers, socio-economically deprived communities such as pastoralist communities, and those without formal education (MoH, HSTP II 2020-2025). Efforts under IR1 to increase awareness of optimal household behaviors must be augmented with information about when, where, and how to seek services for both preventive and treatment of illnesses. In order for individuals to understand the services offered at various levels of the health system, and understand how to navigate those services, the SBCH Activity will support systems and institutionalization of health system literacy in the healthcare system. This could be achieved through supporting the revitalized HEP priorities and other platforms. Concurrent efforts will improve provider communication and counseling quality.

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***IR 2.1 Improved health system literacy***

Health literacy interventions should improve the ability to find, understand, navigate and use information and services to inform decision-making related to health. The revitalized HEP roadmap underlined a focus on health literacy, which the SBCH Activity will support through evidence-based and innovative interventions. The activity will contribute to HEP priorities through interventions related to health and health system literacy that focus on households and service access at the PHC level, particularly focusing on RMNCAH, malaria, nutrition, household hygiene and sanitation and zoonotic diseases risk communication.

This Activity will also support people to prepare for unexpected health needs, such as planning for transportation prior to delivery, enrolling in CBHI, and encouraging early referrals to higher levels of care. This activity can identify, learn from, and scale prior interventions that have shown success, such as health post open houses or health bazaars.

**Expected results:**

- Enhanced informed-decision making at individual and family level.
- Improved health seeking behaviors for RMNCAH, malaria, nutrition, hygiene and sanitation products and services.
- Improved use of digital technologies to navigate health information and available services.
- Improved/scaled system of health communication to support health literacy.

***IR 2.2 Improved communication and counseling competency of health providers***

A number of factors contribute to decisions about health seeking behavior, among them: client satisfaction, health system and provider trust, facility access (geographic, time, or financial), availability of medical supplies, medicines, and equipment, health worker attitude, facility cleanliness, and waiting time. Providers may need to improve their effectiveness of accurately and convincingly communicating health information. In the 2019 HEP Assessment, nearly half of HEWs incorrectly stated the immunization schedule, and over half did not properly identify the first line drugs used to treat uncomplicated malaria. Similarly, a 2018 Service Availability and Readiness Assessment showed provider adherence to the national guidelines' recommended management of fever/malaria cases as low as 39 percent. A 2009 study at an Addis Ababa teaching hospital observed deficiencies in communication skills among physicians at all levels of training. Poor communication and counseling can erode community trust in the health system.

Providers and health managers (at facilities and district offices) are busy, and do not prioritize connecting with community members; they do not always seek clients' inputs to improve service quality. Health providers and HEWs need effective counseling and communication techniques, to effectively guide individuals to make healthier decisions. This Activity will contribute to improving the capacity of service providers' communication and counseling competencies at the PHC level through in-service capacity building interventions. This Activity will work closely with USAID/Ethiopia's Health Service Quality Improvement Activity (under design), which will improve provider competency, to respond to the increased demand of increasingly health literate communities, particularly for referral linkages assuming both activities will have purposeful

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integration and coordination including geographic overlap. This Activity will also work with USAID/Ethiopia's Empowered Communities for Better Health Activity (under design) for broad community engagement initiatives. The Activity will explore satisfaction measures, which may include accessibility, costs, health status, expectations met, and immediate outcomes of care as outlined in the HSTP II. The health system responsiveness and satisfaction score for Ethiopia is 0.52, slightly above the 0.47 average for the African region. Together an increasingly health literate community with providers who are more sensitive to community feedback will drive a cycle of service accountability and quality improvement.

In order to improve providers' (including HEW) ability to connect with communities, the SBCH Activity will identify factors that influence provider's behavior (in targeted HP, HC, and primary hospitals) and support interventions accordingly. For example, client's expectations on the quality of care, how providers should act, and what kinds of products and services should be offered may affect client-provider interactions and behaviors. Clients may expect an injection because they believe injections are more effective than oral drugs. In this case, the client's definition of quality of care may vary from that of providers, and may conflict with standard operating procedures or guidelines. This Activity will explore such factors from the perspectives of both clients and providers, and strive for improved understanding, quality and experiences.

**Expected results:**

- Improved provider communication and counseling skills.
- Improved client satisfaction with service providers' respectful care and attitude.
- Strengthened provision of respectful maternity care and client centered counseling.
- Enhanced engagement with professional associations for sustained interpersonal communication between providers and clients.

**IR 3: Improved enabling environment for gender equitable and healthy behaviors**

Ethiopia has over 80 diverse ethnic groups, with different languages, cultures and practices, and the relationship among them is affected by local dynamics. Complex social, cultural, and economic factors impair men's and women's full access to, participation in, and choice of healthcare. Females have lower literacy, less exposure to mass media (newspaper, radio, television and internet), higher unemployment rates, and less control over household decision making (due to poorer education, less financial autonomy and need for spousal consent).

In general, traditional norms and practices result in gender inequity; women have fewer economic opportunities and are victims of gender-specific harmful cultural practices, such as early marriage, heavy household duties, stigmatization, FGM, and GBV. This activity will use proven interventions to tackle inequitable social norms; these interventions include male engagement and community dialogue. These practices adversely affect women's health status and that of their families, and place women at higher risk of communicable diseases and unintended pregnancies. Inclusion of boys and men will be crucial to ensure they understand the barriers women face and become champions for gender equality. Public health initiatives have often sidelined men's needs for participation and empowerment, albeit in different ways than for women, though men frequently act as gatekeepers of health services. Given the degree of vulnerability among the

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general population in Ethiopia, efforts to include the most vulnerable are often deprioritized in order to maximize scarce resources.

Inclusion of vulnerable individuals and reduced gender inequity must become part of public health programming to continue to generate gains; only when the needs of the most vulnerable are addressed will society progress. Thus, the SBCH activity will support approaches that target individual and community attitudes and behaviors towards the inclusion of women and vulnerable people and create greater awareness of gender and social inclusion. Community leaders and organizations will be able to identify individuals, households, and groups that are disadvantaged and actively include them in decision-making processes. The priorities of the revitalized HEP provide an opportunity to scale these efforts into the HEP. The SBCH activity will support system-based approaches that contribute to the realization of the HEP Roadmap.

***IR 3.1. Improved social-norms and beliefs for healthy practices***

Collective behavior plays a major role in Ethiopian society. In some areas, cultural beliefs regarding maternal health and illness prevent women from utilizing modern care. Traditional postnatal confinement and community rituals may hinder timely PNC service. Similarly, mothers in rural areas may need the local community's approval for exclusively breastfeeding, and fasting expectations contribute to poor maternal and child nutrition. Communities may discourage seeking treatment from medical providers in favor of traditional healers. Social norms affect men's health behavior as well, with norms about masculinity making men more likely to engage in behaviors that will lead to injury and illness and also less likely to support women's access to RMNCAH. Yet, some social norms and expectations in Ethiopia drive positive behaviors as well. For example, there is widespread recognition of the link between maternal nutrition, adequate breast milk, and neonatal health. Thus, breastfeeding is encouraged, and practiced regularly (although there is work to be done in refining optimal practices). In addition, not all women are mothers, and the activity will address social norms that impact on healthy behaviors related to FP/RH. Adolescence is a crucial time in terms of nutrition; a time of increased nutritional needs when lifelong health and nutrition behaviors are formed.

This Activity will support exploring taboos, myths and misconceptions that affect health behaviors, and identify behaviors that contribute to better health outcomes to accelerate positive behaviors and shift less equitable social norms. Leveraging social capital, such as institutions, norms, and values of social networks and their impact on social relationships and institutional resources will be key, particularly by using gatekeepers among groups with high levels of social cohesion. Examples may include examining how peers or friends can support the prevention of unplanned pregnancies in the community, use of FP and community perceptions on FP use.

The SBCH Activity will support system-based interventions and local innovative approaches to address long standing harmful practices such as child, early and forced marriage, FGM. Expanding interventions demonstrating anecdotal success, such as HerSpace(which creates an enabling environment that supports female empowerment) and the One-Stop Crisis Centers to respond to GBV (where the health, judiciary, police and social support system collaborate to protect, treat and seek justice for GBV victims). CBHI enrollment has reduced financial barriers to seeking

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health services. This activity will support platforms that assist communities to develop accountability measures, such as community pledges, to establish a new ritual for girls that maintains cultural and celebratory elements but eliminates harmful practices, such as FGM.

**Expected results**

- Improved social norms for increased health service utilization.
- Increased use of social capital, networks and communication channels for healthy behavioral adoption.
- Improved understanding and reduction of harmful traditional practices that hinder healthy practices and health seeking behaviors.

**IR 3.2. Improved capacities at all levels to ensure gender equality through gender transformation interventions**

A range of social and structural factors, such as unequal power in sexual relationships; unbalanced agency in household decision-making; and disproportionate economic, educational, and legal resources systematically disadvantage women and girls, and can negatively affect men and boys, too. Carefully designed SBC programs can achieve gender transformative goals. Integrating gender into SBC programs and interventions is key to promoting gender equality and achieving intended outcomes among men and women, and boys and girls.

Evidence from previous USAID SBC investments showed gender inequitable norms adversely impacted 10 out of 16 health behaviors (MNCH, FP, hygiene, and malaria). The SBCH activity will build on past activities and evidence to design gender transformative interventions based on country specific evidence. Evidence from USAID evaluations socio-cultural and gender studies are useful to identify gender related barriers and determinants. For example, the Transform: Primary Health Care midterm evaluation showed when spouses accompanied women at ANC visits, they were 1.5 times more likely to have 4+ ANC than those who were not, thus spousal engagement could improve ANC utilization.

This activity will also work on gender dynamics in emergency or health shock situations to ensure risk communication considers specific needs of women and girls. This will be done through a rapid assessment of the shock/stressors, with attention to how gender norms or inequalities influence risks for women and girls, men and boys, and the differing factors that enable or constrain resilience. This could be related to physical, sexual, emotional, financial abuse, food insecurity, and health care access, and may depend upon the specific circumstance. This activity will improve household, community and institutional capacities to promote equitable gender norms through gender transformative interventions which include strengthening of support systems that advance gender equality; support capacities that strengthen or create equitable gender norms and dynamics; foster critical examination of gender norms and dynamics and transforming the underlying social norms and policies that perpetuate and legitimize gender inequalities. These interventions will help to achieve gender equality and better development outcomes.

**Expected Results**

- Improved capacity of local organizations to implement gender transformative actions.

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- Improved gender equality.
- Improved male engagement in health practices and service utilization.

**6. GENERAL ACTIVITY GUIDANCE**

***6.1 Overarching Guiding Principles***

The overall purpose of the SBCH Activity is to increase sustained adoption of appropriate health and nutrition behaviors. To achieve this purpose, interventions under this award must:

- *Align* with MoH strategies, when applicable, that include HSTP-II, HEP roadmap 2020-2035 and National Health Promotion and Education Strategy 2021-2025.
- *Support and utilize existing community structures* as per the recommendation of HEP assessment 2019. This includes utilization of social capitals in CSOs, NGOs, CBOs, FBOs and school settings.
- *Engage the private sector*: work with private TV, radio, and entertainment companies to engage in the production of innovative health communication materials and conduct advocacy and campaigns.
- *Engage youth as drivers of change* or entrepreneurs for job creation: support youth to create local innovative solutions and ensure sustainability of health communications (digital technologies in health communications)
- *Support woreda transformation* through: support to high performing PHCUs through health system literacy; foster a motivated, competent and compassionate health workforce through service providers behavior interventions; support community engagement through sustainable social and behavior change for health interventions; and support health care financing reforms through community education on CBHI based on evidence-based, theory-grounded and context and programmatic specific SBC interventions.
- *Coordinate with, collaborate with, and leverage* the activities of other USAID-funded SBC and other relevant activities to support SBC systems for self-reliance: increase local capacity and commitment in SBC, promote sustainability, and build resilience during health shocks and emergencies for risk communication.
- *Work closely with other SBC bilateral and multilateral donors*: This includes The Global Fund, Gavi, UNICEF, the Bill and Melinda Gates Foundation, and WHO.
- *Avoid duplication of efforts*: SBCH interventions should not duplicate or overlap with the investments of other USAID partners, other donors and government entities. Recipients should engage in effective coordination and collaboration to ensure that this does not happen.
- *Address gender inequities*: Gender inequities influence many health and development outcomes in Ethiopia. The design, implementation and monitoring of all interventions should be considered through a gender lens.
- *Design disability inclusive*: SBC tools and approaches and engage physically disabled and impaired individuals at all stages of activity cycles.
- *Be client-centered* - with a focus on women and girls in particular.
- *Be innovative and take risks*: innovations on SBC through exploring local solutions and ensuring self-reliant systems and communities in utilization of quality services.

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**6.2 Geographic Focus**

The SBCH Activity is focused on ensuring sustainable ownership of healthy practices by the communities at large. As a result of this, 80 percent of the level of effort (interventions) will focus on: improving optimal household health and nutrition practices; health care seeking; changing social and gender norms; and demand creation at individual, families and communities' levels. The remaining 20 percent of interventions will significantly focus on SBC capacity building at the district level; and at sub-national and national levels, if feasible. Given geographic variations in terms of barriers, motivators, gender and social norms, SBC tools, approaches and interventions should be adapted for the local context. Recipients should indicate an approach to determining what SBC interventions will be required for specific geographic areas and specific health elements.

USAID/Ethiopia Development Objective 4 (DO4): *Sustained Improvement in Essential Service Delivery Outcomes Focused on Women and Girls* recognizes the importance of different sectors for development progress, particularly education, health, nutrition, and WASH. Thus, the SBCH activity will seek synergies with other activities through purposeful integration and coordination within DO4 and other DOs.

These sectors include health, education, WASH, nutrition, and youth programming, and may also include economic growth and resilience programming. The implementing partner is expected to coordinate with other designated implementing partners (on a woreda-by-woreda basis) from other sectors. Coordination includes sharing of annual work plans, coordination of resources where it is cost-effective to do so, and coordinated reporting to local government officials (e.g., woreda and regional administrators). USAID has both “high integration” and “medium integration” woreda, with the following definitions:

**High Integration:** activities in 3+ sectors (e.g., education, health, nutrition, WASH) are planned, budgeted, awarded and monitored either under a single award/consortium of awards or under separate coordinated awards to work in the same geographic area(s) with significant overlap. Programming is inextricably linked with coordinated work plans and reports. Implementer(s) report and meet collectively to the Woreda/Kebele Administration. May also inform Regional Administration authorities.

**Medium Integration:** two or more activities in two sectors (e.g., education, health, nutrition, WASH) are planned, and budgeted to program in the same geographic area with coordinated goals, budgets, and reporting. Implementer(s) report and meet collectively to the Woreda/Kebele Administration. May also inform Regional Administration authorities.

**Rural Woreda Programming (for both “high” and “medium” integration woreda) Instruction:**

1. coordinate reports and meetings with other implementing partners (IPs) and Woreda/Kebele administration officials on a regular basis. This is in addition to sector-specific meetings and reports as needed, as appropriate to review progress (e.g., quarterly). Regular meetings with regional administrators as appropriate.
2. share goals and objectives within the Woreda are included in the agreement/contract, as well as in annual work plans and budgets, consistent with award parameters.

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3. share high-level indicators measurable at Woreda level - these may be related to DO4 indicators or shared IR-level indicators, consistent with award parameters. These may be aggregate (each sector reporting together) or indicators that transcend one particular sector (e.g., CSOs engaged; women in leadership positions; institutional capacity developed; Household transformation).
4. consider sharing resources - office space/vehicles/administrative and cleaning staff, meeting space etc. to build collaboration and cost-effectiveness.
5. coordinate work plans which will demonstrate how that activity contributes to selected shared objectives, highlight any shared resources, and highlight programming specifically associated with integration work.
6. submit a short (supplemental) joint work plan/report via the AOR to USAID along with the regular annual work plan which outlines specific areas of integration/coordination in the work plan (in summary) and highlights any key results to advance integration and key sector/multi-sectoral progress. This will be approved alongside the regular work plan by the AOR.
7. Annual work planning should include appropriate (baseline or interim) assessment(s), opportunity and bottleneck analyses and should engage Woreda administration and sector leads. This should also help feed into the woreda level planning season.
8. Annual work planning should identify common challenges, opportunities and shared/cross cutting interventions across sectors; this includes CLA. Share final (integrated technical) work plans with each other. It is expected that each year integration will progress, and not remain at a static level year by year.
9. Data reporting will be done to USAID as specified in the agreement/contract. Reporting may also support GoE-level reporting through existing channels/ databases/mechanisms.
10. Recipients may choose to fund/implement supplemental assessments/evaluations as appropriate to their scopes and which may support integrated programming.
11. should participate in joint assessments and the joint supportive supervision system at the woreda level where this exists and as appropriate.

The SBCH activity is expected to work in *Amhara, Benishangul-Gumuz, Gambella, Oromia, Sidama, SNNP, and Tigray* regions of 147 rural woredas. The SBCH activity will overlap with **32 DO4 high integration woredas** out of 39 and **70 medium integration woredas** out of 88. The applicant must work in these priority woredas. Please see the list of woredas in Annex -3.

**Table 2: DO 4 integration woreda Vs SBCH priority woredas**

Activity	High integration	Medium	BG*	Gambella*	Total
<b>DO4 integration woredas</b>	39	88	-	-	127
<b>SBCH</b>	32	79	22	14	147
*PMI focus					

**Table 3: SBCH overlay with other activities**

<b>Woreda integration</b>	<b>TPHC woredas</b>	<b>Transformation woredas</b>	<b>WASH woredas</b>
<b>High</b>	28	10	8
<b>Medium</b>	76	20	26
<b>SBCH (Total)</b>	<b>104</b>	<b>30</b>	<b>34</b>

**6.4: DO 4 Gender considerations**

In this activity the following gender considerations are expected:

- Both key personnel and the staffing pattern should have gender balance.
- Recipients are required to conduct gender analysis and develop action plans at an early stage of implementation.
- Recipients are required to incorporate specific gender indicators other than sex disaggregated data.
- Recipients should include in their scope, activities to help with the development or implementation of safe workplace policies and practices to ensure workplaces are free of discrimination and harassment and with a means of redress to enforce these.

**6.5: Technical Approach**

The overall vision for the SBCH Activity is to measurably contribute to the adoption of optimal health behaviors by all Ethiopians and the inculcation of gender and social norms that promote healthy lifestyles. The interventions will be targeted, focused, and address key elements that drive or influence a particular behavior, such as use of institutional delivery of newborns, early initiation of ANC, current use of FP and use of LLINs. Interventions under this Activity will be informed by evidence and build on Ethiopia’s considerable range of resources. Approaches will be innovative, pragmatic, and results-oriented, and will balance adherence to MoH strategy with responsiveness to evolving health data and stakeholder priorities.

A variety of Ethiopian partners from different sectors - the public sector, civil society, faith-based organizations, traditional organizations, and the private sector - will implement these communication interventions, weaving messages, approaches, and techniques into existing projects and activities whenever possible. Throughout the country, these partners will collaborate among themselves, achieving hitherto unachieved breadth and depth of reach and impact in SBC. In addition, existing Ethiopian networks - professional, religious, traditional, political, and community - will be substantially engaged in health communication. They will play a crucial leadership role in working with their communities. These networks will be linked to greater health and communication communities for mentoring, sharing, and support.

SBCH resources and initiatives will be scaled throughout the country, and partners will build on each other's messages and resources through national and decentralized systems. SBCH Activity

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initiatives will be coordinated at the woreda, sub-national and national levels and among USG and non-USG partners and stakeholders. The GoE will monitor initiative fidelity to national strategic plans and performance against their development targets.

The recipient is not expected to directly conduct SBC interventions, rather focus on SBC system building, ensuring local innovations, ownership, and sustainability. Recipients of the SBCH award must support an innovative mix of interventions that will improve the quality of SBC interventions. Moreover, innovative sub-granting approaches are needed to ensure local capacity development and sustainability of certain interventions like edutainment, campaigns, interpersonal communication, local media use, digital technologies, and SBC skills building interventions. Innovative approaches will be required to ensure full institutionalization and sustainability of SBC and gender-related interventions. All proposed interventions should build local ownership, capacity, and sustainability of SBC interventions and reduce gender inequities.

The activity should include utilization of existing community structures as per the recommendations of the 2019 [HEP Assessment](#), as well as the 2020-2035 HEP Roadmap. This includes utilization of social capitals in CSOs, NGOs, CBOs, FBOs and school settings. The recipient should come up with effective approaches and tools to engage the private sector in SBC, and potentially engage youth as drivers of change or entrepreneurs for job creation. This could support youth to create local innovative solutions and ensure sustainability of health communications interventions. Furthermore, supporting key attributes of woreda transformation is essential for this activity. SBC interventions should be based on evidence, theory-grounded and context and programmatic specific. SBCH Activity is a major intervention to address social and gender norms in ECBH activities. Recipients of this Activity should consider how gender transformative interventions address gender inequities.

This activity should focus on system support to ensure local leadership on SBC and ensure sustainability. The USAID New Partnerships Initiative (NPI) aims to diversify USAID's partner base by creating avenues for new and underutilized partners to work with USAID. Through NPI, the Agency promotes local leadership, seeks bold and innovative approaches to fostering self-reliance, and identifies new sources of funding to sustain partnership and scale impact. The NPI parameters encourage enrollment of:

*New Partner:* An individual or organization that has not received any funding from USAID as a prime partner over the last five years

*Underutilized Partner:* An organization that has received less than \$25 million in direct or indirect awards from USAID over the past five years.

In line with the agency's initiative, the recipient should integrate sub-grant awards for local organizations to ensure local ownership, sustainability and self-reliance in implementing SBC programs. Technical area sub-grants should be considered based on past experience on local solutions and innovations in implementing specific health elements (e.g., malaria) of SBC activities at community level. Priority health areas for the SBCH Activity are MNCH, FP/RH, Malaria and Zoonotic disease.

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USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. This involves strategic collaboration, systematic and continuous learning, and adaptive management. CLA asks:

- Do you take the time to think critically about your work? (Learning)
- Are you strategic in who you collaborate with, what you're learning? and (Collaborating)
- Do you use those learnings to change accordingly? (Adapting)

USAID expects the recipient to have a robust MEL Plan that is fit-for-purpose to enable evidence-driven adaptation by both the Recipient and USAID. The MEL Plan outlines the approaches and resources for learning opportunities for adaptation, measuring results and achievements of activity, collaborating, and adapting. Traditional monitoring and evaluation (M&E) approaches including indicator monitoring are included under the MEL umbrella, specifically the learning section. The recipient is also encouraged to apply other complexity-aware monitoring and learning approaches such as outcome harvesting, most significant change, etc.

The recipient will work closely with their Agreement Officer Representative (AOR) to establish fit-for-purpose learning tasks such as establishing indicators, including baseline and performance targets. The MEL Plan is due within ninety (90) calendar days from the award start date. The recipient shall submit an updated MEL Plan thirty (30) calendar days before the beginning of each subsequent fiscal or agreement calendar year.

Required instruction for the MEL Plan include:

- Learning - Guides performance management planning by setting learning and information priorities. It helps in assessing the theory of change, identifies critical learning gaps important for successful program implementation; reviews the validity of assumptions; monitors the risks.
  - Key Learning Questions - Explain the strategic learning questions around the ToC and learning activities, tools and techniques to answer it and how the learning will be utilized. Learning activities are the means by which we generate, analyze, and synthesize learning to answer our priority learning questions. There are various types of learning activities, including situational analyses, performance and impact evaluations, performance monitoring data, context indicators, literature reviews or syntheses of existing research, generating and capturing tacit and experiential knowledge through facilitated dialogues and other participatory methods (Before Action Reviews, After Action Reviews, mid-course reviews, regular reflection exercises). Determine if a mix of learning activities could best help you answer learning questions. In determining priority learning activities, consider when learning is needed (and at what frequency) to inform key decisions.
  - Monitoring/Indicators - Includes performance indicators; supplemental information about each performance indicator including baseline data; targets; and Performance Indicator Reference Sheets (PIRS).
    - Note: geocoded indicator results will be collected where feasible and identified in the PIRS. See the GIS sub-section below.

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- Evaluation/Assessments/Studies plan - including purpose and expected use; type; estimated budget; planned start and end dates; and expected level of USAID involvement.
- Collaboration - Identify the approach and stakeholders who are most critical to achieving the desired development outcomes. In particular an emphasis on local stakeholders is desired to build local ownership and capacity.
- Adapting - Provide details on how learning and collaboration will be used to adaptively manage.
- Enabling Environment - Describe the culture, processes, and resources (including human and financial) needed to operationalize the MEL Plan.
- Data Management Plan - Describe appropriate data-management procedures to treat data as a strategic asset and to ensure that timely and high-quality monitoring, evaluation, research, and other data generated or acquired and are ready for analyses; accessible and usable for learning and adaptation (both now and in the future); sharable for accountability and transparency; and that the sharing and use of data come with strong privacy and security protections. Include also procedures for delivering USAID-funded data and information to USAID per award guidelines and Agency policies. The Data Management Plan may be developed and approved as a section of the Activity MEL Plan or as a separate plan. Reference: ADS 579, USAID Development Data.

The recipient is expected to coordinate and work with the Mission's mission-wide CLA Platform contractor to share learning and coordinate learning, monitoring and evaluation processes including data collection. For the application submission, the offeror needs to only describe the overall approaches to learning, monitoring and evaluation.

## **7. INSTITUTIONAL LINKAGE**

During the life of the project, the SBCH activity is expected to pursue and enhance partnerships with key GoE entities, if feasible and applicable. These key partnerships include:

**Ministry of Health (MoH):** Coordination and partnership with MoH in this activity is conditioned if only feasible, and applicable. This activity mainly focuses on interventions at household, families, communities and capacity building at district levels.

**Regional Health Bureaus (RHBs):** At the sub-national level the SBCH activity will coordinate and partner with RHBs if only feasible and applicable. This activity may work, if applicable, with sub-national entities in adaptation and contextualization of SBC materials, tools and approaches, support to campaigns, and social mobilization tailored to the regional and zonal context.

**Woreda Health Offices:** Woredas are a priority for the SBCH activity where majority of investments and capacity building support will be carried out. The SBCH activity will work closely with the Woreda Health Offices to support SBC capacities, and provide technical assistance on effective and impactful context-specific approaches and tools. This will help Woreda Health Offices to ensure ownership, sustainability and self-reliance in implementation of SBC interventions. The focus of the woreda-level support revolves around a systems-based approach

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and ensuring organizational effectiveness to implement SBC interventions. This will improve acceptance, uptake, use of health care services and products, including adoption of healthy practices at individual, family and community level. The SBCH activity will work closely with woreda SBC focal persons and across all health elements in the Woreda Health Offices to support health communication interventions, including support to campaigns, social mobilization, use of local solutions (engaging folk media and tapping existing social capital) as a channel of communication.

**The Health Extension Program (HEP):** The HEP uses various community engagement platforms to promote preventive health. The 2019 HEP Assessment showed the need to revise current SBC theories and strategies. In addition, the assessment showed current SBC strategies are not effective for household level behavior change. The 2020-2035 HEP Roadmap attempts to address these gaps. Strategic objective four of the roadmap is to strengthen community engagement and empowerment; the components are: 1) redesign community engagement mechanisms for HEP. This includes: i) adding a new cadre of community engagement (village health leaders); ii) optimizing the WDA strategy; iii) append men engagement strategy; iv) harnessing indigenous social structures to enhance community engagement in health; v) implementing innovative approaches for engaging youth; vi) implementing innovative and sustainable motivation schemes. The remaining components are: 2) introduce incentive mechanisms for voluntary community health workers; 3) design, test and scale capacity building for community for voluntary community health workers; and 4) enhance the role of multi sectoral institutions in the implementation of HEP at kebele level.

The SBCH activity should support the realization of the above-mentioned strategic objectives of HEP roadmap related to community engagement which consequently improve demands and utilization of health care services. The support will include capacity and skills building of HEWs and village health leaders in health communication.

## **8. POLICY, FRAMEWORKS, KEY PARTNERSHIP AND COORDINATION**

**The Ethiopian Health Sector Transformation Plan II (HSTP II 2021-2025)** emphasizes the development and implementation of innovative SBC interventions that fit to the changing needs and various contexts at community and facility levels. The following four major strategic initiatives are indicated in HSTP II and which are closely related with SBC:

- Design and implement interventions to increase health literacy and health system literacy.
- Apply Human Centered Design and other frameworks to foster social innovation in designing novel solutions tailored to people's desires and local contexts.
- Design and implement multi-sectoral coordination approaches at all levels to create model households, kebeles, schools and communities.
- Use existing community potentials and indigenous resources such as associations, FBOs, CBOs as platforms for engaging communities in health.

**Health Extension Program Roadmap (HEP 2020-2035):** Ethiopia intends to achieve universal health coverage (UHC) by 2035. To achieve this goal, the Government of Ethiopia has called for a roadmap outlining six strategic objectives to optimize the HEP. The Strategic Pillars are: (1)

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ensure equitable access to essential health services; (2) improve the quality of health services provided through HEP; (3) ensure sustainable financing and eliminate financial hardship from HEP service; (4) strengthen community engagement and empowerment; (5) ensure resilience by maintaining the provision of essential services during any health emergencies; and (6) political leadership, multi-sectoral engagement and coordination, and partnerships (enablers /foundation).

**National Health Promotion and Communication Strategy, 2021-2025:** provides strategic directions for all areas of health, including malaria SBC. The goal of the strategy is to guide and harmonize SBC interventions. The strategic objectives under this strategy include: (1) improved knowledge, attitude and practice and enhanced health system literacy; (2) improved community engagement; (3) improved SBC capacities at all levels; (4) enabled systems and structures for SBC interventions; and (5) improved multi sectoral collaboration to address social and gender norms as barriers for health priorities.

**National Family Planning Communication Guideline 2020:** This document aims to facilitate the development of effective, context-specific FP communication interventions to promote demand and uptake of FP services. The development of the guideline followed a comprehensive approach to address FP communication needs at individual, community and enabling environment level. The guideline provides general guidance to the design, implementation, monitoring and evaluation of FP communication strategies and interventions at national, regional and lower levels in the country.

**National Health Equity Strategic Plan 2021-2025, MoH, Ethiopia:** The National Health Equity Strategic Plan, in line with HSTP-II, has set ambitious goals to improve health equity gaps through addressing access, coverage and utilization of essential health services, improve quality of healthcare services, and enhance the implementation capacity of the health sector at all levels of the health systems to attain the theme of UHC ‘no one should be left behind’ by 2030.

**National Nutrition Program, 2016-2020:** Maternal, infant and child undernutrition are still national problems with important consequences for survival and for incidence of acute and chronic diseases, healthy development, and economic productivity, at both individual and societal levels. Over the past decade, since the national nutrition strategy was developed, the government, implementers and nutrition development partners have strived to create appropriate channels, capacity and resources through which the intergenerational cycle of malnutrition could be halted and through which policy landscapes and government commitment could be improved.

**Baby and Mother WASH Implementation Guide, Ethiopia MoH, 2017:** The guide supports organizations working in the WASH, health and nutrition sectors to address interconnected problems of poor water, sanitation and hygiene affecting early child development, especially for babies and children under three years. The guide suggests how to work with communities in Ethiopia and also how to integrate Baby WASH interventions into wider WASH, health and nutrition programs. The guide will be useful for organizations and individuals working on different aspects of early child development, and particularly useful to WASH, maternal, newborn and child health and nutrition sectors. The guideline will also be useful for decision makers

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working in government offices, aid agencies, NGOs, influential leaders, teachers and health extension workers who work at household and community level.

**Essential Health Service Package of Ethiopia, 2019:** The essential health service package aims to provide access to quality health services without any financial challenges regardless of age, ability to pay and economic status, and geographic location for the population in Ethiopia. Strengthening the health system and introducing new initiatives are vital to achieve UHC, and the government of Ethiopia developed critical strategies to drive towards UHC.

**Ethiopia Malaria Elimination Strategic Plan 2021-2025:** This strategic plan aims to consolidate the gains made so far in reducing the burden of malaria, sustain and expand impacts. The program's vision is to see a malaria-free Ethiopia. The country aims to achieve nationwide malaria elimination by 2030. Ensuring national capacity in terms of qualified workforce and improving institutional efficiency as well as strengthening community engagement, empowerment and mobilization will be the bedrock on which the strategic plan is built in order to achieve its targets.

**National Strategy for Newborn and Child Survival in Ethiopia, 2016-2020:** The strategy identified and prioritized 39 high impact and cost-effective newborn and child survival interventions with key guiding principles for implementation of the strategy including equity and accessibility; community engagement, empowerment and ownership; integration; partnership; efficient use of resources; innovation and use of technology; evidence-based decision making; and provision of quality MNCH services. A sustained government and partner's commitment, the PHCU, with its innovative HEP that utilizes HEWs and the Health Development Army as platform for social mobilization, and strengthened referral and linkage will continue to be the basis for continued gains in newborn and child health.

**Health Sector Disability Mainstreaming Manual. Ethiopia, MoH, 2017:** This manual was developed to reduce barriers for disabled people, and create accessible health services. This manual will also contribute to the success of the HSTP II.

**National Health Literacy and Health-System Literacy Guide, MoH, Ethiopia, 2016:** The purpose of this document is to guide all health and non-health actors at all levels to design, implement, and monitor and evaluate strategic health literacy interventions. The guide introduces key concepts, recommended key interventions, milestones, stakeholders' roles and responsibilities and monitoring and evaluation systems to proactively support implementation.

**National Malaria Guidelines (4th edition) 2017:** Malaria vector control, malaria diagnosis and treatment, and malaria surveillance guidelines are incorporated in the national guidelines. The main vector control activities implemented in Ethiopia include indoor residual spraying, distribution of LLINs and larval source reduction. Ethiopia has a target of 100% access to effective and affordable malaria treatment. This requires improving diagnosis of malaria cases using microscopy or using multi-species rapid diagnostic tests, and providing prompt and effective malaria case management at all health facilities in the country. Preventing epidemic occurrences within the available lead-time depends on the capacity of the health system to make use of available data at each level to early detect malaria. Therefore, a strong surveillance system helps

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in data management, informing program managers in responding in the event of unusual circumstances, including malaria upsurge or outbreaks.

## **9. SUMMARY OF CONCLUSION OF ANALYSIS AND REQUIREMENTS**

### ***9.1 Conclusion of summary analysis***

**The 2019 National HEP Assessment:** This assessment has clearly shown the need to revise current SBC theories and strategies to consider variabilities in need, outcomes, and cultural contexts. The assessment suggested specific behavioral theories are required for different health outcomes thus leading to different approaches to increase each of the HEP targeted behavioral outcomes. In addition, the assessment showed current SBC strategies are not effective for household level behavior change. The assessment highlighted HEW dissatisfaction and fatigue.

**Community Engagement:** The HEP uses various community engagement platforms to promote preventive health. Community engagement has been a pillar of Ethiopia's pro-poor policies and strategies for the past two decades. The HEP assessment indicated outdated community engagement strategies and approaches, which the HEP Roadmap 2020-2035 tried to address. Strategic objective four of the roadmap is to strengthen community engagement and empowerment; the components are: 1) redesign community engagement mechanisms for HEP. This includes: i) adding a new cadre of community engagement (village health leaders); ii) optimizing the WDA strategy; iii) append men engagement strategy; iv) harnessing indigenous social structures to enhance community engagement in health; v) implementing innovative approaches for engaging youth; vi) implementing innovative and sustainable motivation schemes. The remaining components are: 2) introduce incentive mechanisms for voluntary community health workers; 3) design, test and scale capacity building for community for voluntary community health workers; and 4) enhance the role of multi-sectoral institutions in the implementation of HEP at kebele level.

**Communication for Health (C4H) evaluation:** The baseline survey and other formative assessments indicated that gender considerations affect uptake of women's health services. The baseline survey analyzed determinants for 16 priority health behaviors and found that ten were significantly associated with gender norms. This is reflected in Result 3 of SBCH. The C4H end line report concluded multiple exposure of messages led to stronger impact. The use of multiple channels of communication (radio, video, mobile, and print materials) and community engagement approaches enhanced knowledge and practice across multiple health areas. The synergy between direct community engagement and media interventions had a significant effect on behavior. Accordingly, the SBCH activity is designed in a way to use multiple channels and community engagement platforms. C4H also highlighted that integration is necessary for better effect. Working across multiple health areas increases exposure and is more cost efficient. The idea is that individuals, families and communities don't think of health in silos but holistically. The new SBCH is designed through an integrated approach to address all behavioral intervention across the continuum.

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**9.2 Gender Analysis**

USAID/Ethiopia conducted a macro-level gender analysis as part of the CDCS development in December 2016, complemented by a project-specific gender analysis completed in August 2019. The study underlined the impact of sociocultural norms that limit utilization and negatively influence health-seeking behavior. It recommends SBC designs take into account gender, age, and cultural contexts and utilize existing community structures or CSOs, in addition designs should focus on birth preparedness and cover the array of maternal health needs; SBC may also want to consider working with CSOs for FGM prevention in areas of high prevalence.

**9.3 Accelerator and prioritized behavior**

The recipient should explore USAID's Behavior Integration [Guide](#) and its tools to prioritize the behaviors and create behavior profiles defining logical pathways from desired results (framed as priority behaviors). In addition, successful offerors will be encouraged to create and use behavior profiles to develop theories of change and propose interventions that address some of the common factors that underpin many of these behaviors.

**9.4 Requirements**

**9.4.1 Gender Analysis**

The health challenges outlined in this activity are compounded by complex social, cultural, and economic factors that impair men and women's full access, participation and choice in health care in Ethiopia. This Activity is expected to reduce gender gaps or address the unique needs and interests of males and females. The ECBH gender analysis is too broad or framed at too high a level to be useful for SBCH activity. In addition, IR3 of this Activity is related to gender activity - a foundational and flagship activity for gender transformation interventions.

**9.4.2 Monitoring, Evaluation and Learning (MEL) Plans**

**9.4.2.1: DO 4 Monitoring Evaluation and Learning Plans**

Recipients should include the following indicators or learning questions in their MEL plans. The following are from DO4 learning questions. The data from multiple partners in different service delivery sectors in aggregate will help to inform DO-level learning. This data is meant to look at results, identify unintended consequences, and inform future programmatic approaches. It may/may not be part of activity evaluation, as decided by the AOR.

**9.4.2.2: DO4 Learning questions**

1. How does an increased percentage of women in leadership roles impact the service sectors in the short/medium/long term? This data can be collected quantitatively and qualitatively and should also allow for the capture of unintended consequences of these initiatives. Best practices to promote women into leadership roles should also be captured for future programmatic learning.
2. How has this activity advanced the well-being of women and girls? Specify geography and if this impacted the type of program or the result. Has well-being accelerated in areas of high integration with other sector programming? This question allows for both quantitative and qualitative data collection. Best practices for multi-sectoral programming for women and girls should be captured for future programmatic learning.
3. How have youth been engaged in this sector? With what impact/result? (quantitative/qualitative).

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**9.4.2.3: DO4 Indicators**

In addition to the performance plan and report (PPR) indicator, SBCH activity will report for indicator *IR 4.4 - (custom) utilization of essential health and nutrition services*. These may be updated or refined periodically as the performance indicators reference sheet (PIRS) are not yet complete. SBCH activity will also work to advance the integrated outcome indicator, Gender indicator: percent of Women in Leadership Roles (or percent change) and a capacity building indicator: CBLD-9: Percent of USG-assisted organizations with improved performance.

Please also reference J2SR documents, as they relate to DO4 sectors, and to understand how your activity will measure progress towards self-reliance: <https://selfreliance.usaid.gov/country/ethiopia>. Areas of particular attention under DO4 include: Social Group Equality, Government Effectiveness, Civil Society Effectiveness, Poverty Rate, Education Quality, and Child Health,

***Development Information Solution (DIS)***

In compliance with ADS 201 and ADS 579 regarding data reporting, once the Activity Monitoring and Evaluation Plan is approved, the Recipient must submit all performance management information into the Development Information Solution (DIS) at the required frequencies. Data that shall be submitted to DIS include:

- Indicator results (baseline and targets will be entered by USAID based on the approved LME Plan)
- Intervention locations (including status, start and end dates and approximate financial resources for each location).
- Submission of reporting/ periodic progress reports/ including supplemental and supporting materials.

The AOR will provide DIS system access instructions and training materials as necessary.

***Geographic Information Systems (GIS)***

ADS 579 establishes the requirements governing USAID's development data lifecycle from collecting data to making it accessible. To fulfill the requirements of ADS 579 and promote best practice geographic data collection and management, the following defines standards that apply to geographic data associated with planning, managing, and implementing USAID/Ethiopia development programming.

The recipient must apply methods to support USAID/Ethiopia's efforts to incorporate geographic data and analysis into USAID's overall development planning, design, and CLA. The recipient must include geographic data collection, analysis, and submission methods in the LME Plan and Work Plans as separate sections. There are four types of geographic data that USAID/Ethiopia requires in a standardized manner:

- Activity and Intervention Location Data: The Recipient must submit Activity and Intervention Location Data according to the Mission's data requirements into DIS. Activity and Intervention Location Data refers to data that records a discrete point location

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for activity and intervention sites. When point data is not available, presence data of activities or intervention at the Woreda (Admin 3) level should be submitted into DIS. Reference: Activity Location Data (ADS 579mab)

- **Monitoring Data:** Geographically disaggregated indicator data that are used to investigate the geographic variation in performance for improved monitoring, learning, and adapting. Indicator data should be collected at the smallest administrative unit or point location possible. The performance indicator reference sheet (PIRS) should denote the level of collection. Reference: Monitoring Data Disaggregation by Geographic Location.
- **Thematic Data:** This refers to data such as demographic and health indicators, land use land cover, hydrology, and transportation infrastructure. When the Recipient creates or acquires such data sets using USAID funds, it must submit them to the AOR.
- **Activity Specific Geographic Data:** This refers to data such as the analytical output of a geographic analysis that is conducted while implementing an Activity. An example would be performing a geographic analysis of health facility access, when the Recipient creates or acquires such datasets and analysis using USAID funds it must submit them to the AOR/COR.

***GIS Data Submission***

The recipient must submit all geographic data to the AOR and it will be reviewed in consultation with the Program Office or other technically qualified USAID staff to ensure that it meets the geographic data reporting requirements and minimizes risks. When possible, data should be submitted via DIS, for datasets that cannot be submitted to DIS, consult with the AOR for submission options including possibly loading to the Data Development Data Library (DDL). The recipient should not submit personally identifiable information (PII, i.e., identify individuals in data submissions).

Geographic Data must be submitted in industry standard formats such as Shapefile (.shp) or GeoTIFF, GeoJSON, or in a File Geodatabase. Cartographic products generated using GIS technology shall be submitted in the industry standard formats of an Esri Map Document (.mxd) or Quantum GIS Project (.qgs). All datasets should include metadata.

Below are some standards for data sets submitted to USAID/Ethiopia:

Coordinate System/Datum: EPSG:4326 or WGS 84

Coordinate Format: Decimal Degrees (DD.DDDDDD) with at least 6 decimal places

Accuracy Level: Less than 15 meters

***References:***

Geographic Data Collection and Submission Standards (ADS 579saa)

***Non-Spatial Data and Software***

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All data the recipient creates, collects, purchases, or acquires that supports the objectives of the activity shall provide a copy of data to USAID through a system provided by USAID including the Development Data Library (DDL) per XX clause.

The recipient shall provide USAID all processed intermediate and raw data when requested.

Software: If the recipient develops software such as applications/apps to process activity-related data, the recipient must provide such software, documentation of the software, and copy and source code of the software to USAID per the Federal Source Code Policy (M-16-21). If the implementer develops an online repository of project-related information, then it is mandatory for the implementer to provide USAID/Ethiopia full access to this information, including the right to extract data. If the implementer buys software with significant resources, a mechanism must be worked out with USAID with regards to its use after the project closes out.

***Activity Evaluations***

Recipients are required to conduct a baseline assessment. At the midpoint of the life of the activity, USAID will conduct a mid-term evaluation to assess progress toward the objectives and expected results by a third party. This mid-term evaluation will guide the continuation and implementation of the project for the next two years. The prospective partner shall work with USAID and an external consultant to undertake an end of project evaluation.

***9.4.3 Environmental Compliance:***

In accordance with USAID policies and procedures related to environmental compliance ADS-Chapter 204, the Sustained Improvement in Essential Service Delivery Outcomes Focused on Women and Girls (DO4) prepared umbrella IEE that covers the ECBH Project. The IEE was approved by the Africa Bureau Environmental Officer (AFR BEO) on 1/21/2020 and remains valid until July 2022. A categorical exclusion threshold determination is granted for SBCH activity as there are no potential adverse environmental and social impacts. However, in the course of implementation, recipient will monitor and check any potential adverse environmental impacts that may emerge.

***9.4.4 Climate Risk***

Executive Order 13677 on "Climate-Resilient International Development" requires USAID to assess and address climate risk across all its investments. Accordingly, a climate risk assessment was conducted for the sustained improvement in essential Service delivery outcomes focused on women and girls (DO4), including the ECBH Project. The climate risk analysis has given a "Low" climate risk for SBCH activity.

***9.4.5 Crisis Modifier***

In order to provide flexibility to address unanticipated health shocks and emergencies, the budget for this activity should include the opportunity for a crisis modifier/flexible budget line item. This

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is counted in the activity budget estimate and is expected to be approximately \$250,000. During health emergencies SBCH will primarily focus on supporting capacities and systems for risk communication, rumor monitoring and social listening to mitigate the impact of emergencies and outbreaks.

## **10. LOCAL OWNERSHIP AND SUSTAINABILITY**

The SBCH activity is aligned with the HSTP II (2021-2025); the HEP Roadmap and the community engagement strategies and approaches. In order to ensure sustainability and ownership of approaches and tools, this activity will build local capacity and engage local government entities, institutions (NGOs, CSOs, CBOs), private advertisement and entertainment companies, through sub-awards that will enable them to independently sustain SBC interventions. For example, the activity can support private media companies (TV, radio, entertainment, newspaper) to produce innovative health communication materials and campaigns through sub-contracts to private firms. Youth will be engaged through job creation opportunities and local innovative solutions and development of health communications tools through use of digital technologies in health communications. The activity will; when feasible, work with the MOH and other local partners at national and sub-national levels to ensure local ownership, with a strong emphasis on sustainability from the outset. This activity is highly focused on ensuring sustainable ownership of healthy practices by the communities at large. As such, 80 percent of the level of effort (interventions) will focus on improving optimal household health and nutrition practices and demand creation at individual, families and communities' levels whereas 20 percent will be focused on SBC capacity building mainly at district; and sub-national and national levels, if applicable.

As part of supporting local ownership and sustainability this activity will contribute to four key elements of woreda transformation: 1) creation of high performing PHCUs (through health system literacy); 2) motivated, competent and compassionate health workforce (through behavior interventions targeting service providers); 3) better community engagement (through sustainable social and behavior change interventions); 4) health care financing reforms (through CBHI education and health emergency planning).

## **11. PROGRAM MANAGEMENT**

### ***11.1 Staffing***

The potential awardee will present a detailed and comprehensive activity human resource management plan that can deliver all the expected results under SBCH Activity. The potential awardee's human resource requirement must have the educational qualification, relevant experience, and skills in:

- 1) Leading, managing, and administering USAID programs and activities.
- 2) Relevant subject matter technical knowledge on MCH, Malaria, FP/RH, nutrition, hygiene and sanitation, and gender and social norms plus SBC programming experience in these technical areas.
- 3) Theoretical and conceptual framework knowledge on SBC theories and models.

## ***11.2 Period of Performance and Funding***

The cooperative agreement will be awarded for five years (on or about January 1, 2022, through December 31, 2026) depending on the availability of funds.

### **ANNEX - 1 : USAID/Ethiopia SBC activities**

**Communication for Health (C4H):** This was the Mission’s five-year flagship SBC cooperative agreement that aims to improve health-related behaviors in the community and to ensure sustainable, comprehensive, coordinated and evidence-based SBC interventions at the national, regional, and sub-regional levels. The activity’s objectives are to strengthen local capacity to implement and sustain SBC activities; improve SBC coordination and collaboration; and support SBC activities/campaigns. This integrated SBC worked across multiple health areas including Reproductive, Maternal, Newborn and Child Health/ family planning (RMNCH/FP); Malaria; Tuberculosis (TB); Water, Sanitation and Hygiene (WASH); Prevention of Mother-to-Child Transmission of HIV (PMTCT); and Nutrition. This project covered four regions: Amhara, Oromia, SNNP and Tigray in 240 districts. The award ended in Dec 2020.

**Transform: Primary Health Care (TPHC):** This flagship five-year MCH/FP cooperative agreement was designed to advance the HSTP goals and reduce maternal and child mortality through 1) improved management and health system performance; 2) increased sustainable quality of service delivery across the PHCU continuum of care; 3) improved household and community health practices and health-seeking behaviors; and 4) enhanced program learning to impact policy and programming related to maternal and child mortality. The activity provides tailored technical assistance to regional, zonal, woreda health offices and primary health care facilities in over 400 woredas in Amhara, Oromia, SNNP and Tigray Regions. The award ends in September 2022.

**Transform: Health in Developing Regions (THDR):** This flagship five-year MCH/FP cooperative agreement was designed to increase utilization of high-impact MCH/FP and malaria interventions through 1) increased access to quality MCH/FP interventions (including through mobile outreach); 2) strengthened systems to deliver services; 3) increased demand; and 4) improved learning. The activity provides tailored technical assistance to regional, zonal, woreda health offices and primary health care facilities in 58 woredas in Afar, Benishangul-Gumuz, Gambella and Somali Regions. The award ends in December 2022.

**Community Based Awareness Raising and Behavioral Change to reduce malaria burden:** This two-year cooperative agreement to the Health Development and Anti-Malaria Association (HDAMA) was designed to conduct community-based awareness raising and behavioral change to reduce the malaria burden in the Amhara region, through school and community-based malaria communication interventions in 36 high malaria burden districts. The award will end in September 2021.

**Breakthrough Action – C4H:** Breakthrough ACTION Ethiopia Communication for Health is a 12-month (October 1, 2020–September 30, 2021) field-support funded activity that intends to

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address gaps outlined in the context analysis, as well as the USAID/Ethiopia's CDCS 2019–2024 priorities. The project will focus on promoting priority behaviors on malaria (with a focus on promoting use of long-lasting insecticide-treated nets (LLINs); RMNCH; nutrition; FP; and zoonotic diseases risk communication, using the following main strategies:

[END OF SECTION A]

## **SECTION B: FEDERAL AWARD INFORMATION**

### **B.1. Estimate of Funds Available and Number of Awards Contemplated**

USAID/Ethiopia intends to award one Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID/Ethiopia intends to provide about US\$35 in total over five years.

USAID reserves the right to fund any or none of the applications.

### **B.2 Start Date and Period of Performance for Federal Awards**

The anticipated period of performance is five years. The estimated start date will be January 1, 2022.

### **B.3 Substantial Involvement**

#### **Type of Award and Substantial Involvement**

USAID plans to negotiate and award an assistance instrument known as a Cooperative Agreement with the successful applicant for this program. Potential applicants should note that USAID policy prohibits the payment of fee/profit under assistance instruments.

A Cooperative Agreement implies a level of “substantial involvement” by USAID (see ADS 303.3.11). This substantial involvement will be through the Agreement Officer, except to the extent that the Agreement Officer delegates authority to the Agreement Officer’s Representative (AOR) in writing. The intended purpose of the substantial involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. The anticipated substantial involvement elements for this award are listed below (this list does not include approvals required by Standard Mandatory Provisions for Non-US NGOs or other applicable law, regulation or provision):

**3.1. Approval of the Recipient's Implementation Plans**, including but not limited to, annual work plans, life-of-project exit strategy, and any subsequent revisions of such plans. If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient’s implementation plans for a later date. USAID must not require approval of implementation plans more often than annually. If the AO has delegated authority to the AOR to approve implementation plans, the AOR must review the agreement’s terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

**3.2. Approval of Specified Key Personnel** USAID may designate as key personnel only those positions that are essential to the successful implementation of the Recipient’s program. USAID’s policy limits this to a reasonable number of positions, generally no more than five positions or five percent of Recipient employees working under the award, whichever is greater.

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**3.3. Agency and Recipient Collaboration or Joint Participation** in implementation, including, but not limited to, participation in advisory committees and direction and/or redirection of activities specified in the program description due to GOE priorities and guidance as well as interrelationships with other programs.

- a) **Concurrence on the Substantive Provisions of Sub-Awards.** 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award.
- b) **Approval of the Monitoring Evaluation & Learning Plan** – the ME&L Plan will be developed in consultation with USAID/Ethiopia. During the initial project planning period, the recipient shall work closely with USAID/Ethiopia to ensure that the ME&L plan clearly links the Recipient's activity with the objectives and targeted outcomes of the Program Description. The jointly developed ME&L plan shall be submitted within 90 calendar days of the award.
- c) **Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects.** All such activities must be included in the program description, negotiated in the budget, and made part of the award. Direction of Redirection of activities specified in the program description due to GOE priorities and guidance as well as interrelationships with other programs.
- d) **Collaborative involvement** in selection of advisory committee members and participation in the advisory committee, if the program will establish an advisory committee that provides advice to the recipient.

**3.4. Agency Authority to Immediately Halt Construction.**

**B.4 Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is 935.

**B.5 Nature of the Relationship between USAID and the Recipient**

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of Social and Behavior Change for Health (SBCH) Activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

**B.6. Selection of Instrument**

Due to the nature of the collaboration implicit in the Social and Behavior Change for Health (SBCH) Activity, USAID/Ethiopia believes that a Cooperative Agreements (in which substantial involvement will include approval of Implementation Plans, Key Personnel, and Agency and Recipient Collaboration or Joint Participation) will likely be the primary vehicle for this initiative, but the actual award type or engagement will depend upon the most appropriate mechanism or approach for the intended results.

[END OF SECTION B]

**SECTION C: ELIGIBILITY INFORMATION**

**C.1 Eligible Applicants**

Eligibility for this NOFO is not restricted.

**C.2 Cost Sharing or Matching**

Cost Sharing is not required for this activity, though it is encouraged, and the use of cost share funds may lead to a program with greater impact.

**C.3 Number of Applications that May be Submitted**

Any one entity/organization may submit one (1) application for funding in response to this Notice of Funding Opportunity NOFO as a prime awardee.

[END OF SECTION C]

## **SECTION D: APPLICATION AND SUBMISSION INFORMATION**

### **D.1. Agency Point of Contacts**

Name: Yordanos Abraham  
Title: Acquisition & Assistance Specialist  
Email Addresses: [yabraham@usaid.gov](mailto:yabraham@usaid.gov) and [caddis@usaid.gov](mailto:caddis@usaid.gov)

Name: Alula Abera  
Title: Agreement Officer  
Email Addresses: [alabera@usaid.gov](mailto:alabera@usaid.gov)

### **D.2 Questions and Answers**

Questions regarding this NOFO should be submitted through e-mail addresses to [caddis@usaid.gov](mailto:caddis@usaid.gov) and Yordanos Abraham at [yabraham@usaid.gov](mailto:yabraham@usaid.gov). The subject line must state “Questions SBCH 72066321RFA00007” no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

### **D.3 General Content and Form of Application**

USAID/Ethiopia will accept applications from the qualified entities as defined in Section C of this NOFO. The Applicant should follow the instructions set forth herein. If an applicant does not follow the instructions, the application may be downgraded and may not receive full credit under the applicable merit review criteria, or, at the discretion of the Agreement Officer, be eliminated from the competition.

#### **Preparation of Applications:**

Each applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts: - the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the full application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

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Both the Technical and Business (Cost) Applications must include a cover page containing the following information:

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Applicant name:	
Project title:	
Total USAID funds requested:	
Proposed period of performance:	
Applicant's full address and telephone number (primary or lead applicant)	
Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address)	
Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.	
Name and Signature of Individuals authorized to negotiate terms, conditions and countersigns the award (title/ position, email address, telephone number)	
<i>DUNS numbers of applicants and sub-awardees/ partners. Tax identification number, and Letter of Credit (LOC) number for the applicant, if available.</i>	

Any erasures or other changes to the application must be initialed by the person signing the application. Applications signed by an agent on behalf of the applicant must be accompanied by evidence of that agent's authority unless that evidence has been previously furnished to the issuing office.

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Applicants may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria.

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- Use standard 8 ½" x 11", single sided, single-spaced, 11-point Times New Roman font, 1.5" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10-point font can be used for graphs and charts. Tables, however, must comply with the 11 point Times New Roman requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.

Applicants must review, understand, and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for their records.

#### **D.4 Application Submission Procedures**

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time and/or confirmation from the receiving office.

##### **Email submission**

Applications must be submitted by email to [caddis@usaid.gov](mailto:caddis@usaid.gov) with a copy to Ms. Yordanos Abraham at [yabraham@usaid.gov](mailto:yabraham@usaid.gov). Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g., "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

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Telegraphic or faxed or hard copy applications are not authorized for this NOFO and will not be accepted.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

Applicants are reminded that email is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of \*.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/ cannot guarantee their acceptance by the internet server.

Each email with file attachments must not exceed 20MB in size.

#### **D.5 Technical Application Format**

The technical application should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application should consist of the following:

- (a) Cover Page (as discussed above);
- (b) Table of Contents

Include major sections and page numbering to easily cross-reference and identify merit review criteria.

- (c) Executive Summary (one page)

The Executive Summary must provide a high-level overview of key elements of the Technical Application.

- (b) Technical Application Body (not to exceed fifteen (15) pages excluding annexes);

Based on the Merit Review Criteria, the Technical Application Body will contain the following sections:

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1. Technical Approach
2. Learning, Monitoring and Evaluation Plan
3. Personnel and Management Approach
4. Institutional Capacity, Past Performance and Experience

The basic purpose of the Technical Application Body is to provide the information necessary to allow USAID/Ethiopia to evaluate the applicant fairly and completely under each of the merit review criteria specified in Section E of this NOFO. Additional specific guidance for each Section of the Merit Review Application Body is set forth below:

**1. Technical Approach**

Applicants are required to propose a comprehensive approach to achieve the activity's intermediate results and ensure that interventions are sustainable. A high level of coordination with other USG-funded awards and other development partners is required. Duplication and redundancies in assistance must be avoided, and a clear effort to build on past achievements and on-going activities is necessary.

While Applicants have flexibility to propose their own solutions and innovations, expected results are described for each IRs to guide applicants in preparing their applications. Upon award, the Recipient is expected to mobilize personnel and engage the GoE and other stakeholders in a consultative and participatory process (post award co-design) to develop a work plan to achieve the results of the SBCH.

The Recipient should design an innovative sub-grants program for selected local NGOs who had previous experiences on implementing specific health programs and have demonstrated innovative and promising practices. This will help to achieve the activity objectives and provide the required technical assistance to enable the NGOs to successfully implement activities at the local level and ensure community ownership, sustainability, and enhance resiliency for health shocks.

USAID encourages applicants to propose innovative approaches to create incentives for program success. Applicants will compete to propose solutions which best address the desired results of the SBCH Activity. applicants will be evaluated not only on how it meets the expected results but progress towards ensuring sustainability as well. Special consideration will be given to innovative alliances. The applicant is expected to develop all assistance activities with the guiding principles and programmatic requirements in mind which are stated under Section 6 and 9 of the Program Description.

The technical application should: (1) demonstrate a thorough understanding of the current context and policy environment in Ethiopia; (2) describe how the recipient will execute evidence-based, coordinated social and behavior change (SBC) initiatives to help achieve improved Reproductive Health/Maternal and Child Health, Malaria, Hygiene/Sanitation and other infectious diseases health outcomes for Ethiopian citizens and development objectives; (3) describe how the recipient will strengthen-systems for coordinating, implementing, and providing quality assurance of SBC in Ethiopia; and (4) discuss how resources will be organized to achieve results. It is expected that applicants will clearly indicate strategies for building upon past and current US

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Government (USG) investments in SBC in Ethiopia. (5) discuss how the applicant will utilize indigenous organizations to leverage local solutions, innovations and build up on past USAID successful investments

The technical application must describe in detail the approaches it will employ to achieve programmatic objectives. The application should outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the semi-annual, annual, and end of project results. Applicants should prioritize evidence-based, locally appropriate and cost-effective, sustained SBC approaches, and are encouraged to propose innovative activities to achieve desired results.

Information for specific sections includes:

- Implementation Plan (2–3 pages in the body of the application) detailing how and when specific activities will be developed over the first two years of the SBCH activity. Table format is acceptable.
- Sample woreda level system-based SBC capacity and skill building Strategy (10 pages maximum). The applicant will describe a strategy for building Woreda-level capacity to coordinate, design, implement, monitor, and evaluate evidence-based SBC activities and how it will directly support community-based approaches for improved behavior change as outlined in this solicitation. The applicant will provide or reference recommended tools and approaches for such capacity development, such as training curricula or quality assurance tools. These samples can be drawn from the applicant’s work in other global projects, or from other sources; the applicant should clearly describe its experience developing, adapting, or utilizing the recommended tools and approaches. If desired, the applicant can include a brief description of how the MoH will adapt these samples to various regional and Woreda’s needs. The applicant should describe any past evaluation of the recommended capacity strengthening approaches and tools, at woreda and community level as well as the approach it intends to use to measure the impact of these approaches in Ethiopia.
- Draft Outline of Performance Monitoring & Evaluation Plan (5 pages maximum).
- Project Briefs: (3–5 pages) for each health area including but not limited to maternal, newborn and child health, reproductive health, family planning, malaria, infectious diseases with a focus on zoonotic diseases. The applicant will detail current issues and challenges, priority audiences, behavioral and communication objectives, Accelerators and prioritized behaviors for each technical areas; channel mix and tactics, and measurement of outputs and outcomes The applicant should identify from the SBCH high and moderate integration woredas geographic areas of highest priority for MCH, FP/RH, Malaria and Zoonotic diseases.

## **2. Learning, Monitoring and Evaluation Plan**

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. This involves strategic collaboration, systematic and continuous learning, and adaptive management. Applicants should discuss approaches how they will implement CLA in SBCH activity and should think strategically about:

- How does the applicant take the time to think critically about its work? (Learning)

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- Is the applicant strategic with whom to collaborate with, what it is learning? and (Collaborating)
- Does the applicant use those learnings to change accordingly? (Adapting)

USAID expects the recipient to have a robust LME Plan that is fit-for-purpose to enable evidence-driven adaptation by both the Recipient and USAID. The Applicant's LME Plan should outline the approaches and resources for learning opportunities for adaptation, measuring results and achievements of activity, collaborating, and adapting. Traditional monitoring and evaluation (M&E) approaches including indicator monitoring are included under the LME umbrella, specifically the learning section. The recipient is also encouraged to apply other complexity-aware monitoring and learning approaches such as outcome harvesting, most significant change, etc.

Applicants are required to provide an overview of the proposed Learning, Monitoring and Evaluation Plan (LME) Monitoring and draft the LME Plan for the SBCH activity. The draft LME plan table itself should be included as an annex. Indicators and annual targets in the LME plan should directly relate to the technical assistance and support to be provided.

Applicants are encouraged to propose in their activity LME plan with a set of benchmarks to be achieved against a set of qualitative and quantitative indicators for each technical element i.e., maternal, newborn, child health, reproductive health, family planning, malaria and hygiene & sanitation. It is expected that all indicators, when practical, be disaggregated by gender and that specific attention be paid to strategies for better inclusion of women as direct program beneficiaries.

### **3. Personnel and Management Approach**

The Applicant should provide an overview of the proposed key personnel, their qualifications and experience, and relevant curriculum vitae and references. Applicants should include how they will organize its staff, including sub-partners to achieve the goals and objectives of the NFO. The management plan should describe how the project will relate to and respond to USAID. The potential award winner will present a detailed and comprehensive activity human resource management plan that can deliver all the expected results under SBCH activity. The potential award winner's human resource requirement for key staff must have the educational qualification, relevant experience and skills in (1) Leading, managing and administering USAID programs and activities. (2) The relevant subject matter technical knowledge includes comprehensive SBC programming including specific knowledge on MCH, Malaria, Nutrition, FP/RH, hygiene and sanitation, infectious diseases, social and behavior change communications, health & health system literacy, and gender and social norms; and (3) theoretical and conceptual framework knowledge on SBC theories and models is required.

In their proposals, applicants will be expected to present a sound description for the management and staffing of the project. The applicant should propose an overall staffing pattern that demonstrates the breadth and depth of technical expertise and experience required to implement this broad project. The staffing plan should demonstrate a solid understanding of key technical and organizational requirements and an appropriate mix of skills, while avoiding excessive staffing. Key personnel should demonstrate state-of-the-art expertise in

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international standards. This section should include: (1) a detailed organizational chart; (2) a brief description of key personnel; and (3) a skills matrix for proposed project staff.

CVs of proposed key personnel and other staff are to be included in an annex. All key personnel CVs should include three references with contact information. Letters of commitment are required for all key personnel and should be included in an annex. Noting that all staff may not be available or needed at inception, dates those key personnel are available to start work full-time with the SBCH activity are also required.

- A brief discussion of the skills, experience, and education of the three key personnel positions, which are considered essential for implementation of the activity is set forth below. These key personnel positions are:
  1. Chief of Party
  2. Deputy Chief of Party
  3. Monitoring, Evaluation and Learning Director
  4. To be recommended in application by applicant
  5. To be recommended in application by applicant

**1. Chief of Party**

**Description:** S/he will have the overall responsibility for leading and coordination of all activities and all staff management. S/he will have principal responsibility for representation of the projects to USAID. S/he should be able to manage financial and human resources effectively and exhibit a breadth of both technical expertise and management experience appropriate to fulfill the diverse requirements of this activity.

**Qualifications:** PhD or master's degree in development studies, business administration, public health, social studies or other related field, with deep understanding and knowledge of social behavioral change (SBC). At least 15 years of demonstrated experience managing operational, project management and administrative duties for U.S. Government-funded projects or other internationally funded programs. Experience in social and behavior change (SBC) is required.

**2. Deputy chief of party**

**Description:** The Deputy Chief of Party (DCOP) identified as local staff directly assists the COP in activity planning, implementation and management. The DCOP shall have complementary technical skills and experience with the COP. The DCOP is responsible for various technical components of the activity and makes operational decisions in the absence of the COP.

**Qualifications:** Master's in Public Health or related areas, with deep understanding and knowledge of social and behavior change (SBC). At least 10 years of demonstrated experience managing operational, project management and administrative duties for U.S. Government-funded projects or other internationally funded programs.

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**3. Learning, Monitoring and Evaluation Director**

**Description:** This individual will lead the monitoring, evaluation learning and research efforts. S/he shall develop/design monitoring, evaluation, and reporting (MER) systems that include appropriate indicators, baseline data, targets and a plan to evaluate performance and produce timely, accurate and complete reporting. The specialist has the responsibility for information analysis and must be able to develop monitoring, evaluation and learning plans.

**Qualifications:** Master's in Public Health, health informatics, Monitoring and evaluation or related areas, with deep understanding and knowledge of Social and Behavior change (SBC) measurements and metrics. S/he should have at least 8 years of demonstrated experience in Social and behavior change (SBC).

**4. To be Proposed by Offeror including position description and qualification**

**5. To be Proposed by Offeror including position description and qualification**

**4. Institutional capacity, Past performance and experience**

Applications must include a detailed management plan/implementation schedule in support of proposed activities. The applicant must present the relevant, specialized competence that itself and each member will contribute. This shall include demonstrated accomplishments and institutional capability to carry out activities of the type required under this Program. The management plan must include descriptions of the following elements:

- **Participating Organizations** - Proposed prime organization, other organizations, if any, and their relationships shall be clearly described. This shall include a description of the comparative advantage that each organization brings to this activity. Applications proposing a consortium or joint-venture-like mechanism rather than a prime/sub need to include a description of the management procedures to be followed regarding each member, and what operational arrangements for coordination with USAID/Ethiopia and other institutional partners will be made. Note that the USAID will only commit to a bilateral relationship so consortium and joint-venture arrangements must designate (authorize) one legal entity/individual able to bind all partners in the offer to the Government.
- **Organizational Structure** - Proposed overall staffing plan and organizational chart indicating the organization planned for the field (including any proposed sub-recipients) and headquarters. The plan shall specify the composition and organizational structure of the proposed implementation team and describe each staff member's role, technical expertise and the estimated amount of time each member of the team will devote to the Program. Identify by title and name each position to be supported under the Program for the field office, as well as for any support staff based abroad. To comply with USAID/Ethiopia's commitment to use existing local capacity to the greatest extent possible, the implementer will hire local staff for its field offices. Detailed description of the credentials, skills, prior successful experience and accomplishments of proposed key personnel must be provided. According to desired results the Application shall describe

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regional and/or headquarters resources that will be made available to ensure maximum technical and administrative support.

- **Policies and Procedures** - Proposed policies and procedures for managing and directing the effort to ensure productivity, quality, cost control, and early identification and resolution of difficulties. Standard corporate policies and practices documentation submitted for Agreement Officer responsibility determination may be referenced, however the intent here is to highlight (unique) policies that may be created specifically in responding to the NFO.
- **Implementation Planning** – This must illustrate how the applicant intends to implement a management plan that contributes to the achievement of the stated results. The application shall contain a detailed Mobilization Plan showing when field staff will be mobilized in Ethiopia as well as the startup of field office(s) if any.

A description of the applicant's technical and administrative experience and capabilities in the proposed activity area must be included, such as experience in the scientific/programmatic area, collaborating with multiple stakeholders, developing research capacity in low- and middle-income countries, managing and implementing projects of similar technical scope and complexity. If sub-awards with other organizations are proposed, to the extent possible, pertinent aspects such as technical roles, management relationships and levels of effort of the organizations and individuals involved in the sub-award must be explicitly defined. The past performance/experience information shall provide past performance history and be included as part of the technical application, including narrative highlights, reference information, project summaries, etc. and special requirements such as experience in the region or in specific technical areas.

#### 4. Appendices

Annexes should be numbered (e.g., Annex 1). If any part of the Technical Application exceeds the page limits specified above, USAID/Ethiopia may decide to consider and review ONLY those pages up to the applicable limit when evaluating the Application.

The Appendices, which are not included in the main Technical Application's 10-page limit, must include the following items:

- 1) Expanded Logic Model, based on the logic model outlined in the Program Description, with draft sub-intermediate results, indicators, baseline and performance targets.
- 2) Timeline of milestones from the beginning to the completion of the proposed activities, including all deliverables; monitoring, evaluation, and learning; and dissemination of reports and information
- 3) Resumes for Key Personnel and any essential co-implementers for the proposed activity not to exceed three (3) pages each
- 4) Additional relevant materials [up to five (5) pages] may also be provided as an appendix. These may include the history, structure, accomplishments, and capacity of the applicant organization(s).

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1. Technical Approach Charts, Graphs and Maps, and Logical Framework

The Applicant is authorized to include any charts, graphs or maps, and a Logical Framework that support the Technical Approach Section in the Merit Review Application Body.

2. Resumes/CVs & Letters of Commitment

Key Personnel

i. Proposed Key Personnel CVs (no more than 3 pages per individual)

ii. Key Personnel proposed minimum requirements (1 page per position)

Each resume shall be accompanied with a commitment letter from each candidate indicating his or her: (a) availability to serve in the stated position, in terms of days after the award; (b) intention to serve for the stated term of service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. Each resume shall include a minimum of three (3) references of professional contacts within the last five years; with complete current contact information, including email addresses and telephone numbers, for each proposed key personnel candidate.

3. Organizational Chart

This annex should consist of a chart showing the proposed organization for the Program; this chart should include, but is not limited to, a representation of the staff reporting lines and relationships between the different positions that fully illustrates the management structure of both full time and non-full-time staff for the Recipient and all sub-recipients; it should be sufficient to illustrate the complete human resources needs necessary to achieve the objectives of this Program.

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for merit review purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets \_\_\_\_; and

(b) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

**D.6 Business (Cost) Application Format**

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The Business (Cost) application must include: 1. Cover Page; 2. SF 424 Forms; 3. Required Certifications and Assurances; 4. Other Budget Information; 5. Prior Approvals; 6. Subawards; 7. D&B/SAM Information; 8. Performance History; 9. Branding and Marking; 10. Funding Restrictions; and 11. Conflict of Interest.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant’s risk in accordance with 2 CFR 200.205. Applicants should not submit any additional information with their initial application.

The Cost Application must contain the following sections (which are further elaborated below):

1. Cover Page:

Please see Subsection D.3 above for requirements.

2. SF 424 Form(s):

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at [www.grants.gov](http://www.grants.gov) or using the following links:

<b>Instructions for SF424</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424instructions.html</a>
<b>Application for Federal Assistance (SF-424)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>
<b>Instructions for SF424A</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424ainstructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424ainstructions.html</a>
<b>Budget Information (SF-424A)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>
<b>Instructions for SF424B</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424binstructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424binstructions.html</a>
<b>Assurances (SF-424B)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>

Failure to accurately complete these forms could result in the rejection of the application.

3. Required Certifications and Assurances:

The applicant must include the following documents and submit a signed copy as part of the Business (Cost) Application:

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- i. “Certifications, Assurances, Representations, and Other Statements of the Recipient” ADS 303mav document found at <http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf>
- ii. Assurances for Non-Construction Programs (SF-424B)
- iii. Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

4. Other Budgetary Information:

In addition, the following budgetary information should be provided in the Cost Application.

**(i) Guidelines:** The following general guidelines apply.

- A. The Cost Application should be for a period of 60 months.
- B. Budget should be stated in US Dollars and the USAID/Ethiopia support should total approximately \$9 - \$9.5 million.
- C. Applicants should assume notification of an award as set forth in Section B.2.

**(ii) Spreadsheets Required:** The following spreadsheets are required:

- A. A Summary Spreadsheet showing the cost for the major cost categories identified.
- B. Separate detailed budgets that provide sufficient detailed information at the individual cost line item that is sufficient to allow USAID/Ethiopia to determine that the costs represent a realistic and efficient use of funding to implement the applicant’s program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E. The types of costs should be organized based on the cost categories specified above in Section D.6 and Annex 1. This budget should contain total amounts for each line item of cost for the entire 48-month period (not only should total amount of dollars over 48 months for each cost line item be included but the cumulative number of units – days, trips, months etc. should also be summed).
- C. Separate sheets that breakdown the costs specified in Subsection B above to each of the five program years. NOTE: Applicants can alternatively include the detailed cost breakdown per year in the overall 48-month summary described above.

**(iii) Spreadsheet Format:** The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to review the application and may result in a rejection of the cost application.

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**(iv) Sub-contracts/Sub-agreements:** The budget shall include a summary and breakdown of the costs allocated for each sub-recipient or sub-contractor involved in the activity (unless the agreement or contract is on a fixed amount basis). While it is preferred that detailed subcontract or sub-agreement costs be included in the overall detailed spreadsheet(s) described above, applicants have the option of including separate sub-agreement or subcontract budgets for the sake of clarity.

**(v) Budget Notes:** Budget notes are required. These budget notes must provide an accompanying narrative by line item which explains in detail the basis for how the individual line-item costs were derived. The budget notes must be sufficient to ensure that USAID/ can determine the purpose of every cost item proposed, as well as understand the basis for the cost estimate (units and unit cost).

**(vi) Budget Categories:** The Detailed Budget must contain the following budget categories and information, at a minimum and provides guidance on budget category costs.

- A. Salaries – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant’s budget must include position title, salary rate, level of effort, and salary escalation factors for each position. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant’s written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.
- B. Fringe Benefits & Allowances – If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative.

- C. Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant’s normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

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- D. Equipment and Supplies – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

**NOTE:** In accordance with 2CFR 200, “**Equipment**” means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. **All equipment must be listed in a separate budget line item.**

- E. Contractual – Must include costs of direct program activities, monitoring, evaluation, and learning costs, Consultants, Trainings, workshops, monitoring, evaluation and learning costs, conferences, campaigns, consultants, sub awards and other direct program implementation costs. Specify the budget for the portion of the program to be passed through to any subrecipient. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant’s budget, including those related to fringe and indirect costs. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.
- F. Construction – NOT APPLICABLE
- G. Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, equipment rental, office rent, utilities, communication, maintenance or service costs, costs associated with implementation of Branding and Marking Plan, costs for services not part of the technical scope/delivery of the award (i.e. logistical support services) as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.
- H. Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

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Method 1 - Direct Charge Only

Eligibility: Any applicant

Initial Application Requirements: See above on direct costs

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)

Eligibility: Any applicant with a NICRA issued by a USG

Agency must use that NICRA

Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the award subject to audit and finalization. See [USAID's Indirect Cost Rate Guide for Non Profit Organizations](#) for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)

Eligibility: Any applicant that has never received a NICRA  
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200.414(f) for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

Eligibility: Non-U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO  
Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year.
- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including

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financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

**5. Prior Approvals in Accordance with 2 CFR 200.407:**

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the applicant must specify and justify that cost in this Section. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

**6. Approval of Subawards:**

The applicant must submit information for all subawards that it wishes to have approved at the time of award in this Section. For each proposed subaward the applicant must provide the following:

- Name of organization
- DUNS Number
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

**7. Dun and Bradstreet and SAM Requirements:**

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers (DUNS number) and System for Award Management (SAM) requirements. Each applicant (unless the applicant is an individual or Federal awarding agency that is exempted from requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

1. Provide a valid DUNS number for the applicant and all proposed sub-recipients.
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient ([www.beta.sam.gov](http://www.beta.sam.gov)).

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3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

DUNS number: <http://fedgov.dnb.com/webform>

SAM registration: <http://www.beta.sam.gov>

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain an NCAGE code, on [www.beta.sam.gov](http://www.beta.sam.gov), navigate to Help, then to International Registrants.

Applicants should address the status of these registrations in this section.

**8. History of Performance:**

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed three (3) as follows.

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, that have been awarded or completed in the last three years, as follows:

- Name of the Awarding Organization.
- Award Number.
- Activity Title.
- A brief description of the activity.
- Period of Performance.
- Award Amount.
- Reports and findings from any audits performed in the last three (3) years; and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the applicant encountered problems on any of the referenced Awards, it may provide a short explanation and the corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

**9. Branding Strategy and Marking Plan:**

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

Pursuant to ADS 303.3.6.2.f and ADS 320.3.1.2, the applicant is required to submit a Branding Strategy and Marking Plan in this Section of the Business (Cost) Application. These plans shall be prepared in accordance with the guidance in ADS 320.3.1.2, 2 CFR 700.16 and the references therein.

USAID/ does not intend to make an award without an approved Branding Strategy and Marking Plan. The following pre-award terms in ADS 303mba entitled “Branding Strategy – Assistance” and “Marking Plan – Assistance” are relevant:

**1. Branding Strategy – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
  - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
  - (2) The intended name of the program, project, or activity.
    - (i) USAID requires the applicant to use the “USAID Identity,” comprised of the USAID logo and brand mark, with the tagline “from the American people” as found on the USAID Web site at <http://www.usaid.gov/branding>, unless Section VI of the NOFO or

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APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

- (ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.
  - (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
  - (iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
  - (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section VI of the NOFO or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
  - (4) Planned communication or program materials used to explain or market the program to beneficiaries.
    - (i) Describe the main program message.
    - (ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.
    - (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message,  
“USAID is from the American People.”
    - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.
  - (5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.
  - (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
  - f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

**2. Marking Plan – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brandmark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency and is found on the USAID Web site at <http://www.usaid.gov/branding>. Section VI of the NOFO or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:
  - (1) A description of the public communications, commodities, and program materials that the applicant plans to produce, and which will bear the USAID Identity as part of the award, including:
    - (i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature.
    - (ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID.
  - (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
  - (iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
  - (v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.
- (2) A table on the program deliverables with the following details:
  - (i) The program deliverables that the applicant plans to mark with the USAID Identity.

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- (ii) The type of marking and what materials the applicant will use to mark the program Deliverables.
  - (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking.
  - (iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and
  - (v) The rationale for not marking program deliverables.
- (3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:
- (i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.
  - (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be independent. The applicant must explain why each particular deliverable must be seen as credible.
  - (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.
  - (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
  - (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
  - (vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.
  - (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.
- f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

**10. Funding Restrictions:**

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor. Applicants will be reimbursed only for costs that benefit the program description and are allocable, allowable and reasonable. Pre-award costs may be reimbursed under the resulting award, but only with the prior specific written approval of the Agreement Officer.

This program does not have any provision for capital funding or any type of construction assistance.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

The Applicant should address any issues with these funding restrictions in this Section of the Business (Cost) Application.

**11. Conflict of Interest:**

The Applicant should disclose any conflicts of interest pursuant to the following pre-award term:

**CONFLICT OF INTEREST PRE-AWARD TERM (August 2018)**

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.
  
2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for

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this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

**12) Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)**

**FOR U.S. ORGANIZATIONS**

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in 2 CFR 200.216. Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment will be allowable through September 30, 2022, without regard to the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with 2 CFR 200.471.

**FOR NON-U.S. ORGANIZATIONS**

Special Award Requirement Relating to the Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (November 2020)

USAID has been granted a temporary waiver under Section 889(d)(2) that will allow the recipient to use award funds through September 30, 2022, to procure certain telecommunications and video surveillance services or equipment as specified in the standard provision “Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (AUGUST 2020).” Based on this waiver, all costs incurred for covered telecommunications and video surveillance services or equipment for without regard to the standard provision “Allowable Costs” and the cost principle at 2 CFR 200.471. Procurements made on or after October 1, 2022, will be unallowable in accordance with the standard provision “Allowable Costs” and 2 CFR 200.471.

[END OF SECTION D]

## **SECTION E: APPLICATION REVIEW INFORMATION**

### **E.1 Criteria**

The merit review criteria prescribed here are tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to: (a) identify the significant matters which the applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

The Technical Application will be scored by a Selection Committee (SC) using the criteria described in this section.

### **E.2 Review and Selection Process**

The required format and content for the application are described in Section D. The applications will be evaluated using an adjectival rating system, in accordance with the selection criteria set forth below. USAID will collaborate with the apparently successful applicant(s) to create a final Program Description that will be included in the award. Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant(s) budget to ensure that costs, including cost sharing, are in compliance with OMB's and USAID's policies. The costs proposed must be determined to be reasonable, based on the Cost Application and other information, before award can be made. Award will be made to the responsible applicant whose application is determined to be the best, based on the criteria specified in this NOFO. The Agreement Officer must also evaluate the risk of the apparently successful applicant(s) and is charged with the final determination of whether to make an award to the apparently successful applicant(s). Among other issues, the apparently successful applicant(s) history of performance will be reviewed using the reference information contained in the Technical Application, along with any other information deemed relevant by the Agreement Officer or Selection Committee. The Agreement Officer is the only individual who may legally obligate the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

#### **a) Merit Review**

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance:

## 1. MERIT REVIEW CRITERION

The evaluation of applications will be completed using the following merit review criterion:

CRITERION	CRITERION NAME	Importance
Criterion 1	Technical Approach	Most important
Criterion 2	Learning, Monitoring and Evaluation Plan	2nd most important
Criterion 3	Personnel and Management Approach	3rd most important
Criterion 4	Institutional capacity, Past Performance, and experience	4th most important

### Evaluation Criterion No. 1, Technical Approach

#### 1.1. SBC Activity design and execution

- Proposed interventions are likely to achieve Activity objectives described in this NOFO: Activities are delivered at appropriate scale; are tailored to the epidemiological, cultural, and socio-political context of Ethiopia; and clearly demonstrate application of best practices in SBC programming.
- The application demonstrates clear and up-to-date application of behavior change research, theory, and models, and appropriate use of data for programmatic decision-making in project design, implementation, monitoring, and evaluation.
- The application clearly describes feasible and cost-effective approaches for measuring the outputs, quality, and impact of project activities. The application describes an innovative and feasible approach towards quality assurance in health SBC for use by partners.
- The application clearly articulates the integration of cross cutting themes, including gender and social norms, the reduction of stigma and discrimination, into its technical approach.

#### 1.2. Systems strengthening in SBC

- The application clearly demonstrates an understanding of local structures in Ethiopia, and proposes feasible, sustainable, and measurable approaches for coordinating with the GoE, other implementing partners, local actors and multi-sectoral stakeholders in strengthening and decentralizing coordination mechanisms.
- The application describes a strategy for building the capacity of the woredas at large and national and sub-national capacities including local organizations that are performance-based and in keeping with current best practices in capacity strengthening. Beneficiaries of capacity strengthening are clearly identified and justified, and capacity strengthening activities are tailored to the needs of different beneficiary groups and geographic areas.
- The application clearly describes a feasible and measurable approach towards partnership and collaboration that engages multi-sectoral partners and communities in genuine participation in all stages of SBC design and delivery.

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- The application describes how the project will achieve and measure sustainable improvements in capacity among priority public sector, civil society, and private sector stakeholders.

**Evaluation Criterion No. 2, Learning, Monitoring and Evaluation Plans**

- Proposed LME plans clearly describe the overall Activity objectives and intermediate results; and has measurable, achievable, and time-phased results for each of the outcomes.
- The application describes the SBC outcomes/ impact for each technical element i.e. maternal, newborn, child health; reproductive health; family planning, malaria hygiene and sanitation, infectious diseases including Zoonotic diseases.
- The application clearly articulates how often the evaluation will be conducted; and who will be responsible for leading LME.
- The application describes clearly how the results of the evaluation and lessons learned will be used and translated to CLA actions during implementation of the Activity and beyond.

**Evaluation Criterion No. 3, Personnel and Management Approach**

- The application clearly describes how it will manage staff, including sub-partners to achieve the goals and objectives of the NOFO.
- The proposed management plan describes how it will relate with the SBCH objectives.
- The proposed Chief of Party has relevant experience in managing SBC Activity, in similar contexts.
- Other key personnel have relevant experience in designing, implementing and evaluating SBC Activity, particularly in similar contexts. The overall staffing plan demonstrates an appropriate skills mix responding to the technical needs of the SBCH Activity.
- The proposed staffing structure includes an organizational management structure that can effectively implement the Activity in an efficient manner.

**Evaluation Criterion No. 4, Institutional Capacity, Past Performance and Experience**

- The application clearly demonstrates organizational knowledge and capacity to develop, manage, and implement SBC Activities in similar contexts.
- The application demonstrates institutional capability, organizational systems, and competence to creatively plan, implement, support, monitor, and report on similar activities.
- The application demonstrates capacity building support experience to design and deliver innovative and results-oriented health SBC initiatives particularly at woreda and community levels.

**b. Business (Cost) Review**

USAID will evaluate the cost application of the applicant(s) under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

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The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

The AO will perform a risk assessment (2 CFR 200.205). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.207).

**c. Pre-Award: Co-creation/Revised Full Application Submission (ONLY applies to those Apparently Successful Applicant(s) selected).**

Revised full Applications in response to this NOFO must be submitted as instructed by the Agreement Officer. See Annex 3 of this NOFO for Co-creation Guidance.

[END OF SECTION E]

## **SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION**

### **F.1. Federal Award Notices**

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID/Ethiopia anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

The Cooperative Agreement signed by the Agreement Officer is the authorizing document, which shall be transmitted to the Recipient for countersignature to the authorized agent of the successful organization(s) electronically, to be followed by original copies for execution.

Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b. USAID/ will consider requests for additional information pursuant to ADS 303.3.7.2.

### **F.2. Administrative & National Policy Requirements**

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

For US organizations: [ADS 303](#), [2 CFR 700](#), [2 CFR 200](#), and [Standard Provisions for U.S. Non-governmental organizations](#).

For Non US organizations: [Standard Provisions for Non-U.S. Non-governmental Organizations](#).

See Annex 2 for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

### **F.3. Reporting Requirements**

Below are the reporting requirements under the SBCH cooperative agreement that include financial reports, activity planning reports, performance check-in presentations, and expenditure reports:

#### **a. Financial Reporting**

Recipients of USAID funding must submit the Federal Financial Form (FFR) (SF-425) on a quarterly basis via electronic format to the AOR and USAID 's Financial Management Office. Details on requirements for submission of the financial reports will be included in the award document.

**b. Activity Planning**

Activity planning reports cover the reports that are critical to USAID/Ethiopia's ability to be substantially involved in this Activity. These include annual work plans and a learning, monitoring, and evaluation plan.

**I. Work Plans**

The work plan is intended to express the Recipient and USAID/Ethiopia's plan to implement the Activity. The work plan authorizes specific activities to implement the Activity Description. The Recipient shall submit to the USAID Agreement Officer Representative (AOR) one electronic copy of a draft work plan within 30 days of the agreement, covering the entire five-year period of performance. The work plan, complemented by budget narratives, should explain the rationale, sequence and timeline of activities that will be implemented during that fiscal year and provide additional information determined to be relevant by the AOR. USAID will review the draft life-of-activity work plan and provide comments/suggestions. The Recipient shall then submit one electronic copy of the final life-of-activity work plan to the USAID AOR for approval not later than 15 days from receipt of USAID's comments/suggestions.

The Recipient shall also submit one copy of the final approved life-of-activity work plan to the Agreement Officer. The Recipient shall submit one electronic copy of subsequent draft revisions and updates to the life-of-activity work plan to the AOR annually. The Recipient shall report any significant work plan changes or revisions to the AOR and shall obtain the AOR's approval prior to implementing or undertaking such changes or revisions. Work plans and changes/revisions thereto must be within the scope of the Activity Description of this Associate Award. Work plans and changes thereto shall describe activities to be conducted during the period at a greater level of detail than the Activity Description but shall not serve to change the Program Description in any way.

Work plans should not be submitted to USAID's Development Experience Clearinghouse (DEC). Details on the Work Plan will be provided in the award document.

**II. Collaborating, Learning, and Adapting (CLA)/ Monitoring, Evaluation, and Learning (MEL) Plan**

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. See Section A.4.2 of this NOFO for additional details on the CLA/MEL Plan.

**c. Performance Reporting**

Performance monitoring reporting, to be outlined in the CLA/MEL Plan, is intended to ensure that USAID has sufficient information to effectively monitor the Activity's performance. This includes any information regarding any development that may have a significant impact on performance, including, but not limited to challenges encountered, and relevant context and information on costs incurred compared to the approved budget plan for the Agreement. The Activity's Performance Monitoring Reporting differs from Financial Reporting as the latter is intended to address cash flow needs and not performance.

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I. Quarterly Progress Check-in Presentations

The quarterly Progress Check-in Presentation shall be formatted as a slide deck, not exceeding 10 slides (excluding annexes). The Implementing Partner will provide a short 30-minute presentation quarterly to the USAID activity management team and it shall be used as an adaptive management tool.

The slide deck may include the following information:

1. A summary of activities and key results and achievements. Actual achievements of the quarter, that should be presented in quantitative terms whenever possible and described in relation to results established in the work plan.
2. Information on management issues, including administrative, or coordination problems.
3. A comparison of actual accomplishments established for the period.
4. Reasons why planned activities did not take place (if applicable);
5. Other pertinent information as specified by the AOR in writing.
6. Plans and intended outputs for the following quarterly period.
7. Annexes: cumulative list of reports/studies/documents sent to USAID's Development Experience Clearinghouse (DEC) and datasets submitted to the Development Data Library (DDL); Other annexes as applicable.

The detailed format of the presentation will be developed in collaboration with the AOR. The Recipient shall discuss with the AOR any issues identified as a result of these presentations, including, but not limited to, data quality and cost issues, to determine appropriate follow-up actions, including providing additional information as necessary to clarify performance issues. The Quarterly Progress Check-in Presentation will not be submitted to USAID's Development Experience Clearinghouse (DEC).

II. Quarterly Learning Briefs

Quarterly Learning Briefs shall outline key learnings from the quarter's activities and include learnings associated with the activity's collaboration with GOE partners, ongoing monitoring findings, and process-oriented adaptive management learnings. Planned and ongoing learning efforts should also be documented and reported in the briefs.

The brief shall not exceed 6 pages in total and will be used as a discussion tool during the quarterly check-ins. The exact format of the brief will be developed in collaboration with the AOR. USAID will facilitate sharing of these lessons learned between IPs, so any confidentiality or proprietary information concerns should be noted as and when appropriate. Efforts to identify, share, and adapt based on learnings should also be an integral part of the SBCH CLA/MEL Plan. The Quarterly Learning Briefs should be submitted to USAID's Development Experience Clearinghouse (DEC).

III. Quarterly Expenditure Reports

The Recipient will submit a brief separate quarterly Expenditure Report to USAID within 30 calendar days after the end of each quarter of the fiscal year during the performance period. The Expenditure Report, Progress Check-in Presentations, and Learning Briefs shall be submitted together.

#### IV. Quarterly Performance Reports

The Recipient will submit a brief separate quarterly Performance Report to USAID within 30 calendar days after the end of each quarter of the fiscal year during the performance period. This quarterly performance report contains the following information:

1. A summary of key achievements.
2. A comparison of actual accomplishments against goals established for the period in the quarterly work-plan.
3. Explanations of any issues related to data quality.
4. A cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.
5. Information on major challenges and constraints faced during the performance period being reported; and
6. Prospects for next quarter's performance.

#### V. Annual Performance Reports

The Recipient will submit annual reports to USAID within 30 calendar days after the end of the reporting period. In this regard, the USAID's annual reporting time covers the period from October 01 to September 30. The Annual Report shall contain the following information:

1. A summary of key achievements.
2. A comparison of actual accomplishments against goals established for the period in the annual work-plan.
3. Explanations of any issues related to data quality.
4. A summary of funds expended during the fiscal year by funding source.
5. A cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.
6. A summary of lessons learned and summative answers to USAID Project 1 Learning Questions.
7. Information on major challenges and constraints faced during the performance period being reported; and
8. Prospects for next year's performance.

Upon receiving AOR approval, the approved Annual Report shall be submitted to the USAID's DEC. Details on the requirements for the Annual Progress Reports will be provided in the award document.

#### VI. Close out Report

As part of the close out procedures, the recipient will be required to submit a demobilization plan to the AOR's approval 120 days prior to the completion date of the award.

The demobilization plan shall include a) draft property disposition plan, b) plan for the phase-out of operations, c) delivery schedule for all reports or other deliverables required under the agreement, and d) timetable for completing all required actions in the demobilization plan, including the submission date of the final property disposition plan to the Agreement Officer.

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VII. Final Performance Report

This Final Report will include the following information:

1. Overall activity accomplishments, presented in quantitative terms and described in a narrative that relates activities, products, and results to the Work Plan.
2. Discussion of why unexpected progress, positive or negative, was made toward the planned results. If expected activities were not achieved, the partner shall seek to determine and explain the reason.
3. Analysis of lessons learned and summative answers to USAID Project 1 Learning Questions.
4. Summary of responses to problems encountered during implementation.
5. A bibliography of all products, tools, reports, and studies produced through the activity; and
6. Other pertinent information communicated by the AOR in writing within 15 days of the end of the agreement.

The Final Performance Report will cover the entire period of the award. The Recipient shall submit a draft of the final report to the AOR within 90 days following the estimated completion date of the cooperative agreement. The Recipient shall submit one electronic copy of the final Performance Report to USAID's Development Experience Clearinghouse (DEC). The Recipient shall submit to the AO and the AOR and to one of the following:

- Via E-mail: [DocSubmit@usaid.gov](mailto:DocSubmit@usaid.gov);
- Via Fax: (202) 216-3515; or
- Online: <http://dec.usaid.gov>

*d. Close out Plan*

The Recipient will be requested to provide a closeout plan for all activities (administration, information, finance, procurement and management) for review and approval, no less than 90 days before the end date of the Cooperative Agreement.

*e. Submission to the Development Experience Clearinghouse and Publications*

Per ADS 540.3.2.3, documents and development assistance activity descriptions produced or funded with USAID resources and created in support of Intellectual Work must be submitted for inclusion in the DEC. The recipient must provide the AOR one copy of any Intellectual Work that is published, and a list of any Intellectual Work that is not published.

In addition, the recipient must submit Intellectual Work, whether published or not, to the DEC, either on-line (preferred) or by mail. The recipient must review the DEC Web site for submission instructions, including document formatting and the types of documents to submit. Submission instructions can be found at: <http://dec.usaid.gov>. For purposes of submissions to the DEC, Intellectual Work includes all works that document the implementation, evaluation, and results of international development assistance activities developed or acquired under this award, which may include program and communications materials, evaluations and assessments, information

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products, research and technical reports, progress and performance reports required under this award (excluding administrative financial information), and other reports, articles and papers prepared by the recipient under the award, whether published or not. The term does not include the recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information.

Each document submitted should contain essential bibliographic information, such as 1) descriptive title; 2) author(s) name; 3) award number; 4) sponsoring USAID office; 5) development objective; and 6) date of publication.

The recipient must not submit to the DEC any financially sensitive information or personally identifiable information, such as social security numbers, home addresses and dates of birth. Such information must be removed prior to submission. The Recipient must not submit classified documents to the DEC.

In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost must be credited to the award unless the schedule of the award has identified the profits or royalties as program income.

#### **F.4. Program Income**

If it is expected that program income might be generated under this program, then program income earned under the resulting award shall be added to the program and used to further eligible program objectives as agreed upon by USAID. Applicants should describe how program income might be generated under the proposed activities and how it envisions program income being utilized to successfully accomplish program objectives. Program Income, if any, will be accounted for in accordance with 2 CFR 200.307 for U.S. organizations or the Standard Provision entitled Program Income for non-U.S. organizations.

#### **F.5. Environmental Compliance**

In accordance with USAID policies and procedures related to environmental compliance ADS-Chapter 204, the Sustained Improvement in Essential Service Delivery Outcomes Focused on Women and Girls (DO4) prepared umbrella Initial Environmental Examination (IEE) that covers the ECBH Project. The IEE was approved by the Africa Bureau Environmental Officer (AFR BEO) on 1/21/2020 and remains valid until July 2022. A categorical exclusion threshold determination is granted for SBCH activity as there are no potential adverse environmental and social impacts. However, in the course of implementation, recipient will monitor and check any potential adverse environmental impacts that may emerge.

##### *a. General*

1. The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its

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development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ads/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this Request for Applications.

2. In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.
3. No activity funded under this Grant will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

*b. Implementation Plans*

1. As part of its initial Work Plan, and all Annual Plans thereafter, the recipient, in collaboration with the AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this grant to determine if they are within the scope of the approved Regulation 216 environmental documentation.
2. If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

**F.6. Other Requirements**

Success Stories/Events During the performance of this activity for each project component, some special reporting may be required from the Recipient such as a brief paragraph on note-worthy activities and events, successes stories etc. The success stories/events should be written to reach a broad audience, both inside and outside of USAID, and should be provided in English. Mandatory photo captions and credit should be included with the success stories/events.

[END OF SECTION F]

**SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)**

**G.1. Points of contact (POC):**

See Section D.1 for Points of Contact (POC) for questions while this NOFO is open.

**G.2. The Agreement Officer Representative (AOR):**

The AOR for this Award is [TBD] and will be designated after the Award.

**G.3. Different contacts for distinct kinds of help:**

For technical assistance related to Grants.gov, applicants may contact Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov)

[END OF SECTION G]

## **SECTION H: OTHER INFORMATION**

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

### Applications with Proprietary Data

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, should mark the cover page with the following:

“This application includes data that must not be disclosed, duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}.”

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

“Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application.”

[END OF SECTION H]

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**ANNEX 1 – BUDGET FORMATS**

SUMMARY BUDGET TEMPLATE

<b>SBCH Core Budget Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total All Years</b>
<i>1. Personnel</i>					
a. International Staff					
b. Local In-Country Staff					
<b>Total Personnel</b>					
<i>2. Fringe Benefits and Allowances</i>					
a. Fringe Benefits					
b. Allowances					
<b>Fringe Total</b>					
<i>3. Travel</i>					
a. International travel					
b. Local and domestic travel					
<b>Total Travel</b>					
<i>4. Equipment and Supplies</i>					

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a. Equipment					
b. Supplies					
<b>Total Equipment and Supplies</b>					
5. <i>Contractual (Program Implementation)</i>					
a. Direct Program activities					
b. Training					
c. MEL costs					
d. Consultants					
e. Subgrants					
<b>Total Contractual/Program Implementation</b>					
6. <i>Other Direct Costs</i>					
a. Equipment operation costs					
b. Insurance/Travel					
c. Office operation costs					
d. Communication costs					
e. Other					

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<b>Total Other Direct Costs</b>					
<b>Total Direct Charges</b>					
7. <i>Indirect Charges</i>					
a. Material Handling					
b. Overhead					
c. G&A					
<b>Total Indirect Costs</b>					
<b>TOTALS (Direct and indirect costs)</b>					<b>Approximately \$35,000,000</b>

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**DETAL BUDGET TEMPLATE**

Please include all detailed costs under the following cost categories and subcategories.

<b>SBCH Core Budget Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total All Years</b>
<i>1 Personnel</i> . a. International Staff i. Expatriate Staff ii. HQ Technical Staff b. Local In-Country Staff i. Program Staff ii. Operational Staff					
<i>2 Fringe Benefits and Allowances</i> . a. Fringe Benefits b. Allowances					
<i>3 Travel</i> . a. International travel b. Local and domestic travel (car rental, taxis etc.)					

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<p><i>4 Equipment and Supplies</i></p> <ul style="list-style-type: none"> <li>a. Equipment (equipment with a unit cost greater than \$5,000)</li> <li>b. Supplies (equipment with a unit cost less than \$5,000, including but not limited to workstations &amp; chairs, file cabinets, computers, cellular phones, printers, etc.). This cost category does not include office supplies, which should be included under Miscellaneous Direct Costs.</li> </ul>					
<p><i>5 Contractual</i></p> <ul style="list-style-type: none"> <li>a. Direct Program activities (including fixed-price,</li> </ul>					
<ul style="list-style-type: none"> <li>but not cost type, subcontracts).</li> <li>b Training</li> <li>c MEL costs</li> <li>d Consultants (including but not limited to expatriate</li> </ul>					

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<p>consultants, local consultants, studies, analyses, etc.)</p> <p>e Subgrants</p>					
<p><i>6 Other Direct Costs</i></p> <p>a. Equipment operation costs (e.g. including, but not limited to, vehicle rental/lease, vehicle and equipment maintenance/fuel/repair, motorcycle fuel/maintenance, generator fuel/maintenance, software licenses)</p> <p>b. Insurance/Travel (e.g. DBA, Medevac, visas, permits, immunizations, exams, vehicle insurance, equipment insurance, other insurance)</p> <p>c. Office operation costs (e.g. rent/utilities/repairs/maintenance, security services, office supplies, make ready costs)</p> <p>d. Communication costs (e.g. general communications expense, mobile/cellular communication,</p>					

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internet, printing/photocopying, courier)					
e. Other (e.g. professional fees – audit/legal/payroll, branding & marking, banking fees)					
<b>Total Direct Charges</b>					
<i>7. Indirect Charges</i>					
a. Material Handling					
b. Overhead					
c. G&A					
<b>TOTALS (Direct and indirect costs)</b>					<b>Approximately \$35,000,000</b>

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**ANNEX 2 - STANDARD PROVISIONS**

Note: the full text of these provisions may be found at:

<https://www.usaid.gov/ads/policy/300/303maa> and  
<https://www.usaid.gov/ads/policy/300/303mab>).

The actual Standard Provisions included in the award will be dependent on the organization that is selected. The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations. The award will also contain the following “required as applicable” Standard Provisions:

**REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL ORGANIZATIONS**

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (DECEMBER 2014)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (DECEMBER 2014)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
X		RAA4. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	X	RAA5. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
X		RAA6. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	X	RAA7. CARE OF LABORATORY ANIMALS (MARCH 2004)
	X	RAA8. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
	X	RAA9. COST SHARING (MATCHING) (FEBRUARY 2012)
	X	RAA10. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)

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X		RAA11. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA12. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
X		RAA13. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA14. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA15. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA16. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
X		RAA17. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
	X	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA22. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
X		RAA23. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)

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	X	RAA24. PATENT REPORTING PROCEDURES (DECEMBER 2014)
	X	RAA25. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
X		RAA26. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA27. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
	X	RAA28. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

**REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS**

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
X		RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
X		RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)

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X		RAA7. SUBAWARDS (DECEMBER 2014)
X		RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
X		RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	X	RAA11. PATENT RIGHTS (JUNE 2012)
X		RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
X		RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA 14. COST SHARE (JUNE 2012)
X		RAA15. PROGRAM INCOME (DECEMBER 2014)
X		RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
X		RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	X	RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
	X	RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)

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	X	RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
	X	RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

[END OF PROVISION]

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**ANNEX 3 - LIST OF SUPPLEMENTAL DOCUMENTS**

1. SBCH List of [priority wordedas](#): will be attached to the NOFO:
2. Health Extension Program (HEP) [Roadmap](#) (2020-2035), MoH
3. National HEP [Assessment 2019](#)
4. GOE Health Sector Transformation [Plan II](#)
5. USAID/ Ethiopia CDCS 2019-2024 ([public](#) version)
6. USAID/Ethiopia [Gender](#) Assessment Report
7. National Health promotion and education [strategy](#) (2021-2025) – draft
8. Mid-term Evaluation of USAID/Ethiopia’s [C4H](#), [TPHC](#) and [THDR](#)
9. C4H project end of project [report](#)
10. The RBM Partnership to End Malaria. 2018. The Strategic Framework for Malaria Social and Behavior Change Communication 2018- 2030. Geneva <https://endmalaria.org/sites/default/files/RBM%20SBCC%20Framework%202018-2030%20English.pdf>
11. USAID - THE BEHAVIOR CHANGE [FRAMEWORK](#): for accelerating the impact of behavior change in USAID-supported MCH programs in 24 priority countries
12. USAID Behavior accelerator resources: [https://thinkbigonline.org/accelerator\\_behaviors](https://thinkbigonline.org/accelerator_behaviors)