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Issue Date: October 6, 2022

Deadline for Question: October 20, 2022

Closing Date: November 7, 2022

Closing Time: 4:00 pm EST

Subject: Notice of Funding Opportunity Number: 72052122RFA00008

Program Title: Sustaining Impact for Youth

Federal Assistance Listing Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified entities to implement the Sustaining Impact for Youth program. 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. 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. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on [www.grants.gov](http://www.grants.gov) or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.6.f. The registration process may take many weeks to complete, therefore, applicants are encouraged to begin registration early in the process.

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

*Notice of Funding Opportunity Number: 72052122RFA00008*  
*Sustaining Impact for Youth*

Issuance of this notice of funding opportunity 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,

Edel Perez-Campos  
Agreement Officer

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## **SECTION A: PROGRAM DESCRIPTION**

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID’s supplement, 2 CFR 700, as well as the additional requirements found in Section F.

### **I OVERVIEW**

#### **1. Title of Activity**

Sustaining Impact for Youth

#### **2. Purpose**

The Sustaining Impact for Youth Activity (the “Activity”) will strengthen the continuum of care for orphans and vulnerable children (OVC) in Haiti by integrating health care for HIV-positive OVC and OVC affected by HIV, including Early Infant Diagnosis (EID) services for HIV-exposed infants with comprehensive case management and prevention programming for children and families affected and at risk for HIV including children of female sex workers (FSW), prisoners and children survivors of sexual violence. The new \$30,000,000 five-year Activity seeks to improve health and wellbeing outcomes among OVC and families infected and affected, through provision of services in the areas of health, safety, stability and education. The Activity will support the overall goal of epidemic control in Haiti, especially for C/ALHIV.

#### **3. Background**

##### ***USAID Support for Haiti’s OVC Programs***

Orphans and Vulnerable Children (OVC) programming has been a core component of the President’s Emergency Plan for AIDS Relief (PEPFAR) since 2004, with ten percent of total PEPFAR funding set aside each year to ensure that the specialized needs of OVC are effectively addressed through targeted interventions. According to the Hyde-Lantos PEPFAR Reauthorization Act of 2008, OVC include “Children who have lost a parent to HIV/AIDS, who are otherwise directly HIV affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.” This definition includes newborns, adolescents, boys and girls, HIV-positive, HIV-exposed and HIV affected children, and also those free from the disease but vulnerable to HIV infection and its effects.

Early implementation of OVC programming was achieved through support to the PEPFAR OVC Track 1.0 programs to achieve rapid implementation and results in response to the emergency phase of the HIV epidemic. In Haiti, US Government OVC programming evolved from Track 1.0 programs to the Byen et ak Santé Timoun (BEST) program, which placed heightened emphasis on building the capacity of families, communities, and systems to care for children affected by HIV/AIDS in more sustainable ways, while also ensuring strategic service delivery. The Impact Youth Activity has included more psychosocial support and household economic strengthening to

build resilience and improve retention and adherence among HIV-positive and affected children and adolescents. Ensuring a close link between OVC programming and the clinical cascade has become increasingly important, screening all OVC for HIV and ensuring that children found to be HIV-positive are linked to and retained in treatment and care. PEPFAR is currently the largest contributor to OVC activities in Haiti, followed by the Global Fund. PEPFAR support for OVC in Haiti has grown significantly, from serving 300 beneficiaries in 2004 to over 133,199 as of September 2021.

### ***Prevention of Mother-to-Child Transmission and Early Infant Diagnosis***

PEPFAR/Haiti's prevention of mother-to-child transmission of HIV (PMTCT) and pediatric HIV care and treatment programs are also noteworthy. Since 2009, USAID/Haiti has supported the scale-up of early infant diagnosis (EID) for HIV-exposed infants. EID has been a critical component of care within the pediatric HIV PEPFAR program in Haiti. While the goal is to eliminate mother-to-child transmission of HIV, for HIV-positive infants, early initiation of treatment is critical to achieving successful health outcomes and reducing morbidity and mortality. Whereas PMTCT and EID programs strengthen HIV case identification and linkage to EID and pediatric services, OVC programs address the socio-emotional needs of HIV-positive and HIV affected children and families, provide socio-economic support to families, and strengthen HIV prevention by reducing vulnerability. OVC programs also help to ensure that children at risk of HIV infection are screened, tested, linked to and retained in care and treatment.

Beginning in 2009, PEPFAR/Haiti prioritized the scale-up of effective PMTCT interventions. Since that time, the PEPFAR program in Haiti has achieved much success in initiating HIV-positive pregnant women and their HIV-positive infants on antiretroviral therapy (ART). Two key interventions leading to this success included ensuring the availability and access to Option B+ (a prevention of vertical transmission approach for expectant mothers living with HIV in which women are immediately offered treatment for life, regardless of their CD4 count), as well as expanding access to an uptake of EID services. The OVC program is providing essential psychosocial support to families of people living with HIV (PLHIV), including their children, in order to reinforce retention and adherence to ART.

USAID/Haiti also supported the scale-up of EID services in Haiti through the provision of on-site technical assistance, as well as through linking health facilities with access to state-of-the-art dried blood spot (DBS) HIV testing in Port-au-Prince at two laboratories, the National Laboratory of Public Health (LNSP), and GHESKIO Institute of Infectious Diseases and Reproductive Health (IMIS), and in Cap-Haïtien at the Justinien University Hospital (HUI) laboratory. Starting from six EID sites at the start of the scale-up in 2009 and moving currently into all PEPFAR-supported treatment sites, USAID/Haiti facilitated an increase in DBS testing from 1,797 infants in 2010 to an average of 5,879 infants tested annually in 2021.

#### 4. Activity Description

The new Activity will address the needs of OVC in Haiti, ensuring adequate access to a wide range of prevention, care, and treatment services based on the changing needs and circumstances of OVC and their caregivers and families. Ensuring a continuum of care between facility-based PMTCT, pediatric HIV, and community-based OVC activities, requires that beneficiaries be able to access a variety of community-based supportive services, including health, nutrition, education, protection, psychosocial support, economic strengthening, and other social services. The continuum requires a strong system for referrals and counter referrals between health facilities and communities. Given this bi-directional relationship, the Sustaining Impact for Youth activity will coordinate closely with the USAID's flagship health service delivery projects Improved Health Service Delivery Activity (IHSD), Partnerships for Equity in Health, and Integrated Health Resilience which support primary health care services including HIV, tuberculosis (TB), maternal, newborn and child health, family planning, and nutrition throughout the country. It will also work closely with other PEPFAR programs targeting children and their caregivers, including PMTCT, pediatric and adult HIV care and treatment, and Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) programming.

The Activity will target children, adolescents and families living in catchment areas where IPs are present and provide PMTCT, EID, and pediatric HIV programs in areas supported under the extended PEPFAR network. Children and families targeted for OVC activities will be identified through clinical, community, and/or social service entry points. Targeted children may be HIV-positive or HIV-exposed, living with an HIV-positive parent or caregiver, orphaned due to HIV/AIDS, vulnerable to HIV infection and its effects by virtue of living in communities with high HIV burden, extreme poverty, experiences of abuse, exploitation or neglect, disability, or other risk factors.

The Activity will prioritize the enrollment of pregnant women and infants defined as lost to follow up, HIV-positive children and adolescents, children who have received their first polymerase chain reaction (PCR) negative test, and HIV-exposed infants (HEI) who require a second PCR test after breastfeeding, children experiencing violence, highly vulnerable adolescent girls and young women (AGYW) at risk of HIV infection, children living with an HIV-positive parent or caregiver, orphans due to HIV/AIDS, and children of key and priority populations [including men who have sex with men (MSM) and commercial sex workers (CSW), and people in prisons and other closed settings].

#### 5. Activity Objectives

The purpose of this Activity is to support Haitian children living with HIV and/or affected by HIV, to grow into healthy, educated, young adults, free from violence and the negative effects of HIV. The Activity seeks to meet the following objectives:

##### ***Objective 1: Strengthen early identification of HIV-positive infants and viral load testing***

The Activity will strengthen the EID network program and facilitate viral load testing nationwide to priority geographic areas as defined by PEPFAR. EID will also extend to all USG-supported 46

PMTCT service delivery sites and provide training and mentorship to ensure the quality of blood specimens and reduce the turnaround time (TAT) between EID specimen collection and the return of results to clinics. The Activity will also strengthen viral load testing by working in close collaboration with all relevant PEPFAR and USAID partners and specifically, work toward monitoring and increasing viral load suppression among HIV-positive OVC.

***Objective 2: Improve health care and social service delivery for HIV infected and OVC affected by HIV***

The Activity will contribute to case identification, index testing support, linkage to ART, retention and adherence to treatment, viral load suppression for HIV infected pregnant mothers, infants and children, improve adherence of children to an optimized ART drug regimen, as well as facilitate access to more general, but equally critical health services, for children regardless of HIV status. In addition, it will facilitate access to education, psychosocial support, protection, and other social and nutritional services for HIV-positive and OVC affected by HIV and their communities.

***Objective 3: Increase the capacity of families and communities to care for OVC***

The Activity will build the capacity of families to improve household financial security and meet the financial and socio-emotional needs of children and build the capacity of communities to identify and effectively support vulnerable children and families.

***Objective 4: Increase HIV risk prevention among adolescent girls and young women***

The Activity will also focus interventions on HIV prevention and risk avoidance among AGYW, violence prevention programs, GBV prevention and response through the implementation of the PEPFAR DREAMS program. If made available, supplemental COVID-19 funding will be used to support economic strengthening efforts, including vocational training for AGYW, as well as demand generation for COVID-19 vaccination services within communities and vaccine roll-out itself. If available, resources for other pandemic such as monkeypox will also be integrated to ensure prevention activities against potential outbreaks. These resources have the potential to establish the foundation from which to launch vaccine efforts for youth.

***Objective 5: Strengthen the management and technical capacity of local organizations to foster project sustainability***

USAID is committed to elevating local partners to plan, fund, and manage health programming by creating avenues for new and underutilized partners. In addition to implementing OVC interventions, the selected Implementing Partner (IP) for this Activity, is expected to develop a detailed sustainability plan, including building the skills of local stakeholders, whose involvement will be critical for maintaining development gains after the project ends, ownership of the proposed interventions, and how capacities will be created and motivations strengthened to enable the ongoing self-sustaining delivery of results. The applicant is also strongly encouraged to develop a comprehensive capacity building strategy, to support, guide, and direct other local partner(s) to effectively, efficiently and sustainably manage activities in accordance with USAID standards.

## **II. BACKGROUND**

### **A. Country Context**

Haiti's economic and social development continues to be hindered by political instability, increasing violence and fragility. Haiti remains the poorest country in the Latin America and the Caribbean (LAC) region and among the poorest countries in the world. In 2020, Haiti had a GDP per capita of \$2,925, the lowest in the LAC region and less than a fifth of the LAC average of \$15,092. On the United Nations Human Development Index, Haiti ranked 170 out of 189 countries in 2020.

The COVID-19 pandemic has exacerbated an already weak economy, plagued by social turmoil and political instability. Even before the pandemic, the economy was contracting and facing significant fiscal imbalances. Following a contraction of 1.7 percent in 2019, the GDP contracted by an estimated 3.8 percent in 2020.

Past marginal gains in poverty reduction have been undone by a succession of crises: the COVID-19 pandemic, the assassination of the President, Jovenel Moïse, the August 2021 earthquake and the rise in gang violence and overall insecurity. Current estimates forecast a poverty rate of nearly 60 percent in 2020, compared to the last official national estimate of 58.5 percent in 2012. About two thirds of the poor live in rural areas. The welfare gap between urban and rural areas is largely due to adverse conditions for agricultural production. Haiti is also among the countries with the greatest inequity in the region. The richest 20 percent of its population holds more than 64 percent of its total wealth, while the poorest 20 percent hold hardly 1 percent.

Haiti has made significant progress in controlling cholera, with no laboratory-confirmed cases since 2019. Despite this progress, improvements in human capital have stalled and, in some cases, deteriorated since 2012. Infant and maternal mortality remain at high levels, and coverage of prevention measures are stagnating or declining, especially for the poorest households.

According to the Human Capital Index, a child born today in Haiti will grow up to be only 45 percent as productive as they could be if he or she had enjoyed full access to quality education and healthcare. Over one-fifth of children are at risk of cognitive and physical limitations, and only 78 percent of 15-year-olds will survive to age 60.

In addition to the challenges posed by the pandemic and the political situation, Haiti remains highly vulnerable to natural hazards, mainly hurricanes, floods and earthquakes. More than 96 percent of the population is exposed to these types of shocks. For example, on August 14, 2021, an earthquake measuring magnitude 7.2 on the Richter scale, struck the southern region of Haiti, an area where approximately 1.6 million people live. The earthquake's epicenter was recorded approximately 12 kilometers north-east of Saint-Louis-du-Sud, about 125 kilometers west of the capital Port-au-Prince.

The latest reports of the damage from the 2021 earthquake indicate that 2,248 people died, 320 people are missing, and 12,763 have been injured. In terms of infrastructure, 53,815 houses have

been destroyed while 83,770 other buildings were damaged, including schools, health facilities, and public buildings.

The same region, the southern area of Haiti, was previously affected by Hurricane Matthew which hit the country in 2016. It caused losses and damages estimated at 32 percent of the 2015 GDP, while the 2010 earthquake, which killed about 250,000 people and decimated the country's GDP. Climate change is expected to increase the frequency, intensity, and impacts of extreme weather events, and the country, while making some progress, still lacks adequate preparedness and coping mechanisms.<sup>1</sup>

## **B. Health Context**

Haiti's health indicators reveal weaknesses in the country's health system. While the recent 2017 Demographic and Health Survey (DHS), known in Haiti as the *2016-2017 Enquête Mortalité, Morbidité et Utilisation des Services* or *EMMUS-VI*, suggests that trends in mortality and morbidity improved, poor health outcomes and low utilization of services persist. Nearly 40 percent of Haitians have no access to basic primary health care. The country also has the highest rate of tuberculosis in the Western Hemisphere, with an incidence of 230 cases per 100,000 people.

<b>2006 EMMUS-IV</b>	<b>2012 EMMUS-V</b>	<b>2017 EMMUS-VI</b>	
<b>Childhood mortality</b> ( <i>per 1,000 live births</i> )	31	31	24
<b>Infant mortality</b> ( <i>per 1,000 live births</i> )	57	59	59
<b>Neonatal mortality</b> ( <i>per 1,000 live births</i> )	25	31	32
<b>% Children wasted:</b> 6.7% ( <i>SMART 2020</i> ) <sup>2</sup>	10.2	5.1	3.7
<b>% Children stunted:</b> 22.0% ( <i>SMART 2020</i> ) <sup>3</sup>	29.4	21.9	21.9
<b>Maternal mortality</b> ( <i>per 100,000 live births</i> )		630	Not
captured	529		
<b>Total Fertility Rate</b>	3.9	3.5	3.0
<b>Women using a modern family planning method</b>	25%	31%	31.8%
<b>% Children fully immunized</b>	41%	45%	41%
<b>HIV prevalence:</b> 1.34%, ( <i>UNAIDS 2020</i> )	2.2%	2.2%	2.0%
<b>ART coverage:</b> 93% of eligible HIV+, ( <i>UNAIDS 2020</i> )	---	68%	62%

<sup>1</sup> *World Bank in Haiti, Overview, November 2021.*

<sup>2</sup> [\*Malnutrition in Children - UNICEF DATA\*](#): Household survey data on child height and weight were not collected in 2020 during the SMART survey due to physical distancing policies, with the exception of four surveys. These estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country stunting and overweight models takes the impact of COVID-19 partially into account.

<sup>3</sup> *Ibid.*

Childhood mortality (deaths between one and five per 1,000 live births in the last five years) declined from 31 in 2012 to 24 in 2017. However, no progress was observed in reducing neonatal mortality rates (deaths between birth and one month old per 1,000 live births), which rose from 31 in 2012 to 32 in 2017. Infant mortality (deaths between birth and one year old per 1,000 live births) remained flat from 2012 to 2017 at 59 per 1,000 live births. The lack of progress in reducing infant and neonatal mortality is driven in part by the fact that over 60 percent of births in Haiti still occur outside of health facilities without a skilled provider.

While *EMMUS-VI* data demonstrated progress in nutritional indicators, more recent surveys reveal backsliding. The overall acute malnutrition rate in Haiti is 6 percent according to the results of the nutritional survey<sup>4</sup> using the SMART methodology (Standardized monitoring and evaluation of emergencies and transitions) presented by the Ministry of Public Health and Population in 2020, whereas it was at 4 percent according to *EMMUS-VI*.

Global acute malnutrition which groups together severe and moderate acute malnutrition rates is increasing in 6 departments in 11 areas surveyed, namely the Metropolitan Area (6.5 percent), the West (6 percent), the Southeast (5.6 percent), the North (5.5 percent), the Northeast (5.4 percent) and Grand-Anse (5 percent). Severe acute malnutrition is 2.1 percent in Haiti, slightly exceeding the emergency threshold of 2 percent set by the World Health Organization, against 0.8 percent of the *EMMUS-VI*. Chronic malnutrition is 22.7 percent, slightly up from 22 percent of the *EMMUS-VI*. The Metropolitan Area also has a worrying severe acute malnutrition rate of 2.5 percent (25 percent above the WHO emergency threshold)<sup>5</sup>.

The proportion of children who received all eight essential vaccines rose from 18.7 percent in 1994 to 45.2 percent in 2012, but then decreased to 41.4 percent in 2017. The proportion of children who received no vaccines dropped dramatically from 24.7 percent in 1994 to 6.9 percent in 2012, but then increased to 9.7 percent in 2017.

Haiti has the highest HIV burden in the Caribbean region with an estimated 154,713 people living with HIV (UNAIDS Spectrum, 2021). The country also has the highest incidence of tuberculosis in the region, further compounding the HIV epidemic.

Haiti's national HIV prevalence is approximately 1.3 percent, with higher prevalence in major cities, and among men who have sex with men, female sex workers, and populations in prisons and other closed settings. HIV incidence has seen a minimal decline from 8,800 new cases annually to 7,300 in the past 10 years (UNAIDS 2020). The widespread practice of multiple concurrent partnerships and the inequitable social conditions of women and youth are considered key enablers of HIV transmission. Women are disproportionately affected by HIV, accounting for greater than half of adult prevalent infections.

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<sup>4</sup> Ministère de la Santé publique et de la Population, National d'Alimentation et de Nutrition (UCPNANu), *Enquête nationale nutritionnelle et de mortalité, Haïti, Janvier 2020*

<sup>5</sup> [Haiti - FLASH : Global acute malnutrition rate in Haiti up by 33% - HaitiLibre.com : Haiti news 7/7](#)

Despite the myriad development challenges facing Haiti, the progress achieved in HIV/AIDS demonstrates how focused attention and resources can garner results. According to government statistics, of the estimated people living with HIV, 89 percent know their status. Ninety-three percent (93 percent) of diagnosed people are on antiretroviral therapy (ART) and 87 percent of people who are on ART are virally suppressed. Over the past decade, deaths reported due to AIDS-related illnesses fell by 63 percent.

The COVID-19 pandemic had impacted the health system with a reduced attendance of pregnant women to facilities. The incidence is higher in the West, Artibonite, North and Central Plateau departments.

### **C. Challenges Facing Haiti's Children**

Haiti has a generalized HIV epidemic with a prevalence of 1.34 percent, though higher rates are observed among most-at-risk/key populations, including CSW and MSM. As of September 2021, of the 160,000 people estimated to be living with HIV/AIDS in Haiti, 7,162 of these are children between 0-14 years. Of the 4,276 children who tested positive for HIV, only 3,726 of them are currently linked to treatment and receiving ART; reflecting 87 percent of those who are eligible. Among children on ART, only 66 percent had suppressed viral loads (VL<1,000). Many of the HIV-positive pediatric cases not linked to treatment are likely now deceased. This loss of life is preventable. Urgent, effective measures are needed to significantly increase the linkage of HIV-positive children to treatment and to retain them on treatment.

In addition to the issue of linkage, retention and adherence to treatment, other challenges exist that require concerted effort to overcome. One of the most pressing challenges facing HIV-positive individuals, including children, is the high level of stigma they encounter, especially at the community level, and even within health facilities. Stigma and discrimination against PLHIV threatens the country's ability to move toward epidemic control and must be addressed in order to keep these individuals, including children, on treatment. Due to the high level of stigma, children of key populations in particular are increasingly vulnerable and face more risks in all core areas of care, development, and protection. These children are more likely to be affected by food insecurity and malnutrition, have lower school enrollment, lack a birth certificate, have poor access to essential health services, lack appropriate child care, and face stigma in all areas of life. These factors can significantly elevate their risk of becoming HIV-positive. Currently, there are major gaps in HIV case-finding, linkage to care and treatment services, and adequate treatment coverage and retention among children of key populations. Models of care, support and treatment utilizing a family-centered approach, inclusive of key populations and their children, are critical to reaching these populations.

The new Activity will increase pediatric HIV case identification, linkage to treatment, and adherence among children of key populations and other priority OVC sub-populations, as well as increase their access to social services and support. As of September 2021, 133,199 OVC beneficiaries were served and 99% of HIV-positive OVC were linked to care and on ART. During the last fiscal year (FY 21), 873 OVC benefitted from school support fees despite the ongoing political instability and turmoil. Among the beneficiaries, 798 were HIV-positive (91%) and 389 were girls (45%).

The Activity will target AGYW with age-appropriate prevention interventions as this age group is vulnerable to early pregnancy and HIV infection with risky neonatal outcomes at delivery.

Beyond those children who are HIV-positive, orphaned by HIV/AIDS, or are the children of key populations, many others live in communities with high HIV burdens and are therefore at high risk for infection. These children have experienced adverse events during their lives, including physical and sexual violence, which further increases their likelihood of engaging in risky behavior and becoming infected with HIV. Results from the Violence Against Children Study (VACS) in Haiti (2012) and other reports indicate that Haiti suffers from high rates of child abuse and exploitation, including physical and sexual violence against children.

In Haiti, sexual violence and other forms of gender-based violence (GBV) are serious, life-threatening protection issues primarily affecting women and children. Violence against women and girls has been a stark reality throughout the history of Haiti. The high risk of physical and psychological violence, trafficking, and rape of women and girls is compounded by the fear of devastating social stigma and shame, trapping survivors in a culture of silence. This is exacerbated in Haiti by organized crime and impunity, political instability, poverty and unequal power relationships between men and women. For many families still displaced by the 2010 and 2014 earthquakes and subsequent natural disasters, the risk of GBV has increased due to unsafe living conditions and deeper poverty.

Given the relationship between violence and risk for HIV infection, high rates of violence against children intensify the level of vulnerability.

### **III. RELATIONSHIP TO U.S. GOVERNMENT PRIORITIES**

#### **A. Mission's Strategic Framework FY 2020-FY 2022**

The Activity will contribute to USAID/Haiti's goal of "*Haitians are more engaged in creating and sustaining a more resilient, prosperous, and democratic future*"; the Development Objective (DO) 1: Haiti is more resilient to shocks and stresses and DO 3: Governance that is more responsive to citizens' needs; and the Intermediate Result (IR) 1.3: Increased capacity of systems to support Haitians when shocks and stress occur and IR 3.1: Provision of public services improved of the USAID/Haiti Strategic Framework 2020-2022 approved on July 29, 2021.<sup>6</sup>

The Activity will directly contribute to increasing utilization of primary health care services through identifying HIV-positive OVC and linking them to care and treatment services. The Activity will also facilitate access for HIV-positive pregnant women, OVC and other children, regardless of HIV status, to a broad range of primary health care services, including early childhood development, nutrition, antenatal care, family planning/reproductive health (FP/RH), WASH, and other essential services.

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<sup>6</sup> [USAID/Haiti Strategic Framework 2020-2022](#)

## **B. PEPFAR Guidance for OVC Programming and U.S. Government Action Plan on Children in Adversity**

The Activity interventions will align with PEPFAR's Guidance for OVC Programming and Technical Considerations. The guidance includes shifting OVC programs from emergency-based interventions to a more sustainable approach focused on family strengthening and capacity building. The guidance highlights and defines the roles and responsibilities of key actors along the spectrum of OVC care and support. Directly in line with this guidance, the new OVC activity will provide child-focused and family-centered interventions that:

- 1) Support efforts to reduce educational disparities and barriers to access;
- 2) Prioritize psychosocial care and support;
- 3) Reduce the economic vulnerability of families and empower them to provide for the essential needs of their children;
- 4) Improve children's and families' access to health and nutritional services;
- 5) Develop appropriate strategies for preventing and responding to child abuse, exploitation, violence and family separation;
- 6) Develop strategies to ensure basic legal rights; and,
- 7) Build the capacity of the social service system, wherever possible.

The Activity will also provide assistance to child victims of sexual abuse, raise awareness with religious communities and school leaders to reduce abuse and sexual violence against children (SVAC), and encourage the use of Child Safeguarding policies.

The U.S. Government Action Plan on Children in Adversity (2012-2017) promoted coordinated, comprehensive, and effective assistance to prevent and respond to the needs of children facing severe deprivation, exploitation, and danger. The Plan promoted three principal objectives to build strong beginnings, put family care first, and protect children. The Activity will contribute to each of these objectives through effectively coordinating and targeting life-saving health programs for very young children, providing household economic strengthening and parenting education, and providing activities to enable vulnerable families to better meet the needs of children in their care. Activities will be implemented at both the health facility and community levels to prevent and respond to violence perpetrated against children.

## **C. PEPFAR Guidance for DREAMS Programming**

Activities will also align with PEPFAR's Guidance for DREAMS Programming and Technical Considerations. The guidance includes details about each component of the DREAMS core package including approaches to:

- Empower AGYW and reduce their risk for HIV, unintended pregnancy, and violence [social asset building; condom and pre-exposure prophylaxis (PrEP) promotion, demand creation, provision and adherence; linkage to post violence care, including post-exposure prophylaxis (PEP); HIV testing services (HTS); expansion and improved access to voluntary, comprehensive family planning services; and economic strengthening].

- Strengthen the family (parenting/caregiver programs, educational subsidies, and material support for transitioning and completing secondary school).
- Mobilize communities for change (school-based HIV and violence prevention programs and community mobilization and norms change programs).
- Reduce risk of sexual partners of AGYW through characterizing potential male sexual partners and linkage to other PEPFAR services.

PEPFAR guidance outlines the specific services to be offered by age band and which interventions are considered primary (i.e., must be provided to all AGYW), secondary (i.e., provided to AGYW based on need), and contextual (i.e., part of the core package, but not linked to an individual AGYW). DREAMS programs are expected to include approaches to meaningfully engage AGYW and should include short-term projects with rapid assessment to fill programming gaps in Haiti, such as retaining 20 to 24-year-olds; psychosocial support for emotional wellness, resilience, and coping skills; provision of legal support; and the use of mobile and digital media to reach AGYW during times of program disruption.

#### **D. Other relevant USAID programs**

The OVC and DREAMS program activities will link closely with several USAID health activities, including the Improved Health Service Delivery program, Partnerships for Equity in Health and Integrated Health Resilience, to ensure acutely malnourished children and pregnant women are linked to HIV testing services and OVC platforms, as needed. The Activity will also link OVC and AGYW to partners providing legal services for GBV survivors, and leverage, wherever possible, other USAID-supported investments in education, school feeding, economic growth, and advocacy. PEPFAR program will continue to introduce screening of HIV-positive women for cervical cancer; while DREAMS will support efforts to reach AGYW with vaccination against human papillomavirus (HPV) to protect against cervical cancer; additional supplemental COVID-19 funding will be used to support economic strengthening efforts including vocational training for AGYW reached through DREAMS as well as demand generation for COVID-19 vaccination services within communities and vaccine roll-out itself. These resources have the potential to establish the foundation from which to launch vaccine efforts for youth.

#### **IV. OBJECTIVES AND EXPECTED RESULTS**

The Activity will support Haitian children living with and affected by HIV/AIDS to grow into healthy, educated, young adults free from violence and the negative effects of HIV. In order to achieve this goal, the OVC activity has been designed to meet the following objectives:

- 1) Strengthen early identification of HIV-positive infants and viral load testing
- 2) Improve health care and social service delivery for HIV infected and affected OVC
- 3) Increase the capacity of families and communities to care for OVC
- 4) Increase HIV risk prevention among adolescent girls and young women
- 5) Strengthen the management and technical capacity of local organizations to foster project sustainability.

**Objective 1: Strengthen early identification of HIV-positive infants and ensure linkage to treatment**

The Activity will strengthen the EID network program and viral load testing nationwide. EID services will extend to all USG-supported PMTCT service delivery sites and provide training and mentorship to ensure the quality of blood specimens and reduce the turnaround time between EID specimen collection and the return of results to clinics. The Activity will also strengthen viral load testing by working in close collaboration with all relevant PEPFAR and USAID partners and specifically work toward monitoring and increasing viral load suppression among HIV-positive OVC.

Virologic testing for HIV through DBS PCR available at three laboratories in Haiti (LNSP, GHESKIO IMIS, and JUH) enables infants who are diagnosed with HIV to be initiated on ART as early as six weeks of age, consequently increasing their chances for survival. The Activity will support the existing network by:

- 1) Ensuring continued access to people living with HIV/AIDS (PLHIV), particularly pregnant and breastfeeding women at those sites;
- 2) Working closely with the site managers and PMTCT case managers to ensure adequate oversight of PMTCT programs;
- 3) Ensuring that personnel at supported sites are properly trained to take DBS samples;
- 4) Managing gaps in the transportation of DBS samples to central laboratories (LNSP and GHESKIO IMIS in Port-au-Prince and JUH Regional Laboratory in Cap Haïtien);
- 5) Scaling up testing coverage for infants born outside of the PEPFAR-supported facilities by linking with other networks, including Ministère de la Santé Publique (MSPP) and NGO-supported facilities.

A strong monitoring and evaluation component is expected in order to support and follow EID data trends within the existing network.

*Illustrative Interventions*

- Develop and implement a strategy to scale-up the EID program to all USG-supported PMTCT service delivery sites, including the provision of EID services in remote and hard-to-reach sites.
- Ensure the quality of EID services at existing sites to improve outcomes for mothers and infants by ensuring early diagnosis of HIV, linkage to ART, retention in care and treatment, and viral load suppression.
- Train and provide ongoing mentorship and support of health personnel at sites involved in the EID program, including implementation and support of continuous quality improvement (CQI) models for ensuring effective site management of identified issues.
- Ensure the proper collection, quality, and use of PMTCT and EID related data at supported sites in collaboration with relevant service delivery and information system partners.
- Transport DBS samples wherever there is a gap from supported EID sites to LNSP, GHESKIO IMIS and JUH laboratories, as needed.

### *Expected Results*

1. Eighty percent of infants born to enrolled HIV-positive women have a virologic test done test by two months of age; 100 percent by 12 months of age (PMTCT\_EID)
2. 100 percent of infants identified as HIV-positive are initiated on ART (PMTCT\_EID\_POS, TX\_NEW)
3. 100 percent of collected samples delivered to laboratories within a four-week period
4. 100 percent of sites have personnel trained in collecting and storage of DBS samples
5. 100 percent of sites receive all PCR test results within a six-week period from the time samples are taken
6. Increased number of HIV-positive infants identified in the reporting period, whose diagnostic sample was collected within 12 months of birth
7. Increased number of children newly enrolled on ART
8. Increased percentage of children on ART who are virally suppressed
9. Increased percentage of final outcomes among HIV-exposed infants registered in a birth cohort

Final targets will be established in collaboration with USAID/Haiti at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

### **Objective 2: Improve health care and social service delivery for HIV-positive and OVC affected by HIV**

The Activity will increase retention and adherence to ART among HIV-positive pregnant mothers, infants and children, and facilitate access to more general, but equally critical, primary health care services for children regardless of their HIV status. The Activity will also facilitate access to critical education, psychosocial, protection, and other social services for HIV-positive and OVC affected by HIV.

#### ***Sub-Objective 2.1: Early identification and enrollment of HIV-positive and OVC affected by HIV***

The Activity will prioritize HIV risk screening among OVC in order to improve targeted referrals for testing and pediatric HIV case identification. This will include a focus on increasing index case testing of children for HIV and TB, based on the identification of an HIV-positive parent/caregiver or sibling. The Activity will ensure that children of key populations (including CSW, MSM, and people in prisons and other closed settings) are tested and receive appropriate program support. The Activity will ensure systematic coordination with PMTCT, pediatric, and adult care and treatment IPs, using clinical entry points to maximize enrollment of HIV-positive children, HIV-exposed children, and children of PLHIV receiving care and treatment, into the OVC program.

#### *Illustrative interventions*

- Identify all HIV-positive, exposed, and affected children

- Ensure testing for all biological children of PLHIV and TB patients through referrals to clinical testing partners
- Link all HIV-positive children to care and treatment

***Sub-Objective 2.2: Improve retention and adherence for HIV-positive pregnant mothers, infants, and children***

Retention and adherence to ART are necessary for ensuring viral load suppression and moving Haiti closer to achieving epidemic control. The Activity will ensure that HIV-positive pregnant mothers, infants, and children are initiated on ART as soon as possible, reduce cases of interruption in treatment (IIT), strengthen referral systems, and support coordination between PEPFAR partners. The Activity will provide support to the MSPP and Pediatric Cluster in disseminating guidelines at all PEPFAR sites providing pediatric HIV services. At this time, approximately ten percent of infants in the EID program are considered to be interrupted in treatment, meaning that while they have been initiated into preliminary services, they have dropped out of the system prior to receiving diagnostic or treatment services. This has a negative impact on ART adherence among mothers and decreases the chances of survival for their infants. In order to save these young lives, it is critical that HIV-positive pregnant women be linked to and retained on treatment.

To decrease the incidence of IIT, the Activity will develop innovative approaches to better track HIV-positive mother-infant pairs and their children by strengthening the link between health facilities and community-based HIV services, documenting patient follow-up, and improving early warning, tracing, and re-enrollment into treatment. The Activity will work with USAID health information system (HIS) partners to expand the OVC and DREAMS platform into all sites providing HIV pediatric services to identify and track OVC, AGYW, and their caregivers, and ensure linkage to services. PMTCT mothers' groups will be supported to encourage retention and adherence to treatment and increase demand for viral load testing and EID. The Activity will be creative in working with adolescent mothers as mentors and participants in the development and dissemination of adolescent-specific health education materials. Any technology developed by this Activity will be based on open source technology and interoperable with the existing data infrastructure in the country, which includes but is not limited to: SISNU (DHIS2), MESI and *iSanté*. An OVC platform is being designed to respond to the need of a performant data tool to track activities and beneficiaries including the OVC, CLHIV and their caregivers. The Activity will incorporate this existing tool into their work and utilize it to provide electronic tracking of the OVC and DREAMS activities supported under the award. The Activity will support a continuum of care model that includes support for community-based services and personnel, including community health workers (CHW), and will actively engage with Agents de Santé Communautaire Polyvalents (ASCP) supported under other USAID projects.

The Activity will encourage routine home visits in order to support retention and adherence, identify other family members that may be HIV-positive and refer them for testing, as well as monitor the general health and well-being of families. The Activity will support approaches such as the Directly Observed Therapy (DOTS) that has been successfully used to strengthen adherence to optimized regimens including dolutegravir (DTG). All CHWs supported by the Activity will be trained according to MSPP guidelines and aligned with the MSPP's ASCP model.

There will be a coordinated and synergistic approach in the work carried out by CHWs under the new Activity with those supported by other PEPFAR partners in order to fully maximize service coverage. The Activity will provide support, in collaboration with the USAID Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) program, to link children living with HIV (CLHIV) to optimized pediatric ART drugs and cotrimoxazole at supported sites. The Activity will support the extension of viral load testing and monitoring of viral suppression for children through linking with HIV care and treatment facilities serving the pediatric population and EID program.

In collaboration with health facility personnel, the Activity will emphasize and monitor the implementation of the National Pediatric HIV/AIDS Guidelines<sup>7</sup> at supported sites, including disseminating guidance on the extension of viral load testing for children. The Activity will work with partners to develop a cohesive management plan to support early optimized ART drug initiation among pediatric clients, improve registration of patients, and track follow-up appointments and linkage to other services.

The Activity will support operational research in coordination with centrally-funded programs to assess the impact of interventions in order to inform ongoing evidence-based programming. A key component of this research will be related to evaluating interventions aimed at reducing mother to child transmission, retention of clients and adherence to optimized ART drugs, as well as viral suppression.

The Activity will work with the MSPP to provide support to the Pediatric AIDS Technical Working Group and to disseminate Pediatric AIDS and PEPFAR OVC and DREAMS Guidelines to health providers, supportive community health workers and ASCPs. It will also provide monitoring and oversight at supported sites to ensure adherence to National Guidelines and WHO recommendations in HIV pediatric management by health personnel. Oversight will include onsite mentorship to ensure earlier initiation of pediatric ART, thereby increasing the number of children on treatment.

#### *Illustrative Interventions*

- Develop and implement a strategy to reduce interruption in treatment of HIV-positive women and children, including strengthening family-based differentiated care models.
- Address high interruption in treatment rates by strengthening referral to facilities, as well as implementing systems for active tracking and tracing of interruption in treatment clients, including the expansion of the OVC and DREAMS platform.
- Support early initiation of ART and appropriate care and treatment for HIV-positive infants.
- Actively support case finding by implementing regular home visits to refer siblings, parents, and caregivers to HIV and TB testing.
- Work with health facilities to identify children and caregivers not adhering to treatment with elevated viral loads and at risk for treatment failure, in order to provide increased community-based support, including DOT(directly observed therapy) approach.

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<sup>7</sup> [National Pediatric HIV/AIDS Guidelines, \(Revised edition 2013\)](#)

- Improve age-appropriate disclosure support for children, adolescents and their families.
- Ensure that all HIV-exposed OVC are tested by DBS DNA PCR; for HIV-positive OVC, initiate optimized ART as soon as possible, and ensure appropriate care and treatment.
- Support dissemination and monitor the application of pediatric guidelines.
- In collaboration with the LNSP, GHESKIO IMIS, and the JUH laboratory, support the implementation of viral load testing for HIV-positive infants and adolescents.

***Sub-Objective 2.3: Facilitate access to critical health services for OVC***

The Activity will utilize CHWs to provide OVC and their caregivers a package of basic services that includes:

- Facilitating the delivery of safe water products, hygiene kits, and condoms to families, and promoting good sanitation practices;
- Promoting exclusive breastfeeding up to six months;
- Screening children and pregnant women for malnutrition and referring severely and moderately malnourished children and women for treatment and therapeutic and supplementary feeding;
- Checking immunization records and working with health care professionals to provide vaccinations, vitamin A supplementation, and deworming services;
- Supporting the implementation of health promotion activities;
- Supporting food assistance and other related economic support activities if resources are available.
- Educating parents and caregivers about other health concerns and disease prevention;
- Engaging in other care and support activities, including early childhood development activities; and
- Providing sexual and reproductive health (SRH), HIV, and GBV prevention education, community norm changes and skills-building for adolescents, with a special focus on girls, and facilitating their access to SRH/FP/GBV services.

In addition to providing targeted and intensive health care monitoring and support for HIV-positive children and adolescents, CHWs may also engage in regular home visits and provide support to children and families that are vulnerable to HIV infection and its effects due to extreme poverty and hardship. The Activity will also facilitate access to health services at local health facilities via referrals and ensure referral tracking and completion. The Activity may work with other stakeholders, whenever possible, to support other socio-economic and nutritional needs for OVC and communities.

***Illustrative Interventions***

- Support CHWs to engage in regular health monitoring and health promotion activities through home visits.
- Support promotion of WASH and good nutrition practices based on MSPP recommendations and guidelines.
- Support promotion of early and exclusive breastfeeding up to six months, as infant and young child feeding in the context of HIV.
- Ensure screening for malnutrition and referral of severely and moderately malnourished children.

- Check and refer OVCs for complete immunization, vitamin A supplementation and deworming services.
- Support the implementation of health outreach activities.
- Facilitate access for OVC to a broad range of primary health services at local facilities through referrals and ensure referral completion.
- Provide SRH and HIV prevention education for adolescents, with a special focus on girls, and facilitate access to SRH/FP services in order to reduce the risk of HIV infection, including GBV preventive services.
- Provide broader health education and prevention strategies and community support for case management.

***Sub-Objective 2.4: Facilitate access to critical social services for OVC Reducing Barriers to Education***

Education represents an opportunity for vulnerable children to gain valuable skills and knowledge, achieve a certain degree of normalcy in their lives and protect them from harm. The Activity is expected to support age-appropriate education opportunities for OVC, including early childhood development activities for children 0-5 years, primary education, particularly within schools targeted for early reading programs, secondary education and livelihood skill-building for older OVC. The Activity will ensure that gender and social inclusion is carefully considered and that interventions particularly focus on increasing access to education for adolescent girls and young women. Education of AGYW has a demonstrated positive impact on reducing their risk of HIV, as more highly educated girls and young women are more likely to be able to delay onset of sexual activity and negotiate safer sex.

Early childhood development (ECD) activities can be easily integrated into health and HIV services for young children and PMTCT platforms. ECD activities are particularly important for children living with and exposed to HIV who are at risk of developmental delay. The Activity is encouraged to support CHWs, facility-based health care providers, facilitators of parent training and discussion groups, and mentor mother groups to provide ECD education and skills-building in order to improve attachment, stimulation, and physical and cognitive development. The Activity should make use of the ECD resources listed on the WHO Nurturing Care for early childhood development page<sup>8</sup> and the UNICEF Care for Child Development Package<sup>9</sup>.

The Activity is also expected to facilitate access to primary and secondary school, covering fee payments via individual scholarships or block grants to schools where a large number of OVC are currently enrolled. If providing school block grants, the activity will negotiate an agreement with schools to cover the cost of education for a specific number of children over a specific period of time and identify how funds will be used to improve the quality of education for learning environments in schools including GBV prevention activities. (Noting that community children attend one local school, scholarships may be more appropriate in urban areas where OVC may attend any number of schools). Regardless of the type of education assistance provided, assistance will be targeted (and temporary) and encourage cost-sharing by families where possible. It will

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<sup>8</sup> [Nurturing care for early childhood development | WHO](#), available in English

<sup>9</sup> [Care for Child Development \(CCD\) | UNICEF](#), available in English and Spanish

make every effort to link with *L'Initiative de L'Institut du Bien-Être Social et de Recherches* (IBESR), the Free Education Program at the Ministry of National Education and Vocational Training (MENFP), the Global Fund and other partners to coordinate activities, and gradually decrease direct educational assistance as families become more financially secure (via household economic strengthening activities described in Objective 3) and able to cover their own education costs.

Livelihoods programming for older OVC and out-of-school children should be provided by an established livelihoods partner. This also represents an opportunity to reach adolescents (boys and girls) at risk for unprotected sex, sexual abuse and sexually transmitted diseases. Livelihood support, as well as increased HIV testing, will also be a priority for the children of HIV infected prisoners. Opportunities to connect out-of-school children and youth with accelerated or alternative education and workforce development services is highly encouraged. The COVID-19 pandemic has left these groups particularly vulnerable.

### ***Strengthening Psychosocial Support and Protection***

There is global consensus that the best psychosocial care and support for children orphaned and made vulnerable by HIV/AIDS is provided through everyday interpersonal interactions that occur in nurturing relationships in homes, schools, and communities. The Activity will facilitate these interactions by organizing peer and social group interventions through schools, religious institutions, or other community-based institutions. For example, “kids clubs” and safe social spaces for children, pre-adolescents, and adolescents can be key interventions, although they should not consist solely of recreational activities. Such spaces provide psychosocial support, mentoring, along with age-appropriate nutrition, water and sanitation, child protection, and HIV and GBV prevention. These spaces can be especially important for girls and used as a platform for HIV risk avoidance and reduction education, skills-building, and reinforcement. The spaces should be led by an adult mentor.

Another key intervention is peer education and support groups, during which staff members teach critical life skills and address topics of concern to OVC through plays, poems, stories, and games. Topics can include: leadership and peer counseling, HIV prevention, positive disclosure, adherence and retention, sexual and reproductive health (SRH), GBV, alcohol and substance abuse, and how to protect against abuse, exploitation and neglect. Mental health should be also considered as the population has faced so many shocks in a continuing pattern. Mentors, case managers or other health providers should be trained as mental health coaches. The experience from Zimbabwe of Friendship Bench<sup>10</sup> is worth following. These groups can be supplemented with monthly health examinations and treatment. Particular attention will be paid to high risk vulnerable children, including AGYW, as well as HIV-positive adolescents, who are faced, at this stage in life, with issues of disclosure, treatment fatigue, transition to adult treatment regimens, SRH issues, exposure to alcohol and other substances. Peer support groups have been demonstrated to be useful in providing psychological benefits to this age group and reducing

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<sup>10</sup> [Friendship Bench | ABOUT US](#)

anxiety, stress, and depression that affect clinical outcomes and may jeopardize adherence to treatment.

*Illustrative Interventions*

- Integrate and promote ECD activities within health and HIV services for young children and PMTCT services, including home visits by CHWs, facility-based health visits, and parent training and discussion groups.
- Facilitate targeted and temporary payment of primary and secondary school fees and the negotiation of school block grants, where appropriate.
- Monitor the regular attendance and progression of enrolled students and identify solutions to address attendance issues.
- Facilitate access for OVC to scholarships provided by IBESR, the Ministry of Education’s “free education program”, the Global Fund, and other partners.
- Facilitate access to specialized livelihoods programming for older OVC and out-of school children.
- Organize peer and social group interventions through schools, religious institutions, or other community-based institutions.
- Support food assistance to OVC or their communities if resources are available.
- Facilitate access to and participation in kids’ clubs (including those for children and adolescents living with HIV) and safe spaces.

*Expected Results*

1. 100 percent of eligible HIV-positive children receive ART
2. 100 percent of children on ART are virally suppressed (<1000 copies/ml) according to pediatric guidelines
3. 100 percent of HIV-positive children identified receive cotrimoxazole prophylaxis
4. 100 percent of pediatric sites report no pediatric ART and cotrimoxazole stock outs
5. Increased percentage of adults and children known to be on treatment 12 months after initiation of ART (Note: reporting at 24 and 36 months is recommended but optional)
6. Increased percentage of ART patients with a viral load result documented in the medical record and/or laboratory information systems within the past 12 months with a suppressed viral load (<1000 copies/ml)
7. 100 percent of orphans and vulnerable children (<18 years old) with HIV status reported to IPs (including report of no status)
8. 100 percent of pediatric HIV sites have a system for referring clients for other critical services such as nutrition, health, immunization, and household strengthening, etc.
9. Increased percentage of age related OVC vaccinated with DTP 3 or Pentavalent 3
10. Increased percentage of OVC 1-5 years fully immunized
11. Increased percentage of OVC have received bi-annual vitamin A and deworming
12. Increased percentage of OVC screened for malnutrition
13. Decreased percentage of OVC malnourished
14. Decreased percentage of OVC reporting irregular food intake
15. Increased percentage of OVC and families regularly accessing safe water
16. Decreased percentage of OVC who are too sick to participate in daily activities
17. Increased percentage of adolescents with improved knowledge and skills in SRH and HIV prevention

18. Increased percentage of OVC 0-5 years able to meet development milestones
19. Increased number of OVC assisted by the activity to attend primary and secondary school
20. Increased percentage of OVC assisted by the activity to attend school who are transitioned from direct education support (fees are paid by caregivers or benefit from free education)
21. Increased percentage of children living with caregivers engaged in caregiver education and support groups who report an increase in well-being and decrease in distress
22. Increased percentage of OVC who have a birth certificate/identification card
23. Increased percentage of older OVC with improved financial independence after graduating from youth livelihoods program
24. Increased number of children who report a reduction in stress and improved socioemotional well-being following psychosocial support activities
25. Increased number of children of key populations benefiting from the activity livelihood support
26. Increased percentage of adolescents accessing savings groups
27. Increased percentage of adolescents attending mental health support groups .

Final targets will be established in collaboration with USAID/Haiti at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

### **Objective 3: Increase the capacity of families and communities to care for OVC.**

Stable, skilled, and caring families and communities, along with strong child welfare systems, are the best defenses against the effects of HIV in the lives of children. Nurturing families are critical to ensuring the lifelong health and well-being of a child, including their prospects for living HIV-free or positively with HIV. PEPFAR's approach to supporting OVC is based on a social-ecological model that considers the child, family, community, and country contexts and recognizes the unique, yet interdependent contributions of actors at all levels of society to the well-being of children affected by HIV.

#### *Illustrative Interventions*

- Facilitate access to economic strengthening services for enrolled adolescent girls and their caregivers.
- Provide education services to most-at-risk girls.
- Provide HIV and violence prevention to at-risk adolescent girls.
- Motivate mentor-led adolescent girls clubs to promote social asset development among AGYW.
- Ensure that children who are at-risk of or survivors of VAC receive coordinated preventive and response services through a strong community-clinic care model.
- Support community-level GBV prevention activities, including liaising with the *Brigade Protection de Mineurs* (BPM) of the Haitian National Police and the *Institut du Bien Être Social et de la Recherche* (IBESR) under the Ministry of Social Affairs and Labor.
- Refer for comprehensive health prevention package like HPV vaccine, cervical cancer screening whenever funds are available.

- Joint collaboration with other mechanisms or IPs to support or refer for comprehensive health prevention and management.

***Sub-Objective 3.1: Improve the capacity of families to address the essential needs of children in their care***

Families are the first line of support and defense for children. Providing direct support to children, rather than empowering families to provide for children's needs, can undermine family relationships and the capacity to care for children over the long term. OVC activities implemented under this activity should emphasize the family as the primary unit of intervention. The activity should not singularly target any child within the family without considering the needs of other siblings and children in the home, and the needs of their primary caregivers.

***Improving Household Economic Security***

Emergency situations often necessitate direct provision of material needs, including education fees, clean water, and nutritional support. However, it is hoped that as family stability and resiliency strengthen, direct support will no longer be the primary means of programming for OVC. The Activity will seek to enable the heads of OVC households to achieve a level of financial security sufficient to meet their own material needs, invest in their children, and protect them against unforeseen financial crises and/or other household shocks. Evidence indicates that economic strengthening interventions contribute to important prevention, care, support, and treatment outcomes and enhanced economic security will reduce IIT, support adherence to treatment regimens, and reduce stigma and discrimination.

Household economic strengthening activities should be tailored to the economic and vulnerability status of individual families. However, it is expected that most households will benefit from participating in Mutuelle de Solidarité (MUSO) groups, which are savings and internal lending groups. A small percentage of very poor households may require direct cash transfers or vouchers. The overall goal should be graduation from assistance from the activity, based on improved family savings and economic security, with MUSOs able to be functional, self-sustaining and well-governed. It is expected that activity-supported MUSOs will facilitate engagement with OVC caregivers targeted by the activity and PLHIV. A significant proportion of MUSOs must be composed of both OVC caregivers and PLHIV in order to maximize the impacts of economic strengthening investments among enrolled OVC. In support of efforts to decrease stigma among PLHIV and OVC, MUSOs must be allowed to self-form and not be based exclusively on HIV positivity or OVC caregiver status. While OVC caregiver participation is highly encouraged, groups may include additional community participants not identified by the Activity.

In addition to facilitation of OVC/AGYW MUSOs, the Implementer will carry out operational research alongside activities in an effort to generate evidence-based best practices and lessons learned. Research will additionally focus on the extent to which MUSO participation contributes to increased investments in children, improved child well-being, and improved HIV outcomes among children and caregivers. Results of this research could lead to sustainability, refinement, and replication of this model in other USAID-funded projects/settings.

### ***Improving Household Food Security and Nutrition***

In addition, the new OVC activity will work to support the creation of kitchen gardens among qualified OVC caregivers and will include caregiver education/skills-building on low-cost, nutrient-dense foods, dietary diversity, and healthy child feeding practices. Kitchen gardens provide a sense of household security: physically, economically and nutritionally. This activity will help vulnerable families to have increased access to nutritious food, increase the number of meals per day, consequently reducing malnutrition. By establishing a kitchen garden, participating caregivers can stay at home with their children or sick family members more often if they do not have to leave the house and travel to buy food. Their reduced trips to the market means they spend less money on transportation and on produce. If the caregivers are able to grow a surplus of produce, they can sell it to their community, thereby further supporting themselves and the local economy. Finally, growing fresh organic foodstuffs not only encourages the consumption of more nutritionally-rich plants and vegetables, but empowers caregivers with a sense of accomplishment in being able to feed their families with something they grew themselves.

### ***Facilitating Parent/Caregiver Training and Discussion Groups***

MUSOs create structures and behaviors that will provide platforms for the activity to layer on other family-strengthening interventions. Sometimes known as “savings plus,” these approaches take advantage of the regular meetings, newfound aspirations, and group cohesion to explore other relevant topics and issues using participatory and adult learning approaches. Examples include discussion groups and training opportunities focused on family budgeting and planning, parenting skills, violence in the household, psychosocial support, child protection, health and nutrition, and literacy. The activity will facilitate training and skills-building in Positive Parenting utilizing the Sinovuyo evidence-based curriculum and will focus on violence prevention and positive discipline, effective communication on adolescent sexuality and risk, and pediatric and adult HIV disclosure. This document has been adapted to Haiti and translated in native Haitian Creole “*Koze ado ak Paran*”.

### ***Illustrative Interventions***

Support OVC caregivers and PLHIV to participate in financial education/literacy and MUSO groups managed by established programs. Establish at least 400 MUSOs over the life of the activity.

- Link families with economic strengthening initiatives supported by the Government of Haiti (GOH), USAID, and other donors in the activity catchment area.
- Facilitate the inclusion of OVC caregivers in education/skills-building groups and support groups, either through existing PLHIV groups or MUSOs. Utilizing existing materials and guidelines, education sessions will focus on: positive parenting, child health and nutrition, supporting children to succeed academically, addressing the psychosocial needs of children and protecting children against abuse, exploitation, and neglect.
- Provide training to OVC caregivers to establish kitchen gardens in targeted regions.
- Establish at least 300 kitchen gardens over the life of the activity.

***Sub-Objective 3.2: Improve the capacity of communities to address the essential needs of children in their care***

Skilled and well-functioning communities provide a range of critical services and support for families, including health, nutrition, education, legal services, safety and spiritual and psychosocial support. Throughout the world, neighbors come together to help one another and community-based organizations and local government services serve as social safety nets to those in need. They provide extra support to vulnerable families and help them through times of crisis. Building on this foundation, the new OVC activity will work closely with key stakeholders in targeted communities to increase the quality and access to critical services, social norms change and support for vulnerable families. The activity should also strengthen the capacity of community-based structures wherever possible to effectively and sustainably meet the needs of vulnerable families.

***Service Mapping and Strengthening Social Service Referral Networks***

Working with community-based organizations, CHWs, government social workers and other community-stakeholders, the OVC activity, in collaboration with other USAID and donor supported projects, will map local social services, including GBV clinical, psychosocial and legal response services, and strengthen community-based referral networks. This will complement health facility-based referral networks. The activity will facilitate the integration of community-based social service and facility-based health referral systems in order to improve bidirectional referrals for holistic service delivery. The activity will also ensure that service providers have access to updated referral directories and where necessary train referral focal points to manage referral processes (at health facilities, schools, police stations, and other community programs). The Activity is encouraged to explore innovative methods for streamlining referral processes and tracking referral completion, including the expanded use of mobile technologies.

***Community-Based OVC Identification and Case Management***

In addition to enrolling OVC identified via health facilities, the activity should work with local leaders to implement community-based processes, standards, and criteria currently under development for identifying, assessing, and enrolling vulnerable children within OVC programs.

The Activity will emphasize the use of the HIV risk screening tool as part of comprehensive child assessment. Once enrolled, the activity should engage and train CHWs and other community volunteers in case management, including: key principles, standard operating procedures, tools to conduct comprehensive child and family needs assessments, individual case plan development, referral strengthening, tracking referral completion for essential service delivery, and routine monitoring and follow up. The activity will adopt standard benchmarks, for graduating families from support, including key child, caregiver, and family well-being outcomes, and outline case plan achievement benchmarks that correlate with graduation criteria. CHWs and community volunteers should monitor achievement of case plans through regular home visits, the frequency of which should be determined by the vulnerability level and unique needs of the family. Please see Table 1, which outlines key entry points for OVC identification by sub-population.

**Table 1. Key Entry Points for OVC Identification**

Sub-Population	Key Entry Points
Children and adolescents living with HIV	<p>Primary</p> <ul style="list-style-type: none"> <li>● Clinical service providers serving HIV-positive children enrolled in care or on treatment in priority SNUs.</li> <li>● Community-based groups such as mother-to-mother groups and PLHIV support groups with tracing of their children.</li> </ul>
Children and adolescents who have lost one or both parents in high HIV burden areas	<p>Primary</p> <ul style="list-style-type: none"> <li>● Community-based identification by CSOs including Child Protection Committees, traditional leaders/structures, women's and/or faith-based groups, etc., as well as referrals from ministries of social welfare/affairs</li> </ul> <p>Secondary entry points</p> <ul style="list-style-type: none"> <li>● Peer-support groups: adolescents as caregivers and child-headed household support groups</li> <li>● Adolescent treatment support groups</li> <li>● Institutional care (orphanages)</li> <li>● Review of data provided by ministries of social welfare/development, if available and reliable</li> </ul>
Infants (<2 years) exposed to HIV	<p>Primary</p> <ul style="list-style-type: none"> <li>● Clinical HIV care and treatment services for adults, children and PMTCT services.</li> <li>● Mother-to-mother support groups specifically targeting HIV+ mothers/pregnant and breastfeeding women, and/or adolescents living with HIV support groups (as many adolescents are also parents)</li> </ul> <p>Secondary</p> <ul style="list-style-type: none"> <li>● Community-based identification through CSOs and case management: identification of children who have not presented at a health facility but are exhibiting signs and symptoms suggestive of HIV (poor weight gain, malnutrition, opportunistic infections, skin rashes, upper respiratory infections, chronic diarrhea, etc.)</li> </ul>

Children and adolescents living with an HIV+ Adult	<p>Primary</p> <ul style="list-style-type: none"> <li>● Adult Care and Treatment services in order to conduct family tracing of index cases generally prioritize high volume sites and/or non-virally suppressed adults</li> <li>● Community-based support groups for HIV+ adults on treatment (e.g. mother-to-mother groups, PLHIV support groups)</li> <li>● DREAMS referral</li> </ul>
Adolescent girls and young women at risk in high burden areas	<p>Primary</p> <ul style="list-style-type: none"> <li>● Girl roster</li> <li>● ANC and STI clinics</li> <li>● Protection services such as post-rape care and abuse case management in collaboration with local government and CSOs OVC referral</li> </ul>
Children of key populations	<p>Primary:</p> <ul style="list-style-type: none"> <li>● Prevention and treatment programs designed to reach key populations</li> <li>● Facility and community-based service delivery points reaching KP</li> </ul>
Children experiencing violence	<p>Primary:</p> <ul style="list-style-type: none"> <li>● Clinics providing post-abuse care</li> <li>● Social service providers for GBV/VAC case management</li> <li>● Community-based child protection committees/units</li> <li>● Home-based case management</li> <li>● Community-level GBV prevention activities in collaboration with BPM</li> </ul>

***Strengthening Child Protection***

Results from the Violence Against Children (VACS) Study in Haiti and other reports indicate high rates of child abuse and exploitation, including but not limited to sexual violence against children and GBV. Home and community-based interventions are critical to improving violence prevention and response. Violence prevention is an integral part of case management that focuses on building parenting skills in child rights and protection, including the use of positive discipline. CHWs and community volunteers will be trained in signs and symptoms of abuse, in order to improve the identification and reporting of child abuse. They will also be trained to refer children for comprehensive protection services (including clinical, psychosocial, and legal), follow up child and adolescent violence survivors, and support case resolution. CHWs will ensure that victims access emergency post-rape care services including PEP when necessary. They will also ensure appropriate linkages with relevant informal (community-based) and formal (government) child protection structures, such as the BPM, to support child protection system strengthening.

The Activity should apply an approach that balances prevention and response to child abuse, neglect, and exploitation. In line with Keeping Children Safe Coalition’s guidelines and relevant GOH child protection policies and protocols, the activity will ensure that all staff, CHWs and community volunteers are trained in and adhere to the organizational Child Protection Policy and Procedures and Child Protection Code of Conduct, as well as apply a Child Abuse Reporting and Response Protocol. The Activity will also engage community leaders, including faith-based leaders, to challenge the prevailing beliefs and norms that surround concepts of gender and the acceptability of GBV within their communities. Community leaders will actively participate in identifying and implementing measures to confront and change these harmful attitudes and practices through various means within their communities.

*Illustrative Interventions*

- Support service mapping and strengthening social service referral networks.
- Support community-based OVC identification and assessment.
- Train CHWs and community volunteers in comprehensive OVC case management.
- Conduct comprehensive, strengths-based family case management.
- Monitor case plan achievement and family graduation per child, caregiver and family outcomes.
- Identify, refer, and follow up cases of abuse, neglect, and exploitation, including GBV.
- Support home and community-based violence prevention and response, and work with community leaders, civil society, relevant GOH structures, such as the BPM, and faith-based organizations on changing GBV norms.
- Link to and strengthen local child protection systems.

*Expected Results*

1. Increased number of service providers with updated service mapping
2. Increased number of OVC identified and assessed
3. Increased number of families receiving case management
4. Increase percentage of case plans achieved
5. Increased percentage of families who graduated from program support
6. Four hundred functional MUSOs established
7. Increased number of OVC caregivers participating in MUSOs
8. Increased number of OVC caregivers trained in financial education/literacy
9. Increased number of caregivers receiving positive parenting support and skills-building
10. Increased number of CHWs or community volunteers trained in child protection
11. Increased number of OVC receiving child protection services
12. Increased number of local child protection structures strengthened
13. Increased number of DREAMS-qualified adolescent girls who are identified and enrolled
14. Increased number of mentor-led adolescent girls clubs
15. Increased number of adolescent girls who receive a full package of DREAMS services based on their unique needs
16. Increased number of children at risk or survivors of VAC who receive a coordinated preventive and responsive services.

#### **Objective 4: Increase HIV risk prevention among AGYW**

The Activity will particularly consider the needs of vulnerable AGYW and will focus on increasing AGYW access to evidence-based, age-appropriate, HIV and GBV prevention services in four key districts (Cap Haitien, Dessalines, Saint Marc and Port-au-Prince), through the delivery of the DREAMS core package of services in accordance with PEPFAR DREAMS Guidance and Standards. Layering of services toward empowering girls and young women and reducing risks, mobilizing communities for change, strengthening of families and reducing risk among sex partners are core tenets of the program.

- PrEP is an essential part of the DREAMS core package as it directly reduces the risk of HIV acquisition for AGYW. The OVC activity should include PrEP information, education, and continuation support within their primary package of services for AGYW ages 15-24, and all should include PrEP services (initiation/refills and adherence counseling/support) as part of their secondary package for vulnerable AGYW who meet the criteria for being offered PrEP.
- The Activity must establish an approach to enabling the meaningful AGYW participation in DREAMS. For example, DREAMS mentors and ambassadors, AGYW-led organizations and/or an AGYW-led advisory council should participate in the design, implementation, and monitoring of DREAMS. Furthermore, AGYW should receive training and support that will prepare them for their roles, including opportunities for professional growth where possible.
- Specific sub-groups of AGYW may experience more risk and vulnerability factors as outlined in the DREAMS guidance. Efforts should be enhanced to identify and engage the most vulnerable subpopulations of AGYW. AGYW should be actively consulted in the identification and mapping of entry points. In addition to the following sub-groups DREAMS eligible AGYW: Pregnant, breastfeeding and/or parenting AGYW, out-of-school AGYW 10-19 years old, AGYW living with disabilities, survivors of sexual violence and AGYW engaged in transactional sex/selling sex (in collaboration with the key populations team)--the activity should determine if there is a need to target other highly vulnerable AGYW sub-groups such as (e.g., migrant AGYW, AGYW on or near military installations) if data show increased vulnerability to HIV for that group.
- Identifying New Solutions to Fill Programming Gaps. As DREAMS matures, specific gaps and areas for program innovations and improvements have emerged, examples include retaining 20–24-year-olds; psychosocial support for emotional wellness, resilience, and coping skills; reaching highly HIV vulnerable and hard-to-reach sub-populations such as pregnant, breastfeeding, and parenting AGYW, AGYW with disabilities, migrant AGYW, and young women engaging in transactional sex or selling sex; and reaching AGYW during times of interruptions to program activities. The Activity is expected to implement a small number of short-term projects with rapid assessment focused on specific defined gaps. These short-term program adaptations will be small in scale and last no longer than one year. The Activity will also support the development of digital approaches to reach the vulnerable groups during man-made or natural disasters (lock down, earthquakes, major hurricanes).

The geographic focus of the DREAMS activities may be revised according to a review of PEPFAR program data and discussions with USAID/Haiti and the MSPP.

The Activity will build the capacity and skills of families to improve their financial security and meet the financial, socio-emotional, and protection needs of their children. It will also build the capacity of communities to identify and support vulnerable children and families, conduct effective case management, and improve the protection of vulnerable children. The Activity will continue to develop interventions related to community norms. All Activity-supported OVC interventions will reflect evidence outlined in the PEPFAR Guidance for Orphans and Vulnerable Children Programming (2012), PEPFAR OVC Technical Guidance and Haiti-specific OVC Quality Standards developed in 2014, and PEPFAR MER Indicator reference guide (Version 2.4 FY 2020).

*Illustrative interventions:*

1. Increase the reach and impact of the DREAMS primary package to all eligible AGYW across age bands (10-14,15-19, 20-24 years) including asset building, financial literacy, HIV screening services, access to testing condoms (15-24), parenting and caregiver programming (10-14) and community-based HIV & violence prevention.
2. Increase the reach and impact of secondary package to all eligible AGYW including education subsidies, parenting/caregiver programming (15-24), household economic strengthening, post-violence care, and HIV testing services/condoms (10-14), PrEP services, contraceptive mix and Bridge to employment for the 18+ AGYW.
3. Identify and assess solutions that hold potential for filling key program gaps including retaining 20–24-year-olds; psychosocial support for emotional wellness, resilience, and coping skills; and highly reaching HIV vulnerable and hard-to-reach sub-populations such as pregnant, breastfeeding, and parenting AGYW; AGYW with disabilities; migrant or displaced AGYW, and young women engaging in transactional sex or selling sex.
4. Provide contextual interventions to shift community norms and perceptions to create an enabling environment that supports decreases in HIV infection among AGYW.
5. Identify opportunities for the meaningful engagement of adolescent girls and young women in the implementation of DREAMS programming.

Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

**Objective 5: Strengthen the management and technical capacity of local organizations to foster project sustainability.**

USAID is committed to elevating local partners to plan, fund, and manage health programming by creating avenues for new and underutilized partners.

In addition to implementing OVC interventions, the selected Implementing Partner (IP) for this activity is expected to develop a detailed sustainability plan, including building the skills of local stakeholders, whose involvement will be critical for maintaining development gains after the project ends, ownership of the proposed interventions, and how capacities will be created and

motivations strengthened to enable the ongoing self-sustaining delivery of results. The applicant is also strongly encouraged to develop a comprehensive capacity building strategy, to support, guide, and direct other local partner(s) to effectively, efficiently and sustainably manage activities in accordance with USAID standards.

*Illustrative interventions :*

1. Provide guidance and training in OVC case management and related best practices
2. Facilitate training in monitoring and reporting processes for PEPFAR
3. Ensure local partner's performance in the management of the OVC platform, as well as management of SISNU, MESI , DATIM and other platforms currently used in PEPFAR.
4. Increase local partner capacity in operating within PEPFAR regulations for budget and financial procedures

### **COORDINATION WITH USAID PARTNERS AND THE GOH**

The Activity, central to the USAID/Haiti health portfolio, will be implemented in concert with other key USAID projects, including the national food fortification initiative, RANFOSE, and other child protection and GBV prevention and response activities. The Activity will work with other PEPFAR OVC IPs on issues related to child protection, AGYW, and children of key populations and people in prisons and other closed settings including Health through Walls (HtW), in order to facilitate referrals to OVC services for these children.

As the demand for OVC services is high and resources are limited, collaboration with other projects will be essential to maximize results. The Activity will work closely with IHSD, which provides PMTCT services within 46 supported sites, and will meet regularly with staff to ensure HIV-positive pregnant women and their babies are linked both to key facility-based services, including EID and ART, and community-based support services. This linkage will also lead to improved patient tracking and help reduce IIT by engaging CHWs across both projects. The Activity will also ensure that women and children engaged through the activity will be referred as needed to a broad range of primary health care services provided within IHSD's supported facilities.

The Activity will also participate in the MSPP Technical Working Group (TWG) on Pediatric AIDS and coordinate regularly with the MSPP National AIDS Program, *Le Programme National de Lutte Contre les IST/VIH/Sida*, known as PNLIS, at the central level. The Activity will also seek to leverage efforts with the Global Fund, particularly for activities targeting AGYW and educational support for OVC. The Activity will collaborate closely with MSPP at the departmental level, both within the facilities and with the *Directions Departementales Sanitaires* (DDS). The Activity will be also open to collaborate with the "Institut du Bien Être Social et de la Recherche (IBSR) within the Ministry of Social Affairs, the Brigade de Protection des Mineurs (BPM) within the Haitian National Police (PNH) , with the Ministry of National Education and Vocational Training (MENFP) as well as the Ministry on Women's condition (MCFDF)for AGYW in the DREAMS program.

## **V. MONITORING, EVALUATION AND REPORTING**

The Activity will implement rigorous performance management and learning to guide decision-making within the program and contribute to the global community of practice. In addition to other reporting requirements, the applicant will also report on standard indicators in the [Foreign Assistance Resource Library - United States Department of State](#). The draft AMELP should include suggested performance targets. Final selection of indicators and targets will be established post-award in collaboration with the USAID Agreement Officer Representative.

## **VI. ENVIRONMENTAL COMPLIANCE**

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 development programs. This mandate is codified in the Code of Federal Regulations (22 CFR 216) and in USAID's Automated Directives System Parts 201.5.10g and 204 which, in part, require the identification of 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 environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this program description.

A stand-alone Initial Environmental Examination (IEE) has been approved for the Sustaining Impact for Youth activities. The IEE will cover activities expected to be implemented under this cooperative agreement. The recipient shall be responsible for implementation of all IEE conditions pertaining to activities to be funded under this solicitation.

As part of its initial implementation plan, and all annual implementation plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation. 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.

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.

When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an environmental assessment (EA), the recipient shall:

- Unless the approved Regulation 216 documentation contains a complete Environmental Mitigation and Monitoring Plan (EMMP) or a project mitigation and monitoring (M&M) plan,

the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

- Integrate a completed EMMP or M&M Plan into the initial implementation plan.
- Integrate an EMMP or M&M Plan into subsequent annual implementation plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

The recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between the host country and USAID regulations, the latter shall govern.

## **VII. GENDER, ADOLESCENTS AND YOUTH**

Gender issues are central to achieving equitable, sustainable health outcomes. USAID strives to promote gender equality, in which both women and men have equal opportunity to benefit from and contribute to economic, social, cultural, and political development; enjoy socially valued resources and rewards; and realize their human rights.

The Activity must therefore account for gender differentiated rights, roles, and responsibilities in developing strategies and interventions, while also supporting positive gender roles for women, especially young women, and men within communities. Adult and young women need support to enhance their roles in decision-making and control over resources and services. Adult men and young men, especially, need assistance to redefine masculinity as being supportive and discouraging of risk behaviors. The applicant must therefore develop gender transformative approaches that will shift how men and women interact with each other and the health system.

The Activity must also demonstrate gender equity considerations in all program interventions, including monitoring and evaluation, using disaggregated information by gender and age, and considering the differing impacts on women, youth, children, and vulnerable groups.

Adolescents are unique clients of health care due to their rapid and varied physical, emotional, and psychological changes, and the number of social determinants and ecological factors at play in their lives, health seeking behaviors, and risk factors. Adolescents represent the majority of the population in Haiti and are an underserved population. The applicant must take into account the many needs of young people rooted in the U.N Convention on the Rights of the Child, while also aligning with the *MSPP/DSF/SJA Plan Stratégique National Santé Jeunes et Adolescents (2014-2017)*. The applicant will plan to meaningfully engage the adolescents in program implementation.

Establishing an understanding of equitable gender roles and conveying the negative impacts of GBV, which is extremely high, should begin with very young adolescents (VYA) from 10 to 14 years of age. This is the optimal time frame to initiate discussion on inequitable gender norms that perpetuate disparities and even unhealthy behaviors such as non-consensual sex, coercion, or

transactional sex. The Violence Against Children Survey (VACS) published in 2012 is a useful reference.

This intervention package must include use of a multi-sectoral and gendered approach, where multi-dimensional barriers can be addressed to confront girls' and young women's disempowerment and the complex factors that lead to poor health. The applicant must include gender and youth considerations, including VYA considerations, into all Activity components to help reduce gender and age disparities in OVC activities. The applicant must achieve measurable gains in gender- and youth-related norms and barriers across the priority health areas. The integration of gender and youth into all activities is critical to the success of USAID/Haiti's investment in OVC activities.

The applicant must adhere to USAID's gender policy, which requires that all policies, programs, implementation and monitoring plans, and budgets be gender sensitive in pursuit of sustainable economic growth, job creation, household security, and poverty reduction.

Based on the findings of the [USAID/Haiti Strategic Framework Gender Analysis](#), the applicant must include gender norms and primary prevention of GBV as key focus areas. Additionally, the applicant is responsible for complying with USAID's 2020 policy on [Gender Equality and Women's Empowerment](#).

Because the activities to be funded under this Activity involve direct contact with children and therefore could raise the potential of child abuse, the Activity must conduct a comprehensive assessment of potential risks and must develop and implement appropriate measures to prevent, mitigate, and respond to child abuse by Activity personnel. A description of these measures should be submitted with the first annual implementation plan for approval by USAID/Haiti.

## **VIII. RESILIENCE, FLEXIBILITY AND SUSTAINABILITY**

### **Resilience**

The Activity will consider resilience, which USAID defines as the *“ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth”* in the development of its approaches. The applicant should consider the resilience of the larger OVC community in terms of contingency plans, management structures, and resource distribution to mitigate risks for those most vulnerable to catastrophic health expenditures.

### **Flexibility**

It is expected that the development, political, and physical climates will change throughout the life of this project. For example, national elections and any resulting changes may take place in Haiti during the implementation term of the Activity and could lead to changes in counterparts and priorities. The recipient will require the ability to adapt to known and unexpected changes.

## **Sustainability**

It is essential that the interventions of this Activity are sustained, and that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the Activity. For this reason, local organizations with the capacity and geographic reach to carry out this specialized type of service delivery within Haiti and achieve the required level of results are encouraged to apply. Proposed interventions should respond to Haitian-defined wants and needs and be socially acceptable to Haitian people. The Activity should focus both on treating the individuals while strengthening the systems.

There are some forces that could inhibit sustainable change with respect to continued implementation. Instability in the health sector limits governance potential, as does decayed social institutions, and an overwhelmed OVC population scattered throughout the country. These conditions then further hamper health workers in delivering the appropriate health services to OVC and to the greater OVC family and community, and in collecting the data around that service delivery. Clear and consistent commitment from varying stakeholders will help the Activity overcome challenges and will be a strong and mitigating effect against the potential undermining of any such challenges to the Activity. It is expected that the Activity will work collaboratively with other smaller local actors and non-governmental organizations to implement the goals and objectives that will reduce and control contagious disease among the vulnerable OVC population.

**[ END OF ACTIVITY DESCRIPTION ]**

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**SECTION B: FEDERAL AWARD INFORMATION**

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

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide \$30,000,000 in total USAID funding over a five (5) year period.

**2. Expected Performance Indicators, Targets, Baseline Data, and Data Collection**

Please see SECTION F; 3. Reporting Requirements

**3. Start Date and Period of Performance for Federal Awards**

The anticipated period of performance is five (5) years. The estimated start date will be upon the signature of the award, on or about.

**4. Substantial Involvement**

In accordance with ADS 303.3.11, substantial involvement during the implementation of this Agreement must be limited to approval of the elements listed below:

**4.1 Approval of the Recipient's Implementation Plans**

USAID/Haiti will approve the recipient's implementation plans (e.g., annual work plan, monitoring and evaluation plan, branding strategy and marking plan, etc.) during performance.

Targets for PEPFAR-Funded Activities

Recipients must meet the targets that are set out for each COP Year. If the AO determines that Recipient is not on track to meet targets or is otherwise noncompliant with the terms of this award, USAID reserves the right to place the Recipient on a Corrective Action Plan (CAP) and/or terminate the agreement in whole or in part pursuant to sections 2 CFR 200.338 through 2 CFR 200.342, Remedies for Noncompliance, or the terms of the award for non-U.S. non-governmental organizations.

Targets for this Award for FY23 are as follows:

<b>Activity</b>	<b>FY 23 Benchmark</b>
OVC_HIVSTAT (N, DSD) TARGET	67775.0

OVC_SERV (N, DSD, Age/Sex/DREAMS) TARGET	1166.0
OVC_SERV (N, DSD, Age/Sex/PSCaregiver) TARGET	15194.0
OVC_SERV (N, DSD, Age/Sex/Preventive) TARGET	380.0
OVC_SERV (N, DSD, Age/Sex/ProgramStatus) TARGET	67775.0
PMTCT_ART (N, DSD, Age/NewExistArt/Sex/HIV) TARGET	1.0
PrEP_CT (N, DSD, Age/Sex) TARGET	44.0
PrEP_NEW (N, DSD, Age/Sex) TARGET v2	20.0

**4.2 Approval of specified Key Personnel**

USAID/Haiti will be involved in the selection of Recipient’s proposed Key Personnel. The following positions have been designated as key to the successful implementation of the program objectives of this cooperative agreement. In accordance with the Substantial Involvement provision, these personnel are subject to the approval of the Agreement Officer:

- Chief of Party
- Deputy Chief of Party
- Senior Technical Advisor OVC/Early Infant Diagnosis (EID)/Adolescent Girls and Young Women (AGYW)
- Senior Technical Advisor Monitoring, Evaluation and Learning

- Director of Finance and Administration

#### **4.3 Agency and Recipient Collaboration or Joint Participation**

USAID has determined that the Recipient's successful accomplishment of the program objectives would benefit from USAID's technical knowledge, and has authorized the joint participation of USAID and the Recipient in the following ways:

- Approval of the Recipient's Activity Monitoring, Evaluation and Learning Plan (AMELP) aligned with USAID/Haiti's monitoring and reporting framework and other relevant reporting mechanisms required by USAID/Haiti.
- Agency monitoring to authorize specified kinds of technical direction or redirection because of interrelationships with other projects or activities and/or to change/amplify activities in case of emergency such as the need to adjust rapidly based on emerging infectious disease outbreaks such as COVID-19 or natural disasters. All such activities must be included in the program description, negotiated in the budget, and made a part of the award.
- Approval of any proposed sub-awards and contracts.
- Agency and Recipient collaboration or joint participation, such as when the Recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge (e.g., if the program establishes an Advisory/Steering Committee, then USAID would participate as a member to provide advice to the applicant);
- USAID/Haiti direct operational involvement or participation to ensure compliance with statutory requirements and other Federal stewardship responsibilities (e.g., environmental compliance).
- USAID/Haiti's ability to immediately halt an activity if the Recipient does not meet detailed performance specifications (e.g., changes to activities, locations and beneficiary populations).
- Communications with GOH officials – The AOR must be present in all meetings with government level officials at the Minister and Secretary General levels. All communication with GOH officials must be made by the Chief of Party and coordinated in advance with the USAID AOR. Exceptions may be granted but must be in writing and made prior to any meeting/communication.

#### **4.4 Agency Authority to Immediately Halt a Construction Activity**

### **5. Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is **937**.

**6. 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 the **Sustaining Impact for Youth 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.

**[END OF SECTION B]**

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## **SECTION C: ELIGIBILITY INFORMATION**

### **1. Eligible Applicants**

Eligibility for this NOFO is not restricted.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

Local organizations are encouraged to apply either as prime or partner with an international organization in order to continue building their own capacity to administer and manage the award and implement activities.

USAID defines a “local entity” as an individual, a corporation, a nonprofit organization, or another body of persons that:

- (1) Is legally organized under the laws of; and
- (2) Has as its principal place of business or operations in; and
- (3) Is majority owned by individuals who are citizens or lawful permanent residents of; and
- (4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the country receiving assistance.

For purposes of this section, ‘majority owned’ and ‘managed by’ include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.

### **2. Cost Sharing or Matching**

USAID has established a mandatory minimum recipient cost share of five percent (5%) of projected award amount. Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space or other facilities or equipment which may be used for the program, provided by the recipient.

For guidance on cost sharing in grants and cooperative agreements, see 2 CFR 200.306, the Standard Provisions and ADS 303.3.10.3.

**3. Other**

**Covered Telecommunication and Video Surveillance Equipment or Services**

In accordance with the cost principles in 2 CFR § 200.471, obligating or expending costs for covered telecommunications and video surveillance services or equipment or services as described in 2 CFR § 200.216 are unallowable. Recipients and subrecipients are prohibited from using award funds, including direct and indirect costs, cost share and program income, for such covered telecommunications and video surveillance services or equipment, except as otherwise authorized in the award.

Please see the Standard Provision entitled “Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (July 2022).

**[END OF SECTION C]**

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

### **1. Agency Point of Contact**

Edel Perez-Campos  
Agreement Officer  
USAID/Haiti

Port-au-Prince, Haiti

Email: [eperez@usaid.gov](mailto:eperez@usaid.gov)

Sandra Ricot  
A&A Specialist  
USAID/Haiti

Port-au-Prince, Haiti

Email: [sricot@usaid.gov](mailto:sricot@usaid.gov)

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

Questions regarding this NOFO should be submitted to the following email addresses: [sricot@usaid.gov](mailto:sricot@usaid.gov), [eperez@usaid.gov](mailto:eperez@usaid.gov); and [usaidhaitioaa@usaid.gov](mailto:usaidhaitioaa@usaid.gov) 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.

Email submissions for questions must include the NOFO number in the subject line heading.

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

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.

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

- Name of the organization(s) submitting the application;
- 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(s) and title(s) of person(s) who prepared the application, and corresponding signatures;
- Program name;
- Notice of Funding Opportunity number;

- 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).

Any erasures or other changes to the application must be initiated 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.

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, 12-point Times New Roman font, 1" 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 12-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.

#### **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.

Applications must be submitted by email to [sricot@usaid.gov](mailto:sricot@usaid.gov), [eperez@usaid.gov](mailto:eperez@usaid.gov); and [usaidhaitioaa@usaid.gov](mailto:usaidhaitioaa@usaid.gov). Email submissions must include the NOFO number and applicant's name in the subject line heading:

***“Technical Application under 72052122RFA00008, submitted by: [name of Applicant organization].”***

***“Cost Application under 72052122RFA00008, submitted by: [name of Applicant organization].”***

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".

USAID's preference is that the technical application and the cost application each be submitted as consolidated email attachments, e.g., that you consolidate the various parts of a technical application into a single document before sending it. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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 e-mail 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/HAITI/OAA cannot guarantee their acceptance by the internet server. File size must not exceed 25MB

## **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 contain the following elements, described in detail below:

- 5.1 Cover Page (not included in the 15-page limit)
- 5.2 Executive Summary (1 page, not included in the 15-page limit)
- 5.3 Implementation Plan and Sustainability Approach (maximum 8 pages)
- 5.4 Key Personnel (maximum 2 pages)
- 5.5 Management Plan (maximum 2 pages)
- 5.6 Institutional Capability/Past Performance (maximum 3 pages)
- 5.7 Annex (not included in the 15-page limit)
  1. Summary Staffing Plan and Organizational Chart (maximum 2 pages)
  2. Key Personnel Curricula Vitae (maximum 3 pages per person)
  3. Recommendation Letters
  4. Letters of Commitment
  5. Draft Year One Implementation Plan
  6. Draft Activity Monitoring, Evaluation, and Learning Plan (AMELP)
  7. Past Performance Reference Sheets
  8. Local Partner Sustainability Plan

The Technical Application, inclusive of the noted elements, should number a total of fifteen (15) pages.

### **5.1 Cover Page** (not included in the 15-page limit)

In one page, the Cover Page should include: a) Activity title; b) Request for Application (RFA) reference number; c) name of organization(s) applying for the agreement; d) any partnerships; and e) contact person, telephone number, fax number (if available), physical address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

### **5.2. Executive Summary** (1 page, not included in the 15-page limit)

The Executive Summary should address the requirements of the Activity Description including the objectives, interventions, indicators, expected results, and guiding principles. The applicant must provide a comprehensive yet concise summary of the proposed overall strategic and technical approach, including making sure to address the mandate for collaboration.

### **5.3 Implementation Plan and Sustainability Approach** (maximum 8 pages)

This section should address each of the following issues:

- **Technical Strategy.** Describe in detail the technical strategy and approach used to achieve the proposed objectives. Interventions should apply lessons learned from previous work. At a minimum, the applicant should describe approaches to improve outcomes among OVC, enabling children in Haiti to grow into healthy, educated, young adults, free from violence and the negative effects of HIV;
- **Activity description and timeline.** Describe the activities that will be undertaken to achieve the proposed objectives. Provide a general timeline of activities, including the implementation of an exit strategy and sustainability plan;

- **Expected impact.** Outline expected results and impacts and the mechanisms proposed to measure and monitor implementation progress, achievement and sustainability. This section must comprehensively address how the applicant will achieve the objectives outlined in the activity description over the term of the activity;
- **Describe a comprehensive local capacity building development strategy,** including the specialized expertise and targeted training the partner will utilize to support, guide, and direct local actors (as sub-awardees) and local systems in achieving and sustaining demonstrable results, and assess their readiness for a potential future direct award from USAID/Haiti.

#### **5.4 Key Personnel** (maximum 2 pages)

Key personnel are those individuals whose performance is critical to the success of the Activity. USAID/Haiti has determined the following five (5) positions to be key to the success of the activity:

- Chief of Party
- Deputy Chief of Party
- Senior Technical Advisor OVC/Early Infant Diagnosis (EID)/Adolescent Girls and Young Women (AGYW)
- Senior Technical Advisor Monitoring, Evaluation and Learning
- Director of Finance and Administration

The applicant should propose individuals whom they deem appropriate for the anticipated role of each position and have the sufficient managerial as well as technical capacity, expertise, experience and academic qualification to meet the minimum requirements of the positions and effectively manage and support the overall activity and its staff as defined below.

The applicant must provide a CV for each proposed key personnel to demonstrate how each individual is the best fit for the position. These CVs should not exceed three (3) pages each and should be included in an Annex. The applicant should also submit three (3) references, with complete contact information, for each proposed candidate, including the name of their most recent supervisor or with another relevant reference if the key personnel candidate is currently employed by an organization different from the applicant organization. USAID/Haiti reserves the right to carry out reference checks for all proposed key personnel before award, including other references not provided by the applicant. The list of references is NOT included in the three-page resume limit.

The applicant must also include a letter of commitment signed by each person proposed as key personnel confirming her/his present intention to serve in the stated position immediately upon award and his/her availability to serve for the term of the proposed award.

Given the complexity of this activity, USAID/Haiti expects the Activity to draw upon staff with significant local experience and who have the appropriate qualifications and experience to work

as a team to manage a complex activity, specifically the ability to deliver quality primary health care and strengthen the health system at all levels. The majority of the staff are expected to be local staff; as such, the Activity is expected to draw upon the significant local experience and those who deeply understand how to prioritize integrated delivery of essential health services to achieve universal health coverage, strengthen the capacity and resilience of the health system to respond to emergencies and disasters and achieve epidemic control of HIV/AIDS through accountability, transparency, participation, and inclusion.

The applicant's key personnel narrative statement should demonstrate its clear understanding of the connection between its proposed key personnel and the expected successes and outcomes for the activity, which includes confirming their intention to serve in the stated position immediately upon award and his/her availability to serve for the term of the award.

The staffing plan should also include:

- a summary organizational chart, which shows the totality of positions proposed for all components of the implementation plan, inter-staff relationships and lines of reporting.
- a narrative that helps explain the staffing plan and organization chart(s) and describes the advantages of the management approach, including communication strategies.

Key personnel positions and minimum qualifications are shown below. The CVs for all key personnel and any additional information for all other proposed personnel should be included in an Annex to the application.

***Chief of Party (COP)/Project Director:*** The Chief of Party (COP)/Project Director is expected to be responsible for the overall planning, implementation and management of the performance of the OVC project and to provide vision and strategic leadership as well as to establish the administrative and technical oversight framework to monitor and assure progress toward the achievement of the goals and objectives. The COP has the responsibility for coordination with USAID, and to ensure coordination among relevant USAID-funded projects and other relevant donor and non-governmental organization-sponsored activities. The COP provides guidance to senior technical staff, ensures the responsiveness and quality of all OVC project work, and leads efforts to collaborate and coordinate with the Government of Haiti. The COP is intended to be a seasoned health sector professional, thoroughly familiar with the current and historic health service delivery activities, and OVC implementation in Haiti. He/she will serve as the institutional liaison and will be responsible for the design of interventions to support the capacity development of local organizations and service providers targeted by this project.

The Chief of Party is expected to have the following qualifications, skills, and expertise:

- Medical Degree (M.D.) or Master's Degree in Public Health, or related field; at least ten (10) years of experience implementing and managing donor-funded projects in developing countries; PEPFAR or USAID experience is preferred. USAID will consider five years

OVC program management experience with an additional five years of relevant work or experience as meeting the 10 year experience requirement.

- At least eight years of experience in related pediatric HIV and/or community-based activities, and/or other relevant activities;
- Demonstrated experience in leadership roles, promoting strategic planning, and careful budget management;
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Creole is preferred.

***Deputy Chief of Party (DCOP):*** The Deputy Chief of Party (DCOP), directly assists the COP in technical leadership and activity design implementation, and management of the team in the absence of the COP. The DCOP shall have complementary technical skills and experience with the COP. The DCOP is responsible for various technical components of the program and makes operational decisions in the absence of COP. The DCOP ensures high-quality deliverables and participates in technical meetings, maintaining positive relationships with host government officials and other project stakeholders.

The Deputy Chief of Party is expected to have the following qualifications, skills, and expertise:

- Medical Degree or Master's degree in health management or relevant field with 6 years of experience or BA degree in related field with 10 years of health project management experience.
- Proven experience in the administration of similar-sized international donor support programs with skills in strategic planning, management, supervision, and budgeting.
- Proven ability to communicate with and lead multi-disciplinary teams.
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Kreyol is preferred.

***Senior Technical Advisor OVC/EID/AGYW:*** The Senior Technical Advisor, OVC/EID/AGYW recommended as local staff, is expected to be responsible for the internal team management as well as provide overall strategic leadership support to the COP.

The Senior Technical Advisor, OVC/EID/AGYW is expected to have the following qualifications, skills, and expertise:

- Master's Degree in Public Health, or related field;
- At least eight years of experience in OVC, EID, AGYW other/or relevant activities;
- At least five years of experience implementing and managing donor-funded projects in developing countries, PEPFAR or USAID experience is desired;
- At least five years of experience managing a fast-paced multi-disciplinary team to achieve development results;
- Demonstrated experience in leadership roles, promoting strategic planning, and careful budget management
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Creole is preferred.

**Senior Technical Advisor, MEL:** The Senior Technical Advisor, MEL plays an integral role in the continual monitoring and evaluation of activities. The Senior Technical Advisor, MEL will conduct periodic and routine activity performance monitoring and reviews to determine progress towards achievement of goals and to provide oversight to all surveys, studies and evaluations that may be carried out by the project.

The Senior Technical Advisor, MEL must have the following qualifications, skills, and expertise:

- Master's degree in Statistics, Biostatistics, Epidemiology, Public Health or related field;
- At least eight years of experience in monitoring and evaluation including the management and oversight of donor-funded project reporting in developing countries;
- Strong knowledge of software computer applications, such as SPSS, SAS, EpiInfo;
- Strong interpersonal, oral and written communication skills in French and English; working knowledge of Haitian Creole is preferred.

**Director of Finance and Administration :** The Director of Finance and Administration (DFA), recommended as local staff, manages the finance activities of the project and also supervises the procurement, finance, human resources, and administrative staff, and ensures that adequate and appropriate internal controls are in place in compliance with USAID policies and procedures to meet generally recognized accounting standards. The DFA manages all bookkeeping, bank accounts and cash flow, and manages project funds for appropriate execution of the project. The DFA also has the responsibility to track project expenses and to prepare monthly financial reports and annual budget projections. He/she manages the financial and administrative aspects of all sub-agreements under the project as well as managing all financial aspects of the project. The incumbent shall serve as the principal point of contact to USAID in these areas.

The Director of Finance and Administration is expected to have:

- a master's degree or higher, ideally in finance, business administration, procurement, or related area;
- experience in managing large grants with international health non-governmental organizations and/or private voluntary organizations, preferably in the Caribbean; at least two to three (2-3) years direct experience with staff and team management is required.
- understanding and experience with the U.S. Government acquisition and assistance instruments, policies and procedures and requirements;
- strong oral and written communication and presentations skills in French and English; working knowledge of Haitian Creole is highly desired.

## **5.5 Management Plan** (maximum 2 pages)

The applicant should propose a comprehensive management plan that demonstrates the applicant's ability to effectively launch, develop, manage, and transition results in the public sector, while also engaging private sector organizations. The applicant should describe how flexibility and adaptability are integrated in its management approach. The applicant should describe practical steps that would be taken to ensure the applicant makes a smooth transition from the current OVC project, *IMPACT Youth* and continues with significant and measurable progress towards its objectives on an accelerated schedule. The applicant should describe how it

will build close collaboration with all USAID, PEPFAR, and other donor-funded partners in its catchment area. The plan should detail how the applicant will work with national and local government officials, over the life of the award. The applicant will present its strategy to retain key personnel throughout the life of the Activity (especially the Chief of Party), as well as its contingency plan in the event any of the key personnel leaves the activity.

The applicant should articulate the roles and responsibilities of all key stakeholders, differentiating the applicant versus proposed sub-awardee(s), if any. If the applicant proposes sub-awardee(s), the applicant must briefly describe the method of identifying these sub-awardee(s), indicating whether or not they have pre-existing relationships and the nature of the relationship. If the proposed management plan includes partners, the applicant should demonstrate experience leading an effective consortium team. In the event of two (2) or more organizations applying together, USAID prefers a well-defined prime and sub-awardees relationship. Consortia without a clear hierarchy and delineation of authority among members are discouraged.

### **5.6 Institutional Capability/History of Performance (maximum 3 pages)**

The applicant will be subject to a past performance review for demonstrated successful past performance in previous and/or existing projects. Past performance information must be provided and should relate to the specific technical nature of the Activity and the operational context in Haiti. The applicant should include this past performance information within Past Performance Reference Sheets to be included in an Annex. The applicant must demonstrate experience and success in implementing comparable activities in terms of scope, magnitude, and complexity in Haiti. The applicant must describe lessons learned during these past experiences and how these lessons-learned informed their proposed technical approach. Additionally, if sub-awardee(s) are proposed, this same information must be provided related to their past experiences. The applicant should state if the sub-awardee(s) including locally established partners are eligible or have already qualified to receive and manage federal funding. The applicant is also strongly encouraged to provide examples of significant impact of the sub-awardee(s)' past projects.

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 five years or three awards, 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 five 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.

### **5.7 Annex** (not included in the 15-page limit)

In an Annex, the applicant is requested to include:

- Summary staffing plan and organizational chart (maximum 2 pages)
  - a summary staffing plan and summary organizational chart which, together, show the totality of positions proposed for all components of the implementation plan, inter-staff relationships, and lines of communications.
  - a narrative that explains the staffing plan and organization chart(s) and describes the advantages of the management approach.
- Key personnel CVs (maximum 3 pages per person)
  - References for each key personnel candidate
- Recommendation Letters
- Letters of Commitment
- Draft Year One Annual Work Plan
- Draft Activity Monitoring, Evaluation and Learning Plan (AMELP)
- Past Performance Reference Sheets [up to five (5) Past Performance Reference Sheets]
- Local Partner Sustainability Plan [up to five (5) pages in length] - see Section H for further information

## **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 illustrate the entire period of performance, using the budget format shown in the SF-424A.

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 200.206. Applicants should not submit any additional information with their initial application.

The Cost Application must contain the following sections (which are further elaborated below this listing with the letters for each requirement):

**a) Cover Page** (See Section D.3 above for requirements)

**b) 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 SF-424</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.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 SF-424A</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.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 SF-424B</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.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.

#### c) Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy with their application:

- (1) “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>
- (2) Assurances for Non-Construction Programs (SF-424B)
- (3) 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).

**Note:** Effective August 13, 2020, recipients and subrecipients are prohibited from procuring covered telecommunication equipment or services for the implementation of their program using award funds including **direct and indirect costs, cost share and program income**.

Additional information regarding this regulation and the prohibited companies can be found in ADS 303.3.35.2 “Covered Telecommunication and Video Surveillance Equipment or Services.”

#### d) Budget and Budget Narrative

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 make award, and may result in a rejection of the cost application. The Budget Narrative must

contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 1 for Summary Budget Template
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency 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.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budget must contain the following budget categories and information, at a minimum:

- 1) Salaries and Allowances – 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. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. 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.
- 2) Fringe Benefits – (if applicable) 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 comprised 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.
- 3) 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.

- 4) Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property – 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.
- 5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200 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.
- 6) Construction – If applicable
- 7) Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. 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. Otherwise, the narrative should be minimal.
- 8) 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. 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:

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 does not have a current 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 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 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.

9) **Cost Sharing** – The applicant should estimate the amount of cost-sharing resources to be provided over the life of the agreement and specify the sources of such resources, and the basis of calculation in the budget narrative. Applicants should also provide a breakdown of the cost share (financial and in-kind contributions) of all organizations involved in implementing the resulting award.

**e) 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. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

## **f) Approval of Subawards**

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

- Name of organization
- **Unique Entity Identifier (UEI)**
- 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 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

## **f) Unique Entity Identification and SAM Requirements**

On April 4, 2022, the federal government stopped using the DUNS Number to uniquely identify entities. Now, entities doing business with the federal government use the Unique Entity ID created in SAM.gov. The Unique Entity ID is a 12-character alphanumeric identifier used in SAM.gov and other federal government systems as a way to identify a unique entity.

USAID may not award to an applicant unless the applicant has complied with all applicable Unique Entity Identifier 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 Unique Entity Identifier (UEI) 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)).
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.

UEI/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.

**g) 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 five (5) years or three (3) awards, 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 five (5) 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.

**h) Branding Strategy & 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.

**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 brandmark, 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 RFA or 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 RFA 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

(END OF PRE-AWARD TERM)

### **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 RFA 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, Websites/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;

(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 seen as 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.

(END OF PRE-AWARD TERM)

**i) Funding Restrictions**

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

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.

Effective August 13, 2020, recipients as well as their sub-recipients (if applicable) must comply with Section 889 of the National Defense Authorization Act (NDAA) regarding Covered Telecommunication equipment or services. Additional information regarding this regulation can be found in ADS 303.3.35.2 “Covered Telecommunication and Video Surveillance Equipment or Services”.

**j) Conscience Clause**

**CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION.**

(a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

1) Shall not be required, as a condition of receiving such assistance—

(i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or

(ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus

omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PRE-AWARD TERM)

**k) 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 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.

(END OF PRE-AWARD TERM)

**l) Additional Information**

Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.
2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental.

3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and,
5. Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).

**[END OF SECTION D]**

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

### **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.

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the criteria described in this section.

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

#### **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.

**All of the evaluation criteria are of equal importance.**

#### **1. Evaluation Criteria**

##### **1.1 Technical Strategy:**

The extent to which the applicant proposes a credible and feasible technical strategy that will improve outcomes among OVC, enable vulnerable children to grow into healthy, educated, young adults free from violence and negative effects of HIV, while aligning with the Development Objectives in the USAID/Haiti's Strategic Framework 2020-2022<sup>11</sup> approved on December 23, 2020 and the Agency's commitment to advancing localization efforts<sup>12</sup>.

##### **1.2 Implementation Plan and Sustainability Approach:**

The extent to which the Applicant describes a credible and feasible approach to implementation, including strategy, activity description, and timeline; coverage, social, cultural, demographic issues, and impact.

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<sup>11</sup> <https://www.usaid.gov/documents/strategic-framework-haiti>

<sup>12</sup> USAID's Commitment to Advancing Localization,  
<https://www.workwithusaid.org/blog/usaid-s-commitment-to-advancing-localization>

The extent to which the Applicant proposes a credible approach to innovation and resilience and the key challenges identified including effectiveness in a do-no-harm context in light of social and political sensitivities.

The Applicant's ability to establish sustainable partnerships with a focus on how these strategic partnerships will ensure systematic coordination with local partners to maximize contributions to achieving and sustaining development outcomes.

### **1.3 Management Plan/Institutional Capabilities and History of Past Performance:**

The extent to which the proposed management plan demonstrates feasible solutions (eg. innovation, feasibility, and soundness) that will prevent new cases of pediatric HIV, prevent the transmission of Mother to Child HIV, facilitate access to critical social services for OVC, increase the capacity of families and communities to care for OVC, and increase HIV risk prevention in adolescent girls and young women.

USAID will also assess the Applicant's history of past performance through the reference sheets included in the Notice of Funding Opportunity.

### **1.4 Local Partner Sustainability Plan:**

The Local Partner Sustainability Plan will be evaluated on the extent to which the applicant describes a feasible sustainability plan that includes building the skills of local stakeholders whose involvement will be critical for maintaining development gains after the project ends, ownership of the proposed interventions, and how capacities will be created and motivations strengthened to enable the ongoing self-sustaining delivery of results.

It is expected that the applicant will develop a comprehensive capacity building strategy, including the specialized expertise and targeted training to support, guide, and direct other local partner(s) to effectively, efficiently and sustainably manage activities in accordance with USAID standards.

### **b) Business Review**

The Agency 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.

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 200.206). 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 200.208).

**[END OF SECTION E]**

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

### **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 anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

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.

### **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 1, for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

### **3. Reporting Requirements**

#### **3.1 Financial Reporting:**

- The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (<http://www.dpm.psc>). The recipient must submit a copy of the FFR at the same time to the Agreement Officer, the Agreement Officer's Representative (AOR) and USAID's Financial Management Office.
- The recipient must submit the original and two copies of all final financial reports to USAID/Washington, M/CFO/CMP-LOC Unit, the Agreement Officer, and the AOR. The recipient must submit an electronic version of the final Federal Financial Form (SF-425) to U.S. Department of Health and Human Services in accordance with paragraph (a)

above.

- On a quarterly basis, the AOR may require additional information related to financial accruals and pipeline of funds. This information will help to ensure that the activity has adequate pipeline to conduct its programs. These reports/forms will be submitted when requested within 30 calendar days from the end of each quarter. In addition to this, Awardee will submit accruals reports to the AOR 15 days before the end of each quarter; and must contain at a minimum the following information:
  - Total funds obligated to date by USAID into the award
  - Total funds expended to date, including a breakdown of the budget categories with additional detail to be provided upon request by the COR.
  - Pipeline (obligated funds minus expended funds)
  - Funds and time remaining in the award

### **3.2 Performance Reporting**

**Annual Implementation Plan:** The Recipient must include a draft first year implementation plan (presented as a table, not to exceed 5 pages), which displays expected activities per month to achieve the annual performance targets, as specified in the MEL plan (below). The implementation plan will describe activities to be conducted at a greater level of detail than in the activity description and should cross-reference the applicable sections in the activity description.

The Recipient must submit a final annual implementation plan within thirty (30) days of the award date. The applicant is encouraged to work with other donors and implementing partners, including local non-governmental organizations, faith-based organizations, the private sector, and civil society as well as the DREAMS program to inform this. Co-creation is expected to feature prominently post-award, bringing together the private sector, local organizations, and individuals to find solutions to OVC challenges and foster local ownership once the award has been made. The annual work planning process will specifically provide an opportunity to foster input and collaboration during activity implementation.

The Recipient will work with the AOR throughout the annual implementation plan development process to ensure the annual implementation plan appropriately reflects activity objectives and the activity description. The annual implementation plan must detail the work to be accomplished during the upcoming year. The annual implementation plans for subsequent years are due to the AOR forty-five (45) days before the end of the preceding award year. The annual implementation plans should include all sections described in the initial implementation plan.

In addition, the subsequent annual implementation plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and any problems that

existed and how they were resolved. These subsequent annual plans should propose activity adjustments to reflect any lessons learned. As with the initial implementation plan, the AOR will review the plan and provide comments and recommendations to be incorporated into the final version submitted to the AOR for approval. In addition, all substantial changes in the annual implementation plan require prior written approval of the AOR.

**Activity Monitoring, Evaluation, and Learning Plan:** The applicant must develop a comprehensive activity monitoring, evaluation, and learning plan (AMELP) that outlines how the activity will track progress and performance, identify learning opportunities, and effectively adapt programming to anticipate and respond to challenges and opportunities as they arise. The AMELP must also demonstrate how the Activity will routinely assess the quality of data; the status of activities; whether these activities are resulting in their intended outcomes; if those outcomes are leading to the desired objectives; whether critical assumptions remain valid; and whether course corrections should be made. In addition, the AMELP should be consistent with the Mission's Performance Management Plan (PMP) and meet the Mission's needs for monitoring, evaluation, learning, collaboration, and adaptive management, including meeting external reporting requirements, such as the Mission's annual Performance Plan and Report (PPR).

The AMELP must be updated regularly, prioritize gender equality and youth inclusion, and include a data management plan which describes how performance data will be collected, stored, protected, analyzed, disseminated, and reported. The plan must furthermore describe the staffing structure of roles and responsibilities for all proposed monitoring, evaluation and learning (MEL) tasks. Performance monitoring based on USAID best practices, including a balanced set of outcomes and output indicators, will be required for this Activity. Proposed indicators must meet Agency and Mission Sustainable Landscapes, Climate Change Adaptation, and Resilience reporting requirements<sup>13</sup>.

Finally, the Recipient must take into consideration the need for continued monitoring and evaluation of activities during the COVID-19 pandemic, security issues, natural disasters, and other shocks or stressors. Therefore, the Recipient must indicate the monitoring approaches it plans to utilize for safe execution of the AMELP and potential contingency plans for data collection in the face of shocks/stresses. The plan must explain how certain indicators will be analyzed, including any specific software that may be necessary for analysis. This is also an opportunity for the applicant to ensure a consistent data analysis approach among multiple partners. In addition, the AMELP must describe the Activity's procedures for collecting feedback from beneficiaries; responding to feedback from beneficiaries; and reporting to USAID on beneficiary feedback.

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<sup>13</sup> USAID/Haiti is currently planning a large resilience focus zone baseline survey that will provide baseline data relevant to this Activity.

Given the uniquely challenging operating environment, the monitoring approach must include both performance and context monitoring. Partners are responsible for collecting baseline data for their performance indicators, when applicable and needed.

Performance monitoring refers to monitoring the quantity, quality, and timeliness of activity outputs within the control of the implementer, as well as the monitoring of activity outcomes that are expected to result from the combination of these outputs. Performance monitoring includes operational monitoring such as checking back later to see if completed activities still function. For example, if a soil conservation method was applied, does it continue to conserve soil two years after the intervention? Or, if an individual is trained, does he or she apply the training properly, or if a livelihood activity is supported, how much income does the activity contribute to a household?

Context monitoring is the monitoring of local conditions that may directly affect implementation and performance (such as non-USAID projects operating within the same sector or area as USAID projects). Context monitoring also monitors external factors that may directly or indirectly affect implementation and performance (such as macro-economic, social, or political conditions). Context monitoring should be used to monitor assumptions and risks identified that could affect the achievement of the activity's outcomes. In order to have a sound monitoring system, the Recipient will propose indicators, determine ways to set baselines, realistic targets (only for performance indicators), and effective procedures for internal data quality control. Final targets will be established in collaboration with USAID at the onset of the Activity and will be based on PEPFAR OVC targets for Haiti.

In addition to the standard required indicators for USAID sustainable landscapes funding and GIS data, a robust Learning Agenda<sup>14</sup> must also be included in the AMELP. The Learning Agenda will detail the learning priority areas (or key learning questions) that will inform the entire MEL approach, including indicator and non-indicator monitoring (performance and context) and evaluation planning. A USAID-funded performance evaluation will be required for this Activity. The AMELP will need to include a description of how the Recipient will work with USAID to prepare for, coordinate, and learn from the planned external evaluation.

The AMELP must consider indicator disaggregation by geographic location when feasible and useful for management purposes. When geographically disaggregated indicators are included, the MEL Plan must indicate the level of geographic detail at which the indicator data will be collected. It is recommended to collect performance data at the sub-national level (Commune, Section Communale)

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<sup>14</sup> [Learning Agenda](#)

Additionally, the Recipient must collect and submit Activity Location Data according to the following requirements and the geographic data collection and submission standards outlined in below:

- At a minimum, the location(s) where the Activity is implemented must be collected at the Populated Place (i.e., city or town latitude/longitude); Exact Site Location (e.g., facility latitude/longitude); and/or Exact Line or Area Feature (e.g., an area of land or a segment of roadway level).
- At a minimum, the location of the Activity’s intended beneficiaries must be collected at the sub-watershed and commune levels unless the Location of Intended Beneficiaries is considered nationwide, in which case it will be collected at the country level.

The AMELP should also apply USAID’s Collaboration, Learning, and Adapting (CLA) principles (see ADS 201.3.4.10)<sup>15</sup> to effectively collaborate with other implementing partners and integrate real time monitoring and learning back into the project strategy and program implementation. This approach must ensure that knowledge is shared not only with USAID, but also with the broader set of stakeholders, including communities, watershed groups, local government, and other donors. Within the AMELP, the applicant must demonstrate how CLA practices will be incorporated into the design of the proposed intervention as well as in implementation and show how the theory of change of the proposed solution aligns with the USAID/Haiti 2020-2022 Strategic Framework. The applicant must demonstrate how it plans to ensure that the implementing team, systems, and processes are well-developed for advancing an adaptive approach, ensuring that the learning that emerges can be translated to an adjusted activity implementation approach in collaboration with partners and USAID. The applicant will need to consider what types of regular or targeted, short, focused studies and methods will facilitate rapid activity feedback and serve as compelling evidence for developing and making in-course corrections throughout the life of the Activity.

**Data Reporting:** The applicant will have to report technical data into the OVC database developed for USAID and the Ministry of Health.

**Quarterly Performance Report:** Within thirty (30) days after the end of each quarter, the Recipient must submit one (1) original and one (1) copy of a performance report to the AOR. The performance reports are required to be submitted quarterly and must contain the following:

- quantitative and qualitative analysis of progress against objectives, results, and targets;
- summary of key activities planned for the next quarter;
- discussion of lessons learned, good practices, and success stories;
- description of progress towards local capacity building goals, description of activities,

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<sup>15</sup> [Understanding CLA | USAID Learning Lab](#)

successes, and challenges;

- Environmental Mitigation and Monitoring Report (EMMR) on the status of the environmental management conditions established in the Initial Environmental Examination (IEE) and the Environmental Mitigation and Monitoring Plan and/or Environmental Assessment (EA) and Climate Risk Management analysis documentation (presented in a table organized per department per service delivery point) to be included in the quarterly report;
- quarterly meetings with the Agreement Officer's Representative (AOR) and the Mission Environmental Officer (MEO)/Deputy Mission Environmental Officer (DMEO) to discuss the compliance status of the project activities;
- challenges outside the scope of the activity description that affect implementation;
- summary table of indicators, targets, and results to date; and
- financials for the quarter and projections for the next two (2) quarters.

Furthermore, notification must be given in the case of problems, delays, or adverse conditions, which materially impair the ability to meet the objectives of the award. These notifications must include a statement of the action taken and any assistance needed to resolve the situation. Following receipt of the report, a "quarterly review" meeting with the AOR and other relevant Mission staff will be held to discuss results, challenges, and the way forward.

**Annual Reports:** Within ninety (90) days after the close of each award year, in accordance with 2 CFR 200.328(b), the Recipient must submit to the AOR an annual report, inclusive of the final quarter report, which reflects the progress of the activities over the last year against the work plan/performance targets. The report should indicate the outputs and impact the activity is having on the target beneficiaries. Annual and cumulative to date data should be included. Anecdotal stories and case studies, pictures and any other information that gives insight into the success of the activity should be included.

**Final Report:** The final performance report is due ninety (90) days after the expiration or termination of the award in accordance with 2 CFR 200.328(b). The final report shall include an executive summary of the applicant's accomplishments in achieving results and conclusions about areas in need of future assistance; an overall description of the Recipient's activities and attainment of results by country or region, as appropriate during the life of the cooperative agreement; an assessment of the progress made toward accomplishing the objective and expected results significance of these activities; important research findings, comments and recommendations, and a fiscal report that describes how the applicant's funds were used. The report should also indicate the contextual opportunities remaining that could easily be harnessed to sustain the results of the activity.

**Closeout Plan:** Ninety (90) days prior to the end of the Agreement, the Recipient shall submit a closeout plan to the AOR and the Acquisition and Assistance Office. The closeout plan shall include: brief program summary; brief program timeline; financial status report ; final Financial

Status Report timeline; latest NICRA or indirect cost rates; anticipated balance of federal funds after expiration of the instrument; final inventory of residual non- expendable property, which was acquired or furnished under the instrument; program and activity end date; recipient responsibilities during phase out; Subawardees and/or partnership phase out; status of all program audit reports per the instrument’s provisions; final audit report timeline; final report timeline; personnel phase-out timeline; personnel phase-out plan; and job descriptions for personnel anticipated to serve during the closeout phase.

**Reports Table**

All reports must be submitted to the AO and/or the AOR by the due dates specified above and below.

<b>Reports</b>	<b>Due Date</b>	<b>Due to</b>
<b>Annual Implementation Plan</b>	First year: within thirty (30) days of the award date.  Subsequent year: September 30 <sup>th</sup> .	AOR
<b>Activity Monitoring, Evaluation and Learning Plan (AMELP)</b>	Within ninety (90) days of the award.  Updated annually and submitted to USAID for approval thirty (30) days prior to the beginning of each fiscal year	AOR
<b>Quarterly Performance Report</b>	Within thirty (30) days after the end of each quarter	AOR
<b>Annual Report</b>	Within sixty (60) days after	AOR

	the close of each award year	
<b>Final Report</b>	Due ninety (90) days after the expiration or termination of the award	AOR
<b>Closeout Plan</b>	Due Ninety (90) days prior to the end of the Agreement	AOR and AO
<b>Branding &amp; Marking Plan</b>	Within 30 days of the award	AOR and AO
<b>Development Experience Clearinghouse Requirements</b>	Quarterly, annual, and final performance reports	AOR for clearance prior to submission to USAID’S Development Experience Clearinghouse
<b>Gender Framework</b>	Within 90 calendar days of the award	AOR
<b>Security and Contingency Plan</b>	Within 30 days of the award and updated as applicable.	AOR and AO

**4. Other Requirements**

**4.1 Branding & Marking Plan:** The apparently successful applicant will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer within 30 days of the award. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: <http://www.usaid.gov/policy/ads/300/>.

**4.2 Development Experience Clearinghouse Requirements:** Per ADS 540, “USAID maintains

the DEC as its primary institutional memory resource. It provides Agency staff and development partners with accurate, comprehensive, and timely information on the Agency's development experience.”

The Recipient must submit quarterly, annual, and final performance reports to the AOR for clearance prior to timely submission to USAID’S Development Experience Clearinghouse in accordance with ADS 540 requirements at the DEC website <https://dec.usaid.gov/dec/home/Default.aspx> . The applicant must upload the quarterly performance reports, annual reports and the final report to the USAID’s DEC within 10 business days after receiving AOR clearance by email, and then notify the AOR by email when the upload has been completed.

#### **4.3 Gender Equality and Women’s Empowerment:**

The Award Recipient must submit a Gender Framework within 90 calendar days of the award of the Sustaining Impact for Youth cooperative agreement. The exact format and content of the Gender Framework will be determined in collaboration with the AOR. This framework will be used in country-level technical assistance assignments under the project to assess the role that gender plays in participation in the health system at all levels, and how the health system affects men and women differently. This will help to ensure that gender considerations are addressed in project activities. Person-level data used for project activity monitoring or for health system measurement will be gender-disaggregated where practicable.

**4.4 Foreign Tax Reports:** Foreign Tax Reports: Standard report will be issued for each Fiscal Year and delivered prior to April 16th of each year.

**[END OF SECTION F]**

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

**1. NOFO Points of Contact**

The Point of Contact for questions is Sandra Ricot. Questions should be submitted via email to [srcot@usaid.gov](mailto:srcot@usaid.gov), with a copy to Edel Perez at [eperez@usaid.gov](mailto:eperez@usaid.gov) by the deadline listed on the cover page of this NOFO.

**2. Acquisition and Assistance Ombudsman**

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: <https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman>

[The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov](mailto:Ombudsman@usaid.gov)

**[END OF SECTION G]**

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## SECTION H: OTHER INFORMATION

### 1. Local Partner Sustainability

The Activity will align with USAID/Haiti's focus on increasing local partnership and participation and making development more inclusive of marginalized groups. In accordance with the new Agency-wide policy on local capacity development<sup>16</sup>, the applicant will develop a Local Partner Sustainability Plan to be included in the application. This plan will make strategic and intentional decisions about why and how to invest in the capacity of local actors, based on a shared understanding of the principles for effective local capacity development that contribute to achieving and sustaining development outcomes.

During the life of the project, the prime will build the capacity of local partners to meet the requirements to become future USAID direct awardees or provide them with the support they need to implement USAID programs. The prime will play a support role to build the capacity of local partners. The Local Partner Sustainability Plan should reflect the Agency's shift from "viewing successful local capacity building as an organization's ability to receive and manage federal funding directly to measuring success by the strengthened performance of local actors and local systems in achieving and sustaining demonstrable results."

The applicant should include the Local Partner Sustainability Plan guided by the seven core principles in the local capacity development policy for review and approval by the USAID/Haiti AOR. The plan should be no more than five (5) pages in length and included in an Annex. The Plan should reflect the Agency's shift from "*viewing successful local capacity building as an organization's ability to receive and manage federal funding directly to measuring success by the strengthened performance of local actors and local systems in achieving and sustaining demonstrable results.*"<sup>17</sup>

Each quarter the Activity will report on local partner sustainability activities as described above in the M&E section. In addition, in each annual report, the prime partner will prepare a summary report of the Local Partner Sustainability Plan to summarize the implemented capacity building activities, the performance of local partners (as sub-awardees or prime), and local systems in achieving and sustaining demonstrable results.

### 2. Resilience, Flexibility and Sustainability

The new Activity will consider resilience, which USAID defines as the "ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks

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<sup>16</sup> [Local Capacity Development Policy](#)

<sup>17</sup> [Acquisition And Assistance Strategy](#)

and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth,” in the development of its approaches. The applicant should consider the resilience of Haitian communities in terms of contingency plans, management structures, and resource distribution to mitigate risks for those most vulnerable to catastrophic health expenditures.

The development, political, and physical climates will likely change throughout the life of this project. For example, national elections and any resulting changes may take place in Haiti during the implementation term of the Activity and could lead to disruptions in daily lives due to violence, as well as to changes in counterparts and priorities. The applicant will require the ability to adapt to known and unexpected changes.

It is essential that the interventions of this Activity are sustained, and that the systemic changes in Haitian institutions are sustainable and will continue to improve beyond the life of the project. Activity interventions should respond to Haitian-defined wants and needs and be socially acceptable to Haitian people. The Activity should focus both on treating individuals while strengthening the systems.

There are some forces that could inhibit sustainable change with respect to continued implementation. Instability in the health sector limits governance potential, as does decayed social institutions, and lack of resources. These conditions then further hamper health workers in delivering the appropriate health services, and in collecting the data around that service delivery. Clear and consistent commitment from varying stakeholders will help the Activity to overcome challenges and will be a strong and mitigating effect against the potential undermining of any such challenges to the activity. It is expected that the Activity will work collaboratively with other smaller local actors and non-governmental organizations to implement the goals and objectives that will strengthen resilience to shocks and stresses, ultimately supporting Haitians to prevent, mitigate, and recover from crises.

### **3. Shock-Responsive Programming and Adaptive Mechanisms**

USAID recognizes that some of the interventions under this Activity will be implemented in zones of recurrent crises. This necessitates a shock-responsive approach to programming to help beneficiaries absorb, adapt to, and recover from shocks, thereby reducing losses, preventing a downward spiral of divestment leading to destitution, and protecting the hard-won potential development gains of the activities.

The applicant should consider building in programmatic and operational flexibility into their activities to allow quick response to unanticipated challenges which consistently occur in Haiti. The applicant is advised to refer to USAID’s Shock Responsive Programming Guidance<sup>18</sup>. An

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<sup>18</sup> [\*Shock Responsive Programming and Adaptive Mechanisms\*](#)

adaptive shock responsive approach will allow for agile approaches for responding to situations that can occur in Haiti during project implementation and to allow for adjustments depending on the impact from the shock.

USAID recognizes as well that there may be occurrences where the security situation arising nationwide will be volatile and involve road barricades, burning tires, stone throwing, looting, etc. The applicant should strongly consider having a security plan with contingencies in place for such relevant incidents.

It is critical that the applicant establish systems and processes to assess, understand, anticipate, and adapt to similar challenges for successful implementation of the Activity.

#### **4. Gender, Adolescents, And Youth**

Gender issues are central to achieving equitable, sustainable health outcomes. USAID strives to promote gender equality, in which both women and men have equal opportunity to benefit from and contribute to economic, social, cultural, and political development; enjoy socially valued resources and rewards; and realize their human rights.

The Activity must therefore account for gender differentiated rights, roles, and responsibilities in developing strategies and interventions, while also supporting positive gender roles for women, especially young women, and men within communities. Adult and young women need support to enhance their roles in decision-making and control over resources and services. Adult men and young men, especially, need assistance to redefine masculinity as being supportive and discouraging of risk behaviors. The applicant must therefore develop gender transformative approaches that will shift how men and women interact with each other and the health system.

The Activity must also demonstrate gender equity considerations in all program interventions, including monitoring and evaluation, using disaggregated information by gender and age, and considering the differing impacts on women, youth, children, and vulnerable groups.

Adolescents are unique clients of health care due to their rapid and varied physical, emotional, and psychological changes, and the number of social determinants and ecological factors at play in their lives, health seeking behaviors, and risk factors. Adolescents represent the majority of the population in Haiti and are an underserved population. The applicant must take into account the many needs of young people rooted in the U.N Convention on the Rights of the Child, while also aligning with the *MSP/DSF/SJA Plan Stratégique National Santé Jeunes et Adolescents (2014-2017)*. The applicant will plan to meaningfully engage the adolescents in program implementation.

Establishing an understanding of equitable gender roles and conveying the negative impacts of gender-based violence (GBV), which is extremely high, should begin with very young adolescents (VYA) from 10 to 14 years of age. This is the optimal time frame to initiate discussion on inequitable gender norms that perpetuate disparities and even unhealthy behaviors such as non-consensual sex, coercion, or transactional sex. The Violence Against Children Survey (VACS) published in 2012 is a useful reference.

This intervention package must include use of a multi-sectoral and gendered approach, where multi-dimensional barriers can be addressed to confront girls' and young women's disempowerment and the complex factors that lead to poor health. The applicant must include gender and youth considerations, including VYA considerations, into all Activity components to help reduce gender and age disparities in OVC activities. The applicant must achieve measurable gains in gender- and youth-related norms and barriers across the priority health areas. The integration of gender and youth into all activities is critical to the success of USAID/Haiti's investment in OVC activities.

The applicant must adhere to USAID's gender policy, which requires that all policies, programs, implementation and monitoring plans, and budgets be gender sensitive in pursuit of sustainable economic growth, job creation, household security, and poverty reduction.

Based on the findings of the [USAID/Haiti Strategic Framework Gender Analysis](#), the applicant must include gender norms and primary prevention of GBV as key focus areas. Additionally, the applicant is responsible for complying with USAID's 2020 policy on [Gender Equality and Women's Empowerment](#).

Because the activities to be funded under this Activity involve direct contact with children and therefore could raise the potential of child abuse, the Activity must conduct a comprehensive assessment of potential risks and must develop and implement appropriate measures to prevent, mitigate, and respond to child abuse by Activity personnel. A description of these measures should be submitted with the first annual implementation plan for approval by USAID/Haiti.

#### **4. Other**

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.”

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**ANNEX 1 - 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:

**Please note that the resulting award will include all standard provisions (both mandatory and required as applicable) in full text.**

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

Required	Not Required	TBD	Standard Provision
		√	RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		√	RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		√	RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		√	RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
		√	RAA5. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
√			RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	√		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	√		RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
	√		RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
√			RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
√			RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
	√		RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
√			RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
√			RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
√			RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
√			RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
√			RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
√			RAA18. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
	√		RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)

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√			RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	√		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	√		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
√			RAA23. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
√			RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
	√		RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)
	√		RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
√			RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
√			RAA28. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
			RAA29. RESERVED
	√		RAA30. PROGRAM INCOME (AUGUST 2020)
√			RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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

Required	Not Required	TBD	Standard Provision
		√	RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		√	RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
		√	RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		√	RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		√	RAA5. INDIRECT COST – DE MINIMIS RATE (NOVEMBER 2020)
√			RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
√		√	RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
		√	RAA8. SUBAWARDS (DECEMBER 2014)
		√	RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
√			RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
√			RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	√		RAA12. PATENT RIGHTS (JUNE 2012)
		√	RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)

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		√	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
√			RAA15. COST SHARE (JUNE 2012)
	√		RAA16. PROGRAM INCOME (AUGUST 2020)
√			RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	√		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	√		RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	√		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	√		RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	√		RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
√			RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
√			RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
√			RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
√			RAA256 PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
		√	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
√			RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
√			RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
√			RAA30. RESERVED
√			RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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**ANNEX 2 - SUMMARY BUDGET TEMPLATE**

The template below illustrates the summary budget sample.

<b>Cost Category</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Construction					
Program Activities					
Other Direct Costs					
Total Direct Charges					
Indirect Charges					
<b>TOTALS</b>					

Please refer to Attachment # 1 for detailed budget template.

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**ANNEX 3- PAST PERFORMANCE INFORMATION (PPI)**

**Past Performance Information (PPI)**

*(To be completed by the applicant)*

1. Award Number:
2. Contractor/Recipient (Name and Address):
3. Type of Award:
4. Complexity of Work: Difficult _____ Routine _____
5. Description, location, and relevancy of work:
6. Dollar Value of Work: _____ Status: Active _____ Completed _____
7. Date of Award: _____ Award Completion Date (including extensions): _____
8. Type and Extent of Subawards:
9. Name, Address, Telephone Number, and E-mail Address of the Awarding Contracting/Agreement Officer and/or the Contracting/Agreement Officer 's Representative (and other references as applicable):

**ANNEX 4 - ABBREVIATIONS AND ACRONYMS**

Insert a list of any abbreviations and acronyms used in the application.

**[END OF SECTION H]**

**[END OF NOFO # 72052122RFA00008]**