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SOUTHERN AFRICA

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SUBJECT: Notice of Funding Opportunity Number:
72067423RFA00002

ACTIVITY TITLE: Achieving and Sustaining HIV/TB Epidemic Control
in the Eastern Cape Province – Integrated Service
Delivery Response

Dear Prospective Applicants:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified local organizations to implement a program titled **“Achieving and Sustaining HIV/TB Epidemic Control in the Eastern Cape Province – Integrated Service Delivery Response.”** Eligibility for this Notice of Funding Opportunity (NOFO) is limited to local entities (see Section C of this NOFO for eligibility requirements of local entity). USAID encourages applications from potential new local partners. The Activity will be implemented in the Eastern Cape Province of South Africa.

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

To be eligible for an award, the Applicant must provide all information as required in this NOFO and meet all eligibility requirements in Section C of this NOFO. This funding opportunity is posted on www.grants.gov. Interested Applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will

need to have available or download Adobe programs to their computers in order to view and save the Adobe forms properly. It is the responsibility of the Applicants to ensure that they have the NOFO in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have any difficulties registering on 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 for technical assistance.

USAID may not award to an Applicant unless the Applicant has complied with all applicable Unique Entity Identifier (UEI) and Systems for Award Managements (SAM) requirements detailed in Section D.8. The registration process may take several weeks or even months to complete. Therefore, Applicants are encouraged to begin registration early in the process using the guide on the following link: <https://www.usaid.gov/work-usaid/get-grant-or-contract/trainings-how-work-usaid/how-work-usaid-registering-to-work-usaid>.

Any questions concerning this NOFO must be submitted electronically in writing to pretoriaapplications@usaid.gov and ihuhn@usaid.gov with a copy to kwest@usaid.gov by no later than the date and time specified above.

Issuance of this NOFO does not constitute an award commitment on the part of the US Government (USG), nor does it commit the USG 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,

Kerry West
Agreement Officer
USAID/Southern Africa

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SECTION A: PROGRAM DESCRIPTION

Achieving and Sustaining HIV/TB Epidemic Control in the Eastern Cape Province - Integrated Service Delivery Response

SUMMARY

South Africa is an upper-middle income country, with many cultures, languages, ethnic groups, and religions. In 2021, the population was estimated at 59.6 million, of which approximately 51% (30 million) were female.¹ South Africa has the largest HIV epidemic in the world, with an estimated nearly 8 million people living with HIV (PLHIV),² accounting for 21% of PLHIV globally.³ Adult (15-49) HIV prevalence is 18.9%; among women aged 15-49, it is 25.0%.⁴ While incidence is declining each year, the HIV burden in South Africa continues to grow. Nationally, there are approximately 198,311 new HIV infections estimated to occur between mid-2021 to mid-2022 with women over 15 accounting for 62.7% of all new HIV infections.⁵

Approximately 8⁶ percent of PLHIV in South Africa live in Eastern Cape Province, a mostly rural region with large distances between settlements, dwellings and health facilities. The population is widely impoverished, and the Eastern Cape Province is resource constrained. HIV and tuberculosis (TB) are the leading causes of death in Eastern Cape Province;⁷ of those people living with HIV, 92% know their status, of those who know their status, 71% are on antiretroviral therapy (ART) and of those on ART, 89% are virally suppressed (92-71-89 performance against the UNAIDS 95-95-95 targets).⁸ Performance varies by age and sex, with adult (15+) females at 93-73-90, adult (15+) males at 91-66-89, and **children (<15) at 82-75-62**.⁹ These figures mirror national trends (refer to “*A: South Africa National Current Statistics and Epidemiology*”) that indicate initiation and retention on HIV treatment remain the biggest barriers to controlling the HIV epidemic by 2030, as per the United Nations Sustainable Development Goal 3, *Good Health and Well Being*. HIV/TB co-infection prevalence varies across districts within the Eastern Cape and overall is

¹ Statistics South Africa (StatsSA). 2021. Mid-year population estimates, 2020 Statistical Release P0302. Statistics South Africa: Pretoria. Accessed Jan 20, 2021 at <http://www.statssa.gov.za/publications/P0302/P03022020.pdf>

² Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

³ https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

⁴ Ibid.

⁵ Thembisa 4.5 2021 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

⁶ Thembisa 4.5-calibrated Naomi September 2021 model for district-level cascades as described in: Eaton J, et al. 2021. Naomi: a new modeling tool for estimating HIV epidemic indicators at the district level in sub-Saharan Africa. *Journal of the International AIDS Society* 2021, 24(S5):e25788.

⁷ [Eastern Cape Annual Performance Plan](#)

⁸ Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468

⁹ Ibid.

greater than the national prevalence.¹⁰ In 2018, co-infection prevalence was 299 per 100,000 people in the province compared to the national prevalence of 217 per 100,000.¹¹

The goal of USAID’s “*Achieving and Sustaining HIV Epidemic Control in the Eastern Cape Province - Integrated Service Delivery Response*” (hereinafter referred to as the Activity) is to support long, healthy lives for the population of the Eastern Cape Province by achieving and sustaining HIV/TB epidemic control. USAID aims to reach this goal by achieving the following strategic objectives: (1) Close the gaps to HIV epidemic control; (2) Sustain health gains through strengthened, improved, and resilient health systems; and (3) Leverage community, civil society and private sector partnerships to improve and sustain service delivery and client outcomes. The Activity emphasizes a continuum of care approach across health facilities, communities and households, particularly for services targeting orphans and other children vulnerable to HIV (OVC). USAID intends to implement the Activity in the following five high HIV/TB burden districts in the Eastern Cape:

1. **Buffalo City Metro**, specifically HIV/TB care and treatment with integrated orphan and vulnerable children prevention, care and treatment programming (all OVC models)¹²
2. **Alfred Nzo District**, specifically HIV/TB care and treatment with integrated orphan and vulnerable children prevention, care and treatment programming (all OVC models)
3. **Amathole District**, specifically orphan and vulnerable children prevention, care and treatment programming (OVC Comprehensive and OVC Preventive Models)
4. **Chris Hani District**, specifically orphan and vulnerable children prevention, care and treatment programming (OVC Comprehensive and OVC Preventive Models), and
5. **Oliver Tambo District**, specifically orphan and vulnerable children prevention, care and treatment programming (OVC Comprehensive and OVC Preventive Models)

USAID may change the geographic coverage based on epidemiological data and/or Government of South Africa (GoSA) and U.S. Government (USG) priorities. The period of performance is five years, and the total estimated amount to be awarded is US\$75 million.

USAID strongly encourages effective, evidence-based approaches (with new “innovation”¹³ where appropriate to the context) that are tailored specifically to address the development challenges of attaining HIV epidemic control and TB elimination in the Eastern Cape Province. Effective and sustainable partnerships with communities, community-based organizations and civil society that will result in services reaching the people most in need is encouraged. Establishing sustainable

¹⁰ Massyn N, Day C, Ndlovu N, Padayachee T, editors. District Health Barometer 2019/20. Durban: Health Systems Trust; December 2020.

¹¹ Ibid.

¹²The three PEPFAR South Africa OVC Models are: OVC Comprehensive, OVC Preventive and OVC/DREAMS Family Strengthening. Refer to Annex D for guidance on all three models.

¹³ Innovation refers to the development and implementation of a new intervention, process, policy, product or approach that increases quality, impact, efficiency and/or results.

partnerships during implementation to benefit this Activity is an overarching goal. USAID seeks partnerships which will continue after the formal award has ended to foster long-term sustainability. Identifying and resolving health systems barriers will be key to promoting long-term sustainability of results achieved under the Activity.

A. BACKGROUND

1. Eastern Cape Provincial Context

Eastern Cape Province has an estimated total population of 6.7 million people.¹⁴ Adult poverty is widespread at an estimated 67.3% prior to the SARS-CoV-2 pandemic.¹⁵ Unemployment is the highest in the country. The official rate was 47.4% in the third quarter of 2021; while the expanded rate reached 54.4%.¹⁶ Out-migration driven by individuals seeking employment in Gauteng and Western Cape Provinces has led to an overall decline in the province's population over the last decade.¹⁷ Currently, individuals over age 60 and under age 15 make up 44% of the population structure in the province, a trend that is estimated to continue into the future.¹⁸

The Eastern Cape Province Department of Health (EC DoH) identifies a number of interconnected issues as the social determinants of health in the Eastern Cape Province: lack of employment opportunities, poor housing, inadequate water and sanitation, food insecurity, high levels of alcohol and substance abuse, low levels of social cohesion, violence (including gender-based violence), and an inadequate health system. Deepening inequalities due to out-migration and the SARS-CoV-2 pandemic have the potential to further exacerbate these problems.

The vast majority of the population in the Eastern Cape Province depends on the public sector for health care. Just one in ten reported having private medical aid in 2020,¹⁹ and health and development needs are widespread. The *2021 Eastern Cape State of Health Report*,²⁰ a product of PLHIV-led community-led monitoring, describes a broken health system as experienced by clients of the public health sector, citing critical themes of long waiting times and staff shortages; inadequate or poor infrastructure; barriers to ART collection and continuity; low treatment and viral load treatment literacy; stockouts and shortages of medicines; accessibility of health services for key populations; accountability; and TB infection control.

¹⁴ StatsSA 2019 mid-year estimate

¹⁵ Statistics South Africa. 2018. Men, Women and Children: Findings of the Living Conditions Survey 2014/15. Available at https://www.statssa.gov.za/?page_id=1854&PPN=Report-03-10-02.

¹⁶ Statistics South Africa. Quarterly Labor Force Survey: Quarter 3 2021. Available at <http://www.statssa.gov.za/publications/P0211/P02113rdQuarter2021.pdf>.

¹⁷ Statistics South Africa. 2021. Mid-Year Population Estimates, 2021. Available at <http://www.statssa.gov.za/publications/P0302/P03022021.pdf>.

¹⁸ Ibid.

¹⁹ Statistics South Africa. 2020. General Household Survey. Available at <https://www.statssa.gov.za/publications/P0318/P03182020.pdf>.

²⁰ <https://ritshidze.org.za/wp-content/uploads/2021/09/Ritshidze-State-of-Health-Eastern-Cape-2021.pdf>

Meanwhile, TB remains the leading cause of death in Eastern Cape Province.²¹ In the midst of the COVID-19 pandemic, the TB program in South Africa and Eastern Cape Province more specifically was especially impacted and resulted in a significant decrease in TB case notifications and a significant increase in TB related deaths. In South Africa it is estimated there were 154,348 “missing TB cases” in 2018, these are patients that have not been screened or diagnosed, and subsequently started on treatment. Severe overcrowding and clinics that are too small to service the growing number of patients in the Eastern Cape Province health facilities, poor road infrastructure and natural barriers such as rivers, especially during the rainy season, contributes to limited access to health clinics. TB preventive therapy (TPT) is a highly effective method to prevent progression from TB infection to TB disease. It is noted that although the number of TPT initiations have increased substantially over time, completion rates remain low in the Eastern Cape Province.

Finally, children and young people in the province face pervasive gender-based risks and barriers accessing sexual and reproductive health services leading to negative health and livelihood outcomes. Teenage pregnancy is one visible result. Public sector data highlight gaps in meeting the sexual and reproductive health and rights (SRHR) needs for adolescent girls and young women (AGYW) in the Eastern Cape. In 2020-2021 alone, there were 661 deliveries among AGYW 10-14 years and 17,740 deliveries among AGYW 15-19 years in the province.²² This equates to delivery rates of 1.7 per 1,000 AGYW 10-14 years and 60.1 per 1,000 AGYW 15-19 years, both slightly higher than national rates for the same age groups.²³ Furthermore, an estimated 17% of children in the Eastern Cape Province are orphans (including maternal, paternal, and double orphans) and the poorest households disproportionately carry the greatest burden of care.²⁴

2. Government of Eastern Cape Province Response

The Eastern Cape provincial structure mirrors those of the national GoSA and cascades the adoption of national policies, frameworks and strategic plans to guide efforts for HIV epidemic control and TB elimination. The National Departments of Health (NDoH), Basic Education (DBE), and Social Development (DSD) lead the response as outlined in the South African National Strategic Plan for HIV, TB and STIs 2017-2022 (the NSP).²⁵ The NSP guides the HIV and TB response in the province aiming to strengthen service quality and innovation. A new NSP will be released in 2023, and it is expected that further innovation in terms of treatment and prevention options and changes taking place in the health system will be the primary focus. The EC DoH develops and implements Annual Performance Plans (APP) in line with the NSP for optimal HIV, TB and STI service delivery. The priorities outlined in the 2020/21 EC DoH APP include improved HIV/TB health outcomes; improved quality of health services (e.g reduced waiting times); pandemic preparedness;

²¹ <http://www.ehealth.gov.za/index.php/document-library/annual-performance-plans?task=download.send&id=1557&catid=7&m=0>

²² Barron P, Subedar H, Letsoko M, Makua M, Pillay Y. Teenage births and pregnancies in South Africa, 2017-2021—a reflection of a troubled country: Analysis of public sector data. *South African Medical Journal*. 2022 Apr 1;112(4):252-8.

²³ Ibid.

²⁴ Children's Institute, University of Cape Town. 2019. Statistics on Children in Africa: Orphaning. Available at <http://childrencount.uct.ac.za/indicator.php?domain=1&indicator=4>.

²⁵ The NSP was recently extended to 2023 due to the SARS-CoV-2 pandemic. SANAC. 2021. News: New HIV/TB Plan Deferred by a Year. <https://sanac.org.za/new-hiv-tb-deferred-by-a-year/>

improved leadership, governance and policy (e.g. functional Clinic Committees); reduced staff vacancies and skilled human resources; medicines availability; improved health management information systems and data use for improved program outcomes; improved financial management and sustainability; cross-sectoral partnerships and revising feasible public-private partnerships.²⁶

3. United States Government's (USG) Response

Through the PEPFAR Initiative, USAID, in coordination with the Centers for Disease Control (CDC) and the U.S. Peace Corps supports South Africa in reaching the 95-95-95 UNAIDS targets. USAID/Southern Africa's (hereinafter referred to as USAID) Regional Development Cooperation Strategy (RDCS) for 2020-2025 provides an overview of the USG's commitment to bolstering development in the Southern African region and advancing integrated solutions for locally-led, long-term prosperity.²⁷ USAID public health investments emphasize programmatic linkages between prevention and treatment at both the community and facility level, while promoting simplified service delivery models and a locally-led and managed HIV response.²⁸ In 2014, PEPFAR launched the DREAMS Initiative – “Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe: Preventing HIV in Adolescent Girls and Young Women” – to aggressively target PEPFAR resources to reduce new HIV infections among adolescent girls and young women (AGYW). Since 1997, USAID has supported the Eastern Cape to decrease HIV incidence by 44%, reducing new HIV infections from 64,545 in 1997 to 31,984 in 2022.²⁹ Through the GlobalVax initiative, USAID also supported the national and provincial departments of health to administer more than 4.2 million COVID-19 vaccinations in the Eastern Cape while strengthening district health teams to respond to the global pandemic.³⁰

B. ACTIVITY GOAL, OBJECTIVES, RESULTS & EXPECTED OUTCOMES

1. GOAL

The goal of the Activity is to promote long, healthy lives for the population of the Eastern Cape Province by achieving and sustaining HIV/TB epidemic control.

This Activity will partner with the EC DoH and targeted districts to support the successful execution of the Eastern Cape Province Annual Performance Plan 2021/22 and future provincial health

²⁶ <http://www.ehealth.gov.za/index.php/document-library/annual-performance-plans?task=download.send&id=1556&catid=7&m=0>

²⁷ USAID. Regional Development Cooperation Strategy 2020-2025. Available at https://www.usaid.gov/sites/default/files/documents/RDCS-Southern_Africa-October-2025.pdf.

²⁸ Additional information about USAID's approach to HIV can be found here: <https://www.usaid.gov/global-health/health-areas/hiv-and-aids>

²⁹ Thembisa 4.5 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

³⁰ South Africa Department of Health. Latest Vaccine Statistics Dashboard. *Total Vaccines Administered*. Accessed 1 Sep 2022. Available from: <https://sacoronavirus.co.za/latest-vaccine-statistics/>

strategies.³¹ The EC DoH actively encourages the direct engagement of local and private sector organizations in their response to improving equitable access to HIV services by creating formal partnerships between health facilities and community organizations. Investing in and building the capacity of South Africa local organizations will foster locally led and locally developed innovative approaches towards achieving EC DoH's objectives of equitable access to healthcare.

This Activity will implement responsive interventions to reach HIV-affected populations tailored to their specific needs and barriers to health services. The Activity will promote a continuum of care for PLHIV, leveraging community platforms, including PLHIV networks, faith-based institutions, and social support services. In collaboration and support of Provincial and District Health Departments, the Activity will tailor systems strengthening interventions to the needs and context of the Eastern Cape Province, addressing the major impediments to achieve HIV epidemic control for all populations. The Activity will strengthen continuous quality improvement (CQI) and quality assurance in line with Department of Health initiatives, which may include interventions and ways of working, such as the Ideal Clinic program, which uses health policies, protocols and guidelines, and harnesses stakeholders to improve the patient experience and health outcomes.³² Additionally, this Activity will support the GoSA Operation Phuthuma Nerve Center Approach, and the use of data to drive the quality improvement cycle at District and facility levels. Finally, this activity will support community-led monitoring (CLM) programs such as Ritshidze. Ritshidze is a South African community-led monitoring system developed by organizations representing people living with HIV, whereby data is systematically collected at the site of service delivery and used to generate solutions to problems identified.³³

2. OBJECTIVES AND RESULTS

The Activity will consist of three (3) objectives which are as follows:

Objective 1: Close the gaps to HIV epidemic control through tailored approaches

Objective 2: Sustain health gains through strengthened, improved and resilient health systems

Objective 3: Leverage community and civil society partnerships to improve and sustain service delivery and client outcomes.

Please see the funding information with the funding breakdown by objective in Section D of the NOFO.

Objective 1: Close the gaps to HIV epidemic control through tailored approaches

Complex barriers to access quality health care, client psychosocial barriers, and treatment hesitancy lead to failed treatment initiations and treatment interruptions. This is especially challenging in the

³¹ Eastern Cape Department of Health. Annual Performance Plan 2020 (amended for 2021). Available at: <http://www.ehealth.gov.za/index.php/document-library/annual-performance-plans?task=download.send&id=1556&catid=7&m=0>

³² More information on Ideal Clinic can be found here: <https://www.idealhealthfacility.org.za/>

³³ More information on Ritshidze can be found here: <https://ritshidze.org.za/>

Eastern Cape Province where the population is severely impacted by poverty, unemployment, migration and other social issues. The Activity will support health facilities to adopt *integrated, simplified, client-centered HIV/TB prevention and treatment models* that facilitate lifelong healthy outcomes for all PLHIV and prevent onward HIV and TB infections.

As mentioned earlier, the health facilities in the Eastern Cape often face severe overcrowding due to space constraints. Many health facilities do not have access to soap and running water and don't have enough staff to manage the patient population. This causes long waiting times and poor staff attitudes which hinder patients' desire to adhere to clinic appointments.³⁴

The level and type of assistance will evolve over the life of the Activity as geographic target areas attain epidemic control. Annually, specific interventions in support of achieving Objective 1 will be determined in collaboration with the Eastern Cape Provincial and District points of contact (POCs) and USAID.

Under Objective 1, there are four (4) Intermediate Results (IRs) as detailed below.

IR 1.1 Improved pediatric HIV/TB treatment outcomes through tailored approaches.

Expected Outcomes

- *95% of children know their HIV and TB status*
- *95% of children and adolescents living with HIV are on antiretroviral therapy (ART)*
- *95% of children and adolescents living with HIV are virally suppressed*
- *100% of children and adolescents living with HIV receive social support services*

While the Eastern Cape Province has made significant progress initiating adults on treatment, progress amongst pediatric and adolescent populations remains slow.³⁵ Pediatric HIV management is challenging due to the complexity of disclosure, consent and testing among children; low yield; and health care worker sensitization to the importance of targeted screening and testing and comprehensive pediatric case management, including viral load management. Successfully identifying children and adolescents living with HIV (C/ALHIV), initiating and retaining them on ART, requires a multi-pronged approach. The IR will facilitate sustained integration of clinic and community-based approaches to achieve better treatment outcomes for C/ALHIV.

IR1.1 aims to improve pediatric treatment outcomes by targeting integrated and tailored interventions and technical support that will result in identifying undiagnosed C/ALHIV, effectively linking and retaining diagnosed children in care, ensuring routine access to viral load testing, and ultimately achieving viral suppression among this target population. IR1.1 aims to support integrated implementation of critical interventions aligned to the national *Pediatrics and Adolescent Matrix of Interventions*. IR1.1 aims to support treatment optimization through the

³⁴ <https://ritshidze.org.za/wp-content/uploads/2021/09/Ritshidze-State-of-Health-Eastern-Cape-2021.pdf>

³⁵ Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boulle A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468DHIS (January 2022), TIER.Net (September 2020), Naomi Model (September 2020), ART DHIS Cohort VLD VLS rates 12 months (April to June 2020)

country's transition to pediatric Dolutegravir (pDTG) to accelerate viral suppression and improve outcomes. In alignment with the national prevention of mother to child transmissions (PMTCT) guidelines, IR1.1 aims to support universal testing and treatment for HIV infected pregnant and breastfeeding women to attain viral suppression and reduce vertical transmission towards the goal of elimination of mother-to-child-transmission.

The IR will also *promote family-focused solutions* that support disclosure, treatment literacy and other facilitators to improve clinical outcomes and the overall health and wellbeing among C/ALHIV and their caregivers. The IR will facilitate *case management and referral models between health facilities and social support services* to strengthen the continuum of care for children, youth, and their families. This includes leveraging other USG resources such as PEPFAR-supported DREAMS partners and clinical care and treatment partners.

IR1.2 Improved health, well-being and access to holistic services, including HIV-prevention, by OVC and their families.

Expected Outcomes

- *100% of OVC and their families receive the appropriate support services (e.g., child protection, education, psychosocial, developmental and economic services)*
- *100% of eligible OVC ages 10-14 complete an approved OVC Preventive intervention*
- *100% of eligible adolescent girls ages 10-17 complete an approved OVC DREAMS family strengthening intervention*

An estimated 17% of children in the Eastern Cape Province are orphans (including maternal, paternal, and double orphans)³⁶ and therefore holistic OVC services, including HIV-prevention, play an integral role through the provision of community and household-based services that address the social, economic, and emotional consequences of HIV, TB and the now recent pandemic, COVID-19, on children, their families, and the communities that support them. IR1.2 aims to increase OVC access to holistic services, including HIV prevention, by strengthening the resilience of vulnerable children and their caregivers to meet their own needs through community-based OVC case management; scale up evidence-based prevention of HIV and sexual violence interventions for 10–14-year-old girls and boys; and expand access to DREAMS family strengthening interventions for adolescents, girls and young women (AGYW) ages 10-17 and their caregivers. The IR will promote interventions in accordance with the PEPFAR OVC Models developed in South Africa, as follows:

OVC Comprehensive Model

The PEPFAR OVC Comprehensive Model supports increasing access to HIV services through family-based community case management interventions targeting priority sub-populations at high risk for HIV - C/ALHIV, children with an HIV positive caregiver, children of key populations, such as female sex workers, children who have experienced sexual violence, adolescent mothers, and double orphans. Through this model, priority sub-populations receive holistic and intensive services to address risks and vulnerabilities across the four domains of health, safety, schooling and stability,

³⁶Children's Institute, University of Cape Town. 2019. Statistics on Children in Africa: Orphaning. Available at <http://childrencount.uct.ac.za/indicator.php?domain=1&indicator=4>.

responding to the social determinants of health at household level. OVC community case workers conduct formal assessments of the child and family, develop a person-centered and family-based care plan, and regularly monitor the progress towards the PEPFAR OVC Global Graduation Benchmarks³⁷ through home visits as part of HIV-sensitive case management. As noted in section “C. *Geographic Target*”, this model will be implemented in all geographic target areas in Eastern Cape Province.

OVC Preventive Model

Preventing HIV risk and violence is critical to reducing HIV incidence and the prevalence of violence against children (VAC), including sexual violence, which is a driver of the HIV epidemic. The PEPFAR OVC Preventive Model implements evidence-based, structured, group-based interventions designed to prevent HIV and sexual violence among 10–14-year-old girls and boys for the OVC Preventive Model. The model supports the delay of sexual debut, prevents teen pregnancy, and prevents sexual violence and HIV infection. Program monitoring for this model is distinctly different from PEPFAR OVC Comprehensive model and does not involve providing case management or monitoring against the PEPFAR “OVC Global Graduation Benchmarks”. As noted in section “C. *Geographic Target*”, this model will be implemented in all geographic target areas.

OVC DREAMS Family Strengthening Model

Family-centered HIV prevention interventions are associated with a reduction in risky sexual behaviors specifically among the high-risk population of adolescent girls. The PEPFAR OVC DREAMS Family Strengthening Model is an evidence-based parenting/caregiver program targeting adolescent girls ages 10-17 who have completed the DREAMS Primary Package of interventions. The model aims to improve the relationship between the adolescent girl and her parent/caregiver, leading to strengthened communication about sexual health between adolescent girls and their parent/caregiver with the overall goal of preventing HIV infection. Program monitoring for this model is distinctly different from the PEPFAR OVC Comprehensive Model and PEPFAR OVC Preventive Model. As noted in section “C. *Geographic Target*”, this model is **only** to be implemented in **Alfred Nzo District** and **Buffalo City Metro**.

Further detail on these models is included in “*Annex D: PEPFAR South Africa’s Three Unique OVC Models.*”

IR1.3: Improved adult clinical outcomes for HIV and TB through sustainable and indigenously led, social support services and client centered approaches.

Expected Outcomes

- *95% of adult PLHIV diagnosed and know their HIV status*
- *95% of PLHIV sustained on ART, including those co-infected with HIV/TB*
- *95% of PLHIV on ART achieve viral suppression*
- *100% of eligible clients initiated and completed TB preventive treatment*

³⁷ See MER Guidance Version 2.6, Appendix F: Global OVC Graduation Benchmarks Matrix (page 253)

Ensuring treatment adherence and retention for PLHIV is critical for the ultimate attainment of viral load suppression and reduced incidence of HIV disease. Treatment interruption remains a barrier to viral suppression and healthy outcomes in Eastern Cape for all PLHIV across age and sex categories. The IR will strengthen clinical services and promote interventions to remove barriers to superior treatment regimens, mitigate treatment interruption adapted to individual clients' needs, and expand options for PLHIV to receive treatment and other support services that facilitate ART retention.

IR1.3 will promote effective and evidence-based interventions that facilitate simplified services such as telemedicine, multi-month dispensing, community-based ART and differentiated models of care. The IR will promote tailored interventions (including innovation where appropriate to the context), including private health providers, for clients new to treatment and others with unsuppressed viral loads to improve patient literacy and health-seeking behaviors. These may include enhanced counseling, mental health services, psychosocial support, and PLHIV peer led case management, in line with local and international best practices.

Program data demonstrate that groups known to have challenges with treatment adherence, include young men, children, youth and key populations. These challenges include stigma, discrimination, access and insufficient treatment literacy. Furthermore, expanding access to HIV treatment to key populations is critical to reaching epidemic control. Creating an enabling environment, with zero tolerance for stigma and discrimination, for key populations in public health facilities is critical for improving care and treatment outcomes. As such, the IR will work with provincial and district Departments of Health to expand key population competent and friendly services in the public health sector.

While HIV epidemic control is reached when the total number of new HIV infections falls below the total number of deaths from all causes among PLHIV, the ultimate goal is to achieve population-based viral suppression among HIV-infected clients and to prevent further transmission of the virus. To achieve this, it is necessary to achieve and monitor the attainment of viral load suppression at less than 50cp/ml or as otherwise defined by South Africa NDoH guidelines. This requires intensified targeting of services for those who are not yet virally suppressed and/or at risk of disengagement in care including clients who present with advanced HIV disease during treatment or at initiation of treatment.

Finally, South Africa faces the dual epidemics of TB and HIV and is among the eight countries that account for two-thirds of the global TB cases. Tackling HIV/ TB co-infection and attaining 85% TPT Completion rate in the Eastern Cape Province will require multi-pronged strategies that will address socio-economic, structural, programmatic and patient related treatment adherence challenges. To address these challenges, technical support may include a comprehensive package of HIV and TB integrated services and interventions expanded to include community-based care, such as TB screening for all PLHIV and C/ALHIV, optimized HIV and TB care and treatment and TB prevention.

IR1.4 Integrated, friendly HIV prevention services for priority populations, with a specific focus on children, adolescents, youth, men and key populations at-risk are strengthened and stigma and discrimination are reduced.

Expected Outcomes to be achieved:

- *100% of supported sites provide friendly services for priority populations*
- *100% of supported sites provide pre-exposure prophylaxis (PrEP) services integrated into existing service delivery points*
- *100% of supported sites provide a minimum package of clinical services to clients who experienced sexual and gender-based violence*
- *100% of supported sites link at-risk adolescents and youth to prevention services*

As each district works towards achieving and sustaining treatment saturation, HIV prevention and gender based violence (GBV) case identification remains critically important and needs to be scaled and optimized, more especially for children, adolescents, youth, men and key populations at-risk where the rate of new infections remains substantial.³⁸ These groups are often the most vulnerable to acquiring HIV, are disproportionately affected by high rates of intimate partner violence and sexual violence, and face the greatest barriers to accessing services needed to protect themselves. IR1.4 aims to contribute to HIV epidemic control through the prevention of new HIV infections and reduction of stigma and discrimination for those who are HIV positive by strengthening the integration of HIV and violence prevention and clinical post-violence response services across key HIV service delivery points including psychosocial support, HIV testing, Sexual and Reproductive Health Services (including post exposure prophylaxis and PrEP) and HIV care and treatment. Locally developed, evidence-based, person-centered and gender transformative approaches for prevention interventions and risk-reduction messages should be considered in partnership with other PEPFAR-funded HIV and GBV prevention, GBV response, and OVC partners in supported districts, including facilities, schools, churches and community-based structures/organizations.

Objective 2: Sustain health gains through strengthened, improved and resilient health systems

As South Africa progresses toward HIV epidemic control and elimination of TB, the management of HIV, as a chronic condition, and TB, as a curable infectious disease, will require a health system that is secure, transformative in its adaptive capacity, well-financed and managed, and where the necessary resources are available and utilized efficiently. Access to care must be equitable and affordable, and the necessary systems for planning for such access must be functioning.

Objective 2 aims to support the achievement of HIV epidemic control, the elimination of TB, and control of other infectious diseases by strengthening public and private sector systems, partnerships, and cross-sector coordination that will maintain and sustain this status over time and will be resilient in the face of system-wide shocks, such as pandemics, natural disasters and social unrest. COVID-19 has taught us about the importance of health system resilience and the need to support districts

³⁸ https://www.state.gov/wp-content/uploads/2022/02/COP22-Guidance-Final_508-Compliant-3.pdf

to mitigate the impact of such shocks on the health system and patient care. Specific areas of focus under Objective 2 that are recognized as some of the most significant development challenges related to health systems strengthening must be addressed and include human resources for health (HRH), essential medicines and commodities, health information systems, data use for decision making and implementation of policies and guidelines related to HIV epidemic control. This Activity aims to leverage partnerships with a range of private sector actors with the capacity to contribute to addressing factors affecting the health system. Under Objective 2, there are four (4) IRs as detailed below.

IR2.1 Adequate, skilled and motivated HRH in all targeted health facilities to maintain and sustain the delivery of healthcare services to HIV/TB clients.

Expected Outcomes to be achieved:

- *HRH Strategy, including a Joint Annual Staffing Plan, developed and approved in line with GoSA policy guidelines and approved by Provincial Leadership, in place by the end of Year 2 and revised annually in Years 3,4 and 5*
- *Annual vacancy rate reduced in line with the provincial APP target*
- *Annual attrition rate reduced in line with the provincial APP target*
- *Annual Training Plan developed, approved and implemented in line with the APP and Regional Training Center*

To achieve and sustain HIV epidemic control in the Eastern Cape Province and supported districts, there must be sufficient technical and human capacity to manage, maintain and deliver the HIV and TB services, systems and resources.³⁹ This requires a robust HRH strategy, including staffing needs, staffing norms, capacity development and performance management.

IR2.1 aims to support the specified Districts to ensure that there is adequate skilled staff and “quality people value stream”⁴⁰ to sustain the delivery of HIV and TB related health care services. To achieve a sustained HIV epidemic, the health workforce needs to remain updated with skills as new evidence, approaches, clinical guidelines and standard operating procedures become available. The regional training centers are critical to ensure that the existing health workforce has access to their continued education for improved quality health service delivery. The achievement of IR2.1 will require close collaboration with the province and supported districts to ensure the strategy aligns with the provincial HRH objectives as stated in the EC DoH APP and is implemented as intended.

IR2.2: Essential medicine and commodities, equipment, instruments and devices needed to deliver quality HIV/TB and other infectious disease services are available at targeted health care facilities.

Expected Outcomes to be achieved:

³⁹ https://www.state.gov/wp-content/uploads/2022/02/COP22-Guidance-Final_508-Compliant-3.pdf

⁴⁰ <http://www.ehealth.gov.za/index.php/document-library/annual-performance-plans?task=download.send&id=1556&catid=7&m=0>

- *Improved medicine availability at Health Establishments in line with provincial targets*
- *Essential equipment, instruments and devices are available at all supported sites and as assessed through National Core Standards and Ideal Clinic*
- *Improved data quality and reporting compliance on the National Surveillance Center (NSC) to improve visibility and decision support*

An efficient and responsive supply chain is the backbone of any effective national public health program. For a program to run effectively, the right commodities have to be made available at the right place and at the right time. This requires institutionalized demand forecast accuracy, optimization of the replenishment planning processes and key supply chain management best practices to ensure that essential medicines are available at health establishments. In addition to medicine and commodities, the focus of IR2.2 is to support the districts to assess the availability of basic equipment, instruments and devices and develop plans to address any gaps at all supported sites. Essential equipment, instruments and devices required for routine HIV and TB care and treatment are a priority for the EC DoH.

IR2.3 Utilization and management of existing health information systems and data to guide decision making and client management is strengthened.

Expected Outcomes to be achieved:

- *100% of data staff effectively use and implement data systems, data tools and processes*
- *100% of facilities reporting quality data successfully into DHIS and TIER.Net*
- *100% of district, sub-district and facility management routinely use data to improve patient outcomes*

As per the EC DoH APP, it is a key priority to implement a robust and effective health information management system and effective data management and reporting practices to improve availability and use of data in order to facilitate evidence-based decision making. IR2.3 aims to assist the supported districts to develop and implement a feasible plan to strengthen and institutionalize systems and processes, improve data quality, data management and reporting activities and drive data use for decision making.

Programmatic reviews using the latest available data is essential for decision making, adaptive management and continuous quality improvement of the HIV and TB Program. Interventions should improve data demand and facilitate effective program review and data use forums (e.g. nerve centers) at district, sub-district and facility levels for continuous program improvement and improved client outcomes. Finally, while infrastructure remains a challenge in EC DoH facilities, effective records management is necessary for overall HIV and TB program and client management and requires improved and institutionalized filing systems and file flow at all supported sites to reduce client waiting times and file loss.

IR2.4 Effective governance and management systems at the district and facility levels (management, planning, budgeting and monitoring systems) are in place.

Expected Outcomes to be achieved:

- *Policies and guidelines are adopted and disseminated to the province, district and supported sites within a short and agreed upon timeframe*
- *Annual and Quarterly Joint Strategic and Work Plans Developed (e.g. APP, DHP, Annual district support partner work plan)*
- *Quarterly Joint Program Reviews conducted (including local government, PEPFAR, Provincial and District AIDS Councils)*
- *100% of District Leadership trained or mentored on program management and leadership functions (as defined by the Skills Audit and Annual Training Plan)*
- *Partner Coordination Processes and Forums are developed and implemented*
- *100% of supported facilities have capacitated and functional clinic committees*
- *100% of supported districts have functional district and local AIDS councils which are leveraged for improved health outcomes*
- *Quarterly CLM findings used to improve health outcomes*

Effective leadership, governance and management systems are necessary for effective program implementation and management across all health areas. This allows for a culture of accountability and a strategic framework to guide the work to be done. The aim of IR2.4 is to support the strengthening of skills of district health management teams to be effective managers and leaders with a focus on effective program management. This IR aims to work with district health management teams to mobilize all role players (from all partners, including locally led community-based organizations, provincial and district AIDS Councils) to coordinate, collaborate and use resources effectively for the achievement of program results, including joint annual and quarterly planning and review meetings

As outlined in South Africa's NSP and the [National Health Insurance \(NHI\) White Paper](#), it is critical to address the social determinants of health that drive the HIV epidemic.⁴¹ This can only be achieved through coordinated resource mobilization and dialogue between sectors such as health, social development, civil society organizations, faith based organizations, the private sector, and non-government organizations. The aim of IR 3.2 is to support the districts with capacitating AIDS Councils, and to support EC DoH and districts with the collaboration and coordination between provincial and local AIDS Councils, ensuring comprehensive participation and engagement across sectors.

Additionally, this IR aims to ensure community support and community-led monitoring in the governance of facility service delivery, ensuring responsible use of resources at the health facility level, responsiveness of the management of health facilities to community needs, and quality service delivery. Technical support may include the capacitation of clinic committees for optimal functioning and/or using quarterly CLM findings (e.g., Ritshidze State of Health reports) to improve overall program outcomes.

⁴¹ Vera Scotti Nikki Schaayi Helen Schneideri,ii David Sanders,iii. Addressing social determinants of health in South Africa: the journey continues. South African Health Review. 2017 – 20 Year Anniversary Edition.

Finally, South Africa is swift to adopt and adapt most global health recommendations and policies for the South African HIV/TB context. This translates to robust and comprehensive national policies, guidelines and standard operating procedures. Once national policies are approved, they are then cascaded to provinces, then districts, sub-districts and health facilities. Often these policies and procedures are disseminated to provinces but are not adapted for each province and disseminated further for training and implementation by the healthcare workforce. It is essential to assist the supported districts to ensure policies, procedures and memos from NDoH are disseminated to all levels.

Objective 3: Leverage community and civil society partnerships to improve and sustain service delivery and client outcomes

Locally led development and delivery of HIV/TB services through resilient district health systems, local partners, civil society organizations (CSOs), community-based organizations (CBOs), faith-based organizations (FBOs) and the private sector will be the cornerstone of sustainability for HIV epidemic control. USAID is committed to increasing capacity and fostering success by catalyzing innovation and mobilizing cross-sector partnerships.⁴² Ending the HIV and TB epidemics requires government, community, civil society and private sector engagement.

Objective 3 aims to support indigenously led innovation, leadership, and implementation by leveraging community, civil society, and private sector partnerships to improve service delivery and client outcomes and to address the social determinants of health that support client retention in care. Under Objective 3, there are two IRs (2) as detailed below.

IR3.1 PLHIV-led and other community organizations are strengthened and actively engaged for improved health outcomes.

Expected Outcomes to be achieved:

- *PLHIV-led / community organizations are used to provide HIV support services, including treatment literacy and social support for treatment retention*
- *PLHIV-led / community organizations achieve allocated program targets*
- *Increased number of clients referred to Department of Social Development through PLHIV-led / community organizations*

The aim of IR 3.1 is to work with PLHIV-led and other community-based organizations and community members, through existing and new forums, to directly provide HIV/ TB services that

⁴² A partnership may be defined as an arrangement where parties (entities), agree to cooperate to advance their mutual interests. The partnerships may be contract-based, sub-awardee based or defined by a Memorandum of Understanding. The partners may include formal and informal community-based organizations, PLHIV-led organizations, faith-based organizations, schools, governments, private sector or a combination thereof. Organizations may partner to increase the likelihood of achieving expected results.

improve client outcomes with a specific focus on retention in care. Technical support may include training and skills building to provide community adherence counseling and even assist with the facilitation of community-based multi-month dispensing.

Finally, IR 3.1 aims to serve as a referral pathway when clients are facing complex factors (e.g. social and economic barriers) that are outside of the scope of health facilities that threaten the ability of patients to adhere to priority public health interventions. This includes clients suffering from mental health issues, transient housing, refugee or migrancy issues, as well as drug, alcohol, and sexual abuse issues by referring clients to other relevant departments and support agencies. These include agencies such as the DSD, Department of Community Safety, and Department of Human Settlements. IR 3.1 aims to support clients in their comprehensive needs by ensuring linkage to additional services not typically rendered in by the DoH.

IR3.2 Private sector engaged to improve health outcomes.

Expected Outcomes to be achieved:

- *Opportunities for program-enhancing partnerships with private sector identified and facilitated to 1) address social determinants of health; 2) strengthen the health system; and/or 3) improve health outcomes*

The Activity aims to support the creation of partnerships with a range of private sector actors with the capacity to contribute to addressing factors affecting client health-seeking behavior in EC and/or factors impeding on the health system. The private sector can augment health care services in one of two ways– either by *providing* services directly, or *enhancing* services that already exist:

- **Service provision:** Private sector partners provide health services that either add to existing health offerings or fill gaps where they exist. This is often a good model when private sector health offerings can provide more cost-effective and/or higher-quality service delivery than what currently exists, particularly where they can help access populations that would otherwise not receive care.
- **Service enhancement:** Private sector partners leverage their employee base, supply chains, professional networks, and/or provide technical advisory, or financing to enhance the quality, reach, or efficiency of existing health services and government/donor investments. This can include implementing market-based innovations or approaches; leveraging networks; innovative financing for projects; technical assistance, capacity development; and workplace health initiatives.

Private sector partnerships can address many components of health challenges typically seen in clinics. Examples include issues of health facility infrastructure constraints, food insecurity, insufficient transportation, mental health of both health care workers and patients, lack of electricity, and limited access to broadband. Resolving these, or other challenges, with private

sector partnerships would serve to address social determinants of health and barriers to optimal client outcomes.

C. GEOGRAPHIC FOCUS

The geographic target area of the Activity is the Eastern Cape Province with tailored and targeted interventions and technical support at the provincial level and the district level, specifically in the highest HIV and TB burden districts of Buffalo City Metro, Alfred Nzo, Amathole, Chris Hani and Oliver Tambo Districts. The implementation approach will vary by district as follows:

District/ Metro	Objective and IR	OVC Model(s)
Buffalo City Metro	Objectives 1, 2 and 3 IR 1.2	All OVC models
Alfred Nzo District	Objectives 1, 2 and 3 IR 1.2	All OVC models
Amathole District	Objective 1 IR 1.2	OVC Comprehensive Model OVC Preventive Model
Chris Hani District	Objective 1 IR 1.2	OVC Comprehensive Model OVC Preventive Model
Oliver Tambo District	Objective 1 IR 1.2	OVC Comprehensive Model OVC Preventive Model

While considering the local context and existing and varying capacity, some facilities, communities, and community organizations may need more “hands-on” technical assistance, while others may require only oversight and mentoring. The specific geographic area may change as needed per the direction of the EC DoH and USAID.

D. SUSTAINABILITY

A key objective of USAID development assistance to South Africa is to support sustainable health systems and health care services by reinforcing systems at all levels. USAID intends that its funding will consolidate and build upon existing activities to improve the health of all populations. As geographies become nearer to achieving epidemic control and sustained viral suppression, there will be a shift from an emergency response to one aligned to supporting institutionalized chronic care service delivery models. This next phase requires a concerted shift of existing approaches to realize efficiencies through a robust sustainability plan with key milestones from the outset of the

Activity until its conclusion. PEPFAR defines sustainability as the development of technical competence, human capacity, and management systems.

USAID aims to increase the delivery of services and technical assistance through partnerships with local organizations - both governments and non-governmental/private sectors - and to eventually transition programs to national, provincial and district financing, planning and management processes.

USAID's Bureau for Global Health Office of HIV/AIDS developed USAID's Approach to HIV and Optimized Programing (AHOP) through an intensive consultation process with HIV and Global health leaders, comprising civil society representatives, host government partners, multilateral organizations and leadership across sectors. The AHOP is strategically aligned with the draft [PEPFAR Strategy: Vision 2025](#), [UNAIDS Global AIDS Strategy](#), and draft [Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World \(2023-2030\)](#), and with the Sustainable Development Goals (SDGs) Goal 3 target of ending the global AIDS epidemic as a public health threat by 2030 (and uniquely ties other SDGs with USAID's extensive development assets). The AHOP provides five critical pathways for an efficacious and durable HIV response that can also be leveraged to tackle other pressing and emerging global health challenges. The five critical pathways are:

- 1) Simplified Service Delivery Models for a Comprehensive Health Response
- 2) Adolescent and Youth Health and Resilience
- 3) Locally-led and Managed HIV Response
- 4) Client-centered Supply Chain Solutions
- 5) Pandemic Readiness, Response, and Resilience to Future Shocks

The Activity will incorporate the AHOP's five critical pathways into the program description to support achievement of objectives and IRs.

E. GENDER CONSIDERATIONS

The [USAID Gender Equality and Female Empowerment Policy](#) advances equality between women and men, boys, and girls, and empowers women and girls to participate fully in and benefit from development activities, through the integration of gender in the entire Activity implementation cycle from design and implementation to monitoring and evaluation.

Interventions and technical assistance supported through this Activity will implement a program model that addresses structural barriers fueled by gender inequities that impede access to and uptake of HIV and TB service delivery in order to reduce gender disparities in the access of HIV and TB diagnosis, treatment, and prevention services. The Activity will use evidence-based interventions informed by gender analyses that explore the underlying reasons for gender-based differences throughout the entire patient pathway. The Activity will integrate gender transformative and trauma-informed approaches throughout the program that promote early care seeking behavior, and access to HIV and TB services equitably between men and

women. The Activity will integrate age-appropriate GBV case identification, first-line support, and clinical and non-clinical care into HIV service delivery platforms aligned with PEPFAR and WHO Guidance. Furthermore, interventions will also uphold the right of all individuals - men, women, and transgender people to quality HIV and TB services. While the Activity, under Objective 1, specifically IR 1.4 focuses on addressing GBV, it is encouraged to ensure that these gender considerations are integrated within all technical interventions and technical assistance under each Objective and respective IRs. The Monitoring, Evaluation and Learning (MEL) plan for the Activity should include clearly defined indicators and targets to support measurement of performance specific to gender considerations.

F. MONITORING, COLLABORATING, LEARNING & ADAPTING

Collaborating, Learning and Adapting (CLA) is a central focus of the Activity. The Activity contributes to USG's commitment to a multifaceted CLA approach to development that is rooted in the idea that public health interventions yield more effective results if they are evidence based, coordinated and collaborative. The Recipient is expected to generate useful real-time data. The Recipient is expected to closely collaborate with key in-country stakeholders, including government, civil society and other donors to share data from the Activity's results, implementation research, evaluations, assessments and lessons learned from implementation. The Recipient must ensure that sufficient effort is invested to monitor activities, collect, analyze and synthesize data, and to publish/share the data as broadly as appropriate.

Consistent with the latest USG guidance, the Recipient will apply a data-driven approach to achieve results, while ensuring efficiency in the use of USG funding. Central to this approach is using data to more precisely target resources and tailor interventions and technical support in the Activity's geographic target area based on the burden of disease and need. Continuous learning and adaptation of interventions according to changes in the epidemiology are required throughout the life of the Activity.

MONITORING, EVALUATION AND LEARNING (MEL) PLAN

The Activity will have a rigorous performance monitoring and results reporting system, including adequate staffing to monitor performance and measure quantifiable results that demonstrate the achievement of the Activity goal, objectives and results. This includes establishing and supporting GoSA information systems for routine data collection and analytics and developing a comprehensive set of input, output and outcome indicators to adequately measure performance towards achieving set periodic targets (e.g., monthly, quarterly, semi-annual, annual and end of Activity targets). Data will be used to evaluate performance, drive decisions, and guide course corrections as needed. The Recipient will be responsible for all aspects of data collection, analysis, and performance reporting per USAID's monthly, quarterly, semi-annual and annual results reporting cycles.

The Activity is largely funded by PEPFAR funding, and therefore required PEPFAR indicators will be included in the monitoring, evaluation and learning plan (MEL) and used to measure and report on performance. An updated and comprehensive list of the indicators used by PEPFAR globally as well as the PEPFAR reporting process will be provided upon award. PEPFAR indicators may also

be found in the [PEPFAR Monitoring, Evaluation and Reporting Indicator Reference Guide](#) located on the www.PEPFAR.gov website under PEPFAR reports. Those Objectives and IRs requiring the use and reporting of PEPFAR Monitoring, Evaluation and Reporting (MER) indicators are listed in the table below. PEPFAR MER indicators are routinely reviewed and may change throughout each year of the Activity based on the evolving epidemiology of HIV and TB and other closely related health issues in the Eastern Cape Province.

Upon award, the Recipient's MEL plan will be finalized in consultation with USAID to finalize indicators and performance targets for the first year of the Activity.

The Activity MEL Plan must:

- Include the following key elements: Theory of change, logic model, performance monitoring, beneficiaries feedback plan, evaluation plan, CLA approach, roles and responsibilities, schedule of MEL plan tasks (including planned assessments such as any routine supervision and monitoring visits, along with any data quality assessments that are planned for the upcoming implementation year) and schedule of reporting to USAID.
- Benchmark implementation using existing program data at site, regional and, if applicable, national levels. This should assist in the development of quality improvement and quality assurance processes at site, regional and national levels.
- If applicable, include required PEPFER MER indicators specific to the Activity. Final required MER indicators will be finalized at the time of the award.
- Include additional indicators that support measuring performance towards achieving expected outcomes under each objective and respective IRs, to include indicators to measure performance specific to addressing gender inequities and disparities and sustainability.
- Periodic targets (e.g., monthly, quarterly, semi-annually, annually, end of Activity targets, as applicable) for each indicator.
- Participate in quarterly activity reviews. This feeds into the PEPFAR Oversight Accountability Response Team (POART) and Country Operation Plan (COP) processes.
- Conduct data quality assessments for a subset of key indicators, including, but not limited to the treatment cascade (e.g., MER indicators)).

G. MANAGEMENT AND STAFFING APPROACH INCLUDING KEY PERSONNEL

Management and Staffing Approach

It is envisioned that the Activity will be managed with a comprehensive management approach that

includes joint oversight, partnership and management of the Activity with the respective GoSA counterparts (e.g., DoH, DSD, DBE where applicable, civil society, district and local AIDS Councils). This may include joint annual planning and joint quarterly program reviews whereby resources and performance are reviewed for the previous quarter and programming is mutually designed and agreed to for the next quarter.

In addition, it is envisioned that the Activity will be implemented through an appropriate mix of direct implementation, technical support and sub-awards to locally led organizations with expert knowledge for the achievement of specific objectives or IRs.

The Applicant should propose an appropriate mix of staff and requisite levels of professional expertise to implement the Activity and must identify, recruit, hire, and support appropriate personnel. The Applicant must have a combination of core staff to efficiently and cost effectively manage implementation and achieve results.

Professional-level skills and management practices are required in the performance of the resulting Cooperative Agreement. Accordingly, the Applicant must establish an effective quality control program to assure that deliverables and other products meet professional standards and comply with requirements. The Applicant must maintain an office in South Africa and have an organizational structure that adequately meets management needs to implement.

Things to take into consideration in staffing (for key personnel and all other staff) include gender equality and social inclusion, an equitable balance in staffing and staff requirements; personnel systems, hiring, and management; and capacity development principles and approaches. When qualified personnel are available, the Applicant is encouraged to utilize local personnel with appropriate prior experience and expertise. The Applicant is strongly encouraged to consult with respective GoSA counterparts per geography for Activity personnel planning, recruitment and placement.

Key Personnel

The Activity has five (5) key personnel positions which are essential to achieving strategic and program objectives. The key personnel must have an appropriate configuration of skills, experience and expertise that gives confidence for results achievement. In addition to the Chief of Party position described below, the Applicant should propose the appropriate roles of the remaining key personnel and their primary responsibilities for managing and leading an effective Activity. All key personnel should provide 100% LOE to the project. The following skills and expertise should be largely found, collectively, within the Key Personnel:

- Experience in leading public health projects
- Experience in managing and/or leading local or international donor funded projects
- Experience in managing large budgets exceeding \$10 million per annum
- Demonstrated ability to develop and manage relationships with a wide range of stakeholders including NGO partners and Government Institutions of South Africa at all levels
- Understanding of the South Africa health care delivery system

It is the Applicant's discretion to designate positions of Key Personnel on the basis of their staffing structure.

Chief of Party - 100% Level of Effort (LOE)

The Chief of Party (COP) will be responsible for leading a high-quality, results-oriented activity to achieve the objectives and expected results. S/he will provide overall strategic and managerial leadership of the activity in collaboration with all major stakeholders. S/he will bring a strong perspective, vision, and strategy on achieving the goal and objectives of the Activity. The COP's responsibilities must include the overall planning, technical leadership and coordination of all activities including the work of any sub-partners. S/he will oversee staff and sub-partners to ensure quality of activities and products developed under the project. The COP must have regular communication with the Agreement Officer Representative (AOR). The COP serves as the principal liaison to USAID, GoSA counterparts, and other relevant implementing partners and stakeholders.

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SECTION B: FEDERAL AWARD INFORMATION

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

Subject to funding availability and at the discretion of the Agency, USAID intends to make one award pursuant to this notice of funding opportunity.

USAID intends to provide up to approximately \$75 million in total USAID funding over a five (5) year period. This Activity will be incrementally funded over the life of the Activity, subject to the availability of funds.

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

B.2 Start Date and Period of Performance for the Federal Award

The anticipated period of performance of the award made as a result of this Notice of Funding Opportunity is five (5) years subject to the availability of funds. The estimated start date will be upon the signature of the award, on or about August 1, 2023, with full implementation of interventions to begin no later than October 1, 2023.

B.3 Type of Award and Substantial Involvement

USAID plans to award one Cooperative Agreement pursuant to this NOFO. A Cooperative Agreement allows USAID to exercise ‘substantial involvement’ (active involvement by USAID in certain programmatic elements during the performance of the activity). The anticipated substantial involvement for this award is limited to the elements listed below:

- A. Approval of the Recipient’s Annual Implementation Plans (Annual Work Plans);
- B. Approval of Specified Key Personnel and any changes in Key Personnel;
- C. Concurrence on the substantive provisions of sub-awards;
- D. Agency and Recipient Collaboration or Joint Participation - Approval of the Recipient’s Monitoring, Evaluation and Learning (MEL) Plans annually;
- E. Monitor to authorize specific kinds of direction and re-direction of activities; and
- F. Agency’s Authority to immediately halt an activity if the recipient does not meet detailed performance specifications (for example, construction specifications).

B.4 Title to Property

Property title under the resultant agreement shall vest with the Recipient in accordance with the requirements of 2 CFR 200.312 – Federally-owned and exempt property and the with the

[Mandatory Standard Provision for Non-US Organizations](#), specifically “M.7 Title to and Use of Property (December 2014)”.

B.5 Authorized Geographic Code

The authorized geographic code for the procurement of commodities and services under the Activity is 935. Geographic Code 935 includes any area or country including the Recipient's country but excluding any country that is prohibited source).

B.6 Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient under the subject Activity is to transfer funds to accomplish a public purpose of support or stimulation of the "Achieving and Sustaining HIV/TB Epidemic Control in the Eastern Cape Province - Integrated HIV/TB Service Delivery Response" Activity, which is authorized by Federal statute.

The successful Recipient will be responsible for ensuring the achievement of the activity 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, activity objectives, and the terms and conditions of the Federal award. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility under this Notice of Funding Opportunity (NOFO) is restricted to local entities. For purposes of consistency and reporting, the definition of “local entity” means an individual, a corporation, a nonprofit organization, or another body of persons that:

- (1) Is legally organized under the laws of South Africa;
- (2) Has as its principal place of business or operations in South Africa;
- (3) Is majority owned by individuals who are citizens or lawful permanent residents of South Africa; 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 definition, ‘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.

USAID welcomes applications from eligible organizations which have not previously received financial assistance from USAID. International or U.S. organizations are not eligible to submit an application for an award as a prime applicant under this Notice of Funding Opportunity (NOFO). However, US or international organizations may be proposed as sub-awardees under the applications. 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.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. In accordance with ADS 303.3.9.1, the apparently successful applicant(s) may be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

The Recipient must be a responsible entity. The Agreement Officer (AO) may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the Activity and comply with the terms and conditions of the award.

C.2 Cost Share or Matching

Cost sharing is an important element of the USAID-recipient relationship. In addition to USAID funds, applicants are required to contribute resources from their own, or other sources for the implementation of this Activity.

USAID has established a required cost share contribution of at least ten percent (10%) of the USAID funding amount. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses. For guidance on cost sharing in cooperative agreements, please consult 2 CFR 200 (US Organizations) or Cost Share Standard Provision (Non-US Organizations).

USAID welcomes applications from eligible local organizations which have not previously received financial assistance from USAID. U.S. or international organizations are not eligible to apply as prime applicants for an award under this NOFO. However, US or international organizations may be proposed as sub awardees under the applications. 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.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. In accordance with ADS 303.3.9.1, the apparently successful applicant(s) may be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

The Recipient must be a responsible entity. The Agreement Officer (AO) may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the Activity and comply with the terms and conditions of the award.

[END OF SECTION C]

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**SECTION D: APPLICATION AND SUBMISSION INFORMATION
(Instructions to Applicants)**

D.1 Agency Point(s) of Contact

Name(s):

Kerry West, Agreement Officer, USAID/Southern Africa; and

Ildiko Huhn, Sr. Acquisition and Assistance Specialist, USAID/Southern Africa

Email: pretoriaapplications@usaid.gov

D.2 Questions and Answers

Questions regarding this NOFO should be submitted in writing to: pretoriaapplications@usaid.gov, stating the NOFO number in the subject line no later than the date and time indicated on the cover letter. 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 posted on www.grants.gov, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant. Questions submitted after the deadline for questions may not receive responses.

D.3 General Content and Form of Application

D.3.1 Preparation of Applications:

Each applicant must furnish the information required by this NOFO. Full 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 4 and 5, 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. The technical application must not include budget information.

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

- Name of the organization(s) submitting the Application;
- Unique Entity Identifier (UEI) of the organization;
- 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); Also state whether the contact person

is the person with authority to sign an award for the prime applicant organization, and if not, that person should also be listed.

- Program name
- Notice of Funding Opportunity number
- Name of any proposed sub-recipients or partnerships (identify if any of those organizations are local, per USAID's definition of 'local entity' under ADS 303).
- The Cover Page must be signed by the individual with the authority to sign an award on behalf of the organization.

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

Applications must comply with the following:

- The Technical Application must not exceed 25 pages and must be structured in the format outlined below. USAID will not review any pages in excess of the page limits noted in Section D.4.
- All text must be in Times New Roman 12-point font, 1.15 line spacing, with a minimum of 1-inch margins on all sides with consecutive page numbers on each page starting from the Cover Page, date of submission and applicant's name
- Tables, graphs, and charts may use a smaller font, but not less than 8-point for any text
- Annexes will not be counted toward the page limitation
- All documentation must be written in English, and pages must be numbered, including numbered Annexes (e.g., *Annex 1, page 25*)

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

D.3.2 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 may be removed from consideration. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time/confirmation from the receiving office. Applications must be submitted by email to: pretoriaapplications@usaid.gov.

Email submissions must include the NOFO number and applicant's name in the subject line heading. Multiple emails may be sent to accommodate the application size and content. 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".

The Technical Application and the Cost Application **must each be submitted as two separate emails. Please consolidate email attachments to the extent possible**, e.g., that you compile the various parts of the technical application into a single document before sending it; and do the same for the cost application.

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

Email submissions must be limited to **25MB** per email. USAID is unable to receive any email larger than 25MB. Before sending your documents to USAID as email attachments, convert them into Microsoft Word or Adobe PDF and Excel. Signature pages must be converted to Adobe PDF format. Please do not send files in ZIP format as there may be a problem with the receipt of such files. USAID/Southern Africa cannot guarantee their acceptance by the internet server.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time. In the event of system problems or technical difficulties, the above stated agency points of contact must be informed immediately via the email addresses provided above. Hard copies, telegraphic or faxed applications are not authorized for this NOFO and will not be accepted.

After an Applicant has sent its application electronically, the Applicant should immediately check its own email to confirm that the attachments were indeed sent. If an Applicant discovers an error in its transmission, it should send the material again and note in the subject line of the email that it is a "corrected" submission. Please 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.

The subject line for every such email must include the following:

“Achieving and Sustaining HIV/TB Epidemic Control in the Eastern Cape Province – Integrated Service Delivery Response NOFO Nr.: 72067423RFA00002”

Applications (and corrections, if any) must be submitted no later than the date indicated as the deadline for the submission of applications in this NOFO as indicated on the cover letter accompanying this NOFO. All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format.

Consistent with ADS 303.3.6.6, applications that are submitted late may be eliminated from the competition. If a late application is evaluated and considered for award, all similarly

situated late applications (in terms of time of receipt) will also be evaluated and considered for award.

D.4 Technical Application Format

The technical application must 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 must take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application must strictly follow the format and outline prescribed below and adhere to the *maximum* number of 25 total pages, excluding Annexes. The suggested page limit for the Annexes is also 25 pages as identified below and separate from the technical application. Any pages submitted in excess of these limitations will not be reviewed. The Technical Application must be submitted in PDF format and in an unlocked MS Word format (it must be searchable and editable Word or PDF format as appropriate)

It is the Applicant's discretion how to use their pages appropriately within the maximum number of page limitation.

- A. Cover Page
- B. Table of Contents
- C. Executive Summary
- D. Technical Approach
- E. Management and Staffing Approach
- F. Sustainability and Partnerships
- G. Technical Annexes

The Technical Application must contain the following content:

A. Cover Page

- See Section D.3.1 above for requirements

B. Table of Contents

- Include major sections of the Technical Application and page numbers to easily cross-reference and identify merit review criteria, including: the Executive Summary, the Technical Approach, Management and Staffing Approach, Sustainability and Partnerships, and Technical Annexes. The specific headings for each of the Technical Annexes must be listed.

C. Executive Summary

- A brief description of the proposed activities, a concise summary of the Technical Application that gives the reader a “snapshot” of the information that is presented in the Technical Application.

D. Technical Approach

- This section must provide a detailed description of proposed interventions, tailored to the Eastern Cape context, to be implemented in support of the Activity. This section will also address gender considerations and incorporate evidence-based practices. Innovative and sustainable solutions are encouraged and must be integrated where applicable.

The information detailed in the Technical Approach must be organized by the Activity’s objectives and intermediate results.

E. Management and Staffing Approach

- This section must convincingly demonstrate how the proposed management approach and key personnel are appropriate to carry out the described technical approach in the Eastern Cape province.
- The Management and Staffing Approach must include a Management Approach and a Summary of Proposed Key Personnel. The Management Approach must detail a management structure, including essential partnerships and proposed sub-recipients, that will support effective implementation of the proposed program. The composition of which should reflect the environment of the project. The Management Approach must describe the team composition and geographic coverage at the district, sub-district, facility, and community levels.
- The Proposed Key Personnel section must provide an appropriate configuration of skills, experience in support of successful implementation of the activity. It is the Applicant’s responsibility to designate 5 Key Personnel positions at 100% LOE.

F. Sustainability and Partnerships

- Applicants must describe how sustainability will be increased and how partnerships tailored specifically to the province will support achievement of Activity goals. To demonstrate this, a Sustainability Plan is required to be submitted in Annex D based on the instructions provided below.
- Applicants are encouraged to bring in practical solutions to maximize local partnerships.
- In this section Applicants must describe and expand on the following items at a minimum: 1) With whom will they partner? 2) What will each partner’s role be? 3) How will the partner(s) contribute to the requirements in the Activity? 4) How will the partnership advance sustainability in the province? 5) Concrete steps that are planned or have been

executed to establish or strengthen the partnership(s) both during the period of performance and once the award has ended. This section must also include a strategy for meeting and or exceeding the minimum ten percent cost share requirement to maximize sustainability as outlined in Section C of the NOFO.

G. Technical Annexes (up to 25 pages)

The only annexes to be evaluated are listed hereunder and do not count towards the page limit of the Technical Application.

- **Annex A – Monitoring, Evaluation and Learning (MEL) Plan**
(Suggested page limit: 3 pages)

This section will include a draft monitoring and evaluation plan (MEL) with the proposed indicators to be used to measure the achievement of results. The required PEPFAR MER indicators must be included in the draft MEL plan in addition to unique and/or custom developed program-level indicators (e.g., output indicators) to measure the performance of the Activity. The draft MEL plan must include periodic targets (e.g., monthly, quarterly, semi-annual, annual, end of Activity, etc.) for all proposed indicators. A table format may be used; refer to the [USAID MEL plan template](#) for an example and template of a table that may be used for a draft MEL plan.

This section must describe the comprehensive data-driven approach that will be used to ensure management of data towards achievement of results. The plan must detail how performance will be continuously monitored and assessed and how the data collected is proposed to be used for learning and program adaptation.

- **Annex B – Draft Work Plan**
(Suggested page limit: up to 7 pages)

This section will include a draft work plan detailing the sequence and simultaneous implementation of interventions and technical support planned for the Activity. Please use the work plan template provided. Interventions and technical support must be clearly linked to the respective objective(s) and intermediate result(s).

As part of the draft work plan, the applicant must provide startup milestones detailing the tasks and steps to establish and operationalize the Activity and initiate implementation of interventions. The plan must include hiring staff, renting office space, securing sub-recipients, engaging with stakeholders and GoSA counterparts, etc.

- **Annex C – Proposed Key Personnel, CVs and Letters of Commitment**
(Suggested page limit: 3 pages)

Applicants are required to submit the following documents: current Resume (maximum 2 pages per key personnel) and Letters of Commitment for each proposed key personnel. Each proposed candidate must sign the letter stating that s/he is committed to serving in the position for which s/he is being proposed and will include the date s/he is available to fully assume the proposed key personnel position. The letters of Commitment should not be exclusively binding.

- **Annex D – Sustainability Plan**

(Suggested page limit: up to 5 pages)

The Sustainability Plan must explain how the applicant proposes to build resilience and strengthen sustainability during the period of performance and to support continuation of related progress to the Activity after its conclusion. Indicators may be proposed in the Draft Monitoring, Evaluation and Learning Plan (described below) to demonstrate how the Sustainability Plan will measure success towards achieving sustainability of the Activity. The Sustainability Plan must take into consideration USAID’s Approach to HIV and Optimized Programming (AHOP) and the five critical pathways towards building sustainability for an efficacious and durable development response as described in the Program Description.

- **Annex E – Organizational & Management Chart**

(Suggested page limit: 2 pages)

This section must include an organizational and management chart (O&M) and a supporting narrative. It will provide an overview of how staffing for technical, management and other critical functions will be allocated and where they will be located.

- **Annex F – Acronym List**

(Suggested Page limit 2 pages)

This section must spell out all acronyms utilized in the Technical Application. A table format is acceptable.

D.5 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):

D.5.1 Cover Page (See Section D.3.1 above for requirements)

D.5.2 SF 424 Form(s)

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

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

D.5.3 Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy upon request by the AO:

- (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).

D.5.4 Budget and Budget Narrative

a) Funding Information

The estimated funding level spread across the 3 separate objectives of the Activity’s Total Budget is as follows:

Objective	Funding Proportion	Additional Details
Objective 1	40 % of overall budget	<p>*Of which \$10M is earmarked specifically for OVC funding</p> <p>**For IR1.2 the suggested percentages for the OVC models are:</p> <ul style="list-style-type: none"> - OVC Comprehensive Model 60%, - OVC Preventative Model 20%, - OVC Dreams Family Strengthening Model 20%
Objective 2	25 % of overall budget	
Objective 3	20 % of overall budget	
Cross-cutting (Across all objectives)	15% of overall budget	
TOTAL	100%	

Applicants must indicate the proposed amount to be allocated to each objective in their submitted Cost Applications accordingly.

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

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 an 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 exchange rate for budget preparation is US\$1 to R16.00. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are allocable, allowable and reasonable.

- 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.

Preparation of the Business (Cost) Application:

- The Business (Cost) Application must be submitted in Microsoft Excel.
- 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.
- The estimated start date identified in section B of this NOFO must be used in the cost application.
- The Business (Cost) Application must clearly indicate the proposed allocation of OVC funds.

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** – Not 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.

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.

Cost Sharing – USAID has established a minimum required cost share of ten percent (10%) of the Award's projected value for the recipient of the award. The Applicant must propose cost share resources to fulfill or exceed this requirement and estimate the amount of cost-sharing to be mobilized over the life of the agreement, as well as specify the sources of such resources, and the basis of calculation in the budget narrative. USAID will make the final determination and assess whether or not the Applicant's cost share contributions (e.g., categories or items) meet the standards set in 2 CFR 200 (US Organizations) or Cost Share Standard Provision (Non-US Organizations).

Other Supporting Documentation - If the Applicant has established a consortium or legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties.

In the case of an application where the entity receiving the award is a joint venture, partnership or some other type of group where the proposed applicant is not a legal entity, the Cost/Business Application must include a copy of the legal relationship between the prime applicant and its partners. The application document should include a full discussion of the relationship between the applicant and its partners, including identification of the applicant with which USAID will directly engage for purposes of Agreement administration, the identity of the applicant which will have accounting responsibility, how Agreement effort will be allocated and the express Agreement of the principals thereof to be held jointly and severally liable for the acts or omissions of the other.

The cost/business application must include letters of commitments from proposed partners which state that the organization is committed to implementing the activities for which it is being proposed and the proposed costs have been discussed.

The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If the organization does not have a current NICRA, the Applicant may be requested to submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Accountant (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. In addition, the applicant must state that the organization/firm is not aware of any material modifications that should be made to the financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework.

D.6 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.

D.7 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
- UEI Number
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list

- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

D.8 Unique Entity Identifier (UEI) and SAM Requirements

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 UEI number for the applicant and all proposed sub-recipients;
2. Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (www.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.

SAM registration: <http://www.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.sam.gov, navigate to Help, then to International Registrants.

Additional information on working with USAID can be found on: <https://www.usaid.gov/work-usaid>.

D.9 History of 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.

The AO will perform a risk assessment (2 CFR 200.206) and 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).

D.10 Branding Strategy and Marking Plan

D.10.1 Branding and Marking

The Recipient must develop a Branding Strategy and Marking Plan (BMP) following the branding guidelines as articulated in Automated Directive System Chapter 320 (ADS 320) to ensure the program and publicity materials clearly communicate that assistance from the U.S. Government is made possible by the generous support of the American people. The Successful Recipient must agree to follow the Branding and Marking Policies established for assistance awards under ADS Chapter 320.

It is a federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961, as amended, and 2 CFR 700.16) that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or subaward must be marked appropriately overseas with the USAID identity. In addition, the successful applicant(s) will be required to comply with USAID and PEPFAR policy on marking and branding.

USAID will request and evaluate a BMP from the apparently successful Applicant(s), except in cases where an existing waiver applies; this evaluation will not be part of the competitive evaluation set forth in this section. The successful applicant’s proposed BMP may include a request for approval of one or more exceptions to marking requirements. The exceptions must align with ADS 320 requirements for exceptions. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful applicant(s), consistent with the provisions “Branding Strategy,” and USAID and PEPFAR policy on branding and marking, in consultation with a Development Outreach and Communications specialist. Please note that in contrast to “exceptions” to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers.

NGO applicants are required to comply with 2 CFR 700.16 and USAID Automated Directive System (ADS) Chapter 320, Branding and Marking available at <https://www.usaid.gov/sites/default/files/documents/1868/320.pdf>.

No award will be made without an USAID approved Branding Strategy and Marking Plan.

The following provisions apply under this Notice of Funding Opportunity (NOFO):

D.10.2 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/Proposal]. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brand mark, with the tagline "from the American people" as found on the USAID Web site at <http://www.usaid.gov/branding>, unless Section VI of the 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 announcements, 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. Applicants 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 the 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

D.10.3 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 brand mark, 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/Proposal]. 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, audio-visual productions, public service announcements, web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID and Identity cannot be displayed, the [Contractor/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 a 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)

D.11 CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – PRE-AWARD Term (February 2012)

(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)

D.12 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)

D.13 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.

[END OF SECTION D]

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SECTION E: APPLICATION REVIEW INFORMATION

USAID intends to award a single Cooperative Agreement from this Notice of Funding Opportunity (NOFO). However, USAID reserves the right to make more than one award or no award if determined to be in the best interest of the Government. Each application submitted compliant with the terms of this NOFO will be reviewed according to the process set forth below. USAID/South Africa intends to evaluate the applications and award an agreement without discussions with the Applicants. However, USAID reserves the right to conduct discussions if the latter is determined by the Agreement Officer to be necessary. Therefore, the initial application will contain the applicant’s best terms from a Technical and Cost/Price standpoint.

The Technical Application will be reviewed according to the following merit review criteria

E.1 MERIT REVIEW CRITERIA

The merit review criteria presented below have been tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to:

- (a) identify the significant matters which applicants should address in their applications; and
- (b) set the standard against which all applications shall be evaluated.

To facilitate the review of application, the applicant must organize its application per the guidance provided under Section D Application and Submission Information of the NOFO.

The criteria set forth below will be used by the Technical Review Committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

Merit Review Criteria
1. Technical Approach
2. Management and Staffing Approach
3. Sustainability and Partnerships

E.2 REVIEW AND SELECTION PROCESS

As per ADS 303.3.6.3(a), USAID will appoint a Selection Committee (SC) to review the application using the review criteria under NOFO Sections E.3 below. Further, per ADS 303.3.6.3(b), the appointed “committee members possess the requisite technical knowledge or expertise to review the programmatic merits of the applications.”

Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant’s budget to ensure that costs, including cost sharing (if applicable), are in compliance with USAID’s policies. The costs proposed must be determined to be reasonable, based on the Cost Application and other information before award can be made.

Award will be made to the responsible applicant whose application is determined to be the best based on technical and cost factors specified in this NOFO. The Agreement Officer must also evaluate the risk of the apparently successful applicant and is charged with the final determination of whether to make an award to the apparently successful applicant.

Authority to obligate the Government: The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

E.3 APPLICATION MERIT REVIEW

As per 303.3.6.3, USAID will conduct a merit review of the application submitted in response to this NOFO.

Applications will be evaluated using an adjectival evaluation scale (exceptional, very good, satisfactory, marginal, and unsatisfactory) as described in table below.

Ratings

<p><u>Exceptional</u></p>	<p>An Exceptional application has the following characteristics:</p> <ul style="list-style-type: none"> ● A comprehensive and thorough application of exceptional merit ● Application meets and fully exceeds the Government expectations or exceeds NOFO purpose and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths significantly outweigh any weaknesses that may exist.
<p><u>Very Good</u></p>	<p>A Very Good application has the following characteristics:</p> <ul style="list-style-type: none"> ● Demonstrates a strong grasp of the objectives. ● Application meets NOFO purpose and presents a moderate

	<p>overall degree of risk of unsuccessful project performance.</p> <ul style="list-style-type: none"> ● Strengths significantly outweigh any weaknesses that may exist.
<u>Satisfactory</u>	<p>A Satisfactory application has the following characteristics:</p> <ul style="list-style-type: none"> ● An application demonstrating a reasonably sound response and a good grasp of the objectives. ● Application meets the NOFO purpose and presents a moderate overall degree of risk of unsuccessful project performance. ● Strengths outweigh weaknesses.
<u>Marginal</u>	<p>A Marginal application has the following characteristics:</p> <ul style="list-style-type: none"> ● The applications show a limited understanding of the objectives. ● Application meets some of more of the NOFO purpose but presents a significant overall degree of risk of unsuccessful project performance. ● Weaknesses equal or outweigh any strength that exists.
<u>Unsatisfactory</u>	<p>An Unsatisfactory application has the following characteristics:</p> <ul style="list-style-type: none"> ● The application does not meet the NOFO purpose or requires a major rewrite of the application. ● Presents an unacceptable degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a lack of understanding of the Government's needs. ● Weaknesses significantly outweigh any strength that exists.

The criteria set forth below will be used by the technical review committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

- 1. Technical Approach**
- 2. Management and Staffing Approach**
- 3. Sustainability and Partnerships**

E.3.1 CRITERIA 1 – TECHNICAL APPROACH

USAID will evaluate the extent to which the proposed technical approach, the draft work plan, and MEL plan demonstrate interventions and tasks that will achieve the stated outcomes and objectives in Section A.

E.3.2 CRITERIA 2 – MANAGEMENT AND STAFFING APPROACH

The Applicant will be evaluated on the quality of the management plan, how well the appropriateness of the staffing and management approach (including the key personnel and organizational chart) will support successful implementation of the Activity in the Eastern Cape province.

E.3.3 CRITERIA 3 – SUSTAINABILITY AND PARTNERSHIPS

The applicant will be evaluated on the extent to which: the application addresses the requirements listed in the NOFO, the sustainability and partnerships approach will support successful implementation of the Activity, the viability of the sustainability plan to establish lasting partnerships which will continue to support the Activity efforts in the Eastern Cape province once the activity has formally ended.

E.3.4 BUSINESS (COST) 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.

While cost is not weighted, the cost application of the apparently successful technical application will be evaluated for cost effectiveness. It will be reviewed to determine based on fairness, cost realism, completeness, and reasonableness whether they are fair, allowable, allocable, and realistic for the proposed technical application. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

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 Activity objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award. USAID reserves the right to determine the resulting level of funding selected for award. Cost evaluation will ONLY be conducted for the apparently successful applicant(s).

Proposed cost share will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and 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 support 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

F.1 Federal Award Notices

The Agreement Officer is the only individual authorized to commit the U.S. Government to the expenditure of public funds. The Agreement Officer will notify successful applicant(s) of its selection for an award or a cooperative agreement(s). USAID will provide this notification electronically to the person designated to receive this information in the application. Notification will also be made electronically to unsuccessful applicants.

Award of the agreement contemplated by this Notice of Funding Opportunity (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.

F.2 Administrative and National Policy Requirements

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

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

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

No deviations are anticipated to the standard provisions for the cooperative agreement(s) under this NOFO. All applicable standard provisions shall be incorporated into the resultant award(s).

F.3 Reporting Requirements

The following reports and related requirements will be included in the Cooperative Agreement(s) issued as a result of this NOFO. Applicants are reminded to budget prudent and adequate resources for completing the required reporting. All reports shall be in the English language, unless otherwise specified by the Agreement Officer Representative (AOR). Submissions will be required electronically. It is not necessary to submit any of these documents with the application, but submission will be required under any resultant cooperative agreement(s).

The reporting formats, a detailed timeline (frequency of reporting), and instructions for the Monitoring, Evaluation and Learning (MEL) Plan, Annual Work Plan, progress reports, success

stories and any other USAID and PEPFAR related reporting requirements will be provided to the Recipient upon award.

Additionally, the Recipient will be expected to meet regularly (via phone, email or in person) with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic, unplanned verbal and written briefings to USAID as appropriate.

F.3.1 Financial Reporting

Financial reporting requirements will be in accordance with the Standard Provisions for Non-U.S. organizations. The recipient must submit an electronic version of the SF 425 Financial Report to the Agreement Officer's Representative (AOR) on a quarterly basis. Electronic copies of the SF-425 can be found at: https://www.whitehouse.gov/omb/grants_forms

In addition, the Recipient must submit quarterly financial reports to USAID/SA within 30 days after the end of each quarter of the fiscal year during the performance period. Copies of all required financial reports will be submitted to the USAID/Southern Africa Agreement Officer's Representative (AOR).

F.3.1.1 Quarterly Financial Reports

The Quarterly Financial Reports shall be based on the three-month periods:

Quarter 1: October 1-December 31

Quarter 2: January 1-March 31

Quarter 3: April 1-June 30

Quarter 4: July 1-September 30

The time frame covered by the first quarterly report will be determined by USAID/SA based on the contract award date. All subsequent reports will adhere to the three-month time frames listed above. The first quarterly financial report may not have a full quarter of financial expenditures due to the actual award date. All subsequent quarterly financial reports should reflect a full three months of expenditures and other related financial data.

The report format will be provided by USAID/SA upon award. The report will contain at a minimum the following information:

- Total funds committed to date by USAID;
- Total funds disbursed to the Recipient to date (including a breakdown by the budget categories listed in the award);
- Total funds vouchered but not yet disbursed;
- Total funds expended but not yet vouchered (accrual amount);
- Pipeline amount (committed funds minus expended funds);
- Anticipated expenditure rate for the upcoming quarter;
- Anticipated number of months of operation with current pipeline; and
- Budget estimate for the upcoming quarter.

If the Activity is funded by multiple funding sources that require separate financial reporting, The AOR will provide additional instructions on how to report on these funding sources.

F.3.2 Performance Reporting

The estimated period of performance of the Activity is five years starting from the date of award.

The implementation of the Activity will follow the annual implementation cycle of October 1 through to September 30. The first-year implementation time frame may differ depending upon the actual award date.

The following are the required reports. USAID may at any time during the agreement performance period add additional reporting requirements within reason that serve the purpose of Activity oversight, administration, and results reporting.

No	Reporting Requirement	Submission Date	Approver
1.	Annual Work Plan and MEL Plan	<p>Final First Year Work Plan and MEL Plan will be due within 30 days of award date, and they will cover the time period from award date through to the following September 30.</p> <p>Subsequent annual work plans and updated MEL plans shall be submitted as follows:</p> <p>May 15 - Draft Annual Work Plan and updated MEL Plan for the upcoming period from October 1 to September 30 submitted for review and comment.</p> <p>July 30 - Final Work Plan and MEL Plan submitted for the upcoming period October 1 through September 30.</p> <p>A template for the annual work plan and MEL plan will be provided by the AOR.</p> <p>All indicators and targets (MER and non-MER) will be determined in consultation with the AOR.</p>	AOR
2	Quarters 1, 2 and 3 Performance Reports	Due 30 days after the end of each quarter (January 31, April 30, and July 31). The due date of the <i>first</i> quarterly	AOR

		<p>report will be determined by USAID based on the award date.</p> <p>A template for the quarterly performance reports will be provided by the AOR and will include a narrative report, a PowerPoint presentation for a Joint PEPFAR Program Review, and a minimum of 3 success stories/ best practices.</p>	
3	Monitoring, Evaluation and Learning (MEL) plan	Due 30 days after the award date	AOR
4	Monthly and Quarterly reporting of Performance Indicators in USAID and PEPFAR information systems	Detailed instructions will be provided by the AOR, if applicable, for monthly and quarterly PEPFAR performance reporting.	AOR
5	Environmental Mitigation Monitoring Plan (EEMP) & Environmental Mitigation Monitoring Report (EMMR)	<p>EMMP due as an attachment to the Annual Work Plan; EMMR due as an attachment to the Annual Report</p> <p>A template and detailed instructions will be provided by the AOR in consultation with the USAID Mission Environment Officer (MEO)</p>	AOR, MEO
6	Quarterly Financial Reports	<p>Due 30 days after the end of each quarter (October 31, January 31, April 30, and July 31).</p> <p>A template and detailed instructions will be provided by the AOR.</p>	AOR
7	Annual Performance Report	<p>Due annually by October 31.</p> <p>This will include Quarter 4 performance results and annual performance and results.</p> <p>A template for the annual performance report will be provided by the AOR.</p>	AOR
8	Branding Strategy and Marking Plans	<p>Due within 60 days of the award date.</p> <p>Updates to be completed whenever</p>	AO

		there are revisions to guidelines.	
9	Annual Report on Non-Expendable Property	Due annually by October 31.	AOR
10	Disposition of Assets and Closeout Plan	Due 120 days before the end date of the contract.	AO
11	Final Report	Due 30 days after the end date of the agreement. A template for the final report will be provided by the AOR.	AOR
12	Ad Hoc Reports	TBD	AOR
13	Memorandum of Understanding(s), as applicable	Due 60 days after the award date.	AOR
14	Submission to the Development Experience Clearinghouse (DEC)	As required	AOR

F.3.3. Annual Work Plan, Monitoring, Evaluation and Learning (MEL) Plan and Performance Indicators

F.3.3.1. Annual Work Plan

USAID will provide a specific format for the Annual Work Plan. The Annual Work Plan will detail the interventions and technical support to be completed during the upcoming annual performance period and will include Activity Location Data in a format prescribed by USAID.

The first year Work Plan which is requested to be submitted with the Technical Application should include the 60-day mobilization plan which details tasks related to mobilizing program management and operations (i.e., establishing headquarters, hiring of staff, and operationalizing service delivery systems and service delivery partners (as required) under the award).

F.3.3.2. Monitoring, Evaluation and Learning (MEL) Plan and Performance Indicators

The Recipient will establish a rigorous performance monitoring and results reporting system to monitor performance and measure quantifiable results demonstrating the achievement of the Activity results and expected outcomes. This includes

establishing information systems for routine data collection and analytics and developing a comprehensive set of input, output and outcome indicators to adequately measure performance.

The Recipient will be responsible for all aspects of data collection, analysis, and performance reporting per USAID's quarterly and annual results reporting cycles. The Recipient will be expected to conduct routine data quality assessments in collaboration with USAID and take corrective actions as needed to improve data quality. Data will be used to evaluate performance, drive decisions, guide course corrections as needed, and determine future funding.

A template for the MEL Plan will be provided by the AOR.

If PEPFAR indicators are to be used due to the Activity being funded wholly or partially by PEPFAR funding, PEPFAR indicators will be included in the MEL and used to measure and report on performance. In addition, non-PEPFAR indicators will be used to measure performance against each Intermediate Result. A complete list of the indicators used by PEPFAR will be provided. PEPFAR indicators can also be found in PEPFAR's Monitoring Evaluation and Reporting (MER) Indicators Reference Guide at www.pepfar.gov. The Recipient will work closely with USAID to finalize indicators and set performance targets. Data will be used to evaluate the Recipient's performance, drive decisions, guide course corrections as needed, and determine future funding.

F.3.3.3. Quarterly Performance Report

The Quarterly Performance Report shall be based on the three-month periods:

Quarter 1: October 1-December 31

Quarter 2: January 1-March 31

Quarter 3: April 1-June 30

Note: Quarter 4- July 1-September 30 performance and results will be included in the Annual Performance Report.

The time frame of the *first* quarterly report and its respective due date will be determined by USAID/SA based on the actual contract award date. All subsequent reports will adhere to the three-month period time frame as listed above. The report format will be provided by USAID/SA upon award of the contract. Quarterly reports will include subsections for the province (and by district) and interventions implemented and results achieved to date. The quarterly report is meant to be short, to the point, but informative, providing a comprehensive summary of the implementation of the Activity and results achieved in the prior quarter. Changes to the quarterly report format and content may be made throughout the life of the agreement to ensure its utility but only with formal approval by the AOR. Each quarterly report will include at least three (3) one-page success stories with pictures

or best practices.

In some cases, the quarterly reporting may need to include a separate section and process to report on results achieved for a specific area of technical support or interventions implemented, such as COVID-19 emergency funding, Global Health Security Funding or other related funding to address specific public health issues of immediate concern for USAID. The AOR will provide further reporting instructions in these cases.

F.3.3.4. Monthly and quarterly reporting of performance Indicators into USAID and PEPFAR systems

For monthly performance indicators that will be reported into USAID data systems, USAID will provide instructions. *If PEPFAR indicators are to be reported on*, the Recipient will report into the PEPFAR electronic data collection system on results achieved towards the annual targets of the required PEPFAR indicators. The AOR will provide instructions.

F.3.4 Environmental Compliance, Environmental Mitigation Monitoring Plan (EMMP) and Environmental Mitigation Monitoring Report (EMMR)

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

No activity funded under this Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

An Initial Environmental Examination (IEE) has been approved for the project funding this RFA and for activities to be undertaken herein. The IEE contains a Negative Determination for the proposed activities per 22 CFR 216.3(a)(7)(iv).

Environmental Mitigation and Monitoring Plans (EMMPs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity (e.g., the Initial Environmental Examination (IEE)) imposes mitigation measures related to an intervention(s)

to be implemented under the Activity. EMMPs ensure that the USAID ADS 204.3 requirements for incorporating and monitoring appropriate mitigative measures into project or activity design. The Recipient will prepare an EMMP and submit it with the first annual work plan. Annually, thereafter, the Recipient will update the EMMP and submit it with each subsequent annual work plan in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer (MEO), as appropriate, shall review all ongoing and planned activities under the resulting cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentations. A template will be provided by USAID/SA.

Environmental Mitigation and Monitoring Reports (EMMRs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity impose conditions on at least one intervention implemented under the activity. EMMRs ensure that the ADS 204.3.3 requirements for reporting on environmental compliance are met. The Recipient will complete an EMMR annually, submitting it with the annual performance report. A template will be provided by USAID.

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.

F.3.5 Annual Performance Report

The Annual Report will be a comprehensive summary of the performance and results achieved for the annual reporting period divided by province and district. The AOR will provide a format and more details on the content for the annual performance report within three months prior to the end of the annual reporting period.

F.3.6 Program Income

If program income is anticipated to be generated under the award, income earned during the Activity's period of performance must be added to the total program amount and used to further eligible objectives for the Activity. If program income is applicable under this Activity, it will be implemented in accordance with the standard provision RAA16. Program Income (AUGUST 2020).

F.3.7 Branding Strategy and Marking Plan (BMP)

The Recipient will submit a Branding Strategy and Marking Plan within 30 days of the

award.

F.3.8 Annual Report on Non-Expendable Property

The Recipient will provide an Annual Report on Non-Expendable Property on the last working day of October in accordance with ADS 303. The report must contain an updated list of equipment purchased with USAID funds to include description, quantity, unit price, total price, acquisition date, location, and condition of each item.

F.3.9 Disposition of Assets and Closeout Plan

Close-out and disposition plan in accordance with 2 CFR 200.343 and 2 CFR 200.313 will be submitted six months before the activity end date for USAID approval. The Disposition of Assets and Closeout Plan must include, at a minimum, an illustrative property disposition plan addressing all requirements under the award and local law for the transfer of property; a plan for the phase out of in-country operations; a delivery schedule for all reports or other deliverables required under the award; a timeline for all required audits after closeout of the award; and a timeline for completing all required actions in the Disposition of Assets and Closeout Plan.

F.3.10 Final Report

The Final Report must include no less than the following information. The AOR will provide a format and more details on the content for the final report six months prior to the end of the agreement.

- a. Summary of results achieved by geographic target area.
- b. Summary of transition of interventions to stakeholders and Government of South Africa counterparts to promote sustainability.

F.3.11 Ad Hoc Reports

Ad Hoc Reporting may be required, as necessary during the activity implementation. Specific instructions will be shared in the resulting award.

F.4 Memorandum of Understandings (MOUs)

The MOU(s) articulates partnership principles and strategic objectives and capitalizes on the commonalities between objectives and approaches to establish a basis for ongoing dialogue and cooperation between the USAID implementing partner and the GoSA entity (i.e., Provincial Department of Health). As identified and as needed, the Recipient will establish an MOU(s) with

GoSA entities, as agreed upon in collaboration with USAID/SA. The Recipient will not establish an MOU(s) without USAID's involvement and collaboration.

F.5 Development Experience Clearinghouse Requirements

The Recipient must submit reports in accordance with Mandatory Standard Provision M.8 Submissions to the Development Experience Clearinghouse and Data Rights (JUNE 2012). Specific instructions will be shared in the resulting award.

[END OF SECTION F]

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SECTION G: FEDERAL AWARD AGENCY CONTACT(S)

G.1 USAID/Southern Africa Contacts for this NOFO and for the award are as follows:

Regional Office of Acquisition and Assistance of USAID/Southern Africa (ROAA, USAID/Southern Africa)

G.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

[END OF SECTION G]

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SECTION H: OTHER INFORMATION

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

H.1 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.”

H.2 M29. Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (July 2022)

- a. 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.

This provision implements temporary waivers granted to USAID under Section 889(d)(2) that allow the recipient to use award funds for:

- (1) All costs for covered telecommunications and video surveillance services or equipment incurred through September 30, 2022; and
- (2) Costs for covered telecommunications and video surveillance services or equipment incurred on or after October 1, 2022, through September 30, 2028, only

if the recipient has determined that there is no available alternate eligible source for the covered telecommunications and video surveillance services or equipment.

- b. After September 30, 2028, in accordance with 2 CFR § 200.471 costs of all covered telecommunications and video surveillance services or equipment as specified in 2 CFR § 200.216 will be unallowable.
- c. The Recipient must include this provision in all subawards, and contracts issued under this award.

[END OF PROVISION]

H.3 Key Documents and Annexes

Annex A: South Africa National Current Statistics and Epidemiology

Annex B: USG Response

Annex C: Activity Results Framework

Annex D: PEPFAR South Africa's Three Unique OVC Models

Annex E: Abbreviations and Acronyms

Annex F: Initial Environmental Examination (IEE)

Annex G: Summary Budget Template

Annex H: Standard Provisions for Non-U.S. Non-Governmental Organizations

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KEY DOCUMENTS AND ANNEXES

ANNEX A: SOUTH AFRICA NATIONAL CURRENT STATISTICS AND EPIDEMIOLOGY

South Africa is an upper-middle income country, with many cultures, languages, ethnic groups, and religions. In 2021, the population was estimated at 59.6 million, of which approximately 51% (30 million) were female.⁴³ Life expectancy at birth was estimated to be 67.7 years for females (72.7 without HIV/AIDS) and 61.5 years for males (65.6 without HIV/AIDS).⁴⁴ The infant mortality rate was estimated at 22.1 per 1,000 live births.⁴⁵

South Africa has the largest HIV epidemic in the world, with an estimated nearly 8 million people living with HIV (PLHIV).⁴⁶ Adult (15-49) HIV prevalence is 18.9%; among women aged 15-49, it is 25.0%.⁴⁷ While incidence is declining each year, the HIV burden in South Africa continues to grow. Nationally, there are approximately 198,311 new HIV infections estimated to occur between mid-2021 to mid-2022 with women over 15 accounting for 62.7% of all new HIV infections.⁴⁸

Of the 95-95-95 targets, South Africa has achieved 94-75-92.⁴⁹ The second 95—the proportion of PLHIV who are taking antiretroviral therapy (ART)—remains a critical gap. Just 5.6 million people are currently taking ART.⁵⁰ This gap is evident within the 27 high HIV burden districts currently supported by the President’s Emergency Plan for AIDS Relief (PEPFAR). While all PEPFAR-supported districts have achieved over 90% toward the first 95, none have achieved 90% toward the second 95.⁵¹ As we get closer to HIV epidemic control, South Africa will need to continue to simplify services for clients, including decentralized service delivery and multi-month dispensing (MMD) of ARVs and other medications. This will allow for more attention and resources to be

⁴³ Statistics South Africa (StatsSA). 2021. Mid-year population estimates, 2020 Statistical Release P0302. Statistics South Africa: Pretoria. Accessed Jan 20, 2021 at <http://www.statssa.gov.za/publications/P0302/P03022020.pdf>

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

⁴⁷ Ibid.

⁴⁸ Thembisa 4.5 2021 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

⁴⁹ Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modeling study. *PLoS Medicine*. 14(12): e1002468.

⁵⁰ Ibid.

⁵¹ Thembisa 4.5-calibrated Naomi September 2021 model for district-level cascades as described in: Eaton J, et al. 2021. Naomi: a new modeling tool for estimating HIV epidemic indicators at the district level in sub-Saharan Africa. *Journal of the International AIDS Society* 2021, 24(S5):e25788

given to a much smaller proportion of clients that may not yet be virally suppressed, and to increase the numbers of those on ART.

“Know your epidemic” and offering differentiated modalities for care remain important guiding principles to address gaps in the clinical cascade.⁵² Linkage to care and viral load suppression are particularly challenging for school-aged children and young adults. Men and key populations face challenges in accessing care that recognizes their special circumstances and needs. Women aged 25-49, who comprise 45.1% of PLHIV, also require tailored responses to ensure acceptable options and equitable access to care.⁵³

Prevention of HIV infection for all at risk populations will be key to epidemic control in the future. Prevention of mother-to-child-transmission (PMTCT) has been very successful in South Africa and must be sustained. Biomedical options, such as pre-exposure prophylaxis (PrEP), and outreach to communities to address HIV risk will remain critical.

Although successes with HIV treatment are extending the lives of PLHIV, South Africa still has a large burden of children orphaned due to HIV/AIDS. UNAIDS estimates that 1.6 million children are living without one or both parents as a result of the disease.⁵⁴ These children face multiple and compounding risks such as poverty, hunger, and violence, all of which increase vulnerability to HIV infection in addition to social, emotional and associated challenges.

TB is another persistent public health challenge in South Africa. The country is one of 30 high-burden countries globally, and among the eight countries that contribute nearly 90% of all TB cases annually.⁵⁵ South Africa alone accounts for 3% of global TB cases annually. In fact, South Africa’s rate of new TB infections is the highest in the world, after adjusting for population size. South Africa is also among the 14 countries with the highest burden of multidrug resistant TB (MDR-TB) and TB and HIV comorbidity globally.⁵⁶ Co-infection among people living with HIV in 2019 was measured at 59%.⁵⁷ South Africa’s first National TB Prevalence Survey indicates that TB

⁵² Willson and Halperin. “Know your epidemic, know your response”: a useful approach, if we get it right. *The Lancet*. 2008; 372(9637): 423-426. [https://doi.org/10.1016/S0140-6736\(08\)60883-1](https://doi.org/10.1016/S0140-6736(08)60883-1)

⁵³ Thembisa 4.5 2022 model outputs as described in: Johnson LF, May MT, Dorrington RE, Cornell M, Boule A, Egger M and Davies MA. (2017) Estimating the impact of antiretroviral treatment on adult mortality trends in South Africa: a mathematical modelling study. *PLoS Medicine*. 14(12): e1002468.

⁵⁴ UNAIDS. 2020. See above.

⁵⁵ World Health Organization. 2021. Tuberculosis. Available at <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

⁵⁶ SA NICD. 2021. National TB prevalence Survey 2018. Available at https://www.nicd.ac.za/wp-content/uploads/2021/02/TB-Prevalence-survey-report_A4_SA_TPS-Short_Feb-2021.pdf

⁵⁷ Ibid.

prevalence (including all TB forms) nationally was 737 per 100,000 in 2018.⁵⁸ Poor living conditions and late presentation to health facilities are key drivers of the TB burden.

While contending with significant HIV and TB needs locally, South Africa carries the greatest burden of COVID-19 in all of Africa, with over 4 million cases and 101,982 deaths (as of 5 August 2022).⁵⁹ New and emerging acute infectious disease outbreaks, such as SARS-CoV-2, threaten South Africa's progress in the control of infectious diseases including TB and HIV. The SARS-CoV-2 pandemic has had devastating impacts on the economy and public finances, with impacts echoing through the health sector, underscoring the need for a strong and resilient health system and global health security.

[END OF ANNEX A]

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⁵⁸ Ibid.

⁵⁹ WHO. WHO Coronavirus (COVID-19) Dashboard. Accessed 5 August 2022. Available at <https://covid19.who.int/>

ANNEX B: USG RESPONSEHIV/AIDS Epidemic Control

HIV is a key focus of all PEPFAR activities. In South Africa, PEPFAR is implemented via USAID, the U.S. Centers for Disease Control (CDC), and the Peace Corps. PEPFAR activities support South Africa in reaching the 95-95-95 targets and place a strong emphasis on programmatic linkages between prevention and treatment at both the community and facility level. In 2014, PEPFAR launched the DREAMS Initiative – “Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe: Preventing HIV in Adolescent Girls and Young Women” – to aggressively target PEPFAR resources to reduce new HIV infections among adolescent girls and young women (AGYW). In South Africa, PEPFAR implements a broad portfolio of activities toward the goal of epidemic control in specific geographic target areas. These represent the highest HIV burden districts in South Africa and encompass 82 percent of PLHIV in the country. For further information, refer to the most recent PEPFAR South Africa [South Africa PEPFAR Country Operational Plan](#).

Elimination of TB

The USG is a global leader in support of the fight against TB worldwide and in 2016 launched the U.S. National Action Plan for Combating Multidrug-Resistant Tuberculosis (NAP), which aims to address the domestic and global challenges of MDR-TB. For further information on TB activities in South Africa, refer to the most recent [USAID TB Road Map for South Africa](#).

COVID-19 Pandemic Response and Global Health Security

The USG is also committed to defeating the SARS-CoV-2 pandemic at home and abroad. In August 2021, USAID Administrator, Samantha Power, announced new funding via the American Rescue Plan to expand and intensify the fight against COVID-19 internationally.⁶⁰ Further, in December 2021, the Administrator announced the U.S. Government’s Initiative for Global Vaccine Access (Global VAX), which will bring additional funding with a focus on vaccination, primarily in sub-Saharan Africa.⁶¹ A significant portion of Global VAX funding has been awarded to South Africa, which aims to achieve 70% vaccination by the end of 2022. Efforts in this regard, which are led by USAID and involve other US government agencies in South Africa, will mitigate the impact of the SARS-CoV-2 pandemic on the country’s health and development indicators in the near term while also contributing to greater resilience to system-wide shocks in the future.

Most recently, the USG has announced a new USAID Global Health Security strategy that aims to

⁶⁰ Office of Press Relations, USAID. August 2021. USAID Announces \$720 Million for COVID-19 Response and Recovery Worldwide. Available at: <https://www.usaid.gov/news-information/press-releases/aug-4-2021-usaid-announces-720-million-covid-19-response-and-recovery-worldwide>

⁶¹ USAID. 2021. Global VAX: A New Initiative For Global Vaccine Access To Accelerate U.S. Vaccine Delivery Assistance Around The World. Available at: <https://www.usaid.gov/coronavirus/fact-sheets/global-vax>.

prevent, detect and respond to global health pandemics. The new strategy will work with country governments and other partners in USG-supported countries to address identified gaps and improve capacities in key global health security areas; support and sustain international capacity on surveillance and monitoring systems, including syndromic, pathogen, and events-based systems, needed to detect and regularly report known and new infectious diseases threats in humans, plants, and animals; support partner countries to develop, implement, and scale-up evidence-informed interventions at the community level to reduce zoonotic pathogen spillover; and increase demonstrated capacity in biosafety and biosecurity.

USAID Southern Africa Health Sector Strategy

USAID’s health program in South Africa aims to “partner with the GoSA to end the spread of HIV, TB, and other infectious diseases, and save lives, while building a health system that is resilient, sustainable and equitable.” In line with this mission statement, USAID South Africa’s health program has four strategic goals for programming its development assistance. These are provided in Figure 1. The Activity described in this notice will be administered by USAID will need to align with its mission and goals for work in the country.

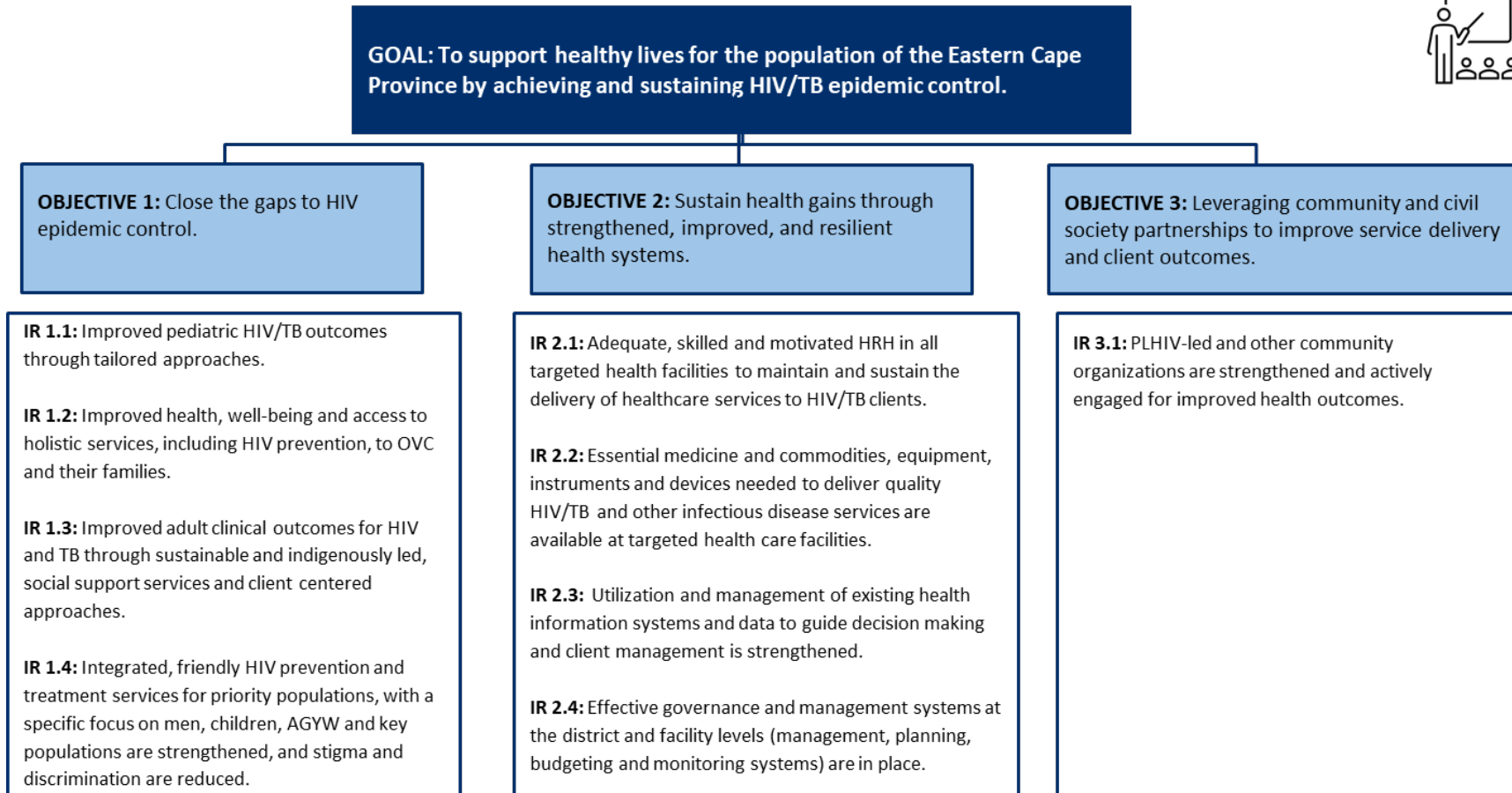


Figure 1: USAID HEALTH OFFICE VISION AND MISSION AS STRATEGIC GOALS FOR 2021-2026

[END OF ANNEX B]

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ANNEX C: ACTIVITY RESULTS FRAMEWORK



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ANNEX D: PEPFAR SOUTH AFRICA’S THREE UNIQUE OVC MODELS

	OVC COMPREHENSIVE	OVC PREVENTIVE	OVC DREAMS FAMILY STRENGTHENING
Who?	Children <18 with known risk factor: <ul style="list-style-type: none"> • C/ALHIV; HIV+ caregiver, Children of Female Sex Workers, Survivors of sexual violence, Double orphans 	Boys & girls aged 10-14 in high-burden districts/areas	AGYW aged 10-17 at elevated risk of HIV in highest burden districts
How?	Family-based approach	Group-based approach	Individually-based approach
What?	Needs-based interventions based on case plans with case management & home visits	<ul style="list-style-type: none"> • <u>Vhutshilo 1</u>; • <u>Chommy</u>; • <u>Grassroot SkillZ</u> 	Parenting/Caregiver Intervention: <ul style="list-style-type: none"> • Let’s Talk; • Parenting for Lifelong Health
Reporting	OVC_SERV & OVC_HIVSTAT	OVC_SERV (active only)	OVC_SERV (active only)

[END OF ANNEX D]

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ANNEX E: ACRONYMS

AGYW	Adolescent Girls and Young Women
AHOP	USAID’s Bureau for Global Health Office of HIV/AIDS developed USAID’s Approach to HIV and Optimized Programing
AOR	USAID Agreement Officer Representative
APP	Provincial Annual Performance Plan
ARV	Antiretroviral
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
C/ALHIV	Children and Adolescents Living with HIV
CLA	Continuous Learning Plan
PEPFAR COP	PEPFAR Country Operational Plan
COP	Chief of Party
CQI	Continuous Quality Improvement
CBO	Community Based Organization
CSO	Civil Society Organizations
DBE	Department of Basic Education
DREAMS	USG PEPFAR-supported “Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe: Preventing HIV in Adolescent Girls and Young Women” initiative
DSD	Department of Social Development
ECDoH	Eastern Cape Department of Health
FBO	Faith-Based Organization(s)

GBV	Gender Based Violence
Global VAX	USG Initiative for Global Vaccine Access
GoSA	Government of South Africa
HRH	Human Resources for Health
IR	Intermediate Result
MEL	Monitoring and Learning Plan
MER	PEPFAR Monitoring, Evaluation and Reporting indicators
MMD	Multi-month dispensing
NAP	U.S. National Action Plan for Combating Multidrug-Resistant Tuberculosis
NHI	National Health Insurance
NDoH	National Department of Health
NSP	South African National Strategic Plan for HIV, TB and STIs 2017-2022
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Preventing Mother-to-Child Transmission
POART	PEPFAR Oversight and Accountability Response Teams
POC	GoSA designated Point of Contact
PrEP	Pre-Exposure Prophylaxis
RDCS	USAID South Africa Regional Development and Cooperation Strategy
TB	Tuberculosis
TEE	Tenofovir + Emtricitabine + Efavirenz
TPT	TB preventive therapy

USG	United States Government
VAC	Violence Against Children
WHO	World Health Organization

[END OF ANNEX E]

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ANNEX F: INITIAL ENVIRONMENTAL EXAMINATION (IEE)

Annex F is one separate attachment of the NOFO

[END OF ANNEX F]

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ANNEX G: SUMMARY BUDGET TEMPLATE

Applicants are required to provide the following items:

SF-424 and SF-424A - The Applicant must sign and submit the cost application standard form number SF-424 and SF-424A. Standard Forms can be accessed electronically at: www.grants.gov

The Budget Template is one separate attachment of the NOFO, and it is included to facilitate budget preparation. At a minimum, the budget must include the items listed in Section D.5 above.

[END OF ANNEX G]

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ANNEX H: STANDARD PROVISIONS FOR NON-U.S. NON-GOVERNMENTAL ORGANIZATIONS

The resulting award will include all standard provisions (both mandatory and required as applicable) in full text. The full text of these provisions may be found at:

[ADS Reference 303mab | U.S. Agency for International Development \(usaid.gov\)](#)

The award will include the latest Mandatory Provisions for Non-U.S. Nongovernmental Organizations. The award will also contain the following “required as applicable” Standard Provisions:

[END OF ANNEX H]

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H.4 LIST OF ADDITIONAL DOCUMENTS

The following (15) documents are uploaded and considered to be attachments of the NOFO.

1. USAID AHOP Executive Summary
2. USAID AHOP Full Summary
3. USAID Gender Policy
4. USAID South Africa TB RoadMap
5. Global AIDS Strategy 2021-2026
6. Government of South Africa NDoH National Act
7. South Africa National Strategic Plan Baseline August 2022
8. South Africa National Strategic Plan Development September 2022
9. South Africa UNAIDS Fact Sheet
10. PEPFAR 2022 Monitoring Evaluation & Reporting Guidelines
11. PEPFAR South Africa COP22 Strategic Direction Guidelines
12. PEPFAR South Africa COP22
13. PEPFAR South Africa Strategy 2021
14. PEPFAR Guiding Principles for Next Phase
15. Eastern Cape Department of Health Annual Plan 2020-2021

[END OF SECTION H – OTHER INFORMATION]

[END OF NOTICE OF FUNDING OPPORTUNITY]

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