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Issuance date: April 10, 2023
Due date for written Questions: April 24, 2023 – 17:00 Addis Ababa Time
Closing date for PowerPoint Slides: May 24, 2022 - 17:00 Addis Ababa Time

Subject: Notice of Funding Opportunity (NOFO) No.: 72066323RFA00007

Program Title: USAID/Ethiopia Lowland Health Activity

Ladies/Gentlemen:

The United States Agency for International Development's (USAID) Mission in Ethiopia (USAID/Ethiopia) is seeking applications for a Cooperative Agreement from qualified entities to implement the USAID Lowlands Health Activity, subject to the availability of funds. Eligibility for this award is not restricted.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO and subject to a risk assessment. Selection of a Successful Applicant will be based on two phases: Phase-1 Oral Presentation by responsive applicants, and Phase-2 co-design with the ASA (s) from Phase-1 and evaluation of full application. Eligible parties interested in applying are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements and selection process.

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

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

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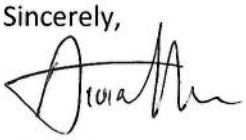
Please send any questions to the points of contact identified in Section D. The deadline for questions is shown above. Responses to questions received by the deadline will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov.

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

Thank you for your interest in USAID programs.

Sincerely,



Alula Abera
Agreement Officer

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List of Acronyms

ADS	Automated Directives System
ANC	Antenatal Care
AO	Agreement Officer
AOR	Agreement Officer's Representative
CBHI	Community Based Health Insurance
CHD	Child Health and Development
CHU	Community Health Unit
CSC	Community Score Card
CDCS	Country Development and Cooperation Strategy
CLA	Collaboration, Learning and Adaptation
CQI	Continuous Quality Improvement
CR	Climate Resilience
CRM	Climate Risk Management
DIS	Development Information Solution
DO	Development Objective
ECBH	Empowered Communities for Better Health
EDHS	Ethiopia Demographic and Health Survey
EFY	Ethiopian Fiscal Year
EHCRIG	Ethiopia Health Center Reform Implementation Guideline
EHSTG	Ethiopia Hospital Services Transformation Guideline
EmONC	Emergency Obstetric and Newborn Care
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender-Based Violence
GIS	Geographic Information System
GoE	Government of Ethiopia
HC	Health Center
HCW	Healthcare Worker
HMIS	Health Management Information System
HP	Health Post
HSS	Health Systems Strengthening
HSTP	Health Sector Transformation Plan
HTP	Harmful Traditional Practice
IP	Implementing Partner
IPC	Infection Prevention and Practice
IR	Intermediate Result
KPI	Key Performance Indicator

LME	Learning, Monitoring and Evaluation
LMG	Leadership, Management and Governance
MNCH	Maternal, Newborn, and Child Health
MoH	Ministry of Health
NPI	New Partners Initiative
PD	Program Description
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PNC	Postnatal Care
PPR	Performance Plan and Report
QI	Quality Improvement
QoC	Quality of Care
RBF	Results-based financing
RHB	Regional Health Bureau
RiPAs	Resilience in Pastoralist Areas
RMNCH	Reproductive, Maternal, Newborn, and Child Health
RMNCAH-N	Reproductive, Maternal, Newborn, Child and Adolescent & Youth Health and Nutrition
SBA	Skilled Birth Attendance
SBC	Social and Behavior Change
SBR	Stillbirth Rate
SGBV	Sexual and Gender-Based Violence
SNNP	Southern Nations, Nationalities and Peoples
STTA	Short-Term Technical Assistance
THDR	Transform Health in Developing Regions
UNDP	United Nations Development Program
USG	United States Government
WASH	Water, Sanitation and Hygiene
WDA	Women Development Army
WMS	Woreda Management Standard
ZHD	Zonal Health Department

SECTION A: PROGRAM DESCRIPTION

A.1. TITLE

USAID Lowlands Health Activity

A.2. SUMMARY

Purpose: USAID/Ethiopia intends to award a five-year assistance Activity, entitled USAID Lowlands Health, to support an organization or a group of organizations, from here on known as "Recipient" or "Consortium", who share the expressed public purpose of improving health and nutrition outcomes in the pastoral geographies of Ethiopia, through increased access and utilization of quality reproductive, maternal, newborn, child, and adolescent & youth health and nutrition (RMNCAH-N) services.

Period of Performance and Funding: USAID/Ethiopia expects to award one (1) cooperative agreement based on a competitive Notice of Funding Opportunity. Subject to the availability of funds, USAID/Ethiopia intends to allocate up to $35 million over a five (5) year period. USAID reserves the right to fund any or none of the applications submitted. If an award is made, it will be funded with maternal and child health and family planning (FP) funding. Therefore, all proposed activities and interventions should directly contribute to improved RMNCAH-N services uptake, and ultimately, improved RMNCAH-N outcomes for citizens in the targeted geographic areas.

Geographic Focus: The USAID Lowlands Health Activity will operate in 35 selected districts across the Afar and Somali Regions and Borena Zone of the Oromia and South Omo Zone of Southern Nations, Nationalities and People's (SNNP) Regions. The Activity will have a significant focus and engagement at the woreda (i.e., district) level supporting the strengthening of the primary health care (PHC) facilities and their respective administrative structures. It is expected that this Activity will coordinate with the Ministry of Health (MoH), the respective Regional Health Bureaus (RHB), and Zonal Health Departments (ZHD). This Activity will have significant engagement at the PHC level to improve quality and utilization of RMNCAH-N services, while ensuring that communities are effectively engaged to improve their own health. The Activity will have 100% coverage within a woreda, albeit interventions will not be uniform and will instead be tailored based on a jointly planned implementing partner, USAID, and MoH assessment and prioritization process that will identify and inform a data-driven, tailored technical assistance plan at each facility.

Institutional Linkage, Partnership and Coordination: The USAID Lowlands Health Activity will contribute to USAID/Ethiopia's Development Objective (DO) 4: "Sustained improvement in essential service delivery outcomes, focused on women and girls" of USAID/Ethiopia's 2019-2024 Country Development Cooperation Strategy (CDCS). Specifically, the Activity will contribute to Intermediate Results (IR) 4.4: "Utilization of quality health and nutrition services increased," and IR 4.5: "Health and nutrition systems strengthen for greater self-reliance". The Activity is within the Empowered Communities for Better Health (ECBH) Project and contributes to its three results, namely (1) adoption of health and nutrition behaviors, (2) improved accountability and responsiveness, and (3) enhanced quality of services.

The Activity will build on USAID/Ethiopia's prior and existing investments in RMNCAH-N, including the Transform Health in Developing Regions (THDR) and Transform Primary Health

Care (TPHC) awards. To the extent possible and for the greatest impact, this Activity will maximize coordination, integration and geographic overlap with other relevant USAID/Ethiopia activities, including the Lowlands Resilience in Pastoral Areas (RiPA) Activities and the Climate Resilient Water, Sanitation and Hygiene (CR-WASH) Activity. Coordination may include joint annual implementation plan development, coordinated implementation when possible, resource leveraging where cost-effective and impactful, and joint results reporting to USAID/Ethiopia. To the extent possible and towards maximizing cost-efficiencies, the Recipient will explore co-location with another USG activity in establishing a greater regional presence and a smaller Addis Ababa Office. Furthermore, the Activity is in line with and should contribute to the quality and equity transformation agenda and priorities of the Government of Ethiopia (GoE), as outlined in the second Health Sector Transformation Plan (HSTP II 2020-2025), the Health Extension Program (HEP) Roadmap (2020-2035), the Strategy to Revitalize HEP in the Pastoralist Areas of Ethiopia, the National Health Equity Strategic Plan (2020/21 – 2024/25), the National Healthcare Quality and Safety Strategy, and the Pastoral Development Policy and Strategy.

Selection and Co-design Process: The selection and co-design process for this Activity will include: 1) Oral presentations in Addis Ababa or virtually for all applications that are in compliance with the directions of submission within this solicitation, and 2) Based on the oral presentations, Apparently Successful Applicant(s) will be invited to a pre-award codesign meeting with USAID/Ethiopia. Then the Apparently Successful Applicant(s) will submit a full program description (PD) inline with the pre-award co-design meeting. A post-award planning workshop will occur to refine the interventions of the Activity with USAID/Ethiopia and other relevant actors. During this planning workshop, the intervention packages, metrics to monitor change, and partnership expectations (including co-financing), informed by inputs from the MoH and the respective RHBs and by a thorough review of relevant data for woreda selection (Attachment 2) will be refined. Note that this Activity will not provide direct financial and/or material support (i.e., direct subgrants) to public international organizations or to GoE entities, including regional and woreda health offices, parastatals, or affiliated universities, and will instead establish co-financing agreements to ensure commitment and funding realization at regional and woreda levels to support PHC services at facility level. Potential exceptions will only be considered for select high-performing health facilities to receive results-based financing (RBF) grants as noted in Section 6.3. High, medium, and low performing woredas will be selected to ensure cross-collaboration and learning through experience-sharing among the woredas. Post-award regional co-planning workshops will be conducted to tailor the assessment process and subsequent interventions to the specific regional and community contexts. All decisions during these co-design processes will be based on cost-efficiencies, data/evidence, and budget considerations to drive improved performance and health and nutrition outcomes in selected intervention areas.

A.3. GOAL AND OBJECTIVES

Expanded access to improved quality and utilization of health and nutrition services are required to improve health and nutrition outcomes and key development indicators in the pastoral areas of Ethiopia. Therefore, the goal of the USAID Lowlands Health Activity is to improve health and nutrition outcomes in the pastoral areas by increasing access, quality, and utilization of health and nutrition services. USAID/Ethiopia aims to partner across sectors with key Ethiopian stakeholders, other development partners, private sector entities, civil society

organizations, local universities, and/or professional associations in working towards this vision. The Activity goal will be achieved through four key, interrelated objectives:

- Enhancing PHC facility governance, leadership, and functionality to deliver essential services
- Improving access to and quality of services through client-centered and contextualized service delivery models
- Increasing adoption of healthy behaviors including utilization of services
- Rehabilitating/renovating health facilities to provide essential RMNCAH-N services

Additional details on the objectives and expected results are outlined in Section Five (5), Activity Description.

A.4. BACKGROUND

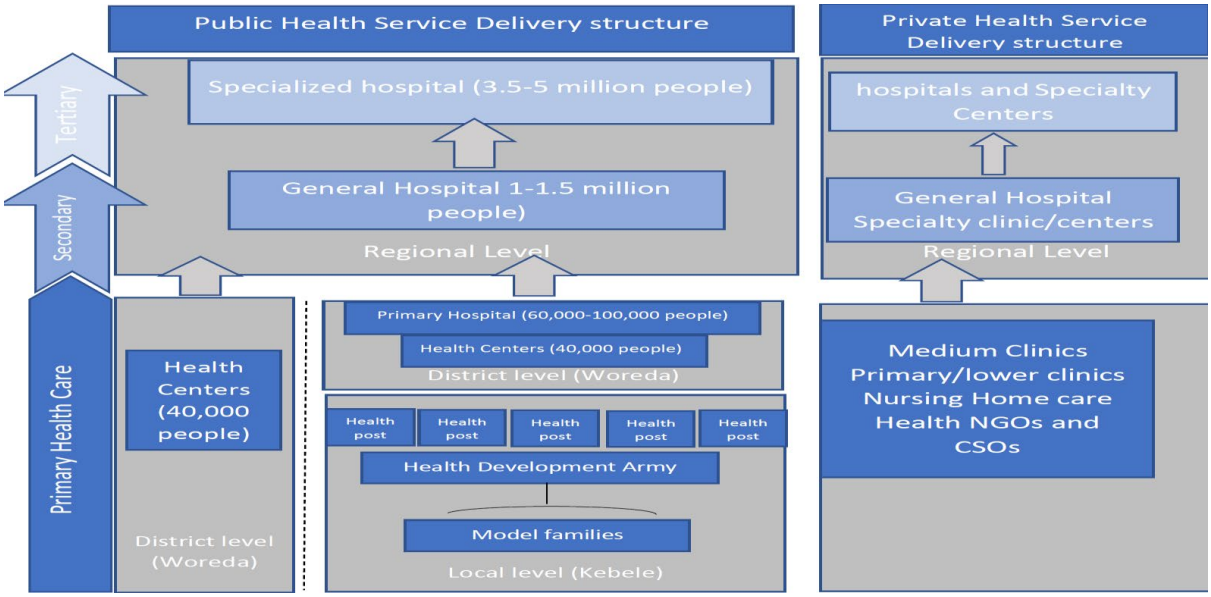
4.1. Country Context

Ethiopia is home to over 80 ethnic groups with diverse cultural, religious, and linguistic backgrounds. As of 2021, Ethiopia had an estimated population of more than 120 million, of which over 78 percent reside in rural areas. While Ethiopia is Africa's second most populous country and one of the fastest growing economies in Africa, it still ranks as one of the poorest, with a per capita income of $925. The northern conflict that started in November 2020 and the different ethnic-based tension that has been happening throughout the country has impacted Ethiopia's progress. The country has eleven regional states and two chartered city administrations that are further divided into zones/sub-cities, districts, and kebeles (administrative villages). For regional states, the woreda is the lowest independent administrative unit that contains several rural kebeles. Ethiopia's health sector is decentralized, with the woreda managing the primary health care units (PHCU) and the bulk of public health programs at community and household levels.

Ethiopia's Health Service Delivery Context:

Ethiopia's 1993 Health Policy continues to provide the health system framework in emphasizing comprehensive primary health care (PHC), including disease prevention, health promotion, and rehabilitating disabilities. The policy also mandates that the MoH develop health infrastructure, health workforce, and service delivery systems.

The fourth Health Sector Development Plan (2010/11-2014/15) introduced a three-tier health care delivery system: primary, secondary and tertiary. As opposed to the earlier six-tier or four-tier health care delivery arrangements, the three-tier system brought the primary health services closer to the communities and households. There is a slight difference in primary health care delivery arrangements between the urban and rural areas, as depicted in the diagram below. Over 90% of the health services are provided by the public health system in rural settings.



The PHC level consists of a primary hospital, catchment health centers (HC), and satellite health posts (HP). At this level, the majority of community health interventions are delivered through the HEP. Secondary care is delivered by general hospitals with a catchment population of 1.5 million and overseen by a RHB. On the other hand, tertiary care is provided by specialized hospitals with a catchment population of approximately five million people with federal and regional oversight.

Ethiopia's Health System Performance: Ethiopia's Demographic and Health Surveys (EDHS) show overall positive trends over the past 20 years, though not at the rates required to meet the country's HSTPs and the Sustainable Development Goals. From 2000 to 2016, the maternal mortality ratio declined by 53 percent to 412 per 100,000 live births. Per the 2019 mini-EDHS, modern contraceptive use among currently married women increased (since the 2005 EDHS), from 14% to 41%, and under-five mortality rate and stunting decreased by 52 percent and 28 percent (since the 2005 EDHS) to 59 per 1000 live births and to 37 percent of under-five children, respectively. The neonatal mortality rate decreased by 33 percent (since the 2000 EDHS) to 33 per 1000 live births. The 2016 emergency obstetric and newborn care (EmONC) survey showed an institutional stillbirth rate (SBR) of 13.9, while the 2020 Interagency Group for Child Mortality Estimation estimates the SBR to be 24 for Ethiopia - nearly double the global and national Every Newborn Action Plan target. In all, Ethiopia has made much progress in key health indicators. Progress is largely attributed to the GoE's commitment to enact health and development policies and an increase in health information and services, especially through its HEP; however, the country has yet to sustainably improve the health status of all its citizens, as shown by the significant disparities across regions and especially for pastoralist subpopulations.

Ethiopia's Pastoral Geographic and Health Context: Pastoralists represent 12 percent of Ethiopia's population (approximately 14 million people) and occupy 60 percent of arid and semiarid areas of the country. Pastoralists and agro-pastoralists reside in the Afar and Somali Regions and in some zones of the Oromia and SNNP Regions. Although common climatic, social, and economic features are shared by many of the pastoral areas, these communities are not homogenous. As per the 2017 baseline for the USAID Regional Pastoral Livelihoods Resilience Activity, pure pastoralists are only common in the Afar (51 percent) and Somali

Regions (36 percent). While a quarter of pastoralists in the Afar and SNNP Regions and 35 percent in Oromia Region are not mobile, they do own livestock and reside in areas characterized as pastoral. Such differences are critical in designing appropriate health service delivery modalities (mobile and static) to meet the varying needs of subpopulations in pastoral areas.

The health system in the pastoral geographies is challenged by several factors. Pastoralist and agropastoralist communities have limited access to infrastructure, including roads, electricity, telecommunication, clean water sources, and health services. Recurrent disease outbreaks (human and animal outbreaks commonly happen twice per year) and other shocks (e.g., flooding, drought, chronic ethnic and/or political conflicts, etc.) lead to internal displacement that results in poor health and nutrition outcomes. Additionally, there is poor multi-sectoral and intersectoral collaboration, and to-date, the HEP has lacked proper contextualization and rollout to pastoral settings, resulting in poor performance. The available health and nutrition services are frequently not culturally-appropriate or accessible to remote or mobile populations, which contributes to the relatively low prevalence of consistent health-seeking behaviors.

The 2016 EDHS and 2019 mini-DHS data clearly highlight the gross health inequities between pastoral and non-pastoral regions. The Afar and Somali Regions perform lower than the national average on all reproductive, maternal, newborn, and child health (RMNCH) metrics (See Table 1 below).[3] The 2016 EmONC survey demonstrated similar inequities in that the Afar and Somali Regions fell below the national average of met need for EmONC. Cesarean section rates in Ethiopia are well below the expected range of 5-15 percent, with the lowest rates in the Afar and Somali Regions at less than 1 percent. The Afar and Somali Regions had stillbirth rates (SBR) of over 20 per 1000 births, while the national SBR was 13.9 per 1000 births. Kangaroo mother care initiation, a life-saving intervention for low birthweight babies, was recorded for less than 1 percent for the Afar Region and only 2 percent of eligible babies in the Somali Region. Newborn resuscitation with a bag and mask demonstrated a similar pattern in these regions. These national surveys do not demonstrate the differences between pastoral and non-pastoral populations living in the Oromia and SNNP Regions. However, health management information system (HMIS) reports show that the pastoral woredas of the SNNP and Oromia Regions have a cumulative higher achievement in most RMNCH indicators than the pastoralist regions (Afar and Somali).

Table 1: Status of Selected RMNCH Indicators by Region (Source: Mini-DHS 2019)

Region	FP uptake (any method)	Antenatal Care 4th visit (ANC 4)	Facility Delivery	Postnatal Care (PNC) (first 2 days)	Vaccination (All Basic Vaccines)
Amhara	50%	51%	54%	40%	62%
Benishangul Gumuz	39%	56%	64%	45%	66%
Gambella	34%	32%	70%	55%	38%
Oromia	41%	41%	41%	26%	30%

SNNPR	45%	34%	48%	32%	67%
Tigray	37%	64%	72%	63%	73%
Afar	13%	31%	28%	23%	20%
Somali	3.4%	11%	23%	10%	19%
National	41%	43%	48%	48%	65%

Afar Region

The Afar Region covers an area of about 72,053 sq km with an estimated population of 2 million, most of whom are pastoralist and agro-pastoralist and predominantly Muslim. The region is administratively divided into six zones and has 40 woredas. For health services, the region has nine hospitals (two of which are private), 96 HCs, and 338 HPs.

The Afar Region was severely impacted by the northern Ethiopia conflict that started in November 2020, including looting and damage of health facilities and other critical infrastructure. The northern conflict has affected all zones of the Afar Region, except Zone 3. Based on an internal USAID/Ethiopia assessment conducted in June 2022, 41 health facilities (one hospital, 12 HCs and 28 HPs) within seven woredas in the Afar Region were damaged by the conflict. As a result, the communities in these conflict-affected areas have limited access to essential health services. Additionally, the region's health system and residents have dealt with compounded shocks, including recurrent flooding, COVID-19, and various disease outbreaks (i.e., cholera, measles, etc.), over the last several years. As of August 30, 2022, the Regional Disaster Risk Management and Food Security Commission estimated that 1.4 million people are in need of humanitarian assistance, due to the compounded effects of conflict, drought, and floods. Despite several humanitarian and development actors currently providing support to the region, there has been a persistent lack of strong coordination and comprehensive documentation outlining all partner contributions and outstanding gaps. Therefore, concerted effort will be required to restore health services in this fragile context to pre-conflict status, including delivery of quality RMNCAH-N services, including agile and adaptive programming. To achieve this objective, USAID/Ethiopia seeks focused, innovative approaches to refine its health programming by gathering real-time evidence and by soliciting partnerships with traditional and non-traditional organizations working to strengthen RMNCAH-N outcomes in the Afar Region.

Somali Region

The Somali Region covers an area of about 328,068 sq km with an estimated population of 6 million, most of whom are pastoralist and agro-pastoralist and predominantly Muslim. The region is administratively divided into 11 zones and has 104 woredas. For health services, the region has 12 hospitals, 208 HCs, and 1214 HPs.

Recent and historic drought in the Somali Region have impacted the availability, coverage, and quality of health and nutrition services in these pastoralist regions. A recent assessment by the Somali Regional State Disaster Risk Management Bureau showed that severe acute malnutrition (SAM) admission increased by 37 percent compared to previous year of the same period. An estimated 22 million people are in need of emergency food assistance in Ethiopia

due to conflict, drought, and floods (OCHA). All drought-affected woredas in the Somali Region showed a high prevalence of global proxy acute malnutrition of over 15 percent. According to UNICEF, from January to June, 2022, SAM admissions with medical complications increased by 57 percent in the Somali Region, compared to the same period last year. The drought associated malnutrition coupled with displacement is increasing the risk of disease and death in the affected communities. In the Somali Region, a measles outbreak, with 2,104 cases reported, and maternal deaths were recorded in the highest number (32% of the national report) since January, 2022. (EPHI epi week 33 report). Factors contributing to a high number of cases of acute malnutrition and preventable deaths include overburdened health facilities, lack of sanitation and safe drinking water, limited content and frequency of food aid, and the upsurge of measles and other communicable diseases due to cross-border movements.

Pastoral woredas of Oromia and SNNP Regions

The Borena and South Omo zones are the largest pastoralist populated areas in Oromia and SNNP Regions respectively. As the settlement of the population is very sparse in the Borena zone, it is hard for many villagers to access health facilities in most places. The Borena is one of two major subgroups of the Oromo people. Unlike other pastoralist areas, the Borena has organized women development armies (WDA). The Borena and South Omo have strong traditional structures such as Abba Olla (Borena) and Balabat (South Omo) that influence any community actions including community health issues. Like the other pastoral areas in Afar and Somali Regions, the Borena and South Omo zones are affected by recurrent conflict, shocks and public health emergencies.[15]

Ethiopia's Pastoral Health Improvement Efforts: In 2018, the GoE published the Strategy for Revitalizing Health Extension Program for Pastoralist Areas with the goal to "narrow the prevailing gaps on key health outcomes between pastoralist regions and national average." While the strategy was ambitious, the disparities in uptake of services depicted in Table 1 still remain, and much more needs to be done to reach the pastoralist areas. The USAID Transform Health in Developing Regions Activity's (THDR) 2020 mid-term evaluation demonstrated that if appropriate interventions are implemented, health indicators in pastoral geographies can be significantly improved over time. However, most of these improvements were negatively impacted by the conflict and drought that affected these regions, as documented in THDR's 2022 final evaluation. For instance, in the Afar Region, early ANC utilization increased from 16 to 36 percent by 2020, which then declined to 12 percent in 2022. In the Somali Region, full childhood immunization increased from 20 to 26 percent during the midterm, as compared to THDR's 2017 baseline, and dropped to 3 percent in the 2022 final evaluation. On the positive side, the final evaluation also showed that the reduction at the endline was higher in the control sites, when compared to the THDR intervention sites, denoting the significance of the Activity in preventing further deterioration of key health indicators. This USAID Lowlands Health Activity will build upon such lessons to sustain and advance USAID and other investments in pastoral geographies for improved health and nutrition outcomes.

4.2. Problem Statement

Pastoral communities in Ethiopia have sustained poor social development outcomes relative to their agrarian and urban counterparts. The health needs of pastoral communities have

been historically neglected, and/or the available health and nutrition services have lacked proper contextualization to the pastoral setting. In the past, the GoE advocated for pastoral communities to stay settled in specific locations to enable a static site service delivery model, which does not adequately address the health needs of mobile populations in pastoral areas. Overall, gross inequities still remain in pastoral areas in terms of access to and utilization of high-quality services, resulting in poor RMNCAH-N outcomes.

Barriers to the Utilization of Quality Health and Nutrition Services in Pastoral Communities:

Distance and Geographic Access: Geographic factors, including distance and poor road conditions, as well as limited operational capacity for service delivery and population tracking (See attachment 3 for more information on mobility of pastoral communities), hinder utilization of health and nutrition services. The health facilities in these areas lack data on seasonal migration and temporary camp locations and have limited capacity to adapt delivery strategies, which compromise RMNCAH-N service delivery and access.

Health Care Cost to Clients: Cost to clients includes direct medical costs (i.e., out-of-pocket, informal fees, medicines, etc.), non-medical costs (e.g., transport), and indirect costs/opportunity costs (e.g., loss of income due to lost workdays) compounded by household vulnerability to catastrophic health shocks amidst other climatic events. While the GoE has attempted to address financial barriers in increasing access to certain RMNCAH-N services through fee exemptions, community-based health insurance (CBHI) has not been scaled up widely in the pastoral areas exacerbating the out-of-pocket expenditures. Only three (3) woredas of the Afar Region and four (4) woredas of the Somali Region started CBHI implementation. This Activity will not directly support health care financing activities, including CBHI, and will instead coordinate and leverage other USG and non-USG resources to advance this initiative.

Health Facility Service Readiness: Available resources for financing the health system in the pastoral regions have been small, with other priorities limiting availability and delivery of quality health and nutrition services. For instance, only 10% and 14% of government expenditure is spent on health in the Somali and Afar Region respectively in 2014 EFY (2021/2022)[26]. As a result, facility readiness is suboptimal in the pastoral regions given the lack of infrastructure and basic amenities (e.g., clean water, electricity, telecommunications, etc.), consistent availability of essential medicines, diagnostic capacity, standard infection prevention and control (IPC) protocols, and competent healthcare workers (HCW). For example, in 2018 only 68% of health facilities that provide comprehensive obstetric care services had tracer items in the Afar and Somali Regions while only 38% and 52% of health facilities had basic amenities tracer items in the Somali and Afar Regions respectively.

Quality of Health Services: Improving the quality of health services is key to increasing service uptake and ultimately bringing about better health and nutrition outcomes. The quality of PHC delivery in the pastoral areas is affected by several constraints, including poor leadership, management and governance (LMG) practices, shortage of medicines and supplies, lack of competent and motivated HCWs, and suboptimal performance monitoring and accountability systems.[20] The doctor to population ratio is 1:11,685 and 1:9,512 in the Afar and Somali Regions respectively. As per the 2019 Ethiopia Health market labor analysis, 55% and 65% of health workers are males in the Afar and Somali Region respectively. Besides, the number of

women in leadership positions is much lower than males. Only 31% and 47% of health facilities that provide ANC services have the ANC tracer items in the Somali and Afar Region respectively.[27] The service packages, including the HEP, are crafted within the static health service delivery model and are therefore, not tailored to the mobility of pastoral communities.[20]

Knowledge, Beliefs and Attitudes: Multiple studies have shown that knowledge, beliefs and attitudes affect uptake of RMNCH services and adoption of healthy behaviors. For instance, poor exposure to health information and traditional beliefs have been identified as barriers while women's and their partner's knowledge and positive perceptions have been identified as facilitators to utilization of RMNCH services. Religious beliefs about FP are a leading cause of poor uptake of RMNCAH-N services in the Afar and Somali Regions, given characterizations of FP as sinful and against God's will. Large family sizes are valued by pastoralists, as having many children is culturally considered to be a sign of blessing and wealth. Therefore, stigma-related reasons that hinder health service uptake include embarrassment of discussing contraception with providers; fear of being seen seeking FP services; and strong parental and community pressures on married youth to demonstrate fertility.

Existing evidence shows several factors affecting perceptions of care during pregnancy and of delivery at the health facility. While trends are changing, the practice of concealing pregnancy during early stages is one reason for not seeking early ANC. Nutritional intake is also compromised in the Afar and Somali pastoral areas due to beliefs that women should consume less during pregnancy in order to prevent obesity in the fetus and to avoid labor difficulties. The beliefs of community leaders and grandmothers heavily influence the value and uptake of facility delivery. For example, the provider's sex is significant in that it is unacceptable for women to be examined or seen by men, due to cultural and religious prohibitions characterizing this event as sinful. The THDR gender and sociocultural study revealed that women prefer home delivery by TBAs as the TBAs are females while health workers are males or females. The trust and reliance on traditional birth attendants within pastoral communities by pregnant women has been characterized as a hindrance to facility delivery.[28]

Social and Gender Norms: Across pastoral areas, women are assigned domestic and child-rearing responsibilities in addition to participating in income generation, while men dominate in livelihood generation (e.g., production of goods, services and livestock, farming activities, wage labor, etc.). As per the THDR gender and sociocultural study, social and gender norms with respect to reproductive health contribute to women not fully accessing RMNCAH-N information and services. While decisions to access services such as ANC, immunization, and nutrition are either made jointly within couples or by women, men govern decisions about FP use. Gender norms, while starting to change, also limit male engagement in health services for women and children. Negative community perceptions towards men who allow their wives to seek out FP services is common in the Afar Region and disclosure of FP use results in community censure and disgrace. Female adolescents and youth who are seen by the community while utilizing FP services are considered as "bad girls" and her families will be embarrassed. The lack of separate space for youth friendly services in most health facilities discourages adolescents and youth from utilizing sexual and reproductive health services because they fear that their privacy and confidentiality may not be ensured.[35] Youth-friendly services in the Afar Region have expanded from nil to several facilities in areas where THDR

and other NGOs have been funded by USAID and other donors in recent years; however, the quality and scope of these services have been limited, are in much need of strengthening to ensure better quality, and require a comprehensive, targeted strategy to ensure youth are able to access and utilize them.

Different forms of gender-based violence (GBV) are still prevalent in pastoral areas. Child marriage is very common in the Afar (67%) and Somali (49%) Regions. According to the 2019 THDR's Gender and Sociocultural Study, child marriage in the Afar Region is still common among girls as young as 13 or soon after the onset of menstruation. Despite being illegal in Ethiopia, female circumcision is still common in the Afar (91%) and the Somali (99%) Regions and is community sanctioned as a method to "protect girls' purity and virginity as well as to protect [them] from rape".

Community Agency: Nascent systems within the Ethiopian health architecture provide opportunities for community input into district social development priorities, including health. The inclusion of community members in health facility management committees, community score card (CSC) processes and health facility governing bodies are a few strategies designed to bring citizens' voices and foster greater accountability for culturally-appropriate, quality health services. However, engagement of pastoral communities within both the formal and informal systems to contribute to health actions or social accountability mechanisms is weak.[13]

4.3. Lessons Learned

Despite the barriers listed above, multiple promising approaches and initiatives to improve access to and utilization of quality RMNCAH-N services in pastoral areas do exist. This Activity will build on the gains, innovations, and lessons learned from USG and non-USG funded activities. The following list highlights a few of the promising approaches and lessons learned:

- **"Going beyond the fixed health facility":** The improvement of outreach and mobile health services, including a "Comprehensive Mobile Health and Integrated Outreach Services" strategy (see attachment 5), was one of the most relevant and responsive approaches enacted and adapted by THDR. Similarly, access to health services, including FP, child immunization, and ANC services, increased in nomadic and semi-nomadic pastoralists populations in Kenya when mobile community health units (CHU) were deployed. For instance, the mobile CHUs provided ANC services to 4,777 pregnant women within a year after their establishment. These mobile CHUs were linked to static facilities along the migratory route when referrals were needed. Use of data and support for improved data management, such as use of DHIS2 and Geographical Information Systems (GIS), is necessary to improve efficiency for mobile outreach services by identifying the location of the mobile pastoralists, providing the mobile health services and reporting them.

- **Recruiting, training, and mentoring of health staff:** Supportive supervision and capacity building was also considered one of the most relevant and responsive approaches enacted by THDR. This may include training tailored to low literacy staff and working with regional universities, labs, and health bureaus to train master trainers. Because of the difficult climate and isolation of pastoral regions, this Activity

will explore potential incentives *(sustainable beyond development partner funding and if deemed successful and cost-efficient, adopted within the GoE's human resources system by Year 4 of this Activity)* to recruit and retain staff. Recruiting within these regions and with contextual selection criteria, such as approval from community members and/or sub-clan and religious leaders, proved to be a promising recruitment strategy in Kenya.[27]

- **Evidence-based leadership practices** which focus on developing a culture of local data use to identify issues, jointly solve problems, and monitor changes. Proper use of data by leaders at primary and referral healthcare facilities leads to appropriate decision-making and enhances the process of addressing problems.
- **Coaching and mentorship support** which aims to build local capacity through catchment-based clinical mentorship, quality improvement mentorship and other interventions have higher potential for ownership and sustainability.
- **Innovative clinical skill labs** established at HC level to strengthen peer-to-peer education and promote practical hands-on experience for practitioners and interns played a key role in improving the competencies of health care providers and overall quality of care.
- **Expansion of Quality Improvement Collaboratives** beyond MNH to include FP, Adolescent Youth Health and Development, and Child Health and Development (CHD) created an opportunity to apply Quality Improvement (QI) promising practices and interventions to overall RMNCAH-N.
- **Medical equipment, medicines, and/or supplies:** Due to this Activity's limited resources and the scale of need to be confronted in its geographic scope, the need for the GoE and local entities to mobilize resources for the procurement, refurbishment, and/or maintenance of critical technologies is of paramount importance for sustainable provision of quality maternal and newborn care. This Activity will provide targeted support based on full assessments and justification for such need. Decisions on what type of medical equipment or supplies that will be procured under this award will be made jointly by the implementing partner and USAID. Prior approval for such procurements require USAID/Washington approval for procurement of such items. Commitment from GoE counterparts on equipment maintenance and other operational costs will need to be negotiated and finalized prior to any agreement to procure equipment, medicines or supplies.
- **Integration of health, non-health and OneHealth:** Mapping to pinpoint non-health service opportunities for integration has proven essential. Especially relevant to pastoral regions is understanding the grazing lands, marketplaces, and water spots for livestock. This Activity will collaborate with the USAID Global Health Security (GHS) and RiPA activities to implement a OneHealth approach that focuses on the health of people and their livestock. This can increase the access to RMNCAH-N services through the provision of mobile/outreach services in selected locations such as livestock marketplaces.
- **Engagement of influential community leaders and groups for contextualized social and behavior change (SBC) messaging:** The THDR Activity has reported that the

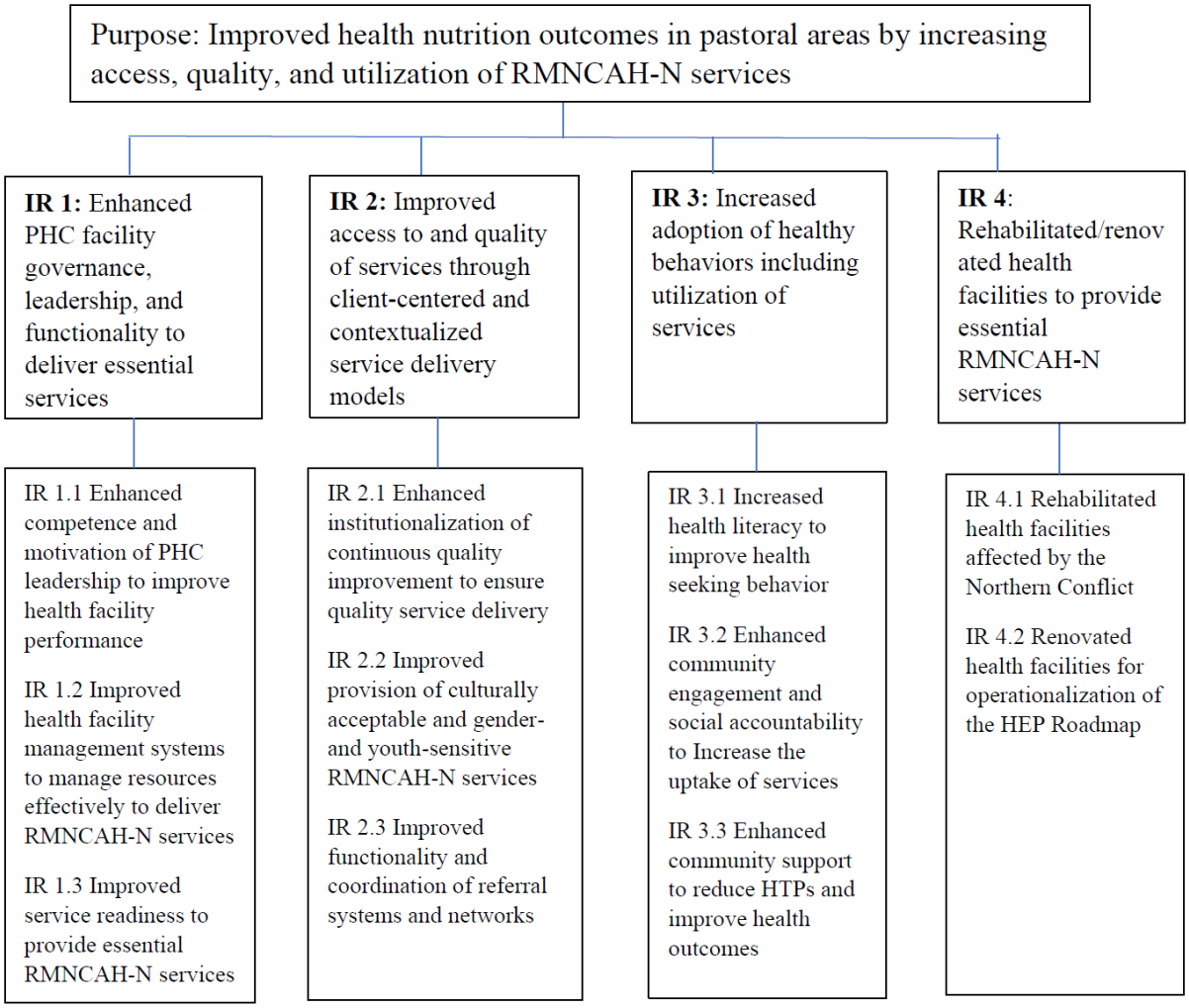
Ummulgargar (women), Abogaragar (males) and the Booto and Daala community engagement groups are promising interventions for tailored SBC messaging in pastoral settings (see attachment 4). Formative assessments focused on social norms allows for contextualized messaging, i.e., engaging clan and religious leaders to support utilization of RMNCAH-N services.

Applicants will be required to demonstrate how their proposed interventions reflect promising practices and lessons learned outlined above and from other available evidence in their applications.

A.5. ACTIVITY DESCRIPTION

The goal of the USAID Lowlands Health Activity is to improve health and nutrition outcomes in the pastoral areas by increasing access, quality, and utilization of RMNCAH-N services. The Activity goal will be achieved through four key, interrelated objectives that will need to be planned and implemented to support and reinforce each other. The objectives are shown in Figure 2 below and further described in this section.

Figure 2: Results Framework of the USAID Lowlands Health Activity



The following table illustrates the anticipated budget allocation for the Activity's four IRs. The allocations could be subject to change as needs arise during implementation.

IR 1: Enhanced PHC facility governance, leadership and functionality to deliver essential services	31%
IR 2: Improved access to and quality of services through client-centered and contextualized service delivery models	35%
IR 3: Increased adoption of healthy behaviors including utilization of services	25%
IR 4: Rehabilitated/renovated health facilities to provide essential RMNCAH-N services	9%

5.1 Theory of Change

Assuming that pastoral areas are accessible during emergencies and shocks; peace is maintained in these areas; the PHC leadership is committed to improve PHC; and other sectors are committed to work with the health sector; then

If health facilities' governance, leadership and functionality is improved to deliver essential RMNCAH-N services in pastoral areas; and

If access to and quality of RMNCAH-N services is improved through delivery of client-centered and contextualized service delivery models; and

If pastoral communities' healthy practices, including utilization of RMNCAH-N services, is increased;

Then health and nutrition outcomes will be improved in pastoral areas.

5.2. Activity Intermediate Results

The USAID Lowlands Health Activity will aim to improve RMNCAH-N outcomes in the pastoral geographies by implementing interventions that will help achieve the IRs and sub-IRs described below. Applicants are expected to propose a prioritized set of interventions to achieve the expected results (as measured by indicators and targets) for each sub-IR and will provide the data/evidence-based rationale in the activity learning, monitoring, and evaluation plan (LME). For proposed interventions, the Recipient will be expected to implement cost-effective analyses starting in Year 1 to generate evidence towards maximizing both health outcomes and cost-efficiency in intervention design and implementation before scaleup within intervention sites.

IR 1: Improved PHC Facility Governance and Functionality to Deliver Essential Services

Suboptimal PHC facility governance and functionality have negatively affected access, quality, and uptake of RMNCAH-N services, resulting in poor health and nutrition outcomes in the pastoral geographies. This Activity will enhance the competence and motivation of health facility leadership to improve the PHC service performance, improve management systems to effectively manage resources, and improve service readiness to provide essential RMNCAH-N services in response to community needs.

IR 1.1: Enhanced Competence and Motivation of PHC Leadership to Improve Health Facility Performance

Limited competence and motivation of the PHC leaders have negatively affected primary health service provision in pastoral areas. Improving health facilities and woreda health

leadership is critical to improving the PHCU performance. Creating a conducive work environment, which is a key HSTP-II priority, improves the motivation and performance of health managers. This Activity will improve the PHC leadership by building the capacity of health managers at woreda and facility levels and improving their working environments. With strong leadership and management support, the quality improvement units and oversight structures ensure consistent review and troubleshooting of essential service delivery components for evidence-based, technically-sound, and client-centered health and nutrition services.

Expected Results:

- Improved leadership and management capacity of PHCU and referral facility managers, including increased capacity to adapt programs to meet community needs
- Effective monitoring and oversight for quality of care by health facility leadership improved
- Participation of women health workers in leadership roles increased
- Increased performance of HCs, primary hospitals, and districts on key performance areas of RMNCAH-N

Illustrative Indicators:

- Percentage of accurate delivery of required clinical actions for prenatal care, normal and emergency delivery, newborn care, FP/reproductive health (RH), adolescents and youth-friendly service provision, etc.
- Percentage of health workers who can provide accurate diagnosis, treatment and help increase patient retention/completion of care.
- Proportion of healthcare providers that demonstrated satisfactory level of competency in their assigned RMNCAH-N thematic areas.
- Percentage of HCs with high performance (>=80 percent) as measured by the Ethiopia HC Reform Implementation Guideline (EHCRIG) score
- Percentage of districts with high performance (>=80 percent) as measured by Woreda Management Standard (WMS) score
- Number of health managers at facility and woreda levels that successfully completed standardized LMG training and coaching

IR 1.2: Improved Health Facility Management Systems to Manage Resources Effectively for Essential Health Service Delivery

Strong and functional PHC facility management systems should be in place for effective delivery of static and outreach/mobile health and nutrition services. This Activity will improve health facility management systems by supporting the establishment/strengthening of health facility governance boards; planning, co-financing, and monitoring of activities; and human resources management. The Activity will explore potential incentive schemes for HCWs that can be immediately supported/co-financed by communities, facilities, and/or woreda leadership for sustainability beyond development partner funding. This Activity will assist health facilities to plan and mobilize resources, including with funding through this award, to improve availability of these inputs to deliver sustainable quality RMNCAH-N services. Standardized facility assessments and co-

financing agreements at facility level (incorporating RBF) will define and direct USAID investments under this award. The Recipient will be required to present assessment findings, cost projections, and determinations for investments through such assessments for approval by USAID. The Activity will also support knowledge management, including digital data use for decision-making and implementation of accountability systems, including performance appraisal and feedback.

Expected Results:

- Functional health facility governance boards
- Annual increases in GoE monetary contributions realized through co-financing agreements to support PHC facility services for pastoral communities
- Established and functional incentive schemes for HCWs supported/co-financed by communities, facilities, and/or woreda leadership
- Improved utilization of quality data for decision-making by health facilities and districts
- Accountability systems in place to hold facility managers and health workers accountable

Illustrative Indicators:

- Proportion of health facilities with functional governance boards, inclusive of community representation
- Percentage annual increase in GoE monetary contributions realized through co-financial agreements to support PHC services in pastoral areas
- Proportion of health facilities with functional incentive schemes for HCWs *(sustainable beyond development partner funding and if deemed successful and cost-efficient, adopted into GoE human resource system by Year 4 of this Activity)*
- Proportion of health facilities with increased data use for decision making
- Proportion of health facilities that used RMNCAH-N scorecards to review implementation of annual implementation plan in the last quarter
- Proportion of health facilities in which accountability systems are in place

IR 1.3: Improved Service Readiness to Provide Essential RMNCAH-N Services

Health facility service readiness refers to the capacity of a health facility to provide basic health services and is measured through tracer items, which include availability and utilization of basic amenities, basic equipment, essential supplies, medicines, diagnostic capacities, standard IPC protocols, and trained healthcare providers.[22] This Activity will improve PHC facility readiness to provide essential RMNCAH-N services by supporting intersectoral collaboration, providing technical support, and procuring essential commodities.

Expected Results:

- Increased availability, functionality, and management of essential equipment, basic diagnostic capacity, standard IPC protocols, supplies, and commodities to provide basic RMNCAH-N services

- Locally-available, cost-effective technology for RMNCAH-N service provision financed, procured, and maintained by GoE and local authorities

Illustrative Indicators:

- Stockout rate of essential RMNCAH-N commodities
- Proportion of service delivery points (SDP) with functional drug and therapeutic committees (DTC)

IR 2: Improved Access to and Quality of Services through Client-Centered and Contextualized Service Delivery Models

Enhancing provision of equitable and quality comprehensive health services is one of the HSTP II strategic directions to improve health and nutrition outcomes. This Activity will support efforts to improve access to quality RMNCAH-N services in the pastoral geographies by supporting institutionalization of continuous quality of care (QoC) improvement, provision of culturally-acceptable, gender- and youth-sensitive RMNCAH-N services, and functionality and coordination of referral systems and networks. The Activity will support client-centered and contextualized service delivery models to meet community needs.

IR 2.1: Enhanced Institutionalization of Continuous Quality Improvement (CQI) to Ensure Quality Service Delivery

Institutionalization of CQI ensures quality health and nutrition services at PHC facilities, which must meet optimal quality standards to achieve the desired health and nutrition outcomes. Placing clients and their families at the center of care by collecting and integrating their and community feedback is important for CQI and for building trust between healthcare providers and users. This Activity should explore existing guidelines and standards for RMNCAH-N services and support contextualization to pastoral settings. This Activity will support institutionalization and utilization of contextualized QoC guidelines and standards. The Activity will also employ and/or pilot innovative approaches for quality improvement, including RBF.

Expected Results:

- Capacity of the quality improvement teams at PHCUs and referral facilities, including private health facilities, on evidence generation and data use for decision-making improved.
- Availability of quality standards, systems, and tools to provide quality RMNCAH-N services
- Facility-level platforms to coordinate evidence synthesis, research uptake, and utilization for QoC programming established/strengthened
- Community feedback mechanisms established/strengthened to inform assessment of PHC service provision and health and nutrition outcomes
- Data systems at service delivery points and districts (HMIS, electronic Community Health Information System, Electronic Medical Record, Logistics Management Information System, etc.) better utilized to inform QI/management initiatives
- Systems for monitoring of CQI activities with a focus on learning and situational awareness strengthened

Illustrative Indicators:

- Proportion of health facilities that consistently use the standards of care for all the RMNCAH-N thematic areas
- Proportion of health facilities with functional continuous quality improvement teams
- Proportion of PHC facilities that successfully implement data-driven RMNCAH-N QI initiatives
- Proportion of health facilities that implement Maternal Perinatal Death Surveillance and Response
- Proportion of health facilities that consistently score green (commendable score), as per the national RMNCAH-N QoC standard measures
- Number and % of public and private health facilities assessed against national and/or international accreditation quality standards.
- Number and % of district health offices established accountability systems based on RMNCAH-N quality standards
- Number of QI initiatives that address gender-related barriers to quality service
- Number of QI initiatives that address adolescent and youth-related barriers to quality service
- Number and percentage of actions points from quarterly data review meetings that are implemented with data triangulation, analysis, and use capacity strengthened
- Number of evidence generated and used to inform QI in RMNCAH-N services
- Proportion of CQI teams and units that have community representation and engagement

IR 2.2: Improved Provision of Culturally-Acceptable and Gender- and Youth-Sensitive RMNCAH-N Services

To improve access to quality RMNCAH-N services in the pastoral geographies, integrated outreach and mobile services should be provided in addition to static PHC facility services. Similar to the HEP, RMNCAH-N services should be contextualized and operationalized to be culturally-acceptable and gender- and youth-sensitive in the pastoral areas. As there is a strong reliance on livestock and associated veterinary care for pastoral livelihoods, which spotlights both animal and human health, this Activity should incorporate One Health approaches. Innovative and/or proven approaches should be used to strengthen PHC facility capacity to plan and mobilize resources for comprehensive, contextualized RMNCAH-N service delivery. This Activity will adapt and/or develop specific gender- and youth-related tools and/or checklists to critically analyze and improve service provision and associated health and nutrition outcomes. This Activity will explore differentiated service delivery models, including those that can maximize the knowledge, practices, and use of traditional birth attendants (in non delivery role) and other locally-valued health personnel within communities in pastoral areas. Such models could explore the potential for increased acceptability of and collaboration with such services in establishing community-facility linkages for PHC service delivery and/or referral networks incorporating lower levels of care and hard-to-reach areas.

Expected Results:

- Improved access to quality health and nutrition services through mobile/outreach and static service modalities, or other approaches that meet community needs in pastoral areas
- Participatory processes implemented, including community and/or vulnerability mapping exercises, to identify under-represented, disadvantaged, vulnerable, and marginalized groups in communities
- Differentiated service delivery models piloted to increase access and quality of PHC services in pastoral areas
- Differentiated service delivery models piloted to increase community (male, female, and youth) acceptability and use of PHC services in pastoral areas
- Improved clinical and bedside capacity of healthcare providers and managers to provide culturally-appropriate, respectful, gender- and adolescent & youth-sensitive, and responsive care
- Cost-effective analyses conducted in monitoring differentiated service delivery models to inform co-financing requirements to support improved access, quality, and health and nutrition outcomes of PHC services in pastoral areas
- Contextualized versions of pastoral HEP piloted in select PHCUs and monitored/analyzed through service delivery data and community feedback mechanisms.
- Improved gender- and adolescents & youth-responsive services across the continuum of care

Illustrative Indicators:

- Proportion of pastoralist and agropastoralist woredas accessed with integrated mobile RMNCAH-N services
- Contextualized HEP finalized, adopted, and financed by GoE for implementation in pastoral areas
- Proportion of health facilities that provide comprehensive and contextualized GBV management services
- Number of sexual and gender based violence (SGBV) survivors who received culturally-acceptable healthcare services

IR 2.3: Improved Functionality and Coordination of Referral Systems and Networks

Suboptimal coordination of referrals coupled with poor geographic access to static health services is a persistent problem that contributes to high maternal and newborn deaths especially in the pastoral areas. The Activity will support a streamlined, bi-directional referral system for static and mobile health and nutrition services to improve the functionality, coordination, and standardization of the referral system for better RMNCAH-N outcomes in pastoral areas

Expected Results:

- Improved mapping and consistent implementation of bi-directional referral networks for RMNCAH-N services across communities, PHCUs, and referral hospitals
- Health facility referral directories regularly updated and disseminated to ensure quality, timely referrals

- Strengthened referral systems with proper utilization of updated referral directory at PHCU levels
- Effective cross-directional referral networks for RMNCAH-N services across communities, PHCUs, and referral facilities, established/strengthened.
- Referral audit/accountability system for documentation and monitoring and evaluation of client referral protocol implementation and functionality established.
- Capacity and practices established/strengthened to provide appropriate care by qualified and experienced teams to critical patients during transport to referral facilities.
- Referral service provision is women, child, and adolescents & youth-friendly, including appropriate identification and management of SGBVsurvivors/clients
- Regular availability and GoE/facility financing and management of digitized support systems for transport (ambulance) services for referral improved

Illustrative Indicators:

- Proportion of health facilities that properly implement bi-directional referral networks
- Number of PHCUs with established referral audit/accountability system for documentation and monitoring and evaluation of client referral protocol implementation and functionality
- Percentage of patients (male, female, and youth) that require referral who were successfully referred to higher-level care and received appropriate services
- Proportion of PHCUs that utilize updated referral directory

IR 3: Improved Adoption of Healthy Behaviors, Including Utilization of Services

Improved adoption of healthy behaviors and norms by individuals, households, and communities' results in improved health status and better health and nutrition outcomes. Adoption of healthy behaviors include practicing optimal household healthy practices (such as exclusive breastfeeding for the first 6 months of life) and timely utilization of RMNCAH-N services. This Activity will improve adoption of healthy behaviors in the pastoral geographies by increasing health literacy; enhancing community engagement and social accountability; and addressing social and gender norms that hinder adoption of healthy behaviors in the pastoral communities. This Activity will collaborate with the USAID Healthy Behavior and Empowering Communities activities to share information and lessons learnt to improve community engagement and adoption of healthy practices.

In partnership and/or twinning with local universities where feasible, this Activity will conduct ethnographic/phenomenological studies that explore sociocultural factors, traditional systems and beliefs, and locally-valued leadership (i.e., clan, religious, family hierarchies, etc.) that can facilitate and/or hinder adoption of healthy behaviors and utilization of PHC services. The objective of such studies is to seek understanding within a human-centered paradigm of specific contextual factors that either facilitate and/or bar progress in RMNCAH-N behavior change and/or access and uptake to quality primary health services. All proposed study designs would be expected to reference and capitalize on existing and past ethnographic/phenomenological studies concerning pastoral areas in Ethiopia and/or similar Sub-Saharan African contexts. Such studies will also explore the roots of and potential influence within existing sociocultural and/or gender norms to help counter harmful

traditional practices (HTP) affecting women, girls, men and boys. The Recipient will use such study results to inform the design context-specific, culturally-appropriate, and evidence-based interventions through increased knowledge and understanding of the sociocultural dynamics on health. USAID/Ethiopia anticipates to weave in intentional, iterative learning processes and the use of applied research throughout this Activity's lifecycle for richer analysis and to inform contextualized approaches and services.

S*ubject to the availability of funds, USAID/Ethiopia intends to allocate up to $500,000 of this Activity's total estimated cost ($35 million) over a five (5) year period to facilitate the development of ethnographic/phenomenological studies, with the requirement that the Recipient supplement this amount at a 1:1 dollar matching rate in proportion to non-USG grant initiatives and/or private resources to be proposed within its cost-share plan.*

IR 3.1: Increased Health Literacy to Improve Health-seeking Behavior

Health literacy is the ability to find, understand, and use information and services to inform health-related decisions. Evidence shows that limited literacy is an independent risk factor for poor health outcomes. In aligning to the HEP roadmap and in exploring contextualized approaches and strategies, this Activity will aim to increase the health literacy of individuals and families to improve timely and appropriate health-seeking behavior, including utilization of RMNCAH-N services. This Activity will actively explore and appropriately address barriers that hinder potential health literacy gains to women, girls, men, and boys in pursuit of their own (and/or their families') health needs. This Activity will creatively maximize locally-valued communication channels within traditional community systems (i.e., clan, religious leaders, family hierarchies, traditional leaders/influencers, etc.) in pastoral areas for delivery of health messaging towards positive health behaviors.

Expected Results:

- Culturally-appropriate, low-literacy educational aids developed to facilitate advocacy for positive healthy behaviors
- Increased individual knowledge on recommended RMNCAH-N practices, danger signs for care-seeking, and available services and access points
- Increased individual acceptability of positive healthy behaviors, including seeking care
- Increased individual self-efficacy to practice healthy behaviors, including seeking care
- Improved health care providers' behavior on engaging with clients

Illustrative Indicators:

- Proportion of households with accurate knowledge on recommended RMNCAH-N practices
- Proportion of individuals with improved attitudes toward recommended RMNCAH-N practices
- Proportion of individuals with improved self-efficacy to practice recommended RMNCAH-N behaviors

IR 3.2: Enhanced Community Engagement and Social Accountability to Increase the Uptake of Services

Community engagement is the active participation of local community members and resources in all aspects of design, planning, governance, and delivery of health and nutrition services. Community engagement is a central component of effective community health management and helps ensure that services are appropriately tailored to population context, needs, and values. This Activity will enhance community engagement and social accountability using evidence-based, context-specific, cost-effective, and creative interventions to improve the quality and utilization of RMNCAH-N services in the pastoral areas.

Expected Results:

- Improved engagement *(i.e., leadership, visibility, and/or voice)* of traditional and religious community structures in the design, planning, governance, and delivery of health and nutrition services
- Improved implementation of social accountability mechanisms such as CSC
- Increased engagement *(i.e., leadership, visibility, and/or voice)* of women, youth, and other marginalized groups in PHC governance and leadership
- Community feedback solicited and integrated within analyses and/or implementation of PHC service delivery models with respect to health and nutrition outcomes
- Improved situation awareness and implementation of solutions by healthcare providers and managers, based on client feedback to ensure greater quality, respectful, and responsive care

Illustrative Indicators:

- Proportion of PHCUs that implement cost-effective, evidence-based social accountability mechanisms that institute community engagement for service improvements
- Number of traditional and religious community structures engaged in the governance and delivery of health and nutrition services
- Proportion of health facility management committees with community member representation (with particular attention to women) increased

IR 3.3: Enhanced Community Support to Reduce HTPs and Improve Health Outcomes

Often, knowledge, beliefs, attitudes, and existing gender and other social norms can prohibit women, men, and children in fulfilling their desired health intentions. Interventions that address these factors, including norms-shifting interventions, support individuals to understand health issues, share their health intentions with others, and make decisions (alone or with others) are considered high impact practices, especially for reproductive health. Specifically, the norms of child marriage and FGM have been designated by the GoE as HTPs, which are now prohibited by law with designated penalties. This Activity will support interventions that address community social norms that affect an individual's and/or couple's communication, decision-making and/or behaviors pertaining to their own and their children's health. The Activity will specifically work towards greater understanding of men's health in examining barriers and/or facilitators to men's access and utilization of PHC services. The Activity will explore potential influence points within the traditional community systems that can help reduce

HTPs and SGBV incidence, including intimate partner violence. This Activity will employ participatory methods and approaches that support broad community participation to develop multisectoral, local interventions that can reduce HTPs and SGBV incidence, while promoting traditional norms for positive health and nutrition outcomes.

Expected Results:

- Increased community engagement advocating for elimination of HTPs and SGBV incidence against women, girls, men and boys
- Increased community support for HTP victims and/or SGBV survivors
- Increased peer accountability for men and women who engage in HTPs and/or SGBV
- Decreased HTPs and SGBV

Illustrative Indicators:

- # of facilitated community conversations exploring perceptions and knowledge of men and women on HTPs and associated health and nutrition outcomes
- # of community and/or household action plans outlining priority activities to eliminate HTPs and/or SGBV incidence approved by a range of community leaders and from all household members.
- # of traditional leaders (men and women) openly advocating for end of HTPs and SGBV incidence
- # of HTPs and/or SGBV survivors accompanied to PHC services
- % of women and men who think that violence against someone as a result of gender is ever justified
- %/# of women and men who are satisfied with communication with their spouse
- % women and men confident to speak out openly on community health issues and gender impacts
- Prevalence of child marriage in intervention woredas
- Prevalence of FGM in intervention woredas

IR 4: Rehabilitated health facilities that provide essential RMNCAH-N services

More than 41 health facilities in the Afar Region have been affected by the northern conflict, thereby resulting in limited access to essential health and nutrition services for the communities in conflict-affected areas. The Activity will renovate and rehabilitate selected health facilities in conflict-affected areas. It will also support the renovation of selected health facilities to operationalize the HEP Roadmap. As previously mentioned, this Activity will deviate from the past THDR Activity in that support for equipment, medicines, and/or supplies will be limited, targeted, and most importantly, leveraging of local resources, given the restrictive parameters of USAID maternal and child health funding. Any such request for support will require detailed review and **prior written approval** from USAID/Washington.

IR 4.1: Rehabilitated health facilities affected by the northern conflict (Afar Region only)

This Activity will rehabilitate selected health facilities in conflict-affected areas as per the national health facility standards and in compliance with USAID policies and regulations governing construction activities. It will also provide support to the conflict affected health facilities to restore the provision of essential RMNCAH-N services.

Subject to the availability of funds, USAID/Ethiopia intends to allocate up to $2 million of this Activity's total estimated amount ($35 million) for IR 4.1 over a five (5) year period to support facility rehabilitation needs in the Afar Region.

Expected Results:

- Selected health facilities are fully renovated including electrification (solar panels), sewerage system, and water supply
- Renovated facilities have strong and locally-resourced preventive maintenance plan that would help in sustainable infrastructure management
- Health services provision restored in the rehabilitated health facilities

Illustrative Indicators:

- Number of fully renovated health facilities
- Proportion of renovated health facilities with strong and locally resourced preventive maintenance plan
- Number of rehabilitated health facilities that restored service provision

IR 4.2: Renovated health facilities for operationalization of the HEP Roadmap

Optimization of contextualized HEP in pastoral areas requires renovation of selected health facilities so that they can provide essential services as per the HEP Roadmap and implementation guidelines. This Activity will support renovation of selected health facilities in its implementation woredas.

Subject to the availability of funds, USAID/Ethiopia intends to allocate up to $1 million of this Activity's total estimated amount ($35 million) over a five (5) year period to both support operationalization of contextualized HEP and to address potential facility rehabilitation needs in selected districts of Oromia, Somali and SNNP Regions.

Expected Results:

- Selected health facilities are fully renovated including electrification (solar panels), sewerage system, and water supply
- Renovated facilities have strong and locally-resourced preventive maintenance plan that would help in sustainable infrastructure management
- Health services provided in the health facilities as per the HEP Roadmap and implementation guidelines

Illustrative Indicators:

- Number of fully renovated health facilities
- Proportion of renovated health facilities with strong and locally resourced preventive maintenance plan
- Number of rehabilitated health facilities that provide health services as per the HEP Roadmap and implementation guidelines

A.6. GENERAL ACTIVITY GUIDANCE

6.1. Overarching Guiding Principles

The following guiding principles must be considered in developing Activity approaches. Applicants may recommend modifying and/or expanding these principles.

Promoting local leadership

As recognized in principles of aid effectiveness, local ownership, and leadership are critical to the success and sustainability of any development intervention. Programmatic approaches must place local actors in the position to shape and direct program inputs, building on their strengths and expanding their capacity to increase their effectiveness and sustainability.

Appreciating and building on the positive, using local assets

It can be easy for development practitioners to get caught up in analyzing and treating problems. Appreciative, asset-based approaches look for what works and what can be built upon. They encourage individuals and communities to own the development process and focus on optimizing use of local resources, which may mitigate creation of dependency on outside resource flows.

Value for Money/Cost-effective Analysis

Monitoring results and dollars spent over the life of the award will be critical to inform how solutions developed and funded under this Activity can be scaled but also, to identify opportunities to be more cost-efficient and effective.

6.2. Geographic Focus

The USAID Lowlands Health Activity will be implemented in selected districts of the Afar and Somali Regions and selected pastoral areas of SNNP and Oromia Regions. A total of thirty-five (35) woredas will be selected proportionally from these pastoral areas. Ten (10) woredas from the Afar Region; seventeen (17) woredas from the Somali Region; four (4) woredas from the Borena zone of Oromia Region; and four (4) woredas from South Omo zone of the SNNP Region will be selected. As much as possible, integration and geographic overlap with activities under USAID RiPA and CR-WASH activities will be sought for greatest impact.

The woreda selection criteria includes:

- Priority will be given to the THDR and TPHC activities implementation woredas to build on the gains of prior USAID investments
- Priority will be given to moderate performing woredas as measured against selected RMNCAH-N indicators (USAID/Ethiopia conducted an initial data review of key RMNCAH-N Performance indicator performance in EFY 2013 and categorized the woredas as high performing [with an overall score of 65% and above], high-moderate performing [50-64%], low-moderate performing [25-49%], and low performing [below 25% overall score])
- Woredas with hospitals (including catchment woredas of referral hospitals) and higher number of HCs will be prioritized

- Priority will be given to transformation woredas
- Woredas with higher number of women of reproductive age and pregnant women will be prioritized
- Geographic overlap with the USAID RiPAs and CR-WASH activities will be considered as much as possible
- Market catchment approach will be considered including both the mobile and settled communities
- Contiguity and proximity of woredas will be considered to the extent possible for ease of implementation and to facilitate collaboration and learning
- Woredas with recurrent conflict and are difficult to access will be excluded

If selected woredas are located in cross-border areas, this Activity will support cross-border interventions, and the RHBs will be responsible for disseminating learnings to non-supported woredas.

USAID/Ethiopia will discuss woreda selection with the Apparently Successful Applicant during the pre-award co-design process. Final decisions on geographic selection will be made after a thorough review of relevant RMNCAH-N data, implementation of facility readiness tools, and established criteria outlining partnership (including co-financing) requirements for USAID complementary support at district, community, and facility levels. The Activity will establish results-based, co-financed partnerships with local health authorities and with health facility leadership through written commitments establishing parameters incorporating minimum participation and contribution requirements, including required co-financing levels (i.e., monetary), towards improving healthcare services during the life of the Activity. Such partnership agreements will serve as reference for transparent, targeted dialogue with such entities in establishing the stage for sustained local ownership and financing of interventions beyond the life of the Activity.

6.3. Technical Approach

The purpose of this Activity is to improve health and nutrition outcomes by increasing access, quality, and utilization of RMNCAH-N services in pastoral geographies of Ethiopia. To achieve the IRs outlined in Section 5, the Recipient must design evidence-based, contextualized, gender- and youth-sensitive, and pragmatic approaches and interventions for pastoral areas. All applications should propose the ideal mix of interventions to improve access, quality, and utilization of RMNCAH-N services. Applicants must develop a comprehensive plan that includes cost-effective, sustainable *(i.e., beyond development partner funding)* interventions and put together a plan that measures the cost of each proposed intervention at district or health facility level. The Recipient must plan to engage in cost-effective analysis on proposed interventions throughout the Activity to inform its retooling of interventions towards maximum results. The Activity will also have a $1 million crisis modifier set aside and will be flexible to identify, assess, and support emergency response efforts to man-made or natural disasters, including disease outbreaks, drought, conflict, etc., that can save lives, restore/sustain health service delivery, and protect critical interventions for community health, while maintaining public health development gains.

USAID's New Partnerships Initiative (NPI) aims to diversify USAID's partner base by creating avenues for new and underutilized partners to work with USAID. Through NPI, the Agency promotes local leadership, seeks bold and innovative approaches to fostering self-reliance, and identifies new sources of funding to sustain partnership and scale impact. As such, focus on local capacity development *(structured and with milestones documenting progress)*, knowledge, ownership *(through co-financing agreements)*, and sustainability *(cost-effective and beyond development partner funding)* is encouraged for all applications. Most importantly, USAID/Ethiopia embraces and would like to foster 'out-of-the-box' thinking to meet the new, ever-evolving demands and challenges that the Activity's pastoral areas are facing in health programming. Applicants are expected to propose solutions that meet the following parameters:

- Are verified acceptable to and adopted by the community
- Access and maximize local assets, knowledge, and values
- Are cost-effective in attaining desired results
- Have high potential for sustainability without development partner funding
- Respect and leverage existing culture, religion, leadership, decision-making. and community structures
- Identify use and local maintenance of appropriate technology

USAID/Ethiopia seeks both creative minds with novel solutions and resource partners with the ability to test and scale-up innovations. The Mission is particularly interested in local and/or international partners with, but not limited to, the following capabilities:

- Ability to rapidly identify, (re)test, and/or scale approaches and/or interventions
- Ability to produce and/or improve any existing interventions and/or technologies currently in use
- Capacity to employ and fully document human-centered design approaches from conception, implementation, testing, evaluation, learning review, and decision making for potential scaleup
- Capacity and willingness to partner to test (including cost-effective analyses) and document identified solutions to refine selection and/or implementation of interventions
- Ability and willingness to establish partnerships with new, underutilized local and/or international partners with considerable talent, expertise, and experience that can contribute to improving RMNCAH-N outcomes

In line with the NPI focus on local capacity development, knowledge, ownership, and sustainability, Applicants should propose a consortium that both incorporates local organizations and also a well-established, international research partner to lead the (LME of the Activity (see Section 10.1) and for possible twinning with local universities.

The Activity will support districts and facilities in a tailored approach based on health status, priority needs, performance potential, and both level and multi-year commitment of complementary financing. As such, the Activity will frame its support in targeting three tiers ranging from Tier 1 to Tier 3, categorized by graded performance from low to high in using GoE and partners' agreed-upon RMNCAH-N Key Performance Indicators (KPI), DHIS2,

Ethiopian Hospital Service Transformation Guideline (EHSTG), and EHCRIG and any other supplemental data/tools to identify target facilities and woredas. The selection of specific districts, facilities, and cities for this Activity will be informed by the following criteria for the proposed three-tier support levels (see Attachment 1: list of proposed districts_Lowland Health implementation woredas).

Based on the criteria in selecting districts and facilities under the different tiers, the Activity will ensure the assistance provided is based on appreciative inquiry, building on historical USAID investments, cost-efficient, realistic, data-driven, and tailor-made to the needs of the community. Given limited resources for this Activity, support will be cost-efficient, selective, results-based, and tailored, thereby, collaboration with existing and new USAID-supported activities is strongly encouraged and to be documented in established agreements (including co-implementation of interventions where applicable) for greater clarity. The districts will be stratified into two or three tiers based on their status at the start of the Activity. Below are sample district and facility stratification to:

- **Tier 1 districts:** Represent districts with high-volume facilities, which may or may not have received previous USAID support, and the districts have high maternal and or newborn/child death rates or have lower performance in other related RMNCAH-N indicators. The facilities in this tier will receive intensive technical assistance to ensure delivery of comprehensive client-centered RMNCAH-N services at the highest quality standards.
- **Tier 2 districts:** Represent districts with health facilities that have received support through USAID (or other development partners) and have facilities which are on the right track to be high-performing facilities. These facilities will get light touch support to ensure gains are sustained and to continue to move the RMNCAH-N services on the right track.
- **Tier 3 districts:** Represent districts with facilities that are at a level of an established network of excellence. These Tier 3 district facilities are being included in this Activity to ensure peer-to-peer learning and experience exchange through twinning and collaborative partnerships with lower tier facilities. Such peer partnerships to build facility performance will be aimed to create a sustainable quality improvement collaborative that can continue throughout and after the Activity *(i.e., beyond development partner funding)*. The Tier 3 health facilities with high performance could be selected for targeted investments through **results-based financing mechanisms to support more systemic quality service improvements that are in alignment with MoH and other funded performance-based financing schemes.**

Tier	Description of health facilities	Package of Support	Metrics to Define Standards Per Tiers
1	*Low-capacity facilities*: facilities that may or may not have had previous USAID support, high-volume facility, high maternal and or newborn/child death rates OR other related RMNCAH-N indicators	Intensive TA	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and previous Activity reports, supplemental assessments when required

2	*Medium-capacity facilities*: Historical USAID RMNCAH-N support	Lighter touch TA	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and Activity reports, supplemental assessments when required
3	*High-capacity facilities*: Network of Excellence	Lighter touch TA and training with lower-level tiers	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and Activity reports, supplemental assessments when required

- The disaggregation of the districts and facilities into various levels will be based on assessments to be conducted by the Recipient utilizing existing data, including USAID-funded assessments, GoE transformation assessment, RMNCAH-N performance reports from DHIS2, as well as other HC/hospital standards on infrastructure and RMNCAH-N quality standards. The Recipient can propose additional assessments to augment existing data or tools to ensure quality, data-driven decision-making for intervention woredas/facilities.

- Phased scale-up of implementation will be initiated with 20 districts enrolled from the four regions in the first year. In consultation with USAID, the Activity's potential scaleup to either intensify support interventions within the 20 districts and/or identify additional districts (up to 35 maximum) for support in its existing four regions will be informed by lessons learned, cost-effective analysis, leveraging of external resources (including district/facility/community results-based, co-financing agreements), and the overall Activity budget. After such analysis, the Recipient could propose additional districts (and health facilities), along with tier categorization and cost projections, to USAID/Ethiopia for review and approval. Furthermore, after three years of support, at least 20% of supported districts (and health facilities) will get lighter above-site support for an additional six months maximum before phasing out completely from the Activity in Year 4 (also outlined in the results-based, co-financing agreements and exit strategy finalized prior to investment).

The Activity will also ensure that technical assistance (TA) will be driven by data that assesses competence, skills, and knowledge of health workers and leaders, facility system status with respect to compliance with and ability to implement standards, as well as having the requisite inputs (i.e., basic infrastructure, equipment, information system functionality) demonstrating readiness. With varying levels of support, this Activity will target all facilities in the selected districts, that is HPs, HCs, and hospitals in urban and peri-urban settings. The Activity will provide significant TA to hospitals so that they can independently cascade down such support to HCs, who in turn will cascade down support to HPs. The presence of facilities that could be categorized in Tier 3 will depend on the availability of exceptionally high-performing facilities in the regional capitals (or in some other districts). If such facilities exist, the Recipient, in consultation with USAID/Ethiopia, could consider their inclusion to ensure lower-tier facilities are supported in a twinning arrangement for continuous capacity building. Facilities in districts found in the conflict-affected areas of the Afar Region could be considered for rehabilitation support as outlined under IR 4.1 and based on further assessments and cost projections reviewed by the Recipient and USAID/Ethiopia.

6.4. Gender and Inclusivity

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID's development objectives. It is USAID policy that all Applicants must mainstream and integrate gender into their interventions. Therefore, the Applicant will be expected to demonstrate compliance with USAID Policy Automated Directive System (ADS) 205 and should explicitly state how this Activity supports the gender policies and strategies of the United States and the Government of Ethiopia.

This may include some of the following approaches:

- Procedures to integrate gender in recruitment of Activity staff (with prioritization to senior leadership and management positions) and training plans among both the government and TA providers.
- Where appropriate, gender considerations will be integrated into the Activity to ensure quality, demand, and access of support to both men and women.

The 2019 Gender Analysis for the ECBH and HSS Projects identified that poor quality services influence the choices of health facilities and utilization of health services by both men and women. The analysis indicated poor quality of health services, including maternal health and SGBV response. For example, obstetric violence including physical abuse, neglect, non-consented care, non-dignified care, or non-confidential care continue to be reported in Ethiopian health facilities. Moreover, there is no clear approach stipulating how gender parity for health workers can be achieved across different professions and seniority levels. Generally, health extension workers, midwives, and nursing professionals are predominantly female, while female health workers account for a lower proportion of medical graduates including specialists/subspecialists.

In addition to the ethnographic studies, the Activity will conduct a more in-depth gender analysis within the first six months after award to jointly design interventions with healthcare providers and managers (and with community input) that can be piloted, tested, and disseminated for replicability across targeted health facilities. Through the analysis findings, the Activity will work collaboratively to address and monitor progress regarding gender in the following areas:

- Male engagement
- Women and girls to access PHC services
- Implementing Partner (IP) (prime, consortium and subgrantees) leadership and management positions within operational and programmatic structures, including senior levels
- Community engagement and redefining norms, e.g., decision making, health-seeking behavior
- Health workforce, including facility management

6.5. Youth

Adolescents and youth are an important group of the population in public health and development programming. Ethiopia's population age structure shows one-third (33.3%) is 10-24 years of age, and limited access to and low utilization of reproductive health services by this group is among the key public health challenges in the country. For the purposes of this solicitation, adolescents and youth are aged 10-24 years and referred to as 'adolescents and youth' or simply 'youth' in this document.

USAID/Ethiopia's health activities have been supporting interventions to ensure access to comprehensive health information and health services for adolescents and youth through youth-friendly health facilities. These activities have supported adolescents and youth engagement with youth-friendly health care as peer educators, who foster better connections between the facility, the community, and schools. The USAID Lowlands Health Activity will build on the experiences and lessons of USAID/Ethiopia's prior investments in adolescent and youth healthcare provision and will support the health facilities to ensure availability of and access to quality youth-friendly services.

6.6. Science Technology Innovation and Partnerships

This Activity will employ creative approaches to improve data use for improving quality of care at facility level, and also, digitized systems to capture client feedback and real time performance of RMNCAH-N services will be utilized to ensure accountability. The Activity will also support digital systems to sustainably improve referral networks between facilities and communities to avoid any breakdowns in the referral system, a critical area of improving quality across the health service delivery units.

A.7. INSTITUTIONAL LINKAGE, PARTNERSHIP AND COORDINATION

The USAID Lowlands Health Activity is well aligned with USAID/Ethiopia's 2019-2024 CDCS. The Activity falls under USAID/Ethiopia's DO 4: "Sustained improvement in essential service delivery outcomes, focused on women and girls''. More specifically, it falls under IR 4.4 "Utilization of quality health and nutrition services increased". The Activity is within the ECBH Project and contributes to its three results, namely increased sustained adoption of health & nutrition behaviors; improved accountability & responsiveness; and enhanced quality of health nutrition services. The Activity will also contribute to the CDCS's IR 4.5 "Health and nutrition systems strengthened for greater self-reliance" and has significant linkages with the Health Systems Strengthening (HSS) Project activities.

Given the integrated nature of the CDCS, DO 4, and the ECBH Project, and the importance of collaboration and partnerships to achieve these objectives, the Activity is expected to pursue and enhance partnerships and coordination with USAID IP and key GoE entities, if feasible and applicable. These key partnerships include:

7.1. Ministry of Health

The Activity is expected to coordinate with MoH and its relevant directorates in its effort to improve health and nutrition outcomes in the pastoral areas, especially in the development of policy documents and guidelines, in the contextualization of RMNCAH-N service packages and quality standards, and the development of new digital systems to ensure interoperability with existing systems.

7.2. Regional Health Bureaus/ Zonal Health Departments

At the sub-national level, the Activity will coordinate with respective RHBs and ZHDs where the Activity will be implemented. These sub-national entities are expected to participate in the post award planning workshop of the Activity in determining areas of support,

approaches, implementation woredas, and health facilities. The Activity should continue to coordinate with these sub-national GoE entities during implementation of the Activity.

7.3. Woreda (District) Health Offices

The Activity's highest level of coordination and collaboration with the GoE management structures will happen at the woreda level. During the life of the Activity, the Recipient will coordinate and collaborate with woreda health offices to ensure local ownership and sustainability. The Activity will focus on supporting primary hospitals, HCs and HPs in improving the access to, quality and utilization of RMNCAH-N services.

7.4. USAID Implementing Partners

The USAID Lowlands Health Activity will coordinate and collaborate with relevant USAID IPs and other development partners to improve health system resilience and health and nutrition outcomes. Coordination and collaboration may include joint annual implementation plan development, coordinated implementation when possible, resource leveraging where cost-effective and impactful, and joint results reporting to USAID/Ethiopia guided by a memorandum of understanding. This Activity has links with a number of USAID/Ethiopia activities and will consolidate lessons from USAID's investments in RMNCAH-N activities, including the USAID THDR and TPHC activities. This Activity will strategically align and synergize its effort with existing and upcoming United States Government (USG) and other development partner activities, including those targeting the health and nutrition outcomes for girls, women, children, adolescents, and youth.

This Activity will maximize coordination, collaboration, integration and/or geographic overlap with relevant USAID/Ethiopia activities including:

Activity Name	**Purpose**	**Start and End Date**
USAID Quality Healthcare Activity	Aims to improve the reproductive, maternal, newborn, child, and adolescent health status of women, adolescent girls, and children by building the capacity of urban and peri-urban PHCUs and referral health facilities in planning and delivering client-centered, quality services.	May 2023- May 2028
USAID Healthy Behavior Activity	Aims to increase sustained adoption of appropriate health and nutrition behaviors with the goal of contributing to reductions in maternal and child mortality, unmet need for FP, malaria, COVID 19, and zoonotic diseases.	July 01, 2022 – June 30, 2027
Feed the Future Ethiopia Community Nutrition Activity	Aims to improve the nutritional status of women and children through improving the appropriate nutritional behavior and utilization of health and nutrition services.	April 1, 2023- March 31, 2028
USAID Empowering Communities Activity	Aims to achieve better health and nutrition outcomes through improved community ownership of health and strengthened social accountability systems and platforms.	July 30, 2023- March 29, 2027

GHS Program	Aims to detect early zoonotic disease cases of Rabies, Anthrax and Brucellosis through a community-based surveillance combined with risk communication and community engagement interventions. It also strengthens One Health structures at regional and woreda level to coordinate better across Health, Agriculture and Environment sectors.	September 30, 2017 - September 29, 2024
USAID Public Health Emergency Management Activity	Aims to reduce morbidity and mortality of Ethiopian citizens related to public health emergencies while ensuring continuity of essential health services (including MNCH) by strengthening the full cycle of public health emergency management: preparedness, response and recovery.	March 1, 2023- February 28, 2028
USAID Supply Chain for Health Improvement Program	It will improve availability and accessibility of essential medicines, medical supplies, & equipment at service delivery points through improved systems to ensure consistent availability and use.	September 30, 2023- September 29, 2027
USAID Health Workforce Improvement Program	Supports improvements in competence of health workers, health sector workforce management and regulation capacity and in institutionalizing data generation and utilization for HRH planning, development, and management.	April 7, 2020- April 6, 2025
USAID Health Financing Improvement Program	Aims to reduce financial barriers to access essential health services by increasing domestic resource mobilization (DRM) and enhanced provision of quality PHC services, streamlining pooling of risk-sharing/insurance mechanisms for increased access to PHC services, facilitating strategic purchasing of public and private health services, and improving health facility governance, management, and evidence generation.	October 25, 2018- October 24, 2023
USAID Digital Health Activity	Supports health information technology systems and data repositories at all health system levels and builds the culture of MoH's data use and capacity in health information systems.	October 11, 2019- October 10, 2024
Feed the Future Ethiopia USAID RiPA Activities	Aims to improve food security and increase resilience capacity of households, markets and governance institutions in the Somali, Afar, Oromia and SNNPR target areas taking a systems-based approach.	RiPA South: January 23, 2020- January 22, 2025 RiPA North: February 21, 2020- February 20, 2025
USAID CR WASH Activity	Aims to accelerate the expansion and sustainability of climate-resilient water services and the adoption of key hygiene and sanitation practices for the underserved and vulnerable targeted lowland areas in the Afar, Oromia, Somali and SNNP regions.	August 15, 2023- August 14, 2028

A.8. POLICY FRAMEWORKS AND STRATEGIES

The USAID Lowlands Health Activity is expected to align its interventions with key GoE policy frameworks and strategies as much as possible. These key policy frameworks and strategies that also informed the design of the Activity include:

8.1. Strategy to Revitalize HEP in the Pastoralist Areas of Ethiopia

Strategy to revitalize HEP in Ethiopia's pastoral areas was launched in 2018. Four approaches and six focus areas that are interlinked and have synergistic effects were identified to revitalize HEP in the pastoralist areas. The four approaches include a) investing in the development of local capacity; b) stratification of woredas and zones and contextualizing implementation modalities; c) strengthening health system; and d) integration within and among sectors and collaboration. The six focus areas are: i) improving stewardship; ii) expand service delivery; iii) engaging community; iv) provide special support; v) enhance coordination and integration; and vi) learning, monitoring and evaluation.

8.2. The second Health Sector Transformation Plan (HSTP II)

The HSTP-II covers the period between July 2020 – June 2025 and is developed as the first part of a ten-year health sector plan. The plan indicates that health indicators in pastoral regions have been far below that of the agrarian ones as a result of high level of gender inequality and HTPs, limited contextualization of health service delivery approaches, low economic and educational status, poor access to basic utilities, poor road infrastructure, and lack of food security. Though a separate strategy and approach to address pastoral community health issues is not indicated, strengthening and expanding health services within the PHC framework is emphasized. Focus is also given to improving governance, ensuring equitable access to and utilization of quality health services in HSTP-II.

8.3. National Health Equity Strategic Plan: 2020/21 – 2024/25

The National Health Equity Strategic Plan was developed to narrow the equity gaps (gender, age, wealth, education, residence, geography, and people with special needs) in health care services in terms of access, uptake, quality and contribution towards addressing the social determinants of health. The strategic directions to address the equity gaps include: enhancing provision of equitable and quality comprehensive health service delivery; improving accessibility of health facilities in all regions; enhancing community engagement and empowerment; strengthening health system resilience, emergency management and One Health approach; improving supply chain and logistics management; enhancing leadership, management and governance; mainstreaming health equity in all policies, strategies and programs; improving research and evidence based decision making; and scaling up health care financing.

8.4. Health Extension Program Roadmap (2020-2035)

The GoE developed a 15-years HEP Roadmap to achieve universal health coverage (UHC) by 2035 through six strategic pillars: (1) ensure equitable access to essential health services; (2) improve the quality of health services provided through HEP; (3) ensure sustainable financing and eliminate financial hardship from HEP service; (4) strengthen community engagement

and empowerment; (5) ensure resilience by maintaining the provision of essential services during any health emergencies; and (6) political leadership, multi-sectoral engagement and coordination, and partnerships (enablers /foundation). According to the roadmap, construction of HPs for communities with sedentary lifestyles will be supplemented by expansion of mobile health services for communities with semi-sedentary and mobile lifestyles. Strategies for HEP implementation in pastoral areas will be informed by studies on mobility and settlement patterns of communities, as well as by integrated approaches for the delivery of health and social services, including water supply, education, and animal health.

A.9. SUMMARY CONCLUSION OF ANALYSES

The design of the USAID Lowlands Health Activity is informed by a number of analyses including:

9.1. National Health Extension Program (HEP) Assessment

The MoH, with the support of The Bill and Melinda Gates Foundation conducted a national HEP assessment in 2019 to assess the relevance, implementation status of the HEP, coverage, adequacy of resources, contribution, determinants, and key intervention areas for improvement. The findings show that both pastoral communities' exposure to HEP and overall HEP performance are low. Proportion of households visited by HEWs among pastoral households was much lower than agrarian counterparts. HP to population ratio is much lower in pastoral regions. The WDA structure was available only in 44% of woredas in the pastoral regions.

9.2. Gender Analysis

USAID/Ethiopia conducted mission-wide gender analysis in December 2016 as part of the CDCS development. Following the Mission gender analysis, project-specific gender analysis was conducted for the ECBH Project in August 2019. The project-level gender analysis examined gender dynamics within the areas of health service utilization, behavior change communication, community engagement, and health service quality to identify project-specific gender issues that may contribute to inequalities or constraints impacting the use of health services and the practice of healthy behaviors. Additional gender-related information obtained from relevant gender assessment and recent study findings informed the design of this Activity. The most notable resource was THDR's 2019 Gender and Other Sociocultural Barriers for the Utilization of RMNCH Services Assessment conducted in Afar, Somali, Benishangul Gumuz and Gambella Regions.

A. 10.1. Learning, Monitoring and Evaluation (LME) Plan

The Collaboration, Learning and Adaptation (CLA)/LME plan should be an integral component of the Activity to enhance effective planning, management, and achievement of the intended objectives. Working closely with USAID, the Recipient will develop a comprehensive CLA/LME plan that includes a comprehensive set of indicators that will measure the performance, and the overall Activity targets. The Activity's LME plan will

include valid indicators (defined in performance indicator sheets) including those specific to gender to track progress towards results. The LME plan will also include a learning agenda. The Activity will focus on generating and disseminating new knowledge for adaptive management, given the unstable nature of Ethiopia's pastoral areas. In partnership and/or twinning with local universities where feasible, this Activity will conduct ethnographic/phenomenological studies that explore sociocultural factors, traditional systems, and locally-valued leadership (i.e., clan, religious, family hierarchies, etc.) that can facilitate and/or hinder adoption of healthy behaviors and utilization of PHC services. The Recipient will develop an initial ethnographic/phenomenological study design to be elaborated within quantitative and qualitative frameworks to explore the contextual factors behind the RMNCAH-N outcomes registered in recent years. The objective is to seek understanding within a human-centered paradigm of specific contextual factors that either facilitate and/or bar progress in RMNCAH-N behavior change and/or access and uptake to quality primary health services. All proposed study designs would be expected to reference and capitalize on existing and past ethnographic/phenomenological studies concerning pastoral areas in Ethiopia and/or in similar Sub-Saharan Africa contexts.

Within such in depth perspectives being documented, proposed health interventions to support RMNCAH-N programming would be assessed within key decision-making variables, including validity to context, community acceptability, cultural-appropriateness (inclusive of gender and youth dynamics), ease of implementation for pilot test phase (inclusive of cost-effectiveness analysis in monitoring differentiated service delivery models towards desired results), and potential collaboration and co-financing requirements in leveraging stakeholder inputs, etc. The selected interventions would then be structured for pilot testing in a limited number of woredas to steadily track improvements in RMNCAH-N outcomes. Potential scaleup to either intensify support interventions within the initial pilot test districts and/or to other Activity-supported districts would be informed by lessons learned, cost-effective analysis, leveraging of external resources (including district/facility/community results-based, co-financing agreements), and the overall Activity budget.

Such studies will also explore the roots of and potential influence within existing sociocultural and/or gender norms to help counter HTPs affecting women, girls, men and boys. Learning questions will be identified and answered during implementation. Cost-effectiveness analysis of key interventions is a priority, and the Recipient will initiate establishing the appropriate frameworks immediately after award. Context monitoring will also be incorporated in the LME plan to fully document external factors with direct impacts on Activity interventions, operations, and/or results.

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

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

10.1.1 Learning Questions

As part of the CLA/LME plan, the Recipient will propose a list of learning questions in alignment with the USAID/Ethiopia DO 4 principles. USAID will approve the final list of learning questions as part of the CLA/LME plan. The following are illustrative learning questions for consideration:

1. Has conflict and/or natural/manmade disasters impacted the health and nutrition service delivery in pastoral areas? If so, how? Has the health sector in the pastoral areas been resilient to these challenges? If so, how? If not, why not? Are there lessons learned for future programming? If so, what are they?
2. Has governance of the health service sector changed in pastoral areas? If so, how? Has the inclusion of NGO/CSO/civil society/youth organizations impacted the health sector in pastoral areas? If so, how? Are there other entities that have impacted the health sector in pastoral areas? If so, who are they? What impact did they have? Are there lessons learned to inform future programming? If so, what are they?
3. Did the service delivery approaches and/or intervention packages you implemented help improve RMNCAH-N outcomes for pastoral communities? If so, which ones and what was the result? If not, which ones and why not? Were any of your interventions cost effective? If so, which ones? If not, which ones and why not?
4. Did any of the community engagement approaches/structures/interventions you implemented work in pastoral areas? If so, which ones worked the best? If not, why do you think they did not work?
5. While implementing the Activity, did you identify any traditional systems (i.e., values, beliefs, processes, etc.) that facilitated increased knowledge, uptake in health-seeking behaviors, and/or adoption of healthy behaviors by men and/or women in pastoral communities? If so, which ones? Why did they work? What else did you try that did not work? Why didn't those work?

10.1.2 Indicators

In addition to the performance plan and report (PPR) indicators, the USAID Lowlands Health Activity will report for CDCS' *IR 4.4 - (custom) utilization of essential health and nutrition services*. The Recipient will propose a list of indicators to measure achievement of the Activity's intended results. USAID/Ethiopia will approve the final list of indicators. The following are some illustrative and standard indicators *(in addition to those indicated under each sub-IR outlined above)* for consideration:

- Number of adolescents and youth who received adolescent and youth friendly services
- Contraceptive acceptance rate (CAR)
- Immediate Postpartum Contraceptive Acceptance rate
- Early ANC coverage
- ANC coverage- four visits (ANC 4+)
- Total number of pregnant women received iron-folic acid (at least 90 plus)
- Proportion of mothers who stayed 24 hours at HF after delivery
- Full immunization coverage
- Pentavalent vaccine (third dose) immunization coverage (< 1 year)
- Growth Monitoring and promotion coverage

Relevant Standard PPR Indicators

HL.6-1	Estimated potential beneficiary population for maternal, newborn and child survival program: number of live births.
HL.6.2-1	Number of women giving birth who received uterotonic in the third stage of labor (OR immediately after birth) through USG-supported programs
HL.6.2-2	Number of women giving birth in a health facility receiving USG support
HL.6.3-1	Number of newborns not breathing at birth who were resuscitated in USG-supported programs
HL.6.3-63	Number of newborns who received postnatal care within two days of childbirth in USG-supported programs
HL.6.4-62	Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs
HL.6.6-1	Number of cases of child diarrhea treated in USG-supported programs
HL.6.6-64	Number of cases of childhood pneumonia treated in USG-assisted programs
HL.7.1-1	Couple Years protection in USG supported programs
HL.7.1-2	Percent of USG-assisted service delivery sites providing FP counseling and/or services
HL.7.1-3	Average stockout rate of contraceptives at service delivery points by FP method
HL.7.2-1	Percent of audience who recall hearing or seeing a specific USG-supported FP/reproductive health message
HL.7.2-2	Number of USG assisted community health workers (CHW) providing FP information, referrals, and/or services during the year
HL.7.2-3	Number of individuals in the target population reporting exposure to USG funded FP messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)
HL.9-1	Number of children under five (0-59 months) reached by nutrition-specific interventions through USG-supported programs
HL.9-2	Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs
HL.9-3	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs
HL.9-4	Number of individuals receiving nutrition-related professional training through USG-supported programs

10.2 Development Information Solution (DIS)

In compliance with the USAID Automated Directives System (ADS) 201 and ADS 579 regarding data reporting, once the Activity Monitoring and Evaluation Plan is approved, the Recipient must submit all performance management information into the DIS at the

required frequencies. The Recipient will utilize the DIS as the performance management information system to track and document Activity's performance, knowledge, and best practices. The Recipient will closely work with USAID/Ethiopia to ensure that at minimum, a quarterly summary progress report is entered into DIS to support the Agency's open data and transparency goals. The Agreement Officer's Representative (AOR) will provide DIS system access instructions and training materials as necessary. Data that shall be submitted to DIS include:

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

10.3 Geographic Information Systems (GIS)

Utilizing GIS technology and tools, geographic data, and analysis are very essential to effectively achieve the Mission's goal of strategically allocating resources through geographically targeting aid investments, monitoring, and evaluating overall aid effectiveness, and upholding the Agency's open data and transparency goals in Ethiopia. Therefore, the prospective Recipient should apply geospatial methods using GIS technology and tools to support USAID's goal. To fulfill the requirements of ADS 579, and promote best practice geographic data collection and management, the following defines standards that apply to geographic data associated with planning, managing, and implementing USAID/Ethiopia development programming.

Once awarded, the Recipient must include geographic data collection, analysis, and submission methods in the CLA Plan and Implementation plans as separate sections. There are four types of geographic data that USAID/Ethiopia requires in a standardized manner:

- **Activity and Intervention Location Data**: The Recipient must submit Activity and Intervention Location Data according to the Mission's data requirements into Digital Information System (DIS). Reference: Activity Location Data (ADS 579mab)
- **Monitoring Data**: Geographically disaggregated indicator data that are used to investigate the geographic variation in performance for improved monitoring, learning, and adapting. Indicator data should be collected at the smallest administrative unit or point location possible. The performance indicator reference sheet (PIRS) should denote the level of collection. Reference: Monitoring Data Disaggregation by Geographic Location.
- **Thematic Data:** This refers to data such as demographic and health indicators. When the Recipient creates or acquires such data sets using USAID funds, it must submit them to the AOR.
- **Activity Specific Geographic Data:** This refers to data such as the analytical output of a geographic analysis that is conducted while implementing an Activity. An example would be performing a geographic analysis of health facility access, when the Recipient creates or acquires such datasets and analysis using USAID funds, such information must be submitted to the AOR.

Refer to Geographic Data Asset Reporting Requirements for clarification on how to collect and submit GIS data.

10.4. Activity Evaluations

The Recipient is required to conduct a baseline assessment to understand the baseline status and design and/or modify planned interventions as needed. At the midpoint in the life of the Activity, USAID will conduct a mid-term evaluation by a third-party mechanism to assess progress towards the expected results. This mid-term evaluation will guide the continuation and implementation of the Activity for the next two years. The Recipient will use the findings of the mid-term evaluation to modify the Activity's interventions as needed. The final evaluation will also be conducted by a third-party mechanism to assess the effectiveness of the Activity and cost-effectiveness of selected interventions. Applicants are expected to include only the costs of the baseline assessment in their proposed budget in their applications.

A.10. LOCAL OWNERSHIP AND SUSTAINABILITY

Ensuring sustainability of the Activity's results will be monitored throughout the entire period of the Activity's implementation and will constitute one of the focal points of its midline and final evaluations.

The Recipient must develop a comprehensive plan that includes cost-effective, sustainable interventions and put together a plan that measures the cost of each proposed intervention at district or health facility level. The Recipient should plan to engage in cost-effective analysis on all proposed interventions throughout the Activity to inform its retooling of interventions towards maximum results. This Recipient will also outline an exit strategy per district (including all health facilities) for finalization with local health authorities and health facility leadership to be implemented and completed by Year 4 of the Activity. The Recipient will develop these plans by the end of Year 1 and will share these plans to USAID/Ethiopia for review/feedback prior to agreement signature. With this plan, the Activity will focus Year 5 on refinement of investments through technical support where additional enhancement is needed. Illustrative approaches to sustainability may include the following types of interventions:

- Using locally available, cost-effective, and appropriate technologies and talent that can be supported by local authorities.
- Strengthening the capacity of targeted health facilities, district health offices, other government counterparts, or local organizations to self-assess internal processes and generate solutions that increase their ability to address quality service delivery and HSS priorities.

Applicants are strongly encouraged to create partnerships at both consortium and subgrantee levels with local entities with emphasis on USAID's aim to identify new, underutilized, and non-traditional partners (including private sector actors) who can contribute new design thinking, analysis and documentation to the core focus of this Activity. The Recipient will be expected to closely collaborate with local counterparts to ensure full local ownership and transition, future sustainability, and growth of health sector investment and commitment.

The assistance must—whenever possible—be designed to favor short, medium, and/or long-term solutions that are sustainable outside development partner funding and to be fully adopted and financed by existing Ethiopian institutions and organizations. The Recipient will be expected to prioritize activities that support interconnected sets of actors—governments, civil society, the private sector, universities, individual citizens, and others—to collectively produce outcomes for improved quality of care, efficiency, and accountability of Ethiopia's health system. This Activity will also have stronger collaboration among various health facility levels through mentorship, twinning, and collaborative programs to establish/strengthen bi-directional referral systems for coordinated, cost-efficient care systems.

The Recipient will be required to incorporate a sustainability plan into its first-year implementation plan with clear, specific milestones to be monitored and realized over the life of the Activity to secure local ownership and financing towards PHC services in pastoral areas.

A.11. ACTIVITY MANAGEMENT APPROACH

The Recipient will present a detailed human resource plan to deliver the expected results under this Activity. The key staff mix shall include Chief of Party, Deputy Chief of Party, Health Management and Administration Advisor, Finance & Operations Director, Learning, Monitoring, and Evaluation (LME) Director, or another staff member that the potential IP proposes to be key personnel. The Recipient will be strongly encouraged to ensure that key personnel and overall staffing plans (for the prime, consortium, and all subgrantee organizations) are gender-balanced in leadership and management, and particularly in ensuring high representation of women in key senior leadership positions. The potential awardee will also present a conflict-sensitive approach to manage Ethiopia's dynamic context.

The Activity will be managed under the ECBH project of the USAID/Ethiopia Health Office, and the Agreement Office Representative (AOR) team will be assigned from the ECBH and HSS project teams to ensure proper linkages amongst USAID technical staff and activities engaged to improve health system performance, particularly at PHCU levels.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

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

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide US$35,000,000 in total USAID funding over a five-year period.

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

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

See Section A: Program Description, for expected performance indicators, targets and other relevant information.

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

The anticipated period of performance is five years. The estimated start date is October 1, 2023.

B.4 Substantial Involvement

Type of Award and Substantial Involvement

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

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

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

terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

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

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

a) **Concurrence on the Substantive Provisions of Sub-Awards**. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award.

b) **Approval of the Activity learning, monitoring and evaluation (LME) plan** – the LME plan will be developed in consultation with USAID/Ethiopia. During the initial project planning period, the recipient shall work closely with USAID/Ethiopia to ensure that the LME plan clearly links the Recipient's activity with the objectives and targeted outcomes of the Program Description. The jointly developed LME plan shall be submitted within 90 calendar days of the award.

c) **Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects**. All such activities must be included in the program description, negotiated in the budget, and made part of the award. Direction or Redirection of activities specified in the program description due to GOE priorities and guidance as well as interrelationships with other programs.

d) **Collaborative involvement** in selection of advisory committee members and participation in the advisory committee, if the program will establish an advisory committee that provides advice to the recipient.

4.4. **Agency Authority to Immediately Halt Construction:** USAID can halt some or all construction activity at any time during the Cooperative Agreement performance period.

B.5 Authorized Geographic Code

The geographic code for the procurement of commodities and services under this Activity is 937 (the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source), authorized USAID Principal Geographic Code for the procurement of commodities and services.

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

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

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility for this NOFO is not restricted.

C.2 Cost Sharing or Matching

The Recipient is required to contribute a minimum 10% of total USAID contribution as cost share. Because this Activity may receive applications from a broad range of applicants with different resource levels, USAID encourages prospective applicants to propose cost share above the required minimum 10% and reserves the right, in accordance with ADS 303.3.10.1, to consider special circumstances and may wish to discuss or negotiate the cost share with an applicant.

While a minimum 10% of the TEA cost share is a condition for an application to be considered for compliance to this NOFO and subsequent merit review process, a proposed cost share above and beyond the minimum 10% required is encouraged but will not be evaluated as part of the merit review process.

C.3 Number of Applications that May be Submitted

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

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1 Agency Point of Contacts

Name: Henok Amenu
Title: Senior Acquisition & Assistance Specialist
Email Addresses: hamenu@usaid.gov

Name: Alula Abera
Title: Agreement Officer
Email Addresses: aabera@usaid.gov

D.2 Questions and Answers

Questions regarding this NOFO should be submitted through e-mail addresses to caddis@usaid.gov with a copy to Henok Amenu at hamenu@usaid.gov. The subject line must state "Questions on Lowland Health 72066323RFA00007" no later than the date and time indicated on the cover letter, or as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

D.3 General Content and Form of Application

USAID/Ethiopia will accept applications from the qualified entities as defined in Section C of this NOFO. The Applicant should follow the instructions set forth herein. If an applicant does not follow the instructions, the application may be downgraded and may not receive full credit under the applicable merit review criteria, or, at the discretion of the Agreement Officer, be eliminated from the competition. This Activity is considered indivisible; any application for only a portion/part of the Program Description of the Activity or part of the geographic coverage will not be considered for the merit review process.

Preparation of Applications:

Each applicant must furnish the information required by this NOFO at each phase. For the second phase of the application, applications must be submitted in two separate parts: - the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to submission of Slides and PowerPoint Presentation, and later the Apparently Successful Applicant's full application. Please see subsections 4, 5 and 6, below, for information on the contents specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

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

Notice of Funding Opportunity (NOFO) number:	72066323RFA00007
Applicant name:	
Project title:	USAID Lowlands Health
Total USAID funds requested:	
Proposed period of performance:	
Applicant's full address and telephone number (primary or lead applicant)	
Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address)	
Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.	
Name and Signature of Individuals authorized to negotiate terms, conditions and countersigns the award (title/ position, email address, telephone number)	
UEI numbers of applicants and sub-awardees/ partners. Tax identification number, and Letter of Credit (LOC) number for the applicant, if available.	

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.

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

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

D.4 Application Submission Procedures

Phase-I presentation slides in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, or as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time and/or confirmation from the receiving office. Dates for Co-design and submission of Full application will be announced phase by phase to the apparently successful applicant.

Email submission:

Applications must be submitted by email to caddis@usaid.gov with a copy to Mr. Henok Amenu at hamenu@usaid.gov. Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to PowerPoint Slides, 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".

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

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

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

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

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

This NOFO will follow a phased approach to select a successful applicant. The two-phases for selection of a successful applicant are as follows:

Phase I: Oral Presentations
Phase II: Co-design Workshop to Finalize PD (one week with the Apparently Successful Applicant), followed by a full application by the ASA.

Procedures for Phase I and Phase II are as detailed in the subsequent sections below.

PHASE I: SLIDE DECK & ORAL PRESENTATIONS DIRECTIONS (Maximum 1 slide per page)

All Applicants who submit a PowerPoint presentation and meet the minimum requirements for submission, should anticipate being available for oral presentations within 10 days after the invitation. The minimum requirements for submission are:

1. The application addresses all result areas of the Activity
2. The application addresses all the pastoral areas indicated in the PD, namely the Afar region, the Borena zone of Oromia region, the South Omo zone of SNNP region, and the Somali region
3. The application has a wholistic approach responding to the NOFO by ensuring clear and demonstrable description of all of the specific interventions per result and sub result areas

Only the Applicants whose presentations meet the minimum requirements above will be formally invited to present in Addis Ababa and/or virtually. USAID anticipates hosting in-person (hybrid with virtual) or virtual oral presentations 7-10 days after invitation for presentation.

Applicants invited to present their submissions will be required to furnish three (3) key personnel candidates for the oral presentation. Other key personnel candidates may be present as observers only but can participate in the question and answers portion of the presentation. USAID reserves the right of approval of key personnel after award.

USAID will have the submitted slide decks pre-loaded and ready for each Applicant to present. No materials (printed or other) will be allowed to supplement the presentation during the presentation session.

Presentations will be required in the following format:

[45 mins]	Criterion 1: Technical Approach
[15 mins]	Criterion 2: Learning, Monitoring & Evaluation (LME) Plan
[15 mins]	Break
[15 mins]	Criterion 3: Staffing and Management Plan
[10 mins]	Criterion 4: Institutional Capability and Experience
[30 mins]	Questions and Answers (Q&As)

Total time allocated for presentation, break and Q&As will last no longer than 130 minutes. Total presentation time will last no longer than 85 minutes. USAID has not limited the number of slides to be presented. However, the limiting factor is the time allotted. No presenter will be allowed to exceed the time limitation.

The audience of the presentation will include USAID staff as well as key stakeholders, including representatives from the Government of Ethiopia (GoE). The Office of Acquisition and Assistance or designee will moderate the presentation and ensure time is adhered to for each Applicant.

Oral presentations may take place virtually using a digital video conference (DVC) platform (google meet), or at the USAID/Ethiopia office or another external site in Addis Ababa, Ethiopia. Specific details will be issued in a follow-up communication after submission and review of all slide decks. In the cover letter, Applicants should indicate the physical location(s) from which participants will be calling in for their oral presentation to support the planning of the DVCs or whether their preference is to present in-person in Addis Ababa, Ethiopia.

During the presentation, Applicants should:

A. Demonstrate a comprehensive understanding of the PD where the Applicant proposes a technical approach, management framework, and the related business processes that will achieve the higher-level objectives, performance goals, and outcomes of the proposed Activity.

B. Demonstrate their capability to engineer and deliver an improved health system performance and health outcomes that will achieve the specified technical and functional capabilities described in the PD.

The presentation and the submission to questions and clarification issues during the presentation for the USAID Lowlands Health Activity will be assessed according to the merit review criteria, using the adjectival system as described in Section E, 'Application Review Information', of this NOFO.

Technical Application Format

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

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

1. Technical Approach
2. Learning, Monitoring and Evaluation Plan
3. Staffing and Management Plan
4. Institutional Capability and Experience

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

D.4.1 Technical Approach (see E.5.1)

This section should include sufficient information to evaluate the application under the Technical Approach Merit Review Criterion 1. The Applicant should present the overall technical approach that clearly demonstrates how the objectives outlined in the PD will be achieved, including illustrative activities and indicators. The Applicant must describe the local context, technical requirements, and development issues that the Activity aims to address; challenges, risks, and opportunities related to achieving the objectives outlined in the PD; and the roles of key stakeholders in implementation of the Activity. The technical application should be specific, complete, and concisely presented. Applicants are also required to propose a comprehensive approach to achieve the Activity's intermediate results (IR) and ensure that interventions are sustainable (i.e., beyond development partner funding). A high level of coordination with other USG-funded awards and other development partners is required for this Activity. All applications must avoid duplication, redundancies, and lack of evidence-based, cost-effective interventions, while simultaneously presenting a clear effort to build on past achievements and ongoing activities.

The Applicant will provide an overview of its sustainability plan in its application. This overview will include a preliminary outline on how the Applicant will plan for continuation of interventions beyond the end of the Activity and beyond development partner funding, i.e., the leveraging of local resources from GoE, community, private sector, etc. After award, the Recipient will submit a more comprehensive sustainability plan with greater details on the Applicant's strategies and methodologies towards sustainability to be implemented and monitored starting in Year 1. This plan will include a set of realistic, annual/quarterly benchmarks and indicators that quantify the increasing sustainability of these approaches and measure the attainment of Activity results. The plan will outline a clear phase-out exit strategy (with incremental, annual milestones) for the Activity and timeline of execution, including a discussion of the methodology to be used in determining areas and levels of sustainability.

D.4.2 Learning, Monitoring, And Evaluation (LME) Plan (see E.5.2)

This section should provide the proposed LME Strategy and Plan for the Activity. A list of relevant indicators and annual targets in the LME plan should directly relate to the technical assistance and support to be provided. Applicants are encouraged to propose in their Activity LME Plan with a set of benchmarks to be achieved against a set of qualitative and quantitative indicators for each technical element. It is expected that all indicators, when practical, be disaggregated by sex and age and that specific attention be paid to strategies for better inclusion of men, women, and youth as direct program beneficiaries. USAID/Ethiopia expects the Recipient to have a robust LME Plan that is fit-for-purpose to enable evidence-driven adaptation by both the Recipient and USAID. The Plan must outline the approaches and resources for learning opportunities for adaptation, measuring results and achievements of activity, collaborating, and adapting.

D.4.3 Staffing and Management Plan (see E.5.3)

This section should describe how the Applicant will organize its staff, including subpartners, to achieve the Activity goals and objectives. Applicants must describe their proposed staffing and management approach, including proposed subpartners, key personnel roles and

responsibilities, and prime and proposed subpartners' experience and expertise relevant to achievement of the Activity objectives. Note that in alignment with the USAID Diversity, Equity, Inclusion and Accessibility (DEIA) and Localization Policies, USAID/Ethiopia seeks new, underutilized international and local partners (at consortium and subgrantee levels) with considerable talent, expertise, and experience reflective of creative strategies, novel solutions, and evidence-based, forward-thinking analysis that would be valuable in our aim to improve RMNCAH-N outcomes.

The staffing pattern must specify the composition and organizational structure of the entire implementation team (including home office support). The plan must identify each key and non-key personnel position by title and demonstrate how they logically align with the Activity objectives and IRs. The overall staffing pattern must demonstrate a solid understanding of key technical and organizational requirements and an appropriate mix of skills, while avoiding excessive staffing.

The management plan must clearly articulate the roles and responsibilities of all consortium members and how they will contribute to the achievement of the Activity objectives, while differentiating the Applicant's activities from those of the sub partner implementers (if any), the home office, and the field staff. In the event of two or more organizations applying together as part of a team, USAID requires a well-defined prime and subrecipient relationship, with clarity on reporting relationships within and between each of the organizations. Activities that work with new, underutilized international and local partners are encouraged. The Applicant must propose forms of engagement that will increase the likelihood for local and locally established partners, or the affected communities themselves, to continue the program's activities and/or maintain its achievements without development partner funding both during and after the end of the Activity. The Applicant must succinctly outline an inclusive leadership approach that will create a shared common vision and purpose that builds trust and recognizes the value and contribution of all subpartners. The management plan should indicate clearly how the Applicant will ensure maximum efficiency in the provision of technical assistance to ensure that Activity funding flows primarily to support activities in the various regions.

KEY PERSONNEL INSTRUCTIONS

Key personnel will not be evaluated at this stage. Applicants are not required to submit documents related to key personnel (CVs, educational credentials, letter of commitment … etc.) at this stage. The successful applicant must submit qualified key personnel who meet or exceed the qualifications stipulated below after award. USAID/Ethiopia will review key personnel proposed by the successful applicant after award and approve qualified candidates that meet or exceed the qualifications stipulated below.

Key personnel are those considered to be essential to the work being performed under this cooperative agreement. It is expected that the key personnel will serve the full term of the agreement. Key personnel and changes to key personnel are subject to approval by the USAID Agreement Officer prior to their employment under this award.

Key Personnel Responsibilities

The Recipient must assemble a highly qualified team with the required knowledge and experience to fulfill the leadership and management needs for this activity. The Recipient will identify and propose a mix of qualified international and Ethiopian candidates (with particular attention to women) for senior leadership and management positions in addition to other level positions.

Core responsibilities of the team will include:

- Develop and maintain an effective relationship with USAID to implement the award.
- Managing and coordinating activities as set forth in the approved technical approach and implementation plans taking into consideration maximizing value for money.
- Maintaining contact with MOH counterparts (central and regional levels), other USAID and non-USAID funded partners working in the health sector in areas that are affected by or will affect, donors, and other stakeholders relevant to this Activity to coordinate activities and information exchange.
- Designing and managing necessary technical assistance plans and delivery of high-quality, effective technical assistance at all levels for meaningful results.
- Designing and managing M&E/CLA activities, including developing and implementing effective continuous learning, adaptive management and value for money/cost analysis interventions and analysis. This will also include conducting required assessments and obtaining customer feedback from USAID, MOH and other stakeholders at the federal and local levels.
- Preparing terms of reference, identifying specialists, and managing their work for results, including, as appropriate, for work performed by contractors, consultants, and other entities under this award.
- Ability to coordinate short-term consultancies.
- Ensuring compliance with all USAID policies, including gender and sustainability guidance, FP compliance reporting requirements.
- Managing finance, administrative, and logistic operations at main and regional/cluster offices in Ethiopia.
- Ensure all staff are familiar with internal controls to prevent financial mismanagement and fraud (technical results and finances).

Qualifications of Key Personnel

Key personnel will not be considered during the technical review of applications. Applicants will neither identify by name (nor submit resumes, CVs, biographies, or letters of commitment) of any planned staff, including potential key management and technical personnel in their applications. Finalization of all key personnel will be determined after award. Note that in alignment with the USAID Diversity, Equity, Inclusion and Accessibility (DEIA) and Localization Policies, USAID/Ethiopia is moving away from specifically stating minimum number of years' experience within position requirements to maximize accessibility

in opportunities for new and underrepresented talent (with particular attention to women) for senior leadership and management positions.

The Recipient will be strongly encouraged to ensure that key personnel and overall staffing plans (for the prime, consortium, and all subgrantee organizations) are gender-balanced in leadership and management, and particularly in ensuring high representation of women in key senior leadership positions.

The below descriptions and qualifications are illustrative. The Recipient should provide more robust descriptions and qualifications for each of the positions. The position titles of the key personnel are illustrative, and Applicants are encouraged to use the terminology applied within their own organizations and that are relevant in the Ethiopian context, but without diluting the intent of the key staff roles outlined below. Applicants are also welcomed to propose another variation of key personnel structure if it will yield greater achievement of the activity's objectives and most importantly, projected results. However, a required key personnel position is the Health Management and Administration Advisor. Key positions and position titles, if different from the position and titles below, must be proposed in the full technical application before award.

Key Personnel Descriptions:

Chief of Party (COP):

The COP will provide technical leadership, administrative oversight, and day-to-day management of the activity. S/he will have the strategic vision, leadership qualities, depth and breadth of technical expertise and experience, professional reputation, management experience, interpersonal skills, and both oral and written communication and presentation skills to fulfill the diverse technical and managerial requirements of the activity. Based in Addis Ababa, the COP will have technical and management responsibility for all Recipient personnel and be the Recipient's representative to USAID/Ethiopia, the GoE, other donors, technical agencies and other key stakeholders as required. The COP will have overall responsibility for addressing award-related issues, including ensuring that Recipient financial controls and systems comply with generally accepted accounting practices that meet USAID standards and that all project-procured materials and equipment are safeguarded prudently and responsibly used. Through use of adaptive management, s/he will be responsible for the smooth implementation of the activity ensuring all objectives and deliverables (including reporting) are met on time and within budget. The COP will also be expected to exercise his/her responsibility to orient, mentor, and coach the DCOP in all leadership aspects of activity management and operations oversight, with emphasis on representation and engagement with the Recipient HQ team and with USAID/Ethiopia as funder to this Activity.

The COP must have the following minimum set of qualifications:

- Progressively responsible professional development experience, a significant portion must include managing international health projects in a developing country, with several years including general management experience.

- Demonstrated experience in institutional capacity development/systems strengthening in public health and in working effectively with a broad range of counterparts, including high-level government officials and organizations.
- Experience managing similar projects in challenging development and highly unstable environments; and
- Strong communication skills, including interpersonal, presentation, written and oral English, to fulfill the diverse technical and managerial requirements of the Activity and to coordinate effectively with a wide range of stakeholders.
- Demonstrated leadership skills and experience to build and maintain productive working relationships with a wide network of institutional partners and stakeholders, including high-level host country governments and international agencies.
- Proven track record of building teams and fostering collaboration in order to achieve goals, meet milestones and produce quality results.
- Demonstrated experience in program management and administration, financial management and award contractual compliance. Experience in subaward management is preferred.

Deputy Chief of Party:

This candidate must be able to act as COP in the COP's absence. The Deputy COP must focus on technical and clinical implementation of the project and have the following minimum set of qualifications:

- Progressively responsible professional experience in health systems strengthening, service delivery, SBC or other related fields including several years of management and supervision experience; significant experience working in RMNCAH-N programming is preferred and highly desirable.
- Strong communication skills, including interpersonal, presentation, written and oral English, to fulfill the diverse technical and managerial requirements of the Activity and to coordinate effectively with a wide range of stakeholders.
- Strong analytical skills; and clinical experience
- Demonstrated experience at developing institutional capacity in government institutions in Ethiopia or similar context.

Health Management and Administration Advisor

This candidate must be able to lead and direct the comprehensive integration of clinical services, fiscal management and strategic vision for cost-effective, sustainable quality care and treatment within local health institutions. S/he will be responsible for ensuring strong linkage between service quality and facility leadership/governance.

The candidate must have the following minimum set of qualifications:

- Master of Business Administration (MBA) and/or master's in health services/Hospital Administration (MHA). MPH and licensed clinical degree a plus.
- Progressively responsible professional experience in operating health care facilities with clinical management and coordination, supervisory and administrative duties.
- Experience in application of business principles to clinical practice.
- Ability to translate strategic vision and goals into specific projects.

- Experience in development of institutional management and data collection systems to define cost centers, ensure successful reimbursement and stimulate health facility revenue growth.
- Strong fiscal, administrative and contract management experience including the review, analysis and approval of implementation plans, budgets, and budget justifications.
- Excellent communication and presentation skills, including oral, reading, and written proficiency in English.
- In depth knowledge of health administration and public health principles with progressively responsible experience in maternal, child health, health systems strengthening or another related field.
- Demonstrated experience in developing institutional capacity in public and private health facilities in Ethiopia or similar context.
- Strong representational and collaboration experience engaging Ministries of Health or other equivalent high-level stakeholders on health care management policy and strategy formulation at national and subnational levels
- Solid experience in leadership and/or management training for health facility management emphasizing integration of institutional services and supportive administrative and financial structures.

Finance and Operations Director:

The Finance and Operations Director will be expected to develop and manage the project financial plan to include monitoring and reporting systems that meet USG requirements and manage grant and contracting activities. The Finance and Operations Director should also be involved and lead the value for money and other cost-effective/costing analysis that will be required under this award to monitor financial expenditure and Activity results.

The candidate must have the following minimum set of qualifications:

- Progressively responsible professional experience in financial management, including direct international work experience in developing countries with senior-level responsibility for administration and finance.
- Proven expertise in finance, compliance, accounting, and auditing, including financial planning, monitoring of subrecipient compliance and management and the establishment of internal controls; demonstrated strong management, coordination, teamwork, and planning skills; and
- Strong verbal and written English communications skills.

Learning, Monitoring, and Evaluation (LME) Director

The LME Director will develop and manage the award's monitoring and evaluation system and processes including performance monitoring and reporting, operational research, and ensure evaluations are consistent with the award's expected results and track progress of activities in achieving the award's goals and outcomes. S/he will also manage and coordinate field monitoring and expert assessments, and any other personnel responsible for monitoring performance, monitoring and collecting data and reports. The LME Director shall ensure that the methodologies proposed by the Recipient to measure the impact of the activity on the results are consistently and systematically monitored and reported. Under the leadership of

the COP and DCOP, the LME Director will also lead the adaptation management design and coordinate implementation required under this award to ensure adaptation measurements and course correction are put into place as required to change dynamics within the country and within the health sector.

- Master's degree of public health, demography, sociology, epidemiology, biostatistics, psychology, or a related field
- Progressively responsible professional experience in monitoring, evaluation and research related to large-scale health development projects
- Demonstrated international experience in rigorous quantitative research and analytical methods, some experience with qualitative research; firm command of M&E issues with respect to improvements in service delivery and health systems strengthening
- Proven track record in actively leading efforts in local M&E capacity building, training, and ongoing support for all partners to strengthen the collection, analysis, visualization, management, and use of quality data for strategic planning, program design and direction as well as for establishing activity targets for implementation.
- Proven experience in research/study design and implementation, including design and data analysis of quantitative and qualitative studies, rapid appraisals, etc.
- Proven experience managing various data streams that can inform programming strategies and decision-making processes, including but not limited to expenditure and budget, quality improvement, epidemiological and programmatic data sources.
- Demonstrated hands-on practical experience setting up and managing MER systems for health programs
- Experience with M&E work in HSS, FP/RH, or RMNCAH preferred
- Excellent knowledge of data collection protocols for quality data collection and verification.
- Exceptional ability to analyze multiple sources of data to identify data trends and to provide recommendations on project implementation.
- Demonstrated experience and familiarity with behavioral surveillance surveys, research methodologies, qualitative and quantitative research methods, data analysis, sampling techniques and establishing M&E systems in developing country contexts.
- Demonstrated experience leading and building the capacity of M&E officers, including remote, field-based staff, to meet project needs and deliverables is strongly desired.
- Strong interpersonal skills, initiative, good judgment, demonstrated team leadership and problem-solving abilities
- Excellent communication and presentation skills, including oral, reading, and written proficiency in English
- Extensive experience in knowledge management and dissemination of research findings
- Computer literacy (MS Word, MS Excel, Statistical Software)
- Experience supporting effective integration of geospatial data for improved planning, design, monitoring, evaluation, and reporting of activities.

Short-Term Technical Assistance (STTA) - Expatriate and Local Consultants The Recipient is encouraged to hire local experts, as appropriate and when possible, (and with particular

attention to women) that would be best for short-term work efforts under the prospective Cooperative Agreement.

NOTE: USAID reserves the right to determine relevance of education and experience.
Following award within 30-45 days as noted in Section F.3.2., the Recipient will be required to provide the names and proposed roles and responsibilities for the five key personnel for USAID review and approval. The Recipient will include resume/curriculum vitae using a common format, not to exceed three pages, and include at least three non-personal professional references for each proposed staff for key personnel. USAID/Ethiopia reserves the right to check references, listed or not, for all proposed long-term key personnel as such, their resume/CVs will be submitted to USAID. USAID reserves the right of selection of key personnel for approval after award.

D.4.4. Institutional Capability and Experience (see E.5.4)

The Applicant must present the relevant and specialized competence that itself and each subrecipient will contribute. This shall include demonstrated accomplishments and institutional capability to carry out activities of the type required under this Activity. The management plan must include descriptions of the following elements:

- Participating Organizations - Proposed prime organization, other organizations, if any, and their relationships shall be clearly described. This shall include a description of the comparative advantage that each organization brings to this Activity. Applications proposing a consortium or joint-venture-like mechanism rather than a prime/sub need to include a description of the management procedures to be followed regarding each member, and what operational arrangements for coordination with USAID/Ethiopia and other institutional partners will be made. Note that the USAID will only commit to a bilateral relationship so consortium and joint-venture arrangements must designate (authorize) one legal entity/individual able to bind all partners in the offer to USAID.

- Policies and Procedures - Proposed policies and procedures for managing and directing the effort to ensure productivity, quality, cost control, and early identification and resolution of difficulties shall be described. Standard corporate policies and practices documentation submitted for Agreement Officer responsibility determination may be referenced, however the intent here is to highlight (unique) policies that may be created specifically in responding to the NOFO.

Applications must include a complete list of all relevant USG and/or privately-funded contracts, grants, cooperative agreements, etc. received by the organization in the last five USG fiscal years (October 1 – September 30) and involving activities similar to the Activity proposed in the application. Performance as a contractor and/or subgrantee may also be provided with contact (reference) information of a knowledgeable representative from the prime and the U.S. Federal agency. Past experience of significant and critical subs and other types of partnership in applications will be considered to the extent of their merit relevant to the proposed effort.

Briefly include the following for each award listed:

1. Name of awarding organization or agency
2. Address of awarding organization or agency
3. Place of performance of services or project
4. Award number
5. Amount of award
6. Term of award (begin and end dates of services/project)
7. Name, current telephone number, current fax number, and email address of a responsible technical representative of that organization or agency
8. Brief description of the activity
9. Reference (name, title, telephone and email address) information

USAID reserves the right to obtain information for use in the evaluation of applicants' experience from all sources.

D.4.5 Annexes:

Annexes should be numbered (e.g., Annex 1). At this initial phase the Annexes include the following items:

1) Timeline of milestones from the beginning to the completion of the proposed activities, including all deliverables; monitoring, evaluation, and learning; and dissemination of reports and information

2) Additional relevant materials [up to five (5) pages] may also be provided as an appendix. These may include the history, structure, accomplishments, and capacity of the applicant organization(s).

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

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

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

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is

obtained from another source without restriction. The data subject to this restriction are contained in sheets ____; and

(b) Mark each sheet of data it wishes to restrict with the following legend: "Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

D.5 Selection of Apparently Successful Applicant

A USAID Selection Committee (SC) will evaluate the presentation slides, relevant documents requested to be smutted as annex to the slides, and PowerPoint presentation following the merit review criteria stipulated under Section E. After submission of presentation slides and actual PowerPoint application is completed, the SC will propose the apparently successful applicant (ASA) for the Agreement Officers decision. Selection of ASA does not constitute an award commitment on the part of the U.S Government, nor does it commit the Government to pay for any costs incurred in preparation or submission of PowerPoint Presentation or participating in the Co-design process.

Applications at each phase are submitted at the risk of the applicant. All costs incurred before USAID makes award are at the applicant's risk (*i.e.,* USAID is not required to reimburse such costs if for any reason the applicant does not receive the award or if the award is less than anticipated and inadequate to cover such costs). However, the Agreement Officer, at his/her discretion may authorize a successful applicant to charge limited pre-award expense to the resulting Cooperative Agreement.

D.5.1 PHASE II: Pre-award Co-design and Full Application

Subject to the availability of funds, USAID/Ethiopia will invite one or more Apparently Successful Applicant(s) from phase-I to engage in a round of in-person co-design with USAID/Ethiopia prior to submission of full co-designed program description. During the co-design process under this NOFO, the key element of Co-design is an emphasis on shared power, responsibility, decision-making and ownership over the ultimate product or program description. The aim of the co-design phase is to further define activity objectives, design interventions, and align timelines. Through discussions, both the ASA and USAID/Ethiopia may identify additional resources, partners, or strategies necessary to successfully implement the proposed activity.

After the co-design is completed, USAID/Ethiopia will request the ASA to submit a full technical and cost application in line with the pre-award co-design. The template for development of the final program description of the Activity will be agreed upon at the time of the co-design process. This program description will become a part of the Recipient's award with USAID/Ethiopia. The technical application developed after co-design should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The full application should consider the requirements of the program and merit review criteria found in this NOFO.

D.6 Business (Cost) Application

Applicants are not required to submit a cost application or documents stated under this subsection during Phase-I. Only the ASA will submit a full cost application and other necessary documents listed below after the Co-design workshop is completed. The applicant must submit a Cost Application (i.e., budget) inclusive of all program costs, separated by major budget category, activity year, and submitted separately from the Technical Application. Most notably, the Cost Application breaks down the applicant's proposed direct costs (i.e., those expenses deemed essential to the conduct of sponsored institutional activities and which the applicant can readily attribute and directly charge to specific individual activities). Further, the Cost Application must include expenditures for conducting the sponsored activity arranged by the following cost breakdown:

(a) Personnel (i.e., Compensation – Personal Services),
(b) Fringe Benefits,
(c) Allowances
(d) Travel (i.e., Travel & Lodging and Subsistence),
(e) Equipment,
(f) Supplies,
(g) Contractual (i.e., Subawards),
(h) Construction
(i) Crisis Modifier
(j) Other Direct Costs,
(k) Indirect Costs; and
(l) Cost Sharing and Matching.

The Cost Application 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 applicant should propose cost saving measures for how it will reduce overhead, minimize redundant staffing structures, and propose country office or field office consolidation where possible. Lastly, ADS 303.3.12 provides, "the AO must negotiate with the applicant to resolve any issues related to proposed costs that do not comply with USAID policies before executing the award."

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.

D.6.1 Cost Application Requirements

The Cost Application may not exceed the available funding stated in Section B for a five-year period of performance considering the program description in this NOFO Section A above. Further, the Cost Application must present costs as follows:

(a) Summary Budget,
(b) Detailed Budget, and
(c) Budget Narrative.

Under the Summary and Detailed Budgets, the applicant must outline the proposed budget for each activity year with key line items (personnel, fringe benefits, allowances, travel and transportation, equipment, supplies, subawards/activities, consultancy, other direct cost, indirect cost, cost share) an accompanying detailed Budget Narrative, which provides greater detail regarding the total costs for activity implementation in concise form. Further, the Cost Application must describe all the costs associated with the applicant's proposed program fully and accurately to provide a complete picture of the cost implications of the applicant's proposed program. Lastly, the Summary and Detailed budgets, and Budget Narrative, must always match, in the same sequence and complement each other to present the applicant's costs consistently.

D.6.2 Cover Page

The cost application must have a cover page containing the same information as the technical application's cover page.

D.6.3 Standard Form (SF) 424

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
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424B	http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html
Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

The SF-424 is a standard form required for use as a cover sheet for submission of pre-applications, applications, and related information under discretionary programs. Thus, the applicant must submit the budget using an SF-424

The SF-424A is designed so that applications can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines, which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program.

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

D.6.4 Budget And Budget Narrative

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by activity year. 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 Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable. The budget Narrative should explain costs estimates and provide the rationale and the basis on which costs are derived including sufficient information to determine the reasonableness and realism of proposed costs
The Budget must include the following worksheets or tabs, and contents, at a minimum:

D.6.4.1 SUMMARY BUDGET

The applicant must submit a Summary Budget, inclusive of all program costs (federal and non-federal), broken down by major budget category and by year for activities to be implemented by the applicant and any potential sub-applicants for the entire performance period of the program, (See Summary Budget format in this NOFO). The Summary Budget lays out the applicant's total program costs, demonstrating that those costs fall within the NOFO TEA of available federal funding.

D.6.4.2 DETAILED BUDGET

The applicant must submit a Detailed Budget for both the Prime and each sub-recipient, for all federal funding and cost share that breaks down line-item categories into subcategories (i.e., secondary or subordinate categories) and by year for the entire implementation period. More specifically, the Detailed Budget provides the applicant an opportunity to describe the subcategories of costs that make up the Summary Budget major categories (i.e., break down financial data into unit costs). Further, the subcategories must remain

consistent and align with the Summary Budget major line-item categories. Moreover, the Detailed Budget describes the Cost Application unit costs, which specify the discrete resources required for the applicant's proposed program in different terms.

At a minimum, the Detailed Budget must contain the budget categories and information per samples provided in this NOFO.

D.6.4.2.1 PERSONNEL (i.e., COMPENSATION – PERSONAL SERVICES)

As per 2 CFR 200.430(a), "compensation for personal services includes all remuneration, paid currently, or accrued, for services of employees rendered during the period of performance under the Federal award, including but not necessarily limited to wages and salaries…Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:

Is reasonable for the services rendered and conforms to the established written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities.

Follows an appointment made in accordance with a non-Federal entity's laws [or] rules or written policies and meets the requirements of Federal statute, where applicable; and

Is determined and supported as provided in paragraph (i) of this section, Standards for Documentation of Personnel Expenses, when applicable."

The Cost Application must reasonably reflect the total activity for which the applicant will compensate its personnel, not exceeding 100 percent of compensated activities. Further, the applicant's budget estimates alone do not qualify as support for charges to Federal awards. In explaining the Personnel line-item category costs, the Budget Narrative should provide adequate justification for the proposed daily or annual labor rates as reasonable for the services rendered, the proposed costs conform to the applicant's established written policy, and the applicant consistently applies such costs to both Federal and non-Federal activities. Further, the Budget Narrative should articulate the Cost Application's Personnel line-item category assumptions. Lastly, the applicant must certify that its established written policy applies to all Federal and non-Federal activity staff across all activities.

KEY PERSONNEL

Under the Personnel line-item category, the applicant must break down key personnel.

With respect to the Detailed Budget and Budget Narrative, the Cost Application should provide the following key personnel details:

- Each proposed key personnel candidate's name.
- The proposed key personnel candidate's position.

- Whether the applicant will engage the proposed key personnel candidates as regular employees or independent contractors.
- The key personnel proposed candidates' nationality under three basic categories:

    - Cooperating Country National (CCN)
    - Third Country National (TCN); or
    - United States National (USN);

Further, the Cost Application should provide other key details regarding the applicant's key personnel, such as whether they serve as applicant employees, subaward employees, or whether the applicant will offer their time and services as cost sharing or matching. Moreover, the Budget Narrative should provide a justification for the key personnel candidates' proposed salary rates.

LOCAL COOPERATING COUNTRY NATIONAL (CCN) STAFF

Other than proposed expatriate or key personnel, the Personnel line-item category should capture and identify local (i.e., CCN) staff, and their corresponding salaries, based on the local labor market and the applicant's salary policies, procedures and practices. Further, the Detailed Budget must include the applicant's annual salary escalation rate in accordance with its established written policy. If the applicant's written established policy for annual salary escalations exceeds current inflation rates, the applicant must include the policy and its effective date with the Cost Application.

D.6.4.2.2 FRINGE BENEFITS

As per 2 CFR 200.431(a), "fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military leave), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, non-Federal entity-employee agreement, or an established policy of the non-Federal entity."

Fringe benefits comprise non-wage, or non-salary compensation the applicant provides to its employees. Fringe benefits cover such costs as: employee health insurance, tax contributions, or public transportation subsidies or the applicant may include holidays, sick and vacation days, depending on how the applicant allocates costs. Nevertheless, local labor laws dictate what kind of fringe benefits the applicant must provide to local (i.e., CCN) staff fringe benefits costs. Further, the applicant should consult the cost principles applicable to its organization to understand the different allowable types of fringe costs. Whilst some organizations can easily calculate fringe benefits as a direct cost, organizations with various different sources of funding may express fringe benefits as an indirect cost percentage rate.

In explaining the Fringe Benefits line-item category costs, the Budget Narrative should provide adequate justification for the proposed fringe benefits rate. Further, if the applicant has a fringe benefits rate approved by an agency of the U.S. Government (USG), the applicant must use the approved rate and provide corresponding evidence of the approval. If the applicant does not have an approved USG fringe benefits rate, the applicant must propose an appropriate fringe benefits rate and provide an explanation of how the applicant determined the rate. If the applicant proposes a fringe benefit rate, the Budget Narrative must include a detailed breakdown of all items considered in the fringe benefits rate (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

D.6.4.2.3 CONSULTANTS

Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the applicant are allowable costs. Costs of consultants should be broken down by person years, months, days or hours.

D.6.4.2.4 TRAVEL (i.e., TRAVEL & LODGING AND SUBSISTENCE)

In explaining the Travel line-item category costs, the Budget Narrative should provide adequate justification for the proposed travel (i.e., travel & lodging and subsistence) costs as necessary for the completion of the activity.

TRAVEL

As per 2 CFR 200.474(a), "travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the non-Federal entity. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-Federal entity's non-federally funded activities and in accordance with non-Federal entity's written travel reimbursement policies. Notwithstanding the provisions of 200.444, General costs of government, travel costs of officials covered by that section are allowable with the prior written approval of the Federal awarding agency or pass-through entity[1] when they are specifically related to the Federal award."

The Detailed Budget and Budget Narrative should provide an explanation for all activity travel, both international and domestic, and provide a justification for the travel costs as necessary to achieve the NOFO's activity objectives. The applicant must separate and specify travel as international or domestic travel, air, or other mode of transportation. Most notably, within each category, the Budget Narrative must provide an explanation for the

[1] As per 2 CFR §200.74, *"[p]ass-through entity* means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program."

purpose and number of trips, number of travelers, proposed days and dates of travel, the proposed destinations, and how the applicant allocated its costs.

The applicant should not include obtaining motor vehicles, or related motor vehicle maintenance or service fees, under the Travel line-item category. Alternatively, the applicant should include obtaining motor vehicles separately under the Equipment, and related motor vehicle maintenance or service fees under the Other Direct Costs (ODCs) line-item category costs, respectively. Moreover, though the applicant may include travel costs for activity beneficiaries under the Travel line-item category in accordance with its established written policy consistently applied to both Federal and non-Federal activities, it may alternatively include those costs as a separate subcategory under the ODCs line-item category to distinguish between administrative and programmatic (i.e., downstream beneficiaries) travel costs.

LODGING AND SUBSISTENCE

As per 2 CFR 200.474(b), lodging and subsistence costs are those "[costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, must be considered reasonable and otherwise allowable only to the extent such costs do not exceed charges normally allowed by the non-Federal entity in its regular operations as the result of the non-Federal entity's written travel policy."

The applicant should include lodging and subsistence as a subcategory under the Travel line-item category. These costs comprise the costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses associated with individual activity travel. Further, the applicant should break down lodging and subsistence costs, and provide an explanation or justification in the Detailed Budget and Budget Narrative, how the proposed lodging and subsistence costs align with the applicant's proposed trips.

Whilst the applicant may follow its established written travel policy – consistently applied to both Federal and non-Federal activities – as the basis for lodging and subsistence costs, USAID consults the Department of State Standardized Regulations (DSSR) 925 Foreign Per Diem Rates by Location[2] to determine the reasonableness of lodging and subsistence costs.

D.6.4.2.5 EQUIPMENT

As per 2 CFR 200.33, "equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000." Further, 2 CFR 200.48 provides "general purpose equipment means equipment which is not limited to research, medical, scientific, or other technical activities. Examples include office equipment and furnishings, modular offices, telephone networks, information technology equipment and systems, air

[2] Available at https://aoprals.state.gov/web920/per_diem.asp.

conditioning equipment, reproduction and printing equipment, and motor vehicles. See also Equipment and Special Purpose Equipment." However, per 2 CFR 200.407(f), "[in order to avoid subsequent disallowance or dispute based on unreasonableness or non-allocability, the non-Federal entity may seek the prior written approval of the cognizant agency for indirect costs or the Federal awarding agency in advance of the incurrence of special or unusual costs." Thus, USAID must provide prior written approval for the applicant to procure any such equipment using USAID funding. Any tangible personal property less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000 per unit qualifies as supplies, which the applicant should include separately under the Supplies line-item category. Lastly, per 2 CFR 200.313(d), "[procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a federal award, until disposition takes place will, as a minimum, meet the 2 CFR 200.313(d)(1) through 200.313(d)(5)] requirements."]

Nevertheless, per ADS 312.3.3, "special restrictions apply to USAID-financed purchases of agricultural commodities, motor vehicles,[3] pharmaceuticals, contraceptive products, pesticides, used equipment and fertilizer. The restrictions are set out in [ADS] 312.3.3.1 through 312.3.3.7." Most notably, USAID must approve motor vehicles individually regardless of unit cost. Moreover, the Budget Narrative should articulate the applicant's planned competitive procurement process for obtaining motor vehicles with program funds, which should demonstrate that the applicant attempts to obtain motor vehicles from sources inside the United States.

The applicant must itemize and propose equipment purchases, if any, for subawards under equipment line-item category.

The Detailed Budget should itemize equipment by make, model, unit type, estimated cost per unit, estimated quantities per activity year, and total cost. Further, the Budget Narrative must articulate the purpose of the equipment and the basis for the cost estimates. Lastly, in explaining the Equipment line-item category costs, the Budget Narrative should provide adequate justification for the proposed equipment costs.

D.6.4.2.6 SUPPLIES

As per 2 CFR 200.94, "supplies mean all tangible personal property other than those described in 2 CFR 200.33, Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000, regardless of the length of its useful life." Any

[3] As per 2 CFR §228.13(b), "[f]or purposes of this section, motor vehicles are defined as self-propelled vehicles with passenger carriage capacity, such as highway trucks, passenger cars and buses, motorcycles, scooters, motorized bicycles and utility vehicles. Excluded from this definition are industrial vehicles for materials handling and earthmoving, such as lift trucks, tractors, graders, scrapers, off-the-highway trucks (such as off-road dump trucks) and other vehicles that are not designed for travel at normal road speeds (40 kilometers per hour and above)." Moreover, ADS 312.6 captures and incorporates the foregoing definition into the Agency's internal guidance, policy directives, required procedures, and standards for the award and administration of USAID grants and cooperative agreements.

tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit qualifies as equipment, which the applicant should include separately under the Equipment line-item category.

Tangible property that qualifies as supplies include those items necessary for the functioning of the activity office or any other operational supplies. Further, the applicant should include activity supplies for activity beneficiaries as a separate subcategory under the Other Direct Costs (ODCs) line-item category to distinguish between administrative and programmatic supplies costs. For example, the applicant should list paper stock for training materials, as opposed to paper stock to supply the activity office, separately under the ODCs line-item category.

The Detailed Budget should itemize supplies by item, unit type, estimated cost per unit, estimated quantities per activity year, and total cost. Lastly, in explaining the Supplies line-item category costs, the Budget Narrative should provide adequate justification for the proposed supplies costs.

D.6.4.2.7 CONTRACTUAL (i.e., SUBAWARDS)

As per 2 CFR 200.92" subaward means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract." Further, per 2 CFR 200.93, "subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency." Moreover, per 2 CFR 200.22"[contract means a legal instrument by which a non-Federal entity purchases property or services needed to carry out the activity or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward (see 200.92 Subaward)." As per 2 CFR 200.23, "contractor means an entity that receives a contract as defined in 200.22 Contract." Furthermore, per 2 CFR 200.330, "…a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor." Lastly, 2 CFR 200.330(c) provides, "[in determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement."

The Detailed Budget should break down costs for each subrecipient or contractor that will carry out part of a Federal award received by the pass-through entity separately. Thus, the

applicant, subrecipient, or contractor should prepare separate subaward budgets, ensuring that the discrete subaward budgets remain consistent and align with the Summary and Detailed Budgets, respectively. Nevertheless, the applicant should not include contracts to purchase equipment and supplies under the Contractual line item since those costs qualify under those respective line-item categories. Moreover, per 2 CFR 200.313(a) "…title to equipment acquired under a Federal award will vest upon acquisition in the non-Federal entity". Also, if the applicant proposes using a U.S. firm or organization as a subrecipient, the subrecipient must provide its Negotiated Indirect Cost Rate Agreement (NICRA) or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe benefits or indirect cost rates. If none exists, the U.S. firm or organization must either charge all costs directly or provide two years of audited financial data and a narrative that supports how the fringe benefits and indirect cost rates were calculated. Lastly, U.S. firms or organizations must include a cost element for Allowances, if any.

As per 2 CFR 200.459(a), "costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the non-Federal entity, are allowable, subject to paragraphs (b) and (c) when reasonable in relation to the services rendered and when not contingent upon recovery of the costs from the Federal Government." Thus, the applicant may include consultant or independent contractor costs under the Contractual line-item category, not the Personnel line-item category because the corresponding fringe benefits only apply to employees under the Personnel line-item category, not to consultants or independent contractors. The applicant should break down the proposed consultant or independent contractor's daily rates and level of effort they will devote to the activity for USAID to determine the reasonableness of the proposed short-term technical assistance (STTA). Lastly, the Budget Narrative should provide a justification for the proposed consultant or independent contractor daily rate.

USAID encourages the applicant to propose and award work under this award to Ethiopian firms, organizations, or nationals in support of USAID/Ethiopia's capacity development goals to advance self-reliance principles.

In explaining the Contractual line-item category costs, the Budget Narrative should provide adequate justification for the proposed contractual (i.e., subaward) costs.

D.6.4.2.8 OTHER DIRECT COSTS

Under the Other Direct Costs line-item category, the applicant should include costs that do not fit neatly in the foregoing major direct cost categories (i.e., costs not previously identified), but for which the applicant can identify specifically with a particular final cost objective. Further, the Detailed Budget and Budget Narrative must explicitly identify Other Direct Costs as necessary for implementation of the applicant's proposed program. Moreover, the Detailed Budget may capture program costs as a major subcategory under the Other Direct Costs line item or lower-level subcategories, if any, for the applicant to distinguish between administrative and programmatic costs.

Whilst there exist numerous costs necessary for activity implementation (i.e., office rental and utilities; publications and printing; programmatic meetings, trainings, or conferences; passports; visas; medical exams; motor vehicle maintenance and service fees; etc.), the Detailed Budget and Budget Narrative should itemize these costs as discreet estimated amounts. Nevertheless, the applicant should not duplicate a cost previously identified under a major direct cost category, unless distinguished between administrative and programmatic costs.

Neither the Detailed Budget nor the Budget Narrative should include a "contingency," "other," or undefined "miscellaneous" category of costs under the Other Direct Cost line-item category. The Detailed Budget must specify where and how the applicant proposes allocating the federal share. Further, the Detailed Budget should not include Indirect Costs that are normally expressed as percentage rates.

In explaining the Other Direct Costs line-item category costs, the Budget Narrative should provide adequate justification, price, and quantity for the proposed other direct costs.

D.6.4.2.9 INDIRECT COSTS

As per 2 CFR 200.56, "indirect (F&A) costs mean those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect costs. Indirect cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived." Further, Appendix IV to Part 200 – Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations (Appendix IV to Part 200) Section A.1, "indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Direct cost of minor amounts may be treated as indirect costs under the conditions described in 200.413, Direct costs paragraph (d) of this Part. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefitting cost objectives. A cost may not be allocated to a Federal award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to a Federal award as a direct cost."

Organizations can choose to charge each expense to the corresponding program award under a direct costing method. In contrast, some organizations recover certain pooled costs using indirect cost rates. Indirect costs represent costs the applicant cannot attribute to any one activity or funded by one donor. Thus, an applicant could use an indirect cost rate to capture cost pools that it must spread and share among various activities, or a percentage that estimates the amount of expenses that each activity incurs.

NEGOTIATED INDIRECT COST RATE

Further, 2 CFR 200.414(c)(1) provides "the negotiated rates must be accepted by all Federal awarding agencies. A Federal awarding agency may use a rate different from the negotiated rate for a class of Federal awards or a single Federal award only when required by Federal statute or regulation, or when approved by a Federal awarding agency head or delegate based on documented justification as described in paragraph (c)(3) of this section."

The applicant may establish a negotiated indirect cost rate with a U.S. federal agency, for which it must support and justify the rate with a detailed explanation and audited financial statements. Further, once the applicant establishes its negotiated indirect cost rate, the applicant must use that rate every time it submits a proposal or application to do business with the USG or charge all costs directly to the activity. Lastly, the applicant must submit its most recent negotiated indirect cost rate.

INDIRECT COST RATE PROPOSAL

As per 2 CFR 200.57,"indirect cost rate proposal means the documentation prepared by a non-Federal entity to substantiate its request for the establishment of an indirect cost rate as described in Appendix III to Part 200—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs) through Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals of this part, and Appendix IX to Part 200—Hospital Cost Principles." Further, Appendix IV to Part 200 Section C.2.b provides "except as otherwise provided in 200.414 Indirect (F&A) costs paragraph (f) of this Part, a nonprofit organization which has not previously established an indirect cost rate with a Federal agency must submit its initial indirect cost proposal immediately after the organization is advised that a Federal award will be made and, in no event, later than three months after the effective date of the Federal award." Nevertheless, Appendix IV to Part 200 Section D(1) provides "no proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization." Lastly, per Appendix IV to Part 200 Section D(2), "each indirect cost rate proposal must be accompanied by a certification in the following [Section D(2)] form."

If the applicant does not have a negotiated indirect cost rate and chooses to propose an indirect cost rate to capture those expenses that it deems as necessary for the general operation of its organization, the Cost Application must include a proposed rate with a detailed explanation about how the applicant calculated the rate. Further, the applicant must submit the following documentation:

Reviewed Financial Statements Report: A report issued by a Certified Public Accountant (CPA) documenting they performed a review of the applicant's financial statements in accordance with Statements on Standards for Accounting and Review Services (SSARSs). Further, the report must indicate that management assumes responsibility 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. Lastly, the CPA must state that they are not aware of any material modifications required to the applicant's financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting they conducted an audit in accordance with Generally Accepted Auditing Principles (GAAP), the financial statements reflect 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 align with the applicable financial reporting framework or issues a qualified opinion if the financial statements do not conform with the applicable financial reporting framework.

DE MINIMIS RATE

As per 2 CFR 200.414(f), "[in addition to the procedures outlined in the appendices in paragraph (e) of this section, any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to Part 200 – States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph D.1.b, may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely." As described in 2 CFR 200.403, Factors affecting allowability of costs, 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 for a rate, which the non-Federal entity may apply to do at any time." Further, the Automated Directives System (ADS) has incorporated under ADS 303.3.12, which provides "if the apparently successful applicant has never received a negotiated indirect cost rate, the recipient may choose to charge a de minimis rate of 10 percent of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimis rate, the AO must incorporate the 10 percent indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

If the applicant does not have a negotiated indirect cost rate, it may choose a de minimis rate of 10 percent of modified total direct costs. However, if the applicant chooses the de minimis rate, it must use this rate consistently for all Federal awards and cannot propose applying a separate fringe benefits rate to staff salaries that are directly attributable to individual activities, until such time as the applicant chooses to negotiate for a rate, for which the applicant may apply at any time.

For fringe benefits associated with direct labor, the applicant must provide actual cost estimates for each type of benefit for which it will charge directly for payment with supporting documentation to support the estimated cost.

MODIFIED TOTAL DIRECT COST (MTDC)

As per 2 CFR 200.68, "MTDC" means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs."

INDIRECT COSTS FOR SUBAWARDS

Applicants that propose sub awarding, transferring, or contracting out of any work under a Federal award to organizations that do not currently have a negotiated indirect cost rate from a cognizant agency must either budget all of the subaward costs as direct costs or elect to charge a de minimis rate of 10 percent of the MTDC per 2 CFR 200.414(f). If the applicant proposes an indirect cost rate greater than 10 percent, the applicant must submit the following information for USAID to determine the reasonableness of the proposed indirect rate:

- Copies of the subrecipient's financial reports for the previous three-year period, which have been audited by a CPA or other auditor satisfactory to USAID;
- Activities budget, cash flow, and organizational chart; and
- A copy of the organization's accounting manual.

D.6.4.2.10 COST SHARING OR MATCHING

Cost share of minimum 10% is required under this NOFO. Proposed cost share shall apply throughout the life of an agreement. The AOR must monitor the recipient's financial reports to ensure that the recipient is making progress towards meeting the proposed cost share. If it appears that the recipient is not making adequate progress, the AOR must bring this to the attention of the AO. The AO then must initiate discussions with the recipient to resolve the issue. The AO has the authority to reduce the amount of USAID incremental funding in the following funding period or to reduce the amount of the agreement by the difference between the expended amount and what the recipient agreed to provide. If the award has expired or been terminated, the AO may request the recipient to refund the difference to USAID."

Cost share must be detailed (who is providing it and in what form, how it will be used and accounted for, how it contributes to the achievement of Lowland Health Activity objectives and what benefits the applicant expects to derive from contributing cost share.

The applicant and each partner proposing cost share must confirm that:

- The proposed cost share contributions are not included as cost share contributions for any other U.S. Government (USG)-assisted program; and

- Are necessary and reasonable for proper and efficient accomplishment of this award's objectives.
- In the award budget, cost share must be expressed as a dollar figure rather than a percentage to assist in monitoring the amount.

D.6.4.3 COST APPLICATION FORMAT

The Cost Application must include the budget format attached to this NOFO and be submitted in the Cost Application. The applicant must compose its Summary Budget in an MS Excel spreadsheet. Further, the applicant should use the same MS Excel spreadsheet tabs for its Detailed Budget, which includes a detailed breakdown of proposed costs for the Prime Recipient and each subrecipient, for federal funding and cost sharing and matching by year, for the entire implementation period of the activity.

D.6.4.4 COST PRINCIPLES

The applicant must consult and adhere to the cost principles that correspond to the applicant's type of organization:

Non-Profit Organizations	2 CFR 200 Subpart E: Cost Principles
For Profit or Commercial Organizations	48 CFR (Federal Acquisition Regulation or FAR) Subpart 31.2 – Contracts with Commercial Organizations
	48 CFR (USAID Acquisition Regulation (AIDAR)) Subpart 731.2 – Contracts with Commercial Organizations
Educational Institutions	2 CFR 220 – Cost Principles for Educational Institutions Circular A-21)

Cost Principles Restrictions

As per 2 CFR 200.400(g), "the non-Federal entity may not earn or keep any profit resulting from Federal financial assistance, unless explicitly authorized by the terms and conditions of the Federal award. See also 200.307 Program income."

All reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the activity and comply with applicable cost standards (i.e., 2 CFR 200/700 for universities, and FAR Part 31 for-profit organizations), may be paid under the anticipated award.

PRE-AWARD TERMS[4]

D.6.5 Prior Approvals In Accordance With 2 Cfr 200.407

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required

[4] Available at https://www.usaid.gov/sites/default/files/documents/1868/303mba.pdf.

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.6.6 Approval Of Subawards (If Applicable)

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 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

D.6.7 Pre-Award Risk Assessment/History of Performance:

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

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

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

information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

D.6.8 Funding Restrictions:

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor. Applicants will be reimbursed only for costs that benefit the program description and are allocable, allowable and reasonable. Pre-award costs may be reimbursed under the resulting award, but only with a prior specific written approval of the Agreement Officer. All costs incurred before the USAID makes the award are at the recipient's risk (*i.e.,* the USAID is not required to reimburse such costs if for any reason the recipient does not receive the award or if the award is less than anticipated and inadequate to cover such costs).

This program does not have any provision for capital funding.

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

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

D.6.9 Unique Entity Identifier and System For Award Management (Sam) – Requirements

As per 2 CFR 25.315, "unique entity identifier means the identifier required for SAM registration to uniquely identify business entities." Thus, an applicant must:

(a) 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;
(b) Provide a valid unique entity identifier in its application; and
(c) 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.

Further, USAID may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make a Federal award, USAID may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another

applicant. However, please be advised that SAM registration may take several weeks to complete. Thus, USAID encourages the applicant to begin the process early.

The applicant can find SAM.gov and Grants.gov through the General Service Administration's (GSA) Office of the Integrated Award Environment (IAE) beta.SAM.gov website (https://beta.sam.gov/help/about-us).

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain a North Atlantic Treaty Organization (NATO) Commercial and Government Entity (NCAGE) code, on https://beta.sam.gov/help/about-us navigate to Help, then to International Registrants.

D.6.10 Pre-Award Certifications, Assurances, Representations, And Other Statements of The Recipient and Pre-Award Terms[5]

As per ADS 303.3.8, "in addition to the certifications included in the Standard Form 424, the AO must obtain the following certifications, assurances, and other statements from both U.S. and non- U.S. organizations (except as specified under ADS 303.3.8.a though ADS 303.3.8.c), before making an award and as otherwise required by the regulations listed in this section. The AO must also incorporate the solicitation standard provisions and provide links to the applicable award standard provisions in all solicitations."

The required certifications, assurances, and other statements are:

1. "Certifications, Assurances, Representations, and Other Statements of the Recipient" document found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf
2. 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.6.11 Branding Strategy and Marking Plan

The apparently successful applicant must submit a Branding Strategy and Marking Plan for Agreement Officer's review, approval, and incorporation into any resulting award. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: http://www.usaid.gov/policy/ads/300/. The Recipient must comply with the USAID "Graphic Standards Manual," available at https://www.usaid.gov/branding or any successor branding policy.

[5] For further information, please review the "Certifications, Assurances, Representations, and Other Statements of the Recipient: A Mandatory Reference for ADS Chapter 303" available at https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

A. Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, activity, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement, or other assistance instrument.

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

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

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

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at http://www.usaid.gov/branding, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

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

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or activity.

(v) USAID prefers to fund activities 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 activity 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 activity 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 activity or program.

5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

f. 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.

g. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

B. Marking Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Marking Plan," detailing the public communications, commodities, and program materials, and other items that will visibly bear the "USAID Identity," which comprises of the USAID logo and brandmark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at http://www.usaid.gov/branding. Section VI of the RFA or APS

will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement, or other assistance instrument.

e. The Marking Plan must include all of the following:

1) A description of the public communications, commodities, and program materials that the applicant plans to produce, and which will bear the USAID Identity as part of the award, including:

(i) Program, activity, or activity sites funded by USAID, including visible infrastructure activities 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 Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

2) A table on the program deliverables with the following details:

(i) The program deliverables that the applicant plans to mark with the USAID Identity;

(ii) The type of marking and what materials the applicant will use to mark the program deliverables;

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;

(iv) What program deliverables the applicant does not plan to mark with the USAID Identity, and

(v) The rationale for not marking program deliverables.

3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:

(i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

(ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.

(iii) Undercut host-country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as 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.

D.6.12 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.

D.6.13 Cost Application Review

The Government will evaluate the Apparently Successful Applicant's proposed costs for completeness, realism, allowability, reasonability and allocability in accordance with 2 CFR 200.403, 2 CFR 200.404 and 2 CFR 200.405. USAID will assess whether the proposed costs, including cost sharing if any, are realistic for the proposed activity, whether the proposed

costs reflect the applicant's understanding of the objective of the intended activity, and whether the proposed costs align with the Technical Application. Proposed indirect rates and factors may be verified with the USAID Cost and Audit Support or other Cognizant Audit Agency via rate check or formal audit, as appropriate.

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

The AO will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – 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 D -

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SECTION E: APPLICATION REVIEW INFORMATION

E.1. Criteria

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

The Presentation-Slides and the actual PowerPoint Presentation will be evaluated by a Selection Committee (SC) using the criteria described in this section.

E.2. Review and Selection Process

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

E.3. Merit Review Criterion

The criteria listed below are presented by major category, so that Applicants will know which areas require emphasis in the preparation of information. Applicants will note that these criteria serve as the standard against which all technical information will be evaluated and serve to identify the significant matters which Applicants will address.

Merit Review Criteria and Considerations

Adjectival rating methodology will be used to evaluate all responsive technical applications, which will be rated in the order of importance as indicated in Table 1, below. Applications to the USAID Lowlands Health Activity will be assessed according to the following merit review

criteria using the adjectival rating of **Exceptional, Very Good, Satisfactory, Marginal, Unsatisfactory**.

Merit Review Criteria and Sub-Criteria are listed in descending order of importance.

Table 1: Merit Review Criteria and Sub-Criteria

CRITERIA	CRITERION NAME
Criterion 1	**TECHNICAL APPROACH, including the following sub-criteria *(listed in descending order of importance):*** **a. Overall Technical Assistance** **b. Sustainability and Stakeholder Engagement** **c. Capacity Building** **d. Gender and Inclusivity**
Criterion 2	**LEARNING, MONITORING, AND EVALUATION (LME) PLAN**
Criterion 3	**STAFFING AND MANAGEMENT PLAN**
Criterion 4	**INSTITUTIONAL CAPABILITY AND EXPERIENCE**

E.5.1 Merit Review Criterion 1: Technical Approach (see D.4.1)

The Applicant will be evaluated on the extent to which the application demonstrates the following sub-criteria:

- **Sub-Criterion (a): Overall Technical Assistance**
  - The extent to which the Applicant presents a cogent overall plan that demonstrates alignment with the country and USAID policies and priorities.
  - The extent to which the Applicant proposes creative, cost-effective, and evidence-based approaches to improve PHC governance and functionality to deliver essential health services.
  - The extent to which the Applicant proposes creative, cost-effective, and evidence-based approaches to improve access to and quality of RMNCAH-N services.
  - The extent to which the Applicant proposes creative, cost-effective, and evidence-based approaches to improve adoption of healthy behaviors, including utilization of RMNCAH-N services.
  - The extent to which the Applicant demonstrates, in its application, an approach that is flexible and adaptable, and contributes to increased resilience of PHC systems in pastoral areas in the face of shocks and crises.
  - The extent to which the Applicant, in its application, demonstrates a solid understanding and considerations for the unique contexts of the different pastoral areas and communities in the proposed implementation approaches.

- **<u>Sub-Criterion (b)</u>: Sustainability and Stakeholder Engagement**

  - The extent to which the Applicant presents a realistic, practical, and staged plan with high probability of success in sustaining the interventions and the anticipated gains of the Activity beyond the life of the award and development partner funding.
  - The extent to which the Applicant demonstrates a plan to engage and collaborate with relevant GoE structures and entities, including regional and woreda health offices and primary health care units, to achieve and sustain Activity objectives.
  - The extent to which the Applicant demonstrates a plan to engage local universities, civil society organizations, and the private sector to achieve and sustain activity objectives.
  - The extent to which the Applicant proposes to coordinate and collaborate with relevant USAID activities addressing health and related technical areas, as well as investments and interventions from other development partners and stakeholders in Ethiopia.

- **<u>Sub-Criterion (c)</u>: Capacity Building**

  - The extent to which the Applicant proposes clear, appropriate and measurable capacity building strategies *(structured and with milestones documenting progress*) for the local subpartners aligned with New Partnership Initiative principles.
  - The extent to which the Applicant proposes clear, appropriate and measurable capacity building strategies *(structured and with milestones documenting progress*) for primary health care units and woreda health offices.
  - The extent to which the Applicant proposes to develop the capacity of local community structures to improve community engagement and social accountability.

- **<u>Sub-Criterion (d)</u>: Gender & Inclusivity**

  - The extent to which the Applicant proposes context-specific, gender-related interventions, including male engagement, SGBV, etc., to improve accessibility, delivery, and utilization of quality health care services.
  - The extent to which the Applicant's technical proposal incorporates inclusion and engagement *(i.e., leadership, visibility, and/or voice)* of the different pastoral communities and/or marginalized groups, including women, youth, people with disabilities, etc., living in pastoral areas.

E.5.2 Merit Review Criteria 2: Learning, Monitoring, And Evaluation (LME) Plan (see D.4.2)

- The extent to which metrics, processes, people and systems (LME plan) to measure, monitor, and adapt success and failures is clearly articulated, including illustrative indicators for all proposed IRs and sub-IRs. *Please do not duplicate indicators or results already presented within this NOFO but rather present your own metrics for success and adaptation triggers.*

- The extent to which the proposed LME plan incorporates CLA approaches that are clear, responsive to the programming context and are embedded in the technical approach, management, and staffing plan.
- The extent to which critical learning questions are identified, planned for, and integrated into activity management and decision-making.

E.5.3 Merit Review Criteria 3: Staffing and Management Plan (see D.4.3)

- The extent to which the application clearly describes how each consortium member organization contributes to the achievement of the Activity purpose (i.e., roles and responsibilities) with clear descriptions of the individual organization capabilities and responsibilities.
- The extent to which the staffing mix is appropriately and logically connected to the implementation of the Activity and achievement of intermediate results; reflects gender equity, complementarity, and team-based approach; demonstrates strategic collaboration, continuous learning, and adaptive management; is designed for adaptation and adjustment as needed over the course of activity implementation.
- The extent to which the Applicant presented a feasible plan to quickly mobilize key staff and resources on the ground both in its country office and throughout the targeted areas.
- Soundness of organizational structure (central, regional, and subregional staffing - as appropriate) proposed for smooth working systems, that enables collaboration of consortium members, clear reporting relationships, and efficient use of resources.
- The extent to which the structure demonstrates a significant (over 80% of staff) based 100% LoE in the pastoralist regions and/or areas.

E.5.4 Merit Review Criteria 4: Institutional Capability and Experience (see D.4.4)

- Demonstrated organizational knowledge and capacity to develop, manage, and implement health and nutrition activities in pastoral areas of low-resource countries in Africa, especially with a focus on the community level.
- The extent to which the application demonstrates institutional capability, organizational systems, and competence to creatively plan, implement, support, monitor, and report on similar activities.
- The extent to which the proposed subrecipients are competent and complementary.

USAID will initially determine the relevance of experience, comparable in size, scope, and complexity as a predictor of probable performance under the subject requirement. USAID may give more relative importance to experience information that is considered more relevant and/or more current.

E.6 Technical Merit Review Methodology

In evaluating the application, the SC will utilize the review criterion and sub criterion, as described in the NOFO. The below chart outlines the definitions established for strengths, weaknesses, and clarifications. During evaluation of the applications, the SC will utilize these definitions when evaluating each application.

The SC will use an adjectival approach when evaluating the applications. The below chart details the rating scheme and definitions applicable to review criterion. *(See, below):*

Adjective	Definition
Exceptional	An **Exceptional** application has the following characteristics: ● A comprehensive and thorough application of exceptional merit. ● Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or **no** overall degree of risk of unsuccessful performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Very Good	A **Very Good** application has the following characteristics**:** ● An application demonstrating a **strong** grasp of the objectives. ● Application meets NFO objectives and presents a **low** overall degree of risk of unsuccessful project performance. ● **Strengths significantly outweigh any weaknesses that exist.**
Satisfactory	A **Satisfactory** application has the following characteristics: ● An application demonstrating a reasonably sound response and a **good** grasp of the objectives. ● Application meets NFO objectives and presents a **moderate** overall degree of risk of unsuccessful project performance. ● **Strengths outweigh weaknesses.**
Marginal	A **Marginal** application has the following characteristics: ● The application shows a **limited** understanding of the objectives. ● Application meets some or most of the NFO objectives but presents a **significant** overall degree of risk of unsuccessful project performance. ● Weaknesses **equal or outweigh** any strength that exists.
Unsatisfactory	An **Unsatisfactory** application has the following characteristics: ● The Application **does not meet** the NOFO objectives 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.

E.4. Evaluation of Cost Application

In evaluating the cost applications, the Government will evaluate the Applicant's proposed costs for effectiveness, completeness, reasonableness, and realism. The Government will evaluate the cost application for completeness by assessing the responsiveness of the Applicant in providing requested cost data as requested in the NOFO.

The Government will evaluate how well the Applicant's application supports elements of cost, level of effort, and indirect cost rates over the assistance award life as well as reflect a clear understanding of the requirements and are consistent with the Applicant's technical capacity. Proposed indirect rates and factors may be verified with the USAID Cost and Audit Support or other Cognizant Audit Agency via NICRA rate check or formal audit, as appropriate.

As part of the analysis of the Applicant's proposed budget, the AO will review the Applicant's proposed cost share (if any) contributions for cost realism. The AO must verify that the proposed contributions meet the standards set in 2 CFR 200.306 for U.S. organizations or the Standard Provision "Cost Share" for non-U.S. organizations.

E.5. Full Application

Selection of ASA does not constitute an award commitment on the part of the U.S Government, nor does it commit the Government to pay for any costs incurred in preparation or submission of PowerPoint Presentation or participating in the Co-design process or an application. Applications at each phase are submitted at the risk of the applicant.

After the Co-design process is completed, the ASA will be requested to submit a full technical and cost application. The full Technical and Cost Application of the ASA will be reviewed and determined "Acceptable" or "Unacceptable". If the full application of the ASA is accepted, the AO will negotiate the remaining issues and proceed to award.

[END OF SECTION E]

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1. Federal Award Notices

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

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

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

F.2. Administrative & National Policy Requirements

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

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

For Non US organizations: Standard Provisions for Non-U.S. Non-governmental Organizations.
ADS Reference 303mab | Document | U.S. Agency for International Development (usaid.gov)
See Annex 3 for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

F.3. Reporting Requirements

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

F.3.1. Financial Reporting

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

Financial Reports must accord with 2 CFR 200.327. In accordance with 2 CFR 200.327, the SF-425 will be required as follows:

1. The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The Recipient must submit a copy at the same time to the AO, AOR, and the USAID/Ethiopia Controller. These reports shall be submitted within 30 calendar days from the end of each quarter, except that the final report shall be submitted within 90 calendar days from the estimated completion date of this Agreement.
2. The Recipient must submit the electronic copies of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, the AO, the AOR, and the USAID/Ethiopia Controller.
3. The Recipient must submit the electronic copy of quarterly accruals report to the AOR, AO and the USAID/Ethiopia
4. The Recipient shall maintain records of all taxes paid to GoE with U.S. government funds as well as other financial information as may be required by USAID. The Recipient must submit the vat reimbursement request along with the original invoices to the Tax Authorities office after approval of USAID/Ethiopia.

F.3.2. Activity Planning

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

List of Reports and Deliverables

No	Deliverable	Frequency	Due Date*	Distribution
1	Key Personnel on board	One time	The Chief of Party, Health Management and Administration Advisor and the Finance and Operations Director must be on board immediately (no later than 30 days after award) with the remaining key personnel hired shortly thereafter (no later than 45 days after award)	AOR and agreement officer (AO)

2	Five Year Implementation Plan	One time	The five-year work-plan must be submitted within 30 days after award and must be approved by USAID no later than 60 days after award.	AOR
3	Annual Implementation Plan	Annually	The Year 1 Annual Implementation Plan must be submitted within 45 days after award and must be approved by USAID no later than 90 days after award. Subsequent Implementation plans must be submitted within 45 days before the end of the preceding fiscal year covering the period from October 1st to September 30th.	AOR
4	Cost share plan	First year and updated as needed	No later than 45 days after the effective date of the award.	AOR and AO
5	Activity LME Plan	First year and updated as needed	First draft due no later than 90 calendar days after the effective date of the award. Final LME is due no later than 120 calendar days after the effective date of the award. The LME plan should be updated annually and submitted with the annual plan by August 1st.	AOR
6	Sustainability plan	First year and updated as needed	First draft due no later than 90 calendar days after the effective date of the award.	AOR
7	Environmental Mitigation and Monitoring Plan (EMMP)	Annually	submitted with the annual Implementation plan by August 1st of each year covering the period from October 1st to September 30th.	AOR

8	Branding and Marking Plan	One time	30 Days after award	AOR
9	Trafficking in Person Compliance Plan	One-time	30 Days after award	AOR
10	Certification of Trafficking in Person	Annually	The Recipient must submit to USAID the certification on each year anniversary of the award.	AOR
11	Baseline Assessment	Once	Initial Baseline Assessment will be submitted no later than 90 calendar days after the effective date of the award.	AOR
12	Gender, Youth and Social Inclusion Analysis	Once	First draft due no later than 60 calendar days after the effective date of the award.	AOR
13	Quarterly Progress Reports	Quarterly	No later than 45 days after the end of each fiscal quarter.	AOR
14	Environmental Mitigation and Monitoring Report (EMMR)	Quarterly/Annual	No later than 45 days after the end of each fiscal quarter/year.	AOR

15	One copy of each report and information to the DEC as per ADS 540.3.2.5.	As required – ongoing throughout the life of the award	Within thirty (30) calendar days of obtaining the AOR's approval and within thirty calendar days after completion of the agreement. For more information, please see ADS 540.3.2.5.	
16	Biweekly Updates	Biweekly	Every two weeks on the second and fourth Tuesday of every month	AOR
17	Development Information System Quarterly Data entry	Quarterly	Within 30 Days after the end of quarter.	AOR
18	Annual Progress Reports	Annually	Within 45 Days after the End of Year.	AOR
19	Quarterly Accruals	Quarterly	15 days prior to the end of the USG fiscal year quarter.	AOR
20	Quarterly Financial Reports SF-425 (including cost share)	Quarterly	Within 30 days after the end of quarter.	U.S. Department of Health and Human Services, AO, AOR and Controller

21	Quarterly VAT Reports	Quarterly	25th of the month after the calendar year quarter ends. For example, taxes and receipts for the period January to March are due April 25.	AOR & Controller
22	Technical Materials and Inputs (including documents for publication)	Ad-hoc	Regularly (materials need to be cleared by USAID before finalization). Any technical materials referenced in progress reports should be annexed as a regular reporting practice.	AOR
23	Annual Inventory Reports	Annually	By October 1st	AO and AOR
24	Short term technical assistance (STTA) consultants	Ad-Hoc	Scope of Work (prior to travel and/or start of assignment) for USAID approval. Consultant report to USAID one week after the end of STTA assignment	AOR
25	Close-Out and Demobilization Plan	One time	180 days prior to the award completion date	AOR and AO
26	Final Activity Report	One time	Final End of Activity report is due 90 days after the end date of the cooperative agreement. The draft report should be submitted 45 days following the completion date of the cooperative agreement.	AOR

*The quarters refer to USAID's fiscal year: Oct 1 – Dec 31, Jan 1 – Mar 31, April 1 – June 30 and July 1 – Sept 30

F.3.3. Implementation Plans

I. Annual Implementation Plans

Based on the PD, the Recipient shall prepare and submit a detailed annual implementation plan to guide the implementation process with a breakdown of activities, timelines, and anticipated progress in the achievement of the Activity results (consistent with the Activity CLA/LME plan), as well as the associated costs. The Recipient shall ensure a collaborative process in implementation plan development, consulting beneficiaries, partners, USAID, and other relevant stakeholders in preparing the annual implementation plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the implementation plan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned, and implementation plan adjustments going forward. The Recipient must submit the initial implementation plan that covers the timeframe from award date to September 30 within 45 calendar days of signing the award. Subsequent annual implementation plans will cover the full USG fiscal year (October 1 – September 30) and shall be submitted within 45 days before the end of the preceding fiscal year respectively. USAID/Ethiopia will review and through the AOR, approve the implementation plans within 20 calendar days after receipt of the draft plan.

At a minimum, the annual implementation plan must include,

- Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the Activity LME plan
- Any new interventions or activities planned and their justification for each year
- Timeline for implementation of the year's proposed activities, including target completion dates and details on implementations
- Cost projections, including results from cost-effective analysis, for proposed interventions to be continued for implementation
- Personnel requirements to achieve expected outcomes
- Major commodities or equipment to be procured, including an explanation of the intended use, source, and origin of each item
- Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners and other donors;
- Detailed budget, which aligns with the approved Cooperative Agreement budget; and
- International travel, including projected STTA, planned for the year

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

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. See Section A.10 of this NOFO for additional details on the CLA/LME Plan.

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

F.4. Performance Reporting

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

F.4.1. Biweekly Update

The Recipient will provide a brief, maximum one page bulleted biweekly update on activities that highlights major events or accomplishments. The update will identify current and upcoming consultations/visitors, key activities and events of the previous two week period, and upcoming activities and events. Biweekly updates are due the second and fourth Tuesday of every month.

F.4.2. Quarterly Report

I. Quarterly Progress Check-in Presentations

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

The slide deck may include the following information:

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

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

II. Quarterly Learning Briefs

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

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

III. Quarterly Expenditure Reports

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

IV. Quarterly Performance Reports

The Recipient will submit a brief separate quarterly Performance Report to USAID within 45 calendar days after the end of each quarter of the fiscal year during the performance period. Information on major challenges and constraints faced during the performance period being reported; and

The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the implementation plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to-date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g., meetings, trainings, workshops, significant events, subcontracts, and grants).

The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created, including personnel recruitment processes for senior-level leadership and management

positions; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. The Recipient shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the Activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The due date for the first quarterly report will be agreed upon between the Recipient and USAID. Subsequent quarterly reports shall be due within 45 calendar days after the end of each quarter based on the USG fiscal year to the AOR at USAID/Ethiopia.

This quarterly performance report contains a cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.

F.4.3. Annual Performance Reports

The Recipient will submit annual reports to USAID within 45 calendar days after the end of the reporting period. In this regard, the USAID's annual reporting time covers the period from October 01 to September 30.

Annual performance reports on the Activity and progress against indicators are the responsibility of the Recipient and are needed by USAID/Ethiopia to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the cumulative experience, learning, adaptations, and the implications of these for the year. The draft annual performance reports must be received by USAID within 45 days after the end of the fiscal year. In addition to copies sent to the AOR and AO, one copy will be sent to the USAID DEC as above. Annual Performance Reports shall contain the following information:

- A comparison of actual accomplishments by program component against goals established for the period in the LME plan (activities completed, benchmarks achieved and performance standards completed since the last annual report)
- Reasons why activities were delayed or established goals were not met, if applicable
- Cost projections, including results from cost-effective analysis, for proposed interventions to continue for implementation
- Quantitative Monitoring and Evaluation data, including information on progress towards targets, and explanations of any issues related to data quality
- Information on the status of finances, including expenditure data (based on the Cooperative Agreement budget) and accruals; and, when appropriate, analysis and explanation of cost overruns or high unit costs
- Information on management issues, including administrative problems
- Lessons learned and success stories
- Documentation of best practices that can be taken to scale

- Information on major challenges and constraints faced during the performance period.
- Prospects for the next year's performance
- A summary of funds expended during the fiscal year by funding source.
- A cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.

Upon receiving AOR approval, the approved Annual Report shall be submitted to the USAID's DEC.

F.4.4. High Frequency Report (HFR)

The Activity may also be required to collect, analyze, and report on performance data and other information on a more ad-hoc basis, like on weekly and monthly, besides quarterly reporting. High frequency technical data reporting specifies the minimum required indicators that may be reported to the AOR. These HFR data do not have to be final and may differ from what is entered into DIS. HFR data will be used to track the Recipient's progress to meeting targets; DIS remains the official reporting system of record.

F.4.5. Close out Plan

As part of the close out procedures, the recipient will be required to submit a demobilization plan to the AOR's approval 180 days prior to the completion date of the award.

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

F.5. Final Performance Report

A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the Activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. The Recipient must submit the final report to USAID no later than 90 days after the completion date of the Cooperative Agreement.

The Final Report must include:

- Theory of change
- Interventions and approaches
- Inputs, outputs, and processes
- Final performance indicator data with sample size
- Number of people and communities benefited, by each separate component and by multiple components (integration), compared to targets, and for how long

- Cost, including summary results from cost-effective analysis from interventions implemented over life of the Activity

The report should provide an overall assessment of progress made toward accomplishing the goal, results and expected outcomes, any important research findings, a description of major products or tools, eg. training and educational materials, M&E tools, *and* a fiscal report that describes how the Recipient's funds were used. See 2 CFR 200.328.

In addition, the report should specifically address how the Activity addressed gaps between males and females were closed; what new opportunities for men and women were created, including personnel recruitment processes for senior-level leadership and management positions; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

Submission to the Development Experience Clearinghouse and Publications:

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

The Recipient shall submit one electronic copy of the final Performance Report to USAID's Development Experience Clearinghouse (DEC). The Recipient shall submit to the AO and the AOR and to one of the following:

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

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

recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information.

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

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

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

F.6. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (*http://www.usaid.gov/policy/ads/200/*), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The Recipient's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this Request for Applications.

In accordance with USAID policies and procedures related to environmental compliance ADS Chapter 204, USAID/Ethiopia Health Office developed two Initial Environmental Examination (IEE) : a) IEE for the Empowered Communities for Better Health (ECBH) project, and b) Mission wide infrastructure interventions, both covering the USAID Lowlands Health Activity. A Negative determination with condition threshold determination is granted for this Activity as it has a construction component. In tandem with the ECBH and Construction IEEs, a climate risk assessment has been prepared for all activities under the ECBH project, which has given a "Moderate" climate risk for this Activity.

The Recipient, in collaboration with the USAID AOR and Mission Environmental Officer shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation. If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

The Recipient will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

The Recipient should prepare an environmental mitigation and monitoring plan (EMMP) describing, in specific terms, how it will implement all conditions that apply to proposed actions to be implemented under the award and monitor condition implementation and effectiveness. The EMMP should be submitted to the AOR for approval and ensure that no activities subject to conditions are undertaken prior to receipt of written USAID approval of the EMMP. The Recipient should integrate the approved EMMP into the initial work as well as subsequent annual implementation plans, making any necessary adjustments to implementation in order to minimize adverse impacts to the environment. The Recipient will also be responsible for submitting an Environmental Mitigation and Monitoring Report (EMMR) to the USAID AOR on a quarterly basis with the Quarterly Progress Report.

F.7. Climate Risk

Climate risk management (CRM) is required for all USAID-supported activities, with limited exceptions. Climate risk is the potential for negative consequences on Activity objectives and/or outcomes due to changing climatic conditions. The focus of climate risk management at USAID is on the risk to USAID development programming. The CRM process may also identify potential development opportunities associated with current and expected climatic and meteorological changes, including chances to achieve additional development objectives (including increasing climate resilience and reducing greenhouse gas emissions).

Climate change impacts human health in both direct and indirect ways. Extreme heat waves, rising sea level, changes in precipitation resulting in flooding and droughts, and intense hurricanes can directly cause injury, illness, and even death. The effects of climate change can also indirectly affect health through alterations to the environment. For example, worsening air pollution levels can have negative impacts on respiratory and cardiovascular conditions. Changes in temperature and rainfall can alter the survival, distribution, and behavior of insects and other species that can lead to changes in infectious diseases. Increases in precipitation, storm surge, and sea temperature can lead to more water-related illnesses. Climate change can also affect food safety, exposing people to contaminated foods that can result in foodborne illnesses. In addition, climate change can affect mental health and well-being.

Adapting healthcare waste management to climate change involves planning for the effects of extreme climate events on collection, transfer, processing, and disposal sites. Designers and project managers now include a focus on incorporating information on climate from both past baseline trends, as well as near-term projections (e.g., next 25-50 years, where feasible). In many cases, managing for greater uncertainty and risk associated with potential extreme conditions, rather than past historical trends, emphasizes the precautionary principle over "business as usual." This type of focus on risk analysis and management is commonly applied by the financial and insurance industries and can also be used in assessing proposed development activities.

Adapting planning, design, and project execution to climate change involves ensuring that new waste disposal structures can withstand changes and variations in climatic conditions and especially extreme weather events. From a risk management perspective, it is less costly to design for the potential direct and indirect impacts of climate change on healthcare waste management projects, than to risk major losses or damage to healthcare waste management systems or for staff, patients or communities to face loss of service in the future.

F.8. Program Income

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

F.9. Other Requirements

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

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1. Points of contact (POC):

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

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

The AOR for this Award is [TBD] and will be designated by a separate letter at the time of Award.

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

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

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

Applications with Proprietary Data

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

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

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

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

[END OF SECTION H]

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ANNEX 1 – Budget Formats

SUMMARY BUDGET TEMPLATE

S/N	Major Budget Categories	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL All Years
1	Personnel						
2	Fringe Benefit and Allowances						
3	Travel						
4	Equipment and Supplies						
5	Contractual (Program Implementation*)*						
6	Construction						**$2,000,000**
	Crisis Modifier						**$1,000,000**
7	Other Direct Costs						
	Total Direct Charges						
8	Indirect Charges						
	Total USAID Contribution						**Approx. $35,000,000**
10	Applicant's Cost-Share contribution						
	Total Estimated Activity Costs						

DETAILED BUDGET TEMPLATE

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

Core Budget Categories	Year 1	Year 2	Year 3	Year 4	Year 5	Total All Years
1 Personnel a. International Staff i. Expatriate Staff ii. HQ Technical Staff b. Local In-Country Staff i. Program Staff ii. Operational Staff						
2 Fringe Benefits and Allowances a. Fringe Benefits b. Allowances						
3 Travel a. International travel b. Local and domestic travel (car rental, taxis etc.)						
4 Equipment and Supplies a. Equipment (equipment with a unit cost greater than $5,000) b. Supplies (equipment with a unit cost less than $5,000, including but not limited to workstations & chairs, file cabinets, computers, cellular phones, printers, etc.). This cost category does not include office						

supplies, which should be included under Miscellaneous Direct Costs.						
5. *Contractual* a. Direct Program activities (including fixed-price,						
but not cost type, subcontracts). b. Training c. LME costs d. Consultants (including but not limited to expatriate consultants, local consultants, studies, analyses, etc.) e. Subgrants						
6. Construction *Costs*						
7. Crisis Modifier						

8 Other Direct Costs a. Equipment operation costs (e.g. including, but not limited to, vehicle rental/lease, vehicle and equipment maintenance/fuel/repair, motorcycle fuel/maintenance, generator fuel/maintenance, software licenses) b. Insurance/Travel (e.g. DBA, Medevac, visas, permits, immunizations, exams, vehicle insurance, equipment insurance, other insurance) c. Office operation costs (e.g. rent/utilities/repairs/maintenance, security services, office supplies, make ready costs) d. Communication costs (e.g. general communications expense, mobile/cellular communication, internet, printing/photocopying, courier) e. Other (e.g. professional fees – audit/legal/payroll, branding & marking, banking fees)						
Total Direct Charges						
8. Indirect Charges a. Material Handling b. Overhead c. G&A						
Total Indirect Charges						
1. Applicant's Cost Share						
TOTALS ESTIMATED ACTIVITY BUDGET						**Approximately $35,000,000**

ANNEX 2 - Past Performance Information (PPI)

Below is a PPI request form included in the NFO instructions to applicants to simplify the submission of PPI.

(To be completed by the applicant)

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

ANNEX 3 - Standard Provisions

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

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

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

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

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
X		RAA5. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
X		RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
X		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	X	RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
	X	RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
X		RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
	X	RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
X		RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
X		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)

	X	RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
X		RAA18. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
X		RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
X		RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA23. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
X		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
	X	RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)
	X	RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
X		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA28. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
	X	RAA29. RESERVED
	X	RAA30. PROGRAM INCOME (AUGUST 2020)
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
X		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
X		RAA8. SUBAWARDS (DECEMBER 2014)
X		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
X		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
	X	RAA12. PATENT RIGHTS (JUNE 2012)
X		RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
X		RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA 15. COST SHARE (JUNE 2012)
	X	RAA16. PROGRAM INCOME (AUGUST 2020)
X		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
X		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)

	X	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (APRIL 2016)
	X	RAA30. RESERVED
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

[END OF STANDARD PROVISION]

ANNEX 3 - LIST OF SUPPLEMENTAL DOCUMENTS

Links:

2. USAID Ethiopia Country Development and Cooperation Strategy (CDCS): https://drive.google.com/drive/folders/1UsXxh92lQZZr2cjI0TquShTj4v8WgRYY

LIST OF ATTACHMENTS:

1. Lowlands Health Activity list of implementation woredas
2. The THDR Gender and Other Sociocultural Barriers for the Utilization of RMNCH Services Assessment
3. Mapping of Pastoral Communities Mobility in the pastoral regions of Ethiopia.
4. THDR Activity annual progress reports
5. THDR Comprehensive Mobile Health and Integrated Outreach Services strategy
6. WHO and HWIP: Ethiopia Health Market Labor Analysis, 2019.
7. THDR Endline Evaluation Report

- **END OF NOFO No.: 72066323RFA00007 -**