



CALL FOR CONCEPT NOTES

Issue Date:	May 17, 2023
Virtual Pre-Solicitation Kickoff	May 30, 2023, 3:30 PM – 5:00 PM
Deadline for Questions:	June 2, 2023, 5 PM
Concept Notes Submission Deadline:	June 26, 2023, 5 PM

All times listed above are Central African Time (CAT)/ Juba Local

SUBJECT: Call for Concepts Notes (Notice of Funding Opportunity - NOFO Number 72066823RFA00001

Activity Title: Tamkeen (an Arabic word meaning Empowerment)

Interested Applicants

The United States Agency for International Development (USAID) is requesting Concept Notes as part of a five-phase award process. The goal of this activity is to support children, adolescents, and their families living with HIV to improve health outcomes and reduce new HIV infections among adolescent girls and young women (AGYW). Eligibility for this award is not restricted. Local organizations are encouraged to apply.

USAID/South Sudan intends to fund one award under this opportunity. The award will be in accordance with the merit review criteria under this call for Concept Notes. This document describes:

- The type of activities for which Concept Notes will be considered;
- Available funding;
- The process and requirements for submitting Concept Notes;
- The criteria for evaluating Concept Notes; and
- Refers prospective Applicants to relevant documentation and resources.

Based on the submitted Concept Notes, USAID/South Sudan will determine whether to invite respondents to participate in co-creation and subsequently submit a full Application. To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C. 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 and or sign up for alerts to ensure they have the latest information pertaining to this NOFO. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the grants.gov Helpdesk at 1-800-518- 4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers and System for Award Management (SAM) requirements. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process. Please refer to [SAM.gov | Entity Registrations](#) for registration information.

USAID will conduct a virtual pre-solicitation conference on **May 30, 2023**. The pre-solicitation will highlight key aspects of the solicitation. Information from the conference will be posted to grants.gov as an amendment. To register, please send your name and email address to Michael Loro at mloro@usaid.gov copying Awad Bako at abako@usaid.gov no later than Monday **May 26, 2023**.

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

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

Thank you for your interest in USAID programs.

Sincerely,

Kevin Sampson,

Agreements Officer

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SECTION A: PROGRAM DESCRIPTION

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

Theory of Change

When orphans and vulnerable children (OVC) of parents who died from AIDS related death, or caregivers who are living with HIV, and adolescent girls and young women (AGYW), who are at high risk of getting infected with HIV, are not provided with comprehensive services to enable OVC who are on HIV treatment to adhere to treatment and have viral suppression, supported to be schooled and their families are stable economically; and economic strengthening to AGYW to ensure they are empowered to avoid getting infected with HIV, then the global efforts to eliminate HIV by 2030 will not be realized including for South Sudan.

1. Introduction

USAID/South Sudan, with resources from the President’s Emergency Plan for AIDS Relief (PEPFAR), is seeking assistance for a 5-year activity to support children, adolescents, and their families living with HIV to improve health outcomes and reduce new infections among adolescent girls and young women (AGYW). This planned activity will be in Juba County. The activity is expected to result in mitigation of the impact of HIV, reduction in new HIV infections, and improved HIV clinical outcomes for those on HIV treatment among the target sub-populations.

Subject to availability of funds, USAID intends to provide a total of \$15 million for the activity duration. USAID also intends to award this activity to an implementing partner that can build the capacity of local organization(s) and position them to become a direct recipient(s).

2. Background

South Sudan has made significant progress in providing services to the sub-populations outlined below. Programming for orphans and vulnerable children (OVC) in Juba County started in 2016 and has evolved to support children and families affected by the HIV epidemic with comprehensive, wrap-around services to support clinical outcomes for priority sub-populations including children and adolescents living with HIV (C/ALHIV), HIV-exposed infants (HEI), children of HIV+ female sex workers (FSW), HIV+ caregivers, and their families. The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative started in South Sudan in FY21 to support AGYW to prevent new HIV infections among this disproportionately affected population, and to fast track the country’s efforts to reach epidemic control by 2025. According to the 2021 Global UNAIDS report on HIV, adolescent girls in the ages 15 - 19 years, make up 52 percent of all new HIV infections¹ This requires a

¹<https://reliefweb.int/report/world/2021-unaid-global-aids-update-confronting-inequalities-lessons-pandemic-responses-40>

significant, targeted expansion of HIV prevention services (including pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP], and condoms and lubricants), HIV testing services (HTS) and uninterrupted access and adherence to antiretroviral therapy (ART) to this sub-population.

New data from WHO shows that violence against women remains devastatingly pervasive and starts at a young age. Across their lifetime globally 1 in 3 women, around 736 million, are subjected to physical or sexual violence by an intimate partner or sexual violence from a non-partner – a number that has remained largely unchanged over the past decade. This violence starts early: 1 in 4 young women (aged 15-24 years) who have been in a relationship will have already experienced violence by an intimate partner by the time they reach their mid-twenties. Gender-based violence (GBV) and violence against children (VAC) affect both genders, AGYW are particularly vulnerable, with one in three experiencing some form of sexual violence by 18 years of age.² Economic and social pressures fuel transactional and intergenerational sex, leaving AGYW even more at risk of HIV infection.

South Sudan faces serious challenges in addressing HIV without all the evidence-based approaches to achieve the highest possible control of the epidemic. Estimated HIV prevalence in the general population was 1.9% in 2022 (South Sudan Spectrum estimate). The 2022 Spectrum estimates indicate that more females (3.5 percent) than male (1.9 percent) in the age bracket of 25 - 45 years are infected. More specifically, the Juba County results show that HIV disproportionately affects females (5.0 percent), more than male (3.1 percent) in the same age bracket of 25 - 45 years. In the age bracket of 15 - 24 years, females have a higher HIV prevalence of 1.8 percent compared to 0.8 percent among males of the same age group.

While many people living with HIV (PLHIV) are now able to stay alive and take care of their families as a result of antiretroviral therapy, lingering effects of the epidemic's past high mortality remain. About 2.6 percent of children aged 0-14 years are orphaned. The impact of HIV disrupted and destabilized families and communal support systems, exacerbated by civil wars, food insecurity, and widespread poverty.

Although the South Sudan government policy of free primary education has boosted primary school enrollment and completion, 2.8 million children are still out of school and there is a significant drop-off at the secondary level. This is especially prevalent in urban areas and among girls, with teenage pregnancy being a key reason for girls' dropping out of school.³

3. The Revitalized Transitional Government of National Unity (RTGoNU) of South Sudan's Response to the HIV Epidemic

The RTGoNU of South Sudan has shown some political commitment to addressing HIV. However, there remains extremely limited financial and reliable human resources for this role. As such, most of the response, over 90%, is being supported through the Global Fund (GF), PEPFAR, and other multilateral donors. There are currently no clear government policies and laws that: protect and avail a conducive environment for delivery of high-impact interventions, target the most vulnerable sub-populations such as AGYW, FSW, clients of FSW, priority populations, or men who have sex with men

²<https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

³ <https://www.unicef.org/southsudan/what-we-do/education>

(MSM) to prevent and lower the risk of HIV acquisition. The South Sudan AIDS Commission (SSAC) oversees implementation of the National HIV Prevention Strategy and the National Strategic Plan (NSP) for the overall HIV response, which outline the country's strategy for achieving epidemic control. SSAC reports directly to the presidency. Within the Ministry of Health (MoH), the Directorate of the National AIDS Program leads the health sector's HIV response. The Ministry of Gender and Social Services is responsible for providing social services to vulnerable populations, including violence prevention and response. As the delivery of ART and other HIV services is scaled up and decentralized, coordination across sectors and stakeholders has become increasingly important but remains challenging.

4. PEPFAR's Support to the RTGoNU's Response to the HIV Epidemic

The overarching goal of PEPFAR South Sudan investments is to achieve and sustain epidemic control equitably, provide high-quality client-centered HIV services to PLHIV, and continue to urgently reduce the number of new infections. PEPFAR-supported activities are guided by and aligned to South Sudan's NSP for HIV Response 2023-2025. Strengthening systems that support data management, supply chain, infection surveillance, and laboratory capacity also remain PEPFAR priorities in the Country Operational Plan for FY24⁴ (COP23).⁵

5. OVC and DREAMS Priorities for PEPFAR South Sudan

South Sudan currently implements both DREAMS and OVC programing in Juba County only. This is an initiative designed to reduce risk and foster resilience among AGYW. DREAMS consists of a core set of layered, evidence-based interventions to address HIV risk knowledge and behaviors including uptake of clinical sexual and reproductive health (SRH) and HIV services. The DREAMS program in FY22 reached over 2,500 AGYW aged 15-24.

USAID/South Sudan has a well-established OVC program which aims to improve child well-being by mitigating the impacts of HIV, reducing their risk of HIV acquisition, and increasing their resilience to thrive in households affected by HIV. The comprehensive OVC program strengthens family capacity to meet children's basic needs for shelter, nutrition, health, education and protection. The program targets children with known risks, especially C/ALHIV to ensure they receive family and home-based support to bolster treatment outcomes. This activity will build on the successes of current efforts, leveraging key learning and evidence-based approaches to accelerate progress toward epidemic control at this critical point in South Sudan's response against HIV.

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<https://pepfar.sharepoint.com/sites/Sudan/HQ%20Collaboration/Forms/AllItems.aspx?id=%2Fsites%2FSudan%2FHQ%20Collaboration%2FCOP%202022%20%E2%80%93%20FY%202023%2FCOP22%20Approval%20Documents%2FSouth%2DSudan%2DCOP22%2DSDS%2Epdf&parent=%2Fsites%2FSudan%2FHQ%20Collaboration%2FCOP%202022%20%E2%80%93%20FY%202023%2FCOP22%20Approval%20Documents>

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<https://pepfar.sharepoint.com/sites/Sudan/HQ%20Collaboration/Forms/AllItems.aspx?id=%2Fsites%2FSudan%2FHQ%20Collaboration%2FCOP%202023%20%2D%20FY%202024%2FSouth%20Sudan%20COP23%20PLL%2002%5F15%5F2023%2Epdf&parent=%2Fsites%2FSudan%2FHQ%20Collaboration%2FCOP%202023%20%2D%20FY%202024>

The OVC program provides family-based support to over 4,600 highly vulnerable children aged 0-17 and their caregivers. Adolescent girls aged 15-17 in the OVC program will also be referred to DREAMS (if eligible) and will thus receive the most intensive combination of OVC and prevention services. Additionally, AGYW 15 - 17 years in DREAMS are considered for enrollment into OVC if they are included in a priority sub-population.

Currently, the DREAMS and OVC services are supported through USAID. Priorities for the DREAMS and OVC activities include:

DREAMS Activity:

- Support AGYW ages 15-24 engaging in transactional sex or with high risk factors for HIV, including through referrals from clinical and female sex workers (FSWs) partners.
- Prioritize economic strengthening services for AGYW, including life skills and economic empowerment/entrepreneurship skills through an Empowerment and Livelihood for Adolescents (ELA) curriculum, vocational training, apprenticeships/internships, and linkage to employment.
- Provide referrals to additional services, as needed, to support AGYW, including functional literacy and other health services.
- Improve access to and quality of post-GBV services for AGYW:
 - Ensure AGYW are referred for relevant post-GBV services and are able to complete referrals (transportation stipends, accompaniment, etc.)
 - Collaborate with clinical partners to improve service referral networks and the quality of post-GBV services offered at facilities.
- Conduct community norms change activities with AGYW and their communities, including male partners, around HIV awareness and violence prevention.
- Collaborate with clinical partners to provide referrals to HIV testing services, Pre-exposure prophylaxis (PrEP), and post-GBV services, including Post exposure prophylaxis (PEP), sexually transmitted infections (STIs) screening, HIV testing, and family planning (FP) services.
- Coordinate with the OVC program to ensure bi-directional referrals for eligible AGYW.

OVC activity:

- Provide comprehensive, wrap-around services for children, adolescents, and families, to meet key benchmarks around health, safety, school, and household economic stability. The activity will ensure that the three 95s (95% of people living with HIV know their status, 95% of those who know their status as HIV + are put on treatment with antiretroviral therapy – ART), and this includes:
 - Ensuring access to HIV and health services;

- Supporting household economic stability through savings groups, income generating activities, and vocational training; and
- Supporting children, especially girls, to remain and progress in school.
- Improve clinical outcomes for C/ALHIV and HIV+ caregivers across the three 95s:
 - 1st 95: Conduct HIV risk assessment, mobilization, and referrals to HTS. Provide psychosocial support for stigma and discrimination reduction. Provide disclosure support.
 - 2nd 95: Assist referrals to ART, Community Clinic Coordinators (CCCs) monitor appointment attendance, conduct monthly case conferencing with Case Care Workers (CCWs). CCWs do home based ART adherence counseling, conduct household visits to support treatment adherence and drug refill.
 - 3rd 95: Provide caregiver and patient education on the importance of viral load suppression (VLS) and monitoring incorporating the concept of Undetectable = Non-Transmissible (U = U). Monitor and support appointment attendance. Monitor multi-month dispensing (MMD) status and monthly case conferencing with CCCs. Monitor viral load (VL) status and support referrals to VL testing and ensure results are received. Support those with high VL to complete enhanced adherence counseling at the facility.
- Support primary prevention of HIV and violence for boys and girls ages 10-14.
- Provide basic education support to eligible OVC

6. Activity Description

a. Purpose

The goal of this activity is to support children, adolescents, and families in the epidemic to improve HIV and health outcomes and reduce new HIV infections among AGYW. The period of performance of this Activity is for five (5) years with a Total Estimated Amount (TEC) not to exceed \$15,000,000. This Activity supports South Sudan's national strategic plan (NSP) Framework for reduction of HIV transmission and acquisition and in meeting the 95-95-95 goal.

b. Geographic Focus

The geographic focus is Juba County. However, USAID may require the Recipient of this award to shift or expand the geographic focus outside of Juba during the life of the Activity to better align with PEPFAR geographic priorities, shifts in the epidemiology and/or gaps in coverage and alignment with other donor geographic priorities. This will be based on additional funding availability.

c. Population Focus

Consistent with the broader PEPFAR guidance on programming for OVC and DREAMS, this activity will target vulnerable children and families most affected by the HIV epidemic, and AGYW at highest risk of HIV infection.

Caregivers and communities are a focus for building resilience and providing a safe and secure foundation for positive education and health outcomes for OVC and AGYW and effectively reducing their vulnerability.

This activity will prioritize the following sub-populations for support in order to contribute to PEPFAR's strategic goal of epidemic control and align with the Reimagining PEPFAR 5x3 Strategy:⁶

1. **Vulnerable children aged 0-17 with known risk factors to be prioritized for comprehensive OVC services and case management, including:**
 - C/ALHIV
 - HEI
 - Children and adolescents living with an HIV+ caregiver, especially those who are not virally suppressed, or are at greatest risk of interruption in treatment
 - Children who have experienced sexual and other abuse
 - Children of HIV+ FSWs
 - HIV+ adolescent girls who are pregnant or are mothers
2. **Adolescent girls and boys aged 10-14** will be eligible to receive HIV and violence prevention activities using an approved curriculum, per the country's operational plan guidance.
3. **AGYW aged 15-24 with risk and vulnerability factors as outlined in the PEPFAR DREAMS guidance** will be prioritized for DREAMS services:

d. Anticipated Targets

In FY24, the activity is expected to achieve the following PEPFAR Monitoring Evaluation and Reporting targets:

- At least 5,114 orphans, vulnerable children, and their caregivers are reached with OVC services (OVC_SERV).
 - Of these, at least 4,965 should receive the comprehensive package of services (OVC_SERV/Comprehensive).

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<https://pepfar.sharepoint.com/sites/AR/Shared%20Documents/Forms/AllItems.aspx?FolderCTID=0x012000CEE505306823124D9915FFC2E566278C&id=%2Fsites%2FAR%2FShared%20Documents%2FPEPFAR%20Thailand%20working%20doc%2FPEPFAR%20Strategy%202030%20%285x3%29%2FPEPFARs%2D5%2DYear%2DStrategy%5FWAD2022%5FFINAL%5FCOMPLIANT%5F3%2E0%2Epdf&parent=%2Fsites%2FAR%2FShared%20Documents%2FPEPFAR%20Thailand%20working%20doc%2FPEPFAR%20Strategy%202030%20%285x3%29>

- Of these, at least 1,336 adolescent girls aged 15-17 receive an OVC-eligible service through the DREAMS program (OVC_SERV/DREAMS).
- At least 4,031 AGYW are active DREAMS program beneficiaries, of whom at least 2,418 finishes at least the primary DREAMS service packages (AGYW_PREV).

These numbers are an indication of anticipated annual reach for Year 1. Annual PEPFAR targets for future years will be defined through the COP (for PEPFAR funds/results) and work planning process. Additional information on USAID's defined custom indicators listed in Section 10.

Additional custom indicators may include but not limited to:

- Access/linkage to and uptake of SRH and HIV prevention services, including HTS, FP, PrEP, and PEP
- Referrals to post-violence care services
- Clinical outcomes for C/ALHIV and HIV+ caregivers
- Education support for school retention and progression
- Livelihood opportunities for AGYW
- Identification and response to cases of sexual and other GBV in OVC and AGYW
- Engagement of community leaders for promotion of positive community gender norms change, and addressing GBV

7. Intermediate Results and Key Activities

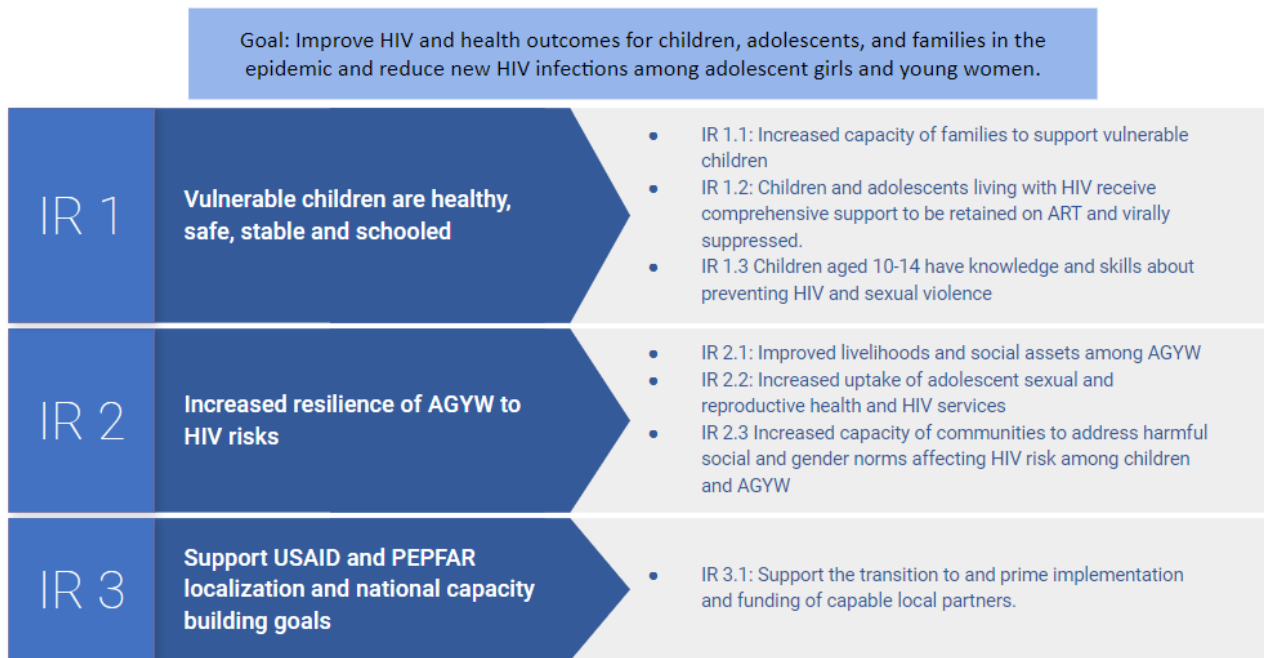
Goal: Improve HIV and health outcomes for children, adolescents, and families in the epidemic and reduce new HIV infections among adolescent girls and young women.

The OVC comprehensive component will use a family-based, case management approach to develop differentiated care plans and approaches for the families and children they serve. It is assumed that children and families in the most insecure situations will be targeted and stabilized, and that some families, such as those who have virally unsuppressed persons or survivors of sexual violence, will require more intensive case management than others.

Interventions for AGYW need to ensure provision of a comprehensive and layered approach to services to address the multidimensional circumstances placing AGYW at increased risk of contracting HIV, in line with DREAMS guidance which can be found at <https://www.pepfar.gov/reports/guidance>.

Figure 1: Tamkeen Results Framework

a. Intermediate Results



Intermediate Result 1: Vulnerable children are healthy, safe, stable and schooled

Interventions under IR 1 will be designed to mitigate the socio-economic vulnerability of at-risk children and their caregivers to the impacts of HIV. Interventions for OVC should be family- and community-centered and designed to keep children *healthy, safe, stable, and schooled*, utilizing case management as a foundation. Case management can be understood as the process of identifying vulnerable children and caregivers, assessing their needs and resources, working with the family and the child to plan actions and accessing services, monitoring both the completion of actions and receipt of services, and progress towards achievement of objectives and graduation benchmarks.

For more information on the activities that qualify under *healthy, safe, stable, and schooled*, please refer to the PEPFAR MER Indicator Reference Guide Version 2.4 FY20 at <https://www.pepfar.gov/reports/guidance>. OVC programming should be consistent with the 2012 PEPFAR OVC Guidance.

A robust case management and referral process will support the continuum of care integrating and leveraging other existing programs to ensure that OVC and family members are successfully linked to appropriate services. The activity should provide adequate access, including through assisted referrals to social protection, prevention and care and treatment services provided by locally competent providers, and be based on the changing needs and circumstances of families. Interventions should appropriately address the ages and developmental stages of OVC.

Activities proposed to address this intermediate result should address priority areas as outlined in the sub-intermediate results below.

IR 1.1: Increased capacity of families to support vulnerable children

Vulnerable children aged 0-17 with known HIV risk factors and their families will be provided with comprehensive family based OVC services. The activity will employ evidence-based strategies to build the social and economic capacity of parents/caregivers to meet their children's health, nutrition, education and protection needs.

Case management will include household vulnerability and needs assessments, care plans, reliable tracking of services and referrals, and measuring progress towards achievement of care plan objectives and of graduation benchmarks against the outcome domains healthy, safe, stable and schooled.

All families in the comprehensive OVC program should receive regular home visits engaging children and caregivers. In addition to providing direct support to families, the activity must ensure that children access needed health, social, education and protection services provided directly by the project, or through referrals to services provided by the government or other institutions.

Healthy: The activity will ensure that the child's HIV status is known, including risk assessments and referrals for HIV testing for at-risk OVC. For children under 5, the activity will support parents that they meet their developmental milestones. The activity will support adolescents to acquire the knowledge and skills to protect their SRH and reduce their risk of HIV infection. Caregivers will be supported to build their skills in parent-child communication, positive parenting and open communication on SRH and HIV.

Safe: The activity will support caregivers and adolescents to recognize abuse, neglect and exploitation and where and how to seek support. The activity will support children who have experienced violence, especially sexual violence, abuse or neglect to access comprehensive post-violence services including medical, psychological and legal support. Parenting support will instill skills to practice positive discipline instead of harsh corporal punishment. The activity will support families to access birth registration documentation/Identification documentation.

Stable: The activity will support families with household economic strengthening to enable them to meet their children's needs for health, nutrition, shelter and education. Interventions will be based on vulnerability assessments and be tailored according to vulnerability levels, and might include provision of financial literacy, savings and lending groups or other opportunities for increasing income and assets. Linkage to food security interventions or other social protection services may also be required.

Schooled: The activity will address key barriers to access to education and retention until children have completed prescribed learning cycles. School enrollment, education attainment and progression will be tracked. The applicant must outline strategies for addressing barriers to school enrolment and achievement of learning outcomes.

IR 1.2: Children and adolescents living with HIV receive comprehensive support to be retained on ART and virally suppressed.

The OVC program platform with its family-based approach offers a significant opportunity to improve clinical outcomes among C/ALHIV and HEI (and their caregivers) as well as to support their overall health, well-being, and protection. The activity will enhance pediatric HIV case finding, linkage to treatment and viral suppression.

Since the roll-out of South Sudan's preventing mother to child transmission program, there has been a reduction in babies born to HIV+ mothers, who are vertically infected by HIV. However, retention in care of mother-baby pairs and re-testing until the infant is tested at 2 months and continued follow-up until 18 months continues to pose challenges. In addition, even HIV negative children born to HIV+ mothers are known to face specific risks and vulnerabilities.

While the pediatric treatment gap is decreasing, there are still older asymptomatic C/ALHIV who have remained undiagnosed. In addition, with C/ALHIV on treatment, viral suppression tends to be lower than in adults. Keeping children on treatment can be challenging, especially as they enter adolescence and become keenly sensitive to real or perceived stigma. Safeguarding children's futures also entails supporting adult retention and suppression to keep them well and able to care for the children in their household.

Activities will focus on identifying C/ALHIV, support them and their caregivers to link to treatment, and to ensure that C/ALHIV already on treatment receive comprehensive OVC services. These include meeting the psychosocial needs of C/ALHIV, disclosure, and support to a safe SRH during their transition to adulthood.

In collaboration with PEPFAR-supported facilities and implementers, the Activity will apply Memoranda of Understanding (MOUs) between OVC and clinical IPs and use the existing bi-directional referral system with shared confidentiality arrangements in order to increase the enrollment of C/ALHIV and HEI in the OVC comprehensive program and collaborate on case conferencing.

Case management will include routine home visits in order to regularly monitor child well-being; provide knowledge and skills-building with OVC parents/caregivers in order to support treatment adherence and retention in care among both C/ALHIV and HIV-positive caregivers. The case managers will provide reminders for ART refills and tracking of viral load samples collection; and will deliver differentiated, age-appropriate service packages for enrolled C/ALHIV, HEI, and their families. The intended outcome is to address their unique health, nutrition, education, protection, psychosocial, developmental, and economic strengthening needs.

IR 1.3 Children aged 10-14 have knowledge and skills about preventing HIV and sexual violence

Primary prevention of violence and HIV is critical to reducing HIV incidence and the prevalence of VAC, including sexual violence, which is a driver of the HIV epidemic. In line with PEPFAR guidance, eligible children and adolescents aged 10-14 years will participate in an approved HIV and violence curriculum.

Illustrative Outcomes for IR 1:

- Increased enrollment of C/ALHIV, HEI, and children of HIV-positive caregivers, children of HIV-positive FSWs, in the comprehensive OVC program
- Improved coverage of biological children of HIV+ mothers who are linked to HTS and have a documented HIV test result (i.e., increased OVC program support for index testing)
- Improved rates of viral suppression among C/ALHIV and HIV-positive caregivers
- Improved savings, income, and assets among OVC households
- Adolescents and caregivers have knowledge on preventing violence against children (VAC) and how to access post-violence services

Intermediate Result 2: Increased resilience of AGYW to HIV risks

The national data on AGYW suggests a disturbing convergence of vulnerabilities and risk factors. The combination of pressure to engage in transactional sexual activity, difficulty in accessing advice on and services for family planning (FP), and GBV create an unsafe environment that increases HIV contraction risks for AGYW.

To address these vulnerabilities, the multi-country PEPFAR initiative DREAMS was designed to support AGYW to be empowered to prevent contraction of HIV. DREAMS requires that beneficiaries receive multiple, layered services integrating comprehensive evidence-informed HIV programming.

South Sudan's DREAMS program focuses on adolescent girls aged 15-19 and young women aged 20-24. Under this IR, interventions must reach AGYW with the comprehensive DREAMS package of services through both community and facility platforms, comprising economic empowerment, SRH, FP, HIV testing, social assets and support community norms and attitudes change to reduce HIV transmission, vulnerability and risk.

Services will be provided directly but also through group-based, family-based, and individual activities, or through provision and tracking of referrals to clinical and social services. Activities will need to be tailored and responsive to the needs of older and out-of-school AGYW and address contextual factors such as high mobility and poverty levels.

All DREAMS beneficiaries will be tracked with unique identifier code to monitor services that each beneficiary received and completion of service packages.

IR 2.1: Improved livelihoods and social assets among AGYW

Economic factors and gender inequality in economic potential are recognized as complex drivers of HIV. Economic empowerment interventions are key to the DREAMS package to ensure that AGYW have decreased reliance on transactional sex and to strengthen their self-efficacy and decision-making power in relationships.

Economic strengthening targeting AGYW may include providing gender-specific and age-appropriate financial literacy training; conducting market assessments as a basis for the selection of entrepreneurial training in order to develop marketable skills; providing vocational scholarships for AGYW; providing post-training start up support through seed funding, internships, and business placements; linkage to wage employment, facilitating savings groups for AGYW who may have income streams; facilitating peer support and strengthening social capital/assets; and facilitating access to coaching and mentoring opportunities in collaboration with the private sector and other business networks.

IR 2.2: Increased uptake of adolescent sexual and reproductive health and HIV services

Interventions under this IR will be designed to enhance service seeking behaviors among AGYW and actively link them to AGYW friendly health services including HIV testing and HIV self-testing, PrEP, comprehensive SRH services, STI screening, and FP, and post-GBV services. Demand creation must be responsive to the needs and fears of adolescents and young women and must seek to actively overcome barriers and stigma associated with uptake of SRH and HIV services, especially PrEP.

The successful applicant will be expected to collaborate with health facilities, advocate for youth friendly and stigma free HIV prevention services, provide referrals to post-GBV services, and track and document completion of referrals. This will also include collaboration with clinical services to improve post-GBV referral networks, and the quality of post-GBV services.

Interventions under this IR will build understanding among AGYW on the biological, behavioral and structural factors that put them at risk of HIV acquisition. Activities will promote creative ways for beneficiaries to understand their individual risk, the value of knowing one's HIV status, and the appropriate strategies with which they can protect themselves and their sexual partners.

Beneficiaries will receive scientifically accurate information on efficacy and advantages and disadvantages of key biomedical prevention measures such as condoms, and PrEP.

Interpersonal platforms such as structured small group sessions utilizing evidence informed curricula will ensure that adolescents feel they can communicate in a 'safe space' where confidentiality is assured. Intervention approaches will also be expected to include individualized ongoing support/mentoring to AGYW for reducing their risks.

IR 2.3 Increased capacity of communities to address harmful social and gender norms affecting HIV risk among children and AGYW

South Sudan has structures at community level that govern a substantial part of life both in rural and urban communities. The Activity will raise awareness with community-based leaders (traditional leaders, faith leaders, school leaders and others) on their role as opinion leaders for creating an enabling environment for AGYW around HIV awareness, combating stigma against AGYW seeking prevention services such as PrEP or condoms, harmful gender norms, GBV and VAC, exploitative and transactional sexual relationships and teenage pregnancy.

Strategic and structured community mobilization may also serve to engage men and boys to raise awareness on the drivers of HIV transmission for AGYW and GBV. Interventions must be strategic, targeted and structured. Community engagement activities must be done in collaboration with other PEPFAR supported community level engagement.

Illustrative Outcomes for IR 2

- Increased uptake of comprehensive HIV and SRH services by AGYW (HTS, FP, STI screening, diagnosis, and treatment)
- AGYW have increased individual protective assets such as self-esteem, problem solving abilities, confidence and social networks
- Improved financial literacy and money management skills
- Improved access to vocational and (self-) employment opportunities among AGYW
- Positive community norms change for HIV and violence prevention (including engagement of men and boys)

Intermediate Result 3: Support USAID and PEPFAR localization and national capacity building goals.

IR 3.1: Support the transition to and prime implementation and funding of capable local partners.

Assist local partners (LP) to build the technical and organizational capacity to become successful prime recipients of USAID funds and comply with USG regulations, policies, and PEPFAR performance standards and reporting requirements. This support from the prime implementing partner may include, depending on the LP, but is not limited to:

- Strong technical capacity to implement OVC and DREAMS interventions.
- Improved financial management and internal control systems (e.g. having banking accounts, book keeping system, financial statements, accounting cycle, sources of funding, financial reporting, audit and review of financial statements)
- Demonstrated ability of the LP to manage funding responsibly and efficiently
- Capacity to meet USG programmatic and financial reporting requirements
- Assist with maintenance of Active status on SAM website
- Capability to use PEPFAR data systems for decision-making and course correction as needed
- Ensuring the LP has well-defined indicators of success and a description of how it intends to monitor its own program performance in a cost-effective and efficient manner, including sources of data

- Helping the LP to attain proficiency using PEPFAR reporting and performance management systems and developing a capacity for data analysis and use.

Illustrative Outcomes for IR 3:

- LP(s) attain proficiency using PEPFAR reporting and performance management systems, and capacity for analysis and use
- LP(s) build their technical and organizational capacity and management structures to be eligible for direct USG funding
- At least one LP is identified to receive a transition award

8. Guiding Principles

The following are programmatic principles which should be clearly incorporated into the interventions and approaches under this Activity:

Alignment with South Sudan AIDS Commission and the Ministry of Health priorities – PEPFAR South Sudan recognizes the SSAC as the center of decision-making, leadership and management of the national HIV Prevention response. It also recognizes the leadership of the MoH in regard to the health sector response and the treatment of HIV clients in the country. All USG partners must support the priorities articulated in the NSP document. The Activity will work closely with relevant SSAC and MoH departments, to ensure high program coverage and layering of services in targeted areas and to strengthen links with government services to ensure a robust continuum of response.

Sustainability - The Activity will contribute to South Sudan’s self-reliance by strengthening the ability of local organizations and community structures to reach and support vulnerable and at-risk populations (OVC and AGYW) and increase the use of services that mitigate the impact of HIV, prevent new HIV infections, and improve HIV clinical outcomes for C/ALHIV. To achieve this the Activity will foster community-led behavioral interventions and encourage sustainable changes in traditional practices and community structures that impact OVC and AGYW. The Activity will also work closely with the MoH, Ministry of Gender and Social Welfare structures to refer and connect target populations with social and health services. ***Use of systematic methods to identify the most vulnerable AGYW*** - The Activity will have to describe effective strategies for identifying the most vulnerable AGYW. Criteria and tools for identification need to be developed or adapted from existing evidence-based interventions. Identification strategies will be a vital step for tailored appropriate programming for different subgroups, age bands and geography. This entails accurate assessment of beneficiary needs and matching beneficiaries with messages and interventions as well as social protection and other services provided by government and other implementers.

Family/Household-Centered Approach – Client focused and family-centered approaches that strengthen the parents and caregivers at the household level are considered fundamental to a quality OVC Activity. Households are composed of people who are in some way affiliated, i.e., individuals who share common space for living, cooking, and caring for children. Supporting vulnerable households

and by definition, caregivers, can assure continuity of care and support for vulnerable children. Caregivers should be respected as full participants in any activities that support the care of their children. Interventions designed to strengthen the capacity of families to achieve child wellbeing outcomes will ensure that families and caregivers have access to basic support and are able to access resources to meet important family needs (e.g., education, health costs, food).

Child Safeguarding - Vulnerable children need to be protected from further abuse, violence, neglect and exploitation which sometimes comes from the people that are supposed to protect them. Families, communities, civil society organizations, faith-based organizations and governments need to work together towards safe-guarding children. Child Safeguarding policies are a first step towards this goal. Activity staff must be trained on such policies and systems should be in place to ensure employment of people without a history of abusing, neglecting, exploiting or violating children. Existing community child protection structures must be recognized and engaged as appropriate. (<http://www.usaid.gov/sites/default/files/documents/1864/200mbt.pdf>)

Gender Equality⁷ – To promote gender equality and mitigate structural and other gender inequalities, it is critical that this Activity articulates gender integration into all planned activities. The cross-cutting gender strategic areas to be considered include increasing gender equality in HIV/AIDS activities and services, including reproductive health; preventing and responding to GBV; engaging men and boys to address norms and behaviors; increasing understanding of women’s and girls’ legal rights and protection; increasing understanding of women’s and girls’ access to income and productive resources, including education; and increasing men’s involvement in the care of their children. These needs and capacities are dynamic and evolving so require ongoing attention and evaluation.

Approaches are informed by evidence, epidemic realities, and contribute to epidemic control
Programming to mitigate the effects of HIV/AIDS and other adversities on OVC, AGYW and PLHIV should prioritize interventions that have been proven effective through outcome evaluation and/or research and should comply with relevant PEPFAR guidance. In some cases, PEPFAR may require review and approval of a curriculum before it can be implemented.

Coordination and collaboration with other sectoral programs and providers - Leveraging existing and on-going efforts from other sectors, especially government counterparts (i.e., Ministries of gender, youth, education), other USG, United Nations agencies, and Global Fund initiatives to promote effective cross sectoral implementation of interventions (e.g., prevention, treatment, care and support, nutrition and food security, livelihoods and education program) will maximize impact. Close collaboration, and coordination are needed at all levels of the health and social system to support the overall strengthening of all OVC and AGYW related services. Clear collaboration frameworks will be required with PEPFAR clinical IPs supporting public health facilities for referrals and case management. The activity should collaborate with relevant local providers for provision of targeted clinical services to DREAMS beneficiaries. The activity should also ensure collaboration with other USG-funded activities, where possible, including humanitarian assistance activities and the Youth Empowerment Activity through USAID. The IP must ensure impactful collaboration with, and private sector engagement.

⁷ https://www.usaid.gov/document/2023-gender-equality-and-womens-empowerment-policy?utm_medium=email&utm_source=govdelivery

Innovation - Innovative interventions to strengthen families, communities, the sub national government, and link community-based and clinical services needs to be articulated. Innovative, new or advanced interventions or approaches that contribute to the achievement of the objectives and expected results and outcomes are encouraged. In exploring new ways of doing things, it is important to consider whether the intervention is evidence based.

Emerging Leaders - The Applicant is encouraged to include an Emerging Leaders Program as part of project implementation in which minimum of five (5) youth will be hired as emerging leaders into jobs, fellowships and/or internships within the project or directly linked to specific jobs or remunerated internship opportunities outside the project (such as with local government or private sector providers). **Emerging Leaders are defined as those with less than 2 years of financially compensated experience and yet demonstrate potential for advancing the work activities as well as bringing in diverse perspectives of young people.** With more than 70 percent of South Sudan's population being under the age of 30, it is highly encouraged for the Applicant to hire as many youth to the extent feasible at all levels of the activity. Applicants should consider national and local labor laws when planning for the inclusion of youth in their programs.

In line with COP22 Guidance on Decent work and Fair Pay, the applicant will describe how they intend to ensure that like all workers/staff, Emerging Leaders "...should be set up to succeed in their job, with a proper orientation, opportunities for continuing skill and knowledge development, career pathways where possible, and provision of the supplies and tools required to do their job properly." The Applicant should support decent work and fair pay for all staff (including interns) including Emerging Leaders. The aim of the Emerging Leaders programs is to contribute to the promotion of gender equality to build a diverse, gender equitable, and gender-affirming workforce that advances women, non-binary, and gender minorities leadership opportunities and fosters safe work environments with fair remuneration and non-discrimination.

9. Targeted Technical Assistance

During COP18 development, the Office of the Global AIDS Coordinator (OGAC) took on a deliberate effort to transition PEPFAR programming gradually to local organizations that have shown capability to manage USG resources directly. Following this guidance, USAID South Sudan is looking for the activity to provide technical assistance to a locally identified partner(s) to become direct recipient(s). Indicative domains for continued capacity building may include but are not limited to: program planning and management, technical implementation, Monitoring, Evaluation and Reporting, financial management and other systems necessary for efficient USG resource management.

10. Monitoring and Evaluation

Overall performance of this award will be measured against the OVC and DREAMS specific PEPFAR indicators, as well as other custom indicators that will be developed to track linkage to prevention, care and treatment. It is critical to note that the successful applicant must ensure disaggregation of targets and results by site, by age bands, and sex for the target populations specified in this Program Description.

The activity will also require reporting on DREAMS data to track and monitor layering in coordination with other IPs through the DREAMS database. The successful applicant will be expected to report all

disaggregated DREAMS data for AGYW_PREV and non-DREAMS PEPFAR indicators, or any other required DREAMS related PEPFAR indicators to USAID, including through DATIM.

The PEPFAR indicators and USAID customs indicators required to report on are listed in Table 1 below. The description of activities also offers suggestions for possible program level indicators that the awardee of this award might track.

Table 1: PEPFAR MER and USAID Customs Indicators for measuring mechanism performance

MER Indicator	Description	Reporting frequency
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV	Semi-annual
OVC_HIVSTAT	Percentage of OVC (<18 yo) with HIV status reported to implementing partner	Semi-annual
AGYW_PREV	Percentage of AGYW that completed at least the DREAMS primary package of evidence-based services/interventions	Semi-annual
USAID Custom Indicators	Description	Reporting frequency
OVC_OFFER	Percentage of children and adolescents on ART in PEPFAR clinical settings offered enrollment into the OVC program	Semi-annual
OVC_ENROLL	Percentage of HIV-positive children and adolescents on ART at a PEPFAR supported health facility whose households are enrolled into the OVC comprehensive program	Semi-annual
OVC_VL_ELIGIBLE	Percentage of HIV-positive OVC (required) and caregivers (optional) on ART, active or graduated, who are/were served by an OVC comprehensive program, who are eligible for a VL testing.	Semi-annual

OVC_VLR	Percentage of HIV-positive OVC (required) or caregivers (optional) on ART, active or graduated, who are/were served by an OVC comprehensive program with a known documented VL test results in the previous 12 months.	Semi-annual
OVC_VLS	Percentage of HIV-positive OVC (required) and caregivers (optional) on ART, active or graduated, who are/were served by an OVC comprehensive program who are virally suppressed (<1,000 copies/ml)	Semi-annual

TABLE 2: Targets for FY 24 (COP23)

MER Indicator	Target	Reporting frequency
OVC_SERV	5,114	Semi-annual
AGYW_PREV	80% of completion rate	Semi-annual

b. Site Improvement Monitoring System (SIMS) remediation

All PEPFAR funded activities are required to be assessed regularly using SIMS appropriate tools. SIMS is performed by USG staff. All USG staff performing these assessments sign a confidentiality agreement. They do not collect personally identifiable information from patient records, beneficiaries, implementing partners or their staff (e.g., staff name and job title are not recorded). Scheduling for SIMS visits is coordinated by USG staff and communicated regularly to USG implementing partners. It is a voluntary assessment that focuses on areas being supported with PEPFAR funding. All data collection tools and the specific areas to be assessed are shared with the implementing partner before the visit. All data collected from a SIMS assessment are securely stored. Feedback on the findings of the visit is provided to the site and implementing partner staff after each SIMS visit. Data collected from these SIMS assessments is used in the country by USG staff to improve the support that PEPFAR provides. Scores from the assessments are reported to PEPFAR and findings from the SIMS assessments are displayed as part of the PEPFAR global dashboard on pepfar.gov; any site-level data is de-identified to make it difficult to link the data to anybody. Based on the findings of the assessment, the implementing partner has a responsibility to develop action plans to remediate against problem areas.

11. Gender Integration

Gender integration will be a core element in all this award's activities. A major focus at community level will be put on raising awareness of—and addressing—the detrimental impact of negative gender norms upon women, girls, men and boys. The proposed Activity should respond to USAID's Gender Equality and Female Empowerment Policy <http://auslnxapvweb01.usaid.gov/ADS/200/205.pdf>, address gender barriers and inequalities that impact desired HIV outcomes and foster broader gender equality. Proposed activities will reflect analysis and incorporation of gender-related considerations relevant to HIV prevention programming and outline how such considerations will be addressed.

As background, gender norms profoundly shape opportunities to access and utilize health services. In South Sudan these norms are informed by a traditional patriarchal social structure supported by patrilineal descent and inheritance, and polygamous marriages. These norms have been modified to varying degrees in response to economic realities, the education of girls, and exposure to globalization and technology among other factors. Practices such as age-disparate sex, transactional sex, gifts or opportunities, multiple and concurrent partnering, alcohol use and abuse, GBV including rape, intimate partner violence, and child abuse are all common and related to men's position of power and privilege in society. Beyond relational dynamics between men and women, stigma and discrimination based on gender identities and sexual norms, socio-economic and structural inequities all contribute to an environment that undermines HIV prevention.

These factors and others pose barriers to accessing and receiving comprehensive HIV prevention, care, treatment and support. They further limit individuals' ability to learn their HIV status and adopt protective measures, negotiate safer sex, disclose HIV sero-status, adhere to a treatment regimen, seek medical attention, etc. Addressing gender norms and inequities is critical to achieving the expected outcomes of interest, reducing risk and vulnerability, and increasing uptake of services along the continuum of prevention to treatment, care, and support.

12. Environmental Compliance

A. General

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

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

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

B. Compliance with the Request for Categorical Exclusion (RCE)

In consultation with the Mission Environmental Officer, USAID/South Sudan has determined that **categorical exclusion** applies to all of the proposed activities. The recipient shall be responsible for implementing all RCE conditions pertaining to activities to be funded under this cooperative agreement. The successful applicant can access the approved RCE for USAID/South Sudan activities on grants.gov which is posted as part of the *Notice of Funding Opportunity* or request for concept notes from potential applicants.

[END OF SECTION A– PROGRAM DESCRIPTION]

SECTION B: FEDERAL AWARD INFORMATION

Issuance of this solicitation does not constitute an award commitment on the part of the U.S. Government, nor does it commit the U.S. Government to pay for any costs incurred in the preparation or submission of questions, comments, suggestions, Concept Notes, and/or Full Application. Applicants who submit Concept Notes/Applications do so at their own risk, and all preparation and submission costs are at their sole expense.

I. 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 \$15,000,000 in total USAID funding over a five (5) year period. USAID reserves the right to make multiple awards or no awards at all through this opportunity.

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

Program performance will be measured against applicable PEPFAR indicators (see <https://www.pepfar.gov/reports/guidance/>), as well as against program-specific custom indicators tracked by USAID in addition to those proposed by the Applicant. The illustrative indicators are provided in Section A.7 of the NOFO.

II. Start Date and Period of Performance for Federal Awards

The anticipated period of performance is 5 (five) years. The estimated start date will be {October 2023}.

3. Substantial Involvement

USAID plans to be substantially involved during implementation of this Activity. Examples of USAID's involvement are as follows:

- a) Collaboration in establishing annual work objectives and approval of an annual work plan.
- b) Collaboration in assessing progress and identifying issues that arise, which may impact the success of the program.
- c) Collaboration in determining corrective actions, where necessary.
- d) Approval of key personnel and any subsequent changes in the positions during the life of the award.
- e) Approval of a high-quality monitoring and evaluation system.

4. Authorized Geographic Code

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

5. Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the {insert program name or description} 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.

III. Selection of Instrument

Awards that result from this NOFO will take the form of a Cooperative Agreement. USAID reserves the right to determine the type of award after merit review of Concept Notes or Full Application or no awards at all through this solicitation.

[END OF SECTION B– FEDERAL AWARD INFORMATION]

SECTION C: ELIGIBILITY INFORMATION

I. Eligible Applicants

Eligibility for this NOFO is not restricted. Local South Sudanese entities are encouraged to apply.

Local entity means an individual, a corporation, a nonprofit organization, or another body of persons that—

- (1) is legally organized under the laws of;
- (2) has as its principal place of business or operations in;
- (3) is majority owned by individuals who are citizens or lawful permanent residents of; and
- (4) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance from funds appropriated under title III of this Act.

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

II. Responsibility of Applicant: In order for an award to be made under this opportunity, the USAID Agreement Officer must make an affirmative determination that the applicant is “responsible,” as discussed in ADS 303.3.9. This means that the applicant:

- i. Possesses or has the ability to obtain the necessary management competence to plan and carry out the assistance program to be funded, and that the applicant will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID;
- ii. Has a satisfactory record of performance.
- iii. Does not have active exclusions in the System for Award Management (SAM) (beta.sam.gov);
- iv. Does not appear on the Specially Designated Nationals (SDN) and Blocked Persons List maintained by the U.S. Treasury for the Office of Foreign Assets Control, sometimes referred to as the “OFAC List” (online at: <http://www.treasury.gov/resource-center/sanctions/SDNList/Pages/default.aspx>); and is not listed in the United Nations Security designation list (online at: http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml).

Risk Assessment: In accordance with 2 CFR 200.205, USAID is required to perform a risk assessment prior to awarding a federal grant. Risk assessment under this NOFO will be conducted in accordance with ADS 303.3.9. Applicant and sub-awardees, if any, must submit additional evidence they deem necessary for the Agreement Officer to make a Risk Assessment Decision. The information submitted should substantiate that the applicant:

- a) Has adequate financial resources or the ability to obtain such resources, as required during the performance of the Cooperative Agreement.
- b) Has the ability to comply with the Cooperative Agreement terms and conditions, considering all existing and currently prospective commitments of the applicant, nongovernmental and governmental.
- c) Has a satisfactory record of performance. Generally, relevant unsatisfactory performance in the past is enough to justify a finding of non-responsibility, unless there

is clear evidence of subsequent satisfactory performance, or the applicant has taken adequate corrective measures to assure that it will be able to perform its functions satisfactorily.

- d) Has a satisfactory record of business integrity.
- e) Is otherwise qualified to receive a Cooperative Agreement under applicable laws and regulations.

All apparent successful applicants will be required to submit a copy of its accounting manual and audited financial statements for the previous three (3) year period by a certified public accountant or other auditor satisfactory to USAID upon request.

Failure to meet these thresholds will lead to removal from consideration for award.

III. Other

- i) If the applicant proposes to partner with other organizations through sub-awards, it should present a clear structure in terms of roles and responsibilities of each sub-recipient, lines of authority, and managerial decision-making process. Resources should be shared among the sub-recipients based on their contributions to the program. In preparing their submissions, applicants must not enter into exclusive arrangements for labor with any local staff or local organizations.
- ii) Applicants must have established financial management systems, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) will be subject to a risk assessment by the Agreement Officer (AO).

[END OF SECTION C: ELIGIBILITY INFORMATION]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

I. Agency Point of Contact

Kevin Sampson
Agreement Officer
Office of Acquisition and Assistance
USAID South Sudan
Michael Loro
A&A Specialist
mloro@usaid.gov

II. Questions and Answers

Questions regarding this NOFO should be submitted via email to: Awad Bako at abako@usaid.gov with a copy to Michael Loro at mloro@usaid.gov no later than the date and time indicated on the Cover Letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

III. General Content and Format of Concept Papers Submission

a) OVERVIEW

The application process for the Tamkeen Activity will happen in five phases:

1. An open call for a brief (5-page) Concept Note;
2. Review of Concept Notes by USAID as outlined below;
3. In-person and/or virtual oral presentation with selected -Applicants ;
4. In-person and/or virtual co-creation discussions and/or workshop(s) with Apparent Successful Applicant (ASA)), by invitation only: and
5. Submission and review of ASA's Full Application(s),

USAID/South Sudan will be responsible for the review of Concept Notes and Full Application and management of any subsequent awards issued under this activity. Additional information about each phase of the Application and Review process is provided below.

Phase 1: Five Page Concept Notes Submission

The Applicant should ONLY submit the information and materials specified and email a PDF saved copy of the document to abako@usaid.gov with a copy to mloro@usaid.gov with the file name saved as: "**CONCEPT NOTE AND BUDGET – NOFO No. 72066823RFA00001**". The concept note must be submitted in two separate parts: The Technical and the Business (Cost) Application.

The format and style of the submission shall:

- Be written in English language on letter size paper and legible; If the concept is in any other language, it will be treated as non-responsive and eliminated from further consideration.
- Be single spaced, standard margins, fonts- 11 point or larger and with each page

consecutively numbered.

- Be in searchable and editable Microsoft Word or Adobe Acrobat formats and clearly labeled on all pages with the name of the submitting organization, opportunity title; Budgets must be submitted in Microsoft Excel in unlocked, unhidden formulas; and
- Not exceed **five (5)** pages in length (excluding the cover page and supporting information). Pages in excess of this stated limit will not be reviewed.
- **Concept Note Content:** Applicants must follow the format provided as **Attachment 1** to this NOFO.

Content above five pages (excluding the cover page and supporting information) will not be reviewed. Concept Notes submitted after the deadline will not be reviewed.

After a Concept Note is received, USAID/South Sudan reserves the right to request supplementary information or pose clarifying questions to any Applicant. Requesting supplementary information or posing clarifying questions to one Applicant does not obligate USAID to do so with all Applicants, nor does it guarantee invitation to submit a full application.

Phase 2: Concept Notes Review

The submission will be reviewed in accordance with the merit review criteria under Section E and will be considered for further consideration after USAID's determination of meeting eligibility requirements and review criteria.

The purpose of the initial review and related communication is to determine whether USAID wishes to engage in further discussions regarding the proposed approach and activities. The initial review and communication will result in one of two outcomes:

- A decision to forego further consideration of the approach proposed in the Concept Note.
- An invitation for an oral presentation, either virtually or in person.

Phase 3: Oral Presentation

The applicant(s) with successful **oral presentations** will be invited to participate in Phase 3 of the solicitation process.

USAID/South Sudan anticipates notifying successful author(s) of both concept notes and oral presentations within 90 days of submission if the Mission wishes to engage in further discussions/co-creation, or if Mission will not pursue further collaboration under the activity based on the submitted concept note and oral presentation.

Phase 4: Co-Creation Process (Shared Responsibility, Collaboration, and Communication)

Subject to the availability of funds, USAID/South Sudan will invite the most highly qualified Concept Note and Oral Presentation applicant(s) to engage in a round of co-creation with USAID/South Sudan prior to submission of full applications. The aim of the co-creation phase is to further define activity objectives, design interventions and align timelines. Through discussions, both the applicant(s) and USAID/South Sudan may identify additional resources, partners, or strategies necessary to successfully implement the activity. This process may involve extensive

discussions with USAID Mission staff or other experts, within or outside of USAID. Co-creation may happen in-person or virtually, through video conference, and phone calls.

By applying to the Tamkeen Activity opportunity, Applicants agree to allow USAID/South Sudan the right to share Concept Notes and Oral Presentation materials with appropriate external partners for the purposes of evaluation or co-creation. All parties privy to the contents of submitted Concept Notes and Oral Presentations, whether within or outside of USAID, will be required to keep contents in confidence.

If an Applicant fails at the co-creation phase, the process ends for that Applicant.

If USAID/South Sudan decides to continue with the proposed activities following the co-creation phase, USAID/South Sudan may request a Full Application from Applicants, inclusive of all modifications, expansions, discussions, etc. resulting from the co-creation phase and will provide a Full Application template for completion. If co-creation results in a mutually acceptable concept, USAID will request a Full Application.

For more information on co-creation and its design approaches, see <https://usaidlearninglab.org/library/co-creation-discussion-note-ads-201>

Phase 4: Full Application

USAID/South Sudan will only accept Full Applications from Applicants invited to continue in the application process. It is expected that Full Applications will expand upon their Concept Note and Oral Presentation, incorporating any discussions, ideas, plans, feedback or changes from USAID/South Sudan and other partners discussed during the co-creation phase. The request for application will have further details on that process. **Note: USAID/South Sudan's Request for a full application should not be interpreted as a commitment of funds.**

USAID's Agreement Officer will engage in a final review, award negotiation, responsibility determination, cost/price evaluation, and other steps as needed prior to award. USAID may request additional information from the Applicant(s) concerning its technical approach, organizational capacity, management structure and past performance, cost application and representations and certifications. USAID may cancel the negotiation(s) and award process at no cost to the Government.

Unique Entity Identifier (UEI) and SAM Registration

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (<https://sam.gov/>) in order to be eligible to receive federal assistance, such as grants and cooperative agreements. Unless an exemption applies (see ADS 303maz), applicants must be registered in SAM prior to submitting an application for award for USAID's consideration. Recipients must maintain an active SAM registration while they have an active award. Each applicant (unless the applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

1. Provide a valid UEI for the applicant and all proposed sub-recipients.
2. Be registered in SAM before submitting its application.
3. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a federal awarding agency.

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

Applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video, on <https://sam.gov/>.

[END OF SECTION D: APPLICATION AND SUBMISSION INFORMATION]

SECTION E: APPLICATION REVIEW INFORMATION

I. Review of Concept Notes

Once a Concept Note has been submitted in response to this opportunity, USAID will conduct an initial review of the Concept Note using the criteria outlined in the Merit Review Criteria and section below.

The purpose of the initial review and related communication is to determine whether USAID wishes to engage in further discussions regarding the proposed approach and activities. The initial review and communication will result in one of two outcomes:

- A decision to forego further consideration of the approach proposed in the Concept Note.
- An invitation to engage in an oral presentation, in-person or virtually.

After the oral presentation, USAID will inform Applicant(s) of one of two outcomes:

- The Applicant(s) is invited for more in-depth and specific co-creation discussions aimed at further developing the proposed approach and determining whether to request a Full Application.

II. REVIEW AND SELECTION PROCESS

The concept will be reviewed by USAID Direct hire personnel against the eligibility criteria under section C and the merit review criteria under Section E. The decision to issue an award vest with the Agreement Officer.

III. CONCEPT PAPER MERIT REVIEW CRITERIA

Any Concept Note submitted for this activity should propose an approach that satisfies these criteria and exhibits the characteristics set forth below. Concept Notes will be assessed according to the following merit review criteria using an adjectival rating system. *Very Good, Satisfactory, and Marginal*. Technical merit review criterion 1 is significantly more important than merit review criterion 2. All technical evaluation factors when combined are significantly more important than cost or price.

Criterion 1 - Technical Approach

- The extent to which the concept demonstrates a comprehensive viewpoint that shows innovations and approaches and lays out unique capability to achieving the results set forth in the Program Description.
- The extent to which the technical approach demonstrates how it will execute the objectives and achieve the expected results outlined in the Program Description. The concept must include enough specifics to demonstrate that the proposed approach is feasible and appropriate to the context and challenges to support children, adolescents, and families in the epidemic to improve HIV and health outcomes and reduce new HIV infections among adolescent girls and young women (AGYW).

Criterion 2 - Organizational Management and Staffing:

- Extent to which the management and staffing plan demonstrate managerial and technical ability to cost-effectively achieve the activity objectives.
- Extent to which the proposed Key Personnel plan demonstrates experience, expertise and skills required to implement the program.
- The Applicant must demonstrate clear capacity and experience to accomplish the range of technical interventions described in the program description.

[END OF SECTION E: APPLICATION REVIEW INFORMATION]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

I. Federal Award Notices

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

II. 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: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

III. Additional Information On Award Administration

- o ADS Chapter 201 Program Cycle Operational Policy:
<https://www.usaid.gov/sites/default/files/documents/1870/201.pdf>
- o ADS Chapter 204 Environmental Procedures:
<https://www.usaid.gov/sites/default/files/documents/1865/204.pdf>
- o ADS Chapter 205 - Integrating Gender Equality and Female Empowerment in USAID's Program Cycle: <https://www.usaid.gov/sites/default/files/documents/1870/205.pdf>
- o ADS Chapter 303 Standard Provisions for U.S. organizations:
<https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf>
- o ADS Chapter 318 Intellectual Property Rights:
<https://www.usaid.gov/sites/default/files/documents/1876/318.pdf>
- o ADS Chapter 579 USAID Development Data:
<https://www.usaid.gov/sites/default/files/documents/1868/579.pdf>
- o Grant and Contract Process:
<https://www.usaid.gov/work-usaid/get-grant-or-contract/grant-and-contract-process>
- o USAID Graphic Standards Manual and Partner Co-branding Guide:
[https://www.usaid.gov/sites/default/files/documents/1869/USAID GSM 03 05 2019.pdf](https://www.usaid.gov/sites/default/files/documents/1869/USAID_GSM_03_05_2019.pdf)

[09.pdf](#)

[END OF SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

I. NOFO Points of Contact

Kevin Sampson
Agreement Officer
Office of Acquisition and Assistance
USAID South Sudan
ksampson@usaid.gov

Michael Loro
Office of Acquisition and Assistance
USAID South Sudan
A&A Specialist
mloro@usaid.gov

Any other POCs will be appointed through official amendments to this NOFO.

II. Acquisition and Assistance Ombudsman

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

<https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman>

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

[END OF SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)]

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 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: OTHER INFORMATION]

ATTACHMENT 1: CONCEPT PAPER TEMPLATE

Section I and II of your submission must not exceed five (5) pages (excluding cover page and supporting documentation) and must use standard margins, fonts and be paginated. While no page limit exists for Section III, applicants are encouraged to be as concise as possible while still providing the necessary details.

SECTION I – SUMMARY INFORMATION

- A. NOFO Number and Title:**
- B. Proposed short and unique title of the activity.**
- C. Name and Contact Information of Applicant** *(POC Name, email and phone number)*
- D. Full Address of Applicant Organization.**
- E. Type of Organization.** *(e.g., US, non-US, multilateral, private, for-profit, non-profit)*
- F. List of Collaborating Organizations/Implementing Partners.**
- G. Total Amount of Funding Requested from USAID including \$**
- H. Cost-share amount (if proposed) \$ _____**
- I. Proposed period of performance.** *(Number of years/months)*
- J. UEID number.**

SECTION II – CONCEPT BODY

- A. Concept Introduction:** *(Present a specific problem statement and development hypothesis)*
- B. Intervention Approach:** *(Present proposed solution/technical approach and basic implementation plan)*
- C. Intervention results:** *(Identify tangible expected results of the program)*
- D. Collaboration and Partnerships:** *(Identify strategic partners and describe the EXISTING relationship the respondent has with them and how they propose to work.)*
- E. Cross-Cutting Issues integration:** *(Identify cross-cutting issues of gender equity and women’s empowerment specifically as it relates to your development hypothesis and proposed gender sensitive approach.)*

F. Youth: *(Present opportunities to engage youth strategically in the implementation of the activity, as relevant, to ensure broad-based participation and nurturing of change-agents and future leaders in conservation)*

G. Sustainability Plan: *Include a sustainability plan approach and goals (define what sustainability means to your program, what is realistic, and how to get there, particularly in the context of journey to self-reliance.)*

H. Other pertinent information

SECTION III – SUPPORTING INFORMATION *(Excluded from 5 Page Count)*

A. Proposed Estimated Cost and Cost Breakdown: This section should include the abbreviated proposed budget projections and brief narratives. The Applicant must submit Excel spreadsheets in a print-friendly format, with visible formulas, (unlocked cells) covering at a minimum the following categories:

- Salaries, Allowances and Fringe Benefits
- Travel and transportation
 - Procurement or rental of goods (equipment and supplies)
- Subawards
- Other Direct Costs
- Indirect Costs

B. Proposed Results Framework: A graphic representation of the applicant’s strategy on how proposed interventions will lead to desired results. The graphs must include a short explanation on the cause-and-effect logic of the framework and outcome indicators.

C. Management Structure: A graphic representation of the applicant’s staffing and management structure.

D. Collaborative Partner(s) Information: The applicant must submit letters of support and commitment from any named partner(s) to the program. Additionally, a contact list for all proposed partners/sub-awardees must be included covering: name, title, email and phone numbers

and a brief description of each prospective partner’s previous work and experience.

[THE END OF ATTACHMENT 1: CONCEPT PAPER TEMPLATE]