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Solicitation Issue Date: August 31, 2023  
Deadline for Questions/Clarifications: September 15, 2023  
Response to Questions/Clarifications: **October 9, 2023**

Amendment 01 Issue Date: **October 9, 2023**

Closing Date: **October 20, 2023**  
Closing Time: 13:00 GMT

Subject: Request for Application Number: **72066923RFA00004**

Program Title: **Local Health Solutions (LHS)**

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

To All Prospective Applicants:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement the USAID Local Health Solutions (LHS) activity. Eligibility to apply for this award is not restricted.

USAID intends to make an award to the applicant(s) who best meet (s) the objectives of this funding opportunity based on the merit review criteria described in this Notice of Funding Opportunity (NOFO), and subject to a risk assessment. Eligible parties interested in submitting applications are encouraged to read this NOFO thoroughly to understand the type of program sought, application submission requirements, and selection process. This NOFO will follow a three-phase merit review process:

The first step is the submission of **written concept note and submission of summary budget application**. Step two is the **oral presentation of applications using PowerPoint slides**, while step three is the submission of the full proposal by the selected applicant based on responsiveness to the NOFO and evaluated in accordance with the application review information provided in Section E. Successful applicants from the oral presentation will be requested to submit full applications which will be evaluated based on the criteria set out in this NOFO.

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

to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes. If you have difficulty registering on [www.grants.gov](http://www.grants.gov) or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

**USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers and System for Award Management (SAM) requirements detailed in Section D.8.** The registration process may take many weeks to complete. Therefore, applicants are strongly encouraged to begin registration early in the process.

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

Issuance of this notice of funding opportunity 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 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,

Garth Patterson  
Agreement Officer

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## **SECTION A: PROGRAM DESCRIPTION**

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

### **Local Health Solutions (LHS)**

#### **1. Introduction**

Under this RFA, USAID/Liberia seeks to sustainably improve the delivery of quality health services through strengthened local health systems. Local stakeholders will be engaged to devise their own solutions for equitable delivery of quality healthcare services and increased transparency and accountability around health funding and management of health resources.

#### **2. Background and Context**

Liberia ranks 173 of 184 countries in the world on the Human Development Index report (HDI, 2022) and has high rates of maternal and child mortality. Health outcomes in Liberia are strongly linked to whether people have access to quality health services.

Although access to health services has increased in recent years, the available services are often of poor quality. For example, the Liberia Demographic and Health Survey (LDHS) shows substantial increases in access to essential health services between 2013 and 2020, including an increase in births occurring in a health facility (from 56% in 2013 to 80% in 2020) and births attended by a skilled provider (from 61% in 2013 to 84% in 2020). However, increases in access to maternal and neonatal health services did not have a large impact on mortality rates. The pregnancy-related mortality rate remained high at 913/100,000 live births in 2020, and there were no recorded decreases in neonatal mortality. For this reason, there has been an increased focus on improving the quality of health services, instead of only increasing access to services.

Mortality among children between their first and fifth birthdays decreased by 21% between 2013 and 2020, pointing to successes in preventing and treating the main drivers of mortality in that age range, including malaria, pneumonia, and diarrhea. In particular, data from the 2022 Malaria Indicator Survey (MIS) shows that malaria prevalence in children under five decreased significantly between the 2016 MIS (45%) and the 2022 MIS (18%). During this period, care seeking for children under five years of age with a fever also decreased (78% to 60%), as did the correct treatment of children with malaria with an ACT (81% to 77%). This indicates that although malaria cases are dropping, there is still a need to improve access to care and to ensure quality of care.

Poor-quality health services are related to health systems challenges including very limited government investment in the health sector, weak governance and accountability systems, shortages

of skilled health workers and managers at all levels, and a poorly functioning supply chain. Corruption is a widely recognized problem in Liberia and affects many facets of life, including health service delivery. In 2022, Liberia ranked 142 of 180 countries and territories on the Transparency International Corruption Perceptions Index. Another key challenge is limited implementation of the decentralization framework that would devolve more decision-making autonomy to the sub-national levels, including counties, districts, and health facilities.

## **2.1. Past and Current USAID Health Systems Interventions**

USAID has been a steadfast supporter of Liberia’s efforts to strengthen the capacity of the health system to deliver basic health services. The Country Development Cooperation Strategy (CDCS) 2019–2024 outlines a two-tiered approach for providing both technical and financial assistance for the implementation of the MOH’s National Health policy and Plan (2022-2031):

1. National-level investments in MOH capacity building and technical assistance for policy formulation, strategy development, and systems strengthening, including management and oversight capacity, and governance and leadership.
2. Immense investments across the fifteen counties to strengthen the health system, including expansion and improvement of facility-based services, capacity building of county and local health authorities in each county to manage resources, introduction and scale-up of global best practices, and piloting innovative interventions to generate evidence to inform national policies and strategies.

USAID’s partnership with Liberia has pioneered the use of an innovative government-to-government (G2G) agreement for channeling U.S. assistance for health service delivery directly through the Government of Liberia (GOL)’s health system, building the health system’s capacity in stewardship and management at the national and subnational levels.

This activity will build and capitalize on the accomplishments and lessons learned from previous USAID supported HSS investments including the Rebuilding Basic Health Services (RBHS), Collaborative Support for Health Systems Strengthening (CSH), the Maternal and Child Survival Program (MCSP - HRH, RHS, EMS), and the ongoing Strategic Technical Assistance for Improved Health Systems Performance and Health Outcomes (STAIP) activity.

### **2.1.1. Links to USAID’s Goals and Strategies**

The Local Health Solutions (LHS) activity will contribute to USAID/Liberia’s Country Development Cooperation Strategy (CDCS) Development Objective #3: “Foundations for growth strengthened through a healthy, productive, and educated population,” specifically IR 3.1: “Quality of health, HIV, nutrition and WASH services improved,” and IR 3.2: “Health/nutrition and WASH systems at national and subnational level strengthened.” The LHS activity will also contribute to PMI’s goal of reducing malaria morbidity and mortality in Liberia, and the Global Health Security goal of promoting global health security through improving laboratory systems, enhancing real-

time disease surveillance, and increasing Liberia's capacity to manage pandemic health emergencies.

### **2.1.2. Links to USAID's Service Delivery Activities**

The LHS activity will serve as a "wrap-around" technical assistance in each of the target counties including the Government-to-Government (G2G) Health Partnership activity, as well as other USAID and donor-supported activities. The G2G is a reimbursement type activity through which the U.S Government supports the Liberian Government to achieve health objectives across GoL predetermined counties. Currently there are 8 counties out of 15 supported by the G2G Health Partnership in Liberia. The G2G Partnership mechanism focuses on strengthening decentralized health service delivery. The LHS activity will support decentralization efforts in the health sector with the aim of creating an enabling environment for the G2G Partnership to deliver quality and responsive health services. USAID support for decentralization will range from strengthening local and national health governance structures to enhancing the competency of health workers for improved delivery of health services. To achieve this, it is vital to recognize the importance of strong governance and leadership structures at the subnational level.

USAID/Liberia's Community Health Activity (CHA) supports the implementation of the Ministry of Health Community Health Program in targeted geographic areas, including community-level service delivery strengthening. It also seeks increased demand for, and use of health services at the facility level while ensuring community accountability of health services. Community health workers coordinate with the Health Facility Development Committee (HFDC), which serves as the bridge between the communities and health facilities. The LHS activity will support HFDCs to perform their roles/responsibilities in a more effective manner.

The LHS activity will also collaborate and coordinate with other USAID activities including the SBC activity, Supply Chain, Private Sector Engagement, Good Governance, and Civil Society activities. The overall goal will be to maximize USG funds and ensure that the decentralized health system is responsive to the needs of the population and accountable for resources, including drugs and medical supplies entrusted to the system.

### **2.1.3. Links with non-USAID Activities**

The LHS activity will ensure a coordinated environment to plan, manage, monitor, and support the MOH to implement its mandate, including increasing capacity for local engagement and mobilization of domestic resources for the health sector. The activity will leverage investments by the World Bank, Global Fund, and other development partners to prevent duplication and maximize donor support for improved health systems performance at the national and subnational levels.

### 3. Activity Description

#### 3.1. Purpose

The purpose of the LHS activity is to enhance the functions of the Liberian health system to sustainably deliver improved quality of health services that are responsive to the needs of the population.

#### 3.2. Results Framework



#### 3.3. Geographic Focus

This activity will reflect the geographic alignment of USAID’s G2G, PMI, MCH/FP, and GHSA investments, as well as World Bank investments across the 15 counties.

#### 3.4. Period of Performance

USAID anticipates awarding a renewal assistance instrument (Cooperative Agreement) for the implementation of the LHS activity. The total period of performance of the LHS activity is five (5) years, with an initial **three (3) years and two (2) renewal years**. For additional information on the renewal years, see Attachment B, Federal Award Information of this Request for Application.

USAID/Liberia will review the awardee’s application for the renewal years and make a decision subject to the following:

- Availability of funds.
- Satisfactory progress towards meeting the award’s objectives.
- Submittal of required reports; and
- Compliance with the terms and conditions of the award, including the conditions for renewal.

### **3.5. Anticipated Results and Expected Outcomes**

#### **Result 1: Strengthened Decentralized Health Governance**

Decentralization is the number one policy objective of the MOH as stated in the National Health Policy and Plan (2022 - 2032). The MOH plans to decentralize management responsibilities, resources, and authority to the lower levels over a 10-year period in line with the Local Government Law and National Policy on Decentralization and Local Governance. The five-year national health strategy provides a roadmap for the implementation of the ten-year policy for achievement of a fully decentralized health system. It outlines that strong governance and leadership structures will be built from the top, while management responsibilities, along with resources and authority, will be deconcentrated to the lower levels of the healthcare system to empower health boards, county and district health teams, and community health structures. The LHS award will be expected to strengthen the foundation for the decentralized system and the decentralized system itself and improve local governance of health systems and services.

##### IR 1.1: Improved public financial management in the health sector

All fifteen counties receive funding from several different sources to implement health activities and provide health services. Management of these funds is critical to ensuring delivery of quality health services at the subnational level. USAID’s previous investments established financial management systems and structures to strengthen central MOH and county capacities. Interventions through the LHS activity are expected to build on these financial management systems to ensure compliance with GOL financial management standards.<sup>1</sup> The applicant will be expected to outline locally led, innovative interventions that will further strengthen public financial management and accountability. LHS will strengthen the capacity of subnational health officials to plan, implement, and account for funds from all sources, including GOL allocations intended for delivery of quality services at the subnational level. This means that CHT/DHTs, health facilities, and health boards and committees should be accountable for all funds disbursed for delivery of health services. This activity will also be expected to coordinate with Global Fund, the World Bank, and other donors and partners to respond to financial risks identified in the health system capacity assessment report.<sup>2</sup> USAID places a premium on a whole of system approach in the area of financial management at all levels and supports a coordinated approach to improving financial management.

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<sup>1</sup> Financial Management Manual, 2020; Audit Committee manual, 2021

<sup>2</sup> County Health Team Capacity Assessment Report, 2019

Some of the outcomes anticipated under this IR include the following:

- Counties are consistently compliant with the GOL's 12 Public Financial Management Standards/functions as outlined in the revised (2020) Public Financial Management Manual.
- With oversight of County Health Boards, counties budget for, track and report on all financial resources received for implementation of health activities, including resources received from the national budget and donor funds.
- County health budgets are prepared in an open and transparent manner with involvement of all relevant local stakeholders including civil society organizations in the county.
- Financial risks identified in health system capacity assessments are resolved.

### IR 1.2 Increased oversight of health service delivery at the subnational level

In 2012 the Government of Liberia launched the national decentralization strategy in the health sector. Ten years later, while the overall decentralized governance structures at the county level are somewhat functional, the system is not functional at full capacity at the decentralized level.<sup>3</sup>

Moreover, Health Governance Boards are either non-functional or not supported to provide oversight of health service delivery as stated in the decentralization procedures and guidelines. The Health Governance Boards (County, District, Hospital) and health facility development committees are expected to support, monitor, and review implementation of health interventions at the subnational level. Overall, the health and governance boards were created to lead decision-making and provide oversight for delivery of health services. The health boards are expected to serve as the lead for interpreting and enforcing health policies and strategic goals, and approval of significant actions. As an oversight body, the role of health boards is to guide decisions made by communities, ensure compliance to systems and controls for accountability and the implementation of strategic policies at the lower levels of the health system. The superintendent of each county is by default the chairman of each county health board. District health boards are headed by the district commissioner, while hospital boards, and health facility development committees are headed by elected individuals.

USAID expects that the applicant will propose approaches to support capacity improvement of Health Governance Boards and Health Development Committees to drive local leadership and accountability for quality health service delivery. The applicant is expected to work with the County Health Services and Decentralization Units at the central MoH to achieve this intermediate result. Interventions under this IR will be in collaboration with the G2G Partnership activity and

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<sup>3</sup> Decentralised Leadership, Management, and Governance Operational Guidelines, 2020 (pg. 8)

with other donors and partners such as the Global Fund and World Bank working in the target counties to prevent duplication.

Some of the outcomes anticipated under this IR include the following:

- Health governance boards and committees are functional and effectively providing programmatic and financial oversight for the health system at the subnational level.
- Health governance bodies compliance with national decentralization guidelines.
- Strengthened county health services and decentralization units for improved oversight of health governance bodies at the subnational level.
- Improved compliance to national anti-fraud and anti-corruption guidelines.

#### IR 1.3: Improved supply chain management at the subnational level

Health supply chain is an integrated system that is faced with many challenges ranging from poor warehouse management and data quality, persistent stock out of essential pharmaceutical commodities at the health facilities and huge expiry of commodities both at the central and county levels. Distribution is usually short of the required four quarters distribution in the calendar year. Facility-based logistics information which tracks consumption and informs resupply is typically of low quality. Additionally, Community Health Assistants consumption data is usually not included in the health facilities total consumption data which leads to errors in the calculation of the consumption data. USAID expects that the applicant will provide solutions based on the local context that would help improve supply chain management at the subnational level.

Some of the outcomes anticipated under this IR include:

- Commodity management and supervision activities fully integrated in the national JISS;
- Health Facility Development Committee (HFDC) fully involved in the process of receiving and verification of drugs and medical supplies and at the health facility.
- Health facilities designated staff are aware and compliant to policies and guidelines for the rational use of medicines and supplies evidence by proper documentation; and
- Commodity challenges are elevated to the county authority for onward channeling to the central level.

#### IR 1.4: Increased quality, analysis, reporting, and use of health data

Results under this IR will support the Ministry of Health's goal to improve data quality, dissemination, and the use of information in support of health services and health system functions at all levels. A strong national health information system will produce quality data for evidence-based decision making by the governance and management structures at all levels including NMCP, HMER, FHP. There should be high consideration for ensuring that health data is collected and managed in a confidential and secure manner. Some health information subsystems to be supported include: the District Health Information System 2 (DHIS2) for routine reporting; integrated disease

surveillance and response system (IDSR) for reporting priority and notifiable diseases; logistics management information systems (LMIS) for supply chain management; integrated Human Resources Information Systems (iHRIS); and laboratory information system. Specific results areas will be determined by the MOH, USAID, PMI, and GHSA.

Some of the outcomes anticipated under this IR are:

- Health data management systems (eLMIS, HMIS/DHIS2, IDSR, LIS, iHRIS, warehouse management system (WMS), MFR, CBIS, etc.) are integrated in a data warehouse system and effectively used for data analysis, reporting and decision-making.
- Health programming at all levels is informed by evidence from data analysis using the MoH HIS or integrated data warehouse system.

## **Result 2: Improved Quality of Health Services**

The IRs under this objective will provide wrap-around technical assistance in the eight G2G counties and the seven non-G2G counties. The IRs of objective 2 will specifically support the achievement of maternal, child and adolescent health and family planning, U.S. President's Malaria Initiative, and Global Health Security Agenda technical assistance priorities. These IRs will align with and support the priorities of the Ministry of Health with focus on the unique needs at the subnational level in accordance with the EPHS II. A limited package of technical support will be provided to relevant units at the central MoH to enhance oversight and coordination of implementation at the lower levels. The goal of objective 2 is to reinforce institutionalization of quality management processes as per the National Quality Management Strategy.

Using the existing systems, coupled with innovative local solutions, result area 2 will seek to provide structured, data-driven, technical assistance for improved quality management processes at the county, district, and health facility levels for increased access to quality and affordable RMNCAH, malaria, detection and response of zoonoses and epidemic-prone diseases, and laboratory services. This result area will further support improved health systems performance for real-time surveillance and responding to health emergencies such as the COVID-19 and other pandemics. The applicant is expected to provide technical approaches based on local context intended to build on the gains made from previous investments.

### **IR 2.1: Quality assurance and quality improvement systems fully implemented.**

The Ministry of Health, USAID, and other partners and donors in the health space in Liberia have invested heavily in Quality Assurance and Quality Improvement interventions resulting in the development and dissemination of the National Quality Strategy (2017-2021). The institutionalization of the Joint Integrated Supportive Supervision (JISS) at the subnational levels was achieved through a major investment. JISS approach covers technical and administrative areas to determine achievement and gaps in the provision of care. JISS has improved yet there are gaps including non-functional quality management teams at all levels, limited in-service training to

improve staff competency, and challenges in the provision of safe laboratory services. The applicant is expected to build on gains by proposing technical approaches including a small subgrants program that would provide funds to health teams for improvement in the quality of health services offered to target populations.

Some outcomes anticipated under this IR are:

- National Quality Strategy revised, disseminated, and institutionalized.
- Subnational level health teams compliant to Quality Assurance and Quality Improvement standards outlined in the National Quality Strategy.
- Quality management teams effectively leading quality improvement initiatives at the subnational level; and
- Improved capacities to prevent Antimicrobial Resistance (AMR), including AMR stewardship programs.

#### IR 2.2: Improved quality of RMNCAH services

The MoH, in the National Health Strategy 2021 - 2026, intends to reduce the maternal mortality ratio by 38% by 2026 and reduce under-five mortality to 57 per 1000 live births. As of July 2021, utilization of essential maternal and reproductive health services in Liberia was lower than expected and family planning consultations were down 36%. The LHS activity is intended to support the MoH to achieve the goals of reduction in maternal and newborn mortality and increase in FP uptake in Liberia. Under this IR, the applicant is expected to propose interventions that build on gains made in previous HSS efforts to improve the delivery of safe and respectful RMNCAH services. Specific intervention approaches will respond to gaps associated with health worker competencies, early detection and referral of women and children for quality care, and family planning counseling. Additionally, this IR will ensure increased compliance in the use of standards and protocols for improvement in delivery of quality maternal and newborn health services. Proposed interventions will improve service delivery in coordination with the county, district, and health facility teams.

Specific results will be determined in consultation with the MoH and USAID with coordination with the WB, Global Fund, and other partners in the non-G2G supported counties. The applicant is expected to provide capacity strengthening support to the Family Health Program and the National Blood Safety Unit for leadership and oversight of maternal and newborn health outcomes.

Some of the outcomes anticipated under this IR include the following:

- Functional referral pathway in place with feedback loop for increased health system responsiveness to the needs of patients and families.
- Institutionalization of referral pathways for timely transfer of patients and follow up actions for better health outcomes.
- Strengthened supervision for RMNCAH data collection, analysis, and management; and
- Strengthened provision of safe blood and blood products for improved maternal outcomes.

IR 2.3: Improved quality of malaria services

The Liberia Malaria Indicator Survey 2022 report revealed that incidence of Malaria among children 6-59 months in Liberia has reduced from 45% in 2016 to 18% in 2022.<sup>4</sup> This is a significant gain in the fight against the malaria epidemic in Liberia. USAID looks to sustain these gains through an approach that utilizes the existing structures. Results in Liberia contribute to PMI's global long-term vision of a malaria free zone in Africa and the ultimate goal of worldwide malaria eradication by 2040-2050. Through the LHS activity, USAID/PMI support to the reduction of malaria incidence in Liberia will be expanded to an additional three counties, bringing the number of counties receiving PMI technical assistance in Liberia to fifteen (8 G2G Partnership and 7 non-G2G counties). Moreover, through the ongoing HSS flagship activity, bednets provided at Antenatal Care visits and institutional deliveries have increased, while treatment of confirmed malaria cases at health facilities has also increased.<sup>5</sup> There is still a need to improve implementation of the MoH's "testing before treatment" protocol through strengthening laboratory and diagnostic services. Additionally, intermittent preventive treatment in pregnancy approach needs to be strengthened. The LHS activity is well positioned to play a pivotal role in mitigating identified gaps and supporting interventions to improve overall malaria case management and malaria in pregnancy. This activity is expected to support the introduction and scale-up of the malaria vaccine in Liberia.

LHS will contribute to the national efforts for the improvement of the health systems for delivery of quality malaria services in coordination with the NMCP and county, district, and health facility teams. The award will work with the World Bank and other partners to enhance malaria outcomes in the target areas. Support will be provided for capacity strengthening of the National Malaria Control Program (NMCP) for oversight of malaria interventions implemented in all health facilities (public and private, not-for-profit including faith-based and concession) at all levels on the continuum of care (hospitals, health centers, and clinics). The applicant will support epidemiological capacity strengthening of NMCP and county malaria focal points through participation in the Field Epidemiology Training Program (FETP). Additional capacity strengthening support will be through attendance at international or national training or conferences (e.g. American Society for Tropical Medicine and Hygiene (ASTMH)). The LHS activity will support Therapeutic Efficacy Studies (TES) to assess the efficacy of antimalarial medicines in treating malaria on a biannual basis (every two years) or as needed and other operational studies as may be needed. Specific intermediate results and sub intermediate results will be jointly developed with USAID, PMI, NMCP, and MOH.

Some outcomes anticipated under this IR are:

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<sup>4</sup> Liberia Malaria Indicator Survey 2022 (Key Indicator Report)

<sup>5</sup> STAIP Annual report, 2022

- Improved malaria case management, including diagnostics (by RDT and microscopy), treatment (including supervision and quality control), prevention and treatment of malaria in pregnancy.
- Trained CHTs, DHTs, and Health facility staff on use of integrated malaria diagnosis and treatment protocols, including prevention and treatment of malaria in pregnancy.
- NMCP effectively plans and provides oversight for malaria activities especially data collection, analysis, and management, and updating of malaria guidelines.
- Results from Therapeutic Efficacy Studies of antimalarial medicines available to guide case management policy; and
- Report available from malaria related research studies to inform program decisions.

#### IR 2.4: Strengthened Laboratory and Disease Surveillance Systems

The MoH has prioritized strengthening of the national laboratory, diagnostic, and surveillance systems.<sup>6</sup> Significant diagnostic capacity gaps in the structure of the laboratory network include but are not limited to the constrained human resource capacity in quality and quantity, stockouts of reagents and lack of functional equipment. About 62.7% of laboratory personnel are Laboratory Aides and 13.5% are Laboratory Assistants. This reduces access to quality diagnostic services for patients seeking health care because Laboratory Aides are not trained to a level sufficient to conduct complex diagnostic procedures. Even the few trained lab technicians do not have the requisite tools to improve the diagnostic capacity. This compromises quality and the patients are the victims because their choices are limited. For example, only 29% of public health facilities have the capacity to perform procedures such as test and crossmatch for blood transfusion, test for hemoglobin (18%), test for parasites in stool (22%), and 70% check for malaria. The 2019-2024 National Laboratory Strategy aims to strengthen and expand comprehensive and integrated public health diagnostic systems and ensure quality clinical laboratory and diagnostics services along the continuum of care.

The MoH has increased the capacity of counties for early detection and reporting of priority diseases through the placement of 283 disease surveillance officers trained in field epidemiology. These staff are deployed with district health teams and in hospitals and health centers across the 15 counties and at the central MoH. Surveillance information has been enhanced, and data is now collected systematically from the 93 health districts in Liberia. Both the paper and electronic disease surveillance tools are used. The electronic platform of the IDSR has been piloted in a few counties and the MoH intends to expand to all counties. Challenges include low capacity of staff to do sample collection and packaging, persistent stock out of reagents and laboratory supplies, limited number of laboratory and surveillance officers at the subnational level, and poor supportive supervision for laboratory and surveillance quality improvement.

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<sup>6</sup> National Health Policy and Plan, 2022

The applicant is expected to propose solutions for the effective functioning of the laboratory system with special focus on clinical and regional laboratories and support roll out of the surveillance systems. Support to the National Diagnostic Department and county, district, and health facility teams is paramount to ensure coordination and system improvement.

Some anticipated outcomes under this IR include:

- Laboratory systems compliant to minimum quality standards and implementing quality improvement programs.
- Increased laboratory capacity in district and county level hospitals to detect emerging infectious diseases and AMR through laboratory workforce development and ensure quality testing.
- Improved laboratory referral system at all levels, including improved competency of laboratory and surveillance staff for specimen collection, packaging, and reporting.
- Improved laboratory and disease surveillance information systems for public-health and individual care management.
- Strengthened Integrated Disease Surveillance and Response (IDSR) in selected counties, districts, health-facilities, and communities; and
- Strengthened AMR surveillance systems and plans at national and sub-national levels.

### **Result 3: Sustainable implementation of Health Financing Mechanisms**

#### IR 3.1: Designed and tested Healthcare Financing approaches for reduced out-of-pocket spending on health services.

There is a high out-of-pocket (OOP) share of the costs to finance healthcare in Liberia. In fiscal year 2018/2019, OOP as part of total health expenditure rose to 53% from 35% in FY 2007/2008. This puts the financial burden on the consumers of healthcare services, especially the population in the lowest wealth quintiles. The 2016 Liberia HEIS<sup>7</sup> showed that over 70% of the population incurred very high payment costs and 3.5% of these families were driven into poverty due to OOP on health services.<sup>8</sup> The main drivers are out-patient services and non-prescription medication. This brings to the forefront issues related to equity and access to quality health services. The implementation of the Poverty Reduction Strategy continues; however, most Liberians still live below the poverty line - \$2 a day.<sup>9</sup> Therefore, a sustainable health financing approach is needed that would increase equitable distribution of health finances for provision of quality health services to the Liberian population.

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<sup>7</sup> Household Expenditure and Income Survey, 2016

<sup>8</sup> Liberia Health Financing Situational Analysis, 2021

<sup>9</sup> National Health Insurance Design in Liberia

Applicants must support the MoH to implement sustainable solutions toward the reduction in OOP. Currently, there is draft legislation for the Liberia Health Equity Fund (LHEF) bill that, once passed into law, will support the implementation of health financing mechanisms that meet the needs of Liberia. Predicated on this, innovative approaches should consider development and/or enhancing mechanisms geared health financing priorities of the MoH. The objective of the LHS activity is to coordinate with the MoH and partners to develop and test innovations that support the MoH health financing priorities. Sub-intermediate results and outcomes will be co-developed with USAID, PMI, and MOH/HFU.

Under this IR, some illustrative outcomes would be:

- Improved allocation of health resources for increased access to quality and equitable health services; and
- Reduced out of pocket spending on health services.

### IR 3.2: Increased performance-based financing (PBF) Operations at the health facility level

The MOH implements a PBF approach to reimburse achievement of both select health service delivery and health systems strengthening indicators as outlined in the MOH PBF Manual. Introduction of PBF in the Liberia health system is an innovation to improve quality services, retain staff, and strengthen performance management. This results-based approach improves staff performance through provision of incentives for achievement of set results and supports minor quality improvement initiatives for increased access to quality services. The applicant is expected to propose interventions for the full dissemination and implementation of the Liberia PBF Manual. Technical approach will include a routine feedback loop between PBF and desired health equity approaches.<sup>10</sup> The existing PBF model is used to incentivize better quality of care at the health facility level and management at the county health team level. USAID already has a G2G agreement with the Government of Liberia to provide funding to public sector facilities under the Ministry of Health. However, the applicant must present an implementation and management approach in support of the implementation of the PBF in line with the national PBF manual revised in September 2021.

Some of the outcomes anticipated under this IR include:

- National PBF manual rolled out and operationalized at health facilities and monitored by health governance teams' evidence by reports and followed up actions.

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<sup>10</sup> Performance-based financing (PBF) is one of several strategies introduced in lower- and middle-income countries to strengthen a weak health system (The effect of performance-based financing interventions on out-of-pocket expenses intended to improve access to and utilization of maternal health services in sub-Saharan Africa: protocol for a systematic review and meta-analysis, Published online 2022 Jun 30. doi: [10.1186/s13643-022-01990-9](https://doi.org/10.1186/s13643-022-01990-9))

- Health facilities implementing the national PBF approach are compliant to MOH financial management standards/procedures and the indices management tool; and
- Health facilities carry out follow-up actions from quarterly third-party PBF quality review meetings.

**Result 4: Increased transparency and accountability around health resources for improved service delivery.**

The health sector in Liberia is plagued by corruption that intensifies inequity and reduces the quality of care. Corruption, poor leadership, and the lack of accountability and compliance to financial planning, management, and control standards in the healthcare sector has led to increased maternal and newborn deaths in the country. For example, there is a pressing need to ensure accountability in the area of supply of commodities. Fifty-seven percent of the Key Informants interviewed cited medical services as the service most prone to corruption. Sixty-five percent of Key Informants in this category were females.<sup>11</sup> The anticipated outcome of this IR is to increase public awareness of decision-making processes around health funding and resource allocations and enable public advocacy for increased availability and quality of health services and resources.

IR 4.1: Increased monitoring of the availability and quality of health services and commodities

The goal of the health delivery system is to ensure the availability of quality health services that are affordable for the most vulnerable population. Monitoring for quality assurance is paramount to increasing access to health care services. This requires partnership and local involvement for continued improvement in the quality of care provided. Health services must be delivered in a way that is efficient and safe; therefore, it is necessary to create policies, procedures, and processes to achieve this.<sup>12</sup> Clinical procedures and recommendations, patient input, and clinical audits are examples of quality assurance practices. Additionally, a high-performing health system is one that uses local partners to lead programs toward progress. Partnerships with civil-society and the private-sector to support local government in ensuring increased quality of health services is essential for sustaining progress and building commitment, cohesion, and accountability in local systems. Solutions based on the local context coupled with transparency and accountability, plus an enabling environment for provision of safe and quality health services leads to improved health outcomes and ultimately growth and development. Local organizations, communities, and individuals need to be empowered and enabled to take a central leadership role in health systems and to strengthen citizen voices. Most citizens in Liberia are not aware of the processes involved in budgeting for the health sector in Liberia. Nor do most Liberians know what allocated funds are used for since the health facilities are often stocked out of essential commodities. The Liberian health system has adopted the decentralization approach since 2008, but due to low commitment from the GoL, this approach has not worked fully. Drugs and medical supplies don't always reach

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<sup>11</sup> State of Corruption Report (SCORE) 2021, Center for Transparency and Accountability in Liberia (CENTAL)

<sup>12</sup> Harmonized Health Facility Assessment, Liberia, 2021/2022

the people they are intended for, and health workers are not motivated to stay at their duty stations. This hinders the quality of services provided and subsequently reduces access to health services, especially for the poor.

Through the LHS activity, USAID expects applicants to present ideas/approaches of how local organizations can be utilized to implement this IR. The caveat is that the prime implementing partner will purposely identify capacity gaps during their engagement with Liberian organizations and develop a plan to ensure that the local partners' capacity gaps are mitigated. These engagements for the quality improvement and quality assurance monitoring will be based on national quality standards and available monitoring tools approved by the MoH. Gaps identified during monitoring visits will be mitigated through small subgrants to districts and health facilities.

Some outcomes anticipated under this IR are:

- Increased capacity of local organizations to monitor quality of care improvement using MoH approved tools.
- Local organizations are able to efficiently and effectively plan for, monitor, and report on QA/QI compliance across target counties.
- Local organizations are able to monitor and report on the availability of health commodities; and
- Local Liberian organizations are analyzing data gathered from monitoring visits and use findings to propose QA/QI change ideas within the health sector.

#### IR 4.2: Increased advocacy for health financing and tracking of health resources.

USAID supports and strengthens partnerships that build the commitment and capacity of local governments, civil-society, private-sector, and communities to sustain results and build collaboration toward accountability and social cohesion in systems. Local institutions should be empowered to effectively identify and address barriers to achieving sustainable health systems. Human and institutional capacity must be built to provide the required advocacy for accountability and transparency in the function of the health system. Civil society organizations that serve as integrity institutions should be engaged to advocate for better care through development and implementation of laws and policies that guide decision making and interventions in the sector. Applicants are expected to provide solutions that will increase health advocacy and integrity watch in the health sector. Solutions should consider the Liberian context and be intended to improve the capacity of Liberian organizations to lead efforts for better health outcomes for the Liberian public, especially women and children.

Some of the outcomes anticipated under this IR are:

- Local organizations understand national and local budget processes for health and understand how health resources are supposed to move between the different levels of the system.
- Local integrity organizations monitor and report on the movement of health resources from the central level to the counties, then to the districts, and then the health facilities for the provision of health services; and
- Civil Society organizations effectively advocate for equitable distribution of health resources and for actions to address challenges/problems identified through tracking of health resources.

### **Result 5: Local Liberian organizations successfully implement donor-funded health activities**

USAID’s intention is to shift leadership for setting priorities, designing, and implementing projects, and measuring results to local “people and institutions with the capability and credibility to drive change in their communities.” The overall objective of this result area is to improve the capacity of local organizations for subawards and direct grants from USAID.

#### **IR 5.1: Strengthened capacity of local Liberian organizations to implement donor funded activities**

The LHS activity will enhance the capacity of local organizations to lead interventions under this award with oversight from a prime partner. USAID’s approach is aligned with the MoH decentralization strategy. Civil Society Organizations and local institutions such as health regulatory bodies, health associations, and local public universities will be engaged and empowered to drive health systems performance at all levels. Liberian organizations and health NGOs with expertise in specific technical areas will be strengthened to lead critical interventions through sub awards under the LHS activity. This activity will apply a transitional leadership approach by providing progressive sub-awards to local Liberian organizations, increasing funding and level of effort (LOE) over the lifespan of the activity. Moreover, local organizations that demonstrate achievement of high levels of performance will be selected for additional capacity strengthened interventions to be eligible to compete for direct awards from USAID and other donors. The applicant is expected to suggest clear interventions for how local Liberian organizations will be mentored and coached for a meaningful and sustainable transition. Consideration should be given to orientation and training in anti-corruption policies and best practices in line with local and international standards and in line with USAID policies and regulations.

#### **Illustrative outcomes include:**

- Financial management systems of local organizations and institutions strengthened.
- Local organizations monitoring for QI/QA, analyzing, reporting, and adapting approaches based on evidence.

- Local institutions can apply the steps required for getting a USG unique entity identifier (UEI); and
- Select local Liberia organizations are registered in the USG database with a unique entity identifier (UEI).

IR 5.2: Enhanced Quality assurance and monitoring of local sub awards.

Quality assurance is a requirement for activity monitoring and performance improvement at USAID. Prime implementing partners will be expected to present approaches for ensuring that deliverables produced by Liberian organizations under this award and any other future USAID award are monitored for compliance to USAID quality assurance standards. Local Liberian organizations should be introduced to the processes of developing QASPs and AMELPs for tracking and monitoring interventions during implementation and reporting results. The applicant must include a clear approach to monitoring the work of local organizations to ensure high performance and quality results. Focus will be on data collection, analysis, use, and reporting, financial management and controls, and accountability for results. Additionally, prime partners are expected to ensure that Liberian organizations meet the USAID standards for program implementation, monitoring and reporting results, preparing and delivering presentations of results, and responding to feedback on deliverables. Staff from local Liberian organizations that are subawards under the LHS activity will be oriented to USAID procedures for compliance to quality assurance standards.

Illustrative outcomes will include:

- Local organizations demonstrate the ability to develop AMELP for project level monitoring, and QASP plan for USAID to monitor and track deliverables.
- Personnel of Local Liberia organizations compliant to quality assurance standards as per the USAID and MoH standards; and
- Liberia organizations planning for and conducting DQAs and analyzing and reporting findings.

**4. Implementation Approaches**

**4.1. Decentralized Approaches:** Applicants are expected to support the development of county-specific work plans which target bottlenecks to improving CHT/DHT and health facility capacity for better health outcomes at the subnational level. The LHS activity will provide 50% of the LHS award as subawards to local Liberian organizations with proven capacity to deliver on anticipated results based on the technical approach. Additionally, a small subgrants approach will be used to empower health teams at the subnational level to initiate and apply change ideas for quality improvement. The overall goal is to ensure continuity of care, local ownership, and sustainable management.

**4.2. Local Ownership:** 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. 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. The prime implementing partner is encouraged to engage with local Liberian organizations and communities to own the development process and focus on optimizing use of local resources, which may mitigate the creation of dependency on outside resource flows. Considering the context of Liberia, the LHS activity is intended to use local solutions implemented by Liberians for capacity enhancement and subsequent transition toward a locally led technical assistance approach. Liberian organizations will be expected to provide the technical experts who have knowledge of the local context to respond to intervention areas outlined in the results framework, except in the case where such experts are not available after all efforts to hire such experts through a local Liberia organization have failed.

#### **4.2. Small Grants Management:**

**The LHS activity will support a small subgrant program in the form of in-kind technical and material assistance.** The anticipated value of the grants is under \$20,000 annually. The prime is expected to design a process in accordance with USAID guiding principles for small subgrants administration. The process will be structured to include sufficient monitoring controls to ensure that the materials are used for the intended purpose. In accordance with ADS 303.3.8, the built-in control system will include steps or procedures to minimize associated risks.

### **5. Guiding Principles**

#### **5.1. Collaboration, Learning, and Adaptation (CLA)**

At USAID, a CLA approach to program implementation is the crux of development work. The ADS states, “Strategic collaboration, continuous learning, and adaptive management link together all components of the Program Cycle.”<sup>13</sup> Therefore, the call to integrate, Collaborate, Learn, and Adapt is emphasized throughout the program cycle to ensure coordination that is grounded in a strong evidence base, and iteratively adapted to remain relevant throughout implementation. The **apparently successful applicant** must demonstrate how CLA will be integrated throughout the implementation of the LHS activity to help in addressing challenges in the health sector. Activity learning is intended to benefit all stakeholders. Establishing implementation decision points and milestones will be necessary during the life of the activity. A draft CLA Plan will be submitted with the application. The USAID ADS 201.3.4.10.B describes potential approaches to CLA as:

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<sup>13</sup>USAID’s Program Cycle guidance (ADS 201.3.7)

- Having partners identify knowledge gaps in the theory of change for their activity or in their technical knowledge base and supporting them in identifying and implementing ways to fill these gaps.
- Planning for and engaging in regular opportunities for partners to reflect on progress, such as partner meetings, portfolio reviews, and after-action reviews. These opportunities may focus on challenges and successes in implementation to date, changes in the operating environment or context that could affect programming, opportunities to better collaborate or influence other actors, and/or other relevant topics.
- Encouraging or requiring partners under a project to collaborate, where relevant. Collaboration activities may include joint work planning, regular partner meetings that facilitate knowledge sharing, and/or working groups organized along geographic or technical lines. These activities require time and resources, and appropriate resources should be budgeted.
- Involving implementing partners in the USAID learning activities, such as portfolio reviews or stocktaking efforts, as appropriate; and
- Using the knowledge and learning gained from implementation, opportunities to reflect on performance, monitoring data, evaluations, knowledge about the context, and other sources to adjust interventions and approaches as needed.

The applicant is expected to generate new knowledge and evidence around learning questions identified together with USAID and other stakeholders, as well as questions that may emerge during implementation. In filling these knowledge and evidence gaps, the applicant will collect and analyze data and report to USAID, the MoH, and the wider health sector for collective action to resolve any issues and/or replicate best practices. Additionally, the applicant is expected to increase knowledge sharing with stakeholders, including CSOs and Liberian NGO networks, the private health sector, sub-awardees, sectoral experts, donors, regional and international organizations, and others through communities of practice to encourage more widespread learning across teams, mechanisms, and sectors. The applicant will convene forums to share knowledge and will also use existing fora. This activity will support the provision of case studies, lessons learned, success stories, and learning events to share among partners and stakeholders working in health systems strengthening. This includes working with USAID, PMI, GHSA, MOH, CSOs, domestic and foreign academia, and other partners to identify lessons learned from previous and ongoing sector wide programming, including the World Bank Funded Performance Based Financing and TA awardee.

Adaptive management and implementation processes will be developed to allow course correction to respond to unintended effects, changing/emerging realities such as epidemic and pandemics, and priorities. Together with USAID/PMI/GHSA and MoH, the activity's work plan, quarterly reports, and periodic progress review meetings will provide a forum for an approach to change course or make corrections based on lessons learned and evolving country context. If circumstances arise, the activity can and will pivot to accommodate the situation, as long as the reprogramming does not hold the USG to incurring additional costs unless otherwise directed by the Agreement Officer.

Additionally, the applicant will delineate and monitor implementation of the award with the Central MOH (NMCP, FHP, HMER, NDD, etc), CHTs/DHTs, and health facilities along with approaches to achieve the expected results.

## **5.2. Stakeholder and Donor Coordination**

The activity will create linkages and synergies with other partners working across the 15 counties to prevent duplication and maximize funding to improve health outcomes at the subnational level. In the area of health financing, USAID is exploring opportunities to expand quality private sector provided services in Liberia. The applicant is expected to coordinate with current and future USAID supported activities and be part of the wider community of practice in the Liberian health sector to ensure sharing of lessons learned, new data and new ideas.

## **5.3. Gender Equality and Social Inclusion**

Gender equality and social inclusion (GESI) is an integral part of all USAID Liberia activities. There is a high and pervasive disparity in health outcomes by factors such as gender, wealth, ethnicity, disability, and geographic location in Liberia. The activities will need to strongly consider GESI issues when designing the technical approach; and to analyze the key exclusion issues in service delivery and how they will be minimized and monitored or improved health outcomes will not be achieved. Gender integration is a mandatory consideration in all USAID programming.<sup>14</sup>

Applicants are required to explicitly ask how gender issues — such as identifying and understanding the causes of gender inequalities; differences in roles, responsibilities, and needs of men and women; and the relationships between men and women, within the same sex, and between older and younger men and women — are linked to health outcomes and how gender issues will be integrated into all program components. Likewise, applicants must articulate how program activities will ensure equal opportunities for historically marginalized populations in Liberia's diverse society.

Promoting gender equality is a high-priority, cross-cutting theme in all of USAID's assistance activities. Hence applicants must include interventions that advance gender equity in the context of health systems strengthening for access to safe and respectful quality of care. The applicant must include indicators that measure gender directed interventions in their monitoring and evaluation matrices. This may include some of the following approaches:

- Procedures to integrate gender in recruitment and training plans among both the government and TA providers; and
- Where appropriate, gender considerations will be integrated into the activity to ensure quality, demand, and access of support to both men and women, and other marginalized and disadvantaged populations.

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<sup>14</sup> USAID Gender Policy and Women's Empowerment Policy, 2023 ([https://www.usaid.gov/sites/default/files/2023-03/2023\\_Gender%20Policy\\_508.pdf](https://www.usaid.gov/sites/default/files/2023-03/2023_Gender%20Policy_508.pdf))

## 5.4. Localization

USAID defines localization as the set of internal reforms, actions, and behavior changes that we are undertaking to ensure our work puts local actors in the lead, strengthens local systems, and is responsive to local communities.<sup>15</sup> Localization efforts may include the following:

- Shifting power to local actors, including, with an inclusive development lens, those from marginalized and underrepresented groups, and promoting space for them to influence and exercise leadership over priority setting, activity design and implementation, and measuring and evaluating results.
- Channeling a larger portion of funding directly to local partners while ensuring accountability for the appropriate use of funds and achievement of development and humanitarian results; and
- Serving as a global advocate and thought leader, using our convening power, partnerships, voice, and other tools of development diplomacy to catalyze a broader shift toward locally led development.

Applicants are expected to suggest processes and requirements that make Liberian organizations eligible to lead parts of the implementation of the activity under the direct oversight and mentorship of the prime awardee.

## 5.5. Sustainability

The implementation of the USAID LHS activity is expected to employ approaches that ensure sustainability of the activity's results. USAID will ensure that this constitutes one of the focal points of the activity's interim and final evaluations. The applicant is expected to include measures that promote sustainability as part of their technical approach in addition to an exit strategy. The desired approach to sustainability should be based on using locally available and appropriate technologies that are cost effective and can be supported by the host country government and the Ministry of Health. This would also include strengthening the capacity of local organizations to conduct cost effective training and to lead monitoring and supportive supervision including reporting and analysis of findings and working with counties, districts, and health facilities to develop and implement mitigation plans.

All activities will be conducted in close cooperation and partnership with the GoL/MoH and County/district teams and health facilities to ensure their full ownership for sustainability. The acceptable approach will be one that favors long-term solutions that could be performed by or later taken over by existing Liberian institutions and organizations. Particular attention must be given to activities that support interconnected sets of actors—governments, civil society, the private sector, universities, regulatory bodies, health associations, etc—that jointly can produce outcomes related

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<sup>15</sup> Localization at USAID: The Vision and Approach, 2022 ( [https://www.usaid.gov/sites/default/files/2022-12/USAIDs\\_Localization\\_Vision-508.pdf](https://www.usaid.gov/sites/default/files/2022-12/USAIDs_Localization_Vision-508.pdf))

to strong quality of care, efficiency, and accountability of actions to improve the performance of the Liberian health system. Interventions will also employ current and emerging technologies to gather information to continuously assess the effectiveness of the HSS measures employed under this activity and which are appropriate to Liberia's level of development.

#### **6. Environmental Compliance and Climate Change**

USAID promotes environmentally sound designs by requiring that all USAID funded activities undergo an environmental impact assessment. This is accomplished through an Initial Environmental Examination (IEE), an Environmental Assessment (EA), or a Request for a Categorical Exclusion, all in accordance with Title 22 of the Code of Federal Regulations Part 216, commonly known as 22 CFR 216 or "Reg 216." An Initial Environmental Examination (IEE) has been prepared for this activity, outlining potential environmental impacts and mitigation measures, including a climate risk assessment. Mitigation measures will be incorporated into the final agreement as per 22 CFR 216, addressing issues including those related to potential impact and hazardous effect of medical wastes. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Agreement Officer's Representative and Mission Environmental Officer and/or Regional Environmental Advisor and Bureau Environment Officer, as appropriate, 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. The recipient shall be responsible for implementing all IEE measures pertaining to this activity. If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, they shall inform the AOR for review and amendment to the IEE documentation. No 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.

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

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

USAID intends to award one (1) Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to \$24,900,000 in total USAID funding over five (5) years in two periods.

Initial Award Period (Activity Years 1 to 3): Initial period up to **\$17,220,000**.

Renewal Award Period (Activity Years 4 to 5): Renewal period budgeted at **\$7,680,000**. Final amount to be determined in the programmatic review.

Note: The Recipient will be required to apply for the renewal period six (6) months prior to the end date of the initial period.

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

The initial award period of performance is three (3) years, with an additional two (2) year renewal award period. The anticipated period of performance including the renewal period is five (5) years. The estimated start date is on/before **January 15, 2024**.

### **3. Award Renewal**

Renewal of the award is conditional upon the availability of funds; satisfactory progress toward meeting the award objectives; submission of required reports; and compliance with the terms and conditions of the award, including the conditions for renewal.

#### **a. Timing of Renewals**

The awardee will reapply for renewal of the award six (6) months prior to the end date of the initial period.

#### **b. Renewal Application Instructions**

The Recipient's reapplication will include:

- Proposed performance indicators for the Renewal Period
- Detailed Budget to accomplish the proposed performance indicator indicators, along with a Budget Narrative
- Technical Approach for the Renewal Period
- Organizational and Staffing Plan for Renewal Period

In addition, the recipient will resubmit a new SF-424 and a new set of certifications, assurances, representations, and other statements (see 303.3.8, Pre-Award Certifications, Assurances, Representations, and Other Statements of the Recipient and Pre-Award Terms), along with the request for renewal.

**The AO may renew the award through a modification for the renewal period (yr. 4-5).**

**c. Criteria for Renewal**

USAID will evaluate the Renewal re-application based on the following:

- Recipient's satisfactory performance towards meeting the Initial Period objectives.
- Renewal award's activity's relevance to the Agency's objectives.
- The renewal will support either the same work, or work that is within the programmatic activities of the Initial award or is closely related to the Initial award programmatic activities.
- The renewal supports the same long-term goal as the Initial award, with new specific targets, milestones, outputs, or indicators; and
- Recipient continues to meet the required risk-assessment requirements.
- If the Renewal Period is executed, the start date will be concurrent with the expiration date of the Initial Period to prevent a break in the activities or funding. In the event the award is not renewed, USAID will inform the recipient in a timely manner and provide sufficient time to complete the program activities prior to the end date of the award Initial Period.

**NOTE: The renewal process will be initiated only with the implementing partner, who was determined the most successful applicant and received the initial award.**

**4. Substantial Involvement**

Substantial involvement anticipated during the period of performance under this cooperative agreement include the following:

- The Agency's approval of the recipient's implementation plans during performance. USAID generally only requires approval of implementation plans annually; however, where changed contexts or new information require a pivot in the activity, USAID may consider changes to an implementation plan. The designated AOR will be given the authority by the AO to approve implementation plans based on the terms and conditions of the award.
- USAID shall have substantial involvement in the selection of sub-award recipients. Unless otherwise directed by the Agreement Officer, USAID shall concur on the selection of all sub-award recipients and substantive provisions of the sub-awards (see 2 CFR 200.331 for requirements).
- The Agency should be involved in the selection of key personnel as will be proposed in the application, approved, and incorporated in the final award.

- The Agency and the recipient collaboration or joint participation, such as when the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge (such as joint monitoring visits or developing mitigation plans to respond to gaps identified in project implementation).
- The Agency's monitoring to permit specific kinds of direction or redirection of the work because of the interrelationships with other projects or activities. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.

## **5. Authorized Geographic Code**

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

## **6. Title to Property**

Property title under the resultant agreement shall vest with the recipient in accordance with the Requirements of 2 CFR 200.310 through CFR 200.316 regarding use, accountability, and disposition of such property.

## **7. 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 **Local Health Solutions (LHS)** 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.

## **SECTION C: ELIGIBILITY INFORMATION**

### **1. Eligible Applicants**

**Eligibility for this NOFO is not restricted.** All qualified U.S. and non-U.S. organizations (other than those from foreign policy restricted countries) are eligible to apply. Pursuant to Code of Federal Regulations (CFR) 200.400(g), it is USAID policy not to award profit under assistance instruments such as cooperative agreements, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application. Forgone profit does not qualify as cost-share or leverage.

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

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations.

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

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

Cost sharing or matching is not a requirement under this NOFO. However, applicants are encouraged to leverage available resources from other stakeholders to enhance results. If cost share is proposed, it must meet the standards set in 2 CFR 200.306 for U.S. organizations or the Standard Provision “Cost Share” for non-U.S. organizations.”

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## SECTION D: APPLICATION AND SUBMISSION INFORMATION

### 1. Agency Point of Contact

Ruth D. Caesar-Hne  
Assistance Specialist/Administrative Agreement Officer  
Email: [rcaesar-hne@usaid.gov](mailto:rcaesar-hne@usaid.gov)

Greg Taitt  
Senior Acquisition & Assistance Professional  
Email: [gtaitt@usaid.gov](mailto:gtaitt@usaid.gov)

### 2. Questions and Answers

All questions regarding this NOFO should be submitted in writing to Ruth D. Caesar-Hne, A&A Specialist/Administrative Agreement Officer with a copy to Greg Taitt at the e-mail addresses above.

Questions regarding this NOFO should be submitted by e-mail no later than the date indicated on the cover sheet to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Prospective applicants submitting questions must use the subject line “Questions regarding NOFO number **72066923RFA00004**”.

### 3. General Content and Form of Application

The application process includes up to two (2) Merit Review Phases, followed by the development of a final Program Description by the Apparently Successful Applicant.

#### A. Merit Review Phase 1:

The first phase includes a written concept note and summary budget application. **Applicants are invited to submit a concept note not to exceed fifteen (15) pages and an Annex.** Concept notes will be evaluated and up to **five** applicants may be invited to participate in Merit Review Phase 2.

More information regarding the concept notes and summary budget submission follows in sections 4 and 5.

#### B. Merit Review Phase 2:

The second phase is an oral presentation. Up to five selected applicants may be invited to participate in Phase 2 after the submission of the concept note. The oral presentation is required and will be held virtually.

The proposed Project Director/Chief of Party must lead the presentation. The participation of other key personnel is strongly encouraged. Depending on the proposed management plan, USAID may request that specific members of the proposed team also participate. Costs incurred will not be

reimbursed. **USAID reserves the right to request a written technical and cost application(s) in lieu of oral presentations and the right to forego oral presentations entirely.**

**The precise location, format of the presentation and any other technical requirements will be made available to those applicants invited to participate in Phase 2.**

### **C. Program Description Development and Award**

**The applicant selected from the Merit Review (Phase 2) will be the apparently successful applicant.** The apparently successful applicant will be expected to create the **Program Description** with input from USAID/Liberia and a **full cost application** to inform the resulting Cooperative Agreement. Applicants are expected to review, understand, and comply with all aspects of the NOFO.

No funding will be made available prior to the award of the Cooperative Agreement. Applicants, including the organization selected to develop the Program Description, are responsible for all costs incurred prior to the award of the Cooperative Agreement, including travel and all other costs related to the oral presentation phase. See Section E.3, **Full Technical Application Instructions.**

### **4. Concept Note Submission Procedures**

All concept notes must be submitted via email in **MS Word and PDF** to [rcaesar-hne@usaid.gov](mailto:rcaesar-hne@usaid.gov) with a copy to [gtaitt@usaid.gov](mailto:gtaitt@usaid.gov). If you experience any difficulties with submission, please email [rcaesar-hne@usaid.gov](mailto:rcaesar-hne@usaid.gov).

Concept Notes and any modifications thereof must be submitted in two separate volumes via email: (a) Concept Note and (b) Summary Budget. Email submissions must include the following in the subject line:

- “Concept Note under NOFO Number **72066923RFA00004**, submitted by: [name of Applicant organization].”
- “Summary Budget under NOFO Number **72066923RFA00004** submitted by: [name of Applicant organization].”

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

After you have sent your concept notes electronically, immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your 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.

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

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 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 because 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 {insert sheet numbers} and, mark each sheet of data it wished 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.”

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

All applications received by the submission deadline will be reviewed for responsiveness to the NOFO and the application format. No addition or modifications will be accepted after the submission date.

Late applications will be considered for award only if the Agreement Officer (AO) determines it is in the Government's interest.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

## **5. Concept Note Format**

The concept note should be specific, complete, and presented concisely. The concept note should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of the LHS Activity. The application should consider the requirements of the program and evaluation criteria found in this NOFO.

**The 15-page concept note should be formatted as follows:**

- Language – English
- Paper - Letter
- Type - Times New Roman, 12 point, single-spaced

- Margins - At least one inch on the top, bottom, and sides
- Consecutive page numbers

**The concept note should include the following sections: 15-page limit.**

- Cover Page (not included in the 15-page limit)
- **Technical Approach**
- **Institutional Capability and Past Experience**
- **Management and Monitoring Plan**
- **Key Personnel**
- **Annexes (not included in the 15-page limit)**
  - Summary staffing plan and organizational chart (maximum 2 pages)
  - Key Personnel CVs (maximum 2 pages per person)
  - Letters of Commitment
  - **History of Performance**

The above annexes as well as the cover page, table of contents, and list of acronyms, are excluded from the page limitation.

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

In one page, the cover page should include: a) program title; b) Request for Applications reference number; c) name of organization(s) applying for the agreement; d) any partnerships; and e) contact person, telephone number, fax number, address, and types of name(s) and title(s) of person(s) who prepared the application, and corresponding signatures.

**Technical Approach:**

The extent to which the proposed technical approach is clearly stated based on the Liberian context. Therefore, the proposed technical approach must be tailored to the expressed needs in a specific, complete, and concise way. The Applicant is required to submit a technical approach that comprehensively addresses how the Applicant will achieve the core goals and objectives of the program. It must be a clear and concise description of the Applicant's technical strategy and methods, geographic coverage, environmental compliance, and social safeguards, including how the Applicant will collaborate with existing efforts and promote local engagement for capacity improvement and sustainability.

**This section of the concept note should address each of the following issues:**

- **Strategic approach:** Describe the strategy to be used to achieve the proposed objectives.

- **Activity Description and Timeline:** Describe the interventions that will be undertaken to achieve the proposed objectives. Provide a general timeline of interventions, including the implementation of an exit strategy and sustainability plan.
- **Geographic Coverage:** Briefly describe the target landscapes and how the strategic approach will meet the specific needs of the target population.
- **Expected Impact:** Outline expected results and impacts and the approaches to measure and monitor progress, achievements, and sustainability.
- **Environmental Compliance:** Describe the approach to achieving environmental compliance.
- **Gender and Youth Development:** The applicant must clearly describe how the activity will support gender, youth development, and social inclusion.
- **Climate-smart health approaches:** the applicant must clearly describe how this activity will align and support the Government of Liberia’s Nationally Determined Contributions, and the USAID Climate Strategy 2022-2030.
- **Sustainability and succession planning:** the applicant must describe plans for long-term sustainability of the activity’s interventions.
- **Localization and decentralization:** the applicant must clearly describe approaches that will be applied to strengthen decentralization and improve the capacity of local organizations for accountable leadership and responsible implementation of activities in the health sector.
- **Small and micro-grants program:** **The applicant must** clearly describe approaches that will successfully design, implement, and manage a small- and micro-grants program to ensure flexibility to meet rising needs in the implementation of the program.

### **Institutional Capability and Past Experience**

Institutional capability and experience information must be provided and should be the same or similar both in nature and technically to the objectives and goals stated in the Program Description. The Applicants must demonstrate experience and success in implementing comparable activities in terms of scope, magnitude, and complexity. Applicants are encouraged to detail prior experience in Liberia or the West African sub-region. The Applicants must describe lessons-learned during these past experiences and state how these lessons-learned shaped and informed their proposed technical approach. Additionally, if sub-recipients are proposed, information regarding their experience must also be provided.

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed 5, 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 2 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.

### **Management and Monitoring Plan**

Applicants must provide a comprehensive Management and Monitoring Plan that demonstrates the Applicants' ability to effectively develop, manage, monitor, and maintain the program as described in the concept note. The comprehensive Management and Monitoring Plan must fit within the results frameworks of the following key strategies: USAID/Liberia Country Development and Cooperation Strategy ([CDCS](#)) 2019-2024, specifically DO3: : Foundation for Growth Strengthened through a Healthy, Productive, and Educated Population, the USAID [Vision](#) for Health System Strengthening 2030, the USAID Localization [Vision and Approach](#), and the USAID 2023 Gender Equality and Women's Empowerment [Policy](#).

**The Applicant must include a plan detailing long-term sustainability of activity interventions that aligns with the approach to local ownership, capacity building, and transitional leadership. This plan must also include proposed, relevant performance indicators.**

The Applicant must summarize the plan for organizational management and staffing under this program. 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 sub-awardees/partners based on the principles of localization. The Applicant must clearly articulate the roles and responsibilities of all key stakeholders, while differentiating the Applicant's activities from those of the sub-awardees, the home office, and the field staff. Activities that work with new and underutilized partners, especially at the local level, are encouraged.

If the Applicant proposes sub-recipients, the applicant must briefly describe the roles and responsibilities of the proposed sub-recipient, including whether they have existing relationships with these other organizations and the nature of the relationship. In the event of two or more organizations applying together as part of a team, USAID requires a well-defined prime and sub-recipient relationship. The applicant must also describe how local organizations will be monitored for quality of activity implementation.

**An organizational chart must be included in the annex.** The Applicant is encouraged to make use of local expertise to the greatest extent possible. Capacity building through in-service training, mentoring, and coaching of local organizations for succession and sustainability is a critical element

of the program. The Applicant is responsible for the development and implementation of sustainability strategies and plans at the central, county, district, and health facility levels to ensure scale up and continuity of models developed under this award. It is important that all activities be in line with the government of Liberia policies, laws, regulations, approaches, and strategies.

### **Key Personnel**

The Applicant must propose individuals that they deem appropriate for the anticipated role of each position and have sufficient managerial as well as technical capacity, expertise, experience, and academic qualifications for the positions they are proposed to fill. The Applicant will present its strategy to retain key personnel throughout the life of the activity (especially the Chief of Party), as well as its contingency plan in the event any key personnel is separated from the activity.

Applicants must provide CVs for each person proposed as Key Personnel that demonstrate how each proposed individual is the best fit for the position. Each CV must not exceed two pages and must be included in the Annex.

**USAID/Liberia strongly discourages Applicants from proposing as key personnel individuals already assigned as key personnel under existing USAID-funded activities in Liberia that have more than 12 (twelve) months of period of performance remaining as of the issuance of this NOFO.**

USAID expects these key personnel to have the appropriate qualifications and experience to work as a team to effectively manage the LHS activity.

### **Key Personnel Qualifications**

(a) The Applicant must include personnel with an appropriate balance of managerial, technical, and operational skills sufficient to achieve its purpose and intermediate results. Required attributes for all key personnel include strong management, interpersonal, written, and oral communication (in English), mentoring, supervision, and facilitation skills, as well as the ability to network and communicate with a wide range of stakeholders. Experience residing and working in developing countries in the areas of public health, health policy, or related fields is preferred. All key personnel must have a record of demonstrating integrity and accountability as professionals.

Appropriate technical skills and experience for key personnel may include, but are not limited to the following areas of expertise, which are listed in no order of importance:

- Extensive experience working in developing countries, preferably in West Africa; experience working in the Liberia health space is an added advantage.
- Strong inclusive leadership and management skills, and the ability to lead and manage a diverse team for success.
- Strong ability to effectively coordinate, manage, and deal with diverse stakeholders and with differing priorities and perspectives in health especially understanding of the complexities in the Liberian healthcare system.
- Strong interpersonal skills and written and oral communication skills.
- Strong technical knowledge of health governance, health financing, and working with civil society organizations and other local health organizations.
- Good technical knowledge of health advocacy and community mobilization in Liberia

- Strong technical knowledge of health policies, regulations, and monitoring and evaluation systems applicable to the Liberian health space
- Extensive experience in designing and implementing monitoring, evaluation, and learning (MEL) activities for complex projects of similar size and scope to the LHS activity in developing countries such as Liberia.
- Extensive understanding of the Liberia health Health Equity Fund and health financing efforts including models and approaches for health insurance schemes, expenditure tracking, domestic resource mobilization, public financial management, performance-based financing, etc.
- Strong knowledge of challenges in the Liberia health sector related to family planning/reproductive health, malaria, maternal and child health, disease surveillance efforts.
- Strong understanding of antimicrobial stewardship and healthcare-associated antimicrobial-resistant infection prevention and control.
- Good knowledge of health Regulatory systems strengthening for medical devices and diagnostics in Liberia including registration, licensing/inspection, monitoring and oversight, and health promotion.
- Strong technical knowledge of the Liberia Health information systems and data management systems including data generation, analysis, and use.

## **6. Summary Budget Format**

**The Summary Budget must be submitted separately from the concept note.**

The Summary Budget application shall consist of a summary budget, in US Dollars, which provides a breakdown by major cost element, the anticipated costs under the Cooperative Agreement using Standard Form 424- Application for Federal Assistance, 424A- Budget Information- Non-Construction Programs, and 424B- Assurances- Non-Construction Programs.

Standard Forms (SF424 Forms) The Applicant must sign and submit the Cost Application using the SF-424 series. Submissions of the SF 424, SF 424A, and SF 424B are required for the cost application.

Standard Forms can be accessed electronically at <https://www.grants.gov/web/grants/forms/sf-424-family.html>

## **7. Required Certifications and Assurances**

The applicant must complete the following documents and submit signed copies with their application.

- (1) “Certifications, Assurances, Representations, and Other Statements of the Recipient” ADS 303mav document found at <https://www.usaid.gov/ads/policy/300/303mav>
- (2) Assurances for Non-Construction Programs (SF-424B)

- (3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

## **8. Unique Entity Identifier (UEI) and SAM.gov Requirements**

USAID may not award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements. **Each applicant is required to:**

- (i) 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.
- (ii) Provide a valid unique entity identifier in its application; and
- (iii) 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.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

## **9. Funding Restrictions**

USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.

## **SECTION E: CONCEPT NOTE AND APPLICATION REVIEW INFORMATION**

### **1. Merit Review Criteria**

The merit review criteria prescribed here are tailored to the requirements of this 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 following merit review criteria will be used:

Criterion 1: Technical Approach

Criterion 2: Institutional Capability and Past Experience

Criterion 3: Management and Monitoring Plan

Criterion 4: Key Personnel

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

At least three individuals will be appointed to serve on each MRC. The MRC must review the concept notes, conduct oral presentations, if applicable, and review the lone technical application from the apparently successful applicant using the review criteria stated in the NOFO. The evaluation will be conducted using the adjectival rating system.

There are two distinct merit review phases. The specific merit review criteria for each phase are as follows:

#### **a) Phase 1 – Concept Note Merit Review**

USAID will conduct a merit review of all concept notes received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the criteria shown herein. The Applicant should note that these criteria serve as the standard against which the technical information will be evaluated and serve to identify the significant matters which the Applicant should address.

The criteria listed below are presented by major category, in descending order of importance, so that the Applicant knows which areas require emphasis in the preparation of their application. The evaluation will be conducted using the **adjectival rating system**.

- **Merit Review Criterion #1 - Technical Approach**

Demonstrated extent to which the Applicant's technical approach shows an understanding of the core objectives and its ability to provide sound and workable methods and strategies to achieve those objectives.

- **Merit Review Criterion #2 - Institutional Capability and Past Experience**

The extent to which the Applicant and proposed sub-recipients (if applicable) demonstrate successful past experiences in previous or on-going comparable activities.

- **Merit Review Criterion #3 - Management and Monitoring Plan**

Demonstrated ability to effectively develop, manage, and monitor the proposed program as described in the NOFO.

- **Merit Review Criterion #4 - Key Personnel**

The Applicant must propose individuals that they deem appropriate for the anticipated role of each position and have the sufficient managerial as well as technical capacity, expertise, experience, and academic qualifications for the positions they are proposed to fill as per the requirements of this NOFO.

## **b) Phase 2 - Oral Presentation Merit Review**

The factors below highlight the requirements of this NOFO for the second phase of selection, which is an oral presentation. **Each oral presentation will be evaluated and scored by the MRC in accordance with the evaluation criteria set forth below.**

Note: The applicant selected from the oral presentation will be the apparently successful applicant. The apparently successful applicant will be expected to create the Program Description – with inputs from USAID/Liberia – and a full cost application to inform the resulting Cooperative Agreement.

**Oral Presentations will be evaluated based on the following four (4) technical evaluation factors. These evaluation criteria are of equal importance.**

### **Technical Approach (Most important)**

- The extent to which the proposed technical approach comprehensively addresses how the Applicant will achieve the core objectives and provide a concise description of the strategy and methods, geographic coverage, environmental compliance, social safeguards, including collaborating with existing efforts, promoting sustainability, promoting local engagement/partnership and capacity building.
- Convincing approach to building local partnerships and engage key stakeholders in a participatory approach:

- In assessing this factor, the MRC will consider the applicant's ability to establish sustainable partnerships with focus on the set-up of partnerships with local organizations and other stakeholders for constructive working relationships that maximize project output.

**Institutional Capability and Past Performance (Second-most important)** - The extent to which the Applicant and proposed sub-applicants (if applicable) demonstrates successful past performance in previous and/or ongoing projects.

### **Management and Monitoring Plan**

Demonstrated ability to effectively develop, manage, maintain, and effectively monitor the proposed program outlined in the technical approach.

**Key Personnel (Least important)** - This includes two sub-criteria of equal weight:

Demonstrated appropriateness of key personnel to effectively implement the LHS activity. In assessing this factor, the MRC will consider the key personnel qualifications, key staff mix, experience and ability to effectively implement the LHS activity.

### **3. Full Technical Application Instructions**

The apparently successful applicant from the Phase 2 merit review will be invited to submit a full technical application. The program description should:

- a. Be submitted in a MS word format and PDF, and;
- b. Be written in English.
- c. Be written on 8.5 inch by 11-inch (210mm by 297mm) letter size paper with at least 12-point font. All page margins shall be at least one inch.
- d. Be single-spaced and consecutively numbered; and
- e. Not exceed 20 pages in length

The technical application should provide more detailed information on topics previously addressed in the Concept Paper and Oral Presentation Phase, and include:

1. Cover Page (does not count towards page limit)
  - a. Name and address of organization.
  - b. Contact Person (lead contract name, telephone number, and email information);
  - c. Title of proposed program.
2. Executive Summary
3. Technical Approach
4. Draft Work Plan
5. Draft Branding and Marking Plan
6. Detailed Draft Activity M&E Plan: including clearly defined development hypothesis, performance monitoring, learning approach and resources, indicators, baselines, and targets

for output, outcome, and impact level monitoring, as well as benchmarks for performance over the implementation period.

### **3. Cost Evaluation**

Following the review process (Phase I and Phase II), a final cost application will be requested from the apparently successful applicant. A review of cost realism will be conducted on the summary budget application. Cost has not been assigned a score but will be evaluated for general reasonableness and cost effectiveness. The applicant's cost application will be evaluated to ensure it is a realistic financial expression of the proposed project and does not contain estimated costs which may be unreasonable or unallowable.

**Cost negotiations will be conducted with only the apparently successful applicant.** If a mutually satisfactory award cannot be negotiated, the Agreement Officer will notify the applicant that negotiations have terminated, and the Agreement Officer will initiate negotiations with the second most technically acceptable applicant. This procedure will continue until a mutually satisfactory award has been negotiated. The final cost application may be adjusted, for purposes of evaluation, based on the results of the detailed budget review and its assessment of credibility, completeness and for: 1. Allowable Costs (2 CFR 200.403) 2. Reasonable Costs (2 CFR 200.404) 3. Allocable Costs (2 CFR 200.405).

### **Determination of Award**

Following the recommendation of the Merit Review Committee, the Agreement Officer will make an award determination.

The Agreement Officer's decision regarding funding of an award is final and not subject to review. Any information that may impact the Agreement Officer's decision shall be directed to the Agreement Officer.

**Authority to obligate the U.S. Government:** The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds.

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

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

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

### **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](#).

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

### **3. Reporting Requirements**

- **Financial Reporting:**

Financial Reports must be in keeping with 2 CR 200.328. The SF 425 and the SF 425a will be used to report actual expenditures and are required on a quarterly basis. Quarterly financial reports within 30 days of the end of the reporting period must be submitted to the Agreement Officer (AO) and Agreement Officer's Representative (AOR) via email.

- **Performance Reporting**

The Recipient must submit a reporting format for the AOR's approval prior to the submission of the reports.

- a) **Quarterly progress reports** not to exceed 20 pages excluding annexes within 30 days of the end of the reporting period (project calendar). Quarterly progress reports should reference work plan activities, planned and implemented during the quarter, brief description of significant events during the reporting period, status of overall project progress and performance on key indicators, activities completed and not completed, results towards activity objectives, quarterly funds expended and projected by activity, total program expenses to date, and estimated amounts still available, pipeline analysis, and anticipated burn rates. The reports may cover cross-cutting areas

and show the synergistic results of the activity. Quarterly reports should include success stories (not more than two-pages in length each). Success stories may be submitted during the quarter in question or along with the quarterly report.

- b) The **Fourth quarter or Annual Report** shall include an annual summary of performance and shall follow the same format as the quarterly reports, but additionally shall focus on accomplishments, progress, and problems toward achievement of results, performance measures, indicators and benchmarks tied to the Annual Implementation Plan and the Performance Management Plan targets, for the quarter and the entire fiscal year. The final quarterly report of each fiscal year shall incorporate an annual cumulative result of data of indicators. It should also present lessons learned and make specific recommendations for further strengthening of the targeted intervention areas.
- c) **Final Report.** The final report should follow the format and content guidelines for the annual report and include information from the entire activity implementation period. The Recipient shall submit the original and one copy to the Agreement Officer, the AOR, and to the Development Experience Clearinghouse (DEC). Submission instructions to DEC can be found at: <http://dec.usaid.gov> .

#### **4. Environmental Compliance**

a) 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 201.3.4.5c. 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. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA/cooperative agreement.

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

(c) No activity funded under this [CA] 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.")

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

(e) 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.

(f) 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.

A Categorical Exclusion is recommended for the following classes of activities, as per CFR §216.2(c)(2): (i) education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.); (v) document and information transfers; (xiv) studies, projects or programs intended to develop the capability of recipient countries to engage in development planning, except to the extent designed to result in activities directly affecting the environment (such as construction of facilities, etc.); and (xv) activities which involve the application of design criteria or standards developed and approved by USAID.

This activity is captured under the Initial Environmental Examination (IEE) "LHS". The IEE was concurred by the Bureau Environmental Officer, Brian Hirsh on May 24, 2022. It was approved by the USAID/Liberia on May 11, 2022. The majority of current and planned activities have received categorical exclusions and negative determination with conditions. The IEE covers the period May 2022 to September 2028.

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

### **1. NOFO Points of Contacts**

**Ruth D. Caesar-Hne**

Assistance Specialist

Email: [rcaesar-hne@usaid.gov](mailto:rcaesar-hne@usaid.gov)

**Greg Taitt**

Senior Acquisition & Assistance Professional

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

### **2. Acquisition and Assistance Ombudsman**

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

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

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

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

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

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

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## ANNEX 1 - STANDARD PROVISIONS

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

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

and <https://www.usaid.gov/ads/policy/300/303mat>). The actual Standard Provisions included in the award will be dependent on the organization that is selected (or the type of award, in the case of a fixed amount award). The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations, as appropriate. The award will also contain the following “required as applicable” Standard Provisions:

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

**MANDATORY AND REQUIRED AS APPLICABLE STANDARD PROVISIONS**

<b>MANDATORY STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL ORGANIZATIONS</b>
M1. APPLICABILITY OF 2 CFR 200 and 2 CFR 700 (NOVEMBER 2020)
M2. INELIGIBLE COUNTRIES (MAY 1986)
M3. NONDISCRIMINATION (JUNE 2012)
M4. AMENDMENT OF AWARD (JUNE 2012)
M5. NOTICES (JUNE 2012)
M6. SUBAWARDS AND CONTRACTS (DECEMBER 2022)
M7. OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT (DECEMBER 2022)
M8. USAID ELIGIBILITY RULES FOR GOODS AND SERVICES (MAY 2020)
M9. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (JUNE 2012)
M10. DRUG-FREE WORKPLACE (JUNE 2012)
M11. EQUAL PARTICIPATION BY FAITH-BASED ORGANIZATIONS (JUNE 2016)
M12. PREVENTING TRANSACTIONS WITH, OR THE PROVISION OF RESOURCES OR SUPPORT TO, SANCTIONED GROUPS AND INDIVIDUALS (MAY 2020)
M13. MARKING AND PUBLIC COMMUNICATIONS UNDER USAID-FUNDED ASSISTANCE (DECEMBER 2014)
M14. REGULATIONS GOVERNING EMPLOYEES (DECEMBER 2022)
M15. CONVERSION OF UNITED STATES DOLLARS TO LOCAL CURRENCY (NOVEMBER 1985)
M16. USE OF POUCH FACILITIES (AUGUST 1992)
M17. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
M18. OCEAN SHIPMENT OF GOODS (JUNE 2012)
M19. VOLUNTARY POPULATION PLANNING ACTIVITIES – MANDATORY REQUIREMENTS (MAY 2006)
M20. TRAFFICKING IN PERSONS (April 2016)
M21. SUBMISSIONS TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE AND PUBLICATIONS (JUNE 2012)
M22. LIMITING CONSTRUCTION ACTIVITIES (AUGUST 2023)
M23. USAID IMPLEMENTING PARTNER NOTICES (IPN) PORTAL FOR ASSISTANCE (JULY 2014)
M24. ENHANCEMENT OF RECIPIENT EMPLOYEE WHISTLEBLOWER PROTECTIONS (DECEMBER 2022)
M25. SUBMISSION OF DATASETS TO THE DEVELOPMENT DATA LIBRARY (OCTOBER 2014)
M26. PROHIBITION ON REQUIRING CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS OR STATEMENTS (MAY 2017)
M27. CHILD SAFE GUARDING (June 2015)
M28. MANDATORY DISCLOSURES (JUNE 2023)
M29. NONDISCRIMINATION AGAINST BENEFICIARIES (November 2016)
M30. CONFLICT OF INTEREST (August 2018)
M31. PROHIBITION ON CERTAIN TELECOMMUNICATION AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT (DECEMBER 2022)
M32. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2022)
M33. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (DECEMBER 2022)
M34. EXCHANGE VISITORS VISA REQUIREMENTS (DECEMBER 2022)
<b>REQUIRED AS APPLICABLE (RAA) STANDARD PROVISIONS FOR U.S. NONGOVERNMENTAL ORGANIZATIONS</b>
RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (For-Profit) (DECEMBER 2022)
RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
RAA5. (Reserved)
RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (DECEMBER 2022)
RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
RAA12. INVESTMENT PROMOTION (DECEMBER 2022)
RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
RAA18. [RESERVED]
RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
RAA23. UNIVERSAL ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM) (DECEMBER 2022)
RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2022)
RAA25. PATENT REPORTING PROCEDURES (DECEMBER 2022)
RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
RAA28. [RESERVED]
RAA29. RESERVED
RAA30. PROGRAM INCOME (AUGUST 2020)
RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

## **ANNEX 2 - SUMMARY BUDGET TEMPLATE**

See link below for summary budget template:

<https://apply07.grants.gov/apply/forms/readonly/SF424A-V1.0.pdf>