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Subject: **Notice of Funding Opportunity Number (NOFO): 72063624RFA00002**

Program Title: Strengthening Integrated Health Services Activity (SIHSA)

Federal Assistance Listing Number: 98.001- USAID Foreign Assistance for Programs Overseas

Ladies and Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement with a Total Estimated Amount of \$45,000,000 from qualified entities to implement the program entitled “**Strengthening Integrated Health Services Activity (SIHSA)**” in Sierra Leone. Eligibility for this award is not restricted. The authority for this funding opportunity is found in the Foreign Assistance Act of 1961, as amended.

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

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on [www.grants.gov](http://www.grants.gov), and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on [www.grants.gov](http://www.grants.gov) or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

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

Strengthening Integrated Health Services Activity (SIHSA)  
Notice of Funding Opportunity Number: 72063624RFA00002

Please send any questions to the point(s) of contact identified in Section G. 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 Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the applicant, and all preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

**Edel Perez**

Edel Perez-Campos  
Agreement Officer

 Digitally signed by Edel Perez  
Date: 2024.03.13 15:09:48 Z

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## **SECTION A: PROGRAM DESCRIPTION**

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

### **I. Introduction**

USAID anticipates awarding a five year cooperative agreement (CA) to advance and sustain improved health outcomes for Sierra Leoneans with a focus on, but not limited to: children under five, pregnant and postpartum women, youth and especially adolescent girls, and women and children living in hard-to-reach areas with limited access to health services. Special attention will be paid to those especially vulnerable within these groups, such as the disabled, gender and sexual minorities (GSM), and ethnic and religious minorities. The Strengthening Integrated Health Services Activity (SIHSA) project will include awarding a five-year cooperative agreement and two-to-three transition awards in related health interventions to local partners in the latter half of the CA.

SIHSA seeks to build a sustainable and resilient health system response to improving access, quality and effectiveness of family planning (FP), reproductive health (RH), maternal, newborn and child health (MNCH), adolescent health, and malaria services. In addition, SIHSA aims at strengthening communities' active engagement for community-driven solutions to improve health outcomes. Finally, SIHSA seeks to promote a paradigm shift within the health system, supporting system-wide action, especially at community and district levels, including reforms that act on the foundations of the health system and create opportunities for partnering with the local civil society and private sector for improved health outcomes.

Sierra Leone is at a crossroad, transitioning from complex humanitarian interventions - such as in response to the Ebola crisis - to building resilient, effective, and sustainable health systems. The United States Government has provided a significant amount of resources to bolster the emergency response and invested hundreds of millions of dollars towards strengthening Sierra Leone’s routine and emergency health infrastructure. SIHSA seeks to build on this investment and strengthen the existing health system of the country and increase the accountability and sustained commitment of the government, private sector, and civil society for improved health outcomes. SIHSA aims to sustainably improve the effectiveness, efficiency, and quality of the health service delivery systems, especially at district and community levels in alignment with national policies and initiatives and resulting in increased, sustained leadership, commitment, and accountability. It is important to note that SIHSA aims to strengthen existing structures, local entities, systems, and tools at all levels as defined in the Sierra Leone National Health Sector Strategic Plan 2021-2025 and other national strategies.

While this project recognizes that strengthening essential public health functions is critical to

improving health outcomes, SIHSA also recognizes the pattern of repeated humanitarian crises which can significantly affect progress towards building a resilient health system. Given the potential of a global or public health crisis, SIHSA seeks to include a rapid response fund which would increase the flexibility to respond quickly to emerging public health crises such as the one Sierra Leone faced during the Ebola outbreak in 2014, the mudslide in 2017, and the COVID-19 pandemic in 2019. Rapid response funds would allow the recipient to undertake additional early actions in the event of a public health emergency.

SIHSA also seeks to demonstrate innovative models and approaches to galvanize community-led solutions and incorporate sustainable civil society and private sector solutions to improve the quality of family planning, reproductive, maternal, newborn, child, adolescent health, and malaria services. In addition to demonstrating private sector engagement (PSE), SIHSA seeks to support the development of a conducive environment for increasing PSE that builds on the approach of the USAID global program Frontier Health Markets and other development partners' programs.

In line with USAID's Localization Agenda, Local Capacity Building Policy, and New Partners Initiative, SIHSA is expected to build the capacity for transition awards to local organizations and prepare them to be direct recipients of U.S. Government funding. The SIHSA prime recipient will identify 2-3 local organizations to build their technical and organizational capacity during years 1 and 2 of the award, for a transition award in year 3 of the activity.

### **Project Goal:**

**Health outcomes of Sierra Leonean women, youth, and children sustainably improved, especially those living in hard-to-reach areas with limited access to health services.**

This will be accomplished through progress towards five results:

1. Access to and quality of primary health care services (defined as family planning (FP), reproductive health (RH), maternal, newborn, and child health (MNCH) and Malaria) improved.
2. Key health behaviors adopted and sustained by individuals, households, and communities.
3. District management, leadership, and governance of health improved.
4. Functional and technical capacity improved for local organizations in the health sector.
5. National accountability for primary health care services increased.

SIHSA has been designed in close collaboration with key stakeholders, including the Ministry of Health (MOH), World Bank (WB), the United Kingdom's Foreign, Commonwealth Development Office (FCDO), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). In addition, input was received from international NGOs (INGOs), local NGOs (LNGOs), U.S. and international organizations was sought through a Request for Information (RFI).

Additionally, expert recommendations were provided by USAID's Bureau for Global Health and a consultant from USAID's Global Health Technical Assistance and Mission Support Project (GH-TAMS).

**Geographic Focus:**

SIHSA is designed to complement and leverage MOH priority initiatives and coordinate with other development partners' investments. Specifically, SIHSA seeks to coordinate with the WB-funded *Quality Essential Health Services and Systems Support Project* in five districts and at the national level; the FCDO follow-on to *Saving Lives in Sierra Leone*; and the GF's investments to improve malaria services. To address the high newborn mortality, SIHSA will leverage lessons learned from the UNICEF/MOH initiative that supported the establishment of Special Care Baby Units. Successful Applicants will liaise and coordinate closely with the MOH, the WB, FCDO, UNICEF, and GF to harmonize approaches and catalyze investments.

Based on consultations with the WB and FCDO, USAID identified five districts for focused integrated primary health care services (FP, MNCH, RH, and malaria). USAID, through the U.S. President's Malaria Initiative (PMI), has been supporting malaria activities in ten districts and, under SIHSA, five districts will have an integrated package of services (MNCH/FP/RH/malaria). In the other five districts, SIHSA will only support malaria interventions. In three of these districts, PMI has provided incentives to community health workers (CHWs). SIHSA is expected to continue this (see Table 1 below) in the short-term. Financial investment by USAID in community health systems is strongly encouraged to be done with co-investment with the Sierra Leone government and key donors like Global Fund, GAVI (the vaccine alliance), and other partners. Therefore, SIHSA will work with USAID, MOH, GAVI, and Global Fund to design a sustainable long-term local integration strategy and plan that ensures continued payment of CHW incentives with non-USAID resources. The prime recipient is expected to submit a "Local Integration Plan" by the end of the first year that will guide SIHSA goals, objectives, and subsequent annual work plans and operations. Collaboration among the key donors will be critical to ensure there is no overlap and that lessons are widely shared.

Table 1 - District Focus by Donor and Technical Area

World Bank Districts	USAID		FCDO
	Integrated Districts (Malaria)	Services (MCHN/FP/ Malaria-only Districts)	
Bonthe Falaba Kailahun Tonkolili Western Area Rural	Pujehun (CHW) Port Loko Bo Karena Koinadugu	Falaba (CHW) Kailahun (CHW) Bombali Kenema Kono	Western Area Urban Kambia Moyamba Kenema Kono Bombali

## II. Health Overview

Sierra Leone has an estimated population of 8.1 million people, with 51% female and 49% male (Sierra Leone Population and Housing Census, 2015). It is estimated that 53% of the population is under 20 years of age, with 2,000,000 being adolescents between 10-19 years of age. The median age at first marriage among women aged 20-49 is 19.8 years (Sierra Leone Demographic and Health Survey (DHS, 2019). Early marriage and teenage pregnancy continue to contribute to maternal complications and death. While Sierra Leone has made progress, health outcomes remain some of the lowest in the region, especially for women, youth, and children. Key health indicators from the DHS are included in Table 2 below and from the Malaria Indicator Surveys in Table 3.

Table 2: Indicators from the Demographic and Health Surveys

Indicator	2008	2013	2019
Maternal deaths per 100,000 live births	857	1165	717
Antenatal care coverage	87%	97%	98%
Delivery assisted by skilled birth attendant	42%	60%	87%
Infant Mortality per 1,000 live births	89	92	75
Under-five mortality per 1,000 lives	140	156	122
Vaccination coverage	40%	68%	56%

Neonatal mortality per 1,000 live births	36	39	31
Nutritional status of children: stunted	36%	38%	30%
Nutritional status of children: wasted	10%	9%	5%
Exclusive breastfeeding	54%	32%	11%
Modern contraceptive prevalence rate	7%	16%	21%
Unmet Need for family planning		25%	24%
Malaria in Pregnancy: IPTp (3 doses)	5%	21%	36%
Case management of malaria in children <5	32%	37%	

Table 3 - Key health indicators from the Malaria Indicator Surveys

Indicator	2016	2021
% Households with at least one ITN	60%	61%
% Children <5 who slept under an ITN the previous night	44%	76%
% Pregnant women who slept under an ITN the previous night	44%	87%
% Children receiving an ACT among children <5 with a fever in the last two weeks who received any antimalarial drug	97%	91%

## A. HEALTH CARE IN SIERRA LEONE

### a. GOVERNMENT HEALTH SERVICES

Sierra Leone's health system is decentralized according to government organization, which includes the national government and 16 District Councils (DC). At the national level, the MOH is responsible for providing strategic directions, technical support, resource mobilization, staff capacity building, and ensuring that quality standards and controls are in place. The national budget for the MOH is for these functions. The District Health Management Teams (DHMTs) are responsible for planning, managing, and monitoring promotive, preventive, and curative health services, including for reproductive health, family planning, adolescent health, maternal and

newborn health, child health, immunizations, malaria, HIV, tuberculosis, and other essential services. District Councils, with input from the DHMTs, develop annual budgets which they send to the Ministry of Finance at the national level for approval and disbursement of funds to support district provision of these essential health services.

Most health service delivery is provided by the public sector and is organized in three tiers. The Peripheral Health Units (PHU) is comprised of community health centers (CHCs), community health posts (CHPs), and maternal and child health posts (MCHPs) that provide primary care services; 2) district hospitals provide secondary care; and 3) regional/national hospitals provide tertiary care. Each level of care has clearly defined functions as delineated in the National Sierra Leone Basic Package of Essential Health Services 2017-2020.

The MOH relaunched a Community Health Worker (CHW) Initiative in 2021 to provide integrated services at community level, linked to PHUs. While the CHW Program is fundamental to the delivery of primary care services, currently the program is supported and funded by development partners and CHWs are not officially under the government payroll. They will receive financial incentives based on their location (easy vs. hard to reach) through development partners, such as USAID, GF, and GAVI. Although several challenges hinder the quality and sustainability of the CHW program, the MOH and partners are working on a strategy for the MOH to fund CHWs in the future. Challenges under the CHW program include difficulty in reaching the target of having 60% of CHWs female, lack of full integration with different programs, extensive workload and household coverage, limited supervision, commodities stock-outs due to supply chain issues, and data collection and use. In addition to CHWs, there are other community health structures: Mothers' Support Groups, Facility Management Committees and Village Development Committees, and Traditional Birth Attendants, which are important in ensuring quality health services are available at the community level.

#### **b. PRIVATE SECTOR HEALTH SERVICES**

The role of the private (for profit or not-for-profit) health sector is very small in Sierra Leone. Most health services are offered in government facilities and are financed predominantly by the government and donor agencies. The \$60 million Quality Essential Health Services and Systems Support Project funded by the World Bank (WB, 2022-2028) seeks to increase private sector engagement. In January 2020, it funded a Private Health Sector Assessment, which showed only six percent of health service delivery units were private. In addition, USAID Frontier Health Markets (FHM) conducted a health market scoping activity to inform local health market development strategies and approaches, specifically targeting youth-oriented services. Per the Private Health Sector Assessment, several issues impact private sector engagement:

- Limited common understanding on private sector engagement opportunities.
- Limited understanding of local private sector actors and their roles in health provision.
- Limited reporting of private sector data into the public health management information systems.

- Limited inclusion of the private sector providers in supportive supervision visits and training.
- Private health sector is not well organized.

SIHSA will coordinate and collaborate closely with the WB project and the USAID-funded FHM and other stakeholders in the private sector to ensure complementarity of efforts.

### **c. LOCAL HEALTH ORGANIZATIONS**

A recent partner landscape analysis (PLA) (please see ANNEX 7) of a broad range of health organizations found that local entities face several challenges. As most are donor-dependent and funding is not always consistent, recruiting and retaining skilled staff is a major issue that makes it difficult for local NGOs (LNGOs) to compete with INGOs. This further strains their abilities to hire and recruit skilled staff long-term, creating a vicious cycle. The PLA also found that LNGOs often lack deep technical expertise in health, again due in part to donor-driven priorities and funding. Some LNGOs engage in health programming as a part of a broader focus but not as an area of expertise, while others implement disparate health activities where integration of such activities is rare as these are funded by different donors. The PLA highlights that local entities are committed to their communities and often work through a vast network of community-based organizations, thus LNGOs know their context well. However, these LNGOs often lack capacity in responding to USAID solicitations. Building the capacity of LNGOs to be able to receive transition awards will be critical for the success of SIHSA.

## **B. HEALTH CONCERNS**

### ***Malaria***

With stable and perennial transmission, malaria is endemic throughout the country. The entire population is at risk of malaria; data show that malaria is a significant cause of deaths for all, including adults. However, children under five years of age and pregnant women are the most vulnerable, with malaria being the leading cause of illness and death.

The National Malaria Elimination Strategic Plan 2021-2025 (NMESP) clearly defines key strategies to accelerate malaria control interventions and move towards a malaria-free Sierra Leone. The overall strategy adopted by the National Malaria Control Program (NMCP) includes vector control through distribution and use of long-lasting insecticidal nets and indoor residual spraying, intermittent preventive treatment in pregnancy, and effective treatment of positive malaria cases. (See Annex A for more information on malaria programming and priorities)

### ***Maternal, Newborn, Child, Adolescent Health***

Improving maternal, newborn, child, and adolescent health is a priority of the government as the country has some of the highest maternal, newborn, and child mortality rates in the world. The overall maternal mortality ratio is estimated at 443 maternal deaths per 100,000 live births (GoSL, 2020), with the major causes of maternal mortality being hemorrhage (43%); hypertension (17%); other obstetric complications (13%); and sepsis (11%) (Maternal Death Surveillance and Response Annual Report - MOH, 2019). Further, per the Annual Report, 81% of the maternal

deaths occurred in a health facility, while 11% occurred in the community and 8% occurred while women were in transit to a health facility. Sierra Leone also has one of the highest rates of adolescent pregnancy in the world. According to the 2019 DHS, 21 percent of girls between the ages of 15 and 19 were found to have begun childbearing, 8.6 percent of women aged 20–24 years interviewed had married before the age of 15 years, and 29.6 percent had married before the age of 18 years. The high prevalence of adolescent pregnancy contributes to high maternal mortality.

While infant and child mortality rates have declined over time (DHS 2013, DHS 2019), they remain very high, with infant mortality at 75 deaths per 1,000 live births and under five mortality at 122 deaths per live births. Neonatal mortality contributes 41% of infant deaths, with an estimated 31 deaths per 1,000 live births. The major causes of neonatal death are preterm birth complications (42%), intrapartum related events (25%), pneumonia (8%), and sepsis (6%). The under-five mortality is highest in rural areas, among children of mothers who are less than 20 years old at birth, children born after a short birth interval (less than 24 months), and among children whose mothers are in the lowest wealth quintile (DHS, 2019). An assessment team (UNICEF and USAID) identified key priorities to improve neonatal health care, including strengthening capacity for resuscitation and essential newborn care at all delivery points, with a focus on filling identified gaps around immediate and continuous skin-to-skin contact and early initiation of exclusive breastfeeding (Kangaroo Mother Care model). The limited availability of medical equipment, diagnostics, and medicine for newborn care is an issue across the country.

Universal immunization of children against common vaccine-preventable disease is also crucial to reducing child morbidity and mortality. However, only 56% of children between the ages of 12 and 23 months have received all basic vaccines. Acute respiratory infection (ARI) is also among the leading causes of childhood mortality and morbidity as early diagnosis and treatment rates are low.

### ***Family planning***

Despite nearly universal knowledge of contraceptive methods according to the 2019 DHS (98% of currently married women and 99% of men know at least one modern method), many issues hinder access to and use of contraception and contraceptive prevalence is low with 24% of all women 15-49 years using modern contraception. Modern contraceptive use varies per district, between urban and rural areas, and among women based on marital, educational, and economic status. Further, 25% of married women, including married adolescents, do not have access to modern contraceptive methods for spacing or limiting births. Addressing this unmet need for modern contraception has remained challenging. The proportion of married women who have unmet need for spacing births is highest among married adolescents (15-19 years old), with more than a quarter (27.6%) having unmet needs and only a third of married adolescents (34%) have demand for family planning satisfied (DHS 2019). In addition, health workers' attitudes; limited counseling skills including postpartum; limited tailoring of services to adolescents; and limited continuous supplies of FP commodities all contribute to low contraceptive use.

### **III. PROJECT PROBLEM STATEMENT**

- **Limited leadership, governance, and accountability of the MOH at Central and District Levels:**

The country has developed a five-year National Health Sector Strategic Plan (2021-2025) with a vision of a health system that is of quality, effective, efficient, and equitable. Numerous policies and strategies have been developed to promote quality of care. For example, Sierra Leone's five year Reproductive, Maternal, Newborn, Child, and Adolescent Health strategy (2017-2025) aims to accelerate reduction of preventable deaths of women, children, and adolescents. Policy prioritization, dissemination, and operationalization are insufficient at all levels across both public and private facilities. This has led to the fragmentation and limited integration of quality of care (QoC) efforts by all stakeholders. Limited coordination with donors, civil society, and private sector all contribute to health sector fragmentation and duplication of efforts, and insufficient capacity hinders MOH's ability to lead, coordinate, and ensure accountability.

- **Limited access to and quality of malaria, reproductive, maternal, newborn, child, and adolescent health services:**

Poor health outcomes in all service areas (maternal, child, and adolescent health, and malaria) are caused by chronic underfunding that leads to poor quality and inefficient service delivery, and access limited by social and economic barriers. Additional factors contributing to the low quality of essential health services include the lack of health facility infrastructure: about 65% of the PHUs lacked safe water supplies and electricity. While District Councils submit annual budgets, they are not fully funded and funds often arrive late. This limited allocation has detrimental consequences across the board, from retention of well-trained health workers at PHU level, especially in rural or hard to reach areas, to health worker capacity and motivation, and adequacy of health facilities and referral systems. For example, only 56% of essential medicines are available across health facilities. The 2017 Service Availability and Readiness Assessment report found that while primary health care facilities were generally available across the country, many did not meet the basic health services package quality standards.

Attitudes of health workers also contribute to public mistrust of the health system, leading to poor health outcomes. The National Quality of Care Road Map 2017-2021 reported that health care workers' attitudes need to be addressed as often there are breaches in confidentiality and privacy and a lack of respect, especially toward maternity patients. In some studies women have reported not being respected, being neglected, and being discriminated against because of gender and poverty.

- **Limited adoption of key essential healthy behaviors**

Many factors hinder the adoption of essential healthy behaviors. Some are associated with the socio-cultural and/or gender norms of communities, others are associated with the distrust communities often have regarding health workers. Often, rural communities prefer to seek health support first from traditional healers and influential women or elders rather than from a trained health provider. Long-standing distrust of health care workers can be traced to health workers requesting informal fees, attitudes, and absenteeism. Increasing knowledge of healthy behaviors without addressing these underlying issues and attitudes is not sufficient.

- **Limited use of quality data for decision making at all levels:**

The backbone of the health information system is the District Health Information System 2 (DHIS 2). All health-related data from hospitals, PHUs, and community (CHWs) are expected to be entered at district level through the DHIS2. Data quality is an issue due to stockouts of essential registers and summary tools, and inadequate capacity in data management. Analyzing data for decision making is also limited across all levels. Further, at community level, there is no harmonized approach to community-based monitoring. Many civil society organizations (CSOs) use their own data reporting systems and tools and private sector facilities rarely share their data with the public sector.

At all levels, data management and use are hindered by lack of capacity. At the central level, while the Directorate of Policy Planning and Information has the mandate to analyze health management information system data and develop or improve programs based on data analysis, often the MOH offices lack the capabilities to do this. Review of data is often done by sector (i.e., family planning, malaria, maternal health, child health) with limited discussion of identifying key priorities across sectors. Data use and feedback between central level and districts remains poor (See Annex B: DHIS2 Evaluation Report). Staffing at the district level is inadequate and, according to a 2019 MEASURE Evaluation report, there are no formal guidelines on staffing qualifications for the national and district levels. Additionally, most health facilities, including associated CHWs, are constrained in using data for improving service delivery as they often lack the analytical skills.

**IV. PROJECT RESULTS FRAMEWORK**

<b>Goal: Health outcomes of Sierra Leonean women, youth, and children sustainably improved, especially those living in hard-to-reach areas with limited access to health services</b>				
<b>R1. Access to and quality of primary health care services (defined as FP/RMNCAH and Malaria) improved. (Estimated LOE: 25%)</b>	<b>R2. Key healthy behaviors adopted and sustained by individuals, households, and communities. (Estimated LOE: 25%)</b>	<b>R.3 District management, leadership, and governance in health improved. (Estimated LOE: 25%)</b>	<b>R.4 Functional and technical capacity improved for local organizations in the health sector. (Estimated LOE: 15%)</b>	<b>R.5 National level accountability for primary health care services increased. (Estimated LOE: 10%)</b>
1.1 Access to primary health care essential services increased	2.1 Promotion and adoption of healthy behaviors grounded in tailored social and behavioral change strategies	3.1 Capacity for DHMT and District Councils to coordinate, plan, budget, mobilize resources, and account for health services improved	4.1 Direct funding of selected SIHSA interventions through local partners beginning in year three of SIHSA implementation.	5.1 National coordination and integration strengthened
1.2 Core competency and skills of health care workers improved	2.2 Social accountability systems functioning	3.2. Capacity of DHMTs to monitor and conduct integrated supervision systems improved (HFs, CHWs)	4.2 Capacity of LNGO prime partners to implement USAID agreements improved	5.2. Supportive supervision/QI systems to monitor and support DHMTs functioning
1.3 Community health	2.3 Community-led	3.3 DHIS2 and LMIS	4.3 Capacity of LNGO prime	5.3: Government capacity to

systems (CHWS, MSGS, FMCs) improved	solutions for improved health demonstrated and scaled	data collection and reporting improved (timeliness, accuracy, completeness) and used for quality and equity improved	partners as advocates and leaders improved	engage with civil society and private sector strengthened
1.4 Referral systems from community structures to facility and vice-versa strengthened		3.4 Local partnership models demonstrated		
1.5 Potential for private sector engagement demonstrated				

Note that SIHSA prioritizes activities at the district level: namely, working with DHMTs, PHUs, and Community Health Systems.

**A. Theory of Change:**

**If** the access to and quality of primary health care services improves; and  
**If** key health behaviors are adopted and sustained by individuals, households, and communities, strengthening community ownership; and  
**If** district management, leadership, and governance in health improves; and  
**If** national level accountability for primary health care services increases; and  
**If** private sector and civil society engagement is enhanced;

**Then**, health outcomes of Sierra Leonean women, youth, and children will sustainably improve.

**B. Results, Intermediate Results, and Expected Outcomes**

**A. Results**

The high-impact level outcomes to be achieved by the SIHSA activity are consistent with goals of the Government of Sierra Leone's *Reproductive, Maternal, Neonatal, Child, Adolescent Health & Nutrition Strategy (2017 –2025)*, which is, in turn, fully aligned with the five impact level targets of the World Health Organization (WHO) *Global Strategy for Women and Children's and Adolescent Health (2016 -2030)*.

SIHSA's planned health systems strengthening activities and the improvements that SIHSA will make to the quality of and access to primary health care services are expected to contribute towards the high-impact level targets of the Sierra Leone government and the WHO Global Strategy.

Outcomes that the SIHSA activity will achieve in its respective districts during its five years are expected to contribute towards select targets planned for Sierra Leone's *Reproductive, Maternal, Neonatal, Child, Adolescent Health & Nutrition Strategy* as follows:

- To reduce the maternal mortality ratio, contribute towards the Sierra Leone goal level target:
  - Reduce maternal mortality ratio from 717 per 100,000 live births (2019) to 300 per 100,000 live births by 2025.
- To reduce the stillbirth rate, contribute towards the Sierra Leone goal level target:
  - Reduce stillbirth rate from 24 per 1,000 total births to 18 per 1,000 total births by 2025.
- To reduce neonatal and under-five mortality rates, contribute towards the Sierra Leone goal level target:
  - Reduce under-five mortality rate from 122 per 1,000 live births (in 2019) to 71 per 1,000 live births by 2025.
- To reduce the adolescent birth rate, contribute in the SIHSA intervention districts towards achieving two Sierra Leone goal level targets:
  - Reduce adolescent birth rate from 102 (in 2019) per 1,000 women aged 15-19 years to 50 per 1,000 women aged 15-19 years by 2025.

- Increase modern contraceptive prevalence rate (mCPR) from 21% to 35% by 2025.

The malaria component of the SIHSA activity will focus on high-impact objectives of the United States Presidential Malaria Initiative (PMI), which directly align with the high-impact level goals of the Sierra Leone National Malaria Program as described in the *Sierra Leone National Malaria Elimination Strategic Plan 2021-2025* and the *U.S. President's Malaria Initiative Strategy 2021–2026*. SIHSA's achievements in the ten Sierra Leone Districts where it will operate are expected to contribute substantially towards select malaria high-level targets planned by PMI and the National Malaria Program. This would include:

- Reduce malaria mortality rates by at least 75% compared to 2015. Partners will include the following core areas of strategic focus in order to meet these goals by the end of the award.
  - **Reach the unreached:** Achieve, sustain, and tailor deployment and uptake of high-quality, proven interventions with a focus on hard-to-reach populations in the SIHSA intervention districts.
  - **Strengthen community health systems:** Transform and extend community and frontline health systems to end malaria. This would include investing locally in community health workers and by partnering with communities to lead, implement, and fund malaria interventions.
- Reduce malaria morbidity by 40 percent from 2015 levels in PMI partner countries with high and moderate malaria burden. Partners will be sure to include the following strategies to reach these goals.
  - **Tailor deployment of interventions for maximal impact:** Use the right tools, in the right place, at the right time to meet the special needs of the districts and communities where SIHSA activities are focused. In addition, leverage data for decision-making and monitoring of progress and impact.
  - **Malaria in Pregnancy:** Implement intensive supportive supervision and training to peripheral health units to improve the quality of malaria case management and malaria in pregnancy, systematically evaluating malaria behaviors to inform national strategy and through improvements to HMIS data collection and use by District Health Management Teams (DHMTs).

## B. Intermediate Results and Expected Outcomes

### R1. Access to and quality of primary health care services (defined as FP/RH/MNCH and Malaria) services improved.

Key components of improving equitable access to and quality of primary health care services

include: improving service delivery systems at PHU level, including continuing to build the skills, attitudes, and core competencies of health workers at facility level (MCHP, CHP, CHC) and CHWs to deliver client-centered care; strengthening use of data at the district and health facility level for planning and quality improvement of services; improving the effectiveness of the community health systems (CHWs, MSGs, FMC members); and strengthening referral and follow-up systems across the levels of care from community (CHWs) to PHUs to District Hospitals.

SIHSA will support piloting and scaling-up models at the point of service delivery to improve quality and access of health services; mobilizing community, civil society, and private sector expertise and resources to address barriers that limit access and quality of services; and strengthening integration of technology to improve efficiency and effectiveness of service delivery systems.

### **Illustrative Indicators Result 1.**

To the greatest extent possible, SIHSA will strengthen existing health information systems rather than increase the data burden by collecting activity specific data allowing districts to measure the following from the DHIS 2:

- % of PHUs providing the full package of basic essential health services per the Sierra Leone Basic Package of Essential Health Services 2015-2020
- % of PHUs and district hospitals using DHIS 2 data for planning, managing, budgeting, and quality improvement.
- % of Health Workers who demonstrate core competencies to deliver the basic essential health services (FP/MNCAH/Malaria) at different levels of care including at community level (CHWs)
- % of PHUs receiving regular supportive supervision
- % of Health Workers who demonstrate communication skills to deliver patient-centered care (adolescent care, respectful maternal care, care for people living with disabilities)
- % of children < 5 with fever that have confirmed malaria treated with ACTs
- % of children < 5 years old fully immunized
- % of women in reproductive age using modern contraception for spacing
- % of adolescents (married/not married) sexually active using a family planning method

#### ***1.1 Access to primary health care essential services increased as measured, for example, by:***

- Effective service delivery models are demonstrated or scaled up to reach target populations effectively and efficiently.
- PHUs have functioning outreach services implementing outreach services per the National Community Health Policy.
- Local governance structures and civil society organizations support primary health care at community level.

#### ***1.2 Core competency and skills of health care workers improved as measured, for example, by:***

- Health Workers provide services per the Quality-of-Care Road Map and the Basic Package of Essential Health Services (FP, MNCH, Adolescent Health, Malaria).

- Health workers provide respectful, client-centered care enabling clients (women, adolescents specially) to exercise their rights and fulfill their responsibilities with respect and dignity, considering clients' values and concerns.
- Innovative digital health tools build core competencies of health workers.
- Mentoring and coaching systems provide ongoing support to health workers.

**1.3 Community health systems (CHWS, MSGS, FMCs) improved as measured, for example, by:**

- CHWs provide iCCM including community-based management of malaria.
- Systems for mentoring CHWs function.
- Communication systems between PHUs, Peer Supervisors, and CHWs result in quality improvement.
- The work of existing community health structures is coordinated at local levels.
- The government sustains CHWs by funding incentives or salaries.

**1.4 Referral systems from community structures to facility and vice-versa strengthened as measured by:**

- A systematic referral system routinely transports patients from communities to PHUs to District Hospitals.
- Follow up/communication systems improve continuity of care.
- Health workers refer individuals needing emergency care to the appropriate facility accurately and timely.
- Models for ensuring emergency transportation are demonstrated and/or scaled.

**IR 1.5 Private sector's engagement demonstrated as measured, for example, by:**

- Private Sector Engagement (PSE) demonstrations successfully expand access to health care services and essential medicines.
- Innovative PSE that increases access to health care services and essential medicines taken to scale across SIHSA
- PSE lessons shared across other donor, private sector, and governmental platforms for uptake in Sierra Leone

**R2. Healthy behaviors adopted and sustained by individuals, households, and communities.**

Improving access to and quality of primary health care services is not sufficient to improve health outcomes. Improving health outcomes requires changed behaviors of individuals, households, and communities. Understanding and addressing the economic, gender, social, and cultural norms that hinder adoption of optimal practices, including health seeking behaviors and utilization of health services, is critical to improving health outcomes. This will include overcoming community biases against health facilities and health workers because of perceived poor quality of services and attitudes of health care workers, cultural norms that may favor traditional practices when formal health interventions are needed, or gender biases that affect RH services practice. Addressing these will take time, but they are critical barriers that need to be addressed.

**Illustrative Indicators Result 2**

To the greatest extent possible, SIHSA will strengthen existing health information systems rather than increase the data burden by collecting activity-specific data, for example by measuring the following from the DHIS 2 or other available sources:

- Attitudes of health care providers toward adolescents improved
- % of mothers who practice exclusive breastfeeding for first six months
- % of children under 5 with fever presenting at a health center for malaria testing within 24 hrs.
- % of pregnant women who sleep under ITN
- % of children under five who sleep under ITN
- Number of Facility Management Committees functional per the national guidelines
- Number of communities that have an oversight mechanism in place for local health services (planning, mobilizing resources, monitoring for quality)
- Number of communities that have a plan and finances for emergency transportation

***2.1 Promotion and adoption of key healthy behaviors grounded in tailored Social and Behavior Change (SBC) strategies as measured, for example, by:***

- Tailored, evidence-based, SBC messages are disseminated at scale in alignment with the National Health Promotion Strategy 2017-2021.
- Community actors (CHWs, CBOs, community groups, community leaders, etc.) effectively promote adoption of key healthy behaviors.
- Households and family members adopt key healthy behaviors.

***2.2 Innovative SBC models are demonstrated and scaled up to reach target populations. Social accountability systems functioning as measured, for example, by:***

- Village Development Committees and existing community health structures collaboration strengthened.
- Civil society organizations, Facility Management Committees, and community groups provide oversight of and engage in decision making for local health services (PHUs).
- Community members and civil society organizations are involved in monitoring services provided at facility level (PHUs), and identifying issues that need to be addressed.

***2.3 Community-led solutions for improved health demonstrated and scaled as measured, for example, by:***

- Communities enter into specific local agreements to harness private sector resources to improve quality of health services and continuity of services and supplies.
- Community-led solutions to ensure emergency transport demonstrated.
- Local Councils and Facility Management Committees plan and mobilize resources effectively, leveraging contributions across stakeholders.
- Local NGOs working closely with communities on planning and implementation of

community health activities.

### **R.3 District health management, leadership and governance improved.**

SIHSA aims to strengthen District Health Management Teams' functionality as these teams are responsible for planning, mobilizing resources (financial, commodities and human resources), implementing, and monitoring health programs across sectors. As DHMTs play a critical role in the implementation of health services, SIHSA is expected to allocate a substantial level of effort on this result. SIHSA will also build the capacity of DHMTs to identify and harness other possible partners beyond the public sector to increase reach and quality of health services. For example SIHSA will support DHMT's efforts to establish partnership with local health organizations, and/or for-profit private health and non-health sector. To foster effective public/private partnerships at district level, it will be important to build the capacity of local organizations and private sector entities.

### **Illustrative Indicators Result 3**

- DHMTs operational plans developed using data for decision making and submitted on a timely basis to District Councils
- % of DHMTs who held standards/protocols/clinical guidelines dissemination activities
- % providers are delivering services according to the standards and protocols
- % of DHMTs that conduct regular meetings that include NGOs, private sector, and community representation
- % of DHMTs that systematically implement comprehensive supportive supervision per policy
- % of DHMT using data for planning, funding, monitoring, and QI
- % of DHMTs who systematically share DHIS2 with health facilities (PHUs and hospitals) for lessons learning, planning, and QI
- % of health providers at the district (district hospitals) and community levels (PHUs and CHWs) who received the required number of supervision visits in the past quarter, per policy.
- Percentage of district funds allocated to DHMTs
- Number of CSOs/private sector partners operating at district level
- % of supervisors (peer supervisors or others) regularly providing effective supportive supervision to CHWs.
- % of CHWs who collect and input data into DHIS2 on time

### ***3.1 The Coordination, planning, budgeting, and mobilization of resources for district health services improved as measured, for example, by:***

- DHMTs effectively managing district health budgets
- DHMTs organize multi-sector meetings to address key determinants for improved health.
- Technical working groups at district level function to identify priority gaps and to plan for change for quality improvement.

- DHMTs engage with private sector (health and non-health)
- DHMTs coordinate efforts across different donors, programs.
- DHMTs develop yearly operational plans and budgets.
- DHMTs ability to advocate with District Councils is improved.
- Number of local organizations with increased capacity for advocacy, accountability, and organizational leadership.
- 

**3.2 DHMT monitoring and supervision of health services improved as measured, for example, by:**

- Healthcare providers can deliver services according to government established clinical protocols and norms.
- DHMTs plan and implement streamlined/integrated supportive supervision per schedule.
- DHMTs plan and conduct QI meetings at district and local councils, including with public and private health sector providers and community representatives.
- Systems are in place to integrate community-based feedback, oversight, and input into decision making (IR 2.2-social accountability systems).
- Recognition models for high-performing PHUs or other models (twinning) to improve quality of care are utilized.

**3.3 DHIS2 and LMIS data collection and reporting improved (timeliness, accuracy, completeness) and used for quality and equity improved as measured, for example, by:**

- Health workers at district and facility levels collect, analyze and use health information system data to improve quality of services.
- DHIS2 and LMIS data, including data provided by facilities (PHUs, district hospitals) and CHWs are available, complete, accurate, submitted on a timely basis and used for planning and quality improvement.
- DHIS2 used to develop annual work plans and budgets CHWs and their supervisors regularly meet to discuss performance based on data
- DHMTs have improved capacity to make data-driven decisions across their portfolios.
- DHMT M&E staff train, coach, and supervise health workers in data use.
- Fewer stockouts of essential medicines are seen at district level
- Private sector providers report service delivery information into the DHIS2 platform
- Feedback systems are in place to share DHIS2 with health facilities for quality improvement.

**3.4 Local partnership models demonstrated and local partner capacities strengthened to scaled these up as measured, for example, by:**

- Partnerships with the civil society and private sector (health or non-health for social responsibility) increase at district level.
- Data from civil society and private sector providers is included in the DHIS2 system.
- Civil society and private sector engagement is increased (financial, human resources,

sharing of data) at the district level.

- Civil society and private sector partners provide input into annual district plans and budgets.
- Administrative and technical capacity of civil society and private sector partners to support DHMTs increased

#### **R.4 Functional and technical capacity improved for local organizations in the health sector.**

In line with USAID's Localization Agenda, and to strengthen sustainability and the long-term impact of SIHSA-supported interventions in Sierra Leone, USAID intends to strengthen the organizational and technical capacity of two to three local organizations in order to enable these local organizations to qualify for direct USAID awards and to begin directly implementing selected SIHSA interventions in year three of the SIHSA activity. The prime recipient will support the financial, administrative, managerial and organizational capacity of these local organizations through mentoring and coaching, capacity strengthening, and physical asset transfer. The prime awardee will also be responsible for performing an organizational capacity assessment (OCA) or similar assessment to determine which local organizations will be viable for transition awards. Prior to recommending a local organization for a direct transition award, the recipient must demonstrate that the local organization has met the functional and technical criteria set as follows:

- Local organizations have a strong Human Resources management system with the relevant staff. Knowledge, skills, and abilities to implement selected health components of the SIHSA-supported health services: Family Planning, Maternal Newborn and Child Health, Adolescent Health, and Malaria. .
- Local organizations have proficient financial management systems, IT systems, and internal controls.
- Local organizations are registered in all applicable USG systems and have in place a system to maintain all registrations (for example, System for Award Management). Local organizations have well-defined indicators of success and the ability to monitor their own program performance in a cost-effective and efficient manner.
- Local organizations have demonstrated ability to manage specific technical programmatic areas, such as but not limited to, health governance and advocacy, community level Strategic Behavior Change, clinical mentoring and supportive supervision.
- Local organizations demonstrate working relations and active engagement with host country government officials, in particular, the Sierra Leone Ministry of Health, multilateral and bi-lateral development partners, and USG agencies to build collaborative working relationships.
- Local organizations are able to pass Non-U.S. Organization Pre-award Survey (NUPAS) or a similar detailed analysis in accordance with ADS 303.3.9.1(b)(2) that achieves the same objectives as the NUPAS.

The prime recipient is responsible for developing the local organization's capacity and tracking the organization's progress towards meeting the criteria for a transition award. Fifteen percent of SIHSA's level of effort should be dedicated to local partner capacity strengthening,

and these efforts must be initiated from the start of the award and executed consistently throughout the life of the award.

#### **Illustrative Indicators Result 4**

- Number of local partner organization(s) transitioned to direct U.S. Government assistance to implement specific areas of SIHSA activities.
- Improved capacity of local organizations to strategically plan, manage, finance, and execute programmatic activities.

#### **4.1 Direct funding of select SIHSA interventions through local partners beginning in year three of SIHSA implementation.**

Two to three local organizations should be implementing selected technical areas of SIHSA starting by year three. The SIHSA prime partner will work closely with the Mission's Health Office, the Financial Management Office and Office of Acquisition and Assistance to determine which local partners are best placed to receive transition awards. These decisions will be based on organizations' abilities to demonstrate the above mentioned functional and technical capacity criteria in financial, administrative, and technical management, as well as programmatic need for the transition award.

The recipient will work together with the local organizations during the first two years to develop clear and realistic milestones for the transition of selected components under SIHSA, such as, but not limited to health governance and advocacy, Social and Behavior Change (SBC) at the community level and clinical mentorship and supervision at the health facility level. The prime will be required to develop a Transition Plan to clearly indicate how the capacity building of the local organizations is expected to progress during the first two years of SIHSA implementation.

As part of SIHSA year one work planning, the recipient will modify the initial transition plan submitted as needed with the local organizations, including identification of barriers limiting transition capability and sustainability. The organizational capacity assessments of local sub-recipients that the Prime would conduct during SIHSA's initial year will inform the modifications to the initial transition plan. The recipient is also expected to develop training materials and SOPs, which includes a transition checklist for quality assurance tools for local organizations. The recipient should work with the identified local organization partners to identify their strengths and capabilities and tailor their role in reaching the community and engaging within the health system ecosystem. Local organizations will complement the recipient's investments and the MOH's capacities at the district and community levels. The size and scope of investment will evolve with the expectation that the recipient will be able to expand the local organizations' capacities and capabilities to successfully implement increased investments and make a bigger positive impact on health.

**4.2 Capacity of LNGO prime partners to implement USAID agreements improved as measured, for example by:**

- Local prime partners regularly submitting correct financial reports.
- Local prime partners meeting activity outputs/outcomes/milestones.
- Local prime partners regularly meeting with DHMTs and providing input into DHMT planning processes.

**4.3 Capacity of LNGO prime partners as advocates and leaders improved as measured, for example by:**

- Local prime partners regularly meetings with communities to get their input into planning, implementation, and monitoring of their activities.
- Local prime partners use expressed community needs to advocate for improved service delivery at health center level.
- Local NGOs receive funding for similar activities from other sources.

**R.5 National level accountability for primary health care services increased.**

SIHSA seeks to work with MOH to strengthen its ability to convene as well as improve the effectiveness of existing coordination structures, steering committees, and technical working groups across primary health care programs. In addition, SIHSA seeks to improve MOH supervision (quality and quantity) of health activities at the district level. SIHSA also will contribute, in collaboration with other Development Partners, in strengthening MOH leadership and governance to plan, monitor, and budget for quality services. If SIHSA is successful, MOH will take the leadership to coordinate across development partners to move away from fragmented approaches to more coordinated efforts. SIHSA will contribute to building MOH (DPPI) leadership skills to promote greater alignment across donors, civil society, and private sector with MOH and GoSL's priorities. SIHSA will also provide technical assistance and support to DPPI to implement a range of reforms that strengthens healthcare financing functions around policy development, advocacy and evidence-based designs for implementation. Although, MOH has shown significant interest in creating an enabling environment for health financing, SIHSA recognizes that to ensure the success of the Sierra Leone Health Care Financing Strategy (SLHFS 2021-2025), fostering dialogue on the development of an evidence-based policy initiatives and strengthening advocacy and awareness on healthcare financing are critical steps for SIHSA to support.

**Illustrative Indicators under Result 5:**

- Functioning Quality of Care Directorate.
- Quality of Care Road Map disseminated at District level with District QI Officers.
- Regular, data-driven national consultations on QoC and QI with health stakeholders including the health private sector.
- MOH/HQ regularly conducts supervisory visits to DHMTs.
- Policies in place to promote private sector engagement.
- Policies in place to promote the health sector to share data with the public sector.
- Health private sector organized-or number of private health sector associations.

- Number of private public partnerships.

**5.1 MOH coordination and integration strengthened as measured, for example, by:**

- MOH/DPPI will have increased capacity to coordinate with health donor group members.
- TWGs are streamlined and promote integration of services.
- The annual planning process of the health sector has established systems in place to include DHMT's feedback and MOH support for DHMT planning.
- Coordination meetings to manage SIHSA, FCDO, WB, and other related activities is set up with MOH participation, to improve the provision of primary health care services.
- Sierra Leone increases its domestic resource mobilization for health services (at least integration of CHWs into the formal human resources system of the country).
- MOH support and oversight of health districts increased.

**5.2 Supportive supervision/QI systems to monitor and support DHMTs functioning as measured, for example, by:**

- National Quality assurance/improvement processes are strengthened, adapted for various health cadres (doctors, nurses, midwives, CHWs for example) and services (RH/FP/MNCAH/Malaria) and scaled up.
- All levels of the health system are implementing the Quality-of-Care Road Map
- The Quality-of-Care Directorate in MOH is strengthened and the MOH is managing implementation of the Quality-of-Care Policy framework.
- MOH at the central level is systematically using data for updating policy, planning, and budgeting.
- MOH conducts regular supportive supervision with DHMTs.

**5.3 Government capacity to engage with civil society and private sector strengthened as measured, for example, by:**

- Capacity of MOH Private/Public Sector Unit to engage with private sector health stakeholders is enhanced.
- The Associations of private sector providers have increased capacity to negotiate with GoSL for greater coordination and alignment.
- Private sector providers (facilities and individuals) are reporting data to MOH at appropriate levels.
- Global evidence-based practices to promote private sector engagement are adapted for use in Sierra Leone.
- Partnerships between private sector and public sector health providers are developed and implemented where feasible.

**V. Innovation Programming**

Applicants should think carefully about innovations that may enhance implementation. While

there has been progress in Sierra Leone in the areas being addressed by SIHSA, progress has been slow and needs to be accelerated. Funding innovative ideas in the health systems strengthening space—particularly at the community levels that will lead to sustainable change are strongly encouraged.

SIHSA will promote innovations through crowd-sourcing ideas and other innovative models through "Innovation Programming". The recipient is expected to manage a small-grants fund dedicated to promoting innovative, locally generated ideas that need to be further tested or demonstrated. The goal of the Innovation Programming fund is to galvanize local entities' involvement towards improving health outcomes, to catalyze upon local expertise to promote locally led development. It is expected that the Recipient will allocate a maximum of \$1,000,000 of the total activity budget to create and establish the "Innovation Programming" fund as part of its approach to support the demonstration of innovative models through local partnerships. This innovation programming is separate from the requirement to transition 2-3 sub-recipients during the life of the agreement. This programming is expected to support a minimum of two promising models or innovations with subsequent support for scale up starting year two (2).

#### **VI. Rapid Response/Program Modifier**

Sierra Leone has faced many public health crises from the cholera outbreak in 2012, Ebola outbreak in 2014, mudslide in 2017, and the Wellington Fire in 2019. Given the potential for emerging public health crises, it is expected that the award will include a budget supplemental line item of \$4,500,000 that will be available only when activated and externally funded to respond to emerging public health crises. These funds will enable the recipient to respond efficiently and effectively to rapid-onset natural and/or man-made disasters in the activity's target geographic districts or nationally. It is expected that SIHSA would quickly respond to natural emergencies or crisis-originated emergencies, which can lead to the outbreak of disease and challenges to accessing health services. The recipient must have in place an active shock response plan that guides the use of the crisis modifier.

#### **VII. Transition Awards**

As part of USAID's efforts in strengthening local organization capacity to deliver sustainable high quality family planning (FP), reproductive health (RH), maternal, newborn and child health (MNCH), adolescent health, and malaria services, the prime recipient of SIHSA will be expected to strengthen both the organizational and technical capacity of local organizations throughout the life of the activity. The prime recipient will be required to submit a transition plan identifying 2-3 local sub-recipients which have an expressed interest in becoming USAID prime awardees. The transition plan will detail how the prime recipient will strengthen the administrative, financial, management, and technical capacity of these local sub-recipients during the first two years of SIHSA's implementation to enhance their capabilities to receive direct assistance awards from USAID beginning in year three. It is expected that the prime implementing partner will adequately prepare their sub-recipients' management,

organizational and health technical capacity so that they are able to independently manage significant (a minimum of 20%) technical and budgetary components of the SIHSA activity beginning in year three (3) of the award. The prime implementing partner should expect to shift a minimum of 20% of select SIHSA technical implementation to the select local sub-recipient or sub-awardees once they are granted Transition Awards. The Prime recipient should plan for assuming a mentorship role during the second half of the award period.

## VIII. Guiding Principles

- **Measuring Results**

Monitoring results is a key element of USAID programs. USAID seeks data and information to improve performance and effectiveness as well as to inform planning and management decisions. USAID will require SIHSA performance evaluations that include baseline, midline, and endline assessments to track and demonstrate successful achievement of all results expected of this new activity. The baseline survey, to be completed within 120 days upon award, will establish the baseline against which targets will be set to measure activity progress. The assessment will complement data available from other sources.

In the Program Description, a list of illustrative indicators per result area is provided to guide the Applicants. After the SIHSA award is issued, the awardee will develop a detailed Activity Monitoring and Evaluation Plan (AMELP) to ensure that indicators are well tracked and reported on. The AMELP will enable the awardee and USAID to track implementation, by defining critical performance indicators, data collection methods and by outlining the awardee's plan for sharing and analyzing information. Other required indicators such as standard foreign assistance indicators, to support USAID annual reporting, must also be included as part of the activity's AMELP.

The AMELP and its section on Collaboration, Learning and Adaptive Management (CLA) plan would enable this activity to improve approaches, adapt to changing conditions, and make mid-course corrections as necessary. USAID may also assign a third party to conduct a midterm and final performance evaluation wherein the evaluators will work closely with SIHSA to provide context, relevant staff, and information.

- **Accountability**

SIHSA seeks to build accountability at all levels where results will be shared among communities, health facilities, district level teams, and central level actors. By ensuring that information is available at all levels and is used to strengthen effective quality improvement systems, SIHSA will promote greater transparency and accountability for improved health outcomes.

Building community-level social accountability systems, where communities and representatives of local structures can play an effective role in improving quality is key. Strengthening MOH and GoSL accountability to SIHSA's meeting its objectives is also key. As

SIHSA has been designed through a collaborative process with MOH, the Government (MOH) has a vested interest in seeing a successful implementation of SIHSA that will benefit the people of Sierra Leone.

- **Towards sustainability**

A key USAID priority is the ability of a country to solve its own development challenges. The overall purpose of SIHSA is to increase the GoSL and specifically the MOH's ability to plan and manage their health system and the populations' health. All of SIHSA's interventions must be designed with this in mind, to bring sustained change, beyond the life of SIHSA. SIHSA works through a whole health system approach, MOH at all levels, civil society, private sector, and communities. Strengthening Sierra Leone's health system contributes to building a sustainable, resilient, and country-led response to improving health outcomes beyond the life of activity. As a guiding principle, collaboration and partnership with the MOH, development partners, private sector, and civil society will guide the vision and implementation of SIHSA. While building a sustainable response to strengthening health systems will take time, it is the expectation that SIHSA will strengthen existing structures; will build upon lessons learned and investments (GoSL, USG, Development Partners, and private sector); and integrate an "exit strategy" into its implementation concepts at the beginning of the Activity.

- **Gender**

It is not just USAID policy that all activities must mainstream and integrate gender into their interventions, it is also good development practice. SIHSA will address gender issues regarding adolescent girls and boys (15-19 years old), women and children. Adolescent girls and women's increased risks of poor health outcomes are the result of complex intersecting factors: socio-cultural, economic, education, and related to the distribution of power within households and communities. Socio-cultural norms often limit adolescent girls and boys and women's agency to seek health services. To date, many socio-cultural practices, including early marriage and adolescent pregnancy, keep adolescent girls at increased risk of poor health and wellbeing outcomes. It is expected that SIHSA will provide technical support to MOH and partners (civil society and private sector) to ensure that the primary health care services are gender responsive and equitable for all.

- **Collaboration, Learning, and Adaptive Management**

SIHSA will take an iterative approach to learning and implementation to constantly respond to the needs of the health system. This approach will promote a focus on promising strategies and models, all towards strengthening the health system to be sustainable, resilient, and equitable for all. It will also take into consideration the lessons learned from previous USAID and other development partners' investments. SIHSA seeks to build a sustainable learning culture where MOH continues to lead efforts to improve quality of care through a whole health system approach. To do so will require MOH, civil society, and private sector representatives to actively engage in learning from evidence-based approaches that result in improved equitable quality of primary health care services. SIHSA will promote a rigorous learning agenda, learning from previous investments to rapidly scale up evidence-based promising models, document approaches and innovative models that result in improved health outcomes.

- **Youth-sensitive Programming**

Recognizing that adolescents (15-19 years old), whether unmarried or married, are at increased risks of poor health outcomes, SIHSA will support demonstration of tailored strategies to meet the health needs of adolescents, seeking to increase and support their involvement in program design, implementation, and evaluation per USAID Youth in Development Policy<sup>1</sup>. Building active involvement of adolescents in social accountability systems and in quality improvement processes is key to SIHSA. Building understanding of communities and health workers of adolescents' needs and barriers they encounter will also be part of SIHSA, all to improve access, utilization, and quality of primary health care services for this vulnerable segment of population.

- **Science, Technology, and Innovations**

To the extent possible, SIHSA will harness the potential of the infrastructure, technology, internet, and social media. SIHSA seeks to incorporate science, technology and innovations approaches across all IRs. This integration can take the form of new tools and technologies (eHealth for example), new business practices, and new service delivery models. SIHSA, where feasible, will promote increased integration of technology to improve health system efficiency and effectiveness to improve planning, resource mobilization and monitoring, increase access and quality of health services and increase demand for health services. SIHSA is also expected to build upon efforts to increase access to e-learning/e-coaching to build the capacity of health workers. All interventions need to be realistic, coordinated and strategically integrated in the health system for greater national ownership and sustainability.

- **Locally Led Development**

Locally led development is the process by which local actors set their own development agendas, develop and implement solutions, and bring the capacity, leadership, and resources to promote equitable change and ensure that positive outcomes can be sustained by local people, for local people. Moreover, localization at USAID means shifting leadership, ownership, decision making, and implementation to the local people and institutions who drive change in their own communities. Strengthening the capacity of local actors and organizations through organizational and technical assistance is critical to achieving the goals of USAID's localization agenda which envisions expanding the share of its programs that are locally-led, in which a diverse group of local actors define priorities, design projects, drive implementation, measure and evaluate results, and more fully own and sustain efforts to save lives, reduce poverty, strengthen democratic governance, reduce corruption, address climate change, work to prevent conflicts, respond to global pandemics, and emerge from humanitarian crisis.

One of the ways SIHSA will do this will be to strengthen local organizations to become potential USAID prime partners. Inclusion of local voices at all levels is critical to successful

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<sup>1</sup> USAID Youth in Development Policy:  
[https://www.usaid.gov/sites/default/files/documents/USAID-Youth-in-Development-Policy-2022-Update-508\\_2.pdf](https://www.usaid.gov/sites/default/files/documents/USAID-Youth-in-Development-Policy-2022-Update-508_2.pdf)

implementation. SIHSA ensures the engagement of local organizations through the prioritization of local partners and communities in the activity design and implementation process to ensure local perspectives and priorities in project interventions. To the greatest extent possible, the Recipient will identify local entities and established partners that can contribute to informing and developing community-led interventions.

It is expected that the Prime partner implementing SIHSA will strengthen both the organizational and technical capacity of these local organizations throughout the life of the activity. As part of the transition process, SIHSA will need to ensure that each of these local organizations meet the following criteria:

- Is registered in all applicable USG systems (for example, System for Award Management).
- Has demonstrated technical and management experience and meets initial award capacity strengthening criteria.
- Has the ability to use relevant IT systems.
- Has demonstrated an ability to maintain relationships with stakeholders.;
- Has well-defined indicators of success and the ability to monitor its own program performance in a cost-effective and efficient manner.
- Has the necessary staff with the knowledge, skills, and abilities to carry out a program;
- Has proficiency in financial management systems and internal controls.
- Meets all other USAID pre-award requirements associated with transition awards, including the risk assessment, and the required representations and certifications.

[END OF SECTION A]

## **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 a total estimated amount of \$45,000,000 in total USAID funding over a five (5) year period.

### **2. Innovation Programming**

SIHSA will promote innovations through crowd-sourcing ideas and other innovative models through "Innovation Programming". The recipient is expected to manage a small-grants fund dedicated to promoting innovative, locally generated ideas that need to be further tested or demonstrated. Through this fund, *SIHSA* will support innovative ideas to address key malaria, family planning, maternal, newborn, child and adolescent health problems. The goal of the fund is to galvanize local entities such as private sector companies and civil society organizations' involvement towards improving the quality, equity, and resource optimization for malaria, maternal, newborn, child and adolescent health services. For example, the "*Innovation Fund*" could try to address some of the following questions: how to effectively reach the youths/adolescent population in hard-to-reach communities around the uptake of Family Planning services; or improved demand side innovations that empower women and their families to practice healthy behaviors and be aware of and access health care services during pregnancy, child birth or early postnatal care.

The award would include a budget line item to create and carry out 'Innovation Programming' as part of its approach to support the demonstration of innovative models through local partnerships; therefore, the Recipient will be required to submit a Grants Manual. Once the priority areas for intervention are identified and agreed with USAID, the Recipient will implement a small grants program that provides assistance to small local NGOs and CBOs that offer primary health care services in the priority areas. The total amount of the small grants program is anticipated not to exceed \$1 million throughout the five year SIHSA activity period of performance, given that the awards will be for small NGOs and CBOs whose absorptive capacity is likely limited. Each small grant shall include technical assistance to the sub-awardee to help them strengthen their service provision and to improve their organizational and managerial capacities. These small grants - subawards may also include procurement of health-related equipment or commodities and financial support for salaries, operating costs, special project activities, and training. The dollar value of each subaward shall be established by the Recipient based on proposed selection criteria to be approved by USAID but shall not exceed \$300,000. The Recipient shall manage the sub-awards issued under this grants program and train the sub-awardees on modules related to grants management such as financial training, reporting, and compliance-related issues, as well as technical training on health program areas.

Note that all USAID procurement regulations must be strictly adhered to and all prior approvals, specifically to include all pharmaceuticals, must be obtained prior to procurement by the Recipient or its sub-awardees. As part of the application submitted to USAID, the

Recipient will propose its preferred procurement management model which should inform whether the Recipient intends a central procurement process be used by the prime Recipient or by the sub-awardee. This will include a description of how the Recipient will ensure compliance and adherence to USAID rules and regulations. Each sub-award or sub-grant will include a technical capacity building component for the staff members involved in the provision of the services proposed. The capacity building component will include equipment use, clinical training, and practical hands-on experience in the targeted health area.

### 3. Rapid Response/Program Modifier and Program Implementation Flexibility<sup>2</sup>

USAID may employ a **Rapid Response/Program Modifier** intended to allow for a level of flexibility in the program in a given circumstance that would allow the implementer to undertake additional early actions or shock response in the event of a projected or current shock.

The total estimated amount for this activity is **\$45,000,000.00 and includes the Rapid Response/Program Modifier budget line item of \$4,500,000**. Approximately \$40,500,000 of funding resources will be available for core activities (not including any Rapid Response/Program Modifier activities).

The Recipient may utilize funds provided in this category to perform rapid response humanitarian assistance, if approved in writing by the mission Agreement Officer. The Recipient will be responsible for developing a **Rapid Response/Program Modifier Plan** for intended activities, which will be submitted to the Mission for approval. The Recipient and USAID will cooperate to reallocate funds in this category from the existing budget in accordance with the program description should the Agreement Officer determine that conditions warrant a change in budget allocations under this award, or identify other external funds to support the proposed activity. In addition, the Recipient may request a budget realignment.

The Response/Program Modifier under this award is \$4,500,000.00 and subject to availability of funding and will be invoked at the discretion of USAID. All terms and conditions of the award apply to use of the Fund. The USAID Agreement Officer authorization of utilization of the Fund is not inclusive of sub-award approvals or waivers, and all applicable approvals must be obtained prior to the Recipient's purchase of goods or services.

The process by which the Response/Program Modifier cost line will be utilized/invoked is as follows:

The Recipient will submit a formal request and **Response/Program Modifier Plan** through the Agreement Officer Representative (AOR) to the Agreement Officer requesting utilization of the Fund which states (a) the amount of the Fund being requested (b) a brief budget for the request and (c) a brief description of how the funds will be used and how the impact of these funds will be tracked per the terms and conditions of the award. The AOR and AO will review the submission, seek clarifications as needed, and either approve/disapprove the request and implementation plan. Generally, the proposed activity will be monitored and managed under an amendment to the work plan, as a primary objective in a crisis situation is

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<sup>2</sup> For additional information on the use of Modifiers in awards, please see the following USAID Help Document: [https://usaidlearninglab.org/sites/default/files/resource/files/shock\\_responsive\\_programming\\_guidance\\_compliance.pdf](https://usaidlearninglab.org/sites/default/files/resource/files/shock_responsive_programming_guidance_compliance.pdf)

to respond effectively, efficiently and in a timely manner; but in some instances, the award may be subject to a modification due to the activity itself or the proposed budget amount. The Agreement Officer in consultation with the AOR will make that determination.

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

The anticipated period of performance is five (5) years. The estimated start date will be determined based on timelines in which negotiations and necessary responsibility determinations have been completed.

#### **5. Substantial Involvement**

Consistent with ADS 303.3.11, USAID will be substantially involved in the implementation of SIHSA. The intended purpose of the Agreement Officer's Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. It is expected that the USAID's Agreement Officer (AO) will delegate the following approvals to the AOR, except for changes to the Program Description, or the approved budget or key personnel, which may only be approved by the AO.

##### **(a) Approval of the Recipient's Implementation Plans**

USAID will approve annual work plans and the life-of-project exit strategy, and any subsequent revisions.

##### **(b) Approval of Specified Key Personnel**

USAID may designate as Key Personnel only those positions that are essential to the successful implementation of the Recipient's program.

##### **(c) Agency and Recipient Collaboration or Joint Participation**

When the Recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the Recipient on the program. The AO may include appropriate levels of substantial involvement such as the following:

1. Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the Recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.
2. Concurrence on the substantive provisions of sub-awards –including subcontracts to carry out work of a technical nature under the award (examples include, carrying out a study or a training of a technical nature, etc.). 2 CFR 200.308 already requires the Recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement.

3. Approval of the Recipient's Activity Monitoring, Evaluation, and Learning Plan (AMELP).
4. Until otherwise notified, the Recipient will get approval from the AOR for all meetings at the Deputy Minister level or above. Further, the AOR must be present at all meetings with the GoSL government at these higher levels. All communication with GoSL officials must be made by the Chief of Party and coordinated in advance with the USAID AOR. Exceptions may be granted but must be in writing and made prior to any meeting/communication.
5. Agency monitoring to permit specific kinds of direction or redirection of the work due to interrelationships with other projects or activities, including activities funded by the World Bank and FCDO. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.

**(d) Approval of Innovation Programming Funds**

USAID will approve selection criteria and selected organizations receiving these funds which include documentation on the selection process.

**6. Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is **935**, (any area or country including the recipient country, but excluding any country that is a prohibited source).

**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 Strengthening Integrated Health Services Activity (SIHSA) 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.

**8. Transition Awards Language for the Prime Award**

**The language below will be incorporated into cooperative agreements resulting from this NOFO. This language is included in this NOFO to inform Applicants of the post award administration requirement as this will require prior consideration during technical approach conceptualization (full application).**

SIHSA's overall strategy will require the prime implementing partner to develop the capacity of local sub-recipients such that the local organizations may be eligible to receive a direct award (direct award is a transition award) from USAID or other donors in the future. There is no guarantee that USAID will make a transition award and decisions related to issuing a transition award and the selection of transition award recipients are solely within USAID's discretion.

Transition Awards are designed exclusively for work with local partners, thus promoting local and direct engagement, and ensuring the sustainability of an activity. SIHSA is expected to provide sub-grants/sub-agreements to local organizations. The initial award Recipient is required to focus activity resources on building the capacity of sub partners; the goal of which is to allow them to eventually receive direct awards from USAID.

In its Transition Plan, the initial award Recipient will identify potential local organizations that could be eligible for a direct Transition Award. The transition plan must be realistic and clearly show how the initial Recipient will build the capacity of local organizations to implement high-quality services for SIHSA including appropriate assessments that will help determine technical weaknesses and target capacity building interventions. In terms of issuing transition awards, USAID places an emphasis on local organizations that demonstrate innovative approaches and solutions in line with the objectives of the relevant activity.

USAID may make an award without competition to a local organization that is a subrecipient under SIHSA if that organization meets the "Criteria for the initial award recipient to identify and qualify a subrecipient for a direct award" in accordance with ADS 303.3.6.5.(b)(3). Note that the definition of local organization as it applies to transition awards at this time does not envision subawards to partner government entities<sup>3</sup>.

Per ADS 303mbb, the transition award recipient must be capable of performance without reliance on the initial award recipient, therefore, the transition award recipient may not make any subawards to the initial award recipient.

**The eligibility criteria for a direct Transition Award are as follows:**

- In order to ensure achievement of SIHSA objectives, the initial award Recipient will be responsible for performing an organizational capacity assessment (OCA) or similar assessment to help USAID determine which local organizations within the respective country will be viable sub-awardees, capable of meeting the criteria set forth below and ultimately receiving a direct award. This analysis will likely be based on a structured tool designed to assess the baseline of an organization's capacities to function as a prime and sets forth an action plan on what capacity building actions are needed to reach an optimal level. Information on the OCA tool is located at <https://usaidlearninglab.org/resources/organizational-capacity-assessment>. The AO and

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<sup>3</sup> In order for subawards to be made to local government entities, a Activity Approval Memorandum (AAM) amendment or a Determination to Restrict Eligibility (DRE) are required per ADS 303.3.6.5

AOR may consult with the initial award Recipient; however, the final decision regarding that partner's readiness for a direct award will be determined by USAID.

- The sub-awardee is a local organization. In order to receive the funding, the local organization must have received capacity-building technical assistance from this activity.
- The sub-awardee demonstrates sufficient financial management capabilities, as determined by USAID. This will be determined through an independent assessment called Non-US Organization Pre-Award Survey (NUPAS).
- Funding levels of direct transition awards will correspond to the scope and scale of the proposed interventions and the total value for each year of the sub-grant.

**The following process for recommending, review, and selection of Transition Awardees will be used:**

- The Recipient will inform the USAID AOR of the potential suitability of the Transition Award applicant (the recommendation will discuss how the proposed organization meets the criteria) and submit a concept note and summary budget for the proposed Transition Award activity collaboratively developed by the Recipient and applicant.

The submission should include:

- a) Goal and objectives for the Transition Award that are identified and measurable;
  - b) Explanation of how the proposed Transition Award supports the goal and objectives of the SIHSA activity;
  - c) Substantial evidence to demonstrate their financial management capabilities, as defined above.
- USAID AOR will review the concept note and summary budget for the proposed activity and makes a determination on whether to pursue a full application. If the criteria are met, USAID AOR will make a recommendation to the Agreement Officer to request a full application.
  - The Agreement Officer will issue a Request for Full Application for the proposed Transition Award.
  - The Transition Award candidate in collaboration with the Recipient will prepare the full application and submit it to USAID.
  - The Agreement Officer Representative (AOR) will review the application and provide a technical recommendation to the Agreement Officer, including any additional reviews, approvals assessments, analyses, notifications, etc. that may be required.
  - The Agreement Officer will inform the Recipient and the Transition Award applicant of the determination regarding the award. The Agreement Officer reserves the right to further define the activity goal and objectives or to require additional information in order to decide for a Transition Award. Awards under this exception are at the discretion of the

Agreement Officer and will follow USAID rules and regulations for assistance pursuant with the Automated Directives System (ADS).

USAID will consider Transition Awards throughout the whole period of implementation of this activity, and, if circumstances permit, after the award ends. USAID may continue to fund applications as Transition Awards from qualified organizations with direct involvement in the SIHSA activity.

**Readiness for Potential Transition Award Applicants:**

To qualify for a direct award and be eligible to receive USAID funding, local partners must have:

- Active status on the System for Award Management (SAM) and Unique Entity Identification Number (UEI), and no exclusions on System for Award Management (SAM) or UN Sanctions List;
- Technical and management experience in the relevant fields pertaining to SIHSA's objectives;
- Capacity to build working relations and active engagements with host country governments, multilateral, and USG agencies to build collaborative working relationships;
- Well-defined indicators of success and description of how it intends to monitor its own activity performance in a cost-effective and efficient manner, including the sources of data used for this performance monitoring;
- Staffing capacity with an appropriate balance of skills and a staffing management plan which optimizes efficiency, and demonstrates how the proposed staffing configuration will enable the local partner to accomplish desired award results; and the extent to which the overall staffing plan fosters local ownership and utilizes local capacity;
- Proficient financial management and internal control systems (e.g. banking accounts, bookkeeping system, financial statements, the accounting cycle, sources of funding, financial reporting, audit and review of financial statements);
- Ability to manage funding responsibly and efficiently; and
- Capacity to meet USG activity and financial reporting requirements

[END OF SECTION B]

## SECTION C: ELIGIBILITY INFORMATION

### 1. Eligible Applicants

**Eligibility for this NOFO is not restricted**, applications from organizations that have not previously received financial assistance from USAID are welcome if the Applicant determines that it has the necessary capacity to implement activities of the magnitude of SIHSA.

Noting that this NOFO contains a requirement for local partner transition, international applicants are strongly encouraged to ensure that local sub-awardees that are considered for implementation, partnerships and capacity building as transition awardees, **MUST** meet the following local organization definition and criteria.

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

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

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

**REQUIREMENT: Applicants MUST provide as part of the application package; information and supporting documents that prove that local organization proposed for sub-awardee partnerships satisfy the qualifications of a local organization in view of the applicable USAID definition for local organization provided above.**

### 2. Cost Sharing or Matching

USAID has established a mandatory minimum recipient cost share of five (5) percent of projected award Total Estimated Amount for the SIHSA award. Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of

effort, office space or other facilities or equipment which may be used for the program, provided by the recipient. For guidance on cost sharing in grants and cooperative agreements see 2 CFR 200.306 .

[END OF SECTION C]

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

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

Only the Agreement Officer (AO) is authorized to make commitments on behalf of USAID. The Agreement Officer is listed below:

Edel Perez-Campos  
Director Regional Acquisition and Assistance Office  
[conakryoaa@usaid.gov](mailto:conakryoaa@usaid.gov)

The point of contact for information about this NOFO is:

Aissatou Conde  
Agreement Specialist  
[conakryoaa@usaid.gov](mailto:conakryoaa@usaid.gov)

The above contact information is only for informational purposes. The NOFO itself and any subsequent amendments can be found at [www.grants.gov](http://www.grants.gov). All applications must be submitted according to instructions contained in this NOFO.

To maintain a fair and transparent funding opportunity, USAID maintains strict guidelines on whom within USAID may be contacted regarding applications or questions about the opportunity. Applicants may only contact USAID via the email address provided in this NOFO. Failure to comply with the USAID points of contact guidance mandated in the NOFO may disqualify the Applicant(s).

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

Questions regarding this NOFO should be submitted in writing through email to [conakryoaa@usaid.gov](mailto:conakryoaa@usaid.gov) no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

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

Each applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts: the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the full application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only, while the Business (Cost) Application must present the costs, and address risk and other related issues.

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

- NOFO Number and Title
- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303).
- Unique Entity Identifier Number.

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

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

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- Use standard 8 ½" x 11", single sided, single-spaced, 12 point Calibri font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- 10 point font can be used for graphs and charts. Tables however, must comply with the 12 point Times New Roman requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.
- Budget amounts must be detailed in U.S. Dollars (USD).

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

#### **4. Application Submission Procedures**

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications may be considered at the discretion of the Agreement Officer. Applicants must retain proof of timely delivery in the form of confirmation from the receiving office.

Applications must be submitted by email to [conakryoa@usaid.gov](mailto:conakryoa@usaid.gov). Email submissions must include the NOFO number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[NOFO number], [organization name], Cost Application, Part 1 of 2".

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

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

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

There may be a problem with the receipt of \*.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID cannot guarantee their acceptance by the internet server. File size must not exceed 25 MB.

#### **5. Technical Application Format**

The technical application must be specific, complete, and presented concisely. The application must demonstrate a clear understanding of the Sierra Leone context and the work to be

undertaken, the responsibilities of all parties involved, offer critical thinking and analysis for each objective, demonstrate how the programmatic approach and operational principles will be implemented, and tie the technical approach to expected results to be achieved and achieving the goals of this activity. The technical application must demonstrate the Applicant's capabilities and expertise as it relates to family planning, reproductive health, maternal, newborn and child health, adolescent health, and malaria. The application should take into account the requirements of the program and merit review criteria found in this NOFO.

The Technical Application must not exceed twenty-eight (28) pages in length excluding the cover page, table of contents, executive summary, and required annexes. Every page of the technical application must be numbered. Large graphics files are discouraged. Attached file formats must be MS Word and PDF. Attached files should be printable on standard letter-sized paper. Pages that exceed this limitation will not be reviewed.

The Technical Application must include the following sections:

1. **Cover Page** (See Section D. 3 above for requirements) - **Not to exceed (NTE) 2 pages** and does not count towards page limits
2. **Table of Contents** - that follows the technical application format outlined herein and does not count towards page limits
3. **List of Acronyms** - does not count towards page limits
4. **Executive Summary** - **NTE two (2) pages**. Does not count towards the 28 page limit of Technical Application)

The Executive Summary should contain a concise summary of the Applicant's vision, strategy, and approaches for achieving the results of the proposed program. Briefly describe how the Applicant proposes to meet the requirements, carry out the activity functions, and achieve the anticipated results.

**5. Technical Approach - NTE 20 pages**

The Technical Approach will state how applicant would build upon the investments already made, carry forward lessons learned, and contribute towards strengthening the overall health system, with a particular focus on health systems relevant to service delivery of the Activity's health areas: maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria. At minimum, the applicant should describe its proposed approaches to improve outcomes in each of the above-referenced health areas.

The Technical Application should address each of the following issues:

### 5.1. Technical Approach

- A. **Strategy.** Detail the technical strategy and approach to achieve the proposed activity goal.
- B. **Activity Description and Timeline:** Provide a general timeline of activities, including an exit strategy and sustainability plan.
- C. **Expected Impact:** Outline expected results and impacts and mechanisms proposed to measure objectives over the term of the activity. (This could go into Annex A on the applicant's AMEL approach.)
- D. **Comprehensive local capacity building development strategy:** Describe ways to strengthen financial and operational structures of local Sierra Leone sub-recipient organizations through mentoring, coaching, and capacity development, in keeping with one of USAID's key agency objectives: an increase in the number of direct transition awards to at least two (2) of the local SIHSA sub-recipients to enable these local Sierra Leone organizations to assume responsibility during SIHSA year three under direct USAID Transition Awards to manage and deliver select components of the SIHSA activity. Applicants must articulate in the Technical Application a plan to transfer select SIHSA activity components to at least two local Sierra Leone sub-recipients, starting in year 3 of activity implementation. Also, applicants should include in their technical applications proposed analyses, assessments, training, or other approaches proposed to be used to pinpoint the particular organizational management systems of the respective Sierra Leone sub-recipients that most need strengthening. The successful applicant will propose tailored local capacity building approaches to address any weaknesses identified in the local sub-recipients that are being considered for direct awards from USAID.
- E. **Access to and Quality of Primary Health Care Services Improved:**  
Based on the geographical division of districts, SIHSA will focus its implementation in five districts (Port Loko, Koinadugu, Bo, Pujehun and Karene) with an integrated approach to support improved access, quality, and effectiveness of maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria services. SIHSA will also provide only malaria interventions in these districts: Falaba, Kailahun, Bombali, Kenema & Kono. See reference in Table 1- *District Focus by Donor and Technical Area* in the Project Description (PD). Applicants must propose a technical approach that demonstrates an in-depth understanding of the development challenges in Sierra Leone. Applicants must convincingly describe how the proposed technical approach, methodologies, and activities will successfully achieve all five of the proposed intermediate results, and accomplish the goal of the activity. The application must contain sufficient detail on the methodology and techniques for the implementation and evaluation of the activity.

**Considerations include the following:**

- The application describes key strategies that will improve equitable access to and quality of primary health services at district and community level.
- At minimum, the applicant should describe its proposed approaches to improve outcomes in each of the above-referenced health areas: maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria.
- The application should describe the Applicant's proposed approaches to improve outcomes of malaria prevention, diagnosis, treatment and cure in both integrated districts and the "malaria only" districts.
- Applicant will describe a coverage plan that reaches district hospitals, and other selected health facilities under the district level peripheral health unit system (PHU) in the SIHSA geographic areas.
- Applicant's technical approach must describe a coordination strategy to ensure SIHSA aligns with and /or complements the health activities of development partners working in the same catchment areas as SIHSA. This could also include the adoption and rapid scale up of lessons learned from activities funded by other development partners from other districts.
- The Applicant's technical approach would follow the "Life Stages" model of the Sierra Leone MOH.

**F. District Management, Leadership, and Governance in Health Improved:**

The approach must be sustainable and build the capacity of local stakeholders -- including the Ministry of Health officials of the Government of Sierra Leone -- toward self-reliance and resilience. It must include a strategy for strengthening the technical and organizational management systems capacity of the recipient's local partners and the Government of Sierra Leone, especially the Government of Sierra Leone public health structures at the district level, to scale up, and sustain the use of evidence-based approaches for providing quality maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria services. The approach must include a description on how SIHSA will strengthen communities' active engagement for community-driven solutions to improve health outcomes. The technical approach will discuss how applicants will create opportunities for partnering with the local civil society and private sector for improved health outcomes.

The applicant's approach will also address coordinating and engaging with key stakeholders, for example, public and private-for-profit and non-governmental organizations (NGO) to ensure local ownership, maximize synergy and resources, and minimize overlap. The Technical Approach needs to demonstrate a clear plan for collaborating with USG and other donor activities, with a particular emphasis on parties working in the Activity's intervention districts. The applicant would also collaborate with USG and other donor activities at the MoH central and district levels that are relevant to the health areas of SIHSA.

Also, the applicant will describe a coverage plan that reaches district hospitals, and other selected health facilities from the district level peripheral health unit system (PHU), for example, community health centers (CHPs), and maternal and child health posts (MCHPs) in the target geographic areas. The coverage plan will outline, in a strategic manner, how the applicant would provide targeted support tailored to the needs of health facilities, hospitals, and the District Health Management Teams (DHMTs) and local District Councils in both the integrated districts and the “only malaria” districts.

**G. Functional and Technical Capacity Improved for Local Organizations in the Health Sector:**

The Technical Application should also reflect USAID’s guiding principles, including sustainable approaches through local leadership and partnerships. The application should also reflect the applicant’s approach to local partner capacity building and the alignment of the proposed activity with the Government of Sierra Leone’s strategic plans and policies for the health sector. Promising approaches are to be proposed for organizational capacity building for at least two to three sub-recipients who are local Sierra Leone organizations to become eligible for direct USAID transition awards during Project Year three.

The Technical Application must be well-conceived and technically sound. It must demonstrate a high degree of planning on how the activity objectives will be accomplished, as required, and on schedule, using all available resources. Any interventions proposed should demonstrate lessons learned from the applicant’s previous work, if applicable. The Technical Application may raise any concerns or problems that applicant notes in the activity program description.

**H. Adaptive Management: Monitoring, Evaluation, and Learning:**

The technical approach will address the strategic considerations contained in the Activity Program Description. Applicants are encouraged to propose an innovative yet realistic approach that is most appropriate in the Sierra Leone context, as well as methods by which the approach will be implemented, monitored for progress, analyzed, and adapted, as needed, using data and evidence. Applicants should also identify and describe the risks associated with the proposed approach and propose effective strategies to mitigate or reduce these risks.

**5.2. Management Approach and Key Personnel/Staffing: (Not to exceed 5 pages)**

***a. Management Approach:***

The Applicant’s management approach must articulate the roles of all key stakeholders, for example, the prime recipient, sub-recipients, and any consortium or resource organizations proposed. It should also differentiate the applicant from the proposed

sub-recipients or other partnering consortium members. The applicant must briefly describe the method of identifying proposed sub-recipients, indicating whether or not the applicant has pre-existing relationships, and the nature of the relationship. If the proposed management plan includes partners, the applicant should demonstrate experience in leading an effective consortium team. In the event of two (2) or more organizations applying together, USAID prefers a well-defined prime and sub-partner relationship. Consortia without a clear hierarchy and delineation of authority among members are discouraged.

The role of the prime organization and sub-partners and the organizational core competencies and comparative advantage of each organization must be clearly laid out in the management approach. Clear explanation of the experience, roles and responsibilities of all partners, including significant technical contributions from local Sierra Leone partners or sub-recipients, must be described. Description of prime and sub-partners' areas of expertise and/or comparative advantage are suggested for inclusion in applicant's management approach.

The management approach must clearly delineate lines of communication, knowledge sharing, and authority among all partners, sub-recipients, and resource partners. It will also specify the geographic location(s) for SIHSA project offices outside Freetown.

The applicant should propose a comprehensive management plan that demonstrates the applicant's ability to effectively launch, develop, manage, and transition selected interventions to local organizations. The applicant should describe how flexibility and adaptability are integrated into its management approach. The applicant should describe how it will build close collaboration with USAID as well as with other donor-funded parties in the activity's intervention districts. The management plan should detail how the applicant would work with national and local government officials over the life of the award.

The applicant will present its strategy to retain key personnel throughout the life of the activity, (especially the Chief of Party, the Director of Finance and Operations, and the Senior Technical Advisor for Monitoring, Evaluation and Learning). The applicant must also present its alternative plan in the event that any of the Key Personnel leave the activity.

The management approach will also lay out a coordination strategy with other stakeholders, including the Sierra Leone Ministry of Health, as well as with appropriate counterparts, such as: civil society, the NGO and private sectors, district - level health structures, and community structures and systems. The management approach would also include plans to coordinate and/or align certain of SIHSA's activities with similar activities funded by other development partners or funded by the USG, to optimize collective development impact and efficiency. The management approach would state how the applicant will enhance results while ensuring collaboration.

USAID wants SIHSA to align with the host government guidelines and policies and to use existing data systems (for example, DHIS 2 and indicators that are part of the HMIS). USAID also expects SIHSA to work at local levels in its intervention districts with existing local governance structures for example, District Health Management Teams, District Councils, Community Health Workers (CHWs), Health Facility Management Committees (FMCs), and community structures, such as community health women's groups.

**Considerations include the following**

- Applicant's Management approach demonstrates its ability to form effective partnerships, with a focus on how these strategic partnerships would ensure strong coordination and alignment with other implementing partners, as well as with local district and community level structures.

***b. Key Personnel/Staffing:***

Key Personnel are those individuals whose performance is critical to the success of the Activity. USAID envisions up to five key personnel positions for the SIHSA activity, of which, only three of the five positions have been specified in this NOFO with titles and summary position descriptions: the Chief of Party, the Director of Finance and Operations, and the Senior Monitoring, Evaluation and Learning Advisor. The remaining two Key Personnel positions may be named and determined by the applicant and their roles and qualifications listed, based on the applicant's technical strategy and its approach to achieve the proposed SIHSA activity goal.

USAID confirms that the Director of Finance and Operations must be an expatriate position while the Chief of Party, the Senior Monitoring, Evaluation and Learning Advisor and the remaining two additional key personnel positions (if applicable) need not be expatriate positions. The Applicant must justify in the Staffing and Management Approach section the rationale for naming the two additional proposed positions as key personnel.

All Key Personnel positions call for experienced, seasoned individuals whose respective roles and performance will align with health technical and management systems specifications found in the SIHSA Program Activity Description.

*Staffing:* The proposed organizational structure must be presented in an organogram, with relationships among the individual positions illustrated graphically. The organogram would include: positions related to administration and logistical support; human resources and personnel management of expatriate and local staff. The organogram will clearly delineate lines of authority and communications. A separate organogram might be used to present the lines of oversight and communications

between the Prime recipient and any consortium members and/or sub-recipients or resource organizations proposed.

In the Annex B, the applicant must provide an organogram depicting its staffing plan and reporting relationships among staff. The chart should include any proposed central office and/or any field offices. The chart must specify which personnel, if any, are employed by a sub-recipient.

USAID expects the Activity to draw upon staff with significant experience, who have the appropriate qualifications and experience to work effectively as a team to manage a complex activity, specifically, the ability to support delivery of integrated primary health care services in the Activity's core health areas: malaria, reproductive health, family planning, maternal, newborn and child health and adolescent health. The applicant's proposed Management Approach will demonstrate how the proposed staff and teaming arrangements would contribute towards strengthening the Sierra Leone health system at all levels.

The below descriptions and qualifications are illustrative. The Recipient should provide descriptions and qualifications for each of the positions.

**Chief of Party:** The Chief of Party (COP) is expected to be responsible for the overall planning, implementation, and management of the performance of the SIHSA activity. He/she will provide vision and strategic leadership as well as establish the administrative and technical oversight framework to monitor and assure progress toward the achievement of the Activity goals and five result area objectives. The COP has the responsibility for coordination and communications with USAID, as well as ensuring effective coordination among relevant USAID-funded projects and other relevant donor and non-governmental organization-sponsored activities. The COP provides guidance to the Activity's senior technical staff, ensures the responsiveness and quality of all SIHSA activities, and leads efforts to collaborate and coordinate with the Government of Sierra Leone, specifically, the Ministry of Health. The COP is expected to be a seasoned health sector professional, thoroughly familiar with the current health service delivery systems in Sierra Leone both at national and district levels. She/He will serve as the institutional liaison and will be responsible for the implementation of interventions to support the capacity development of local organizations and service providers targeted by SIHSA.

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

- Master's degree or higher in Public Health, or related field;
- At least ten (10) years of experience implementing and managing donor-funded projects in developing countries;
- At least eight years (8) experience implementing health programs similar to SIHSA in Sierra Leone or in other comparable developing country settings;
- Demonstrated ability to establish and sustain professional relationships with host country government counterparts;

- Demonstrated experience in leadership roles, in leading and promoting strategic planning, as well as careful budget management; and
- Strong interpersonal, oral, and written communication skills in English.

**Director of Finance and Operations:** The Director of Finance and Operations (DFO), is recommended as an expatriate staff. He/she manages the finances of the activity and will supervise the procurement, finance, human resources, and administrative staff. The DFO position ensures that adequate and appropriate internal financial management controls are in place, in compliance with USAID policies and procedures. She/he will also ensure that the Activity's financial management processes and controls meet generally recognized accounting standards. The DFO oversees and manages all bookkeeping, bank accounts, and cash flow, and manages SIHSA project funds for appropriate execution of the activity. The DFO is also responsible for tracking project expenses, overseeing and approving the preparation of monthly financial reports, quarterly accrual projections, while leading the annual budgeting process. He/she manages the financial and administrative aspects of all sub-agreements under the activity, as well as managing all financial aspects of the activity. The incumbent shall serve as the principal point of contact to USAID in these areas, while keeping the COP informed of all contact and communications with USAID.

The Director of Finance and Operations is expected to have:

- Master's degree or higher, ideally in finance, business administration, procurement, or related area;
- Experience in managing large grants with international health non-governmental organizations and/or private voluntary organizations;
- Direct experience of at least two to three (2-3) years in supervision of staff and team management;
- At least 5 years of experience with U.S. Government financial management instruments, policies, financial and operational procedures and requirements;
- Strong oral and written communication and presentation skills in English.

**Senior Monitoring, Evaluation and Learning Advisor:** The Senior Monitoring, Evaluation and Learning Advisor is responsible for the overall management and technical oversight of the monitoring, evaluation, adaptive learning, and any research efforts of the SIHSA activity. He/she shall develop monitoring, evaluation and reporting systems that align with existing Sierra Leone data reporting systems, such as DHIS2, as well as with data reporting systems used by USAID. The Senior Monitoring, Evaluation and Learning Advisor would oversee selection of appropriate SIHSA activity indicators, baseline data, targets, and preparation of a plan to evaluate activity performance and produce timely, accurate and complete reporting. The Senior Monitoring, Evaluation and Learning Advisor has the responsibility for oversight and approval of the Activity AMELP. He/she is responsible for designing and implementing monitoring and evaluation systems, and information analyses, and reporting on progress, outcomes and challenges. She/he would guide strategic information capacity strengthening,

particularly for the activity's sub awardees. The Senior Monitoring, Evaluation and Learning Advisor would partner with other Key Personnel of the activity to develop program management plans and project monitoring plans.

The Senior Monitoring, Evaluation and Learning Advisor is expected to have the following skills and qualifications:

- Master's degree or higher in statistics, biostatistics, quantitative/qualitative data analysis, public health, social/behavioral sciences, research methods, or other relevant medical or health discipline;
- Demonstrated experience with monitoring, evaluation and strategic information analysis in the field of public health,
- Experience with maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria is preferred;
- Familiarity with the U.S. Government administrative, management and reporting procedures and systems;
- Experience in collecting, analyzing, and managing donor-funded project data for health projects is required;
- Strong oral and written communication and presentation skills in English are required.

The Applicant's key personnel narrative should demonstrate a clear understanding of the connection between its proposed key personnel and the expected successes and outcomes for the activity. The key personnel narrative will include confirmation of the intention of proposed key personnel to serve in the stated key personnel positions within 60 days of the award date. Confirmation of proposed key personnel availability to serve for the full term of the award is strongly preferred.

In Annex C, the applicant must provide a CV for each of the proposed key personnel to demonstrate how each individual is the best fit for the position. These CVs should not exceed two (2) pages each. In a separate page, the Applicant should also submit three (3) references for each of the proposed key personnel (non-family members), with complete contact information.

USAID reserves the right to carry out reference checks for all proposed key personnel before award.

### **5.3. Institutional Capacity and History of Past Performance:** (NTE - 3 pages)

The Applicant must describe projects/activities from within the last eight years in Sierra Leone and/or in other developing countries similar to the Sierra Leone context that demonstrate the experience and capacity of the Applicant and its proposed partners to manage and execute projects/activities of similar size, scope, complexity, and operational environment to the proposed SIHSA activity.

Applicants must describe their expertise in enhancing the quality, accessibility, and utilization of primary healthcare services.

Applicants should demonstrate their experience and capabilities in local capacity building, as well as their overall institutional approach to capacity building in terms of local organizations and government agencies (among other entities, if necessary). Additionally, Applicants would have experience in health system strengthening.

The Applicant should clearly describe a strategy for rapid response to unforeseen crises or shocks. The Applicant should demonstrate a clear understanding of Sierra Leone's country context, issues, opportunities, and challenges.

Regarding the project's/activities that the Applicant will describe as part of its Institutional Capabilities and Past Performance, the Applicant must note the specific role that the Applicant played in implementing the project/activity, and the sustained achievements that directly resulted from the Applicant/sub-awardee effort. The Applicant must demonstrate experience and capability to facilitate and leverage partnerships across organizations, including collaboration with relevant host country institutions, other public sector organizations, other local non-governmental partners, and/or the private sector to avoid schedule setbacks, mitigate risks, and achieve results. The Applicant must articulate how its described institutional experience and capability will enhance the likelihood of successful implementation of the Strengthening Integrated Health Services Activity.

**5.4. Annexes** - Annexes do not count towards the 28-page limit of the Technical Application.

The three required Annexes are:

**1. Annex A. Activity Monitoring Evaluation and Learning Plan (AMELP) - NTE 3 pages**

The AMELP must present a high level summary of the Activity's Monitoring Evaluation and Learning Plan (AMELP) (See template in NOFO ANNEX 4) . The applicant will provide a summary of the proposed AMELP methodologies, tools, and processes to be used, in particular, how the applicant will define and measure objectively verifiable outcome and output level indicators and targets for the proposed approach to achieve the Activity goal and all five Activity results areas. It would succinctly discuss the approach to knowledge capture ("learning").

**2. Annex B. Organogram - NTE 2 pages**

The organogram must show the staffing structure, and identify formal relationships with all consortium partners and major sub-awardees. It must also show clear reporting lines and where office(s) might be located.

**3. Annex C. Key Personnel CVs and References** - NTE 2 pages for each proposed candidate for each of the key personnel positions.

Applicants are required to include curriculum vitae (CV) of the Key Personnel implementing the Activity. The CVs for each proposed Key Personnel candidate must include three (3) references, with complete contact information (including email addresses). Annex must also include a letter of commitment signed by each person proposed as key personnel confirming her/his present intention to serve in the stated position and his/her availability to serve for the term of the proposed award.

## **6. Business (Cost) Application Format**

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full cost application, applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the applicant's risk in accordance with 2 CFR 200.206. Applicants should not submit any additional information with their initial application.

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

**a) Cover Page** (See Section D.3, General Content and Form of Application, above for requirements)

### **b) SF 424 Form(s)**

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at <https://www.grants.gov/forms/forms-repository/r-r-family>. The following forms must be submitted:

- Application for Federal Assistance (SF-424)
- Budget Information (SF-424A)
- Assurances (SF-424B)

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

### **c) Required Certifications and Assurances**

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

- (1) "Certifications, Assurances, Representations, and Other Statements of the Recipient"  
ADS 303mav document found at <https://www.usaid.gov/about-us/agency-policy/series-300/references-chapter/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).

#### **d) Budget and Budget Narrative**

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. Applicants must submit a summary and a detailed budget as follows (each proposed sub-award must include the same cost element breakdown) See Annex 2 for Summary Budget Template

- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

- 1) Salaries and Allowances – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant's budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant's written policies do not address a specific element

of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.

- 2) Fringe Benefits – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.
- 3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.
- 4) Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.
- 5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant's budget, including those related to fringe and indirect costs.
- 6) Construction – If applicable (See ADS 303.3.30)
- 7) Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.
- 8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

Method 1 - Direct Charge Only

Any applicant. Initial Application Requirements: See above No. 7 Other Direct Costs for further information.

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)

Any applicant with a NICRA issued by a USG Agency must use that NICRA

Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)

Any applicant that does not have a current NICRA. Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount

Non U.S. non-profit organizations without a NICRA may request, but approval is at the discretion of the AO. Initial Application Requirements: Provide the proposed fixed amount and a worksheet that includes the following:

- Indirect costs (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

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

**e) Prior Approvals in accordance with 2 CFR 200.407**

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

**f) Approval of Subawards**

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

- Name of organization
- Unique Entity Identifier (UEI)
- Confirmation that the subrecipient does not appear on the Treasury Department’s Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant’s plan for mitigation.

**g) Unique Entity Identifier (UEI) and SAM Registration**

Applicants must obtain a Unique Entity Identifier (UEI) and register in the System for Award Management (SAM) (<https://sam.gov/>) in order to be eligible to receive federal assistance, such as grants and cooperative agreements. Unless an exemption applies (see ADS 303maz - <https://www.usaid.gov/about-us/agency-policy/series-300/references-chapter/303maz> ), applicants must be registered in SAM prior to submitting an application for award for USAID’s consideration. Recipients must maintain an active SAM registration while they have an active award. Each applicant (unless the applicant is an individual or entity that is exempted from UEI/SAM requirements under 2 CFR 25.110) is required to:

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

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

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

#### **h) Branding Strategy & Marking Plan (See template in ANNEX 6 )**

##### **1. Branding Strategy – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
  - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
  - (2) The intended name of the program, project, or activity.

- (i) USAID requires the applicant to use the “USAID Identity,” comprised of the USAID logo and brandmark, with the tagline “from the American people” as found on the USAID Web site at <http://www.usaid.gov/branding>, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.
  - (ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.
  - (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity. If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
  - (iv) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
- (4) Planned communication or program materials used to explain or market the program to beneficiaries.
- (i) Describe the main program message.
  - (ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.
  - (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”
  - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.

- (5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.
  - (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- e. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
  - f. If the applicant receives an assistance award, the Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

**2. Marking Plan – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brand mark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <http://www.usaid.gov/branding>. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:
  - (1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:

- (i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;
  - (ii) Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
  - (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
  - (iv) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.
- (2) A table on the program deliverables with the following details:
- (i) The program deliverables that the applicant plans to mark with the USAID Identity;
  - (ii) The type of marking and what materials the applicant will use to mark the program deliverables;
  - (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;
  - (iv) What program deliverables the applicant does not plan to mark with the USAID Identity , and
  - (v) The rationale for not marking program deliverables.
- (3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:
- (i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID

Development Objective, Interim Result, or program goal furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.

- (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.
  - (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.
  - (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
  - (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
  - (vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.
  - (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.
- f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

**i) Funding Restrictions**

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

Construction will not be authorized under this award.

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

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

**j) Conflict of Interest Pre-Award Term**

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an 8 Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.
2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

**k) Work-plan Co-creation Phase**

The Awardee along with their identified sub-awardees will be invited for an in-person post-award co-creation workshop to introduce the activity and obtain inputs for planning and collaboration on the annual workplan with USAID and other stakeholders. The purpose of the post-award co-creation is to harmonize priorities and perspectives across various health sector stakeholders. The workshop will focus on the workplan level with the goal of informing a clear and well-coordinated implementation effort.

[End of Section D]

**SECTION E: APPLICATION REVIEW INFORMATION**

**1. Criteria**

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

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

**2. Merit Review and Selection Process**

**a) Merit Review of Technical Application**

**Table 3: Merit Review Criteria and Sub-Criteria**

	<b>CRITERION NAME</b>	<b>RELATIVE ORDER OF IMPORTANCE</b>
<b>Criterion 1</b>	<b>Technical Approach</b>	<b>First</b>
Sub-criterion 1.1	Access to and Quality of Primary Health Care Services Improved	<b>All sub-criteria under Criterion 1 are of equal importance.</b>
Sub-criterion 1.2	District Management, Leadership, and Governance in Health Improved	
Sub-criterion 1.3	Functional and Technical Capacity Improved for Local Organizations in the Health Sector	
Sub-criterion 1.4	Adaptive Management: Monitoring, Evaluation, and Learning	
<b>Criterion 2</b>	<b>Management Approach and Key Personnel/Staffing</b>	<b>Second</b>
Sub-criteria 2.1	Management Approach	<b>All sub-criteria under Criterion 2 are of equal importance.</b>
Sub-criteria 2.2	Key Personnel/Staffing	
<b>Criterion 3</b>	<b>Institutional Capacity and History of Past Performance</b>	<b>Third</b>

**Criterion 1: Technical Approach**

**Sub-criterion 1.1. Access to and Quality of Primary Health Care Services Improved**

- The extent to which the applicant proposes a clear, technically sound, creative and feasible approach with key strategies that will improve equitable access to and quality of primary health services in the following health areas: maternal, newborn and child health, family planning, reproductive health, adolescent health, and malaria.
- The extent to which the applicant demonstrates creative, new, and/or innovative approaches that will address barriers to the uptake and use of health services, and reach the most vulnerable or underserved segments of the population, with a particular focus on the SIHSA target populations of women, newborns, children, adolescents, and other vulnerable under-served populations in the SIHSA intervention districts.

**Sub-criterion 1.2. District Management, Leadership, and Governance in Health Improved**

- The extent to which the proposed District Management, Leadership, and Governance Capacity Building Plan would strengthen Health District Management Teams' (DHMT) skills in: management, implementation, data analysis, and budgeting/financial skills; improved partnering, stakeholder engagement, leadership and health activity alignment.

**Sub-criterion 1.3. Functional and Technical Capacity Improved**

- The extent to which the Applicant's proposed comprehensive capacity building plan for two to three SIHSA sub-recipient local organizations includes a set of realistic objectives and proposed interventions that will lead to successful USAID Transition awards during year 3 of SIHSA implementation.

**Sub-criterion 1.4. Adaptive Management, Monitoring, Evaluation and Learning**

- The extent to which the Applicant outlines an adaptive management approach—including illustrative indicators, to respond to new information during the life of the award, including potential adjustments and/or innovations that can be initiated so that data and lessons learned are used to inform any potential mid-course corrections or to redirect interventions as appropriate.

**Criterion 2: Management Approach and Key Personnel/Staffing**

**Sub-criterion 2.1: Management Approach:**

- Extent to which the Applicant demonstrates its ability to establish effective partnerships and systematic coordination and alignment with other implementing partners, as well as with local district and community level structures in order to maximize the SIHSA activity's contributions.

- The extent to which the organogram and narrative clearly delineate lines of management, supervisory authority, technical roles and responsibilities, and level of effort for each position; and explains and justifies the roles and responsibilities of the Applicant's sub-recipients and any proposed consortium partners.
- The extent to which the Applicant details their approach to managing technical and financial reporting of multiple funding sources, harmonizing program logistics, personnel, travel, and procurement systems, while taking advantage of organizational strengths, emphasizing cost-effectiveness, and avoiding duplication of effort.

### **Sub-criterion 2.2: Key Personnel/Staffing**

- The proposed Key Personnel will be evaluated as a composite team on the basis of the overall technical skills and management qualifications that the entire Key Personnel team would bring. The Key Personnel will be evaluated on the extent of their demonstrated expertise and experience working on projects similar to their designated duties and responsibilities under the SIHSA activity.
- The extent to which the Applicant is proposing a staffing mix that thoroughly considers local staff, including for key personnel positions, as appropriate, and reflects the USAID Strategy for Diversity, Equity, Inclusion and Accessibility (DEIA). Supplemental DEIA information can be found at: [link to USAID DEIA strategy](#)

### **Criterion 3: Institutional Capacity and History of Past Performance**

- The extent to which the Applicant has successfully implemented health projects in developing countries comparable to the Sierra Leone context and has demonstrated experience and technical capacity in implementing activities that improve the quality of, access to, and utilization of primary health care services.
- The extent to which the Applicant has demonstrated experience and technical capability in community empowerment/engagement, localization, private sector partnerships, social accountability, and promoting gender equity and youth sensitive programming.

#### **b) Business (Cost) Review**

The Agency will evaluate the cost application of the applicant(s) under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable

economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

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

The AO will perform a risk assessment (2 CFR 200.206). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls, financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.208).

[End of Section E]

## **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.

For Non US organizations: ADS 303, Standard Provisions for Non-U.S. Non-governmental Organizations.

See Annex [3], for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

### **3. Reporting Requirements**

#### **A. Start-Up/Mobilization Plan**

In consultation with the COR, the Recipient will develop a start-up/mobilization plan that will serve as the basic blueprint for the first three months of the Agreement. The start-up/mobilization plan will be submitted to the COR for written approval within 15 days of award and will outline the key tasks required to make the project fully operational. These include but are not limited to:

- (1) Establishing an office;
- (2) Developing a staffing plan;
- (3) Consulting with stakeholders and donors;
- (4) Developing a mechanism and procedures for grant making;
- (5) Developing a performance monitoring, evaluation, and learning plan;
- (6) Preparation of the first year work plan.

Note: If an expatriate staff member, the Recipient's Chief of Party and the Finance and Operations Director are required to arrive in-country no later than 30 days upon award date.

**B. Financial Reporting:**

- The recipient must submit the Financial Report along with the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the Agreement Officer and the Agreement Officer’s Representative (AOR) and the U.S. Department of Health and Human Services (<http://www.dpm.psc.>).
- Quarterly Financial Reports: Financial reporting requirements will be in accordance with USAID’s policies and regulations. Two weeks before the end of each quarter (e.g. mid- December, mid-March, mid-June and mid-September) the Recipient shall submit accruals information to the AOR. Financial reports must contain sufficient information on a sub-line item basis to review vouchers for approval.
- Final Financial Report along with SF 425 must be submitted 90 days post activity to the Agreement Officer and the Agreement Officer’s Representative (AOR) and the U.S. Department of Health and Human Services (<http://www.dpm.psc.>).

**C. Performance Reporting**

Table 1: Summary of Required Reports<sup>4</sup>

<b>Reports and Deliverables</b>	<b>Period Covered</b>	<b>Due Date</b>
Annual Work Plan	Life of Activity	September 1 (30 days before new fiscal year) – For year one the annual workplan will be submitted within 45 days upon signature of the award
Activity Monitoring, Evaluation and Learning/Collaborative Learning & Adaptation (AMEL/CLA)	Life of Activity	Within 45 days upon signature of the award (Annual updates: November 15)
Quarterly Performance Report	30 days following end of each quarter	January 30- April 30 -July 30 and October 30 of each year
Accruals Information	Two weeks before the end of each quarter	mid-December, mid-March mid-June and mid-September
Start-up/mobilization plan	Life of Activity	15 days upon award signature
Transition Plan for Proposed sub-recipients	End of year 1	TBD upon award signature

<sup>4</sup> Note: USAID’s fiscal year starts on October 1st and ends on September 30st. Four fiscal quarterly periods begin on October 1, January 1, April 1, and July 1

Rapid Response/ Program Modifier plan	Life of Activity	TBD upon award signature
Innovation Programming funds-Grant manuals	Year 2	TBD upon award signature
Annual/Fourth Quarter Report will represent the Annual Report	October 1 to September 30	30 days after the end of the Fiscal Year
Final Performance and Financial Reports	Life of Activity	Draft of the Final Performance Report to be submitted 30 days after the completion date of the activity for USAID/AOR's comments. Final Performance and Financial Reports to be submitted no later than 90 days post activity
Closeout and Disposition Plan	Life of Activity	180 days before completion date of the award
Reporting of foreign taxes	Annually	April 16 of each year

**D. Program Income**

Any program income generated under the award will be used to reduce the Federal award and non-Federal entity contributions rather than to increase the funds committed to the activity in according with 2 CFR 200.307 for US NGOs and the Required as Applicable Provision “Program Income” (December 2014) in ADS 303 for non-US NGOs.

**E. Other Requirements**

**Development Experience Clearinghouse Requirements**

The Recipient shall be required to submit any technical reports produced under this program, in English, to USAID’s Development Experience Clearinghouse (DEC) according to the instructions found at <https://dec.usaid.gov/dec/content/submit.aspx>

The following grant reports are development experience materials:

- Performance reports (quarterly, semi-annual, or annual).
- Annual, semi-annual, or quarterly reports describing the progress and accomplishments of the USAID-funded activity or project.
- Final performance reports submitted 90 days after the expiration or termination of the grant.

The following grant reports are not development experience materials:

- Annual reports issued after the fiscal year end that report on the financial status of the organization administering the grant.

- Financial reports. 2 CFR 200.327 through 329 “Performance and Financial Monitoring and Reporting,” explains the procedures for monitoring and reporting a grantee’s program and financial performance.

The following are NOT considered to be development experience material and should not be submitted to the DEC either by contractors or grantees under the terms of their awards, or by CORs/AORs or operating units:

- Financial reports such as SF-425 and SF-425a Federal Financial Report, and SF-270, Request for Advance or Reimbursement;
- Marketing and promotional materials, such as posters, flyers, and “give-away” products; and
- Non-technical newsletters.

Material must meet the following basic standards for entry into the DEC:

- a. Material must be final and approved by the COR/AOR or another qualified reviewer.
- b. Material must be complete, legible, and free of typographical mistakes, notes, or other extraneous markings, including automated change tracking and embedded comments.
- c. Material should be in electronic format. If an electronic version does not exist, a hard copy is acceptable.
- d. Material must not include financially sensitive information or personally identifiable information (PII) such as social security numbers, home addresses and dates of birth. Such information must be removed prior to submission.
- e. Each electronic document must be saved as a single file that is equivalent to the complete and final hard copy.
- f. Electronic material may be submitted online via the DEC (preferred), CD-ROM, and DVDs. Section 540.3.2.10 provides Internet and mailing addresses for submissions. Digital Geographic records, Data files and databases must be contributed to the Development Data Library (DDL), as outlined in ADS 579.
- g. Materials must conform to current USAID branding requirements. Please refer to the standards in ADS 320, Branding and Marking for marking requirements that grantees must use on USAID-funded reports and advertising for USAID sponsored seminars, workshops, etc. (see Branding Guidelines). Contractors must comply with the marking clause in their contracts and the COR’s specific instructions on the Agency’s branding policy.
- h. Materials must be compliant with Section 508 of the Rehabilitation Act of 1973. ADS 302.3.4.15, Implementation of Section 508 of the Rehabilitation Act of 1973, provides the requisite guidance.
- i. Electronic documents must be in one of the following National Archives and Records Administration (NARA) approved formats as described in NARA guidelines related to the transfer of permanent E-records. Material Type Preferred Formats Acceptable Formats Text records Portable Document Format (PDF) Plain ASCII, Microsoft Word Scanned images of text records Tagged Image File Format (TIFF) Digital photographic records JPEG Tagged Image File Format (TIFF) Web records Hypertext Markup Language (HTML)

Other formats, such as TIFF or PDF that either are embedded in the HTML or referenced by it. Audio and Video Files MPEG Contact the Knowledge Services Center by phone (202-712-0579) or email ([ksc@usaid.gov](mailto:ksc@usaid.gov)) for assistance in submitting a type of material that is not on this list.

Development experience materials may be submitted

- Online: DEC Submissions
- By mail (for pouch delivery): USAID Development Experience Clearinghouse M/CIO/ITSD/KM/DEC RRB M.01-010 Washington, DC 20523-6100 \*Note: Mail sent to USAID via the US Postal Service undergoes security and irradiation processing. To send sensitive items, like CDs or DVDs, please contact the DEC team at [ksc@usaid.gov](mailto:ksc@usaid.gov) to arrange delivery. For questions on DEC submissions, contact: M/CIO/ITSD/KM/DEC Telephone: +1 202-712-0579 Email: [ksc@usaid.gov](mailto:ksc@usaid.gov)

## F. Environmental Compliance and Climate Risk Management

### I. Environmental Compliance

- The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201 and 204 (<https://www.usaid.gov/who-we-are/agency-policy/series-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 NOFO.
- In addition, the recipient must comply with host country environmental regulations unless 50 otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the more stringent shall govern.
- No activity funded under this cooperative agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")
- An IEE has been approved for Activity funding this cooperative agreement. The IEE covers interventions expected to be implemented under this cooperative agreement. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these

activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this NOFO.

- As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
- Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.
- Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP), the recipient shall prepare an EMMP describing how the recipient will, in specific terms, implement all IEE conditions that apply to proposed project activities within the scope of the award. The EMMP shall include monitoring the implementation of the conditions and their effectiveness.
- The recipient shall integrate a completed EMMP into the initial work plan, if applicable.
- The recipient shall integrate an EMMP into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

## II. Climate Risk Management

- Climate Risk Management (CRM) is the process of assessing, addressing, and adaptively managing climate risks that may impact the ability of USAID programs to achieve objectives. For USAID's purposes, climate risks are potential negative consequences to changing climatic conditions.
- CRM is required per ADS 201 for all new projects and activities commencing after October 1, 2016. ADS 201mal is the main CRM supplemental guidance for projects and activities. With a few exceptions, USAID project and activity design

teams are required to identify relevant climate risks and then qualitatively assess them as low, moderate, or high.

- The Informal Livelihoods Advancement activity focuses on technical assistance. Expected climate risks are to be determined based on the types of micro and small businesses that are supported. Climate risks will be assessed during the screening of each subgrant. The Implementing Partner should carefully consider the future climate change impacts on certain businesses that are sensitive and depend on water for their processes.
- CRM resources and support, including how to conduct climate screening of activities and sub-activities, are included in the above referenced ADS 201mal.
- During implementation of the activity, the EMMP will be used as a reporting tool to regularly report on climate mitigation measures that are agreed on by the AOR and MEO after screening is conducted.

### **G. Branding and Marking**

A communication and outreach strategy must be developed on an annual basis and incorporated as a section of the Annual Implementation Plan. The strategies will include the overall communication message of the program, as set forth in the Branding Strategy and Marking Plan. The annual strategies must also focus on opportunities for USG visibility through the components of the project in terms of branding and marking but also with regard to events and other direct engagements. The project offers opportunities for signing ceremonies, graduation ceremonies, and engagement with partner CLs/CSOs and their target audiences throughout the course of the project. The strategy must ensure the use of traditional and social media. Applicants may also view the provisions in ADS 303 and ADS 320.

### **H. Closeout Plan**

One hundred and eighty (180) days or six (6) months prior to the completion date of the agreement, the Recipient will submit a closeout plan to the AOR and the Agreement Officer approval. The closeout plan shall include: the demobilization plan, draft property disposition plan, plan for the phase-out of in-country operations, delivery schedule for all reports or other deliverables required under the agreement, timetable for completing all required actions, including the submission date of the final property disposition plan to the Agreement Officer.

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[End of Section F]

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

### **1. NOFO Points of Contact**

Any prospective Applicant desiring an explanation or interpretation of this NOFO must request it in writing by the deadline for questions specified in the cover letter to allow a reply to reach all prospective applicants before submitting their applications. Any information given to a prospective Applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment of this NOFO if that information is necessary for submitting applications or if the lack of it would be prejudicial to any other prospective applicants. Any questions or comments concerning this NOFO must be submitted in writing via email (See information in Section D(1)) by the deadline for questions indicated at the top of this NOFO's cover letter.

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

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

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

[End of Section G]

## SECTION H: OTHER INFORMATION

### H.1. USAID Rights

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 as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government’s right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}.”

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

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

### H.2. General Links

- 2 CFR 700  
<https://www.ecfr.gov/current/title-2/subtitle-B/chapter-VII/part-700>
- 2 CFR 200  
[http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/textidx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)
- ADS Chapter 204 Environmental Procedures:  
<https://www.usaid.gov/sites/default/files/2022-12/204.pdf>
- ADS Chapter 205 - Integrating Gender Equality and Women’s Empowerment in USAID’s Program Cycle: <https://www.usaid.gov/about-us/agency-policy/series-200/205>
- ADS Chapter 579 USAID Development Data:  
[https://www.usaid.gov/sites/default/files/2023-04/579\\_2.pdf](https://www.usaid.gov/sites/default/files/2023-04/579_2.pdf)
- USAID Graphic Standards Manual and Partner Co-branding Guide:  
[https://www.usaid.gov/sites/default/files/2022-05/USAID\\_GSM-02\\_04\\_2020.pdf](https://www.usaid.gov/sites/default/files/2022-05/USAID_GSM-02_04_2020.pdf)

[End of Section H]

**ANNEX 1 - PAST PERFORMANCE TEMPLATE**

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

[End of Annex 1]

**ANNEX 2 - SUMMARY BUDGET TEMPLATE**

The excel sheet will be provided as a separate document.

[End of Annex 2]

**ANNEX 3 - 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.**

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

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

x		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	x	RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	x	RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	x	RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)
x		RAA18. USAID DISABILITY POLICY - ASSISTANCE (DECEMBER 2004)
	x	RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	x	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	x	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	x	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
x		RAA23. UNIVERSAL IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT (NOVEMBER 2020)
x		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
	x	RAA25. PATENT REPORTING PROCEDURES (NOVEMBER 2020)
	x	RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
x		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
x		RAA28. AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
	x	RAA29. RESERVED
	x	RAA30. PROGRAM INCOME (AUGUST 2020)
	x	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (NOVEMBER 2020)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (NOVEMBER 2020)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
		RAA5. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
x		RAA6. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (NOVEMBER 2020)
x		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (NOVEMBER 2020)
x		RAA8. SUBAWARDS (DECEMBER 2014)
x		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
x		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
x		RAA11. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
x		RAA12. PATENT RIGHTS (JUNE 2012)
x		RAA13. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	x	RAA14. INVESTMENT PROMOTION (NOVEMBER 2003)
x		RAA 15. COST SHARE (JUNE 2012)
	x	RAA16. PROGRAM INCOME (AUGUST 2020)
x		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	x	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	x	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	x	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	x	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)

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

[End of Annex 3]

## ANNEX 4 - AMELP TEMPLATE



### PROGRAM CYCLE

#### Monitoring Toolkit: Activity Monitoring, Evaluation, and Learning Plan Template

#### Introduction

The template that follows this introductory page provides a suggested outline and basic guidance for the development of an Activity Monitoring, Evaluation, and Learning Plan (Activity MEL Plan) by a USAID implementing partner. As noted in USAID's **ADS 201.3.4.10**: "Activities must have an approved Activity MEL Plan in place before major implementation actions begin." For further policy on Activity MEL Plans, see ADS 201.3.4.10. This template should be used in conjunction with the guidance provided in USAID [How-To Note: Activity Monitoring Evaluation and Learning Plan](#).

#### How to Use This Template

While Activity MEL Plans are required for most activities, this template is not required, nor is there any Agency-wide required structure or format of Activity MEL Plans. This template is merely offered as a helpful tool for USAID staff and implementing partners.

USAID Missions and other Operating Units that choose to provide a standard Activity MEL Plan template to their implementing partners may adopt this template, adapt it, or devise a standard template of their own. USAID Missions and other Operating Units may also leave the decision of how to structure and format the Activity MEL Plan to their implementing partners.

USAID implementing partners should consult with their COR or AOR about specific requirements or recommendations for their Activity MEL Plan.

The italicized text in each template section provides guidance and recommendations for what to include in that section, including examples and sample text. Required elements are noted in footnotes. For additional guidance on Activity MEL plans see the USAID [How-To Note: Activity Monitoring Evaluation and Learning Plan](#).

Please note that per ADS 579.3.1, all activities that require an Activity MEL Plan also require a Data Management Plan (DMP). The DMP may be developed and approved as a section of the Activity MEL Plan or as a separate plan. For further guidance on Data Management Plans, see [ADS 579](#).



**[ACTIVITY TITLE]**

Activity Monitoring, Evaluation, & Learning Plan

**Approved Date:** [e.g., April, 2018]

**Version:** [1]

**Agreement Number:** [Insert number]

**Activity Start and End Dates:** [e.g., January 1, 2018 to December 31, 2023]

**AOR/COR Name & Office:** [Insert name, office]

**Submitted by:** [Insert name, position]

Name of Prime Implementing Partner (IP)]

**DISCLAIMER**

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

**List of Acronyms**

[Insert acronyms here]

## **I. Introduction**

*This section introduces the Activity MEL Plan, describes the structure of the plan, sets the time period covered by the plan, and describes how it will be updated.*

### **ACTIVITY THEORY OF CHANGE**

*Include a brief summary description of the activity theory of change.*

### **LOGIC MODEL**

*Add a logic model that graphically depicts the activity theory of change. Performance indicators and learning questions may be added to the logic model where relevant to indicate the connection between elements of the theory of change and MEL tasks.*

## **2. Monitoring Plan**

*Describe the activity's monitoring approach, including monitoring processes and systems.<sup>5</sup>*

### **PERFORMANCE MONITORING**

*Describe the efforts to monitor activity performance.  
A summary of the relevant performance indicators of the activity's outputs and outcomes, their baseline values (or plan for collecting baseline), and annual targets should be listed in the Annex.<sup>6</sup>*

### **CONTEXT MONITORING**

*Describe any efforts for monitoring the activity's context and emerging risks that could affect the achievement of the activity's results.*

## **3. Beneficiary Feedback Plan<sup>7</sup>**

1. Determination on whether collecting beneficiary feedback is appropriate for the activity. If not, then a written explanation for why not
2. Describe procedures for collecting feedback from beneficiaries.
3. Describe procedures for responding to feedback from beneficiaries.

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<sup>5</sup> This is a required element of an Activity MEL plan per USAID ADS 201.3.4.10.

<sup>6</sup> This is a required element of an Activity MEL plan per USAID ADS 201.3.4.10.

<sup>7</sup> This is a required element of an Activity MEL plan, "as appropriate" per USAID ADS 201.3.4.10.

4. Describe procedures for reporting to USAID.

#### 4. Evaluation Plan

##### INTERNAL EVALUATION PLAN

*If intending to conduct an internal evaluation using USAID funds, then complete the internal evaluation table for each evaluation expected over the life of the activity.*

##### Internal Evaluation Table

Evaluation Type	<i>Performance or Impact</i>
Evaluation Purpose and Expected Use	
Possible Evaluation Questions	
Estimated Budget	
Start Date	
End Date	

##### PLANS FOR COLLABORATING WITH EXTERNAL EVALUATORS

*If USAID is planning to conduct an external evaluation of this activity, describe how the activity will collaborate with the external evaluation team.*

#### 5. Collaborating, Learning, and Adapting Approach

*Include learning questions related to the theory of change or knowledge gaps and plans to address them. Describe plans for strategic collaboration with other activities or stakeholders; reflection opportunities; how the implementing partner will use new knowledge and learning for adaptations; and plans for knowledge capture at closeout.*

#### 6. Resources

*Specify the budget allocated to monitoring, evaluation, and learning by listing the tasks, estimated costs, and proportion of the budget.*

#### 7. Roles and Responsibilities

*Describe the general and individual roles and responsibilities for activity monitoring, evaluation and CLA tasks and approaches.*

#### 8. Schedule of Activity MEL Plan Tasks

*Provide a schedule of recurring tasks related to monitoring, evaluation, CLA or other planned learning efforts during the activity and the individuals who are responsible for them.*

**Schedule of Recurring Tasks Table**

Tasks	Frequency	Responsible person or team

**9. Schedule of Activity MEL Plan Deliverables to USAID**

*List the various monitoring, evaluation, and CLA or other learning deliverables (including ad hoc and recurring reports) that will be provided to USAID.*

**Example Schedule of Activity MEL Plan Deliverables to USAID Table**

Deliverable	Frequency	Transmission to USAID via	Description of Content

**10. Change Log**

*Describe the changes that are made to the Activity MEL Plan over time.*

**Example Change Log**

Date:	Change By:	Change to:	Description of Change:
<i>Effective date of change.</i>	<i>Person or team who made the change.</i>	<i>Section of the Activity MEL Plan changed. If indicator is changed, include the Indicator No.</i>	<i>Summarize the change that was made to the Activity MEL Plan and the reason the change was made.</i>

## **Annex I: Indicator Summary Table**

*An Indicator Summary Table is provided below. This plan may be adapted to include other information based on what is most relevant to the needs of the activity implementing partner or the USAID Operating Unit.*

### **Instructions**

1. **Indicator:** State the name and unique identifier for the indicator that will measure the expected result listed in the next column. Disaggregates of an indicator may be listed on a separate row below the parent indicator.
2. **Result Measured by Indicator:** State the result statement and the unique identifier for the expected result in the theory of change that the indicator intends to measure.
3. **Type of Indicator:** State whether the indicator is (1) a “Performance” indicator or a “Context” indicator, and (2) a “Standard” indicator or a “Custom” indicator.
4. **Data Source:** State the source of the data or planned source of the data.
5. **Frequency:** State how often the data are reported to USAID.
6. **Unit of Measure:** State the unit of measure (e.g., number of hours, percent of households).
7. **PPR:** State “Y” if this indicator is included in the PPR or “N” if this indicator is not included in the PPR. (Note: standard indicators are required to be reported in the PPR.)
8. **Baseline Date:** State the month and year (mm/yyyy) when the baseline data were collected. If baseline is still planned, state the month and year when the baseline is planned to be collected.
9. **Baseline Value:** State the value of the indicator at “baseline,” i.e., before major implementation actions of the planned USAID-supported activity. Enter “TBD” if the baseline has not yet been collected.
10. **Target Date:** State the month and year (mm/yyyy) for when the target value is expected to be achieved. This may be aligned with the reporting frequency of the indicator, it may be an end-of-activity target, or some other relevant milestone date.
11. **Target Value:** State the estimated value of the indicator expected on the target date.

**Example Indicator Summary Table**

Indicator	Result Measured by Indicator	Type of Indicator	Data Source	Frequency	Unit of Measure	PPR (Y/N)	Baseline		Target	
							Date	Value	Date	Value
<i>Examples...</i>										
<i>Indicator DR.1.5-1 Number of USG-assisted courts with improved case management systems</i>	<i>Improved operations of civil courts</i>	<i>Performance / Standard</i>	<i>Implementing Partner count of courts assisted.</i>	<i>Reported annually</i>	<i>Number</i>	<i>Y</i>	<i>09/2017</i>	<i>0</i>	<i>09/2022</i>	<i>120</i>
<i>Indicator 3.4.1(a) Neonatal mortality rate (number of deaths of infants during the first 28 days of life per 1,000 live births) in childbirth facilities in the southern region</i>	<i>Improved child birth outcomes in the southern region</i>	<i>Performance / Custom</i>	<i>Survey of child birth facility vital registration data.</i>	<i>Reported quarterly.</i>	<i>Number per 1,000</i>	<i>Y</i>	<i>01/2016</i>	<i>55.3</i>	<i>09/2021</i>	<i>40.0</i>
<i>Indicator 3.4.1(b) FEMALE - Neonatal mortality rate (number of deaths of infants during the</i>	<i>Improved child birth outcomes in the southern</i>	<i>Performance / Custom</i>	<i>Survey of child birth facility vital</i>	<i>Reported quarterly.</i>	<i>Number per 1,000</i>	<i>Y</i>	<i>01/2016</i>	<i>55.2</i>	<i>09/2021</i>	<i>40.0</i>

<i>first 28 days of life per 1,000 live births) in childbirth facilities in the southern region</i>	<i>region</i>		<i>registrati on data.</i>							
<i>Indicator 3.4.1(c) MALE - Neonatal mortality rate (number of deaths of infants during the first 28 days of life per 1,000 live births) in childbirth facilities in the southern region</i>	<i>Improved child birth outcomes in the southern region</i>	<i>Perform ance / Custom</i>	<i>Survey of child birth facility vital registrati on data.</i>	<i>Reporte d quarterl y.</i>	<i>Numbe r per 1,000</i>	<i>Y</i>	<i>01/2 016</i>	<i>55. 4</i>	<i>09/2 021</i>	<i>40. 0</i>

[End of Annex 4]





## ANNEX 6 - BRANDING STRATEGY AND MARKING PLAN

### *Branding Strategy (assistance)*

**Instructions:** (delete this section from your final version).

Please consult closely with [ADS320](#), Administration of Assistance Awards: Marking ([22 CFR 226.91](#)), Marking Under Assistance Instruments ([AAPD 05-11](#)), USAID's [Graphic Standards Manual](#) and Partners Co-Branding Guide, and other resources available via USAID's [Branding page](#), including a [FAQ](#) section, as you prepare your Branding Strategy, and consult these resources regularly as you plan for and implement public outreach components of your activity.

The overall purpose of a Branding Strategy is to lay out how implementing partners will promote activity accomplishments and impacts to beneficiaries and host-country citizens, and how you will recognize the role of the American people in supporting your activity. It will serve as the “road-map” for how your activity will coordinate communications activities with your AOR and the Mission’s Development Outreach and Communications (DOC) Specialist, **Ousmane Conde** at [ouconde@usaid.gov](mailto:ouconde@usaid.gov).

Branding Strategies specifically address the following:

- How to incorporate the message, “This assistance is from the American people,” in communications and materials directed to beneficiaries, or provide an explanation if this message is not appropriate or possible.
- How to publicize activity in the host-country and a description of the communications tools to be used.
- The key milestones or opportunities anticipated to generate awareness that the program, project, or activity is from the American people. Such milestones may be linked to specific points in time, such as the beginning or end of an activity, or to an opportunity to showcase publications or other materials, research findings, or activity success.

The text below serves as a framework to help you prepare your Branding Strategy. USAID places great importance on communication that conveys the impact or results of an activity. Please think through the information presented below carefully and provide thoughtful responses. If there are additional communications opportunities or issues not covered below, please add them into your submission. Please be sure that this document addresses all of your communications needs and aspirations.

In line with USAID guidance in [ADS 200](#) and elsewhere, your award is referred to in this document as an “activity” that contributes to higher level Mission “programs” or “projects.” This does not prevent you from using other preferred terms in your public communications. For USAID communications, “branding” refers to the overall communications experience and how the activity is connected to USAID and the American people; and “marking” refers to the use of the USAID and partner graphic identities.

**Activity Name:** *(please complete all sections)*

**Agreement Number:**

**Period of Activity:**

**Implementing organization:**

**Date:**

## 1. Positioning

*In this section, please describe:*

- *Which organization(s) will be referred to as the owner(s) of the activity in public communications? Note, while a grantee's logo may be used alongside USAID's, a separate activity logo is not permitted.*
- *How will the activity be referred to in public communications? Note, the activity's name in public communications is not required to be the same as the formal name listed in agreement documents. Please make sure that the name selected is short, understandable and translates well into local languages. USAID discourages the use of activity acronyms unless the acronym benefits activity communications. When specifying the activity's public name, please consider how you will use it and how it will be perceived among target audiences: Will it make sense? Will it be meaningful and identifiable with the purpose of the activity? Convenient to use in speeches, at events and on banners? In local languages?*
- *Please specify the activity name in local languages.*
- *If possible, USAID requests our brand name (USAID) be included as part of the overall activity name. It is acceptable to "co-brand" the title, for example: "The USAID and [grantee] Health Project." If it would be inappropriate or is not possible to "brand" the activity this way, such as when rehabilitating a structure that already exists or if there are multiple donors, please explain and indicate how you intend to showcase USAID's involvement in publicizing the activity.*
- *While you may translate the U.S. Agency for International Development and the "from the American people" tagline into local languages, please do not refer to USAID in other scripts. USAID should always be written in English.*

## 2. Activity Communications and Publicity

### a). Primary and Secondary Audiences for this Activity

**Guidelines:** *Please include direct beneficiaries and any special target audiences or influencers that will be targeted in activity communications. For example: primary audience -schoolgirls age 8-12; secondary audience- teachers and parents.*

*USAID's target audiences in Guinea (in addition to direct beneficiaries) for public communications include people who influence public opinion, including government officials at local and central levels (beyond direct counterparts), academics, the private sector, religious and community leaders, media outlets and students. Please consider how you can address these groups through activities and public communications – within the limitations and restrictions related to the operating environment in each specific country.*

## b). Main Activity Message

**Guidelines:** *Include the intended message(s) of the activity – if you had to sum up the purpose of your activity in one brief statement, addressed to its key audiences, what would it be? For example: "Get tested for HIV" or "Have your child immunized." Also include secondary messages, if applicable.*

## c). Communications Materials

**Guidelines:** *This section covers what materials, communications products or tools will be used to explain or market the activity to beneficiaries, such as training materials, posters, pamphlets, public service announcements, billboards, websites (note: websites to be created by an activity require prior approval from the USAID/Washington Website Governance Board Committee), e-invitations, or other emails sent to group lists or any other communications channels you have in mind. Please briefly list these materials here and describe their purpose. In addition, in the table below section d), please list additional details about their dissemination, number to be used, when they will be distributed, audience, etc.*

## d). Promotion of the activity among host country citizens

**Guidelines:** *Please include a brief description of your overall approach to outreach: what will the focus be, what media (online, regional, or national, print or TV or radio) will you primarily engage, etc. – and then discuss specifics as suggested below. Please describe:*

- **What key anticipated milestones or opportunities** the activity will use to generate awareness about the activity (or a specific intervention)? Such milestones may be linked to specific points in time, such as the beginning or end of an initiative, or to an opportunity to showcase publications or other materials, research findings or activity success. These include, but are not limited to launching the activity, announcing research findings, publishing reports or studies, spotlighting trends, highlighting success stories, featuring beneficiaries as spokespeople, showcasing before-and-after photographs, marketing agricultural products or locally-produced crafts or goods, securing endorsements from ministry or local organizations, promoting final or interim reports, and communicating activity impact/overall results. Please coordinate with the DOC team to share this content via our [Facebook page](#) and via other social media channels.
- Explain how any of the public communications materials will be **disseminated** in each country where the activity is implemented.

You may consider conveying this information in a table such as the one that follows: *This is just an example*

<b>Communication Product or Tool, Event or Milestone</b>	<b>Start/End Date</b>	<b>Frequency</b>	<b>Audience</b>	<b>Dissemination mechanisms</b>
<i>Activity Launch and Close-Out Conferences</i>	<i>November 1, 2019 - September, 2020</i>	<i>Twice in each country</i>	<i>NGO Community, local government, USAID target audiences in the host country</i>	<i>Local media</i>
<i>Activity Fact Sheet and Brochure (2,000 copies annually)</i>	<i>December 1, 2019</i>	<i>Revised annually</i>	<i>Government, USAID, USAID target host country audiences</i>	<i>Given to beneficiaries, other groups at meetings and events, included in material packages for all events</i>
<i>Community Launch Ceremonies</i>	<i>March 1, 2019</i>	<i>80 across the region</i>	<i>Local community, local government, media, community members</i>	<i>Local press invited to each, press release prepared and disseminated</i>
<i>Success Stories</i>	<i>December 1, 2019</i>	<i>5 per year</i>	<i>NGO community, government counterparts</i>	
<i>T-shirts to promote the activity (500)</i>	<i>January 1, 2020</i>	<i>Annually</i>	<i>USAID target audiences in the host country</i>	<i>Disseminated at all public events</i>
<i>Leaflets on health issues (50,000)</i>	<i>June 2019</i>	<i>Annually</i>	<i>Mothers with children under 5</i>	<i>Disseminated at activity events</i>
<i>Banners, Folders, Pins, and Other Products</i>	<i>January 1, 2020</i>	<i>Ordered as necessary</i>	<i>USAID target audiences in the host country</i>	<i>Disseminated at all public events</i>

**e). Conveying the Message “From the American people” through Public Communications**

*Guidelines: Please indicate how the activity will incorporate the message, “This assistance is from the American people,” in communications and materials directed to beneficiaries as well as to other host country audiences.*

At each public event, including (*please include examples, such as conferences, seminars, trainings, and other events*), USAID branding will be appropriately displayed and “support from

the American people” will be verbally acknowledged in the language(s) laid out in the accompanying Marking Plan. In addition, (*implementing partner*) will ensure that all staff can speak about the activity and explain USAID and the American people’s role in the activity.

*Please be sure to add your additional ideas about effective communications. Will you develop videos? Host roadshows? Pursue a weekly radio call in show? There is not a pre-determined right answer here, just be sure to think through what will make your activity’s communications most effective given your unique circumstances.*

The activity will use the USAID Identity in all public communications. Additionally, all publications will include the following note in the relevant language (add other languages as appropriate):

**USAID is the leading American government agency building social and economic prosperity together with the people of Guinea.**

All public printed, video and audio materials must also include a disclaimer (text included in the accompanying Marking Plan) to identify the parties responsible for the publication’s content. USAID requests pre-production review of all USAID funded public communications materials.

**f). Design of Publicity Materials and the Use of the USAID Logo:**

For all printed matter, including publications, official and/or public activity communications, banners and other signs, and promotional products developed to increase the visibility of the activity among its target audiences, the activity will use guidance laid out in the USAID [Graphic Standards Manual](#) and [Partners Co-Branding Guide](#). This includes the use of the USAID Identity, color scheme, design and typeface for any outreach materials. *Samples and logos may be found at [www.usaid.gov/brandingresources](http://www.usaid.gov/brandingresources).*

The activity will submit all public communications materials (including video concepts) to the AOR for preproduction review for branding and content before costs are incurred or designs are finalized. All costs associated with branding and marking are included in the overall activity budget.

*Newspaper or other media ads recruiting staff or with administrative announcements or tenders should **not** include the USAID logo. Rather, they can reference the USAID-funded activity. Also, activity personnel business cards should **not** include the USAID logo. Rather, they can refer to a “USAID-grantee.”*

**3. Acknowledgement of Other Organizations**

*Guidance: Please explain how you will acknowledge governmental partners and other cooperating non-governmental organizations or partners, including those (if any) listed in the Marking Plan. It is acceptable and often desirable to “co-brand” interventions with host country ministries or other organizations. Include a brief explanation why the activity feels it is necessary to acknowledge these organizations. In the event the activity must use the local government*

*brand mark and not the USAID brand mark, please follow the **exceptions** process outlined in ADS 320.*

*Will there be any direct involvement from a host-country government ministry or other organization? If yes, please indicate which ones. Are there any other partners whose logo or identity the recipient will use on program materials and related communications? Please specify how these organizations will be acknowledged.*

Other program partners (*please identify who they are/might be*) will be mentioned in written documents that are related directly to them and their logos will be displayed during events in which they are participating (*please adjust this sentence as appropriate*). USAID policy is that all programs, projects, activities, public communications, and commodities, partially or fully funded by a USAID grant or cooperative agreement or other assistance award or subaward, must be marked appropriately with the USAID Identity of a size and prominence equivalent to or greater than the recipient's, other donors or any other third party's identity or logo. USAID requires the USAID Identity to be larger and more prominent if it is the majority donor. If circumstances warrant, on a case-by-case basis depending on the audience, program goals and materials produced, a cooperating country government's identity may be larger and more prominent.

#### **4. Coordination with USAID on Outreach and Communications**

All public communications materials (including video concepts) must be cleared by USAID for pre-production review for both branding and content before costs are incurred or designs are finalized. This review includes final clearance from the USAID DOC team, through the AOR. Public communication materials include but are not limited to: websites and social media pages (which require USAID/Washington Website Governance Board Committee clearance), video (concepts must be approved by the DOC team *before* production can begin), press releases, success stories, briefers, fact sheets, journal articles and other publications. The activity will clear any planned media events and media interviews with USAID (AOR and DOC) and follow guidance set by Embassy Public Affairs Sections (PAS). Where Embassy PAS policy permits, the project is responsible for inviting and coordinating press, placing news stories, distributing press release, and providing transportation and other logistical support when needed.

Throughout activity implementation, (*implementing organization*) will provide USAID with:

- a) Project Fact Sheets, to be updated and submitted to USAID on a specified USAID [template](#) twice/year or at the request of USAID.
- b) An updated quarterly list of public events to be organized by the activity during the coming three months, including approximate date, location, and audience. The activity will coordinate with USAID about the inclusion of USAID promotional materials for participants and the participation of USAID or U.S. Government representatives.

- c) Two success stories per activity per year. *Please communicate with your AOR and/or DOC counterpart for guidance as you prepare and submit your success stories. Note: we are interested in human impact stories that demonstrate real impact, NOT process level stories or descriptions of trainings or conferences. A good success story can be as simple as a compelling photo and appropriate caption. Please review text submitted carefully for grammar and impact. Make sure your story touches upon the issue you are addressing, why it's important, your activity's impact, and try to maintain a human focus. Make sure you provide high-resolution photos with captions and photo credits with your stories. The DOCs can use well-written stories for public facing platforms like the Agency photo blogs and Embassy Facebook pages as well as in internal reports sent to Washington. In addition to the two annual success stories, projects can also share smaller stories and anecdotes highlighting project achievements that can be used on social media (primarily Facebook and Twitter).*
- d) A minimum of 20 photographs per year for the country where the activity is implemented that are illustrative of the activity's achievements. *The photos can be submitted via Google Drive online sharing system agreed upon with the AOR and DOC (please specify what method will be used in your BIP). Note: USAID uses Google Docs and prefers photo sharing via this system. The photographs must comply with guidance provided in the USAID Graphic Standards Manual and Partner Co-Branding Guide and be in JPEG format and at least 1MB in size. Each photograph should include a brief explanation about its subject and identify the photographer and his/her organization, person(s) featured in the photograph and the location where the photograph was taken. The activity is responsible for obtaining and holding photo releases from all subjects.*
- e) Clippings of and/or web links to press articles that mention the activity or its interventions.
- f) An electronic and/or print copy of all public communications materials produced by the activity on a quarterly basis.
- g) Once a year, the activity will present a summary of all completed publicity events and media coverage, including on social media platforms.
- h) The activity will upload to USAID's [Development Experience Clearinghouse](#) (DEC) all appropriate activity materials. Materials that can be uploaded to DEC include quarterly and final reports, publications, brochures, evaluations, photos, among others. *The DEC serves as a searchable repository of all USAID related publications going back decades. If necessary, uploaded materials can be restricted so that they can only be accessed by USAID staff (however, to the extent possible, we hope to keep materials publicly accessible).* The annual work plan process will include developing/updating a communications plan indicating anticipated key milestones, events and communications tools and approaches to be used in the upcoming year. This will include a communications calendar that will state the proposed timing for major events and other communications-related actions.

In the event of changed circumstances for implementation of this Branding Strategy, *(implementing organization)* will submit to USAID via the AOR, a request to modify this plan and/or other related documents, such as the Marking Plan.

## Marking Plan (*assistance*)

**Instructions:** (delete this section from your final version).

Please consult closely with USAID’s [ADS320](#), Administration of Assistance Awards: Marking ([22 CFR 226.91](#)), Marking Under Assistance Instruments ([AAPD 05-11](#)), [Graphic Standards Manual](#) and Partners Co-Branding Guide and other resources available at USAID’s [Branding page](#), including the [FAQ](#) section, as you prepare your Marking Plan, and consult these resources regularly as you plan for and implement the public outreach components of your activity.

The overall purpose of a Marking Plan is to lay out the ways in which public communications, commodities, activity materials and other items will visibly display or will be marked with the USAID logo. Marking considerations during activity implementation must be closely coordinated with your AOR and the Mission’s Development Outreach and Communications (DOC ) Specialist, Ousmane Conde at [ouconde@usaid.gov](mailto:ouconde@usaid.gov).

Marking Plans specifically address the following:

- Marking regulations in sub-awards;
- Disclaimer language to be included in publications;
- Design considerations in the use of the USAID Identity;
- How deliverables and public communications produced as part of the activity will be marked; and
- If appropriate, the need for an exception that details materials that will not be marked and why.

The text below serves as a framework to help you in preparing your Marking Plan. USAID places great importance on communication that conveys the impact or results of an activity. Please think through the information presented below carefully and provide detailed responses. If there are additional communications opportunities or issues not covered below, please add them to your submission. Please be sure that this document addresses all examples of marking you envision for your activity.

In line with USAID guidance in [ADS 200](#) and elsewhere, your award is referred to in this document as an “activity” that contributes to higher level Mission “programs” or “projects.” This does not prevent you from using other preferred terms in your public communications. For USAID communications, “branding” refers to the overall communications experience and how the activity is connected to USAID and the American people; and “marking” refers to the use of the USAID and partner graphic logos.

*Please note: all text in Italics is only for your guidance only; please delete it from your final version. This text aims to give you guidance as you prepare your Marking Plan; it does not, however, aim to cover all possible situations relevant to your activity. Feel free to add additional text or sections to accommodate your ideas or needs. Also, feel free to change our standard text (i.e. text not in italics), within reason, as required. It is not our aim to receive formulaic text;*

*rather, we are interested in hearing your ideas on how to maximize public recognition for your accomplishments. For questions, do not hesitate to contact the USAID DOC team.*

**Activity Name:** *(please complete all sections)*

**Agreement Number:**

**Period of Activity:**

**Implementing organization:**

**Date:**

*(Implementing organization)* intends to mark deliverables and public communications under this activity as outlined in this Marking Plan.

- 1. Marking of Sub-awards:** Award marking requirements “flow down” to sub-grantees or sub-awards. *(Implementing organization)* and include, for each sub-grant, the following standard provision regarding USAID Branding and Marking requirements:

“As a condition of receipt of this sub-award, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient’s, sub-recipient’s, other donor’s or third party’s is required. In the event the recipient chooses not to require marking with its own identity or logo by the sub-recipient, USAID may, at its discretion, require marking by the sub-recipient with the USAID Identity.”

Any activity conducted jointly by this activity and other donors, local organizations, or government entities must include prominent positioning of the USAID logo and the message “From the American people”.

- 2. Disclaimer Language for Publications:** *(please include only applicable translations of the disclaimer below.)* All studies, reports, publications, websites (note: any websites developed by the activity require separate USAID/Washington approval) and all informational and promotional products will contain the following provision:

English	This study/report/publication <i>(specify)</i> is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of <i>(name of organization)</i> and do not necessarily reflect the views of USAID or the United States Government.
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- 3. Design of Publicity Materials and the Use of the USAID Logo**

For design aspects of all activity publications, including printed, online or event materials, the activity will comply with guidance provided in USAID’s [Graphic Standards Manual](#) and [Partners Co-Branding Guide](#). This includes issues such as the use of the USAID identity, as well as color palette, design, typeface and other design considerations. *For a definition of USAID’s logo, brandmark, etc., please refer to USAID’s [branding page](#).*

#### 4. Marking of Activity Deliverables and Public Communications

The following public communications and activity materials will be produced as part of the award and will visibly bear the USAID Identity. All branding and marking of these materials will be in line with guidance laid out in the [Graphics Standards Manual](#) and [Partners Co-Branding Guide](#).

##### **Table #1: Marked deliverables and public communications**

*Items to include and discuss in Table #1 below include the following. This is only a sample list; please do not include items that are not relevant to your activity, but make sure to add any additional items you plan to produce:*

- *Publications including factsheets, brochures, leaflets, PowerPoint presentations, online publications, blogs, etc.;*
- *Event materials, (including conferences, trainings, study tours, exhibitions, briefings, seminars, fairs, workshops, public meetings, etc.), including handouts, banners, plaques, certificates, etc.*
- *Media materials including advisories and press releases, invitations and articles in print or online media;*
- *Audiovisual materials including videos, documentaries and TV and radio public service announcements;*
- *Surveys, reports, manuals, textbooks, training materials;*
- *Promotional materials (e.g., t-shirts, pens, caps, pins, etc.);*
- *Commodities used for activity purposes: equipment, tools, furniture, instruments;*
- *Physical infrastructure;*
- *Websites and social media pages (websites must be approved by the USAID/Washington Website Governance Board Committee)*

*In the table below, please include a clear explanation of where the USAID logo will be placed (on which page, etc.). Discuss placement of disclaimer text and any other marking considerations. Please consider attaching samples of how you are planning to mark various types of documents: i.e., include a sample fact sheet or a certificate, etc. – so that we can see what exactly you are planning. Please only include one sample for all the types of documents that will be marked the same way – and identify which types of documents the sample will apply to. Items included in the table below are only examples, please change as applicable.*

*(Implementing organization)* will include the USAID logo and describe the activity as USAID in all public communications materials, including, but not limited to press releases, fact sheets, reports, success stories and brochures. Audiovisual materials must include the appropriate logo. A text description describing the activity as USAID's is not necessary or feasible on signs, banners, conference materials, promotional materials, physical infrastructure, or other similar items.

For the following deliverables, (*implementing organization*) will mark USAID's involvement in the following ways:

<b>Activity deliverable</b>	<b>Type of marking</b>	<b>Start date &amp; frequency</b>	<b>Placement of marking</b>
<i>Press releases (see attachment XX)</i>	<i>1). USAID logo 2). Text about USAID (included in the Branding Strategy)</i>	<i>June 2019; Monthly</i>	<i>1). The logo will be located on the upper left hand side of the first page 2). Included as the last paragraph</i>
<i>Fact sheets about the activity (see attachment XX)</i>	<i>1). USAID logo 2). Text about USAID</i>	<i>June 2019 Reviewed semi-annually in June</i>	<i>1). The logo will be placed on the upper left hand side of the first page 2). Included as the first paragraph</i>
<i>Brochures about the activity (see attachment XX)</i>	<i>1). USAID logo 2). Text about USAID 3). Disclaimer</i>	<i>June 2019; Updated annually in June</i>	<i>1). The logo will be placed in the upper left corner of the front page 2). Included as the first paragraph 3). At the bottom of the back page</i>
<i>Reports, research products, and other multiple page documents</i>	<i>1). USAID logo 2). Disclaimer</i>	<i>June 2019; quarterly</i>	<i>1). The logo will be centered on the cover either on the top or the bottom of the page depending on formatting 2). Included at the bottom of first page</i>
<i>Event banners</i>	<i>USAID logo</i>	<i>June 2019; quarterly</i>	<i>On the left hand side of the banner above any writing</i>
<i>Training events</i>	<i>USAID logo</i>	<i>June 2018; monthly</i>	<i>By the entrance to the training room and at the front of the room</i>
<i>Training materials (list titles/other details if known)</i>	<i>USAID logo</i>	<i>2019-2020; monthly</i>	<i>1). Cover page, top left corner 2). At the bottom of the front page, in italics</i>
<i>Success stories</i>	<i>USAID logo</i>	<i>June 2019; quarterly</i>	<i>As per USAID standard template</i>

Any items not mentioned in Table 1 that are developed over the course of activity implementation will be marked in a similar fashion to those listed above in line with guidance provided in the Graphics Standards Manual, unless they are exempt from marking by USAID

regulations (i.e., business cards, items solely for activity administrative use, administrative letters, etc.).

The DOC team, through the AOR, must review and approve all USAID-funded public communications and activity materials for compliance with USAID graphic standards and the approved Marking Plan **before** production or publication.

**Table #2: Exceptions and Waivers to Award Marking Requirements**

**Exceptions:** *It is USAID policy that all public communications partially or fully funded by a USAID grant or cooperative agreement must be appropriately marked with the USAID Identity. There are several justifications for exceptions to marking requirements, laid out in CFR 226.91.h, including the risk that branding would compromise the neutrality of activity materials, diminish the credibility of a study or assessment, or undercut host-country ownership of an initiative. Exceptions are programmatic, granted for non-emergency situations and usually approved pre-award. If you anticipate applying for any such “exceptions” to contract marking requirements, please list them here. Note, these exceptions are not automatic and require the approval of the AOR, the DOC and the Agreement Officer. **If you plan to mark all activity deliverables, please do not complete this section.***

The activity requests the following deliverables not carry USAID marking. The specific deliverables to be unmarked and the rationale for this request are indicated below. All other deliverables will be marked as indicated above. Exceptions to marking requirements require the approval of the AOR, the DOC and the Agreement Officer.

Activity deliverable	Rationale	How will USAID assistance be acknowledged?	Estimated period/date of application
<i>Name the deliverable you request not be marked.</i>	<i>Identify which exception listed in CFR 226.91.h is applicable and briefly explain why this exception is requested.</i>		

**Waivers:** *Once this Marking Plan is approved, any cases in which marking would pose an emergent and compelling **political, safety or security** concern and the activity wishes for contract deliverables to be un-marked requires a “waiver to contract marking requirements” as laid out in ADS 320.3.2.6. Only the USAID Principal Officer has this authority to waive, in whole or in part, USAID marking requirements.*

**Table #3: Marking Costs**

Costs associated with marked deliverables are listed below. *Items included in the table below are only samples, please change as applicable.*

Marked item	Description	Quantity	Cost
<i>Banner with the USAID logo (see attachment XX with the design)</i>	<i>1mx2.5m</i>	<i>2</i>	<i>\$XXX</i>
<i>Stickers with the USAID logo (see attachment XX with the design)</i>	<i>10x20 cm</i>	<i>1000</i>	<i>\$</i>
<i>Activity brochures</i>	<i>Arabic language</i>	<i>2000</i>	<i>\$</i>
<i>Plaques for assisted schools (see attachment XX with the design)</i>	<i>30x60cm, white plastic, English and Arabic text</i>	<i>50</i>	<i>\$</i>
<i>Total</i>			<i>\$</i>

All estimated costs associated with branding and marking USAID programs, such as plaques, labels, banners, press events, promotional materials and other similar items must be included in the total cost estimate of the grant or cooperative agreement or other assistance award and are subject to revision and negotiation with the Agreement Officer upon submission of the Marking Plan.

## 5. Modifications

In the event of changed communications circumstances over the course of activity implementation requiring a modification to this Marking Plan, *the implementing organization*, through its AOR, will submit to USAID a request to modify this plan and/or other related documents, such as the Branding Strategy. Such a request requires the approval of the activity's AOR, in consultation with the DOC team and the Agreement Officer.

*Please include as attachments any samples of marked items referred to in the tables you wish to submit at this time.*

## 6. Mandatory pre-production review

All public communications, commodities, banners, boards, posters, publications, audiovisual and other materials produced by [activity name] will be submitted, for compliance, to the AOR and the USAID DOC section for review prior to production, printing, publication at least two weeks before.

[End of Annex 6]

**ANNEX 7 USAID PARTNER LANDSCAPE ANALYSIS (PLA)**

The Partner Landscape Analysis (PLA) will be provided as a separate document.

[End of Annex 7]