Issue Date:	4/18/2024
Deadline for Question:	4/29/2024
Closing Date:	6/17/2024
Closing Time:	16.30 Burundi time

Subject: Amendment Number 2
Notice of Funding Opportunity Number: 72069524RFA00003

Program Title: USAID Integrated Community Health Activity

Federal Assistance Listing Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development Mission in Burundi (USAID/Burundi) is seeking applications for a cooperative agreement from qualified entities to implement the USAID Integrated Community Health Activity. Eligibility for this award is restricted to local Burundian organizations.

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.

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

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

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier 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.

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.

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. All preparation and submission costs are at the applicant's expense. USAID reserves the right to fund any or none of the applications submitted.

Thank you for your interest in USAID programs.

Sincerely,

Katie R. Larson
Agreement Officer

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SECTION A: PROGRAM DESCRIPTION

A.1 INTRODUCTION

The Strategic Framework of the United States Agency for International Development (USAID) Burundi, goal is to "Lay the Foundations to sustainable development and support the capitalization of peace in Burundi" with three development objectives (DO1) Human capital developed (DO2) Peacebuilding Capitalized (DO3) Sustainable Development Enhanced.

The primary purpose of the Integrated Community Health Activity is to contribute to achieving these objectives through increased demand for, access to, and use of quality community health services by women, children, and infants.

People and the communities are deeply impacted by the systems that drive and influence their health; however, they are often not included in the process to create or restructure programs and policies designed to benefit them. When health and health care policies and programs designed to improve outcomes are not driven by community interests, concerns, and needs, these efforts remain disconnected from the people they intend to serve, thus limiting the influence and effectiveness of interventions.

Low community engagement is among factors contributing to low performance in the health sector in Burundi. Community-level services for malaria, Maternal and Child Health, and Family Planning remain challenging, resulting in poor maternal and child health outcomes with high Infant mortality rate at 47/1000 live births and high Maternal Mortality Ratio at 334 per 100,000 live births (2016-2017 DHS).

Therefore, the purpose of the Integrated Community Health activity is to improve community engagement to strengthen the quality of Malaria, Maternal and Child Health (MCH), and Family Planning (FP) services to reduce maternal and child mortality and morbidity.

Key objectives are:

- **Increase community engagement** through Informative, Preparatory and Decision-making participation processes

- **Ensure the continuum of services from health facilities to communities**, in that services facilities provide complement community health services and vice versa in a coordinated fashion from preventive care to treatment for effectively and efficiently and addressing patient concerns.

- **Provide community health workers the training, coaching and supportive supervision** they need to reach the necessary qualification pre-service and in-service.

A.2 BACKGROUND

A.2.1 Country and Sector Context

2.1.1 Country Context

Burundi is a low-income country with a Gross National Income of $780 per capita[1] and remains one of the poorest countries in the world as 87 percent of the population lives on less than $1.90 a day.[2] Burundi is in the bottom five of countries (187 of 191 countries) on the 2022 United Nations Development Programme (UNDP) Human Development Index.[3] Burundi remains a challenging operating environment for implementation of U.S. government-funded programs due to its fragility, its low accountability, and its stability which is not consolidated

Politically, Burundi has a long history of political instability. Since the Arusha Peace Agreement in 2000, which ended seven years of civil war, Burundi had enjoyed relative stability, paving the way for economic recovery. The repercussions of past political crises are still being felt at the socio-economic level, affecting households' financial access to health care and food, resulting in high levels of hunger, malnutrition and a refugee crisis that have been exacerbated by the political and economic crisis.

2.1.2 Health Sector Context

Burundi's health landscape is characterized by persistent challenges in key reproductive, maternal, newborn, and child health and malaria indicators. For example, the maternal mortality ratio in 2017 was estimated to be 334 deaths per 100,000 live births[4] and the neonatal mortality rate was estimated to be 23 deaths per 1,000 live births[5]. According to 2017 DHS, maternal mortality surveillance data reported that 52.5 percent of maternal deaths occur immediately postpartum, and 17.8 percent occur during pregnancy.[6] Under-five mortality stands at 78 deaths per 1,000 live births, and under-five morbidity is characterized by chronic malnutrition (55.8 percent of children under five are stunted. The total fertility rate of 5.5 children per woman remains one of the highest in the world, and the modern contraceptive prevalence rate of 23 percent has fallen short of Burundi's Family Planning 2030 objectives. Less than 50% of pregnant women had at least 4 prenatal visits and 47% had their first prenatal visit at less than 4 months of pregnancy. Additionally, uptake of ITNs at first antenatal care (ANC) has decreased from 82.7% in 2019 to 76.2% in 2020 and 69,1% in 2021. There is low uptake of Intermittent preventive treatment (IPTp), 76.6% of pregnant women attending ANC received the first dose of sulfadoxine pyrimethamine (IPTp1), 65.2% received IPTp2 and 50.6% received IPTp3+ . According to the World Malaria Report 2021, Burundi is among the twenty countries with the highest number of malaria cases and deaths and is one of the most serious public health problems in Burundi and it places a heavy burden on the health system.

A combination of political, economic, religious, social and cultural factors and the rapid population growth contribute to poor health in Burundi. Religious beliefs negatively influence demand for FP services, such as the strong opposition of Catholics religious leaders to modern FP and the delivery of sexual reproductive health (SRH) and FP services to youth. Social and cultural norms and also low income of

[1]https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?locations=BI
[2]https://www.state.gov/reports/2022-investment-climate-statements/burundi/#:~:text=Burundi%20is%20one%20of%20the%20world's%20most%20impoverished%20countries%2C%20with,rate%20of%20about%2065%20percent.
[3] https://hdr.undp.org/data-center/specific-country-data#/countries/BDI
[4] https://data.unicef.org/resources/dataset/maternal-mortality-data/
[5] https://www.dhsprogram.com/publications/publication-FR335-DHS-Final-Reports.cfm
[6]https://www.unfpa.org/data/world-population/BI

households increase the risk of gender based violence (GBV) and influence behaviors around age of first pregnancy and child spacing, while decreasing the willingness to deliver in a health facility and use of bed-nets. Infant feeding practices are also undermined by social and cultural norms, including early cessation of breastfeeding when a mother is pregnant. In addition, the low income of households is one of the main barriers to accessing quality health services.

The Burundian Health Sector comprises diverse entities from the Government of Burundi through faith-based organizations to private practitioners providing curative and preventive health services to Burundians. Other key players are health insurance companies, private pharmacies, private pharmaceutical entities (e.g. ABACUS Pharma, Pharmacie le Champion), regulatory bodies, water and sanitation programs, private sector communication companies, civil society organizations and bodies that provide pre-service training for health care workers and support staff.

The Burundi health system is mainly funded by donors and organizations which include USAID, European Union, Belgium, France, Switzerland, Germany, Japan, World Bank, Global Fund, WHO, UNICEF, UNFPA and UNAIDS, OCHA. The GOB annual budget for health varies from 10 to 15 percent of the total budgetary expenditures (*source April 2022 Assessment Fiscal Accountability and Sustainable Trade (FAST) Project)*.

The health care system is organized through a four-tier system: community level, operational level (health centers, district hospitals), intermediate level (regional hospitals), and central level (four national hospitals). In addition to the national hospitals, there are private hospitals and clinics that participate in providing health care services.

The Burundi Ministry of Health (MOH), with support from financial and implementing donors, introduced the Essential Family Practices Program (EFP) (see Table 1. below) in 2005. The Burundi EFP is intended to promote health practices to increase the use and access to curative services for 80% of the most common diseases. In addition, the GoB subsidizes MCH, FP and malaria diagnosis and treatment for children under five years old and pregnant women. The MOH-approved reproductive, maternal, neonatal and child health care package consists of antenatal care, births and post-natal care. Routine vaccination for eight childhood illnesses is also provided free of charge. However, most of these services are not available in the health facilities.

Table 1: List of Key Essential Family Practices for ensuring child survival

For physical growth and mental development

- Breastfeeding: lactating mothers practices exclusive breastfeeding for at least four months and, if possible, up to six months. (Mothers found to be HIV-positive require counselling about possible alternatives to breast-feeding.)
- Starting at about six months of age, feed children freshly prepared energy and nutrient rich complmentary foods while continuing to breastfeed up to two years or longer.
- Ensure that children receive adequate amounts of micronutrients (vitamin A and iron, in particular) either in the diet or through supplementation) as well as consummation of iodized salt at the household level.
- Promote mental and social development through talking, playing and providing a stimulating environment.

For disease prevention

- Take children as scheduled to complete the full course of immunization (BCG, DPT, OPV, and measles) before their first birthday.
- Dispose of faeces, including children's faeces, safely; wash hands after defecation, before preparing meals and before feeding children.
- Protect children in malaria-endemic areas by ensuring that they sleep under insecticide treated bed nets.
- Adapt and sustain appropriate behaviour regarding prevention and care for HIV/AIDS affected people, including orphans.

For appropriate home care

- Continue to feed, offer fluids including breastmilk to children when they are sick.
- Give sick children appropriate home treatment for infections.
- Take appropriate actions to prevent and manage child injuries and accidents.
- Prevent child abuse and neglect, and take appropriate action when it has occurred.
- Ensure that men actively participate in providing childcare, and are involved in the reproductive health of the family.

For seeking care and basic planning activities

- Recognize when sick children need treatment outside the home and seek care from appropriate healthcare providers.
- Follow advice of health workers about treatment, follow-up and referral.
- Ensure that the pregnant woman has adequate antenatal care. This includes having at least four antenatal visits with an appropriate health care provider and receiving the recommended doses of the tetanus toxoid vaccination. Mother has support from her family/community in seeking care at time of delivery/postpartum/lactation period.

CHWs are an integral part of service delivery in the Burundian health care system. In addition to promotional interventions, the MoH developed and approved a task shifting document to allow CHWs to offer services such as community-based FP methods distribution including pills, condoms, injectable Sayana Press and CycleBeads, as well as the diagnosis and treatment of childhood diseases such as uncomplicated malaria, diarrhea, pneumonia and malnutrition through iCCM. Community testing and treatment of malaria for adults was introduced in 2021.

The Burundi National Malaria Control Program (NMCP) administers a comprehensive package of malaria interventions. This includes the distribution and promotion of the use of insecticide-treated nets (ITNs), indoor residual spraying (IRS), facility case management, community case management (mCCM) for all ages (see Table 2. below), social and behavior change (SBC), and monitoring and evaluation (M&E). Integrated community case management (iCCM) was introduced in 2013 and intermittent preventive treatment in pregnant women (IPTp) was scaled up between 2015-2017. Despite the existence of these strategies, Burundi's Malaria Program continues to face challenges that are (i) low coverage of community-based case management: in 2020, 4,920 CHWs who implemented iCCM only covered 40 percent of the targeted population; (ii) low uptake of IPTp: 76.6 percent of pregnant women attending antenatal care (ANC) received IPTp1, 65.2 percent received IPTp2, and 50.6 percent received IPTp3+; (iii) frequent stockouts reported at health facilities and district level affecting commodity availability for CHWs; and (iv) lack of support to CHW groups on collection and submission of complete and accurate malaria community data. This last challenge is both a funding issue and a systems issue. The health facility-based health promotion technician who is in charge of CHW supervision often does not have time or resources for the supervision required to improve data quality and use at the community level.

Table 2: Care package for iCCM and PECADOM

<table>
<tr>
<td>Integrated Community case management
Care for under five years old children:
● Diagnosis and treatment of uncomplicated malaria with Artemether Lumefantrine
● Diagnosis and treatment of pneumonia with amoxicillin dispersible tablet;
● Diagnosis and management of diarrhea with ORS and Zinc
● Screening and referral malnutrition cases;
● A home visit to monitor the condition of newborns and provide advice to mothers;
● Search for danger signs for referral including mothers and newborns.</td>
<td>PECADOM : Over five and adult malaria case management:
● All patients with malaria symptoms are tested using a malaria Rapid Diagnostic Test
❖ Any case testing positive is treated with Artemether Lumefantrine.
❖ Any patient with a negative test is referred to the health facility for other screening and care.
● Patients showing signs of severity, children and pregnant women are systematically referred to the health facility.</td>
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<tr>
<td colspan="2">Registers to collect information on consultation, RDTs performed, malaria cases confirmed, medicine distributed, cases referred and deaths are available as well as communication material and CHW kits to perform the work.</td>
</tr>
</table>

A.2.2 Relationship to USAID Strategies

This Activity contributes to the Mission Results Framework through the following two development objectives: i) the Development Objective (DO1) Human Capital Developed linked to the Intermediate Result (IR 1.1) Quality Health Services and Systems Strengthened; and ii) the Development Objective (DO2) Peacebuilding Capitalized linked to the Intermediate Result (IR 2.2) Civil Society and Private Sector Participation Promoted.

This Activity will also contribute to the Integrated Country Strategy framework through the following three mission objectives: i) the Mission Goal (MG1) Invest in People linked to the Mission Objective

(MO1.1) Burundian government's ability to plan and transparently manage resources dedicated to the improvement of health outcomes is improved; ii) the Mission Goal (MG2) Invest in the Economy linked to the Mission Objective (MO2.2) Policies facilitating access to capital, training, and entrepreneurship, especially for underserved or vulnerable populations, are in place; and iii) the Mission Goal (MG3) Invest in Society and the Region linked to the Mission Objective (MO3.2) Organizations that support civil society and human rights are strengthened.

For additional information refer to Activity 's Result framework and USAID/Burundi Proposed Results framework and the Mission Integrated Country Strategy.

A.2.3 Geographical Focus

The Activity will cover the seven high burden provinces of Karusi, Kirundo, Muyinga, Cankuzo, Rutana, Gitega and Makamba.

A.3 PURPOSE AND THEORY OF CHANGE (ToC)

If community participation, ownership, and engagement in health service provision and promotion of critical behaviors in malaria, MCH, and FP are supported in intervention zones; availability and quality of health services at the community level are increased; and the supporting systems are strengthened,

Then access to maternal, child health, malaria, and FP will be improved, and the overall health system in Burundi will be strengthened.

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A.4 PROPOSED OUTCOMES AND RESULTS

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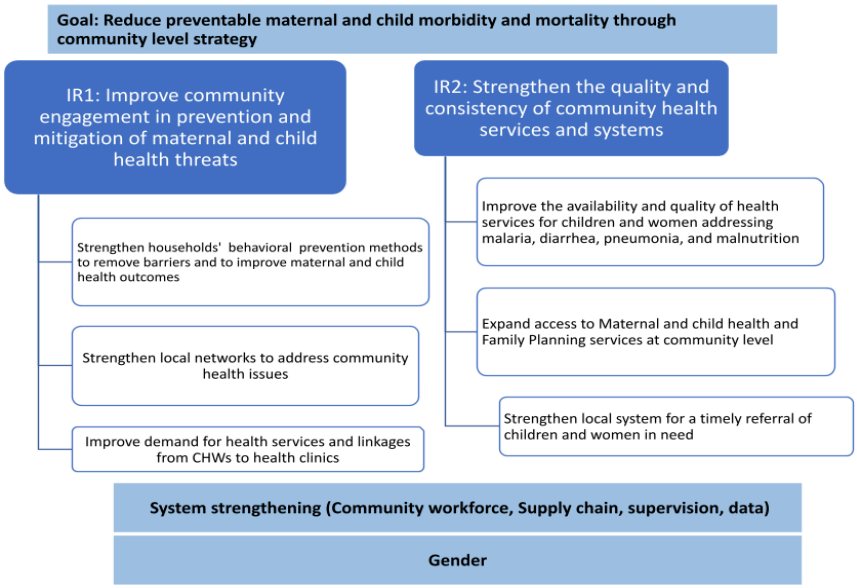

Problem statement: There are a number of community-level barriers to timely health-seeking. Despite the existence of the national care package for malaria, FP and RMNCH at public health facilities, community gaps in demand and uptake of services remain a problem.

Community-level services for malaria, MCH, and FP in Burundi remain weak because of many challenges which include the fragile health and community system, very low domestic fund investment, insufficient human resources (doctors and nurses), shortages of life saving commodities such as antibiotics, oxytocin and IFA, low quality of primary health care services with low skilled health providers at facility and community levels, weak institutionalization of community health, low demand for FP service among married couples and unmarried youth, high birth service demand in health facilities, and the Burundi relief.

Table 3: Result framework

Goal: Reduce preventable maternal and child morbidity and mortality through community level strategy.
Goal statement: Adolescents, women, men, religious leaders, and local authorities in targeted provinces are organized in community groups that are informed and engaged in the adoption of health prevention methods to improve key positive health behaviors for malaria, MCH and Family planning by trained, supplied, and supervised community health workers, contributing to achieving the following Malaria and Maternal,Newborn, Child, Adolescent and Reproductive Health National Strategic Plan Objectives: - At least 100 functioning community groups in the targeted provinces

- 100 percent of CHW recruited, trained and supervised
- 95 percent of CHW reporting no stock out of malaria, diarrhea and acute respiratory infection (ARI) and FP commodities
- 95 percent of pregnant women are referred for ANC in the first trimester of their pregnancy
- 95 percent of pregnant woman receiving ITN at their ANC1
- 95 percent of children under five year old receiving ITN at their Rubella and Measle second dose
- 80 percent of targeted population sleeping under ITN
- 75 percent of pregnant women receiving 6 doses of IPTp and 80 percent of lost to follow-up are found
- 95 percent of women give birth in health facility with qualified agent
- 100 percent of malaria severe cases are transferred to the health facility
- 100 percent of CHWs trained to provide FP counseling, services, and referral
- 100 percent of pregnant women receive counseling on ANC, FP
- 100 percent of pregnant women receive counseling on nutrition
- 100 percent of CHW recruited providing breastfeeding and nutrition counseling for mothers in the first month postpartum
- 100 percent of newborns receiving well-child visits within first three months of life
- 100 percent of children 0-12 months are completely vaccinated (receive all the required routine vaccines)
- 100 percent of CHW recruited correctly identify warning signs for women in pregnancy and postpartum
- 75 percent of adult community members (men and women) in intervention sites report positive attitudes towards modern contraceptive use to prevent unintended pregnancy
- 70 percent of adult community members and healthcare workers in intervention sites report approval of modern contraceptive use among youth, including unmarried youth

IR1: Improved community engagement in prevention and mitigation of maternal and child health threats	**IR2**: Improved quality of community health services and strengthened health systems
Sub-IR 1.1. Address and reduce social barriers to accessing care in order to improve maternal and child health outcomes	Sub-IR 2.1. Increased availability and quality of community health services for children and women addressing malaria, diarrhea, pneumonia, and malnutrition
Sub-IR 1.2. Strengthened local networks to address community health issues	Sub-IR 2.2. Expanded Malaria, Maternal and Child Health and Family Planning services at community level
Sub-IR 1.3. Improved demand for health services and linkages from CHWs to health clinics	Sub-IR 2.3. Strengthened local system for a timely referral of new born, children and women in need

Intermediate Result (IR) 1: Improved community engagement in prevention and mitigation of maternal and child health threats

Under these intermediate results, the Activity will improve community participation, ownership, adoption and promotion of health prevention methods to improve key positive health behaviors. There are three sub intermediate results (Sub-IR) under IR 1 that must be achieved:

Sub-IR 1.1. Address and reduce social barriers to accessing care in order to improve maternal and child health outcomes

To increase individual and household adoption of behaviors that promote good maternal and child health, the Activity will use social and behavior change approaches, including addressing social norms through key influence groups, which can lead to lasting change in health behaviors. Targeted key populations will include adolescents, women, and the influential groups like parents, men, teachers, religious leaders, and local authorities.

Illustrative indicators:

- Capacity of CHW in social behavior change communication and service delivery improved
- Reporting by target audience of positive attitudes towards health prevention methods services and health providers increased
- Number of community groups increased
- Number of community groups engaged
- Number of community actors trained by scale (in service and pre-service) and by year
- Number of performance evaluation conducted by year

Sub-IR 1.2. Strengthened local networks to address community health issues

The Activity will engage with target groups and their key influencers through interpersonal communication, home-based visits, community dialogue, mentoring programs, and media campaigns, all designed and led by community-based organizations and actors to lead to long-term, sustained improvements in health outcomes.

Illustrative indicators:

- Number of community dialogues conducted with each targeted group in the community.
- Number of community-based organization networks strengthened or created in the targeted zone.
- Number of household home-based visits conducted.
- Number of Networks recognized as contributors, experts, or leaders in addressing the community health issues.

Sub-IR 1.3. Improved demand for health services and linkages from CHWs to health clinics

The Activity will increase demand for MCH and FP services through home-based visits, awareness campaigns using both interpersonal communication and mass communication strategies. In order to increase demand and utilization of quality services, the Activity will strengthen the quality of community promotional and delivery services for malaria, MCH and FP and improve the geographic coverage and saturation of CHWs. The activity will also strengthen the referral systems between community members and health facilities by training CHWs in the following areas: Promptly recognizing danger signs, timely alerting the referral point; ensuring the community has resources in place to provide transport; and obtaining feedback from the referral point to the initiating facility. The activity will also strengthen the supervision of CHW interventions by the health districts.

Illustrative indicators:

- Reporting by target audience of positive attitudes towards health services and health providers increased
- Health education and advice from CHW and health professionals increased
- Number of Pregnant women that received home visits from a CHW
- Number of person referred to health facilities by CHW
- Number of CHW supervised by quarter

Intermediate Result 2: Improved quality of community health services and strengthened health systems

Sub-IR 2.1. Increased availability and quality of community health services for children and women addressing malaria, diarrhea, pneumonia, and malnutrition

To improve quality of care and systems in the community, the availability of qualified CHWs is critical, along with the management, retention, and motivation of these community providers.

Other parameters that contribute to the quality of care are: availability of commodities, compliance to standard procedures, and quality of reporting and feedback on data produced in the community. The Activity will support the District Health teams to strengthen the leadership and management of the cadres of CHWs.

Community-based malaria case management relies on strategies such as PECADOM (community case management of malaria for all ages) and integrated community case management for malaria, diarrhea and pneumonia (iCCM), as well as pre-referral Rectal Artesunate Suppositories for severe malaria. To deliver community-based case management services, the Activity will improve CHW performance by filling the gaps of CHWs where needed through recruitment, ensuring regular supportive supervision for capacity strengthening, ensuring availability of commodities and equipment for iCCM and FP, improving collection and validation of data, and strengthening the referral system especially for the consistent management of severe malaria cases. The CHW engaged in this task will be trained and their knowledge regularly assessed on their knowledge and practices.

As part of iCCM, MCH and FP education will also be provided to CHW, such as the strengthening of the essential family practices (EFP) and the promotion of and community-based distribution of modern contraceptive methods.

Illustrative indicators:

- Number of contraceptives distributed by CHW
- Number of referrals by CHWs to clinic for FP methods that cannot be distributed at community level
- Number of children under five who received malaria treatment (and within 24 hours of onset of fever) in the community by CHW
- Number of children under five who received treatment for diarrhea and pneumonia by CHW
- Number of people of all ages who received malaria treatment at home within 24 hours of onset of fever by CHW
- Number of individuals educated on EFP, MCH, FP and Malaria by CHW

Sub-IR 2.2. Expanded Malaria, Maternal and Child Health and Family Planning services at community level

CHWs trained in the provision of a comprehensive, integrated package of services can provide additional services targeting vulnerable populations with malaria Community Case Management (mCCM), iCCM, and providing counseling on and demand creation for family planning and reproductive health services for women. Frequent supervision and support, including assessments of and feedback on CHWs' skills and knowledge, financial and non financial incentives (e.g., public recognition, professional development) can improve CHW adherence to service delivery protocols and can result in higher quality of services and reporting. Beneficiaries feedback is also important in improving CHW service provision. The Activity will work with the National program in charge of the CHW cadre, the Unit in charge of the management of the Performance Based Financing (PBF) program and CHW groups (*groupement des agents de santé communautaire*, GASC) to ensure CHWs are adequately supplied, supervised, and stipends provided in order to improve quality of CHWs services to meet the health needs of their communities and build trusting relationships with them.

Illustrative indicators:

- Proportion of pregnant women receiving at least four ANC increased
- Proportion of pregnant women and children under 5 years of age sleeping under an ITN increased
- Proportion of pregnant women receiving at least four doses or more of Sulfadoxine Pyrimethamine to prevent malaria (IPTp4+) increased
- Number of pregnant women giving birth with qualified health providers increase
- Number of FP new users increased
- Percentage of women receiving FP counseling within 3 months postpartum

Sub-IR 2.3. Strengthened local system for a timely referral of children and women in need

A strong referral system depends on a continuum of quality care. One common facilitator of successful referral systems is the existence of referral slips to expedite treatment upon reaching the health facility. A common barrier to accessing timely care is the failure for referred clients to receive preferential treatment at the facility, despite the presence of a referral slip. Long distances, the country relief, lack of transportation options, and transport costs are also barriers to accessibility and affordability of referral services to the high level health facilities. The lack of feedback to the referring facility or provider is also considered as a barrier to a functional referral system. The barriers and enablers of referral systems shape both healthcare system functionality and community perceptions of care.

The Integrated Community Health Activity will engage with communities, health districts and MoH to address common barriers to and strengthen the efficiency of referral systems to improve health at community level. The Activity will work to improve communication and feedback between involved stakeholders – especially strengthening the intermediate role of CHWs – and active community engagement will be key to stimulate better use of referral services and healthcare facilities. Referral and counter referral tracking tools will be developed and used by CHW for each patient to be referred to the health facility for appropriate care

Illustrative indicators:

- Number of children referred to the health clinic for severe malaria and seen at the clinic by CHW
- Number of children referred for severe illnesses by CHW
- Number of women referred for births, obstetric and newborn complications/danger signs by CHW
- Number of children referred to clinic for acute malnutrition by CHW
- Proportion of pregnant women attending ANC1 who received ITNs increased

- Proportion of under 5 years old children receiving ITN during their immunization visit increased
- Proportion of pregnant women who received at least 6 doses of intermittent preventive treatment with SP increased

The Intermediate Results 1 and 2 expected outcomes are significantly reduced maternal and child illness and death in furtherance of the goals of the national malaria control program (PNILP) and the national reproductive health program (PNSR) stated in their respective strategic plans as follows:

- Reduce the rate of malaria-related deaths in hospital per 100,000 inhabitants per year from 25 to 9 by 2024;
- Reduce maternal mortality ratio by 22% from 334 to 261 per 100,000 live births by 2024;
- Reduce adolescent fertility from 8% to 5% by 2024; and
- Reduce infant mortality by 18% from 78 to 64 infant deaths per 1,000 live births by 2024.

A.5 APPROACH

The Applicant shall propose evidence-based, data-driven best practices and innovative approaches to meet the objectives described above. The Applicant shall include the following interventions:

Table 4: Interventions

Promotional, preventive interventions
Malaria - Awareness about malaria signs and existing prevention method for population - Promotion of proper use of ITNs and proper care of ITN - Promotion of early care seeking in case of fever cases or any danger signs Family Planning - FP counseling and education based on voluntarism and informed choice - Community based distribution of FP methods Child health - Education on Infant and Young Child Feeding (IYCF), including breastfeeding, complementary feeding; - Promotion of exclusive breastfeeding as the best way to prevent diarrhea including and for small and sick newborns; - Promotion of rehydration using oral rehydration solution (ORS) and zinc to prevent and treat severe diarrhea - Education on Acute Respiratory Infections danger sign identification - Promote vaccine adoption and effective uptake including malaria vaccine - Screening for malnutrition and refer children for acute malnutrition - Promotion of water, sanitation, and hygiene (WASH) Maternal Health - Promotion of skilled birth attendance - Promotion of healthy timing births space

- Education on recommended nutritious foods for pregnant and lactating women
- Promotion early ANC attendance and subsequent visit
- Counseling and awareness for adoption of positive health behaviors, including birth preparedness and emergency readiness
- Promotion of outreach strategy to increase ANC attendance during early stages of pregnancy
- Health promotion and disease prevention, including nutrition, hygiene, breastfeeding, tetanus immunization, iron and folic acid supplementation
- Promotion of malaria prevention through IPTp and ITN uptake at early stage of pregnancy

Other diseases Risk communication

- Education of population about health threats such as cholera, polio, COVID-19 and EVD outbreaks
- Nutrition including breastfeeding and complementary feeding
- Hygiene
- Education on the importance of safe storage and treatment of household water

Curative community-based services
Malaria • Integrated Community Case Management for all age (iCCM and PECADOM) • Recognition of severe malaria cases, appropriate use of Rectal Artesunate suppositories and prompt referral to facilities
Child health • Use oral rehydration solution (ORS) and zinc to prevent and treat severe diarrhea • Management Acute Respiratory Infections and timely referrals.

Cross cutting interventions
Social and behavior change • Develop and use culturally appropriate social behavior change materials to raise awareness • Build community health worker skills in engaging families, individuals, and community leaders on WASH, malaria prevention, FP methods, MCH interventions • Optimize outreach strategies to reach zero-dose children for immunization • Create demand for MNCH and FP services use • Promote norms-shifting interventions that address underlying inequalities in gender and youth, including norms which contribute to GBV and prohibit FP use among unmarried youth

Through mobile outreach, mass media campaigns, community-level activities such as community dialogs and interpersonal communication.
Supply chain • Improve quantification of community-level commodity needs • Support last-mile distribution of vaccine, antibiotics, contraceptives, ORS and zinc • Ensuring availability of rapid diagnostic tests (RDTs), and Artemisinin-based combination therapies (ACTs) • Ensure availability of antibiotics, contraceptives, ORS and zinc at facility and community levels • Ensuring that health facilities provide CHWs with sufficient commodities
Monitoring and evaluation • Production and distribution of reporting tools • Support regular monitoring and surveillance • Supportive supervision • Post training coaching and supervision
Referral and counter referral • Reinforce linkages between facility-level health providers, CHWs, and community members, including organizing coordination meetings
CHW empowerment • Strengthening supervision of CHWs through monthly group meetings • Training to promote malaria preventive behaviors, including proper use of ITNs, uptake and use of IPTp by pregnant women, and early care seeking, testing, and treatment of fever cases • Training and supervision on diagnosing using rapid diagnosis tests and treatment of malaria for all age groups • Training on promoting exclusive breastfeeding as the best way to prevent diarrhea • Training and coaching on promotion of breastfeeding, complementary feeding, and water, sanitation, and hygiene (WASH); • Training on detection of acute risks during pregnancy such as malaria, and transfer for appropriate treatment to any malaria case diagnosed according to the WHO 2023 treatment guideline • Training on detection of high risk pregnancies and danger signs for newborns and under five children and referral to health facilities • Training on recognition of severe malaria cases, appropriate use of Rectal Artesunate suppositories and prompt referral to facilities • Training on oral rehydration solution (ORS) and zinc usage to prevent and treat severe diarrhea • Training to recognize danger sign identification, and management of Acute Respiratory Infections and make timely referrals. • Training on Interpersonal communication awareness raising and any other SBC • Training on supplies replenishment process

A.6: ACTIVITY PARAMETERS & CROSS-CUTTING PRINCIPLES

Activity Parameters

Target Beneficiaries and Geography: The Activity will fill the gap of other donor-funded projects and USAID's existing central field support mechanism, Momentum Private Health Care Delivery Program. This Activity will work with the broader general population within the coverage zone of the project, with a particular focus on women, children, adolescents and youth.

Partnership with the Government of Burundi (GoB): In the health sector, USAID/Burundi activities provide a package of activities designed to provide the GoB with support to strengthen and sustain Malaria, MCH and FP programs. These activities emphasize local capacity building, as well as key policy and structural reforms needed for a sustainable national response.

The Activity will collaborate with the Burundian Government through the Ministry of Public Health and Fight Against HIV/AIDS programs and health department in charge of PBF program, Directorate of Health Promotion, Demand for Care, Community and Environmental Health and other involved ministries (Human Rights, Social Affairs, and Gender; Ministry of Finance, etc.). The Activity will ensure close alignment with the National Malaria Strategic Plan 2021-2027, the National Integrated RMNCH Strategic Plan 2019-2023, and the National Health Development Plan. The Activity will work with national programs to revise national guidelines and protocols regarding the CHW involvement in care to comply with international recommendations.

The implementing partner will coordinate and collaborate closely with the MOH provincial health office, health district offices, facilities, civil society organizations, community leaders and GASC to optimize the interventions. At the provincial level, the partner will participate in the partner's coordination framework (CPSD) hosted by the MOH provincial health office, as well as the coordination meetings led by health district offices.

Relationship with other USAID-funded Activities: The Activity will complement the following existing USAID/Burundi clinical and community health and social-behavior service delivery activities:

Tubiteho (end 9/30/2024): is a five-year bilateral award implemented by PathFinder International. This integrated MCH/FP/Malaria project works in 16 districts in six provinces (308 facilities), and works at facility and community levels. Malaria activities support case management and prevention at all levels, including integrated community case management (iCCM) and PECADOM (Malaria management at community level for over 5 years old and adult). MCH activities support improvements to quality antenatal care and birth preparedness, promote safe delivery and postpartum care and enhance the quality, availability, and sustainability of key newborn and child health interventions. Family planning activities support training of Community Health Workers (CHW) and service providers at public, and faith-based health facilities on contraceptive technology updates to improve the quality and effectiveness of counseling and service delivery approaches based on voluntarism and informed choice. Family planning interventions also support demand creation through a range of communication and social mobilization channels, and by extending services provided by CHWs to include oral contraceptives and condoms.

The selected implementing partner for this Activity will need to work closely with the Tubiteho Activity, the core integrated MCH, FP and malaria project. The focus of the collaboration is to share best practices, lessons learned, tools, and other resources as needed to better harmonize support and enhance the services delivered at the community level.

RMNCI+M (starting in 2024)*:* will be the flagship activity in the USAID Burundi health Portfolio for Family Planning Reproductive, Maternal, Neonatal and Child Health (RMNCH) as well as Malaria control at

household and health facility level. The RMNCI + M Activity aims to improve delivery of high-quality reproductive, maternal, newborn, and child health (RMNCH), immunization, and malaria services across the continuum of care, and to strengthen the health system. The RMNCI + M Activity will build on Tubiteho and Momentum Private Healthcare Delivery achievements, and will address challenges in MNCH, family planning (FP), and malaria to reduce maternal, newborn, and child mortality in selected provinces. The new Activity will provide support for all health facilities at intermediate and peripheral levels in targeted provinces. The new Activity will focus its support mainly at health facility level, while ICH will focus on community-level interventions. Both will work at central and district levels. The RMNCI+M Activity will support a full package of MNCH, FP, and malaria interventions in three provinces in the north of the country, and it will support an additional four high-burden malaria provinces, where it will support malaria interventions only. The MNCH/FP interventions will target mothers, newborns, under-five children, and youth (10-29 years old). The FP/Malaria components will also target adults (men and women). The RMNCI + M will collaborate with ICH activity for all community level interventions building on a referral system for a continuum of care from the community level to the health facility.

Momentum Private Health Care Service Delivery (MPHD) *(Ending in September 2024)*: The selected implementing partner for this Activity will need to work closely with MPHD integrated MCH, FP and malaria at private and faith-based facilities. The focus of this collaboration is to coordinate intervention and to strengthen the referral system between community and faith-based clinics.

Momentum Private Health Care Delivery targeted technical assistance to FP/RH/MNCH and malaria services while engaging with local organizations and the Ministry of Health (MoH) to improve governance and support to the private sector. The activity aims expanding public and private partnerships to ensure a total market approach for improved health care coverage, leveraging Burundi's private and faith-based healthcare sector to combat the stagnation of key health indicators through increasing quality coverage and reducing delays in obtaining healthcare. The activity is implemented by Population Services International (PSI)/Burundi and supports 189 private health facilities.

WIYIZIRE Extension: is a three-year award implemented by the Conseil pour l'Education et le Développement (COPED), a local Burundian organization. Wiyizire is designed to reduce and mitigate HIV risk among orphans and vulnerable children (OVC), to support case-finding of HIV-positive OVC, and to strengthen linkages between OVC services and clinical HIV services. The activity will use a case management approach to provide a comprehensive package of services, including bidirectional referrals. Integrated into the approach is a focus on prevention of sexual violence. The activity will increase access to and use of HIV and other health services, increase access to HIV and violence prevention interventions, and improve school progression and economic stability for vulnerable children and their households. The selected implementing partner will need to work with WIYIZE Extension and participate in all meetings regarding National organization to learn best practices, and other resources needed to succeed the referral system between community and health facilities.

Breakthrough Action SBC Malaria and FP*:* The implementing partner will need to work with Breakthrough Action and participate in all meetings regarding SBC to learn best practices, and other resources needed and utilize the results from their FP "Empathways" activity and the Malaria Behavior Survey.

Breakthrough Action's mandate is to improve the understanding of individual and social determinants of health to facilitate individual, household, and community adoption of priority behaviors and to

strengthen capacity of governmental and non-governmental stakeholders to design, implement, monitor, evaluate, and manage social and behavior change activities across the health system. For FP, Breakthrough Action is implementing an "Empathways" activity with healthcare workers to promote equity in FP use, including for youth. Breakthrough Action will also implement a Malaria Behavior Survey to assess the determinants of key malaria-related behaviors and an SBC capacity assessment to determine the current level of central SBC capacity. Based on the results of these initial data collection exercises and FP activities, Breakthrough Action will work with service delivery partners to strengthen their SBC capacity and achieve their SBC objectives.

***Global Health Supply Chain-Procurement and Supply Management (GHSC-PSM)*:** the selected partner will collaborate with GHSC-PSM. The role of PSM is to ensure that commodities are available and distributed at the last mile to CHW. PSM is in charge of the procurement and supply chain management including, support the quantification of commodities, to participate in technical working group, provincial and districts coordination meetings,and address any issues related to the supply chain of FP and malaria commodities including regular replenishment of CHW and stock out.

Country Health Information Systems and Data Use (CHISU): the selected partner will collaborate with CHISU. The collaboration will focus on ensuring that community level service provision is accurate and integrated in the national Health information system (DHIS2) and is used to support decision making.

CHISU helps improve evidence-based health decision-making in Burundi through four primary objectives: (1) strengthening governance and the enabling environment of the Burundi's health information systems; (2) increasing availability and interoperability of quality health data and information systems; (3) increasing demand and use of health data and information to address health priorities, gaps, and challenges; and (4) strengthening organizational development of local, non-governmental partners for sustained local engagement on health data use. CHISU will strengthen Burundi's Health Information System, interoperable information architecture, and data use. CHISU will support sustainability by building capacity for local leadership and engagement on health data use. The activity will concentrate on strengthening national and sub-national stakeholders' capacity and leadership to manage and use high-quality health information systems.

President Malaria Initiative Evolve provides entomological information for planning and decision-making for the National Malaria Control Program. This collaboration will prioritize the improvement of SBC messages on net use and care. PMI Evolve supports the collection, analysis of entomological data to donors to make strategic decisions and investments about the type of insecticide to use in indoor residual spraying (IRS) and the type of insecticide-treated nets. Data include vector density distribution, vector speciation, biting behavior, and resistance to insecticides. PMI Evolve provides technical assistance to the entomological laboratory and operations of the Ministry of Health Gihanga Insectary, including capacity building for the 10 staff monitoring the efficacy of IRS. PMI Evolve strengthens the capacity of the National Malaria Control Program staff, and the Institut National de Santé Publique (INSP), to independently conduct and monitor vector control programs.

Global Health Security: Burundi has been designated as an Intensive Support Partner under the Global Health Security Agenda (GHSA). USAID will invest FY 2023 funds to address cholera, rabies, anthrax, COVID-19, Ebola Virus Disease, and other relevant, emergent health threats. A Joint External Evaluation (JEE) in November 2023 will serve as a baseline defining the current status of the GHSA program components. The collaboration will prioritize risk Communication and Community Engagement (RCCE), both human and zoonotic disease surveillance.

The Activity will collaborate with women's economic empowerment especially focused on the agricultural sector, and with the Bureau for Humanitarian Assistance (BHA) activities targeting the internally displaced population, refugees, and returnees in the targeted area of intervention. The collaboration will focus on using women in the agriculture sector as a platform to integrate their communities while working with BHA organizations to ensure that the FP, MCH and malaria services are available for the internally displaced population, refugees, and returnees.

Coordination and Collaboration with other Development Partners and Stakeholders: While this Activity is focused on the community level service provision, successful implementation will also promote substantive participation of government agencies, development partners, the private sector, traditional authorities, faith-based leaders, youth and other stakeholders to enable broad-based local ownership, program buy-in, and longer-term sustainability.

The Activity will contribute to strategic coordination with activities funded by other development partners. The implementing partner will be responsive to the donor landscape over the period of implementation. Key collaborators to start will be: Global Fund and sub-recipients (ie. Caritas Burundi), WHO, UNDP, UNFPA, UNICEF, and ENABEL.

The activity will also be an opportunity to bring together national programs and international donors and multilateral organizations (UNDP, Global Fund, UNFPA, UNICEF) and implementing partners contributing to community-based interventions in FP, MCH and malaria programming and advocate for national policies adaptation and harmonization where needed.

Localization and Capacity Strengthening*:* The Burundian organization implementing this activity will be assisted by USAID and its specialized partners to strengthen its financial and organizational capacity to implement the activity in accordance with the USAID requirements stated in the agreement document and sustain an effective community engagement and community response to health services provision the health issues in the community focusing on malaria, MCH, and FP.

Management and Implementation Approach: This Activity must use evidence-based, data-driven, and collaborative approaches to improve services provided by CHWs and the systems that support them.

Because norms and values in a given community influence the ability to adopt and maintain behaviors that contribute to health and well-being, this Activity will take to scale interventions that influence the context and overcome social norms so that positive health behaviors are adopted, including accessing available preventive and curative malaria services and education on MCH and FP at community level, supported by a strong referral system with health facilities.

Adaptive management is an intentional approach to making decisions and adjustments in response to new information and changes in context. To achieve its objective, this Activity must ensure its interventions are aligned with latest data on the targeted population provided by national and international studies in a changing climate, socio-economic, demographic, and epidemiological context. The Activity shall therefore: (1) Continuously track and analyze indicators on program interventions;

(2) Collect feedback from target populations to ensure their voices are heard via the incorporation of monitoring data, lessons learned, and emerging best practices into program interventions; and (3) Build in opportunities to pause and reflect on Activity progress. These may include internal partner meetings, joint reviews, and work planning sessions, or other participatory and collaborative review efforts. These opportunities may focus on challenges and successes in implementation to date, changes in the operating

environment or context that could affect programming, opportunities to better collaborate or influence other actors, and/or other relevant topics.

Cross-cutting Principles

Community-based organizations contribute to enhanced health care by providing services in response to community needs and adapted to local conditions. This Activity will work with CBOs to improve access to preventive health care services and engage their communities in prevention and care decisions.

Private Sector Engagement: This Activity will work with the private sector where appropriate to coordinate intervention and to strengthen the referral system between community and clinics where needed.

Gender Equality and Social Inclusion: Gender integration entails the identification and subsequent treatment of gender differences and inequalities during activity design, implementation, monitoring, and evaluation. As part of the design and implementation of any proposed intervention, the Implementer should ensure gender equity in all the interventions it supports. Gender considerations for the community health workforce delivering the services are important as well. Strategies for reaching women and children, including adolescents and the most vulnerable in society, should be considered in all interventions. Promote gender equality and women's empowerment through evidence-based planning, monitoring and evaluation, reporting, and learning. The activity must: (1) Demonstrate a consideration of gender issues in the design of interventions to maximize equitable access to services among men, women, boys, and girls; (2) Particular attention should be paid to how services are promoted, accessed, and delivered among these different groups; (3) Disaggregate indicators by age and sex to facilitate monitoring of men, women, boy, and girls' participation in the activity, and (4) Develop strategies to monitor and avert or counteract unintended consequences (such as gender-based violence).

Digital Information Systems and Tools Integration: In alignment with the 2020 USAID Digital Health strategy and PMI's Digital Community Health Initiative, this activity will work with other partners and stakeholders to support the design, development, integration, implementation and monitoring of digital health applications that are used at community level to monitor services offered to beneficiaries. Community-level data contribute to the continuous improvement of outcomes in a community when the data are used to monitor quality and quantity of service delivery and then adjust case management practices, stock levels and management, or density or location of service provision. The health information system tools should prioritize and standardize a set of community-level indicators, potentially spanning case data, stock data, and workforce-related data, build structures and processes to improve data quality, create mechanisms for feedback to CHWs, ensure appropriate data use at all levels of the health system including the dissemination and interoperable with District Health Information System 2 (DHIS2).

Sustainability will be promoted through a number of ways: 1) a local partner implementing the program, 2) building local partner's capacity to apply for and manage grants, 3) using the existing CHW system to implement the program, and 4) advocacy for strengthening the community health system. This Activity will contribute to Burundi's self-reliance by improving the ability of the local organizations, community structures, and strengthening the Government of Burundi's community health structure. Rather than providing supported services through parallel structures, this activity will work with and through the local structures at the national, province, district, and community level.

The activity will build on the experience and expertise of community structures and community-based organizations (CBOs) and civil society organizations (CSOs) to reach the target audiences. The training and

mentorship for these structures will reinforce their abilities to continue mobilizing communities for uptake of malaria, MCH/FP prevention and curative service at community level even beyond the life of the project. The project will also foster community-led behavioral interventions, tailored to each vulnerable group, to encourage sustainable changes in harmful health behaviors and traditional practices.

Infection Disease mitigation/ adaptations: Regarding the country's inability to manage an effective public health response (slow response to the threat of Ebola, delayed response to COVID-19), the emergence of zoonotic infectious, high-risk diseases such as Rift Valley Fever, and Monkeypox, and the persistence epidemic of preventable diseases like measles, cholera, Risk Communication and Community Engagement (RCCE) is key intervention at the community level to prevent exposure and stop disease. Therefore, the interventions of this Activity will be flexible, responsive, and incorporate a risk mitigation/adaptation and work closely with other organizations and Global Health Security partners to sensitize front-line community health workers ensure timely identification and report of suspect cases while making sure that protection measures are taken to avoid contamination and spread of any health threats.

A7: MONITORING, EVALUATION, AND LEARNING

A rigorous monitoring, evaluation and learning system for the Activity, including adequate staffing, technical support and information systems for routine data collection and analytics, is required. Monitoring and evaluation of the Activity's progress towards achieving objectives and outcomes is critical to successful implementation. The current levels of health-seeking behaviors in malaria, FP, and MCH from the Malaria Behavior survey must guide the activity implementation, so that appropriate targets for improvement can be identified in the work plan. Also, the available data and learning from the current projects shall be used as reference. The implementing partner must be innovative in capturing, documenting, and reporting the impact of USG assistance to Burundi. The Activity will develop a monitoring, evaluation and learning (MEL) plan that describes how the Recipient will monitor Activity implementation progress and assess its impact, including monitoring improvement in health-seeking behaviors. This plan will describe the project's approaches to collect data, ensure the quality of data, and continuously use data to inform and improve the program in partnership with other stakeholders. In addition, this plan includes strategies to develop or adapt tools to capture timely, accurate, and reliable data from the field. The MEL Plan must include knowledge management monitoring and reporting to demonstrate success as well as the use of digitalization to increase the quality of the CHW interventions.

Monitoring

Effective data collection and analysis are essential for the success of the MEL plan. The project will ensure that they are collecting high-quality data, analyzing it effectively, and reporting results to stakeholders in a way that is meaningful and actionable. The project will support the development / adaptation of the national M&E framework for the Community health program in accordance with the community health National Strategic Plan. The project will develop/ adapt data collection tools for key indicators, work closely with M&E staff and M&E stakeholders to formally develop and document the community health M&E system. The project will adapt/update and roll out data collection tools and reporting forms or improve the collection, management, and use of community health data. The project will implement a capacity building plan including relevant training materials; develop an mHealth platform for use at the community level. The project will also update/adapt and use supportive supervision tools to improve capacity and data quality through consistent use of supervision tools and regular provision of feedback on staff performance.

Evaluation

Using results for program improvement and learning is a critical component of the MEL plan. The project will ensure that Data Quality Assurance/Data quality improvements tools and procedures for community-level data assessments are available. The project will conduct and repeat DQA on a regular basis (quarterly or annually) to assess impact of the project's M&E capacity building activities, to inform the type of capacity building support needed, and to provide information on reporting accuracy. The project will assess the capacity of CHWs and CHW networks to collect data on delivery of community services. The project will create evidence-based, effective, and sustainable programs that benefit program participants and communities.

Learning

MEL is an important process for ensuring the effectiveness and accountability of interventions. By addressing the challenges and implementing best practices, the project will ensure that their processes are rigorous, inclusive, and effective. The project will use innovative interventions to encourage data use, strengthen technical capacity, participatory approaches, and coordinated efforts among stakeholders. The project will create or adapt platforms to share routine data or data from evaluations in a way that is relevant and create information culture among stakeholders. The project will use program results to identify areas for improvement, develop action plans, implement changes, and foster learning. The project will implement structured learning visits to share lessons learned and best practices.

Note that the MEL plan is a living document that will be referred to and updated regularly according to the project needs as well as USAID requirements. The MEL Plan requires USAID/Burundi AOR approval for any amendments. Activity implementation, monitoring and evaluation structures should allow for flexibility and rapid response if a given activity fails to produce the expected results.

SECTION B: FEDERAL AWARD INFORMATION

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

USAID intends to award one Cooperative Agreement pursuant to this NOFO. Subject to funding availability and at the discretion of the Agency, USAID intends to provide **$12,000,000** in total USAID funding over a five-year period.

USAID reserves the right to fund interventions incrementally over the duration of the award. The provision of funding increments depends on the availability of funds and the level of performance against approved indicators.

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

This NOFO sets forth the basic performance indicators, targets, baseline data, and data collection in Section A above. The applicant shall propose performance indicators in its application that will be further developed jointly by USAID/Burundi and the Recipient.

B.3 Period of Performance for Federal Awards

The anticipated period of performance is five years. The estimated start date will be in September 2024.

B.4 Substantial Involvement

USAID will be substantially involved during performance of this Agreement as set forth below.

B.4.1 Approval of Recipient's Implementation Plans

The Agreement Officer will delegate the authority to approve implementation plans to the AOR. Accordingly, the AOR will review and approve the Annual Implementation Plan, including planned interventions for the current year and any subsequent years including revisions thereto.

B.4.2 Approval of Specified Key Personnel

Key personnel positions are those that are essential to the successful implementation of the Activity. The Recipient must share any proposed change to Key Personnel positions, and any proposed replacement of personnel in these positions with the AO and AOR as soon as the Recipient identifies the need for such a change. The Recipient must obtain the AO's advance written approval for changing the key personnel positions and the AOR's approval for replacing the personnel filling these positions.

USAID designated the following positions as key personnel, i.e., essential to successful implementation:

1) Chief of Party
2) Community Health Director
3) Regional Team Lead 1
4) Regional Team Lead 2
5) Regional Team Lead 3

B.4.3 Agency and Recipient Collaboration or Joint Participation

USAID will collaborate with the recipient in the following ways:

a) Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID reserves the right to participate as a member of this committee. Advisory committees shall only deal with programmatic or technical issues and not routine administrative matters.

b) Concurrence on the substantive provisions of sub-awards.

Standard provision M3, 'Amendment of Award and Revision of Budget (August 2013)', subparagraph b.(9) already requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under an award.

Prior to providing subaward approval, the AO must obtain confirmation from the Recipient that a risk assessment has been conducted for the proposed subrecipient(s) by name, including the recipient's verification that the subrecipient(s):
1) Does not have active exclusions in the System for Award Management (SAM) (www.sam.gov);
2) Does not appear on the Specially Designated Nationals (SDN) and Blocked Persons List maintained by the U.S. Treasury for the Office of Foreign Assets Control, sometimes referred to as the "OFAC List" (online at: http://www.treasury.gov/resource-center/sanctions/SDNList/Pages/default.aspx;); and
(3) Is not listed in the United Nations Security designation list (online at: United Nations Security Council Consolidated List | United Nations Security Council).

The Recipient shall provide the following description of subawards either as part of the application or after award of the cooperative agreement for the Agreement Officer to approve a subaward:

1.) Name of the Sub-awardee;
2.) Unique Entity Identifier (UEI)
3.) Sub-award total estimated amount;
4.) Type of sub-award: cost reimbursement or fixed-price type; grant or contract
5.) Period of performance;
6.) Summary of the sub-award (program description or scope of work);
7.) Documentation on how the sub-award was competed;
8.) Documentation on how the sub-award was negotiated based on the applicable cost principle standard of "reasonable, allowable, and allocable" as defined in Standard Provision M1, 'Allowable Costs (November 2020);
9.) Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
10.) Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.
11.) List of commodities, equipment, and/or technical services (consultants) procured and the authorized source of each; and
12.) Any required prior approvals and/or waivers obtained.

c) Approval of the recipient's monitoring and evaluation plans.

d) Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects provided such activities are included in the Program Description, negotiated in the budget, and made part of the award.

B.4.4 USAID and Recipient joint participation at meetings with high-level Government of Burundi officials.

a) USAID will lead or co-lead high-level conversations with the Government of Burundi (GoB) interacting with the Recipient's team (such as the President and his Office, the Ministry of Health, and other GoB entities that are requesting support through this engagement).

This includes but not limited to the following:
- o Discussing key deliverables with the GoB entities such as the Minister of Health, Prime Minister and the Office of the President or presenting key deliverables to GoB entities.
- o Presenting key policy recommendations on the various work-streams to the GOB entities such as the Minister of Health, Prime Minister and the Office of the President.
- o Meeting requests by the GoB Ministers or the President of Burundi

b) The Recipient must advise the AOR in writing, no less than 72 hours in advance, of any meetings with Government of Burundi Ministers or high-level officials and the President of Burundi. The advisement must include:
- o Project/Activity Name
- o Purpose
- o Date, time and location
- o Expected USAID attendees
- o Recipient's attendees

c) USAID's representative as designated will participate at the meeting, help draft its agenda, review the list of attendees, and plan with the Recipient's team the main expected outcomes from each meeting/main decision to be discussed.

B.5 Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is **935** that includes all countries but excludes any country that is a prohibited source. The list of countries designated as prohibited sources is found at http://www.usaid.gov/ads/policy/300/310mac.

A list of developing countries is available at:
https://www.usaid.gov/about-us/agency-policy/series-300/references-chapter/310maa

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

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the USAID Integrated Community Health Activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility

for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

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SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility is restricted to local Burundian legal entities.

Only local organizations as defined below are eligible for award. USAID defines a "local entity" as 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 that is Burundi.

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

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

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.

C.2 Cost Sharing or Matching

Applicants are encouraged to propose recipient cost share in support of the proposed activity in addition to the USAID funding. 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. Cost sharing shall conform to the requirements of Standard Provision RAA15. Cost Share (June 2012).

C.3 Other

Each legal entity is limited to one application submission under this NOFO as the prime Applicant. There is no limitation on being included as a potential sub-awardee across multiple applications. The use of exclusive teaming arrangements is discouraged.

Risk assessment of the applicant will be conducted prior to awarding a federal grant in accordance with ADS 303.3.9. The Apparently Successful Applicant will be requested to submit additional evidence they deem necessary for the AO to make a positive risk assessment determination. The information submitted should substantiate that the applicant:

(1.) Has adequate financial resources or the ability to obtain such resources, as required during the performance of the award.
(2.) Has the ability to meet the award terms and conditions, considering all existing prospective recipient commitments, both non-governmental and governmental.

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1 Agency Points of Contact

Name: Ms. Szidonia Szekeres
Title: Senior Assistance Specialist
Email: sszekeres@usaid.gov

The above contact information is for informational purposes only. This NOFO itself and any subsequent amendments can be found at www.grants.gov. All applications must be submitted according to the instructions contained in this NOFO.

To maintain a fair and transparent funding opportunity USAID maintains strict guidelines on who within USAID may be contacted regarding applications or questions about the opportunity. Applicants must only contact USAID via the email address provided above.

D.2 Agreement Officer

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

Name: Ms. Katie Larson
Title: Regional Contracting and Agreement Officer
Email: kalarson@usaid.gov

D.3 Questions and Answers

Questions regarding this NOFO should be submitted via email to the Agency Point of Contact in Section D.1 not later than the date and time indicated on the cover letter, as amended. All questions submitted by email must have the NOFO number included in the email subject line. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

D.4 General Content and Form of Application

a) Each applicant must furnish the information required by this NOFO. Applications must be submitted in two separate parts in two phases. In phase 1, Applicants shall submit a Technical Application. The Technical application must address technical aspects only and it must not contain cost information. In phase 1, USAID will evaluate the written technical application. The applicants, whose application will be the most highly technically rated, will be invited to submit a Business (Cost) Application in phase 2. The Business (Cost) Application must present the costs, and address risk and other related issues. USAID reserves the right to request a final revised technical application from the most highly rated applicants in phase 2 in response to USAID's feedback and questions.

   Please see subsections D.6 and D.7, below, for information on the format and content specific to the Technical and Business (Cost) applications respectively.

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

- 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);
- Activity name;
- Notice of Funding Opportunity number;
- 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 (UEI - formerly known as DUNS) for prime applicants.

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.

c) Applications must be written in English.

d) Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the applicant must be accompanied by evidence of that agent's authority.

e) 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.

f) 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. 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 in the Technical Application;
2. Be registered in SAM before Phase 2: Business (Cost) Application and provide proof of SAM registration in the Business (Cost) 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.

If a UEI number for the applicant and any proposed sub-recipient(s) is not available at the time of submitting an application, the applicant must provide documentation verifying that the applicant and proposed sub-recipients have initiated the process for obtaining a UEI and valid SAM registration and include the current status within the process at the time of submitting an application.
The applicant must provide a narrative describing the current status of obtaining a UEI as the prime applicant and sub-awardees in Annex 5 to the Technical Application. The applicant must include

documentation verifying initiation of the process. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin the process early and follow up regularly on the status of issuance of a UEI and valid SAM registration. 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/.

D.5 Application Submission Procedures

Technical 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 system generated documentation of delivery receipt date and time/confirmation from the receiving office.

Applications must be submitted by email to sszekeres@usaid.gov with a copy to kalarson@usaid.gov. Submission of hard copies of applications will not be accepted. Email submissions must use the following format for the subject line: line: “Initial Technical Application: RFA 72069524RFA00003 - ICH Activity - [Name of Organization].” 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 application will be submitted as consolidated email attachments, e.g. that the Applicant consolidates 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, shall send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

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

There may be a problem with the receipt of *.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Burundi cannot guarantee their acceptance by the internet server. File size must not exceed 20 MB.

D.6 Instructions on the Technical Application (Phase 1)

In addition to the general content and form requirements in section D.4, technical applications must comply with the following requirements:

Please ensure that applications including the annexes to the technical application comply with the page limitations including the following requirements:

- Use standard 8 ½" x 11" page size, 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.
- Any graphs, charts, exhibits, tables, etc. contained in the body of the technical application shall be numbered and included in the stated page limits. Font in graphs and the org chart may be reduced to not smaller than Calibri font, 9-point. Tables and text boxes, however, must comply with the 12-point Calibri requirement.

The Technical Application shall not exceed **twenty-five (25)** pages. The cover page, cover letter, table of contents, acronyms list and annexes will not contribute towards this page limit. However, the limitation on the length of annexes is provided in the following. USAID will not review any pages in excess of the page limits.

The pages of the application must be consecutively numbered.

The technical application must be a searchable and editable Word or PDF format as appropriate.

The technical application should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of the Integrated Community Health Activity. The application should take into account the requirements of the program and merit review criteria found in this NOFO. The technical application must not reference cost data in order that the merit review selection may be made strictly based on the technical merit.

A technical application must be organized in the following manner:

a) Cover Page (See Section D.3 above for requirements)

b) Table of Contents

Include major sections, annexes and page numbering in the table of contents.

c) Acronyms List

d) Executive Summary (One page)

The Executive Summary must provide a high-level overview of key elements of the Technical Application.

e) Criterion 1: Technical Approach (no more than 17 pages)

The technical approach must demonstrate a profound understanding of the national and local political landscape and context, the Burundi health system and standards, health care and promotional services for reproductive, maternal, newborn and child health (RMNCH), family planning, malaria and nutrition,

the problem of access to these health services at the clinic and community levels and the functioning of the referral system, and the social, cultural and religious barriers to health services delivery. The technical approach must reflect familiarity with the current Ministry of Health national and community health services, financing, training, supervision, supply, strategies, policies, and opportunities.

The technical approach shall provide a strategic vision for the intervention including a clear set of results leading to an overall goal with heavy emphasis placed on the application of effective and innovative practices; the technical approach shall include illustrative indicators, yearly milestones/benchmarks, and end-of-Activity results that are ambitious yet realistic, measurable and achievable in the context in which the program will be carried out. The technical approach shall propose methods to adjust and adapt interventions with the dynamic local context. It shall include plans for direct and continued involvement with vulnerable populations and communities in the targeted intervention areas to facilitate change that will catalyze improved equity access to malaria, reproductive, maternal, newborn, and child health, family planning, nutrition promotional and care services that respect the quality standards, at the community level, including planned linkages to existing resources, structures and activities resulting in a game changing environment for improved child and maternal health outcomes. The approach shall be responsive to and aligned with the activity parameters and cross-cutting principles of the Program Description. It shall demonstrate appropriate synergy, collaboration, coordination, and co-location with designated USG programs and partners. Applicants must also describe the approach to coordination with other partners and how it will align with Collaborating, Learning, and Adapting (CLA) priorities. The technical approach shall include an effective plan for promoting sustainability through capacity building of community-based organizations and hand-over to relevant GOB decision-makers.

The technical approach shall propose evidence-based methodologies and a realistic and feasible plan to achieve the intended results. Annex 1 to the Technical Application shall provide a draft year 1 work plan with milestones/ benchmarks and results. The draft year 1 work plan shall not exceed 5 pages.

The Technical Approach shall include the draft Monitoring, Evaluation and Learning (MEL) Plan that effectively measures and reports on key indicators. The proposed MEL Plan shall present a complete and feasible plan for monitoring progress, collecting data, demonstrating outcomes and impact including monitoring improvement and increase in health-seeking behaviors, and disseminating lessons learned and best practices. The proposed MEL Plan shall include strategies to develop or adapt tools to capture timely, accurate, and reliable data from the field. The monitoring and evaluation plan shall provide a robust data quality assurance plan. It shall propose the type and level of results, indicators, and targets that are challenging and appropriate to measure results. The MEL Plan shall present how relevant analysis will inform adaptive management of the program.

The Applicant's M&E plan shall include the indicators listed in Section A: Program Description. The Applicant may propose additional, alternative, or other indicators that will best capture the project's performance and indicators that will help track the shift in performance from output to outcome oriented.

The proposed MEL Plan and indicators shall include the knowledge management monitoring and reporting to demonstrate success as well as the use of digitalization to increase the quality of the CHW interventions.

f) Criterion 2: Organizational Capacity, Management and Personnel (no more than 7 pages)

On organizational capacity, the Applicant must present how its and its proposed partners' existing organizational and management capacity as to what extent it can insure effective and efficient resource (financial and human) management, and project and activity management.

The Applicant shall present its experience, technical expertise with development programs in the technical areas of the Integrated Community Health Activity, the demonstrated experience in managing an Activity of similar type and complexity, along with other relevant characteristics of experience.

If the application includes partners, the Applicant shall demonstrate its experience in leading an effective consortium and the technical expertise of each proposed partner.

The Personnel and Management Approach shall demonstrate how the proposed management structure supports the technical approach and convincingly demonstrate the Applicant's ability to achieve program objectives.

The Applicant shall provide an organizational chart in the body of this section (not in an Annex) that details the proposed staffing and management structure including lines of communication, chain of authority on the activity team, responsibility, and supervision of Key Personnel, and any other contractor staff or consultants, as applicable.

The Management and Staffing Plan must demonstrate the Applicant's ability to assemble and mobilize a high-quality team, harmoniously covering the zone of the project and become operational shortly after award.

USAID welcomes collaborative applications structured as a prime and sub-recipient relationship with activity staff clearly defined under one single management structure. Partnerships without a clear hierarchy and delineation of authority among members are discouraged. When applicable, the applicant must describe the relationship between the prime and the sub-recipients, clearly defining the value each partner brings.

The Applicant should present its strategy to retain key personnel throughout the life of the activity (especially the Chief of Party), as well as its contingency plan in the event any of the key personnel leaves the activity.

The Applicant shall present its organizational development goals in furtherance of successful implementation of the activity and the internal and external resources needed to achieve those goals. The Applicant shall present the organizational responsibilities and staff resources to develop the technical and organizational capacities of national partners including subrecipients, relevant health system actors, and government entities.

The Applicant shall not request exclusivity from proposed sub awardees.

Applicants are expected to provide highly qualified teams to manage the implementation of the award and propose Key Personnel positions with the right scope qualifications and experience requirements and candidates who possess the relevant qualifications, experience and skills to effectively implement the Activity and achieve the Activity's objective and results. Applicants must make efforts to utilize local

professionals to the maximum extent possible and are encouraged to identify qualified Burundian candidates for senior positions.

Five **Key Personnel** positions have been identified in the Federal Award Information (see Section B.4.2): (1) the Chief of Party, (2) Community Health Director, (3) Regional Team Lead 1: Kirundo, Muyinga, Cankuzo, (4) Regional Team Lead 2: Makamba, Rutana, and (5) Regional Team Lead 3: Gitega, Karusi. Key personnel can be employees of the prime or of any proposed sub-awardees. In Annex 2 to the Technical Application, the Applicant must briefly describe specific key and non-key personnel position titles (no more than one page per position), roles and responsibilities, and qualifications that make them suitable for the positions and also how the proposed qualifications are conducive to achieving the expected results of the Activity.

The Chief of Party (COP) will have overall responsibility to coordinate and manage all award activities and personnel in furtherance of achieving the activity objectives and results. S/he will serve as the principal institutional liaison with USAID/Burundi and other key stakeholders. The COP must meet the following minimum criteria:

- Master's degree in public health, international/global health, or social sciences from a recognized institution;
- Specialized experience in malaria or FP and Maternal and child health;
- At least 10 years of progressive responsibility for implementing and managing malaria, FP and Maternal and child health or other health programs in developing countries preferably in Africa.

The Community Health Director will be responsible for the technical and operational oversight to all aspects of the Activity. S/he will report directly to the COP and support the COP in providing technical direction to Activity implementation and ensure that the Activity outcomes are met. S/he will coordinate the technical team in charge of malaria, family planning, maternal and child health, nutrition, monitoring & evaluation, lead technical advisors/officers, and establish effective innovative systems for ensuring high quality service provision to the communities supported in collaboration with other technical leads and other stakeholders. The Community Health Director must meet the following minimum criteria:

- Master's degree in social sciences or medicine;
- Six years of work experience related to community health activities including malaria, family planning, maternal and child health, nutrition or integrated health interventions targeting maternal and child health; and
- Computer literacy especially familiarity with MS Office applications: Word, PowerPoint and Excel.

The Regional Team Leads will be responsible for leading and implementing comprehensive community service provision on malaria, family planning, maternal and child health, and nutrition. S/he will be the focal point, working in close collaboration with the national office, the provinces and health districts, and other stakeholders to guarantee high-quality community service in line with national guidelines. the Regional Team Leads must meet the following minimum criteria:

- Master's degree in social sciences or medicine;
- Four years of work experience related to community health activities including malaria, family planning, maternal and child health, nutrition or integrated health interventions targeting maternal and child health.

The applicant must include resumes/CVs for all key personnel (no longer than 3 pages each including references) to be included in Annex 3 to the Technical Application. Each resume shall briefly describe specific titles of positions held in the past, roles and responsibilities, and a narrative describing the qualifications that make them suitable for the positions and how the proposed qualifications are conducive to achieving the expected results of the Activity. It must include a maximum of five references per candidate ideally from recent supervisors, colleagues, employees, and most importantly relevant donor organizations. USAID reserves the right to contact additional references not listed that have worked with the candidates.

g) Criterion 3: Past Performance

In Annex 4 to the Technical Application, the applicant must provide information regarding his and its major subrecipients' recent history of performance for all its contracts, grants, or cooperative agreements involving similar or related programs, not to exceed 5 (each for the prime applicant and major subrecipients) during the past five years, as follows:
• Name of the Contracting/Awarding Organization;
• Contract/Award Number;
• Activity Title;
• A brief description of the activity;
• Period of Performance;
• Award Amount;
• Reports and findings from any audits performed in the last five years; and
• Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

If the applicant encountered problems on any of the referenced contracts/grants, it may provide a short explanation and corrective action taken. The applicant should not provide general information on its performance. USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.

The information shall not exceed one page per referenced work.

h) Local Entity Documentation

In Annex 5 to the Technical Application, the Applicant must provide documentation that proves that the applicant fully meets the definition of a local legal entity as stated in Section C.1.

i) Status of SAM Registration

The applicant must provide a narrative describing the current status of obtaining a UEI as the prime applicant and sub-awardees in Annex 6 to the Technical Application. The applicant must include documentation verifying initiation or completion of the process.

D.7 Business (Cost) Application

D.7.1 Business (Cost) Application Submission

After review of the Technical Applications, Applicants will be requested to submit a Business (Cost) Application and Certification and Representations within two weeks of the Agreement Officer's request. Applicants shall not submit a Business (Cost) Application until they are required to do so. The Business (Cost) Application must be submitted separately from the written Technical Application to sszekeres@usaid.gov with a copy to kalarson@usaid.gov.

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 these documentation with their initial application.

D.7.2 Business (Cost) Application Format

The Business (Cost) Application must be submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel. Use standard 8 ½" x 11" page size, 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.

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.

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.

The estimated start date identified in Section B of this NOFO must be used in the cost 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 above for requirements)

b) SF 424 Form(s)

The applicant must sign and submit the cost application using the SF-424 series. The specific Standard Forms and instructions thereto can be accessed electronically at the following websites:
Application for Federal Assistance SF-424
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://apply07.grants.gov/apply/forms/readonly/SF424_2_1-V2.1.pdf

BUDGET INFORMATION - Non-Construction Programs SF-424A
chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://apply07.grants.gov/apply/forms/readonly/SF424A-V1.0.pdf

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

c) Required Certifications and Assurances

The Applicant(s) 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 http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf.
(2) Assurances for Non-Construction Programs (SF-424B)
(3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

d) 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. Budgets with hidden cells lengthen the cost analysis time required to make an award, and may result in a rejection of the cost application. The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

- Summary Budget, inclusive of all Activity costs (federal and non-federal), broken out by major budget category and by fiscal year for interventions to be implemented by the Recipient and any potential sub-recipients for the entire period of the program. See Annex G 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 shall propose fringe benefits as direct costs applying the rates mandated by the applicable laws of the Republic of Burundi. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars or 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 – no large-scale construction is authorized under this award. Construction will be limited to necessary renovations that directly support activity objectives.

7) Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The applicant should indicate the subject, venue and duration of any proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs. Otherwise, the narrative should be minimal.

8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

   Method 1 - Direct Charge Only
   Eligibility: Any applicant
   Initial Application Requirements: See above on direct costs

   Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
   Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
   Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID,

provide the contact information for the approving Agency. Additionally, at the Agency's discretion, a provisional rate may be set forth in the award subject to audit and finalization. See USAID's Indirect Cost Rate Guide for Non Profit Organizations for further guidance.

Method 3 - De minimis rate of 10% of modified total direct costs (MTDC)
Eligibility: Any applicant that does not have a current NICRA
Initial Application Requirements: Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200 for further information.

Method 4 - Indirect Costs Charged As A Fixed Amount
Eligibility: 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:

- Total costs incurred by the organization for the previous fiscal year and estimates for the current year. Guidance *to AO: If the indirect costs are expected to be minimal or easily attributed to performance of a USAID agreement, the AO should delete this first bullet.*
- 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 – Cost sharing is not required, but Applicants are encouraged to propose cost share. 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:

1.) Name of the Sub-awardee;
2.) Unique Entity Identifier (UEI)
3.) Sub-award total estimated amount;
4.) Type of sub-award: cost reimbursement or fixed-price type; grant or contract
5.) Period of performance;
6.) Summary of the sub-award (program description or scope of work);
7.) Documentation on how the sub-award was competed;
8.) Documentation on how the sub-award was negotiated based on the applicable cost principle standard of "reasonable, allowable, and allocable" as defined in Standard Provision M1, 'Allowable Costs (November 2020);
9.) Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
10.) Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
11.) Confirmation that the subrecipient is not listed in the United Nations Security designation list
12.) Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.332(b)
13.) Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.
14.) List of commodities, equipment, and/or technical services (consultants) procured and the authorized source of each; and
15.) Any required prior approvals and/or waivers obtained.

g) Status of Registration with the System for Award Management

The cost application shall include a printout of the System for Award Management (SAM) (https://sam.gov/) showing the Applicant's registration status.

h) 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: no large-scale construction is authorized under this award. Construction will be limited to necessary renovations that directly support activity objectives.

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.

i) Conflict of Interest Pre-Award Term

1. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO not later than ten (10) calendar days following discovery.

2. 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 nonpublic information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

D.8 Branding Strategy & Marking Plan

The apparently successful applicant will be asked to provide a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award. The Cost Application shall include all costs associated with branding and marking.

D.8.1. 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 (desired level of visibility can be low, medium or high), how the implementing partner plans to communicate the sponsorship, how to maximize credit for the assistance provided by USAID and the President's Malaria Initiative (PMI), list any other organizations to acknowledge.

b. Reserved.

c. Reserved.

d. Reserved.

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

(1) All estimated costs associated with branding and marking the activity, 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 U.S. President's Malaria Initiative (PMI) Identity that includes the USAID logo and brand mark and the Department of Health and Human Services and Center for Disease Control and Prevention logos, as found on the PMI.gov website branding page. It is recommended to include the PMI logo in French language as appropriate.

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

(iii) It is acceptable to co-brand the title with the PMI identity, and the applicant's identity following the stipulations outlined in the Branding and Marking Requirements for Assistance Awards outlined by USAID.
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(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how PMI's involvement will be showcased during outreach for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the PMI 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.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.
(ii) Provide plans for training materials, posters, pamphlets, public service announcements, billboards, Web sites, and so forth, as appropriate.
(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicants must incorporate the PMI Identity.
(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

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

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and their relative prominence to the PMI identity.

f. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

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

D.8.2. 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 "PMI Identity," which comprises of the USAID logo and brandmark, with the tagline "from the American people", the logo of the Department of Health and Human Services and the logo of the Center for Disease Control and Prevention. The PMI Identity is the official marking for the PMI-funded activities and is found on the PMI website at https://www.pmi.gov/resources/branding/.

b. Reserved.

c. Reserved.

d. Reserved.

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

(1) A description of the public communications, commodities, program materials and other items that the applicant plans to produce, and which will bear the PMI 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, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by PMI;

(iii) Commodities, equipment, supplies, and other materials funded by PMI, including commodities or equipment provided under humanitarian assistance or disaster relief programs must visibly bear the PMI identity;

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

(v) Events financed by PMI, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the PMI Identity cannot be displayed, the recipient is encouraged to find and explain other ways to acknowledge PMI 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 PMI 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 PMI Identity, and

(v) The rationale for not marking program deliverables.

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

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

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

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

(iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.

(v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.

(vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.

(vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

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SECTION E: APPLICATION REVIEW INFORMATION

E.1 Merit Review Criteria

The merit review criteria prescribed herein 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.

E.2 Review and Selection Process

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Technical factors will be evaluated in descending order of importance, as described herein and prescribed by Section **D.6 Instructions on the Technical Application**. The Merit Review Committee (MRC) will review the written technical applications received that comply with the instructions in this NOFO using the following merit review criteria.

Criterion 1: Technical Approach:

- The extent to which the technical approach demonstrates a profound understanding of the national and local political landscape and context, the Burundi health system and standards, health care and promotional services for malaria, reproductive, maternal, newborn and child health (RMNCH), family planning, and nutrition, barriers to access these health services at the clinic and community levels, and the social, cultural and religious barriers to health services delivery and familiarity with the current Ministry of Health' national and community health services, financing, training supervision, supplying, strategies, policies, and opportunities.
- The extent of technical quality demonstrated in:
    - A strategic vision for the intervention including a clear set of results proposed leading to an overall goal with heavy emphasis placed on the application of effective and innovative practices;
    - Ambitious yet realistic program results, illustrative indicators, yearly milestones/benchmarks, and end-of-Activity results that are measurable and achievable in the context in which the program will be carried out.
    - Proposed methods to adjust and adapt interventions with the dynamic local context;
    - A plan for direct and continued involvement with vulnerable populations and communities in the targeted intervention areas to facilitate changes that will catalyze improved equity, access to malaria, reproductive, maternal, newborn and child health, family planning, and nutrition promotional and care services that respect the quality standards at the community level, including planned linkages to existing resources, structures and activities that results in a game changing environment for improved child and maternal health outcomes.
    - An approach that is responsive to and aligned with activity parameters and cross-cutting principles of the Program Description.
    - Gender considerations being integrated in the approach and proposed interventions
    - An approach demonstrating appropriate synergy, collaboration, coordination, and co-location with designated USG programs and partners.
    - An effective approach to coordination with other partners and how it will align with Collaborating, Learning, and Adapting (CLA) priorities.

- An effective plan for promoting sustainability through capacity building and hand-over to relevant GOB decision-makers.
- Evidence-based, technically sound, feasible and realistic approaches proposed that are, and conducive to the achievement of the goals, objectives and intended results with economy and efficiency.
- The effectiveness of the plan for promoting sustainability through capacity building of community-based organizations and their engagement in solving their health issues..
- The proposed MEL Plan presenting a complete and feasible plan for monitoring progress, collecting data, demonstrating outcomes and impact, and disseminating lessons learned and best practices.

Criterion 2: Institutional Capacity, Management and Personnel:

The MRC will evaluate the Applicant's and its potential sub-recipients' existing organizational and management capacity as to what extent it can insure effective and efficient resource (financial and human) management, and project and activity management. The level of experience, technical expertise with development programs in the technical areas set forth in the Program Description, the demonstrated experience in managing an Activity of similar type and complexity will be considered. If the application includes partners, demonstrated experience of the Applicant in leading an effective consortium and the organizational capacity of each proposed partner.

The MRC will evaluate the Personnel and Management Approach for the extent to which:

- The proposed management structure supports the technical approach and convincingly demonstrates an ability to achieve program objectives;
- The Applicant presents a strategy to retain key personnel throughout the life of the activity, as well as a contingency plan in the event any of the key personnel leaves the activity.
- The Applicant presents the organizational responsibilities and staff resources to develop the technical and organizational capacities of national partners including subrecipients, relevant health system actors, and government entities.
- The effectiveness of the proposed staffing plan including the extent to which the proposed overall staffing plan has an appropriate size, breadth, and is efficient and effective and personnel possess the full range of experience, skill, and expertise required to successfully implement the activity; and
- The key personnel qualifications requirements are conducive to successful activity management for results and key personnel possess relevant and demonstrated qualifications, experience, and skills applicable to the key personnel positions.

Criterion 3: Past Performance:

Past performance will be reviewed based on how well an applicant and its potential sub-recipients performed on relevant programs, including the extent to which past performance demonstrates success in management and administration of similar programs. USAID will determine the relevance of similar performance information as a predictor of probable performance under the subject requirement and may give more weight to performance information that is considered more relevant and/or more current. The relevancy of any performance information will be determined by the similarity of the program to the program specified above, the size of the program, and the place where the program was implemented.

The review will focus on the following aspects of the Applicant's past performance:

- Quality: the technical quality of the activities and programs provided;
- Timeliness of Performance: how well the applicant adhered to the award schedules;
- Business Practices and Customer Satisfaction: sound governance of the organization and of the activity with special consideration to ethical and efficient business practices including cost efficiency and how well the applicant worked with USAID;
- Key Personnel: how well the key personnel used in previous efforts performed in carrying out the activities called for under the contracts, subcontracts, cooperative agreements, and/or grants; and
- Cost Control: whether the applicant operated at or below budget, projected costs, and provided current, accurate, and complete billings.

USAID may use performance information obtained from other than the sources identified by the applicant.

Note: The USG will assign a neutral rating to an application which through no fault of its own has no past experience history (i.e., a new organization).

a) Business Review

The Agency will evaluate the cost application of the applicant(s) under consideration for an award 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).

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1 Federal Award Notices

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

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

Following selection of an awardee USAID will inform the successful applicant concerning the award. A notice of award signed by the Agreement Officer is the official authorizing document, which USAID will provide electronically to the successful applicant's main point of contact. USAID also will notify unsuccessful applicants concerning their status after selection has been made.

F.2. Administrative & National Policy Requirements

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

- For U.S. organizations: ADS 303, 2 CFR 700, 2 CFR 20, and https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf
- For Non U.S. organizations: https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf

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

F.3. Reporting Requirements

F.3.1 Financial Reporting

a) Use of the SF 425. The Recipient must submit financial reports using the Standard Form 425 (SF-425) on a quarterly basis by email to the Agreement Officer, and Agreement Officer's Representative (AOR) and to the USAID/Rwanda Financial Management Office at the email address: kigaliusaidfa@usaid.gov within 30 days after the end of each quarter. Regardless of the effective date or the estimated completion date of the agreement, Quarters end March 31, June 30, September 30, and December 31.

b) The final financial report (SF-425) is due no later than 90 days after the estimated completion date of this Agreement.

c) The Recipient must comply with the Standard Provision set forth in Attachment C of this Agreement entitled "Reporting Host Government Taxes (June 2022)". Host government taxes are not allowable where the Agreement Officer provides the necessary means to the recipient to obtain an exemption or refund of such taxes, and the recipient fails to take reasonable steps to obtain such exemption or refund. Otherwise, taxes are allowable in accordance with the cost principles referenced in Standard Provision M.1, "ALLOWABLE COSTS (NOVEMBER 2020)", and must be reported as required in the standard provision "Reporting Host Government Taxes (December 2022)".

F.3.2 Activity Reporting

A. Annual Implementation Plan

Implementation plans are intended to express the Recipient and USAID's plan to implement the Activity on an annual basis. The implementation plan authorizes specific interventions to implement the Program Description. If revisions are necessary or desirable, the Recipient should utilize the procedures specified below to revise the implementation plan.

The Annual Implementation Plan must include:

- Interventions that the Recipient intends to implement;
- Community target areas and districts where they will be conducted;
- Benchmarks/milestones/baselines and annual performance targets;
- Outputs/outcomes which the Recipient expects to achieve;
- The anticipated risks regarding achieving the anticipated objectives of the award and how they will be mitigated;
- A list of commodities to be procured including a budget and a budget narrative.

The annual implementation plan, complemented by a narrative overview of budgetary implications, should explain the rationale, sequence and timeline of interventions that will be implemented during that fiscal year.

Description	Due Date
The Recipient must submit to the AOR one electronic copy of the first USG fiscal year draft implementation plan (ending September 30, 2025) covering the period of performance of the agreement	45 days after the effective date of the Award
The Recipient must then submit an electronic copy of the revised first-year implementation plan to the AOR for approval	15 working days from receipt of the AOR's comments
The Recipient must submit one copy of the final approved first-year implementation plan to the Agreement Officer	3 working days from receipt of the AOR's approval

For the subsequent years, the implementation plan will be completed on the following schedule:

Description	Due Date
The Recipient must submit the subsequent annual implementation plans, delineated by quarterly periods. The Recipient must submit an electronic copy of the draft implementation plans covering the following periods to the AOR: October 2025 through September 2026 October 2026 through September 2027 October 2027 through September 2028 October 2028 through September 2029	August 16 of the corresponding year
The Recipient must submit an electronic copy of the subsequent year implementation plan to the AOR for approval	15 working days from receipt of the AOR's comments
The Recipient must submit one copy of the final approved subsequent year implementation plan to the Agreement Officer	3 working days from receipt of the AOR's approval

The Recipient must report any significant implementation plan changes or revisions to the AOR, and obtain the AO's approval prior to implementing or undertaking such changes or revisions.

Annual implementation plans and changes/revisions thereto must be within the scope of the Program Description (Attachment B) of this Cooperative Agreement. Implementation plans and changes/revisions thereto must describe interventions to be conducted during the period at a greater level of detail than the Program Description but must not serve to change the Program Description in any way. Therefore, all implementation plans, and changes/revisions thereto must cross-reference the applicable section(s) in the Program Description. The Program Description takes precedence over the implementation plans and any changes/revisions thereto, in the event of any conflicts or inconsistencies between the Program Description and the implementation plan and any changes/revisions thereto. Any changes to the Program Description must be approved by the Agreement Officer by means of a modification to this Cooperative Agreement. Implementation plans should not be submitted to USAID's DEC.

B. Monitoring, Evaluation, and Learning Plan

The Monitoring, Evaluation, and Learning (MEL) Plan will establish how the Recipient and USAID/Burundi will monitor progress, evaluate performance and impact, and how the activity intends to learn from the implementation and use the lessons learned to adapt its programming. It will include the goal, objectives and expected results of the Activity. The MEL Plan must cover the full period of this Agreement and will contain a section on "Monitoring," a section on "Evaluation" and a section on "Learning."

Therefore, the Recipient must develop a rigorous system for the collection, storage and analysis of data and the verification of its quality, to ensure it meets USAID/Burundi data quality standards. Indicators should be disaggregated by gender and where appropriate by age, disability and vulnerable ethnic and religious minority status and should demonstrate that the Recipient is reaching a diverse

group of target beneficiaries. USAID reserves the right to determine the appropriate format of the MEL Plan.

The *Monitoring Section* will specify indicators, targets, and monitoring methodologies that allow the Recipient and USAID/Burundi to track the progress of Activity interventions towards achieving the expected results and targets related to Activity objectives.

The *Evaluation Section* will describe how interventions will be assessed at the implementation and/or impact level and include a schedule and tools for planned evaluations (if any) and revision of the approach if and as necessary.

The *Learning* section will describe how knowledge and learning will be gained from implementation, evaluation findings, and monitoring data, to adjust interventions and approaches, as needed. Results data will be shared with a number of stakeholders, including other USAID/Burundi implementing partners, public and civil society entities in partner countries, as well as other donors, in support of enhanced collaboration, learning and adaptive management (CLA) across USAID's portfolio. The Recipient may be requested to participate in collaborative learning events, which will be designed to generate and share learning among USAID implementing partners and stakeholders. The Recipient should be familiar with the CLA approach outlined on the USAID Learning Lab (http://usaidlearninglab.org/).

Schedule

Description	**Due Date**
The Recipient must submit to the AOR an electronic copy of the MEL Plan covering the full period of the Cooperative Agreement.	60 days after the effective date of the Award
The Recipient must submit an electronic copy of the revised MEL Plan to the AOR for approval	30 working days from receipt of the AOR's comments
The Recipient must submit a copy of the final approved MEL Plan to the Agreement Officer	5 working days from receipt of the AOR's approval

For subsequent years, the annual updates to the MEL Plan will be completed on the following schedule:

Description	**Due Date**
The Recipient must submit the updated MEL Plan to the AOR	August 16 of the corresponding year;
The Recipient must submit the final MEL Plan to the AOR for approval	September 15 of the corresponding year

Revisions. The Recipient must report any significant MEL plan changes or revisions to the USAID AOR and must obtain the AOR's approval prior to implementing or undertaking such changes or revisions. MEL plans must not be submitted to USAID's DEC.

C. Performance Reporting

a. Quarterly Activity Performance Reports

The Recipient must submit separate Quarterly Activity Performance reports to the AOR within 30 days after the end of each quarter of the USG fiscal year during the performance period, except for the fourth quarters of activity years one (1) and two (2); the fourth quarter report shall be replaced by the annual report showing achievement for quarter four and annual achievement combining the four quarters as discussed below. The Quarterly Activity Performance Reports must include the following information:

- A summary of key achievements, including, but not limited to, key data and results at the subnational level;
- Actual achievements of the quarter, that should be presented in quantitative terms whenever possible and described in a narrative that relates interventions, products, and results established in the implementation plan. Progress on performance data should be presented for the quarter and also cumulatively;
- Information on management issues, including administrative, or coordination problems;
- A comparison of actual accomplishments with the targets established for the period;
- Reasons why established targets were not met, if appropriate;
- Each Quarterly Activity Performance Report must include a cumulative list of reports/studies/ documents that can be sent to USAID's Development Experience Clearinghouse (DEC). Because of the sensitive nature of this Activity, the documents will be submitted in a manner that allows only USAID users rather than the general public to view them unless the AOR states in writing to not submit the report. In these instances, the AOR will provide written notification to the Chief of Party, within 15 days of the submission of the quarterly report;
- Success stories: Each quarterly report must include success stories to the extent available, which provide information that demonstrates the impact of the Activity. This information can be provided through materials such as stories, quotes and photos. These success stories must also be submitted separately via the Agency's Telling Our Story website https://www.usaid.gov/stories/ . Note: the Mission's Development Outreach and Communications Officer can assist in editing stories prior to their posting on the website.
- Other pertinent information as specified by the AOR in writing. The AOR must communicate any other pertinent information required in the report in writing to the Chief of Party no later than 15 days prior to the end of the reporting period. Any request for other pertinent information specified by the AOR for a specific quarter is automatically required for all subsequent quarterly reports unless specifically indicated in writing by the AOR that the pertinent information is no longer required in the quarterly reports.

The detailed format of the report must be developed in conjunction with the AOR. The Recipient must discuss with the AOR any issues identified as a result of these reports, including, but not limited to, data quality and cost issues, to determine appropriate follow-up actions, including providing additional information as necessary to clarify performance issues.

Due dates for these quarterly Activity performance reports are no later than 30 days after the end of each reporting period. The reporting cycle will align with USAID's fiscal year as follows:

Quarter 1: October-December,
Quarter 2: January-March,
Quarter 3: April-June,
Quarter 4: July- September

The Quarterly Activity Performance Reports must be submitted to the USAID's DEC, unless directed otherwise by the AOR as outlined above.

b. Annual Activity Performance Reports

The fourth quarterly report will be replaced by an Annual Performance Report. The annual report will include achievement for quarter four and annual achievement combining the four quarters. The Recipient must submit an Annual Activity Performance Report to the AOR each year no later than 30 days after the end of the fiscal year. The annual reports must cover the following periods:

Award date through September 30, 2025;
October 1, 2025 through September 30, 2026;
October 1, 2026 through September 30, 2027;
October 1, 2027 through September 30, 2028;
October 1, 2028 through the estimated completion date of the award;

The information that would have been included in the last annual report will be included in the Final Performance Report discussed below.

The Annual Activity Performance Report must contain the following information: (1) a summary of key achievements showing achievement for quarter four and annual achievement combining the four quarters; (2) a comparison of actual accomplishments against goals established for the period in the annual implementation plan; (3) cumulative quantitative monitoring, evaluation, and learning data, including information on progress towards targets, and explanations of any issues related to data quality; (4) a cumulative list of reports/studies /documents sent to USAID's DEC; (5) lessons learned and success stories; (6) information on major challenges and constraints faced during the performance period being reported; and (7) prospects for the next year's performance. The Annual Activity Performance Report must also include the information required for the quarterly performance activity reports for the fourth quarter of the fiscal year. The Annual Activity Performance Report must be submitted to USAID's DEC.

The detailed format of the report should be developed in conjunction with the AOR. The Recipient should discuss with the AOR any issues identified as a result of these reports, including, but not limited to, data quality and cost issues, to determine appropriate follow-up actions, including providing additional information as necessary to clarify performance issues.

c. Indicator Results Data Reporting

In addition to the Quarterly and Annual Activity Performance reports, the Recipient must report indicator results data to USAID in accordance with the assigned indicators' reporting frequencies (quarterly, semi-annual and annual) as established in the MEL Plan.

The reporting of indicator results data allows USAID/Burundi to aggregate data, assess the overall performance of activities, and generate reports for its internal and external stakeholders, including but not limited to USAID Washington, Congress, and the Government of Burundi.

USAID Burundi is currently in the process of finalizing development of a new online performance management and reporting system called Development Information Solution (DIS). This system is currently being tested. Once it becomes operational, the Recipient will be expected to report indicator results data and other data (ex: downloading quarterly reports, success stories, pictures, GIS information, etc.) via this system. USAID will provide training once the system becomes operational. In the interim period (until DIS is operational), indicator data reporting will be submitted using Excel based templates provided by the AOR. If for any reason DIS does not become operational, the Recipient will be expected to comply with whatever indicator data reporting system USAID decides to use at that time.

The indicator results data must be reported in accordance with the MEL schedule.

d. Closeout Plan

No later than 120 days prior to the completion date of this Agreement, the Recipient must submit a closeout plan that addresses demobilization to the AOR for concurrence, and to the Agreement Officer for approval. The closeout plan must include:

- draft property disposition plan (to be approved by the AO only),
- plan for the phase-out of operations,
- delivery schedule for all reports or other deliverables required under the agreement, and
- timetable for completing all required actions in the closeout plan, including the submission date of the final property disposition plan to the Agreement Officer.

e. Final Performance Report

The Recipient must submit **a draft** of the Final Performance Report to the AOR 30 calendar days after the completion date of the Cooperative Agreement and include the last Annual Activity Performance Report. Once approved by the AOR, the Recipient must submit the **final** *Final Performance Report* to the AOR no later than 90 days after the completion date of the Cooperative Agreement.

This Final Performance Report will include the following information:

- A comparison of actual accomplishments, presented in quantitative terms and described in a narrative that relates interventions, products, and results to the Monitoring, Evaluation, and Learning Plan;
- Discussion of why unexpected progress, positive or negative, was made toward the planned results;
- If the performance monitoring system (indicators) indicates that expected results were not achieved, the Recipient shall seek to determine and explain the reason;
- Analysis of lessons learned, summary of responses to problems encountered during project implementation;
- A bibliography of all products, tools, reports, and studies produced through the project; and

- Other pertinent information communicated by the AOR in writing within 15 days of the end of the agreement.

The Final Performance Report must be submitted in accordance with the Standard Provision entitled "Submissions to the Development Experience Clearinghouse and Publications (June 2012)" upon receiving AOR concurrence. Documents submitted to the DEC must be submitted online https://dec.usaid.gov/dec/home/Default.aspx .

f. Ad Hoc Reports

The Recipient will fulfill ad hoc requirements for specific deliverables, reports and other documentation in support of activities specified in the implementation plan. Those reports will be due based on the schedule established in the implementation plan, or any modifications thereof. It is also anticipated that ad hoc reports may be requested by either the AO or AOR in writing and based on the deadlines established by either the AO or AOR.

F.4 Program Income

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

F.5. Environmental Compliance

1a) 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) ADS 201 and ADS 204, which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NOFO.

1b) In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

1c) No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

2) An Initial Environmental Examination (IEE) has been approved for the Integrated Community Health Activity funding this NOFO. The IEE covers activities 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 applicant shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this solicitation.

3) n/a

4a) As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the Recipient, in collaboration with the USAID Agreement's Officer's Representative (AOR) and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation.

4b) 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.

4c) 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.

5. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the Recipient shall:

5a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the Recipient shall prepare an EMMP or M&M Plan describing how the Recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

5b) Integrate a completed EMMP or M&M Plan into the initial implementation plan.

5c) Integrate an EMMP or M&M Plan into subsequent Annual Implementation Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

6) n/a
7) n/a

8a) USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Applicants to the NOFO should therefore include as part of their application their approach to achieving environmental compliance and management, to include:

8b) The applicant's approach to developing and implementing an IEE or EA or environmental review process for a grant fund and/or an EMMP or M&M Plan.

8c) The applicant's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.

8d) The respondent's illustrative budget for implementing the environmental compliance activities. For the purposes of this solicitation, Applicants should reflect illustrative costs for environmental compliance implementation and monitoring in their cost application.

F.6. Climate Risk Management

In accordance with USAID policy, Climate risk assessment was conducted for the Activities under the health portfolio on December 17, 2020. Climate risk screening helps flag and prioritize risk that should be considered in order to promote resilient development and ensure the effectiveness of USAID program investments. It also identifies elements that may require a more in-depth assessment particularly when designing projects and Activities. The screening process considered how specific sectors are affected by climate change, and rated that impact as Low, Moderate or High. The Activities under this portfolio are rated Moderate which require climate change adaptation to ensure that the Activities are not unduly affected by climate change. The awardee should prepare a Climate Change Adaptation plan to identify and address any potential impacts to the program's interventions.

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1 NOFO Points of Contact

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

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

G.2 Acquisition and Assistance Ombudsman

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

The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov

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SECTION H: OTHER INFORMATION

H.1 Applications with Proprietary Data

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

> "This application includes data that must not be disclosed, duplicated 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 Web Links

Standard Foreign Assistance Indicators: https://www.state.gov/f/indicators/
Grants.gov: www.grants.gov
SF-424 series: http://www.grants.gov/web/grants/forms/sf-424-family.html
Salary Supplements for Host Government Employees
USAID Gender Equality and Female Empowerment Policy of March 2012:

H.3 List of Annexes

The following NOFO annexes provide additional information to the prospective Applicants and they are attached as a separate document to the grants.gov posting:

Annex 1 – Summary Budget Template
Annex 2 – Initial Environmental Examination
Annex 3 – Standard Provisions

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ANNEX 1 - SUMMARY BUDGET TEMPLATE

BUDGET SUMMARY: U.S. DOLLAR COSTS

		Year 1	Year 2	Year 3	Year 4	Year 5	Total
	ITEM						
a.	Personnel						
b.	Fringe Benefits						
c.	Travel and Transportation						
d.	Equipment						
e.	Supplies						
f.	Subawards and Contracts						
g.	Construction						
h.	Other Direct Costs						
i.	Total Direct Charges (sum of a-h)						
j.	Indirect Charges						
k.	TOTAL ESTIMATED AMOUNT (sum of i and j) (USAID)						

An Excel version of the summary and detail budgets is available at www.grants.gov.

ANNEX 2 – INITIAL ENVIRONMENTAL EXAMINATION

See the Initial Environmental Examination on the following pages.

ANNEX 3 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303mab. The actual Standard Provisions included in the award will be dependent on the organization that is selected (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 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 ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM) (DECEMBER 2022)
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2022)
X		RAA8. SUBAWARDS (DECEMBER 2014)
TBD		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
TBD		RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA11. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
TBD		RAA12. PATENT RIGHTS (DECEMBER 2022)
	X	RAA13. [RESERVED]

X		RAA14. INVESTMENT PROMOTION (DECEMBER 2022)
TBD		RAA15. COST SHARE (JUNE 2012)
TBD		RAA16. PROGRAM INCOME (AUGUST 2020)
X		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
TBD		RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
TBD		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 2022)
	X	RAA29. RESERVED
	X	RAA30. RESERVED
X		RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

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