



**Issue Date:** August 01, 2024  
**Pre-Application Conference:** August 14, 2024  
**Deadline for Question:** August 28, 2024  
**Closing Date:** September 30, 2024  
**Closing Time:** 05:00 pm (Maputo)  
**Subject:** Notice of Funding Opportunity  
**Number:** 72065624RFA00005

**Program Title:** Ensuring Social Protection by Empowering and building Resiliency for Adolescents, Nuclear families, Children, and caregivers affected by HIV/AIDS (ESPERANÇA)

**Federal Assistance Listing Number:** 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a cooperative agreement from qualified entities to implement the ***Ensuring Social Protection by Empowering and building Resiliency for Adolescents, Nuclear families, Children, and caregivers affected by HIV/AIDS (ESPERANÇA) Activity***. Eligibility for this award is restricted to local organizations.

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

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

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.7.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](http://www.grants.gov).

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

Thank you for your interest in USAID programs.

Sincerely,

Ayla-Rebeka Brooks

Supervisory Agreement Officer

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## SECTION A: PROGRAM DESCRIPTION

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

### Acronyms List

ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
AJPE	Youth savings and loan association / Associações Juvenis de Poupança e Empréstimos
AOR	Agreement Officer’s Representative
ART	Antiretroviral therapy
C/ALHIV	Children and adolescents living with HIV
CBO	Community-based organization
CDC	The U.S. Centers for Disease Control and Prevention
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, learning, and adapting
CNCS	National AIDS Council / Conselho Nacional de Combate ao SIDA
CoP	Chief of Party
COP	Country Operational Plan
CSO	Civil society organization
DATIM	Data for Accountability, Transparency and Impact
DIS	Development Information Solution
DoD	U.S. Department of Defense
DPS	Provincial Health Directorate
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EMMP	Environmental Monitoring and Mitigation Plan
ESPERANÇA	Ensuring Social Protection by Empowering and building Resiliency for Adolescents, Nuclear families, Children, and caregivers affected by HIV/AIDS
FSW	Female sex worker
FY	Fiscal year
G2G	Government-to-Government

GBV	Gender-based violence
GNP	Gorongosa National Park
GRM	Government of the Republic of Mozambique
HEI	HIV-exposed infant
HELIX	Higher Education for Leadership, Innovation and Exchange
HTS	HIV testing services
IDP	Internally displaced persons
IEE	Initial Environmental Examination
IFPI	Improved Family Planning Initiative
IIT	Interruption in treatment
IR	Intermediate results
INAS	National Social Welfare Institute / Instituto Nacional de Acção Social
IP	Implementing partner
KPP	Key and priority populations
LOE	Level of Effort
LTFU	Lost-to-follow-up
M&E	Monitoring and evaluation
MCH	Maternal and Child Health
MEL	Monitoring, Evaluation, and Learning
MER	Monitoring, Evaluation, and Reporting
MGCAS	Ministry of Gender, Children and Social Action
MINEDH	Ministry of Education and Human Development / Ministério da Educação e Desenvolvimento Humano
MISAU	Ministry of Health / Ministério da Saúde
MOU	Memoranda of Understanding
MUCDC	Mozambique University Career Development Centers
NGO	Non-governmental organization
OAA	Office of Acquisition and Assistance
OFM	Office of Financial Management
OVC	Orphans and vulnerable children
PD	Program description

PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother to child transmission (of HIV)
PrEP	Pre-exposure prophylaxis
PSEA	Prevention of Sexual Exploitation and Abuse
Q	Quarter (refers to data reporting of a quarter in a particular fiscal year)
RRF	Rapid Response Funds
SAAJ	Youth friendly services / Serviços de Aconselhamento e Acompanhamento dos Jovens
SBCC	Integrated Social Behavior Change Communication
SDSMAS	District Health Services Women Social Welfare / Serviços Distritais de Saúde, Mulher e Acção Social
SPS	Provincial Health Services
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TD	Technical Director
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence against children
VMMC	Voluntary medical male circumcision
VSLA	Village savings and loan associations
WASH	Water, sanitation and hygiene

## I. PROGRAM DESCRIPTION

### A. INTRODUCTION

United States Agency for International Development (USAID) Mozambique is planning the *Ensuring Social Protection by Empowering and building Resiliency for Adolescents, Nuclear families, Children, and caregivers affected by HIV/AIDS (ESPERANÇA)* Activity, focused on improving health outcomes of households vulnerable to and impacted by HIV.

The Activity's main components are prevention services, comprehensive case management, and support to systems that deliver social protection services. Interventions under this Activity will target sub-groups based on their specific needs and vulnerabilities, with the overall design to reduce HIV incidence and improve the health outcomes of households vulnerable to and/or significantly impacted by HIV in Mozambique. Specific target groups include children and adolescents living with HIV (C/ALHIV); children, adolescents, and youth at high-risk of acquiring HIV; caregivers of OVC beneficiaries; local communities with high-HIV prevalence; and HIV-positive adolescents, youth, and men (25 to 49 years old) who require case management.

This Activity will build off progress made, and social protection systems strengthened through the current awards: *OVC Response (Manica)* and *OVC Response (Sofala)*. USAID seeks a strong local partner, through competition, to award a five-year agreement to implement the services contained in this program description, with a **maximum ceiling of \$40,000,000**.

This proposed Activity ties into [USAID/Mozambique Country Development and Cooperation Strategy \(CDCS\)](#) Development Objective 1: *Healthier and Better Educated Mozambicans, Especially the Young and Vulnerable*, with a focus on sub-intermediate results (sub-IR) 1.1 (quality of health and education services improved) and 1.2 (utilization of health and education services expanded, focusing on youth and gender) and is designed in line with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)'s 5x3 Strategy.

Annual work plans will be guided by the Country Operational Plan (COP) to stay in line with PEPFAR goals, and activities will be data-driven and adapt based on program successes and challenges. Adhering to best practices from PEPFAR's *Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe* (DREAMS) initiative, orphans and vulnerable children (OVC) program, youth mentors and male champions strategies, this Activity will focus on reaching the most vulnerable adolescent girls and young women (AGYW) and OVC; addressing harmful gender norms; increasing HIV treatment adherence and viral load suppression among adolescents, youth, and men; while strengthening the system for delivering social protection services.

## B. PROGRAM DESCRIPTION

### B.1 Activity Goal

The overall purpose of the *ESPERANÇA* activity is to support GRM's efforts to reduce the burden of HIV in select provinces in Mozambique. The goal is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique.

### B.2 Background and Problem Analysis

Mozambique is ranked 185 of 191 countries in the 2022 United Nations Human Development Index, making it one of the least developed countries in the world<sup>1</sup>. At \$440 USD (2022), the per capita gross national income is the third lowest in the world and has fallen 46 percent since 2014<sup>2</sup>. In 2024, fifty-nine percent of the people in Mozambique live in extreme poverty, measured as living on less than \$1.90 per day<sup>3</sup>. With an estimated HIV prevalence of 12.4 percent among adults 15 to 49 years<sup>4</sup> and an estimated 2.4 million people living with HIV (PLHIV) in 2023, Mozambique has the third greatest number of PLHIV in the world<sup>5</sup>. Of these, around 304,000 are aged 15-24<sup>6</sup>.

While new HIV infections among this adolescent and young adult population has fallen steadily since it peaked at 56,000 in 2013<sup>7</sup> According to 2023 UNAIDS estimates, new HIV infections are estimated to be disproportionately higher among AGYW at 24,763 as compared to their male age matched peers with 9,047 new infections per year. While there is some variance in HIV prevalence across provinces, Sofala is the province with the third highest number of PLHIV unaware of their status<sup>8</sup> and combined, Sofala, Manica, and Tete Provinces have an estimated more than 550,000 PLHIV<sup>9</sup>.

Children and youth represent a significant demographic group in Mozambique, where 44 percent of the population of 34.9 million<sup>10</sup> are less than 15 years of age<sup>11</sup>. Despite making

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<sup>1</sup> United Nations Development Programme (UNDP). [HDI by Country 2023](#). Accessed 14 March 2024.

<sup>2</sup> The World Bank. [GNI Mozambique 2021](#). Accessed 14 March 2024.

<sup>3</sup> Statista. [Share of population in extreme poverty in Mozambique from 2016 to 2025](#). Accessed 14 March 2024.

<sup>4</sup> International Center for AIDS Care and Treatment Program (ICAP). [Mozambique Population-based HIV Impact Assessment \(INSIDA\) 2021](#). Final Report: October 2023.

<sup>5</sup> UNAIDS. [HIV sub-national estimates viewer](#). HIV prevalence, 15-49, September 2023, Area level 1; Number of PLHIV, all ages, September 2023. Accessed 14 March 2024.

<sup>6</sup> UNAIDS. [HIV sub-national estimates viewer](#). Number of PLHIV, 15-24, September 2023, Area level 1. Accessed 14 March 2024.

<sup>7</sup> AIDSInfo. [Indicators: New HIV Infections: 15 - 24: Mozambique](#). Graphs. Accessed 14 March 2024.

<sup>8</sup> UNAIDS. [HIV sub-national estimates viewer](#). Number PLHIV unaware; All ages; September 2023; Area level 2. Accessed 14 March 2024.

<sup>9</sup> UNAIDS. [HIV sub-national estimates viewer](#). PLHIV; All ages; September 2023; Area level 2. Accessed 14 March 2024.

<sup>10</sup> Macrotrends. [Population Data Mozambique](#). Accessed 14 March 2024.

<sup>11</sup> Statista. [Mozambique Age Structure](#). Accessed 14 March 2024.

education compulsory for Grades 1 to 9 regardless of age in 2018<sup>12</sup>, primary school completion rates remain low at 42 percent<sup>13</sup>, with a 40 percent adult illiteracy rate<sup>14</sup>.

An estimated two million children in Mozambique are not living with their biological parents, with an additional 700,000 children at risk of being abandoned due to their caregivers' old age, HIV in the family, and/or deteriorating socio-economic circumstances<sup>15</sup>. Currently, 23 percent of children are engaged in some form of child labor<sup>16</sup>, while the child marriage prevalence (<18 years) is 48 percent<sup>17</sup> and 69 percent of 19-year-olds have been pregnant<sup>18</sup>.

Economic instability coupled with the large number of orphans precipitates an environment where children are susceptible to higher rates of child labor, disease, domestic violence, malnutrition, and future unemployment, which can perpetuate intergenerational poverty. Due to deep-rooted cultural attitudes, girls and children with disabilities are particularly vulnerable to exploitation and/or mistreatment. Fortunately, while the country has seen an increase in gender parity in secondary school enrollment (0.8 in 2010 to 0.93 in 2020)<sup>19</sup>, Mozambique still ranks 136 of 170 countries in the United Nations Development Program (UNDP) Gender Inequality Index<sup>20</sup> due to high maternal health risks, pressure to marry young, limited economic prospects, high rates of illiteracy, and gender-based violence (GBV)<sup>21,22</sup>.

In Mozambique, HIV-related health services are delivered at the facility level, with significant support from community cadres in education, patient support and follow-up. In addition to promoting health seeking behaviors, community workers are critical in combating the HIV epidemic by supporting the holistic social and economic needs of the population, delivering preventative and adherence services. The national health system relies heavily on community organizations to deliver the bulk of activities implemented at the community level, complimenting health services provided at the facility. This Activity will work through community cadres, social workers, and DREAMS mentors and facilitators, while complementing the Government of the Republic of Mozambique (GRM) and other donor efforts, including US government-funded maternal and child health (MCH) and education programs.

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<sup>12</sup> UNICEF. [Situation of the Children in Mozambique](#). Accessed 14 March 2024.

<sup>13</sup> Ministério da Educação e Desenvolvimento Humano. [Plano Estratégico da Educação 2020-2029](#). Accessed 17 April 2024.

<sup>14</sup> World Bank. [Literacy rate, adult total \(% of people ages 15 and above\) - Mozambique](#). Accessed 14 March 2024.

<sup>15</sup> UNICEF Mozambique, [Child Protection](#). Accessed 15 April 2024.

<sup>16</sup> United States Department of Labor. [2021 Findings on the Worst Forms of Child Labor: Mozambique](#). Accessed 14 March 2024.

<sup>17</sup> UNICEF. [Situation of the Children in Mozambique](#). Accessed 16 April 2024.

<sup>18</sup> Demographic Health Survey (DHS) 2022-2023. Preliminary Results.

<sup>19</sup> The World Bank. [School Enrollment/Gender Parity](#). Accessed 14 March 2024.

<sup>20</sup> United Nations Development Programme. [Gender Inequality Index \(GII\) Dataset](#). Accessed 15 April 2024.

<sup>21</sup> United States Agency for International Development. [Gender Equality and Female Empowerment](#). Accessed 15 April 2024.

<sup>22</sup> The World Bank. [Literacy Rate](#). Accessed 15 April 2024.

Given the continuous burden of HIV, the large number of vulnerable OVC, adolescents and youth in Manica, Sofala, and Tete provinces, the Activity will build off progress made in the current awards: *OVC Response (Manica)* and *OVC Response (Sofala)*. The new Activity will be awarded for five years starting in November 2024, with eligibility restricted to local partners.

Given the unique attributes of the beneficiaries, this Activity will employ a strong emphasis on innovation from the outset and the inclusion of implementation science research.

### **B.3 Geographic Focus**

In line with USAID/Mozambique's geographic focus and GRM priorities, the selected recipient(s) for this Activity will work in Manica, Sofala, and Tete to continue to expand the achievements from the current *OVC Response (Manica)* and *OVC Response (Sofala)* awards supporting the GRM's response to HIV to provide comprehensive, high-quality, and cost-effective services. Official DREAMS, OVC, and youth mentor and male champions programming only occurs in districts dictated by USAID/Mozambique. In COP23, USAID DREAMS supports three districts in Manica and Sofala: one district in Manica (Chimoio) and two districts in Sofala (Beira and Caia). For OVC, USAID supports 20 districts in the three provinces: nine in Manica (Vanduzi, Chimoio, Gondola, Barue, Manica, Sussundenga, Machaze, Mossurise, Guro); seven in Sofala (Beira, Buzi, Caia, Dondo, Cheringoma, Marromeu, and Nhamatanda); and four districts in Tete (Tete City, Cahora Bassa, Moatize, and Changara). In the youth mentors and male champions program, USAID currently supports 21 districts: nine in Manica (Chimoio, Manica, Gondola, Barue, Guro, Sussundenga, Vanduzi, Mossurize, and Machaze); eight in Sofala (Beira, Dondo, Marromeu, Caia, Nhamatanda, Chibabava, Gorongosa, and Cheringoma); and four districts in Tete (Tete City, Moatize, Cahora Bassa, and Changara). However, districts may be adjusted based on shifts in PEPFAR programming. The Activity is expected to operate at the community level in the target provinces, with close collaboration with the district and provincial levels.

All activities will align with existing operational plans and guidelines of PEPFAR/Mozambique and the Ministry of Health (MISAU). Priority districts within each province will be identified in consultation with PEPFAR, MISAU, and other stakeholders to ensure activities reach the most vulnerable, avoid any duplication of efforts, and leverage other USG and donor investments. For the implementation of community and government ownership of monitoring and management systems, the selected recipient(s) will work throughout the country in selected geographical areas.

### **B.4 USG and Donor Activities**

This Activity aligns with USAID/Mozambique's 2020-2025 CDCS and aims to support and shape a resilient, peaceful, prosperous, and healthy Mozambique, where citizens benefit from expanded investments. It is specifically linked to Development Objective One that prioritizes strengthening the foundational elements required to advance Mozambique's self-reliance through healthier and better educated Mozambicans, especially the young and vulnerable, whom this Activity will target.

It also aligns with PEPFAR's updated [five-year strategy](#), specifically touching on priorities around efforts to reduce new HIV incidence through effective prevention and treatment in priority populations, including AGYW and children; improving the systems for delivery of HIV prevention services through capacity building, data management, and use; achieving the global 95-95-95 target by 2025; guiding the United States' contribution to reaching the United Nations Sustainable Development Goal of ending the global AIDS pandemic as a public health threat by 2030<sup>23</sup>; and leading the HIV response strategy with data-driven interventions. Further, within the United States Government (USG) response in Mozambique, this Activity will be incorporated into PEPFAR's annual COP.

Awardees are expected to coordinate activities within overlapping geographic areas to create synergies. Current activities and partners to leverage are listed below.

### **PEPFAR Programs**

***PEPFAR-Supported Clinical Partners:*** Within each epidemiologically priority district in Mozambique, PEPFAR has identified high-volume health facilities that require significant technical and financial support to provide adequate HIV-related services. Currently, PEPFAR, through the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Department of Defense (DOD), and USAID, contracts non-governmental implementing partners with clinical expertise to work hand-in-hand with these health facilities.

These clinical partners provide seconded human resources and offer direct service delivery at some sites, as well as logistical, monitoring and evaluation (M&E), and laboratory support and clinical mentorship for front-line providers. The Awardee of the *ESPERANÇA* activity is expected to work closely and in collaboration with the designated PEPFAR-supported clinical partners in all OVC activity districts and the selected DREAMS districts and health facilities to jointly support the pediatric and adult care and treatment cascade (including retention and viral suppression) for all highly vulnerable individuals identified as eligible for enrollment in comprehensive OVC case management and adolescents, youth, and men who require case management. Lessons learned to date as part of this ongoing collaboration with PEPFAR-supported clinical partners include:

- Establish Memoranda of Understanding (MOU) with each clinical partner, MISAU at the provincial and district levels, and each health facility; and
- MOUs with PEPFAR clinical partners and MISAU should detail referral procedures, roles, and responsibilities of each party to ensure strong linkage and tailored antiretroviral therapy (ART) adherence support for vulnerable children, adolescents, and their caregivers.

***Government-to-Government (G2G) programs:*** Strengthen Provincial Health Services (SPS) and Provincial Health Directorate (DPS) in Manica, Sofala, and Tete Provinces through building their capacity to implement and monitor HIV interventions in the provinces through training and material upgrades.

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<sup>23</sup> PEPFAR. [PEPFAR Five-year Strategy](#). Retrieved 15 April 2024.

**Mentor Mothers Program:** The Mentor Mothers program aims to improve HIV treatment adherence among pregnant and lactating women and children from birth to ten years old through the use of highly trained community workers who provide a structured series of household visits to HIV-positive pregnant and/or lactating women (and their children who are breastfeeding) and HIV-positive children until they are ten years old within the catchment area. The program also conducts health talks within health facilities and serves as the primary contact for all community work with pregnant and lactating HIV-positive women. USAID expects the Awardee to coordinate closely with Mentor Mothers to ensure all eligible women and children receive this essential support. Mentor Mothers and OVC activities not only refer to each other, but also collaborate while working in the community together. Community health workers and Mentor Mothers already have sustained positive, therapeutic relationships with many of the OVC-eligible families. Lessons learned from the collaboration with Mentor Mothers to date include the need for:

- Clear community-based mapping of catchment areas to determine Mentor Mothers and OVC program coverage gaps;
- Clear bi-directional referral systems to ensure enrollment and support for HIV-exposed infants
- (HEI) and their mothers; and
- Joint planning and regular updates of health facility leadership and community leaders to ensure that all stakeholders understand the roles of Mentor Mothers and OVC case managers thoroughly.

**Integrated HIV Prevention and Health Services for Key and Priority Populations:** USAID currently supports the implementation of a comprehensive HIV prevention program with key and priority populations (KPP) in all eleven provinces of Mozambique. Close coordination with the KPP program and the *ESPERANÇA* activity will be essential considering that children of KPP, especially female sex workers (FSWs), are one of the target groups for comprehensive case management and transactional sex is a vulnerability for enrolling in the DREAMS program. Lessons learned as part of this collaboration with the KPP program to date include the need to:

- Refer AGYW identified in KPP programs to receive the comprehensive DREAMS package;
- Support the KPP program with risk assessments and goal setting for children of FSWs;
- Coordinate at the national level to understand KPP program catchment areas and ensure strong coverage with OVC enrollment for case management activities; and
- Coordinate economic strengthening and other activities with FSWs as caretakers of OVC within the comprehensive case management intervention.

**Integrated Social Behavior Change Communication (SBCC):** Currently implemented through PIRCOM, the project works with religious and community leaders to disseminate messages throughout Mozambique about malaria prevention and treatment opportunities. The leaders participate in debates on community radio and other media to promote messages about malaria prevention and treatment. Religious leaders and volunteers also collaborate as community health workers, visiting homes to provide preventative care, treatment, and referrals to health posts and projects, such as home-based spraying campaigns.

**Meeting Targets and Maintaining Epidemic Control (EpiC):** Through FHI360, EpiC's work breaks through remaining, persistent barriers to the 95-95-95 goals and promotes self-reliant management of national HIV programs. In response to USAID mission and country needs, EpiC delivers efficient, affordable, results-based technical assistance and direct service delivery tailored to context and epidemiology that is effective in surging, scaling, and sustaining HIV services and systems for long-term epidemic control.

### **USAID Non-PEPFAR Programs**

While the below programs are not specific to HIV-infected and/or affected individuals, Applicants should explore opportunities for synergies in overlapping beneficiaries and support provided and ensure an appropriate counter-referral system has been established. Below are some examples of current projects in which the Activity can collaborate. Additional activities that have not yet been awarded may provide additional opportunities for coordination.

**Mozambique University Career Development Centers (MUCDC) USAID Higher Education for Leadership, Innovation and Exchange (HELIX):** Working with the Instituto Superior Politécnico de Manica, the MUCDC project sets to increase access to quality employability services through the development of sustainable Career Centers where students gain soft, technical, and entrepreneurial skills so they become highly qualified interns and graduates who are prepared to meet the demands of current and future labor market needs of the private sector. Project activities developed by the Michigan State University Consortium intends to improve individual, institutional, and systemic performance of core partners and stakeholders to impact the status of youth in the economic sector, including women, and advance their access to and participation in employment. The primary beneficiaries of this initiative are youth, partner institutions, Career Center staff, and private sector partners.

**Resilient Gorongosa:** USAID's Global Development Alliance with the Gorongosa Project aims to: 1) improve the capacity of GP to preserve, protect and manage Gorongosa National Park (GNP)'s diverse ecosystems; 2) increase scientific understanding of GNP's diverse ecosystems and the wider landscape; 3) improve community capacity, resilience and civic participation in local development processes; 4) improve sustainable economic opportunities for men and women living in GNP's Buffer Zone; and 5) increase access to, and performance of education/health and water/sanitation services in the Buffer Zone, particularly for women and girls. USAID's Resilient Gorongosa national park strategic approaches include conservation science, wildlife restoration, law enforcement, governance/community-based natural resources management, sustainable agricultural livelihoods and private enterprise, integrated education, health, and water, sanitation, and hygiene (WASH) services.

**USAID Disaster Recovery Cash Assistance in Sofala:** Through Give Directly, the USAID Disaster Recovery Cash Assistance in Sofala program improves chronic malnutrition and food insecurity challenges faced by people in Nhamatanda District of Sofala province through unconditional digital cash transfers to families in need. The assistance is delivered through mobile money and complemented with mHealth services delivered via two-way SMS communication focused on maternal and newborn child health and nutrition. The locally tailored health messaging component encourages improved nutrition and food security behaviors using cash transfers and collects data and feedback from recipients. Participating families also receive mobile phones, training on using mobile money accounts and literacy support to ensure the cash and health messaging are received.

**Feed the Future Innovative Maize and Cowpea Technologies to Increase Food and Nutrition Security in Africa: TELA Maize:** Through support from the Bill and Melinda Gates Foundation and USAID, African Agricultural Technology Foundation is leading the TELA<sup>24</sup> Maize Project, a public-private partnership that is addressing the problem of drought in maize and destructive insects, specifically stemborers and fall armyworm. The partnership is aimed at securing regulatory approvals, initiating commercialization, and distributing to smallholders at least 300 tons seed of 10 transgenic drought-tolerant (DT; DroughtGard® trait) and insect-resistant (Bt trait) maize hybrids to address the impact of climate change with activities being implemented. TELA Maize also supports complementary communications, outreach, and advocacy activities to local stakeholders; legal and licensing support for local seed companies that will eventually disseminate; and capacity development activities with the local seed sector and maize value-chain actors to support genetically engineered product adoption and stewardship.

**USAID Improved Family Planning Initiative (IFPI):** In this five-year project, Pathfinder International aims to contribute to the development of human capital and social justice through contributions to three strategic objectives: expand access and improve the quality of health services; promote the participation of society in socio-cultural activities, sports, and economic activities, in particular youth; and promote gender equality and equity, social inclusion, and protection of the most vulnerable segments of the population.

#### **Non-United States Government HIV Programs**

**The Global Fund to Fight AIDS, Tuberculosis, and Malaria:** GRM and the Global Fund to Fight AIDS, Tuberculosis (TB), and Malaria (*referred to hereafter as Global Fund*) aim to expand access to HIV, TB, and malaria prevention services, with a focus on key and vulnerable populations, including vulnerable children and youth. The grants are implemented by MISAU, Fundação para o Desenvolvimento da Comunidade (FDC), Centro de Colaboração em Saúde (CCS), and World Vision International. Targets and activities are already established and include new HIV prevention and testing initiatives for adolescents and young people aged 15 to 29. Recipient(s) of the *ESPERANÇA* award will be expected to coordinate all planning with Global Fund implementing partners to avoid duplication and align with MISAU priorities.

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<sup>24</sup> An insect-resistant and drought-tolerant variety of maize.

**UNICEF:** Guided by the National Action Plan for Children (PNAC II), USAID works in close collaboration with UNICEF, Ministry of Gender, Children and Social Action (MGCAS), and other actors to ensure effective referral systems are in place to ensure support for vulnerable children who fall outside of any care or support systems. In collaboration with other international and national stakeholders, UNICEF supports the GRM to implement a holistic social and child protection system, including integrated case management that links community-based and statutory structures. Recently, UNICEF partnered with the GRM to develop the National Social Protection Strategy, which contributes to “reducing poverty and vulnerability, ensuring that the results of the growth of the Mozambican economy benefit all citizens, particularly those living in situations of poverty.”

**UNAIDS:** UNAIDS released social protection fast-track guidance, where it describes how social protection can address the multiple social determinants of HIV, including poverty, income inequality, gender inequalities, stigma and discrimination, and social exclusion, and thus contributes to efforts to reduce new HIV infections, AIDS-related deaths, and HIV-related discrimination. This UNAIDS strategy also highlights how social protection can address demand-side barriers to accessing HIV services, with the potential to improve HIV prevention, treatment, care, and outcomes. The strategy also highlights how HIV-sensitive social protection helps mitigate the social and economic impacts of people living with, at risk of, or affected by HIV.

## **B.5 Lessons Learned**

While significant progress has been made in reaching OVC, adolescents and youth, and identifying PLHIV, according to UNAIDS estimates, there are an estimated 8,710 new infections each year among 15- to 24-year-olds in Manica, Sofala, and Tete, and an additional 16,498 PLHIV who are unaware of their status<sup>25</sup>. The *ESPERANÇA* activity will build on the success of the current awards: *OVC Response (Manica)* and *OVC Response (Sofala)* awards.

### **DREAMS**

The PEPFAR/Mozambique [DREAMS program](#) is being implemented in 32 districts in FY24, with a focus on increasing coverage and saturation. In the first six months of FY24, the DREAMS program enrolled 155,021 AGYW, and 21,079 AGYW received basic financial literacy, 9,477 received pre-exposure prophylaxis (PrEP), and 241 AGYW received post-exposure prophylaxis (PEP)<sup>26</sup>.

The DREAMS core package of evidence-based interventions aims to reduce new infections in adolescent girls. The *ESPERANÇA* activity should proactively identify subgroups of AGYW at high-risk of HIV infection in the targeted districts and deliver HIV prevention services to reduce the risk of exposure.

Lessons learned include the need to:

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<sup>25</sup> UNAIDS Estimates for September 2023.

<sup>26</sup> PEPFAR. USAID DREAMS Custom Indicator Data for FY24 Quarter 2: Mozambique.

- Establish formal cross-referral mechanisms with child welfare and protection services, which are essential to identify children at high risk of abuse, neglect, and HIV infection, including children living outside of family care and/or child survivors of abuse;
- Ensure strong government coordination of DREAMS implementation at site-level;
- Create MOUs and joint partner site visits as well as conduct data analyses and triangulation exercises to ensure strong collaboration between clinical and community partners to support the layering of services to address different risk factors of AGYW;
- Use of Layering Tool to better track DREAMS participants;
- To achieve economic outcomes of technical and vocational training programs, providing capital may be essential; and
- Follow-up with beneficiaries after program graduation is also critical to determine the impact of the intervention.

## **OVC**

The OVC program in Mozambique has achieved results in improving the effectiveness in supporting vulnerable children at most risk of HIV infection and those living with HIV. PEPFAR has increased the number of HIV-positive children in the OVC program. As of September 30, 2023, the program served 53,196 C/ALHIV, accounting for 26 percent of OVC comprehensive beneficiaries, where more than 99.9 percent were on ART<sup>27</sup> and 90 percent of those <18 year olds were virally suppressed<sup>28</sup>.

Some of the accomplishments within the OVC program are listed below:

- Strong collaboration with clinical partners in addressing clinical social barriers at health facilities and households;
- The placement of Linkage Facilitators at health facilities to refer HIV-positive children to the OVC program, facilitate C/ALHIV's access to services, and recruit Pediatric Officers at the health facility to assist OVC staff in HIV literacy and support patients to navigate HIV services;
- Recruitment of Community Case Workers in shared locations of OVC beneficiaries;
- Provision of HIV literacy skills to Community Care Workers, focusing on pediatric ART and psychosocial support;
- Data sharing and triangulation between OVC program and clinical partners;
- Referral of OVC program eligible children for viral load testing; and

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<sup>27</sup> PEPFAR. Monitoring, Evaluation, and Reporting (MER) FY23 Quarter 4 Data: Mozambique.

<sup>28</sup> PEPFAR. USAID OVC Custom Indicator Data for FY23 Quarter 4: Mozambique.

- Differentiated socioeconomic services delivered to HIV-positive children (healthy, schooled, stable and safe).

Given the variety and range of risks that children face, the OVC program in Mozambique is strengthening its effort to provide intensive support also to other vulnerable populations, such as children of FSW, GBV survivors, and HEI. Aligning with current epidemic gaps in Mozambique and as part of PEPFAR's HIV Prevention strategy, the OVC program is eager to increase the efficiency and protection of these populations by facilitating access to biomedical HIV prevention services, such as prevention of mother to child transmission (of HIV), voluntary medical male circumcision (VMMC), PrEP, PEP, and condoms and lubricants.

### ***Adolescent Youth Mentoring and Male Champions***

Adolescents, youth, and men disproportionately face challenges in adhering to treatment and low viral load suppression in comparison to other population groups. In Sofala Province, for example, UNAIDS 2023 estimates indicate that 70 percent of males 15 to 49 years old are on ART, while 83 percent of females in the same age group are on HIV treatment<sup>29</sup>. While implementing the adolescent youth mentors and male champions programs, the Awardee should strive for fidelity in service delivery.

The following lessons from program implementation show the need for:

- Strengthening of the youth mentors and male champions in mental health and HIV disclosure topics as these were identified as the two largest contributors to poor ART adherence;
- Strong collaboration with MISAU clinical technical officers and clinical and community partners to ensure enrollment of all eligible beneficiaries;
- Data sharing and triangulation between all parties (clinical-,community implementing partners) is essential for program monitoring;
- Community-based implementing partners to provide strong at home follow-up to enrolled beneficiaries;
- Referrals to the OVC program, as appropriate, in order to improve individual outcomes; and
- Regular program monitoring through joint supervision visits with MISAU and clinical and community partners to ensure high-quality program implementation.

### ***Social Protection System Strengthening***

USAID/Mozambique continues to contribute to improving social protection systems through its OVC activities. Since 2022, USAID has invested in building an eOVC system to allow for client-level decision-making in order to provide individualized care plans and tracking for beneficiaries. The current *OVC Response (Manica)* award is developing and managing the eOVC

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<sup>29</sup> UNAIDS. [HIV sub-national estimates viewer](#). ART coverage, 15-49, by sex, September 2023, Area level 1; Accessed 17 April 2024.

database, which is currently capturing PEPFAR's Monitoring, Evaluation, and Reporting (MER) and custom indicators, but will be expanded to include electronic client-level case management. All USAID/Mozambique implementing partners are required to use the system in order to ensure standardization across partners, and thus, the Recipient of this award will be expected to adhere to this utilization as well. In addition, to align with sustainability efforts, USAID/Mozambique intends to integrate the eOVC system within MGCAS, thereby requiring Awardees to provide the technical support for this capacity-building.

Lessons learned regarding social protection system strengthening include the following:

- Need for electronic tracking of C/ALHIV and children at HIV risk to ensure personalized care plans and allow for improved case management;
- MGCAS has created official government cadres to manage OVC cases, and thus it is imperative that OVC investments be made for Child Protection Committees (CPC);
- While MGCAS maybe be able to manage more GBV cases, Applicants must support CPCs with training and supportive supervision in HIV-related cases; and continued support must be provided for updating the directory of child protection services through the mobilization of key stakeholders, child committee meetings, and case conferencing, to ensure efficient referrals and counter referrals.

## **B.6 Sustainability Approach**

USAID envisions gradually transitioning up to 90% of clinical cascade service delivery activities to G2G agreements by 2031. However, it is unclear as to the breadth and timeline of the transition of USAID's community activities to G2Gs. That said, this Activity must be prepared to support provincial capacity for a sustained and efficient national HIV response throughout any phased transition of activities to GRM. The Activity should also actively liaise with certain key GRM institutions, such as the Ministry of Gender, Children and Social Welfare from the provincial directorate; the District Health Services, Women, and Social Welfare (SDSMAS); and the National Social Welfare Institute (INAS) to establish a road map that allow the GRM to implement and manage core community interventions. The Applicant plays an essential role in anticipating and addressing potential setbacks and challenges throughout the process. The Applicant is expected to be prepared to mitigate any backsliding and intervene promptly, ensuring uninterrupted service delivery and safeguarding of provincial community-based achievements.

Whether implementing directly, providing technical assistance, or some combination of the two, *ESPERANÇA* is encouraged to consider:

- application of costing and cost-outcome analyses, or cost-effectiveness analyses for questions that indicate the benefit of certain interventions;
- rapid adoption and utilization of approaches, models, or best practices that are "quick-wins";
- strong synergies with clinical entities and partners to share in the delivery of services and in the achievement of results; and

- readiness and early uptake of promising policy reforms and strategies, and early adoption of state-of-the-art practices.

The Activity will also work to ensure consistent utilization of the latest evidence and data for decision-making and rapid scale-up of effective HIV interventions. In addition, the Activity will support and guide civil society in implementing a response that responds to their specific communities' needs. Furthermore, *ESPERANÇA* is expected to propose and utilize models, approaches, and methods of service delivery based on gaps identified through: ongoing analyses of results achieved to date, epidemic drivers and challenges by province/region and population (i.e. children, youth, and men), GRM and PEPFAR priorities, PEPFAR Technical Considerations from the most recent annual COP, and any emerging new evidence.

### **B.7 Logic Model and Intended Results**

The overall purpose of the *ESPERANÇA* activity is to support GRM's efforts to reduce the burden of HIV in selected provinces in Mozambique. The goal is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique. PEPFAR, GRM, and other stakeholders' activities aim to prevent new infections; reach every person with HIV, put them on treatment, and reduce their viral loads to undetectable; while fostering local ownership to sustain HIV programs that contribute to the end of the epidemic.

**Development Hypothesis:** The overall program theory of change is based on the following assumptions:

- *If* vulnerable AGYW and their partners are reached with HIV prevention services, including GBV prevention and response; (intermediate result (IR) 1); and
- *If* C/ALHIV OVC beneficiaries and households receive quality case management services tailored to their needs through appropriately trained community staff; (IR 2); and
- *If* adolescents, youth, and men living with HIV receive quality support in order to adhere to treatment and reach and maintain viral suppression (IR 3); and
- *If* systems for delivery of HIV and social services are supported and strengthened to promote accountability, quality improvement, and functionality (IR 4);
  - *Then*, there will be reduced HIV incidence and there will be an improvement in the health outcomes of households vulnerable to and/or impacted by HIV.

The program results framework demonstrates the theory of change models based on IRs which are designed to create and enable an environment for achieving the overall program goal which is to reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV in Mozambique.

Goal: Reduce HIV incidence and improve health outcomes of households vulnerable to and/or impacted by HIV			
<b>IR 1 Reduced HIV incidence among adolescents and youth</b>	<b>IR 2 Improved health, education, protection, and socio-economic outcomes among C/ALHIV and those affected by HIV, their caregivers, and families</b>	<b>IR 3 Enhanced HIV clinical outcomes among adolescents, youth, and men</b>	<b>IR 4: Strengthened systems for delivering social protection services</b>
IR 1.1 Empowered AGYW and reduced risk for HIV, unintended pregnancy, and violence	IR 2.1 Decreased risky sexual behaviors among adolescents	IR 3.1 Improved adherence to ART	IR 4.1 Enhanced capacity of stakeholders in data management and use
IR 1.2 Empowered and built the capacity of families through parenting programs and educational support	IR 2.2 Reduced socio-economic and HIV-related vulnerabilities of C/ALHIV, their families, and those affected	IR 3.2 Expanded number of adolescents, youth and men who achieve viral suppression	IR 4.2 Improved functionality and capacity of social affairs platforms/committees
IR 1.3 Increased community engagement in HIV prevention initiatives	IR 2.3 Increased quality and effectiveness of OVC case management services		
IR 1.4 Reduced HIV risk among high risk youth and their sexual partners			

**Intermediate Result (IR) 1: Reduced HIV incidence among adolescents and youth - Routine** HIV prevention activities have not been effective in reaching AGYW because such activities are not responsive to the unique circumstances and lived experiences that often place AGYW at greater risk for HIV acquisition. Since the implementation of the DREAMS program in 2014, Mozambique has made significant strides to reach AGYW and reduce their risk of acquiring HIV. However, because of their disproportionate risk and vulnerability compared to their male peers, AGYW remains a priority population to target in order to reduce new HIV infections to reach HIV epidemic control. Although the DREAMS program requires the implementation of multiple interventions that target different risk factors and/or behaviors that may lead to HIV acquisition, the DREAMS program will continue to be a person-centered approach, whereby AGYW are always at the center. Utilizing behavior change theory, DREAMS activities and interventions will target different structural and individual factors that lead to an AGYW’s increased HIV risk. Implementing partners are encouraged to adopt gender transformative approaches throughout the intervention and incorporate positive youth development, as appropriate. Over the course of the award, this activity must be flexible and adapt the program accordingly as geographic and population groups reach saturation.

**Sub-IR 1.1: Empowered AGYW and reduced risk for HIV, unintended pregnancy, and violence** - In order to achieve epidemic control, gender inequality, GBV, and sexual and reproductive health (SRH) must be addressed. Utilizing strategic interventions, the Activity will target AGYW (10-24 years) using different evidence-based/informed, age-appropriate packages of services depending on their risk factors. Core to this will be empowering AGYW and reducing their risk for HIV, unintended pregnancy, and violence through youth friendly services (SAAJ). Interventions should include SRH-related

services, including condom promotion (demand creation, provision, and adherence); PrEP (promotion, provision and adherence); linkage to post violence care, including PEP; HIV testing services (HTS); expanding and improving access to voluntary, comprehensive family planning services; social asset building (such as mentoring); and economic strengthening. Because AGYW at highest risk of HIV often lack strong social networks, DREAMS activities should include the creation of public or pre-determined safe spaces where AGYW can meet on a regular basis, with the hopes of allowing AGYW to make important connections, increase their agency and empower AGYW in order to prevent HIV infection. As a result of economic disparity related to gender inequity, Applicants should propose economic strengthening activities to increase economic independence, decrease AGYW's reliance on transactional sex, and strengthen AGYW's self-efficacy and decision-making power in relationships. Activities proposed may include savings groups, financial literacy, youth savings and loan groups (AJPEs), comprehensive economic strengthening interventions (such as Siyakha), or others, but Applicants should articulate (and provide evidence where possible), how the proposed economic activity/activities benefit the intended recipients. The Awardee must collaborate with PEPFAR-supported clinical partners, MCH, and family planning programs working in the same districts to ensure synergies in service provision and minimize duplication.

***Sub-IR 1.2: Empowered and capacitated families through parenting programs and educational support*** - Having positive relationships with parents and/or caregivers is fundamentally necessary to protect AGYW from various negative health and social outcomes<sup>30</sup>. Activities should include parent/caregiver programs that increase caregivers' knowledge, skills, and comfort with talking to their children about sexual health, HIV, GBV, violence prevention and response as these interventions have shown promise in changing risky sexual behavior patterns among youth, including delayed sexual debut, condom use, and decreased exposure to negative outcomes such as violence and abuse<sup>31,32</sup>. Parenting/caregiver programs should guide parents/caregivers on how to best monitor children's activities and increase positive parenting practices. In addition, because of the correlation between keeping girls in school and higher rates of HIV testing, decreased high-risk sexual behaviors, and the likelihood of early marriage, educational subsidies and material support should be provided for transitioning to and completing secondary school. While developing the work plan, PEPFAR implementing partners must work with other stakeholders to map all activities implemented in the geographic area in order to ensure synergies in service provision and minimize

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<sup>30</sup> Wang B SB, Deveaux L, Li X, Koci V, Lunn S. [The impact of parent involvement in an effective adolescent risk reduction intervention on sexual risk communication and adolescent outcomes](#). AIDS Educ Prev. 2014;26(6):500–20. Accessed 27 February 2024.

<sup>31</sup> Wight D, Fullerton D. [A review of interventions with parents to promote the sexual health of their children](#). J Adolesc Health. 2013;52(1):4–27. Accessed 27 February 2024.

<sup>32</sup> Limaye RJ, Rimal RN, Mkandawire G, Kamath V. [Tapping Into Traditional Norms for Preventing HIV and Unintended Pregnancy: Harnessing the Influence of Grandmothers \(Agogos\) in Malawi](#). Int Q Community Health Educ. 2015;36(1):53–70. Accessed 27 February 2024.

duplication. Throughout implementation, partners are expected to leverage these projects to ensure appropriate referrals and harmonization of service provision.

**Sub-IR 1.3: Increased community engagement in HIV prevention initiatives** - DREAMS activities include school-based HIV and violence prevention programs providing scientifically accurate information, referrals to health centers for services not provided in school, and skill-building related to HIV prevention among young people in the community. Community mobilization programming should be strategically implemented to provide a support framework for HIV prevention programs by engaging boys, men, community leaders, and the broader community in addressing and impacting social and community norms and perceptions that increase HIV risk for AGYW. Interventions should target men and other community leaders and focus on HIV, gender norms, sexuality, relationships, violence prevention and response, joint decision-making, and alcohol use. Curricula should include a participatory learning component that focuses on building skills and community-level awareness and ownership of HIV risk reduction. Community mobilization efforts in related areas, such as GBV prevention, have impacted norms change, caused a decrease in violence<sup>33,34</sup>, and an increase in girls' empowerment<sup>35</sup>. Activities must be innovative approaches that draw from evidence-based approaches and Applicants are encouraged to consider strategies and interventions that allow for youth-led prevention activities.

**Sub-IR: 1.4 Reduced HIV risk among high-risk youth and their sexual partners** - DREAMS activities should have meaningful inclusion and engagement of male sexual partners of AGYW (including adolescents) in prevention and HIV testing, while also referring male partners to risk reduction activities, including biomedical services such as VMMC and ART for men living with HIV to prevent transmission to their sexual partners. Because DREAMS is committed to a gender-equity approach, activities should reach out and enhance engagement of adolescent boys and young men (ABYM) through linkages with other existing programs at the community, such as OVC, for complementarity of services both in school and out of school. Applicants should focus on raising beneficiaries' awareness and social behavior change to reduce HIV risk; promote, distribute, and increase the uptake of HIV self-testing and condoms where applicable; and referring AGYW and ABYM to conventional HIV testing (at the community or facility level).

It is expected that applicants use the evidence-based pre-approved curriculum provided by USAID, translating materials as appropriate. While Mozambique's national HIV

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<sup>33</sup> Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, et al. [Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda](#). BMC Med. 2014;12:122 10.1186/s12916-014-0122-5. Accessed 27 February 2024.

<sup>34</sup> Kyegombe N, Starmann E, Devries KM, Michau L, Nakuti J, Musuya T, et al. ['SASA! is the medicine that treats violence'. Qualitative findings on how a community mobilisation intervention to prevent violence against women created change in Kampala, Uganda](#). Glob Health Action. 2014;7(1):25082. Accessed 27 February 2024.

<sup>35</sup> Limaye RJ, et al. [Tapping Into Traditional Norms for Preventing HIV and Unintended Pregnancy: Harnessing the Influence of Grandmothers \(Aqogos\) in Malawi](#). Accessed 27 February 2024.

strategy is advancing combination prevention strategies, USAID welcomes partners to propose innovative strategies that reach AGYW with different HIV prevention services.

***IR1 potential outcomes include but are not limited to:***

- Reduced incidence of HIV infection among youth, especially AGYW;
- Increased school enrollment, regular attendance, and progression among AGYW;
- Reduced prevalence of violence against children (VAC) and GBV;
- Increased access to comprehensive clinical and community-based post-violence care and support among survivors of violence;
- Increased access to adolescent SRH services among youth, especially AGYW;
- Increased completion of the DREAMS primary package among DREAMS beneficiaries; and
- Improved community norms change for HIV and violence prevention.

***IR1 Mandatory PEPFAR indicators:***

- AGYW\_PREV (in DREAMS districts only; enrolled, completed primary prevention, received one or more services)

***IR1 Other illustrative indicators:***

- Number of adolescents enrolled in the DREAMS program;
- Number of adolescents who have started any of the DREAMS service package, by service-type (started a DREAMS service but not completed, completed one DREAMS service but not the full primary package, completed primary, and completed primary and at least one secondary service);
- Number of adolescents who have started a DREAMS service but have not completed it;
- Number of adolescents successfully referred for HIV, sexually transmitted infections (STI), or TB testing;
- Number of individuals who experienced GBV and received clinical care, by service-type;
- Number of individuals referred to health facilities for post-rape care support, including PEP;
- Number of adolescents receiving basic financial literacy and other economic strengthening support; and
- Number of AGYW receiving educational subsidies and material support for transitioning and completing secondary school, by type of assistance provided.

**IR 2: Improved health, education, protection, and socio-economic outcomes among children and adolescents living with and affected by HIV, their caregivers, and families - With an**

estimated two million OVCs in Mozambique, PEPFAR/Mozambique's OVC program serves the dual purpose of mitigating the impact of HIV on children, adolescents, and their families as well as preventing HIV-related morbidity and mortality (among pediatrics and caregivers). There are currently an estimated 149,050 children under the age of 15 living with HIV in Mozambique; however, case identification remains low with only 75 percent of C/ALHIV under 15 knowing their HIV status<sup>36</sup>. Over the past few years, exceptional progress has been made in ensuring pediatrics are on optimized regimens, and viral load coverage is at 86 percent, with pediatric viral load suppression at 87 percent<sup>37</sup>. Thus, the largest hurdle that still remains is identifying HIV-positive children that have not been diagnosed.

OVC programs must continue to evolve and focus on the key HIV challenges for children, including prevention of mother to child transmission (PMTCT), the pediatric treatment gap, advanced HIV disease, low viral load suppression, inadequate treatment literacy by caregivers, sexual violence against adolescent girls, and the risk of losing a caregiver due to adult interruptions in treatment (IIT). The OVC case management model must be client-centered and family-based, with the platform helping beneficiaries navigate stigma and access to health, social, legal, and economic support (including poverty alleviation). Case management will be used to build resilience and improve the well-being of families by increasing their access to social protection services and/or other OVC packages, such as village savings and loan associations (VSLA), positive parenting programs, nutritional support, and school support.

***Sub-IR 2.1: Decreased risky sexual behaviors among adolescents*** - Activities within HIV prevention packages should be outcome-based and prevent sexual violence, delay sexual debut, and prevent HIV. Activities should also be gender-sensitive and age-segmented, targeting high-burden districts. Prevention activities should ensure that adolescents aged 10 to 14 years are reached with an evidence-based package of HIV primary prevention, which includes risk assessments and referrals to other relevant services. This includes referrals to OVC case management for adolescents meeting one or more of the eligibility criteria outlined by the PEPFAR OVC program, as well as any adolescent testing positive for HIV. The package of HIV primary prevention activities should align with the DREAMS primary prevention curriculum (i.e., OVC prevention activities should include age-appropriate activities that promote HIV prevention and support community norms and attitudes to reduce GBV, sexual violence, abuse, age appropriate sexual and reproductive health and the reduction of sexual exploitation of children and AGYW). For any priority districts that are also DREAMS program districts, primary prevention activities should be complementary, and OVC prevention activities should target males ages 10 to 14.

***Sub-IR 2.2: Reduced socio-economic and HIV-related vulnerabilities of C/ALHIV, their families, and those affected*** - Children and adolescents at elevated risk for HIV acquisition, as well as those already living with HIV or significantly impacted by HIV in their household, require comprehensive, participatory OVC case management

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<sup>36</sup> UNAIDS. [HIV Sub-national Estimates Viewer: September 2023](#). Accessed 17 April 2024.

<sup>37</sup> PEPFAR. Monitoring, Evaluation, and Reporting (MER) FY24 Quarter 1 Data: Mozambique.

interventions to ensure they remain healthy, stable, educated, and protected from physical, emotional, or sexual violence/abuse. In collaboration with PEPFAR-supported facilities and partners, community-based activities will employ OVC Linkage Facilitators and use a bi-directional referral system. The referral system will increase the enrollment of C/ALHIV, HEI, children of FSWs living with HIV, and other high-risk children, adolescents, and caregivers into the OVC comprehensive program<sup>38</sup>. In PEPFAR-supported treatment sites in high-volume clinics within high-burden districts, implementing partners will then work to steadily improve coverage by assessing at least 95 percent of C/ALHIV (less than 18 years of age) for potential enrollment in the OVC comprehensive program. Among those, at least 95 percent of C/ALHIV who are newly diagnosed and/or new on treatment (in the last 12 months), have no documented viral load, are not virally suppressed, and/or are less than five years of age will be offered enrollment in the OVC comprehensive program. For HEI in particular, implementing partners should work closely with the PMTCT program to identify districts with large numbers of adolescents and young mothers who have high rates of treatment interruptions and unsuppressed viral loads.

Once at-risk families are identified and enrolled in comprehensive OVC services, case managers will develop family-specific action plans (and the appropriate referrals) that deliver differentiated, age-appropriate OVC services for C/ALHIV, HEI, and their families that address the unique health, nutrition, education, protection, psychosocial, developmental, and economic challenges identified as part of the needs assessment. For HIV-positive children and their caregivers, this will include an assessment of knowledge gaps and other barriers to care, the provision of critical information for improved treatment literacy, support for pediatric transition to new medications, bi-directional linkages with the health facility, and skills-building to support treatment adherence and retention in care. OVC case managers will regularly monitor the health, nutritional, educational, and socio-economic status of beneficiaries. In addition, strategies must be tailored to meet the specific needs of early childhood and adolescent-focused programs, addressing the unique needs of the sub-populations at risk. Through targeted support, OVC case managers ensure progress is made against established 'graduation benchmarks' for each family (created to build resilience against risks in the immediate- and long-term).

Financial activities targeting HIV-positive households have been associated with improved health outcomes including increased ART adherence by addressing the barriers to access HIV treatment, and an increase in family income, reducing food insecurity, and creating and recovering assets. Considering the economic vulnerability of

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<sup>38</sup> PEPFAR's OVC comprehensive program is a family-based program targeting children under 18 years of age with known risk factors (i.e. HIV-positive children and children who are survivors of sexual violence). The program provides case management and multiple supportive interventions with graduation benchmarks. The OVC preventative program is group-based targeting children between 10 and 14 years old with a single intervention. In the *ESPERANÇA* program description, the activities falling under the OVC comprehensive program are stated in sub-IR 2.2, while activities under the OVC preventative program are detailed in sub-IR 2.1. (Source: [PEPFAR MER Indicator Reference Guide](#). MER 2.0 (Version 2.7); September 2023).

the OVC households, comprehensive household economic strengthening should be included where possible in order to build the ability for these households to meet their basic needs. Households most in need can benefit from programs such as VSLA, vocational training, cash transfer programs in the form of emergency funding for the most destitute families, and referrals to social protection programs. In particular, in collaboration with the mentor mothers program, young mothers have been shown to benefit from these types of programs.

***Sub-IR 2.3: Increased quality and effectiveness of OVC case management services -***

Front-line OVC providers and case managers must be carefully recruited, adequately trained, and well-supervised. Project data systems must be protected for confidentiality and subject to regular validity checks and data quality assessments, including reviews of primary source documents. For each case-managed OVC beneficiary, an action plan must be developed that includes specific and measurable activities and goals and that can be verifiably monitored over time. Activities should include monitoring of individual beneficiary-level progress, and wherever possible, data triangulation should take place to allow for comparing self-reported data and data extracted from the clinical setting. In addition, activities should include quantitative and qualitative anonymous feedback from OVC beneficiaries to ascertain whether the program is enhancing the lives of the beneficiaries as intended.

Activities must be innovative and have evidence-based training packages to improve the ability of program staff and community cadres to better deliver age-appropriate services to OVCs and their caregivers. More specifically, data-driven approaches should be used to identify gaps and determine adequate interventions to accelerate pediatric outcomes and increase economic and social protective factors to prevent HIV acquisition among OVCs. These packages should include:

1. Case management specific to the needs of each OVC sub-population
2. Innovative HIV primary prevention curricula
3. Positive parenting
4. Economic strengthening
5. Nutrition
6. Educational support
7. GBV/VAC post-care
8. Legal support

***IR2 potential outcomes include but are not limited to:***

- Increased number of C/ALHIV and HIV-positive caregivers who receive optimized ART
- Improved rates of retention and adherence among C/ALHIV and HIV-positive caregivers

- Improved rates of viral suppression among C/ALHIV and HIV-positive caregivers; and
- Increased enrollment of C/ALHIV, HEI, and children of HIV-positive caregivers comprehensive OVC program.

**IR2 Mandatory PEPFAR indicators:**

- OVC\_SERV (number of case managed children and caregivers, number graduated)
- OVC HIV\_STAT (HIV testing status, ART enrollment status)

**IR2 Other illustrative indicators:**

- Number of 10-14 year old adolescents enrolled in (and report separately completed) primary prevention activities;
- Number of adolescents successfully referred for HIV, STI, or TB testing;
- % of OVC and their caregivers with known HIV status;
- Number of children and adolescents screened for risk and/or symptoms of HIV;
- Number of children and caregivers tested for HIV using community-based index case testing approach;
- Number of OVC-enrolled beneficiaries who receive nutritional, educational, and/or socio-economic support services;
- Number of OVC-enrolled beneficiaries who meet minimum graduation benchmarks;
- Share of case-managed OVC beneficiaries who make timely and measurable progress against established action plans;
- Number and % of OVC providers and case managers meeting or exceeding quality assurance standards for OVC service provision (as measured by both the health system and beneficiary feedback);
- % of case-managed OVC beneficiaries: regularly attending school; not considered malnourished; who progressed in school during the past year; referred to and received social system benefits.

**IR 3: Enhanced HIV clinical outcomes among adolescents, youth, and men** - Based on the 2023 UNAIDS estimates, case finding gaps for children, youth, and men are disproportionately high with only 81 percent of male PLHIV 25- to 49-year-olds and 74 percent of 10- to 24-year-olds (male and female) on ART<sup>39</sup>. In addition, as of December 2023, at PEPFAR-supported sites, viral load coverage for HIV-positive men 25- to 49-years-old on treatment is 74 percent, while for 10- to 24-year-olds it is at 76 percent<sup>40</sup>.

As Mozambique approaches the first 95, HIV case identification must be strategic, identifying interventions that are person-centered and cost-effective. In addition, activities must promote

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<sup>39</sup> UNAIDS. [HIV Sub-national Estimates Viewer: September 2023](#). Accessed 14 March 2024.

<sup>40</sup> PEPFAR. MER FY24 Quarter 1 Data: Mozambique.

linkages to care and treatment services through the various testing modalities, minimize care interruptions by providing psychosocial support to improve continuity of treatment and lead to viral suppression, especially among children and men who have higher rates of IIT.

**Sub-IR 3.1: Improved adherence to ART** - In order to ensure the provision of more personalized support for adolescents, youth, and men with the greatest needs, it is imperative that interventions be carried out in the health facility and community focusing on improving HIV literacy, including ART, and working with peers to educate beneficiaries about disclosing one's HIV status, and the benefits of ART. Furthermore, among men in particular, this Activity must promote the participation of men as partners in women's and children's health care and encourage the creation of conversation circles among men and their peers.

Through adolescent and youth mentors and male champions strategies, implementing partners must train providers and program staff to align activities with the adolescent and youth, and male champions programs. To maximize effectiveness with limited resources, providers must limit enrollment to adolescents and youth aged 10 to 24, and men aged 25 to 49. In addition, participants must fall under one of the following categories:

- Newly initiated or re-starting ART;
- Prescribed second-line ART and are not yet stable;
- First pregnancy and less than 20 years old;
- Viral load more than 1,000 cp/ml;
- Non-adherence to treatment; or
- Active on ART and presenting a risk factor for adherence (i.e. psychosocial factors that affect adherence)

In addition, eligible participants for the youth mentor strategy can be HIV-negative adolescents and youth aged 10- to 24-year-olds who present a risk of contracting HIV infection and are on PrEP.

Implementing partners using the male champion approach must limit participation to HIV-positive men aged 25- to 49-years-old who are newly starting or restarting ART, those active on ART and presenting a risk factor for adherence, and/or men with an unsuppressed viral load.

Adolescent and youth programs should be specific to the needs of the target sub-population. Specific interventions and activities include demand creation for HIV testing, including sexual partners; identification of signs and symptoms of TB, malnutrition, and GBV; increased access to self-test kits for partners and peers; and informational sessions and referral to GBV services, PrEP, PEP, OVC, DREAMS, economic strengthening and other social services programs, as appropriate.

All implementation must be aligned with the national guidelines, which may shift depending on GRM recommendations and needs. In addition, adolescent and youth mentors and male champions allowances must comply with the incentives scale for community lay staff agreed between MISAU and PEPFAR.

**Sub-IR 3.2: Expanded number of adolescents, youth, and men who achieve viral suppression** - HIV adherence counseling must be reinforced both at the health facility and during home visits. Clinical and community health providers, mentors, and supervisors must be trained on how to provide person-centered care and support, and service providers must collaborate with each other to minimize any treatment interruptions and increase viral suppression among beneficiaries. In addition, service providers must work to educate adolescents, youth, and men about the importance of HIV disclosure to sexual partners and other family members, and support the strengthening of family resilience through viral load suppression.

To provide a safe place and increase the number of PLHIV virally suppressed, adolescent and youth mentors and male champions should implement the following strategies:

- Welcome adolescents, youth, and men at the health facility;
- Through educational sessions, promote existing services available in the health facility;
- Provide peer support and literacy about HIV treatment;
- Support the organization and creation of facility support groups;
- Disseminate information about viral load to support the empowerment of adolescents, youth, and men in controlling their own viral load and achieving viral suppression;
- Identify individual psychosocial factors that affect a patient's adherence to treatment and determine actions required to overcome these obstacles, including providing referrals to psychosocial support services;
- Regularly assess each patient's ART adherence;
- Support the disclosure of one's HIV disclosure status to other family members, including sexual partners and assist in referring contacts for HIV testing;
- Refer patients to OVC, DREAMS, economic strengthening, and social service programs, as appropriate;
- Conduct phone calls and home visits to beneficiaries;
- Perform reintegration phone calls and visits for eligible patients; and
- Support referral and counter-referral between different community partners to offer complementary services.

**IR3 Potential outcomes include but are not limited to:**

- Reduction in lost-to-follow-up (LTFU) among adolescents, youth, and men enrolled in the adolescent youth mentoring and/or male champions programs
- Increase in the number of adolescents, youth, and men virally suppressed

**IR3 Other illustrative indicators<sup>41</sup>:**

- # of new HIV positive beneficiaries enrolled in the approach per month
- # of new HIV-negative beneficiaries enrolled in the approach per month
- # of new beneficiaries enrolled who started/reinitiated on ART
- # of new beneficiaries enrolled with adherence risk
- # of beneficiaries enrolled:
  - with high viral load
  - who are LTFU
  - enrolled on PrEP
  - being followed by the health facility and community
- # of beneficiaries who left the program:
  - due to discharge
  - as a result of a referral
  - due to transferred out
  - due to withdrawal
  - due to LTFU
  - due to death# of beneficiaries by length of stay in the program (i.e. <6 months, 6-11 months, >12 months)

**IR 4: Strengthened systems for delivering social protection services** - Government stakeholders are key players in the national response, and thus in order to transition to a sustainable HIV response, activities must be designed to empower national stakeholders to

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<sup>41</sup> Illustrative indicators for IR3 are based on MISAU mandatory indicators for the adolescent and youth mentoring and the male champions programs and thus the Awardee would need to report these to USAID. These indicators, however, will *not* need to be reported into PEPFAR's official Data for Accountability, Transparency and Impact (DATIM) database as the Awardee would be providing support at the community level, and not at the facility.

oversee data management and the functionality of social affairs systems to address access barriers, contribute to improving the quality of services, and lead the HIV response.

***Sub-IR 4.1: Enhanced capacity of stakeholders in data management and use -***

Community interventions, including DREAMS, OVC, and peer support strategies focusing on adolescents, youth, and men, collect large amounts of data which the Awardee should share with GRM social affairs and health stakeholders. In addition to sharing data, the Awardee is expected to support GRM in better managing, understanding, and utilizing data. The Awardee will work on strengthening program data from all areas by supporting data quality at the community level; ensuring that this feeds into a harmonized data management system; triangulating data from other sources; and supporting MISAU, MGCAS counterparts, and other stakeholders in data use and interpretation. Activities must place special focus on supporting the uptake of the eOVC data management system and other GRM shared systems as directed. Through Collaborating, Learning, and Adapting (CLA) activities and the annual planning process, Applicants must also support GRM in using data for decision-making and strategic planning. Data will also be used to routinely evaluate program implementation and inform strategic adjustments accordingly to ensure activities align with geographic and subpopulation needs for epidemic control.

***Sub-IR 4.2: Improved functionality and capacity of social affairs platforms/committees***

- Activities should ensure partnership with the GRM and other key stakeholders to build on PEPFAR investments in strengthening an HIV-sensitive and publicly funded child protection, social work, and case management system for vulnerable children in Mozambique. The Awardee will coordinate closely with the GRM social affairs platforms to ensure that vulnerable children are identified, prioritized, and linked to social protection services (including psychosocial support), according to GRM guidelines. The Awardee should continue to support district- and community-level social workers in the implementation of HIV-sensitive case management and to strengthen the capacity of community-based organizations, local child protection and family welfare authorities (such as SDSMAS and INAS) to implement and manage core OVC interventions, with a vision of gradually transferring ownership of some HIV response activities to community and government stakeholders. In addition, PEPFAR will support the introduction and use of the eOVC data management system to improve case management of C/ALHIV OVC beneficiaries across the continuum of care.

***IR4 potential outcomes include but are not limited to:***

- Increased number of government-supported social workers trained on HIV-sensitive OVC case management approaches;
- GRM's increased utilization and data triangulation of systems for beneficiary-level tracking; other programmatic data capture and reporting systems; and systems to better manage, understand, and utilize data;
- Increased linkage of vulnerable children identified and linked to social protection services; and

- Expanded utilization of the OVC data management system to improve case management of C/ALHIV OVC beneficiaries.

**IR4 Other illustrative indicators:**

- # of community child protection committees established and/or strengthened with clear terms of reference, established budgets, and staffing;
- % of GRM-led data quality audits meeting minimum standards for data completeness and strong internal systems of control and verification; and
- # of C/ALHIV OVC beneficiaries and their viral load.

**B.8 Technical Approach**

In developing the application, Applicants are expected to take the below technical guidance into account. USAID/Mozambique's investment in HIV is focused on carrying forward the legacy of strong programming under previous projects and/or activities and leveraging the investments of other donors, such as Global Fund and G2G agreements. Core areas of support include reducing HIV incidence, especially among children and AGYW; strengthening case identification efforts; reducing HIV-related morbidity by linking patients to care and providing support services for continuity of treatment; building the capacity of local partners, the community, and government to participate in the long-term response to the HIV epidemic.

Applicants should consider the following when submitting their applications (not an exhaustive list):

- While Applicants must be local entities, USAID encourages the Applicant **to seek local and/or international partnerships or consortia** to ensure that specialized program management, service delivery implementation, demand creation, monitoring, evaluation, and learning (MEL), and program quality improvement skills are part of the proposed implementation team. The Applicant will also be expected to harmonize all MEL efforts with existing PEPFAR and MISAU and MGCAS data collection and reporting systems, which will require continuous cooperation and collaboration with USAID's other ongoing PEPFAR recipients.
- Present a **clear and logical theory of change** that articulates pathways between the barriers and opportunities and proposes interventions and illustrative activities that will lead to the expected results of the Activity.
- **Child Safeguarding:** Since the activities to be funded involve direct contact with children, Applicants must describe how appropriate measures to prevent, mitigate, and respond to child abuse both in the Activity implementation and by project personnel will be addressed. For more guidance, Applicants should refer to [USAID guidance on child safeguarding](#).
- **HIV-focused and population-specific:** Applicants must specify how it implements case management of OVC; AGYW; and adolescent, youth, and male beneficiaries; and how it supports the treatment cascade directly, from supporting early diagnosis and ensuring referrals and enrollment in care to supporting adherence and retention

- of C/ALHIV and men at the community level. OVC and DREAMS programs are expected to target services at high-risk HIV-positive children and adolescents, prioritize retention and adherence counseling, increase collaboration with clinicians to provide wrap-around services, and prevent LTFU through individualized case management for the highest-risk children, adolescents, youth, and men
- **Gender Integration:** Gender integration entails the identification and subsequent treatment of gender differences and inequalities in the project design, implementation, monitoring, and evaluation. Gender equalizing strategies and approaches that promote increased access to resources and opportunities for women should be at the heart of this design. Applicants should also consider male engagement strategies and describe how such interventions will be incorporated to enhance gender equity, norm changes, foster child and AGYW protection efforts, and reduction of inequalities by addressing the gaps that maintain these disadvantages. Case identification strategies and approaches to find HIV-positive men should be specific to this population group, utilizing innovative cost-effective approaches to target this hard-to-reach population.
  - **Sexual and Gender-Based Violence:** By mainstreaming GBV prevention and response, this Activity will address the underlying causes of violence, improve GBV prevention and protection services, respond to the health and economic needs of those affected by GBV, ensure support to first responders in prevention and response efforts, and provide support for survivor-centered prevention and response protocols. Mitigating HIV risk and preventing violence is critical to reducing HIV incidence and the prevalence of VAC, including sexual violence, which is a contributor to new HIV infections. The activity should aim to prevent HIV and sexual violence in high burden communities; increase education access, retention, and progression among at-risk AGYW; strengthen positive parenting and parent/child communication; increase caregiver and community knowledge about VAC and GBV; improve VAC and GBV reporting; increase access to VAC and GBV response services, including comprehensive post-violence care and support; and provide combination HIV prevention services. Local communities, and in particular, AGYW, have a lack of understanding of violence and what constitutes rape, the availability of PEP, the need for GBV survivors to seek immediate post-violence care, and the process to go about accessing care. The Activity will be expected to identify and scale evidence-informed approaches for addressing prevention of GBV and VAC to ensure that AGYW, their male partners, and their caregivers are aware of what constitutes GBV and where to seek services. For reducing social tolerance of GBV and VAC, the activity will build on the substantial work undertaken to engage community leaders on GBV, child abuse, and post-violence care models.
  - **Adolescent Girls and Young Women:** The epidemic pattern and dynamics require programming that cuts across age and gender. New HIV infections among AGYW are substantially higher than among males of the same age, because HIV is more commonly acquired from male sexual partners who are a few or several years older.

Gender inequality also disproportionately affects AGYW, so Applicants should address this challenge by working with both women and men to consider not only unequal power dynamics, but also risky behaviors and underlying social and gender norms.

- **Community and Clinical Coordination:** A combination of robust direct services, coordination between community- and facility-based services, and effective referrals and linkages for children, adolescents, girls, and households infected and/or affected by HIV is essential in achieving the goal of improving the health, nutritional status, and well-being of PLHIV living in PEPFAR priority districts. Close collaboration with PEPFAR-supported clinical partners, relevant GRM institutions, civil society stakeholders, the private sector, and other local community structures is expected. Coordination with clinical partners and health facility staff will be essential to ensure appropriate case management and integration of community and facility-level referrals and activities.
- **Positive Youth Development:** All interventions should engage OVC, AGYW, and ABYM to create healthy, productive, and engaged youth to increase their assets, increase their agency, encourage their contributions, and enhance their enabling environment.
- **Internally displaced persons (IDPs):** This Activity must also be inclusive and sensitive to the needs of IDPs where appropriate. Factors that increase vulnerabilities among IDPs, the majority of which are youth, include sudden disruption from their families and livelihoods, premature/forced unions, sexual violence, difficulty to access youth-friendly services, and lack of social protection. As such, DREAMS and OVC implementing partners are required to facilitate access to basic HIV prevention services, post-GBV care, PrEP, SRH, and mental health services for IDPs, whenever possible and in coordination with other USG-funded partners.
- **Program Innovation:** While some of the program activities laid out in this solicitation are prescriptive and required alignment with PEPFAR curricula, where possible, Applicants are **strongly** encouraged to exercise and articulate new and innovative activities that will reach the intended outcome(s) and not solely align with activities that are currently be implemented by the program. In doing so, where feasible, the Applicants should provide evidence for the suggested activity(ies) and provide details of how the activity would improve the health outcomes of households vulnerable and/or impacted by HIV.

## C. STRATEGIC CONSIDERATIONS

### C.1 Gender, Youth and Vulnerability

Youth are the fastest growing population group in Mozambique in which an estimated 44 percent of the population is under 15 years of age<sup>42</sup> and 52 percent are below 18 years<sup>43</sup>. According to the September 2023 Spectrum estimates, 50 percent of new infections are in children and youth under 24 years of age<sup>44</sup>. HIV prevalence shows similar gender disparities with females aged 15 to 24 years old having an almost three times higher prevalence of HIV than their male aged peers<sup>45</sup>. Given the large size of children and youth as a demographic, and their vulnerability to HIV and the specific vulnerabilities of young women, this activity is meant to be responsive to the gendered needs of children, youth and their families. In planning for this activity, USAID conducted a Gender, Youth and Vulnerability Analysis to review barriers to community-based prevention programs and identify opportunities for improving gender and youth sensitive programming.

**Gender:** Specific issues around gender that increase risk of HIV include harmful cultural norms around masculinity and femininity that leave youth vulnerable to risky behaviors, risk of GBV, and poverty. Analyses noted that economic vulnerability in areas along economic corridors puts girls and young women at risk, as economic deprivation may push them to seek transactional sex or engage in marriage at a young age.

**Youth:** Main issues identified among youth that inhibit prevention and behavior change include harmful cultural beliefs and conceptions of masculinity, lack of productive dialogue around sexuality and health between parents and young people, economic vulnerability of households, and misinformation from community leaders and social influences. Barriers to accessing prevention services, SRH services, and HIV treatment include distance of some communities to health facilities, frequent movement of households or work-related migration that disrupts services, and poor quality of services in terms of being youth-friendly, empathetic and private. Through consultations, implementing partners emphasized that youth in particular feel stigmatized when seeking SRH and HIV services, expressing that providers lack empathy and fear that providers may not respect a patient's privacy.

**Opportunities:** Areas for strengthening youth-focused and gender-sensitive HIV-prevention programs that were identified following listening sessions with local implementing partners (IPs) and the industry include: support for GBV adherence, differentiated urban and rural packages to recognize the varying characteristics and challenges of these households, enhancing quality of services, and gaining community leader and influencer support. Mapping of hot spots for harassment, GBV, transactional sex, and risky behaviors was also recommended as a way for the Activity to identify where to respond and ensure that vulnerable young people

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<sup>42</sup> Statista. [Mozambique: Age structure from 2012 to 2022](#). Retrieved 17 April 2024.

<sup>43</sup> UNICEF. [The Situation of Children in Mozambique: Summary Report: 2021](#). Retrieved 17 April 2024.

<sup>44</sup> UNAIDS. [HIV sub-national estimates viewer](#). New Infections; all ages, 0-14, 15-24; September 2023, Area level 1. Accessed 17 April 2024.

<sup>45</sup> UNAIDS. [HIV sub-national estimates viewer](#). HIV prevalence; 15-24; male, female; September 2023, Area level 1. Accessed 17 April 2024.

can access prevention and treatment services. In consultations, implementing partners also identified schools as an opportunity to be better leveraged, as they could be a great platform to fight stigma, promote testing, reach youth and discourage risky behaviors, and offer information and services through school corners. Implementing partners also recognized that while schools can be protective, they are also a source of risk in some cases, as some students experience sexual harassment and abuse. To combat this, implementing partners recommended working with schools to educate youth about harassment so it can be recognized, engaging with community leadership and local government to promote schools as safe spaces for youth, and incorporating anti-harassment messaging into existing school advocacy work. Partners also noted that funding should be provided to the most vulnerable children, adolescents, and youth at risk of dropping out due to financial constraints.

Given the Activity's focus on OVC and AGYW, all package services should acknowledge the intersectionality that impacts youth development, such as gender, education, health, poverty, conflicts, and natural disaster. Partners should meaningfully engage youth as both beneficiaries, and in the design and implementation of the activities. This Activity will take into consideration USAID's existing best practices within OVC and DREAMS initiatives that reduce HIV acquisition, and morbidity and mortality among youth, particularly in the following areas: HIV prevention, HIV treatment, economic empowerment, education, gender and GBV, effective youth integration, and mental health and psychosocial support.

The selected Awardee is required to conduct a Gender and Social Inclusion Analysis and Action plan within 90 days of the award. This analysis should examine the cultural and structural barriers to prevention services and opportunities for improving gender mainstreaming, social inclusion and youth empowerment specific to the areas of implementation. This analysis will direct USAID adolescent and youth programs to deliver result-based activities that improve access to HIV services particularly prevention, as well as SRH and GBV and social protection among these priority populations in Mozambique, thereby reducing the incidence and prevalence of HIV. As part of the monitoring, evaluation, and learning (MEL) plan, the selected Awardee will need to conduct a gender analysis to assess the activity interventions in reducing the gender gaps. For details on the preparation of the gender analysis please refer to the [USAID Gender Equality and Women's Empowerment Policy](#).

## **C.2 Climate Change Integration**

Climate change is a cross-cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors. The current [Executive Order 13677](#) requires all U.S. Government agencies to factor climate change into their foreign assistance planning and manage the associated climate risks. Therefore, the successful applicant should think about how climate shocks could affect implementation of activities, shape the health status and well-being of targeted populations, and exacerbate vulnerabilities of certain groups.

The successful application will be required to complete a Climate Risk Management Plan before implementation of the activity, which outlines how climate risks will be reduced in order to ensure sustainability of the Activity.

USAID/Mozambique has included crisis modifiers to allow the implementing partner(s) to modify activities in order to sustain program activities and/or respond in the event of a shock in areas of implementation.

### **C.3 Environmental Compliance Considerations**

Interventions under this Activity are covered in USAID/Mozambique's Initial Environmental Examination (IEE) for Health Service Delivery valid from December 2022 – December 2027. Interventions fall under Category 3: Orphans and Vulnerable Children and receive the following determinations: i) Categorical Exclusion; and ii) Negative determination with conditions. The IEE found that capacity building and service delivery activities are likely to have negligible foreseeable direct impacts on the environment, but related increased uptake of services could result in increased generation of medical waste. Educational and social prevention activities were determined to result in negligible adverse environmental impacts. The IEE has identified potential mitigation measures in response to these risks.

The successful applicant will be required to meet certain conditions outlined in ADS 204, including the preparation and development of an Environmental Monitoring and Mitigation Plan (EMMP) along with the Year 1 Work plan for submission to the Agreement Officer's Representative (AOR). A format for the EMMP will be provided upon award receipt. The successful applicant will also be required to submit an annual Environmental Mitigation and Monitoring Report (EMMR) to the COR.

### **C.4 Sustainability**

Commitment to sustainability is the ability or commitment to carry on the activities after USAID's involvement is completed, or otherwise ensure the results continue beyond the life of the Activity. The fundamental thrust of USAID's programs is the aim to build local capacity; enhance participation; and encourage accountability, transparency, decentralization, and the empowerment of communities and individuals. In alignment with GRM health sector plans and in coordination with GRM, donors, non-governmental organizations (NGOs), and civil society, the *ESPERANÇA* activity will implement activities that respond to immediate needs for achieving epidemic control that also strengthen the institutional capacity of the community social protection and health sector upon which the DREAMS and OVC beneficiaries and HIV services rely in Mozambique. The Activity must prioritize interventions that create stability; incentivize reform and innovation; strengthen in-country capacity; and mobilize domestic resources, including private sector engagement, such as private sector partners that provide youth health services. In addition, while working in IRs 3 and 4 in particular, Applicants should strategize about how they will establish mechanisms to progressively prepare its community staff to either be assumed by GRM or sub-contracted by GRM. Applicants should also explore how to better integrate HIV services provided at the community level into other primary health care services, such that HIV support is less isolated. Furthermore, the activity should continue to liaise and support GRM platforms, including child protection and family welfare authorities (such as SDSMAS and INAS) with a vision of gradually transferring ownership of some HIV-response activities to government stakeholders, pending the availability of GRM funding.

## C.5 Local Systems and Host Government Collaboration

The Activity will focus on strengthening and institutionalizing systems for quality improvement at the provincial, district, and local levels—working to build strong and enduring local systems across all levels. MOUs should be established at the provincial and district levels (where appropriate) to ensure close partnership and accountability between the activity and local institutions. The Applicant must ensure strong engagement (including in key roles) with the GRM, other local institutions (including civil society organizations (CSOs)) and Mozambican nationals on policy issues, alignment with national priorities and guidelines, joint planning (work plan development), shared implementation and performance reports and data, regular coordination and communication with counterparts, and strategic discussion to develop a shared vision for successful implementation of this Activity. Knowledge, skills, and capacity transferred to local institutions and personnel is essential to ensuring that effective prevention and health service delivery continues beyond the life of this activity.

In addition, the selected Awardee must take necessary steps to ensure maximum: 1) transfer of program elements including skills, tools, and methods to the GRM, local institutions and Mozambican professionals in these institutions; and 2) employment opportunities for Mozambican citizens at all levels (from senior management and technical positions to unskilled labor). USAID attempts to support GRM goals for staff retention. In order to achieve this, efforts must align with and support the priorities of local actors, leverage local resources, and increase local implementation over time to sustain positive changes. Fundamental aspects of supporting local systems are described in the USAID document, [Local Systems: A Framework for Supporting Sustained Development](#).

Given USAID's commitment to localization in pursuit of locally led action for sustainable solutions, the Awardee is expected to collaborate and complement the G2G agreements and advance the agenda toward strengthening locally led responses that build on GRM's efforts to develop sustainable systems for improved HIV prevention, OVC, DREAMS, and adolescent youth mentoring and male champion activities. In this respect, the *ESPERANÇA* activity is encouraged to build on local partnerships that advance the USAID Localization Agenda while achieving the expected results for this Activity. The GRM is envisioned as a partner who over the length of the award *may* become increasingly responsible for implementation. Thus, the Awardee should increasingly collaborate with GRM by building GRM's capacity to carry activities forward with increased responsibility and leadership in implementing components supported by the activity.

The Applicant must also collaborate with other health- and PEPFAR-funded program activities to develop synergies and maximize expected outcomes. Such activities include but are not limited to other USAID-funded programs (i.e., the Resilient Gorongosa Project, Nutrition) and other programs funded by USG agencies, such as the CDC, DoD, Peace Corps, and the Department of State, as well as with other donors such as the Global Fund, the Health Partners' Group members, United Nations agencies, and other large NGOs, as appropriate.

## **C.6 Transparency and Accountability**

This Activity aims to put communities at the center of the HIV response and incorporates transparency throughout its interventions and approach. Interventions will empower national stakeholders to oversee data management, and functionality of social affairs systems in order to address access barriers, contribute to improving the quality of services, and lead the HIV response. As community members put their trust in project staff and community workers, data collected by DREAMS, OVC, and adolescent youth mentoring and male champions interventions will be stored securely and shared in a de-identified manner with GRM social affairs and health stakeholders. Partners and GRM will use this data through CLA activities and the COP process to plan, optimize the response, and routinely evaluate programs to ensure activities align with geographic and subpopulation needs for epidemic control.

In addition to activities directly supporting transparency and accountability, implementing partners will be expected to establish and maintain systems for the Prevention of Sexual Exploitation and Abuse (PSEA) and accountability and feedback mechanisms to solicit and respond to community feedback and complaints related to the Activity.

## **C.7 Sub-Awards**

The local lead organization (prime) is encouraged to form a strong consortium of diverse partners to meet the needs and goals of ESPERANÇA. This lead organization will directly implement the program and provide technical guidance to its sub-awardees to ensure effective execution. Grants can be given to local NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), educational institutions, and others.

USAID expects ESPERANÇA to allocate its entire community-based portfolio to local NGOs, including CBOs, through competitive sub-awards. Capacity building for better service provision and long-term sustainability is encouraged.

If a consortium is formed, at least 75% of the budget should be managed by local organizations (prime and sub-awardees). For sub-awards with international organizations focused on capacity building, include a phase-out plan with milestones, a timeline, and verification methods, not exceeding 24 months. The budget for international sub-awardees, regardless of the type of services provided, should not exceed 25% of the total award budget.

## **C.8 Risks and Assumptions**

This Activity assumes that HIV prevention and treatment services will continue to be delivered through government health facilities, with significant support for outreach and prevention from community organizations and cadres at the community-level. It is also assumed that MISAU, National AIDS Council (CNCS), Ministry of Education and Human Development (MINEDH), and MGCAS will continue to accept assistance from local and international partners. The Activity assumes that activities will continue to shift from key donors to the government, leading to a reduction in external funding, including PEPFAR allocations. Finally, the Activity assumes that the types of HIV prevention and response activities undertaken will continue to be accepted by community members, particularly social support services and programming

supporting children, adolescents, and youth; and that GRM's focus on adolescent and youth mentorship will only expand (and not reduce) over the period of implementation.

Potential risks to successful implementation include:

- *Political environment for international assistance*, including PEPFAR funding allocations - The political environment in the United States could lead to a decrease in international assistance, including PEPFAR programming, which would directly impact available funding for this award. While GRM may be able to sustain some activities previously funded by PEPFAR, given limited financial resources, community-based services, such as those undertaken by this Award, would be difficult to assume.
- *Economic insecurity* - Given the current fiscal challenges in Mozambique coupled with an uncertain donor environment, the high reliance on external resources to finance the health sector is high risk.
- *Climatic shocks*, such as cyclones or drought - could increase poverty and drive displacement, disrupt service delivery including community cadres being affected by shocks, and could limit participation of target groups given competing priorities.
- *Health system restructure or staff changes* - PEPFAR implementing partners must cultivate relationships with new government leaders at district and/or provincial levels and may lose valuable allies/advocates within government; new bureaucratic hurdles could hinder implementation; and potential conflict and politics among government leadership or structures could make navigating key relationships more difficult and could impede the ability of PEPFAR implementing partners to work closely with key actors.
- *Insecurity or social unrest* - could limit program staff's access and ability to deliver services and monitor implementation; restrict beneficiary and/or target population movements and seeking of services; and potentially cause supply chain disruptions, which would adversely impact HIV testing and treatment services.
- *Disease outbreaks/global pandemics* - Experience from COVID-19 has demonstrated that global pandemics cannot only pose risk of illness, but also disrupt the functionality of regular health and social services, limit modality of the delivery of services and social messaging, and vastly disrupt supply chains, including the provision of HIV prevention, testing, and treatment services.

### **C.9 Rapid Response Funds (RRF)**

Rapid Response Funds (RRF) will be established to enable the Awardee to respond efficiently and effectively to the rapid onset of natural and/or man-made disasters in the activity's target geographic districts. The purpose of the RRF is to quickly respond to, or mitigate, natural emergencies or crisis-originated emergencies, which can lead to the outbreak of disease and challenges for accessing HIV prevention, care and treatment services.

Given the potential for known and unknown risks to project implementation, the RRF will have an annual dedicated line item of **\$200,000** in the activity budget.

If utilized, the amount will be topped up each fiscal year to its original amount, and if unutilized, remaining funds will roll over year to year. Any RRF funds remaining by the end of Activity will be expended as part of the final sub-obligation and will be applied to close-out costs.

**The use of emergency rapid response funds will be agreed to in principle by USAID through a detailed concept note, and written approval by the Agreement Officer and it will be required prior to use of funds.**

All activities funded by RRF will be reported on a quarterly basis and should be included in annual performance reports.

#### **D. COLLABORATING, LEARNING AND ADAPTING (CLA)**

This Activity is expected to contribute to USAID/Mozambique's commitment to a multi-faceted CLA approach to development. For additional resources and information, please refer to [USAID Learning Lab](#). The Awardee is expected to use these available resources to choose best practices and lessons learned during different stages of implementation of the Activity. In the spirit of partnership and collaboration, USAID will support CLA activities for HIV programs in Mozambique, including participation of PEPFAR implementing partners and GRM actors. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous yet also rapid manner, search for generating improvements and efficiencies, and build on what works and eliminate what does not. CLA activities must be incorporated into both work plans and MEL plans as directed by the AOR. CLA creates the conditions for fostering broader development success by:

**Collaborating:** Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development; i.e. enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities (to reduce the collective cost while enhancing shared results faster); programs that are complementary to this activity. Contractors/Awardees are expected to collaborate with other USAID implementing partners, with the GRM, and with USAID staff (including field-based staff) as directed by their AOR. Also, the recipient/contractor must participate in partners' meetings organized by USAID, and report to USAID as requested on the ways in which they are coordinating with other IPs and with the GRM.

**Learning:** Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-GRM policy dialogue opportunities and funding allocations; (i.e. creating pauses for reflection within the Activity implementation scheme, engaging stakeholders for shared 'learning moments', conducting analytical review of existing and/or new evidence, testing assumptions of strategies, and employing learning questions through the CDCS);

**Adapting:** Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and game changers, into strategic and programmatic adjustments. This could include adjusting work plans to account for contextual shifts or tacit learning from a team’s experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way.

## **E. MONITORING, EVALUATION AND LEARNING (MEL)**

The MEL plan will be submitted 90 days after the award and it will include the Applicant’s proposed results framework (which should build upon the results framework described earlier in the program description (PD)) to demonstrate the hierarchy of results to be achieved under the project, along with the inclusion of appropriate outcome, output, and input level indicators and targets to characterize progress with work plan implementation and related achievements over time. Contextual information, including critical assumptions for the geo-prioritization of activities and formulation of site and district-level targets, should also be highlighted in the MEL plan. The MEL plan should also describe how the implementer will use sex-disaggregated and gender-specific indicators to monitor progress toward results. As part of the MEL plan, the selected Awardee will need to conduct a baseline and endline report to measure the impact the activity had in reducing the gender gaps addressed in the gender analysis. Lastly, the MEL plan should also specify any additional plans for evaluation under the Activity, including any planned performance mid-term assessments, and highlight any expected data collection or outcome indicator results reporting to be derived from special studies (see [USAID ADS 201](#) for further guidance).

The selection of indicators for the MEL plan should also be in alignment with PEPFAR MER requirements for all relevant indicators as applicable and allow for the reporting of activity-specific custom indicators into USAID’s online MEL system. All monitoring, evaluation, and assessment data including raw data sets generated during the life of this Award will be shared with USAID in machine readable format as described in [ADS 579](#) and the executive order on Open and Machine Readability. This is in keeping in accordance with ADS 579.3.2.1, along with the [Executive Order 13642](#) and the [OMB Data Policy \(M-13-13\)](#) which states that an agency’s “public data listing should also include, to the extent permitted by law and existing terms and conditions, datasets that were produced through agency-funded grants, contracts, and cooperative agreements.”

Performance monitoring data should be consistently used to inform additional program planning and learning. The Applicant must specify how the activity will ensure both performance monitoring data and evaluative information is collected in a timely fashion to inform course corrections and engage a broad array of stakeholders to promote learning.

### ***Illustrative Activity Indicators***

A limited set of program monitoring indicators will be used to track the progress of key PEPFAR-funded activities. Applications for this Activity should clearly state how proposed activities relate to these program objectives and expected outcomes and how data will be collected,

verified, and reported to document progress toward meeting the objectives, including M&E staffing, as part of the staffing plan. All applications must include plans to document, monitor, and evaluate program performance. USAID will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives and expected outcomes of this Activity. Applicants are encouraged to develop indicators beyond those stated here when doing so further demonstrates progress.

**Required PEPFAR Indicators**

All Applicants should make sure they refer to PEPFAR’s [Monitoring, Evaluation, and Reporting Indicator Reference Guide](#) for indicator reference sheets to ensure compliance with the latest guidance and that minimum standards for each indicator are in place. Applicants should propose notional output targets for each indicator that their proposed activities plan to cover. Successful Applicants will finalize their exact targets during the final negotiation phase of the award process and may be adjusted based on USAID guidance. The USG also strongly encourages all Applicants to provide relevant data to their local, district, provincial, and national government counterparts. The following PEPFAR MER indicators will be mandatory to all Applicants:

**DREAMS:**

Indicator	Description
AGYW_PREV	Percentage of adolescent girls and young women that completed the DREAMS primary package of evidence-based services/interventions

**OVC:**

Indicator	Description
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner.

**OVC Custom Indicators:**

Indicator	Description
<b>Enrollment of C/ALHIV</b>	
OVC_OFFER	Percentage of children and adolescents on ART in PEPFAR clinical settings offered enrollment into the OVC program
OVC_ENROLL	Percentage of HIV positive children and adolescents on ART at a PEPFAR clinical setting who enroll in the OVC comprehensive program after having been offered enrollment
<b>Treatment and Viral Load Suppression Cascade</b>	
OVC_VL_ELIGIBLE	Percentage of HIV positive children (required) and caregivers (suggested), active or graduated, who are served by an OVC comprehensive program on ART, who are eligible for viral load testing
OVC_VLR	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART with a known documented viral load test result within the previous 12 months
OVC_VLS	Percentage of HIV positive OVC (required) and caregiver (suggested), active and graduated, who are served by an OVC comprehensive program who are on ART and are virally suppressed (<1000 copies/ml)

[END OF SECTION A]

## SECTION B: FEDERAL AWARD INFORMATION

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

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to **\$40,000,000** in total USAID funding over a **five (5) year** period.

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

The anticipated period of performance is **five (5) years**. The estimated start date will be upon the signature of the award, or other effective date determined by the Agreement Officer.

### B.3 Substantial Involvement

USAID/Mozambique considers collaboration with the recipient crucial for the successful implementation of this program. Substantial involvement during the implementation of this award will include the following:

- **Approval of the Recipient's Implementation Plans**

The Recipient shall obtain the Agreement Officer Representative's (AOR) written approval for its implementation plan. The implementation plan includes the following: annual work plans, subawards, required reports, MEL plan, and knowledge management plans. Any change to the activity description or the approved budget requires Agreement Officer Representative's approval. If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID must not require approval of implementation plans more often than annually. If the AO has delegated authority to the Agreement Officer's Representative (AOR) to approve implementation plans, the AOR must review the agreement's terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

In the spirit of partnership and collaboration, USAID will support CLA activities for HIV programs in Mozambique, including participation of PEPFAR implementing partners and GRM actors. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative; test promising, new approaches in a continuous yet also rapid manner, search for generating improvements and efficiencies, and build on what works and eliminate what does not. CLA activities must be incorporated into both work plans and MEL plans as directed by the AOR.

- **Approval of Specified Key Personnel**

All Key Personnel shall be employees of the prime recipient, not a sub-recipient. Before removing, replacing or diverting responsibilities from any of the listed or specified Key Personnel, the Recipient shall 1) notify the Agreement Officer reasonably in advance and 2) submit justification, including proposed substitutions in sufficient detail to permit evaluation of the individual and the impact on this agreement. Unless specified in writing by the Agreement Officer, no replacement of Key Personnel shall be made by the Recipient without the written approval of the Agreement Officer.

The authorized key personnel for this award are listed below:

1. Chief of Party (COP) TBD
2. Technical Director (TBD)
3. Director of Monitoring, Evaluation and Learning (MEL) (TBD)
4. Director of Finance and Operations (TBD)

- **Agency and Recipient Collaboration or Joint Participation**

It has been determined that the Recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, and therefore the AO has authorized the following collaboration and joint participation of USAID and the Recipient on the program:

(1) When the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the recipient on the program. There should be sufficient reason for Agency involvement and the involvement should be specifically tailored to support identified elements in the program description. When these conditions are met, the AO may include appropriate levels of substantial involvement such as the following:

- Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.
- Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.

- Approval of the recipient's monitoring and evaluation plans.
- Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made a part of the award.

#### **B.5 Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is **935**, which includes the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source.

#### **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 ***Ensuring Social Protection by Empowering and building Resiliency for Adolescents, Nuclear families, Children, and caregivers affected by HIV/AIDS (ESPERANÇA) Activity***. which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

**[END OF SECTION B]**

## **SECTION C: ELIGIBILITY INFORMATION**

### **C.1 Eligible Applicants**

Eligibility is restricted to Local Mozambican Organizations (local entities) as defined.

Only local organizations as defined below are eligible for the award. USAID defines a “local entity” as an individual, a corporation, a nonprofit organization, or another body of persons that:

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

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.

These eligibility requirements apply only to the principal Applicant.

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

Cost Sharing is not required for this activity.

**[END OF SECTION C]**

## SECTION D: APPLICATION AND SUBMISSION INFORMATION

### D.1 Agency NOFO Point of Contact

- Patrice Lopez Agreement Officer [mission-maputo-oaa@usaid.gov](mailto:mission-maputo-oaa@usaid.gov)
- Joyce Mbele Acquisition & Assistance Specialist [mission-maputo-oaa@usaid.gov](mailto:mission-maputo-oaa@usaid.gov)

### D.2 Pre-Application Conference

USAID/Mozambique will hold a pre-application conference on the date shown above. Should you intend to participate in the pre-application conference, **please provide the names and email address of the individuals that will represent your organization to the points of contact identified in Section D1, no later than August 12, 2024, at 11:00 am (Maputo time).**

### D.3 Questions and Answers

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

### D.4 General Content and Form of Application

#### Preparation of Applications:

Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter. Late applications may be considered at the discretion of the Agreement Officer. The applicant must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time.

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

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

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

- 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);
- Program 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).

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, unless that evidence has been previously furnished to the issuing office.

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

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- Use standard **8 ½" x 11"**, single sided, **single-spaced, 12 point Calibri font, 1" margins**, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name.
- **10 point** font can be used for graphs and charts. Tables, however, must comply with the **12 point Calibri** requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in **Section B** of this NOFO must be used in the cost application.
- The technical application must be a searchable and editable Word or PDF format as appropriate.

- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the applicant's discretion, however, the official cost application submission is the unlocked Excel version.

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

#### **D.5 Application Submission Procedures**

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

#### **Sample Language for email submission:**

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

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

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov 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/Mozambique /OAA cannot guarantee their acceptance by the internet server. File size **must not exceed 20MB**.

## D.6 Technical Application Format

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

The Technical application narrative **must not exceed 25 single-spaced typed pages in English (12 font size Calibri Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page numbered consecutively).**

**Pages in excess of the limit will not be evaluated.** To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information submitted will not be provided to the Selection Committee and will not be reviewed. Letters of support are not requested and will not be provided to the Selection Committee.

The following will be counted as part of the page limitation:

- (a) Title Page (not counted against the page limit)**
- (b) Cover Page (not counted against the page limit)** See Section D.3 above for requirements
- (b) Table of Contents (not counted against the page limit):** Include major sections and page numbering to easily cross-reference and identify merit review criteria.
- c) Executive Summary (One page):** The Executive Summary must provide a high-level overview of key elements of the Technical Application.
- d) Technical Approach (not more than thirteen pages)**
- e) Management Approach (not more than eight pages)**
- f) Institutional Capacity (not more than three pages)**

The Technical Application should confirm or propose modifications to the objectives, activities and indicators described under **Section I** of this Request for Application (RFA). It should also contain a description of key strategies, activities, and approaches, as well as the synergies among them that the proposed partner will pursue in order to accomplish the desired results described in this Program Description, as well as the rationale for selecting them. Gender and youth issues should also be addressed. Interested applicants must provide a detailed technical application and demonstrate how it will achieve the overall goal, program objectives and results as previously described.

**Note:** The award will not provide for the reimbursement of pre-award/application costs.

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 purposes, should:

a) Mark the title page with the following legend: "This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part – for any purpose other than to evaluate this application. If, however, an award results from - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting 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.

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

The technical application must include the following, in the order presented below:

- a) **Cover Page (not to exceed one page) (See Section D. 4 above for requirements)**
- b) **Table of Contents (not to exceed one page)**
- c) **Executive Summary (not to exceed one page)**
- d) **Technical Approach (not to exceed thirteen pages)**

The technical approach must demonstrate an in-depth understanding of the development challenges in Mozambique, outline specific activities and explain how the proposed activities would help achieve the activity objectives stated in **Section I, B.7**. Applicants are encouraged to provide a results framework, logical framework or other graphical representation of the development hypothesis. Applicants are encouraged to propose innovative yet realistic approaches that are most appropriate in the context of Mozambique, as well as methods by which new approaches will be analyzed and adapted as needed throughout implementation. The technical approach must clearly address the factors outlined in the evaluation criteria of this solicitation.

- a) **Management Approach (not to exceed eight pages)**

Applicant shall describe how the proposed plan will contribute towards achieving the objectives and results described in the activity description, capturing the following:

- Describe and justify the team composition and organizational structure of the activity, as well as the mechanisms by which coordination and knowledge flow across the structure will be assured.
- Demonstrate the team and organization's ability to address gender gaps and to empower women and girls.
- Describe how the technical expertise, education and experience of all staff members is conducive to achieving expected results and how key personnel meet the requirements set forth in Section III.
- The plan should specify the role and estimated amount of time each staff member will devote to the activity and/or specific components within the activity.

- Delineation of roles, responsibilities, authority, and processes for decision making within the applicant's implementation team must be clearly spelled out.

If the Applicant presents as a consortium/partnership of organizations or groups, the application shall:

- Describe the proposed consortium model and clearly demonstrate the expertise of the participating partners and the unique set of experience and expertise they bring to strengthen the activities undertaken.
- The plan should also clearly delineate the roles, responsibilities and lines of communication, authority between all consortium members, while specifying mechanisms through which collaboration and knowledge sharing will occur among teams.

Among other things, USAID/Mozambique expects the Applicant to address the following issues:

- How will the Applicant mobilize in terms of personnel, logistics set-up, and establishment of management and financial control systems?
- How will the activity work in a collaborative and inclusive team-oriented manner with local partners, the Government of Mozambique, other USAID activities/programs, and other implementing organizations to achieve results?
- What type of strategies or approaches for cost containment will be adopted?
- USAID/Mozambique expects the activity to be managed locally, including all financial decisions and administrative responsibilities. The Recipient's home office is expected to provide managerial oversight and administrative backstop, and technical assistance as needed.
- Where will activity offices Headquarters and outside of Maputo be located and will that selection enhance results, while ensuring collaboration?
- Applicants shall describe the grants management plan including the process of identifying, vetting and supporting grantees and how the Applicant will ensure that each partnering organization contributes to the overall strategy.

**a) Institutional Capacity (not to exceed three pages)**

The applicant should describe experience implementing activities of similar size and scope, including institutional capacity and past performance demonstrating their ability to address gender gaps and to empower women and girls. This can include a description of both prime and any consortium member/partner experience. This section complements Annex 5 and as such should not be repetitive or lengthy.

**b) Authorized Annexes (The below are the only Annexes authorized under this solicitation. No other supporting documentation will be reviewed and evaluated):**

**Annexes:** Promotional literature and materials regarding the applicant must not be submitted as part of the annexes. The following items are not subject to the page limitation and will not

be counted (a page in the technical application, which contains a table, chart, graph, etc., not otherwise excluded below, is subject to the “page” limitation):

- 1) Draft Activity Monitoring and Evaluation Plan (not to exceed 5 pages)
- 2) Resumes of Key Personnel (each resume must not exceed 3 pages)
- 3) Key Personnel Letters of Commitment
- 4) Organizational Chart

All other items not listed as an annex are included in the above page limitation. Please number pages as “Page x of xx Pages” where a page number combined with a letter indicates a page that is exempt from the 22-page limitation.

Annexes can be numbered separately and should be numbered as “Annex 1: 1 of X, Annex 2: 2 of X”, etcetera. Pages should be numbered at the bottom.

5) List of Past Performance Information (not to exceed 1 page per award) - The applicant must provide a list of all its contracts, grants, or cooperative agreements involving similar or related programs during the past **three (3)** years. The reference information for these awards must include:

- The performance location,
- Award number (if available),
- A brief description of the work performed,
- A point of contact list with current telephone numbers, e-mail address, name and title of someone, outside of the applicant organization, who supervised/oversaw the activity.

#### **D.7 Business (Cost) Application Format**

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

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

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

- a) **Cover Page** (See Section D.3 above for requirements)
- b) **SF 424 Form(s)**

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

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

### c) Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy upon request by the AO:

- (1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav document found at <https://www.usaid.gov/ads/policy/300/303mav>
- (2) Assurances for Non-Construction Programs (SF-424B)
- (3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

### 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 applicant must provide a summary budget table in the below format:

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

- **Summary Budget**, inclusive of all program costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 1 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:

Description	Year 1 (\$)	Year 2 (\$)	Year 3 (\$)	Year 4 (\$)	Year 5 (\$)	Total (\$)
Personnel						
Fringe Benefits						
Travel and Transportation						
Equipment						
Supplies						
Subawards and Contracts						
Security Funds						
Rapid Response Funds	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$1,000,000
Other Direct Costs						
<b>Total Direct Charges</b>						
Indirect Charges						
<b>Total Estimated Program Amount</b>						

- 1) *Salaries and Allowances* – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The applicant’s budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the applicant’s written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.
- 2) *Fringe Benefits* – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must

propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

- 3) *Travel and Transportation* – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant’s normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.
- 4) *Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property* – Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.
- 5) *Subawards and Contracts* – 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) *Rapid Response Funds* - Given the potential for known and unknown risks to project implementation (See section **C.9 Rapid Response Funds (RRF)**) The RRF must be allocated an annual dedicated line item of **\$200,000** in the activity budget.
- 7) *Security Funds*- Provide a security budget and comprehensive budget notes. (See **Section H**) for Security plan requirements.
- 8) *Construction* – Not applicable.
- 9) *Other Direct Costs* – This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, annual audit 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.
- 10) *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.

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

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

**f) Approval of Subawards**

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

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

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

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

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

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

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

#### **h) History of Performance**

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, not to exceed five years or three awards}, as follows:

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

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

**i) 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 pre-award terms entitled “1. Branding Strategy – Assistance (June 2012)” and 2. Marking Plan – Assistance (June 2012)” are hereby incorporated by reference. The full text can be found at the following link: [Pre-Award Terms - A Mandatory Reference for ADS Chapter 303 \(usaid.gov\)](#) .

Profit is not allowable for recipients or subrecipients under this award.

**j) Funding Restrictions**

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

Construction will not be authorized under this award.

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

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

**k) Conscience Clause**

“CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – SOLICITATION PROVISION (FEBRUARY 2012)

- (a) An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—
  - 1) Shall not be required, as a condition of receiving such assistance—
    - (i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
    - (ii) to endorse, utilize, make a referral to become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
  - 2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.
- (b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement

Officer in accordance with the Mandatory Standard Provision titled “Notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

- (c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(End of Provision)

#### **I) Conflict of Interest Pre-Award Term**

##### **M28. CONFLICT OF INTEREST (August 2018)**

- a.** A conflict of interest in the award, administration, or monitoring of subawards arises when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of these parties, has a financial or other interest in or a tangible personal benefit from a non-federal entity considered for a subaward. The officers, employees, and agents of the non-federal entity may neither solicit nor accept gratuities, favors, or anything of monetary value from subrecipients or parties to subawards. However, pass-through entities may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the pass-through entity.
- b.** The recipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of subawards. The standards must prohibit employees from using their positions for a purpose that constitutes or presents the appearance of a conflict of interest.
- c.** The non-federal entity must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest means that because of relationships with a parent company, affiliate, or subsidiary organization, the non-federal entity is unable or appears to be unable to be impartial in conducting a subaward action involving a related organization.

- d. The recipient must have a system or systems in place to identify, address, resolve, and disclose to USAID any conflicts of interest as described in this provision that affect any subaward, regardless of the amount funded under this award.
- e. The recipient must disclose any conflict of interest and the recipient's approach for resolving the conflict of interest to the cognizant Agreement Officer for the award within 10 calendar days of the discovery of the conflict of interest.
- f. Upon notice from the recipient of a potential conflict of interest and the approach for resolving it, the Agreement Officer will make a determination regarding the effectiveness of the recipient's actions to resolve the conflict of interest within 30 days of receipt of the recipient's notice, unless the Agreement Officer advises the recipient that a longer period is necessary.
- g. The recipient cannot request payment from USAID for costs for transactions subject to the conflict of interest pending notification of USAID's determination. Failure to disclose a conflict of interest may result in cost disallowances.
- h. For conflicts of interest, including organizational conflicts of interest, involving contracts, the recipient must follow 2 CFR 200.318, general procurement standards.
- i. The recipient must insert the substance of this provision, including paragraph (i), in all subawards under this award, at any subaward tier.

[End Of Provision]

**[END OF SECTION D]**

## SECTION E: APPLICATION REVIEW INFORMATION

### E.1 Criteria

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

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

### E.2 Review and Selection Process

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

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

#### a) Rating

The following adjectival scoring system will be used by the technical evaluation committee to assess each of the technical criteria and sub-criteria and the technical proposal as a whole.

Adjective	Definition
<b>Exceptional</b>	An <b>Exceptional</b> application has the following characteristics: <ul style="list-style-type: none"> <li>● A comprehensive and thorough application of exceptional merit.</li> <li>● Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or no overall degree of risk of unsuccessful performance.</li> <li>● Strengths <b>significantly outweigh</b> any weaknesses that may exist.</li> </ul>
<b>Very Good</b>	A <b>Very Good</b> application has the following characteristics: <ul style="list-style-type: none"> <li>● An application demonstrating a strong grasp of the objectives.</li> <li>● Application meets NFO objectives and presents a low overall degree of risk of unsuccessful project performance.</li> <li>● <b>Strengths significantly outweigh any weaknesses that exist.</b></li> </ul>

<p><b>Satisfactory</b></p>	<p>A <b>Satisfactory</b> application has the following characteristics:</p> <ul style="list-style-type: none"> <li>● An application demonstrating a reasonably sound response and a <b>good</b> grasp of the objectives.</li> <li>● Application meets NFO objectives and presents a <b>moderate</b> overall degree of risk of unsuccessful project performance.</li> <li>● <b>Strengths outweigh weaknesses.</b></li> </ul>
<p><b>Marginal</b></p>	<p>A <b>Marginal</b> application has the following characteristics:</p> <ul style="list-style-type: none"> <li>● The application shows a <b>limited</b> understanding of the objectives.</li> <li>● Application meets some or most of the NFO objectives, but presents a <b>significant</b> overall degree of risk of unsuccessful project performance.</li> <li>● Weaknesses <b>equal or outweigh</b> any strength that exists.</li> </ul>
<p><b>Unsatisfactory</b></p>	<p>An <b>Unsatisfactory</b> application has the following characteristics:</p> <ul style="list-style-type: none"> <li>● The Application <b>does not meet</b> the NFO objectives or requires a major rewrite of the application.</li> <li>● Presents an <b>unacceptable</b> degree of risk of unsuccessful project performance.</li> <li>● Weaknesses demonstrate a <b>lack of understanding</b> of the Government’s needs.</li> </ul> <p>Weaknesses <b>significantly outweigh</b> any strength that exists.</p>

**Merit Review Criteria**

Applicants should note that these criteria serve to: (a) identify the significant matters which the Applicants should address in their applications, and (b) set the standard against which all applications will be evaluated.

The technical applications will be reviewed in accordance with the three (3) review criteria set forth below presented in descending order of importance:

Rank of Importance	Criteria Name
1	Technical Approach
2	Management Approach
3	Institutional Capacity

**a) Merit Review**

USAID will conduct a merit review of all applications received that comply with the instructions in this NOFO. Applications will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance:

Sub-factors within each of the criteria are of equal importance.

**Criteria 1: Technical Approach**

The MRC will review the Applicant’s in-depth understanding of the development challenges in Mozambique, outline specific activities and explain how the proposed activities would help achieve the activity objectives stated in **Section I, B.7** and as explained in **Section D.6**.

**Criteria 2. Management Approach - Staffing Plan & Management Structure**

The MRC will review how the proposed plan will contribute towards achieving the objectives and results described in the activity description in **Section I, B.7** and as explained in **Section D.6**.

**Criteria 3. Institutional Capacity Existing Capacity**

The MRC will review the Applicant's and any consortium member/partner experience implementing activities of similar size and scope, including institutional capacity and past performance demonstrated ability to address gender gaps and to empower women and girls. The details are explained in **Section I, B.7** and **Section D.6**.

**b) Business Review**

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

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

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

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

**[END OF SECTION E]**

## SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

### 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.

### F.2 Administrative & National Policy Requirements

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

For Non US organizations: [ADS 303](#), [Standard Provisions for Non-U.S. Non-governmental Organizations](#)

See Annex 2, for a list of the Standard Provisions that will be applicable to any awards resulting from this NOFO.

### F.3 Reporting Requirements

All reports listed below shall be submitted by the specified due dates for approval by the AO or the USAID AOR, unless otherwise agreed upon with the AO or the AOR. Recipients will consult the AOR on the format and expected content of reports prior to submission. The recipient should always be ready for revision in program indicators and reporting requirements.

The table below summarizes the main deliverables under this activity.

Report and deliverables	Due date	Send to	Approved by	
<b>PROGRAM REPORTING</b>				
Annual Work Plan	1st Draft	60 calendar days after award date for the first fiscal year and by August 1 for the following fiscal years	AOR	AOR
	Final Work Plan	90 calendar days after award date for the first fiscal year and by August 30 for the following fiscal years.		
PEPFAR Quarterly Progress Report	1st Draft	30 calendar days after the end of each quarter	AOR	AOR
	Final Report	45 calendar days after the end of each quarter		
Annual Report	1st Draft	30 days after the end of the year	AOR	AOR
	Final Report	No later than 90 days after the end of the year		
Final Report - covering all years of the program implementation and performance.	1st Draft	60 calendar days after project close out	AOR	AOR
	Final Report	90 calendar days after award end date		
<b>FINANCIAL REPORTING</b>				

Quarterly Financial (SF-425). SF-425 can be found at <a href="https://www.usaid.gov/forms/sf-425">https://www.usaid.gov/forms/sf-425</a> .  AND Pipeline Analysis Report (including projections for following quarter)	Final	30 calendar days after the end of each fiscal quarter	AOR and Office of Financial Management (OFM)	AOR and Office of Financial Management (OFM)
Other Quarterly Financial reporting (tax reporting)	Quarterly	30 calendar days after the end of each fiscal quarter	AOR and OFM	AOR and OFM
<b>OTHERS</b>				
Monthly briefings	Monthly	5 calendar days after the end of each month	AOR	AOR
Activity Monitoring, Evaluation and Learning Plan (MEL Plan)	1st Draft	60 calendar days after project start up	AOR	AOR
	Final MEL Plan	90 days of the start date of the award	AOR	AOR
Environmental Monitoring and Mitigation Plan	Final EMMP	90 days of the start date of the award	AOR	AOR & MEO
Gender Analysis and Action Plan	Final	180 calendar days after award date	AOR	AOR & Mission Gender Advisor
Branding and Marketing <a href="http://www.usaid.gov/branding/resources">http://www.usaid.gov/branding/resources</a>	1st Draft	45 calendar days after award	AO, DOCs Team, AOR	AO
	Final Branding & Marking Plan	60 days after submission of first draft	AO, DOCs Team, AOR	AO

Disposition Plan & Closeout Plan	1 <sup>st</sup> Draft	6 months before the award end date	AOR	AO
	Final	4 months before the award end date	AO & AOR	AO

### A. Program Reporting

**1. Annual Work Plan:** Based on this Program Description/Scope of Work, the recipient shall prepare and submit a detailed annual workplan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the MEL Plan), as well as the associated costs. The recipient shall ensure a collaborative process in workplan development, consulting beneficiaries, partners, USAID and other relevant stakeholders in preparing the annual workplan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the workplan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and workplan adjustments going forward.

**2. PEPFAR Quarterly Progress Report:** The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g. meetings, training, workshops, significant events, subcontracts, and grants). Quarterly Reports **must** include information on Environmental Monitoring and Mitigation Plan implementation, if applicable. Reports must be submitted via the Mission’s MEL database (DevResults). In addition to the quarterly report, all targets and results for performance indicators must be submitted via the DATIM database, and when available, the Development Information Solution (DIS).

The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. Recipients shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the

action taken or contemplated, and any assistance needed to resolve the situation. The Recipient shall also prepare quarterly financial reports showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Mozambique, through the DATIM system, except the financial reports.

**3. Annual Report:** Annual performance reports on activities and progress against indicators are the responsibility of the Recipient and are needed by USAID/Mozambique to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the cumulative experience, learning, adaptations, and the implications of these for the year. However, the draft annual performance reports must be received by USAID 30 days after the end of the year and in final no later than 90 days after the end of the year.

**4. Final Report:** A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

### **5. Activity Monitoring, Evaluation, and Learning Plan**

The activity MEL plan is a management tool that enables the Applicant and USAID to track whether desired results are being achieved and activity implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and the Recipient's plans for analyzing utilizing and sharing information for reporting, accountability, learning and adaptation. The activity MEL plan is a required document, due within 90 days of the start date of the award.

For activities that plan to implement interventions in more than a single Province, the applicant must plan to develop, implement, and report on indicators disaggregated by province.

## **PEPFAR's MER Operational Guidance and Indicator Reference Guide**

The recipient should make sure they refer to PEPFAR's MER Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each specific indicator. The recipient should propose notional output targets for each indicator of the proposed planned activities. The recipient will finalize the final set of indicators during the negotiation phase of the award process and may be adjusted based on USG strategy. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. Please see the PEPFAR Guidance for more information. <https://www.pepfar.gov/reports/guidance/index.htm>.

## B. Financial Reporting

1. Recipient must submit via email a copy of the Standard Form 425 (SF-425) on a quarterly basis to the Agreement Officer (AO), the Agreement Officer's Representative (AOR) and Financial Analyst within thirty (30) calendar days after the end of the quarter. Electronic copies of the SF-425 can be found at <https://www.usaid.gov/forms/sf-425>.
2. A quarterly pipeline analysis shall be submitted together with the SF425 and should be disaggregated by budget line items and contain, the following information at a minimum:
  - Total agreement budget.
  - Total funds obligated to date.
  - Total funds previously reported as expended by main line items.
  - Total funds expended in the current quarter by main line item.
  - Total funds expended towards the end of the report period.
  - Total unliquidated obligations by main line items.
  - Unobligated balance of USAID funds. and
  - Estimated expenditures for the following quarter
3. **Other Quarterly Financial Reports (tax reporting):** The purpose of this clause is to enable USAID to implement the tax provisions of its bilateral agreement with the GRM. To comply with this clause, the Contractor shall maintain records of all taxes paid to GRM with U.S. government funds as well as other financial information as may be required by USAID. The Applicant shall furnish this information to USAID in accordance with guidance circulated by the Agreement Officer, as amended from time to time.

For activities that will implement interventions in more than a single province, the applicant is requested to describe a plan to be able to report allocation and expenditures by province. Allocations and expenditures by province should add up to the total budget.

## **C. OTHER REPORTS**

### **Monthly briefings**

The recipient must provide monthly in-person, virtual or telephonic briefings for the AOR that discuss (i) Major activities and (ii) Priority issues. The monthly briefing notes must be submitted electronically to the USAID AOR in English for approval prior to distribution, 5 calendar days after the end of each month.

### **Activity Monitoring, Evaluation and Learning Plan**

The activity MEL plan is a management tool that enables the applicant and USAID to track whether desired results are being achieved and project implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and the Recipient's plans for analyzing, utilizing and sharing information for reporting, accountability, learning and adaptation. The activity MEL plan is a required document, the first version is due 60 days after the award and the final version due within 90 days of the award.

### **Environmental Monitoring and Mitigation Plan**

This will be developed by the Applicant and approved by USAID prior to the launch of each activity having a potential adverse impact on physical and natural environment. For any activity implemented under an IEE that has a Positive Determination (PD) or a Negative Determination with Conditions, contractors and grantees must develop EMMPs to implement these conditions. If an activity contains no sub grants and all activities are known in advance, the EMMP shall be included in the work plan and/or submitted with the work plan at the onset of the activity (an annotated EMMP template can be found at <http://www.usaidgems.org>). Information on implementation of the EMMP must be reported through Quarterly Performance Reports. If an activity contains sub grants, subcontracts, or any activities that are not known at the time of the preparation of the work plan, sub activity Environmental Reviews with EMMPs signed by the AOR/COR/AM and the MEO are necessary prior to the approval of a sub grant or sub activity. Signed Environmental Review Forms (ERFs) and Environmental Review Reports (ERRs) will be kept in USAID's official files. Formats for ERF and ERR can be found at the following website: <http://www.usaidgems.org>

### **Gender Analysis and action Plan**

Gender analysis is an analytical tool used to identify and understand gaps between males and females, and the relevance of gender norms and power relations in a specific context.

- Examines different roles and rights as well as relations between males and females.
- Identifies inequalities and their root causes.
- Examines differing needs, constraints, and opportunities for women/girls and men/boys.
- Determines how identified gaps or inequalities could be addressed; and

- Identifies potential adverse impacts of gender-based exclusion in planned activities.

The recipient should plan to conduct a gender analysis that identifies root causes of existing gender inequalities or obstacles to female empowerment in the context of the activity, so that the applicant can seek out opportunities to promote women's leadership and participation. The gender analysis should also identify potential adverse impacts and/or risks of gender based exclusion that could result from planned activities, including: 1) Laws, Policies, Regulations and Institutional Practices; 2) Access to and Control over Assets and Resources (including income, employment, and assets such as land); 3) Gender Roles, Responsibilities and Time Use; 4) Cultural Norms and Beliefs; 5) Patterns of Power and Decision-making; 6) Gender Based Violence

Because males and females are not homogenous groups, the gender analysis should also to the extent possible disaggregate by income, region, caste, race, ethnicity, disability, and other relevant social characteristics and explicitly recognize the specific needs of young girls and boys, adolescent girls and boys, adult women and men, and older women and men.

### **Branding and Marketing**

Identifying assistance as American aid is critical to achieve the foreign-policy objectives of the United States and appropriately provides credit to U.S. taxpayers, who generously fund foreign assistance. The recipient must prepare and submit a Branding and marketing plan 45 days after the award and the final version 60 days after submission of the first draft. Please see guidance for more information <http://www.usaid.gov/branding/resources>

### **Disposition Plan and Closeout Plan:**

Within 6 months before the award end date, the Recipient must submit a draft closeout plan to the AOR. The Closeout Plan must contain a brief activity summary and timeline, including key objectives of the activity, major events, final inventory of residual non-expendable property, currently financial status report, final financial status report timeline outlining what final payments remain and when the final payments will be made. The final Disposition and Closeout plan must be submitted to the AO and AOR for approval.

### **D. Key Personnel**

The applicant is expected to develop a comprehensive program management plan that enables achievement of all intermediate results under the activity. The professional staff proposed should possess complementary experience that reflects a combination of strong management skills as well as specific technical expertise and competencies. Key personnel under this activity include Chief of Party; Technical Director; Monitoring and Evaluation and Learning Director; and Finance and Operations Director. Each will be one full-time equivalent, and the activity should make an effort to hire qualified Mozambican staff as key personnel.

### **Chief of Party**

The Chief of Party (CoP) (100%) level of effort (LOE) will have overall responsibility for coordination and management of all award activities and staff. They will have primary responsibility for representation of the project to USG and the GRM. They will have the leadership qualities, technical expertise and experience, management experience, interpersonal skills, and relationships to fulfill the requirements of this Activity as described in the Program Description.

At a minimum, the CoP must have the following required qualifications:

- A master's degree or a BA in public health, social welfare, institutional or organizational development, international management, public administration, or a related field
- At least 8 years of experience implementing and managing complex HIV linked to OVC, AGYW gender related programs in the Southern African region at a senior level of similar scope and size, with significant experience in PEPFAR programs.
- Technical expertise in policy and programs in Mozambique serving populations at high risk (OVC, youth, HEI and AGYW) and familiarity with GRM national OVC and youth policies.
- Experience managing a large health and/or social welfare program with various interventions across multiple provinces
- Demonstrated experience in financial, personnel, and technical management.
- Fluency in both English and Portuguese

### **Technical Director**

The Technical Director (TD) (100% LOE) will be responsible for the technical oversight of the OVC components of the activity, including work planning and reporting, and should have demonstrated experience related to the management and implementation of public health programs. The TD oversees all the programmatic and technical aspects of the project, including ensuring the technical quality of services. The TD also coordinates the teams in the provinces and monitors progress against the targets set. They oversee the development and execution of the work, monitor the implementation of the work plans, and support coordination with local government and other key partners. They will report directly to the CoP, support the CoP in providing technical direction to project implementation, and ensure that the OVC results are met. They will ensure strong linkages with all other project components. This position supervises and works directly with the Program Officers.

At a minimum, the TD shall have the following Required Qualifications:

- At least a degree in public health, social sciences, social work, child development, education
- At least five (5) years of experience in development, public health and HIV programs focusing on community-based HIV/AIDS care and support, gender-sensitive social and child protection with gender, OVC, AGYW, adolescent youth mentoring and male

champions in Mozambique

- Demonstrated skills in strategic planning, supervising field teams, program management, implementation, reporting and monitoring and evaluation, preferably for PEPFAR-funded OVC programs.
- Familiarity with Mozambique's institutional, policy, and programming context for OVC
- Fluency in English and Portuguese

### ***Director of Monitoring, Evaluation, and Learning (MEL)***

The MEL Director (100% LOE) is responsible for all monitoring, evaluation, and reporting activities under this award. The MEL Director will lead the development, management, and implementation of the MEL plan. The MEL Manager should develop and maintain systems to collect and analyze data on inputs, outputs, outcomes, and impact of the program. He/she works closely with the district staff to ensure adequate reports and good data quality. He/she will conduct supportive supervisory visits to districts and help district supervisors to observe, monitor, guide, and provide feedback on the use of data and indicators and analysis of monthly data.

At a minimum, the MEL director shall have the following required qualifications:

- A degree in demography, statistics, public health, mathematics, or another related field
- At least five (5) years of experience related to monitoring, evaluating, and reporting on programs related to HIV, social protection, or community development.
- Demonstrated experience in surveillance and monitoring and evaluation, with preferred experience related to PEPFAR-funded HIV and OVC programs.
- Fluency in English and Portuguese
- Experience in design and implementation of M&E systems for community-based HIV or other public health or development program
- Experience training and managing a MEL team

### ***Director of Finance and Operations***

The Director of Finance and Operations (100% LOE) is responsible for overseeing project finances and other operational and administrative duties. He/she will supervise all grant and contract management and reporting on contract and grant performance. He/she will provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports.

At a minimum, the Director of Finance and Operations shall have the following Required Qualifications:

- Degree in finance, business, administration, accounting, or related area
- Five (5) years of demonstrated expertise in administrative and financial management in

development assistance projects, including sub-grants.

- Experience in developing and managing a donor-funded grants program.
- Strong financial and operational management experience with proven management skills
- Knowledge of USG financial management rules and regulations

**[END OF SECTION F]**

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

### G.1 NOFO Points of Contact

- Patrice Lopez (Agreement Officer) [mission-maputo-oaa@usaid.gov](mailto:mission-maputo-oaa@usaid.gov)
- Joyce Mbele (Acquisition & Assistance Specialist) [mission-maputo-oaa@usaid.gov](mailto:mission-maputo-oaa@usaid.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](mailto:Ombudsman@usaid.gov)

[END OF SECTION G]

## SECTION H: OTHER INFORMATION

**Security Plan:** The apparently successful applicant will be asked to provide a Security Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

As the security situation continues to deteriorate in the Northern Provinces of Mozambique, it is imperative that applicants have a comprehensive Security Plan in place to ensure safety and security of its personnel as well as U.S Government Property. The successful applicant(s) will provide a draft Security Plan as part of the application submission and a finalized plan from the winning applicant, no later than **60 days after the award**. The successful applicant(s) must be aware of security conditions in the geographic locations in which the award will be performed and provide a detailed Security Plan that will ensure the safety and security of the activity staff as well as Government Property. The Security Plan must be based on a credible threat analysis and risk assessment, must be coherent, integrated, comprehensive, and demonstrate that the applicant has undertaken a thorough review of its full security needs and includes analysis of the various elements of a security system showing how threats will be mitigated.

To keep abreast of security conditions and threats, the successful applicant/s shall seek information from available sources for all areas in which program staff will work or travel. The successful applicant/s acknowledges that security conditions are subject to change at any moment, that USAID cannot guarantee the accuracy of any information that it may provide to the successful applicant and that USAID assumes no responsibility for the reliability of such information. The successful applicant/s has sole responsibility for approving all travel plans for its employees and/or its dependents traveling to post if allowed by the applicant's personnel internal policies. In addition, the plan must comply with all United States Government regulations and Mozambican law. The plan is to be implemented and maintained also by all applicable subcontractors (and/or sub-grantees).

The successful applicant/s must appoint a Safety and Security Manager that will be responsible for overseeing the overall Security Plan as well as implementing and coordinating the security posture of the activity.

The plan shall include, at a minimum:

- Procedures for reporting and addressing security threats.
- Procedures for reporting any deaths or significant injuries related to the activity.
- Procedures for reporting and addressing any persons missing or kidnapping incidents.
- Name and contact information of the security contact person.

The successful applicant/s acknowledges and understands that the Agreement Officer review of the successful applicant/s security plan does not amount to certification by USAID of the sufficiency of the applicant's plan, but to ensure the successful applicant/s has a plan. USAID assumes no responsibility or liability relating to the successful applicant/s's implementation of its Security Plan, or for that of the successful applicant/s subcontractors/sub-grantees.

To ensure the plan is fully budgeted for, applicants shall provide a security budget and comprehensive budget notes. The Security Plan and budget shall also include a point of contact to answer questions or provide clarifications relating to security throughout the life of the activity. The successful applicant/s is encouraged to acquire professional advice from an expert of it choosing to assist in establishing an overall security plan. The Security Plan and security budget will be reviewed together with the technical and cost applications, and it needs to demonstrate that the security needs to successfully implement the scope of work (SOW) as presented in the applicant's technical approach.

## **SECURITY REPORTING**

As part of the overall security requirements, the successful applicant/s shall report any security threats and/or incidents verbally/by telephone, immediately to the **(AOR)**.

Subsequently, **and no later than 3 business days**, a written report shall be submitted in accordance with approved procedures delineated below. The successful applicant/s shall develop a list of specific steps to track any potential/identified threats, which will be part of its overall security system. All subcontractors/sub-grantees will be required by the successful applicant/s to report any threats/incidents to the prime Recipient, who will immediately after, notify the above listed.

## **SECURITY REPORTING RESPONSIBILITIES**

**USAID requires appropriate Security reports be submitted to the (AOR)**. This notification requirement is in addition to any responsibilities that the awardee may have to report incidents to local law enforcement authorities and/or the USAID Office of the Inspector General (OIG).

The successful applicant/s shall report an Initial Threat Assessments and subsequent changes as often as the situation requires (monthly, quarterly etc.). The successful applicant/s is also required to notify USAID of any security related incident in a timely manner according to the following guidelines:

### **Incident Reporting**

There are various types of Incident Reporting: Serious Incident Report (SIR); Incident Report (IR); Situation Report (SITREP); and any other security related report that may be required by USAID.

### **Serious Incident Report (SIR)**

- An incident that involves the death, injury, kidnapping of IP personnel and/or damage to activity/Government property.
- An incident that has critically damaged the funded program, such as fire, catastrophic flood, etc.
- Initial SIR must be reported verbally immediately, and within 8 hours of the incident occurrence/discovered.
- A Complete SIR must be filed in writing/email within *3 business days* of the incident.

- Updated written SIR will continue to be filed on a timely basis (daily, weekly) as long as the situation exists. The timeline will be adjusted as required by AOR.
- Final Report SIR will summarize the incident, the subsequent happenings, and the final resolution.

### **Incident Report (IR)**

- An incident involving accidents, potential harm, SUSPICIOUS persons or acts, threats or harassing actions against personnel or the program.
- IR should be initially reported by phone Immediately, follow up with a written report filed no later than 5 business days.

### **Situation Report (SITREP)**

- A report that a significant, but not critical action or activity, has taken place that has impacted, or may impact, on the well-being of the personnel or the success of the program.
- This report may describe trends, secondhand information that may have bearing on the activity, or impact on future operations.
- There is no predetermined reporting timeline. The report will be issued as needed and deemed necessary by the Safety and Security Manager.

Telephonic communication is the preferred method to provide the initial information of an incident. A written report by e-mail must follow as soon as possible within above-described guidelines and it shall be as detailed as possible. The report shall follow the format approved in the original Security Plan but at a minimum it shall contain the name of the company, name of the victim(s), date, time, a description of what happened, where the incident occurred, and any other relevant details surrounding the incident. If this is an ongoing incident, progress reports should be submitted in accordance with the guidelines provided in order to keep USAID/Mozambique apprised of the situation.

**Development Experience Clearinghouse (DEC) Requirements:** The recipient will be required to submit deliverables and reports to the Development Experience Clearinghouse and inform the AOR that they have been submitted. The following reports are development experience documentation: Performance Reports (quarterly, semi-annual or annual). Annual, semi-annual or quarterly reports describing the progress and accomplishments of the USAID-funded activity. Final performance reports submitted 90 days after the expiration or termination of the award. Submissions are done at the following DEC address: <http://www.usaid.gov/results-and-data/informationresources/development-experience-clearinghouse>. Dec

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

Applications with Proprietary Data

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

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

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

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

Please refer to the provided Annexes 3, 4 and 5

**[END OF SECTION H]**

**ANNEX 1 - SUMMARY BUDGET TEMPLATE**

<b>Description</b>	<b>Year 1 (\$)</b>	<b>Year 2 (\$)</b>	<b>Year 3 (\$)</b>	<b>Year 4 (\$)</b>	<b>Year 5 (\$)</b>	<b>Total (\$)</b>
Personnel						
Fringe Benefits						
Travel and Transportation						
Equipment						
Supplies						
Subawards and Contracts						
Security Plan Funds						
Rapid Response Funds	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$1,000,000
Other Direct Costs						
<b>Total Direct Charges</b>						
Indirect Charges						
<b>Total Estimated Program Amount</b>						

The applicant must provide a summary budget table in the below format (Section D, D7)

**[END OF ANNEX 1]**

## ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: <https://www.usaid.gov/ads/policy/300/303mab>. The award will include the latest Mandatory Provisions for 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)
X		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)

	X	RAA10. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA11. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
	X	RAA12. PATENT RIGHTS (DECEMBER 2022)
	X	RAA13. [RESERVED])
	X	RAA14. INVESTMENT PROMOTION (DECEMBER 2022)
	X	RAA 15. COST SHARE (JUNE 2012)
	X	RAA16. PROGRAM INCOME (AUGUST 2020)
X		RAA17. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA18. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA19. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
	X	RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)

	X	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
X		RAA29. [RESERVED]
		RAA30. RESERVED
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

[END OF ANNEX 2]

## ANNEX 3 - EVACUATION AND RELOCATION QUICK GUIDE

### Quick Guide in Developing a Relocation, Evacuation, or Staff Hibernation Plan

#### Considerations and Steps:

- A. Risk Identification:** Conduct a thorough risk assessment to identify potential threats and vulnerabilities specific to the situation, including the nature of armed violence and the location of staff. Consider creating “trigger” events. When a trigger is activated, the organization knows to take certain steps. Trigger events might include, but are not limited to:
- 1. Direct Threats to Staff Safety:** Any direct threats, such as armed attacks or known armed groups, shootings, or bombings, targeting the vicinity of the workplace or nearby areas, may necessitate immediate relocation to ensure staff safety. One could use kilometers or a nearby district as a measurement of proximity.
  - 2. Escalation of Armed Conflict:** Monitoring the escalation of armed conflict in the region, including increased military activities, clashes between armed groups or local militia, or heightened tensions. Election violence should also be considered, and knowing the political tension of the area in question can assist in determining the threat level. Is the town predominantly one sided in its political view for instance?
  - 3. Threats to Infrastructure:** Threats to critical infrastructure, such as power plants, transportation hubs, main roads, or communication networks, due to armed violence or sabotage, can disrupt essential services and pose risks to staff safety, warranting relocation.
  - 4. Government Advisories and Other Partners:** Monitoring government warnings, travel advisories, and security alerts issued by local authorities or diplomatic missions regarding the security situation in the area can provide valuable insights into potential risks and the need for relocation. Also, maintaining close relationships with similar NGOs in the regions may assist in determining whether to relocate. (Example, if a major UN agency decides to relocate staff, that might be a large trigger event).
  - 5. Civil Unrest and Mass Demonstrations:** Widespread civil unrest, protests, or mass demonstrations escalating into violence in the vicinity of the workplace may pose risks to staff safety and necessitate relocation to avoid being caught in the unrest. The signs of these are sometimes brewing well before an event takes place.

6. **Restricted Access and Mobility:** If armed violence or security incidents result in roadblocks, checkpoints, or restrictions on movement that impede staff's ability to safely access or leave the workplace. This means the organization should map out the main roads, as well as side roads that may assist in relocation.
  7. **Previous Security Incidents:** Considering past security incidents, including attacks, threats, or security breaches, experienced by the organization or similar NGOs in the area, can help assess the likelihood of future risks and inform decisions regarding staff relocation.
- B. **Communication Protocols:** Establish clear communication channels and procedures to quickly alert staff about the need for evacuation and provide regular updates on the situation. Strong communication from headquarters is recommended in these situations. It is not advisable to “leave the decision up to the individual.”
- C. **Safe Meeting Points:** Designate safe meeting points both within the premises and at external locations where staff can gather in case of evacuation. In the event of hibernation, is there a safe location that has good physical security?
- D. **Transportation Logistics:** Arrange transportation options in advance, considering factors such as the number of staff to be evacuated, available routes, and modes of transport. Does the organization have enough vehicles to relocate staff if needed? What is the back-up plan?
- E. **Emergency Supplies:** Prepare emergency kits containing essential supplies such as water, food, first aid supplies, and communication devices/trackers to support staff during hibernation. This is especially important with field work in Mozambique. Attacks by armed groups sometimes leave little option but to flee into the countryside. Having a good survival kit could be crucial. Here are some resources for creating Go-bags and survival supplies:
1. <https://www.ready.gov/kit>
  2. <https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html>
  3. <https://www.state.gov/global-community-liaison-office/crisis-management/packing-a-go-bag-and-a-stay-bag/>
- F. **Collaboration with Authorities:** Coordinate and maintain relationship with local authorities, law enforcement agencies, and security providers to obtain updates on the security situation and seek assistance if needed during the evacuation. Partner security groups may also be of assistance.

- G. **Contingency Planning:** Develop contingency plans to address potential obstacles or complications during the evacuation process, such as road closures, communication failures, or medical emergencies.
  
- H. **Post-Evacuation Support:** Establish procedures for providing support to evacuated staff after relocation, including medical assistance, counseling services, and assistance with reintegration into work duties.

**Disclaimer:**

*This template is provided solely for reference purposes. Applicants are under no obligation to utilize the information contained within this annex.*

**[END OF ANNEX 3]**

## ANNEX 4 - PLSO SECURITY PLAN RESOURCES

### Security Plan: Resources

The following security plan outline is by no means all-encompassing and intended to be used only as reference. There may be additional relevant information or items to consider fitting specific needs of different Implementing Partners (IP).

Security plans may include:

1. **Opening statement:** Management responsibilities and organizational security philosophy (See Security Strategies in Annex 1).
2. **Activity Overview:** Description or summary; Safety and security program management (i.e. in-house, contracted third party, etc.) (See Security Manager Strategies in Annex 1).
3. **Proposed Location(s):** Offices and activity implementation sites.
4. **Frequent meeting/visit locations:** Regular alternate implementation sites.
5. **Period of Performance:** Contract or agreement.
6. **Security Requirements:** As outlined in contract or agreement (if applicable), such as security incident reporting (See Annex 2: Incident Reporting guidelines).
7. **Risk assessment:** It should cover all facets of operations (i.e. offices, travel, operational area, etc.), and also include environmental, health and safety, cybersecurity, etc. (See Risk Management in Annex 1), including:
8. **Current and previous situational context:** Political, Security Sector, Economic, Social, Information, Infrastructure, etc.
9. **Security incidents monitoring:** General and specific to the organization, location, other organizations, current threats against the organization and/or its personnel.
10. **Risk mitigation measures:** Assessment or evaluation of alternative security precautions (See Risk Management in Annex 1)
11. **Security Plan Areas of Focus:** Organization's current security plan (if applicable) (See Security Plan Areas of Focus in Annex 3).
12. **Cost breakdown and budget narrative:** Initial funding request may be broken out by line item and incremental funding identified capturing annual cost and overall funding limit for the life of the award.
13. **Security point of contact:** Available in case of questions or clarifications.

### ANNEX 1: Security Manager/Focal Point Resources

The following is a list of some open-source resources available to security managers/focal security points in the construction of security plans; it is intended to be used only as reference.

1. **Security Strategy:**
  - [NGO Field Security](#) Martin, Randolph (1999) 'NGO Field Security', *Security at Work*, Refugee Studies Programme in association with the Global IDP Survey Security Part I, pp. 4–6.
  - [Generic Security Guide for Humanitarian Organizations](#) European Civil Protection and Humanitarian Aid Operations (2004)
  - [Key security messages for NGO field staff](#) : Rowley, E et al. (2010) *Key security messages for NGO field staff : what and how do NGOs communicate about security in their policies and guidelines?*, Humanitarian Practice Network, 2010.
- [The Relevance of the Security Triangle](#): Paul, Daniel. (2014). *The Relevance of the Security Triangle: An*

*Examination of Literature on Perspectives of Humanitarian Security*. 10.13140/2.1.2574.3367.

## 2. Security Manager Resources:

- [The duties of an NGO Security Advisor](#): Strub, Emmanuelle (2019) *The Duties of an NGO Security Advisor*, Journal of Humanitarian Affairs, Number: Volume 1: Issue 2  
doi: <https://doi.org/10.7227/JHA.015>
- [Characteristics, context and risk: NGO insecurity in conflict zones](#): Fast, L. (2007), Characteristics, context and risk: NGO insecurity in conflict zones. *Disasters*, 31: 130-154. doi:10.1111/j.1467-7717.2007.01001.x
- [Conflict Sensitivity and Risk Management Strategy](#): GTZ Food Security and Rehabilitation Project - FSRP

## 3. Risk Management:

- [Risk Management for NGOs](#): United Nations Development Programme, Risk Management Unit (Somalia)
- [NGOs and Risks](#): Humanitarian Outcome (2019) *NGO and Risks*. Available at <https://www.humanitarianoutcomes.org/projects/ngos-and-risk>
  - [USAID Risk-Appetite Statement](#) (June 2018)

## 4. Crisis Management:

- [Disaster Risk Reduction Strategies](#): Peter, K et al (2019) *Disaster Risk Reduction Strategies: Navigating Conflict Contexts*. Working Paper 555. German Ministry for Economic Cooperation and Development.

## 5. Safety and Security Training:

- [DisasterReady.org](#)
- [HumaitarianLibrary.org](#)
- [ReliefWeb.int](#)

## ANNEX 2: Incident Reporting Guidelines

Security reports should be submitted to the activity's AOR/COR and Security Liaison Specialist. IPs are required to notify USAID of any security related incident in a timely manner, and provide updates as often as the situation requires. The following is an outline of the different types of incidents and guideline on how to submit reports:

- **Serious Incident Report (SIR)**: Incidents that involve the death, injury, kidnapping of IP personnel and/or damage to IP property, or that have critically damaged the funded program, such as fire, catastrophic flood, etc.
  - Initial SIR should be reported verbally immediately, and within 4 hours of the incident occurrence/discovered.
  - A Complete SIR should be filed in writing /email within 24 hours of the incident.
  - Updated written SIR should continue to be filed on a timely basis (daily, weekly) as long as the situation exists.
  - Final Report SIR should summarize the incident, the subsequent happenings and the final resolution.
- **Incident Report (IR)**: Incidents involving accidents, potential harm, suspicious persons or acts, threats or harassing actions against personnel or the program.

- o IRs should be initially reported by phone immediately, follow up with a written report filed as soon as possible (within 24 hours). After the incident is evaluated, a complete detailed written report should be submitted to USAID not later than 72 hours after the incident.
- **Situation Report (SITREP):** Reports about significant, but not critical action or activity, incidents that have impacted, or may impact, on the well-being of the personnel or the success of the program.
- o Reports may describe trends, secondhand information that may have bearing on the project, or impact on future operations.
- o There is no predetermined reporting timeline.

Telephonic communication is the preferred method to provide the initial information of an incident. A written report by email should follow as soon as possible within above-described guidelines and it should be as detailed as possible. The report should follow the format approved in the original Security Plan but at a minimum it should contain the name of the company, name of the victim(s), date, time, a description of what happened, where the incident occurred, and any other relevant details surrounding the incident. If this is an ongoing incident, progress reports should be submitted in accordance with the guidelines provided in order to keep USAID apprised of the situation.

### **ANNEX 3: Security Plan Areas of Focus**

This is a non-all-inclusive list of items to be considered by Security Plan developers when operating in areas deemed to be Critical or High-Threat, and should be used only as reference. Additional relevant items may be considered in order to fit the specific needs of an activity.

1. **Security Countermeasures:** Elements to consider in order to protect life and property from attack, theft, or environmental loss. If any of the topics is not considered relevant, a short statement outlining why not, may be included.

#### Physical Security for the Activity Office(s) and/or personnel residences:

- Facility Location(s) provide pertinent security information for each facility
- Site Plan(s) / photographs
- Perimeter:
  - o Barriers (vehicle control/personnel access control)
  - o Perimeter wall (anti-climb/construction)
  - o Visitor and package/mail screening
  - o Closed-Circuit Television (CCTV) coverage and data storage
  - o Lighting
  - o Setback
- 'Hardline' protection:
  - o Wall construction
  - o Man-passable openings
  - o Doors and Locks

- o Windows and Shatter Resistant Window Film (SRWF)

- o Access control procedures

- o Eliminating climbable platforms, if applicable

- Interior:

- o SRWF

- o CCTV (archiving)

- o Imminent Danger Notification System type alarm

- o Safe room - procedures

- o Room locks

- o Emergency procedures posted, drilled, and documented

Guard Force Considerations for the Activity Office(s) (If applicable):

- Guard Force (own local guard force/provided by building management):

- o Guard force duties

- o Staffing per shift and staff rotation (as per security company protocol)

- o Pre-hire screening (as per security company protocol)

- o Documented training (as per security company protocol)

Other Considerations

- o Water emergency supply

- o Power and back-up power source

- o Environmental factors (flood/landslide/seismic)

- o Proximity to emergency response and/or local authorities

- o Fire safety

- o Emergency food stores

- o Safety and Security Policies and Plans: Corporate, company, and/or organizational policies and plans specific to the activity

**2. Safety & Security Policies, Plans, and Supporting Documents:** Corporate and/or organizational policies and plans specific to the activity.

- Policies:

- o Incident reporting (See Annex 2: Security Reporting Guidelines)

- o Weapons on the premises

- o Access to premises

- o Pre-hire staff vetting

- o Branding (USAID and other)

- o ID issuance and display

- o Medical treatment (general and urgent access to health services)

- o Movement on foot and vehicular movement plans
- o Vehicle accident
- o Threat Letters, extortion and other threats to staff and/or activity
- o Visitors access procedures
- o Safeguarding sensitive information
- o Travel policies including local, field and international
- o Cybersecurity (software, hardware, hygiene)
- o Compliance with Colombian laws and regulations
- Plans:
  - o Communication plans, including personnel accountability and emergency cascade phone list (main contacts in case of security situations/emergencies)
  - o Teleworking (Situational Workplace)
  - o Fire in/on the premises
  - o Bomb threat
  - o Emergency Evacuation from premises
  - o Emergency Evacuation from area/country
  - o Personal Recovery/Kidnapping release plan
  - o Emergency Action Plan
- Supporting Documents:
  - o Personnel rosters
  - o Personnel Accountability/Phone Tree
  - o List of support resources (fire, medical, security, transportation, utilities, finance)
  - o Maps (assembly points, roads, airfields, checkpoints, border crossings)
  - o Emergency supply inventory (food, clothing, medical, documents, currency)

**3. Staff Training:** Training should be addressed at the outset of the activity with scheduled refresher training included. Training should be documented and recorded. Drills to establish the level of comprehension should also be considered.

- Operational Security:
  - o Cell phone/Communications
  - o Travel (safety, logistics and security)
  - o Handling of sensitive information
  - o Environmental Awareness/Cultural Sensitivity (Personal conduct, dress code)
  - o First Aid – what supplies and capabilities will be on premises
  - o Driving/Passenger
  - o Surveillance Detection/Counterintelligence

- o Robbery/theft/Car hijacking
- o Questioning/Illegal Detention
- o Common crime
- o Cybersecurity best practices
- 4. Crisis Management:** Standard operational procedures in the event of a crisis
  - o Death or Serious Injury of Staff Member
  - o Staff Member Abduction
  - o Staff Member Assault
  - o Staff Member Arrest or Detention
  - o Vehicle Accident (Death or Serious Injury of Non-Staff Member)
  - o Evacuation/Relocation/Hibernation
  - o Medical Evacuation
  - o Natural Disasters
  - o Continuity of Operations
  - o Civil Unrest

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**[END OF ANNEX 4]**

## ANNEX 5 - TEMPLATE BASIC IP SECURITY PLAN

### IP SECURITY PLANS

#### Map/s of Project or activity area in city/province/district pinpointing field sites

**1. Introduction and Background** – IP details, project summary, period of performance, management responsibilities other broad details about activities, Government involvement etc.

**2. Approach** – How was the assessment approached.

**3. Security Overview** – General security situation in Administrative Unit

**4. Major Risks** (examples below):

- **Vehicle snatching** on way to sites or while returning to original location.
- **Theft** of valuable items, either in transit or in residential areas or sites.
- **Kidnap-for-ransom**, either in transit or in residential areas or while visiting construction sites.
- **Target killing and shooting.**
- **Terrorism** – militant groups, Bomb Blasts, Suicide Attacks, IEDs, VBIEDs etc.
- **Extortion** attempts by organized criminal groups
- **Natural Hazards** – Floods, earthquakes, Landslides etc.
- **Street crime.**
- **Religious extremism.**
- **Political upheavals.**
- **Road & traffic conditions**

**5. Threat Analysis & Risk Assessment** – Detailed analysis including historical and statistical data/tables of all threats specific to the area elaborating on their risk to the project in paragraph form. Example below:

**B4. Current Security Situation**

- Crime — HIGH
- Civil disruption — MEDIUM
- Insurgent activity — MEDIUM
- Kidnappings — MEDIUM
- Police and military operations — HIGH

Exhibit 1, below, depicts assessed risk levels of local threats (Critical; High; Medium; Low).

**Exhibit 1. Risk Levels**

Nature of Threat	District Risk Level				Personal Risk Level			
	C	H	M	L	C	H	M	L
VBIED / IED attack		✓				✓		
Suicide attack		✓					✓	
Suspect Package			✓				✓	
Close quarter armed attack		✓				✓		
Kidnapping			✓				✓	
In transit attacks		✓					✓	
Peripheral attack		✓					✓	
Low level crime		✓				✓		
Organized crime		✓				✓		
Direct protests / demonstrations			✓				✓	
Natural Disasters			✓				✓	
Fire			✓				✓	
<b>Overall Risk Rating</b>	<b>Elevated - High</b>				<b>High</b>			

Bomb blasts in the Khyber Pakhtunkhwa – 2015				
No	Date	Place	Killed	Injured
1	February 2	Bus stand, Mansehra District	2	2
2	February 13	Phase-5 / Hayatabad / Peshawar	24	50
3	March 10	Cantonment area / DIKhan District	0	0
4	March 17	Bashigram / Madyan / Swat District	3	2
5	March 29	Jandola / Lower Dir District	0	0
6	April 3	Shamshikhel / Bannu District	1	0
7	April 8	Charsadda	0	0
8	April 19	Yasin Manjanwala / Lakki District	1	5
9	April 21	Bilyamina / Bannu District	0	4
10	April 24	Gulbahar Chowk / Peshawar	1	7
11	April 27	Loni Road / Kulachi / DIKhan District	1	4
12	April 28	Bagh-e-Naran Chowk / Hayatabad / Pesh	1	1
13	April 30	Umarzai town / Charsadda District	3	3
14	May 1	Mangah / Mardan District	2	0
15	May 3	Daryaba / Bannu District	0	4
16	May 15	Wanda Baghbanan / Lakki District	0	1
17	May 23	Hayatabad / Peshawar	1	4
18	June 11	Hayatabad / Peshawar	3	6
19	June 18	Bannu		0
Total			43	93

**6. Mitigation measures** – Tackling each risk – Comprehensive. Dealing with each risk separately.

**7. Threat assessment of Project Offices**

- Current situation of all project offices including staff residences (if any) with corresponding recommendations.
- Satellite Image of areas around the Project Office.
- Sketch of Project offices’ buildings with marked security hardware, personnel (guards) and equipment.

**8. Operational & Personal threat mitigation measures:**

- Personal Conduct
- Dress Code
- Communication Equipment
- Meeting with People
- Photography
- Press/ Media

**9. Travel Security Protocols.**

- Traveling
- Conduct at checkpoints

**10. Incident Reporting**

- When, where, what, why, who, support, control, threats & impact.
- List of Incidents warranting reporting.

**11. External / internal security controls / measures and staff (examples):**

- Deploying Security Guards
- CCTV System
- Duties/Responsibilities and contact numbers of Project Security Manager.
- Duties/Responsibilities and contact numbers of Project Security Officer/s.
- Perimeter
- Safe Haven
- Walk Through Gate
- Hardline Protection
- Interior
- Room Locks
- Guard Force
- Power

**13. Safety Precautions.**

**14. Communications plan - including wireless, emergency phone contact list etc.**

- Communication Protocols
- Communicating with Staff – e.g. WhatsApp reporting system
- Family and friends 32
- Liaising with the Media 32

**15. Fire emergency**

- Common Causes of Fire
- General Precautions to Avoid Outbreak of Fire
- Fire Safety Training Program
- Fire Safety Training Topics
- Training Records

**16. Bomb threat**

- General Principles

- Receiving a Bomb Threat

17. **Emergency Evacuation from premises**

18. **Personal Recovery/Kidnapping release plan**

19. **Emergency Action Plan**

- Emergency Action Plan Checklist
- Access to telephones
- Directions to access the site
- Personnel information

20. **Safety and Security policies**

- Premises access
- Locks and Keys
- Visitors access procedures
- Doors
- Windows
- Additional Measures where required
- Facility Safety and Security
- Office Premises
- Pre-hire staff vetting and background investigations
- Branding
- ID issuance and display
- Medical treatment
- Inoculations
- First-aid / CPR training
- First-aid kits
- Medical Emergency Response
- Medical Evacuation

21. **Vehicular and foot movement**

- Guidelines for foot movements – inside / outside compound.
- Guidelines for Vehicles
- Security at Checkpoints
- Convoy Security – including Close Protection and order of vehicles.
- Vehicle accident
- Vehicle Maintenance
- Vehicle Control
- Vehicle Accident Reporting

- Traffic Accidents
- Travel policies including local, field and site visits

**Appendices**

Appendix 1 - Security Training

Appendix 2 - Incident Report Form

Appendix 3 - Safe Room Specifications

Appendix 4 - Visit of Consultant Team to Target Areas

Appendix 5 – Communication chart – radios, PTLs, callsigns etc.

Appendix 6 – Sketch of surrounding areas / project offices.

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**[END OF SOLICITATION NO. 72065623RFA00005]**