



USAID | DEMOCRATIC REPUBLIC OF THE CONGO

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Application Deadline: ~~October 30~~ **November 18, 2024, 18:00 Kinshasa Time**

Subject: Notice of Funding Opportunity (NOFO) Number 72066024RFA00006

Activity Title: USAID Integrated Health Services Delivery Accelerator (USAID Accelerator)

Dear Prospective Applicants:

The United States Agency for International Development in Democratic Republic of Congo (USAID/DRC) is seeking applications for a cost reimbursement Cooperative Agreement from qualified entities to implement the USAID Accelerator Activity. Eligibility for this award is not restricted.

USAID intends to make an award to the applicant who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to 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, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion processes. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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

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

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

Thank you for your interest in USAID programs.

Sincerely,

Gregory S. Wang
Supervisory Agreement Officer

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SECTION A: FUNDING OPPORTUNITY 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.

Note: The term “program” as used in 2 CFR 200 and this NOFO is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms “Activity” and “Project” as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

1. PURPOSE

The United States Agency for International Development in the Democratic Republic of the Congo (USAID/DRC) intends to fund the USAID Accelerator Activity to advance and sustain improved health outcomes for Congolese in four provinces: Sud-Kivu, Lomami, Tanganyika, and Kasai Central. The focus of this Activity will include but is not limited to: children under five, pregnant and postpartum women, youth, and especially adolescent girls, and hard to reach communities.

The USAID Accelerator Activity seeks to advance the Government of DRC’s provincial goals of improving maternal and child health; decreasing maternal, infant, and child morbidity and mortality; improving the nutritional status of adolescent girls, pregnant and lactating women, and children under five; decreasing malaria-associated morbidity and mortality; improving access to and use of family planning (FP) and reproductive health services, including for healthy spacing and timing of pregnancy; and increasing uptake of key behaviors that drive improved health outcomes. This Activity will support efforts to improve the availability of, equitable access to, demand for, and use of quality, integrated health services. (See Annex 4: [DRC Health Overview](#) for a more detailed analysis of key health priorities the USAID Accelerator seeks to address).

The USAID Accelerator Activity promotes a “paradigm shift” with greater commitment and engagement from the Provincial entities: Provincial Health Divisions (Division Provinciale de la Sante [DPS]), Provincial Health Inspectorate (Inspection Provinciale de la Sante [IPS]), Governor and others; the Health Zones and health areas; the private sector and civil society. The USAID Accelerator seeks to “reposition” the Provincial government, private sector and civil society to work together to improve the health of Congolese citizens. The Activity seeks to ensure that gains made during implementation last beyond the life of the USAID Accelerator, that the Activity contributes to resilient, effective and efficient systems at all levels (Provincial, Health Zones, facilities, and communities). The USAID Accelerator Activity seeks to build an effective, equitable and quality resilient health system, owned and led by the health entities and

structures within the province. This paradigm shift from donor dependency to greater provincial ownership and leadership, is fundamental to support the Government of the Democratic Republic of the Congo's (GoDRC) goals to attain Universal Health Coverage. Thus, the USAID Accelerator Activity will implement its strategies and activities within the different levels of the existing provincial structure.

The USAID Accelerator Activity seeks to build a sustainable and resilient health system response to improving access, quality, equity and effectiveness of family planning (FP), reproductive health (RH), maternal, newborn and child health (MNCH), nutrition, malaria and global health services (GHS) in the four selected provinces. The activity builds upon lessons learned from previous U.S.G. investments and other donors, and align with DRC national and provincial policies, guidelines, and provincial operational plans. (See Annex 5: USAID Health Investments in the DRC).

The USAID Accelerator Activity integrates a whole health system strengthening approach towards increasing provincial ownership and leadership, strengthening collaboration and coordination between the Ministry of Health at central level and provincial level; management and operations for health service delivery across all levels: province, health zones, facility and community; improving client-centered care; and building resilient communities. The Activity seeks to improve equity, resource optimisation, and quality to improve health outcomes of citizens in the four provinces.

Recognizing that communities play a vital role in improving health and accountability, the USAID Accelerator Activity seeks to engage local non-governmental organizations' expertise to improve community engagement and build resilient, community-based systems. The USAID Accelerator Activity aims to catalyze local non-governmental organizations expertise to improve community engagement and further increase accountability and governance for health services. The Activity seeks to build strong and lasting partnerships with local non-governmental organizations and local governing institutions. In line with USAID localization initiative and seeking to build resilient, community-based systems, partnerships with local organizations, which have demonstrated capacity and results, is encouraged.

Collaboration and coordination with other USAID activities

The Activity will coordinate and collaborate with other ongoing and new USAID activities. This will include locally led activities designed to strengthen the delivery of tuberculosis (TB) services, including through social behavior change interventions designed to drive timely TB diagnosis and treatment adherence.

Malaria services include building malaria case management both at facility and community level, strengthening intermittent preventive treatment (IPTp) during pregnancy, treatment of severe malaria, routine surveillance, and SBC to promote adoption of healthy behaviors and

improve health providers' behaviors. Other malaria specific interventions to improve data quality and laboratory capacity are planned under other malaria activities.

Maternal Child Health includes a renewed focus on essential nutrition specific actions to prevent malnutrition, improve nutrition of pregnant/lactating women and children less than five years old, and treatment of severe malnutrition at the facility as well as community-management of acute malnutrition.

USAID Sante Gouvernance: The activity will contribute to the Government of the Democratic Republic of the Congo (DRC) overarching goal of improving the health of Congolese in four provinces: Lualaba, Haut-Lomami, Haut-Katanga, and Kasai Oriental. The Activity seeks to promote ownership and leadership of provinces to manage and monitor health programs including family planning, maternal, newborn and child health, nutrition, immunization, tuberculosis, malaria and global health security. The Activity supports the implementation of the Memorandum of Understanding for primary health care services. The Recipient will manage Fixed-price subcontracts to provincial institutions, provide managerial and technical assistance, and catalyze on civil society expertise to improve equitable quality and access to primary care health services. These Fixed-price sub-contracts shall be awarded based on provincial financial contributions for health. Both the USAID Sante Gouvernance and the USAID Accelerator aim to shift funding for health from a "donor dependency approach" to provincial and health zone leadership.

Geography:

The USAID Accelerator Activity will contribute to strengthening service delivery in four provinces: Sud-Kivu, Lomami, Tanganyika and Kasai Central. It is expected that the USAID Accelerator will cover all the health zones in each province and their facilities. The Applicant will need to propose a strategy with rapid start-up to ensure coverage of all health zones and health areas in collaboration with the local government and other development partners to ensure local government ownership and also leveraging other donors' investments.

2. THEORY OF CHANGE

Significant improvements in Congolese health status requires active engagement at all levels of the health system, from the central and provincial governments to the service delivery points and community level.

Unless there is a shift for greater ownership, commitment and governance for quality and equity of health services across all levels, the health outcomes of Congolese citizens, especially the most vulnerable, will not improve. Addressing inequitable access to health services, improving quality of health services and promoting adoption of key healthy behaviors will contribute to improving health outcomes.

Working through a whole health system strengthening approach, the USAID Accelerator will integrate resilience programming at various levels to improve and prevent a backsliding of well-being outcomes. The USAID Accelerator recognizes that if sources of health resilience for DRC's individuals, households, communities, and systems are strengthened, then they will be able to sustain or improve their health outcomes in the face of shocks and stresses that impact their well-being.

Health system efficiency, responsiveness, and accountability will be optimized by coupling these decentralization efforts with support to strengthen coordination between the central, provincial, and zonal Ministry of Health levels. This will also help mitigate both drivers and impacts of fragility in targeted provinces by building transformative resilience capacities, or sources of resilience--like gender equality and improved stability--for longer-term, systemic change.

The USAID Accelerator will use localization as a key strategy to drive health system decentralization, elevate local expertise, strengthen local management and governance of health services, and foster inclusive development. Anchoring health services in partner communities will help foster social cohesion, well-being, and more shock-responsive service delivery.

The activity will achieve significant, measurable, and lasting impact on the beneficiary populations by concentrating resources on specific high-impact interventions across technical areas/funding elements: Family Planning (FP) and reproductive health, Maternal, Newborn, Child Health (MNCH), nutrition, malaria, tuberculosis (TB) and Global Health Security (GHS) services in each of the four provinces, all health zones, health areas and communities. The approach will be tailored by province, health zone and community, and be guided by epidemiology, needs, vulnerability and socio-cultural contexts.

3. RESULTS FRAMEWORK

The goal of the USAID Accelerator Activity is to improve the health status of Congolese, with a focus on women of reproductive age, male youth, and children under five in four provinces: Sud Kivu, Lomami, Tanganyika, and Kasai Central.

To Reach its goal, the USAID Accelerator Activity has four results, with varying levels of effort.

- R 1: Coordination between provincial and central Ministry of Health strengthened
- R 2: Management and functionality of health service delivery improved
- R 3: Client-Centered health care improved
- R 4: Health resilience capacities strengthened from individual to health systems levels

4. CROSS-CUTTING PRINCIPLES

The following guiding principles need to be integrated across all expected results. They should thus be reflected throughout the technical approach:

- 1. Health Governance and Accountability :** The USAID Accelerator seeks to build accountability at all levels, provincial, health zones, health delivery points and communities. Results, evidence-based promising practices, and lessons learned will be shared at provincial level between provincial entities (DPS, IPS, civil society, donors) and also with stakeholders beyond the health sector such as the Governor, the Parlement and others to strengthen governance and accountability in the health sector. The USAID Accelerator will promote greater transparency and accountability for improved health outcomes also by strengthening civil society engagement and social accountability systems.
- 2. Adaptive Management:** The Activity will need to integrate the latest principles in monitoring, evaluation, and learning in order to set and achieve targets, fulfill objectives, and demonstrate outcomes of development efforts undertaken as part of this award. Complexity-aware monitoring approaches, as well as good practices in collaborating, learning, and adapting (CLA), are vital to ensure adaptive programming that responds to changing circumstances, new knowledge, and new evidence. Through the CLA approach, the Activity will document how best to build resilient and sustainable health systems at all levels. The Activity must take an iterative approach to learning and implementation to effectively respond to the specific needs of the health system in each province. This approach will promote a focus on promising strategies and models, all towards strengthening the health system to be sustainable, resilient and equitable for all. This activity seeks to build a sustainable learning culture where MOH both at provincial and central levels continues to lead efforts to improve quality of care through a whole health system approach.
- 3. Localization:** The activity builds upon the engagement of local government provincial, health zones and community institutions and organizations. The activity design and implementation process seeks to foster greater engagement of civil society organizations. Specifically, the USAID Accelerator will crowd-source innovative ideas to improve maternal, newborn, child and adolescent health through the Innovation/Partnership Fund. It is expected that ten percent (10%) of the activity budget will be reserved for the Innovation/Partnership Fund. (See Result 4 for more information). To the extent possible, the Recipient will identify local entities and established partners that can contribute to informing and developing community-led intervention methodologies in the activity(ies).
- 4. Gender Equality:** USAID is committed to promote gender equity and equality and to ensure its program advances the rights and uphold the dignity of all persons. Through

the Gender Equality and Women's Empowerment Policy, USAID affirms that gender equality and women's and girls' empowerment are fundamental for the realization of human rights and key to effective and sustainable development outcomes, and provides its vision to advance that aim. Applicants should demonstrate how they will further understand and engage with gender dynamics in underserved communities and ensure nondiscrimination toward any potential beneficiaries.

- 5. Inclusive Development:** The USAID Accelerator must take an intentional and proactive inclusive development approach. This approach must ensure that all people, including marginalized and vulnerable groups including women, adolescents, people living with disabilities, vulnerable children, or groups facing discrimination, are included and can participate fully in, and benefit equally from the Activity. The Activity must build the leadership of the provincial entities and other stakeholders in developing and implementing socially inclusive health programs, where health interventions are tailored to ensure equitable access to quality services; where health providers also have equitable access to professional development opportunities, and where collaboration and coordination across sectors (social protection, legal protection, health, economic strengthening, etc.) is strengthened. Through the Partnership Fund, the USAID Accelerator seeks to increase community participation in addressing some of the bottlenecks that hinder access, use and demand for health services for vulnerable segments of the population.
- 6. Humanitarian Development Peace Coherence:** Humanitarian-Development-Peace coherence: USAID Accelerator aligns with the USAID Resilience Policy. The Activity, specifically in Kasai Central, must work closely with USAID's new Resilience and Food Security Activities to sequence, layer, and integrate interventions for maximum investment impact. In addition, the Activity will support collaboration, coordination and learning across sectors beyond health that all contribute to improving citizens' wellbeing. The Activity will contribute to strengthening coordination platforms between humanitarian, development and peace actors and donors. This specifically could include greater collaboration with humanitarian clusters, or coordination with other investments (USAID and others) to strengthen governance.
- 7. Conflict and Climate Sensitivity**

The USAID Accelerator needs to adapt its implementation strategies based on a deep understanding of the contextual realities of each province. Marginalization and discrimination are some of the most powerful factors that reinforce conflict dynamics and exacerbate security concerns. The USAID Accelerator will contribute to strengthening systems preventing violence and protecting the most vulnerable segments of population, seeking to improve equitable access, use and demand for quality health services for all citizens. Close collaboration with the humanitarian and peace building actors will be required.

DRC is highly vulnerable to climate change. Climate shocks increase the vulnerability of marginalized groups to malnutrition, illnesses, hunger and violence including gender-based violence. The USAID Accelerator will contribute to strengthening local systems to plan and mitigate the impact of climate change on accessing and using essential health services. The Activity will work closely with the local systems including the Division Provinciale de la Sante (DPS), Health Zones (HZ), civil society and private sector to strengthen the leadership and agency of these actors to plan and ensure continuous access and use of primary health services, even in times of climate shocks.

8. **Private Sector Engagement:** PSE enables USAID and partner countries to collaborate, co-create, and co-design market-based and enterprise-led development approaches. The Activity where feasible will support strengthening collaboration with the private sector for greater accountability, access, quality and demand for services. The Activity seeks, where feasible, to promote private sector' investments and enhance market-driven solutions. For example, and not limited to this, private sector engagement could be demonstrated through greater public private partnership to increase continuous access to health services, or to support private sector investments to support evidence-based interventions beyond the life of the USAID Accelerator.

5. Description of Results

R. 1: Coordination between provincial and central Ministry of Health strengthened

Limited partnership and coordination between central and provincial levels of MOH hinder health programs. For example, provincial level authorities are not clear on how to support progressively work towards the Universal Health Coverage (UHC) of other services, including for U5, the implementation of "la maternite gratuite", free child birth/delivery services for pregnant women, a key strategic priority of the central government. Many guidelines and protocols are developed by the central MOH, without engagement of provincial MOHs, resulting in plans that often do not reflect local context and have limited buy-in from provincial leadership. While the country has delegated the responsibility of ensuring health services and good health to provinces, still to date, the MOH Central takes on responsibilities of disbursing salaries of civil servants. Delays or lack of salaries hinder health workers' retention and motivation. The decentralization of health to provinces is in progress but not yet achieved.

While the USAID Accelerator Activity implementation will largely be at the provincial, health zone and community levels, it will also serve as a "**convener**" strengthening the understanding and learning between the Ministry of Health (MOH) Central and Provincial, bringing to the forefront questions, issues that the MOH Central and Provincial need to further address, to work together towards implementing key strategic priorities. Some of the priorities that are key to the GoDRC include reaching universal health care, supporting the roll-out of the *maternite gratuite*, ensuring continuous supplies of quality health commodities to the last mile (the end-user), and defining health programs to reduce maternal and child mortality based on data

analysis. However, implementing the GoDRC health initiatives, priorities remain challenging for provinces to roll out and support implementation.

Part of creating a stronger partnership between the two levels is to learn and understand the contextual realities of each province. The Central MOH plays a critical role during monitoring visits, in learning about the specific challenges provinces and health zones face, such as increasing coverage of health services in underserved remote areas, in identifying bottlenecks which result in delays of health workers' compensation, or stock outs of essential medicines. The USAID Accelerator will support provincial leadership in advocating and problem solving with the MOH Central level during monitoring visits to address selected priority key bottlenecks.

The MOH central level can also play a critical role in assisting provinces in disseminating and adhering to standards and protocols, all resulting in improved client-centered care. Strengthening coordination and partnership between the levels of MOH Central and Provincial is key to sustainably strengthen health systems.

To strengthen coordination and partnership between the MOH both at central and provincial levels, the applicant must propose an approach to:

- Strengthen the collaboration between provinces and central levels to improve the quality of health services.
- Support a sustainable, country-led approach to monitoring and learning from central to provincial level.
- Ensure that the delivery of health services is according to evidence-based standards and protocols.
- Support the roll-out of the “*maternite gratuite*” initiative at provincial and health zone levels, a key initiative by the Government of the Democratic Republic of Congo (GoDRC) to improve the maternal and newborn health outcomes
- Support efforts to improve immunization services, a critical issue to address as immunization rates are backsliding
- Improve continuous and equitable access to quality health commodities¹

R. 2: Improved management and operations of health service delivery.

Under this Result, the USAID Accelerator Activity will provide technical assistance to build management and operations of health service delivery at all levels: provincial, health zones, and at health facility and community care site levels. Under this result, the USAID Accelerator Activity seeks to improve coordination and collaboration across stakeholders to plan, budget, and deliver quality health services. Under this result, the USAID Accelerator Activity seeks to increase demand and use of quality data at all levels, including the community level to ultimately improve quality of health services and improve health outcomes.

¹ Please note USAID is designing an In-Country Logistics Activity which will support supply chain management. However, the USAID Accelerator Activity can also play a role in improving quantification of health commodities by working with ICL and other SC activities, by sharing provincial data and also by creating some forum for advocacy to improve delivery of essential medicines to the last mile.

- **Provincial level:**

The Provincial Health Division (*Division Provinciale de la Sante [DPS]*) has the responsibility to plan and mobilize resources for the delivery of health services within each health zone (HZ). The DPS is expected to build the capacity of each health zone to deliver quality health services at all levels of health facilities. However, to date, the DPS's capacity to perform these functions needs to be strengthened.² One of the key issues that limit DPS capacity to strategically plan for priority health programs is the limited demand, use and analysis of quality health data. Under this result, strengthening demand, use and quality of data at all levels (community health services, facility, health zones and provinces) is critical to improve planning, monitoring and improving health services.

The DPS leads the development of the Annual Operational Plan (*Plan Annuel Operationnel [PAO]*), a document that lists key health priorities, required funding levels, and all health stakeholders including representatives of the private sector (mostly faith-based), donors and Technical Partners (Partenaires Techniques et Financiers (UNICEF, UNFPA, WHO)). However, the implementation of the PAO remains challenging, with limited transparency, accountability and integration among all the health partners.

Consultations between the DPS and the Decentralised Territorial Entities (*Entites Territoriales Decentralisees [ETD]*), the Ministry of Finance and Ministry of Plan at provincial level are not systematic. Thus, the DPS and the health sector have limited access to provincial domestic financial resources as the DPS does not actively participate in the budget planning of both the ETDs and provincial budget planning

Some provinces have organized themselves through the One Health Platform, to strengthen integration of human, animal and environmental health. These One Health Platforms seek to effectively prevent, identify and rapidly respond to emerging pandemic threats. Strengthening coordination among health, human and animal health needs to continue. The RECOs and other community structures play an active role in risk communication and community engagement. However, integrated disease surveillance and response both at facility and community level need to be reinforced.

Stock outs of essential medicines and commodities are a persistent issue affecting the quality of services. Each province has a Regional Center for health commodities (*Centre de Distribution Regionale [CDR]*) that stocks, distributes medicines to the health zones. The DPS has limited capacity to provide oversight, mitigate risks and follow up on planning, stock management and distribution of essential medicines to all health zones.

² Bosongo S, Belrhiti Z, Chenge F, Criel B, Marchal B. Capacity building of district health management teams in the era of provincial health administration reform in the Democratic Republic of Congo: a realistic evaluation protocol. *BMJ Open*. 2023 Jul 18;13(7):e073508. doi: 10.1136/bmjopen-2023-073508. PMID: 37463816; PMCID: PMC10357782.

- **Health Zone**

At health zone level, PWC evaluations conducted in the nine IHP supported provinces revealed deficiencies regarding management and organization, including internal-cross health sector coordination with health programs as well as collaboration with external partners (donors). Planning through an integrated approach, across maternal, newborn, child health, family planning, malaria, nutrition and global health security remains challenging. HZs also have to respond to donors' specific demands and requirements. These specific donors' demands often hinder the delivery of client-centered services, resulting in missed opportunities to optimize delivery of client-centered care. Communication, clinical and managerial capacities were identified as key factors to strengthen HZ leadership.

Demand and use of quality health for decision making remains challenging. Some of the issues pertain to the limited quality of data provided by health facilities, others pertain to the limited capacity of HZ to use and analyze health data for planning, setting priorities, and monitoring health programs results. As described above, strengthening demand and use of quality data is a priority at all levels of health service delivery.

Regular and accurate logistics data to inform supply planning, forecasting, and distribution continues to be a challenge, especially at points of service delivery. Improving the quality of data collected at health facility level to improve quantification and orders of health commodities including family planning commodities is critical to address persistent stock outs and shortages. The limited capacity to accurately use the Logistics Management Information System (LMIS) tools at health facility level hinder efforts to improve the continuous supplies of medicines and commodities.

Health Facilities

Insufficient incentives for healthcare workers often promote unsafe practices, limit respectful client-centered care, and can also be linked to the lack of compliance with standards and norms.³ Currently, most health workers are not consistently paid and receive inequitable bonuses (*a prime*). The criteria for defining the level of funding of the bonus are not clear and transparent. Health workers are often demotivated, working outside the health facilities, or charging for health services.⁴

The current operations of most health facilities hinder the demand and access for health services. Facility working hours often do not meet the schedule of working men and women. Limited integration of services, for example, if a pregnant woman comes for an antenatal care

³ Issa M. The Pathway to Achieving Universal Health Coverage in the Democratic Republic of Congo: Obstacles and Prospects. *Cureus*. 2023 Jul 15;15(7):e41935. doi: 10.7759/cureus.41935. PMID: 37583749; PMCID: PMC10425163

⁴ Please note that USAID is designing a HF/G/IHSS activity that will work towards increasing health financing for health, including supporting structural reforms to improve health workers retention and motivation. However, at the level of the USAID Accelerator Activity, the activity could promote innovations to address some of the human resources for health challenges.

visit, counseling on maternal nutrition and exclusive breastfeeding of the newborn is often not taking place. Or postpartum family planning counseling is not systematically part of a post-natal care visit. There are currently many missed opportunities to improve health outcomes due to the lack of integration of health services, which are more delivered as a “siloed” approach. In times of emergency, often triage systems and facility readiness are insufficient to provide timely care. Lack of contingency planning and emergency preparedness, and limited integration of health services, all contribute to poor quality of health services.

The quality of data collected from health facilities and reported into the District Health Information Software 2 (DHIS2) and the Logistics Management Information System (LMIS) is improving but remains a challenge, especially at the facility level. Most of the DHIS 2 system at point of service delivery remains reliant on paper-based records and lacks integration with individual computers. Health workers spend a lot of their time filling in multiple registers. This data-burden contributes to the poor quality of data and delays in sharing data at all levels. Obtaining accurate DHIS 2 data poses a challenge. The poor internet infrastructure limits real time information collection and analysis, dissemination, and decision-making.

To address these challenges, the applicant must propose an approach that result in improved management and operation at all levels: provincial health zones and facilities

- Ensure adequate resources are planned, budgeted and mobilized per the *Plan Operationnel de Sante* (PAO)
- Improve transparency and accountability in public financial management for health by all parties, including the DPS, HZs and health facilities.
- Ensure collection and use of quality data to inform management of health services and health commodities, including quality assurance specifically at the points of service delivery.
- Strengthen quality assurance structures and processes (quantification exercise, ordering commodities, rational use and reporting) at the point of delivery levels both for quality of services and continuous supplies of medicines.
- Strengthen integration of existing Infection Prevention Control standards within health facilities.
- Ensure minimum level capacity for early detection and surveillance for priority zoonotic diseases are established at Health Facilities.
- Support coordination of the Provincial One Health Coordination Committee in South Kivu and scale the One Health approach to remaining provinces.
- Ensure clear risk communication and community engagement (RCCE) exist and align with the National Strategic Communication Plan for priority zoonotic diseases.
- Strengthen coordination among Essential Program for Immunization (EPI) One Health platforms, and emergency response structures.
- Strengthen provincial, HZ and Health Facility capacity to analyze data collected through the LMIS to minimize stock outs of essential medicines at the health delivery point.

- Demonstrate innovative approaches to improve health workers' motivation and retention.
- Facilitate locally-led solutions to improve the delivery of health services.

Result 3: Improved Client-Centered Care

In DRC, most health facilities (hospitals and health centers) often do not have the health personnel, equipment, and supplies to provide a quality essential package of services per level of care.⁵ Technical skills, core competencies and attitudes affect the quality of services.

A population-based survey in five provinces Equateur, Orientale, Kasai-Occidental,

Kasai-Oriental, and Maniema provinces, which included data on client satisfaction, reported that only 11.8% of clients reported being satisfied with the care received while 57.7% claimed at least three reasons for dissatisfaction, including limited provider skill, waiting time, poor explanation by the provider, drug supply and equipment.⁶

Client-centered care is grounded in tenets of care that are crucial to high-quality primary care: *relationships* with the people, their families, and communities being served.⁷ Client-centered care respects and responds to the needs and preferences and values of each patient; and ensures that patient values guide all clinical decisions. Client-centered care recognizes that the individual is often part of a family and a community that also makes a client's decisions to seek care. Client-centered care also emphasizes prevention and wellness, or health care rather than disease treatment. This paradigm shifts from “health facility curative services” to client, family and community centered care required for health workers to deeply understand their clients and communities.

Client-centered care also requires providing quality services all along the continuum of care. Strong, effective referrals/counter referrals to services needed that effectively follow the client are needed. In DRC, many barriers affect the reference-counter reference systems. Some are associated with gender, social and religious norms that limit women's autonomy to seek timely care. Others are associated with limited recognition of the danger signs, both by the health care providers either at community or facility level (second delay) and by the families and communities (first delay). And some barriers are systemic when health facilities are not ready to receive the referred client (3rd delay) and provide appropriate care (as described in R2). This is especially true when pregnant women face obstetric complications during delivery and when young children are severely ill (see Annex 1: Health Overview annex). The USAID Accelerator

⁵ Issa M. The Pathway to Achieving Universal Health Coverage in the Democratic Republic of Congo: Obstacles and Prospects. *Cureus*. 2023 Jul 15;15(7):e41935. doi: 10.7759/cureus.41935. PMID: 37583749; PMCID: PMC10425163.

⁶ Laokri S, Soelaeman R, Hotchkiss DR. Assessing out-of-pocket expenditures for primary health care: how responsive is the Democratic Republic of Congo health system to providing financial risk protection? *BMC Health Serv Res*. 2018 Jun 15;18(1):451. doi: 10.1186/s12913-018-3211-x. PMID: 29903000; PMCID: PMC6003204.

⁷ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care; Robinson SK, Meisner M, Phillips RL Jr., et al., editors. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington (DC): National Academies Press (US); 2021 May 4. 4, Person-Centered, Family-Centered, and Community-Oriented Primary Care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571814/>

Activity aims at strengthening referrals/counter referrals from community health services providers to health facility providers

The USAID Accelerator activity seeks to build core competencies of Health Workers across the community and facility, public and private, including recognizing danger signs and either providing treatment or referring according to protocols. The Activity aims at strengthening systems of referrals, documenting reference, following patients all along the pyramid of care from the community health workers (Relais Communautaires [RECO]), to health centers, to referral hospitals.

Community health workers (Relais Communautaires [RECOs]), who are from their communities play an essential role in providing care and/or counseling, promoting preventive key healthy behaviors. RECOs are often the first point of contact in communities to identify emerging new diseases, viruses, or promote preventive messages in times of outbreaks such during Ebola or COVID 19 outbreaks. They are also the first point of contact for identifying severe cases of illness in children, including severe malnutrition cases, or malaria cases. However, in DRC, studies have shown that while RECOs are readily available in the communities, often, rural communities prefer to seek health support first from traditional healers and influential women or elders rather than from a trained health provider. Long-standing distrust of health care workers can be traced to health workers requesting informal fees, attitudes, and absenteeism. The MoH is currently reviewing its Community Health Workers Strategy to strengthen the professionalization of the RECOs.

To improve client-centered care, the applicant must propose an approach to:

- Improve clinical skills, core competencies of health workers at all levels to provide Maternal, newborn, child health, family planning, nutrition, and malaria services.
- Improve health workers' cultural competencies, attitudes and behaviors including building skills to provide respectful, client centered care.
- Strengthen network of care, referral systems, including from the community health workers (RECOs) to health centers and vice-versa and health centers to referral hospitals for emergency care.
- Promote "family and community centered" care, recognizing that often individual clients are often part of a family and community.
- Improve preventive health interventions including improving collaboration with the primary education sector, and RECOs' or other community workers capacity to promote key healthy behaviors.
- Increase community groups engagement towards improved health, this could include increasing involvement of youth groups, women's groups or other existing community institutions including the primary education sector.
- Strengthen the Integrated Community Management Childhood Illnesses (iCMCI) basic service package (malaria, diarrhea, pneumonia), screening and treatment of malnutrition.

- Strengthen the Integrated Disease Surveillance and Response system at all levels, with a renewed focus on addressing zero dose and poor immunization coverage
- Build capacity of health workers to identify emerging new infectious diseases and refer rapidly to appropriate testing services.
- Contribute to the MoH's efforts to professionalize the RECOs cadre.

R.4. Health Resilience Capacities Strengthened from Individual to Health Systems Levels

Under this result, the USAID Accelerator Activity seeks to galvanize locally -led solutions to improve health. Communities at all levels play a crucial role in improving health as they can identify key priority issues they need to address; they also can mobilize resources (financial and beyond) and they can play a critical role to hold health structures and local structures accountable. The Recipient will manage the Partnership/innovation Fund to crowd-source locally led solutions. To meet the objective 4, the applicants will need to allocate funding in addition to the partnership innovation fund.

Partnership/Innovation Fund:

The USAID Accelerator Activity seeks to demonstrate innovative models and approaches to galvanize locally -led solutions and incorporate sustainable civil society and private sector solutions to improve the quality of family planning, reproductive, maternal, newborn, child, adolescent health, and tuberculosis, GHS and malaria services. It is expected that the Recipient will manage a Partnership/Innovation Fund, which will seek to crowdsource solutions from community organizations. Small grants will be allocated through a competitive process to promising local organizations (beyond sub-partners of proposed consortium). The Partnership/Innovation Fund will need to start to be functional by the second year of the implementation. 10% of the budget must be set aside for the Partnership/Innovation Fund.

Improving the quality of health services is not sufficient to improve health outcomes. Improving health outcomes requires addressing barriers that limit equitable access, demand and use of health services. Many factors hinder access, demand and use for health services in DRC. Socio-cultural, religious and/or gender norms of communities hinder the adoption of essential healthy behaviors. For example, social norms and women's limited autonomy affect the demand for family planning services. Misconceptions regarding family planning often limit adoption of family planning services for healthy spacing and timing of pregnancy. Religious and cultural norms, including food taboos and traditional practices, often dictate what women can eat and not eat during pregnancy and postpartum period.⁸ Shifting social norms requires transformative culturally sensitive interventions, identified, developed and led by communities themselves.

⁸ Maykondo BK, Horwood C, Haskins L, Mapumulo S, Mapatano MA, Kilola BM, Mokbanisa MB, Hatloy A, John VM, Bitadi PMBW. A qualitative study to explore dietary knowledge, beliefs, and practices among pregnant women in a rural health zone in the Democratic Republic of Congo. *J Health Popul Nutr.* 2022 Nov 22;41(1):51. doi: 10.1186/s41043-022-00333-7. PMID: 36414967; PMCID: PMC9682828.

Distance, cost of services, and inequitable distribution of services in rural areas contribute to health inequity. An estimated 70% of DRC's population lives beyond five kilometers of a health facility, this translates to over 60 million Congolese who must travel more than one hour to reach the nearest health facility.⁹ Healthcare expenses are primarily borne by households. Direct payments, averaging between \$4.8 and \$10, have predominantly contributed to the impoverishment of Congolese households.¹⁰ A study estimated that 34% of individuals who fell ill within the past six months did not seek healthcare, with 35% attributing financial difficulties as the primary reason for not accessing health facilities.¹¹

In DRC, social accountability systems are essential to improve accountability and governance of health services at all levels. Currently there are initiatives to support the involvement of the Community Health Committees (Comité de Développement Sanitaire [CODESA]) in the management and accountability of health facilities; in observing essential drugs deliveries at facility level. Other initiatives include the development of Hot Lines or other approaches to improve "enforceability" in case of abuse, frauds.

To address these challenges, the applicant may include interventions¹² such as:

- Demonstrate interventions which result in increased access to health services for the most marginalized groups.
- Manage Innovation/partnership Fund to crowd source locally-led solutions to community priority health issues.
- Promote adoption of key healthy behaviors by individuals, families and communities including people living with disability.
- leverage USAID investments in risk communication and community engagement from previous programs.
- Strengthen community engagement processes for improved governance and accountability of health services.
- Demonstrate and document models of community-led solutions to address priority health needs (for example, only as example: recurring stock-outs of medicines, or limited health facility infrastructure (water, electricity, etc.)

⁹ Bavurhe RF, Akilimali A, Muhoza B, Biamba C, Oduoye MO, Masimango G, Cakwira H, Balume A, Rusenyei RB, Kibukila F, Nyakio O. What are the challenges and the possible solutions to fight Malaria in the Democratic Republic of Congo? *New Microbes New Infect.* 2023 Jun 14;54:101160. doi: 10.1016/j.nmni.2023.101160. PMID: 37416864; PMCID: PMC10320575.

¹⁰ Democratic Republic of the Congo; [Sep; 2022]. 2020. Plan Stratégique National Pour la Couverture Santé Universelle 2020-2030; p. 0

¹¹ Issa M. The Pathway to Achieving Universal Health Coverage in the Democratic Republic of the Congo: Obstacles and Prospects. *Cureus.* 2023 Jul 15;15(7):e41935. doi: 10.7759/cureus.41935. PMID: 37583749; PMCID: PMC10425163.

¹² Please note, the Partnership Innovation Fund will fund only a few of these proposed interventions. The funding for these interventions is beyond the Partnership innovationFund.

[END OF SECTION A]

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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 **\$90,500,000** in total over a five-year period (2025-2030).

The total award amount of **\$90,500,000** includes a **\$9,000,000** set aside for a crisis modifier that may be used to undertake additional early actions or shock response of an unforeseen event. The funding anticipated for this award will come from a number of different USAID funding streams.

USAID reserves the right to fund activities incrementally over the cooperative agreement's period of performance, if necessary, depending on the availability of funds, the level of performance against approved indicators, and their continued relevance to USAID programs.

B.2 Crisis Modifier

Budget proposals should include a set-aside line item for the crisis modifier of **\$9,000,000** to be used in the event of crisis and/or public health threat should additional resources be made available to USAID for that purpose.

The security situation in Congo is substantially fluid. It could worsen and prevent, hinder, or delay the implementation of USAID activities in certain areas. In the event of a crisis or public health emergency/threat, it will be important for the recipient to use adaptive management principles to respond in a timely manner and appropriately to the crisis. This includes making all possible attempts to maintain development gains achieved through implementation up until the crisis ends. The crisis modifier will allow the recipient and USAID flexibility in responding to urgent, unexpected, or politically sensitive situations which may not be foreseen at the time of the issuance of the award.

Prior to using the "Crisis Modifier", the recipient must identify what is proposed to be funded, including the required amount for funding, and obtain written approval from the Agreement Officer. Budget under this line item must not be expended without the prior written approval from the Agreement Officer.

B.3 Expected Performance Indicators, Targets, Baseline and Data Collection

Section A of this solicitation lists illustrative indicators for the possible five-year duration of the activity. Prospective applicants must propose high-level outcome indicators to measure progress per result.

B.4 Start Date and Period of Performance for Federal Awards

The anticipated period of performance is (5) five years. The start date will be specified in the award.

B.5 Substantial Involvement

Per ADS 303.3.11 “Substantial involvement and Cooperative Agreement”, a cooperative agreement implies a level of substantial involvement by USAID in certain programmatic elements during performance of the project. Potential applicants should note that USAID policy prohibits the payment of fee/profit to the recipients under assistance instruments. Consistent with ADS 303.3.11, USAID will be substantially involved in the implementation of this Activity. The intended purpose of the Agreement Officer’s Representative (AOR) involvement during the implementation of the program is to assist the recipient in achieving the supported objectives. It is expected that the AO will delegate the approvals of items (a) to (c) below to the AOR:

(a) Approval of the Recipient's Implementation Plans

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

(b) Approval of Specified Key Personnel

USAID must approve Key Personnel. USAID has designated the Chief of Party and the Director of Finance and Administration as Key Personnel in Section B. The Applicants may propose up to three additional Key Personnel Positions.

(c) Agency and Recipient Collaboration or Joint Participation

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

1. Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the Recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.
2. Concurrence on the substantive provisions of sub-awards –including subcontracts to carry out work of a technical nature under the award (examples include, carrying out a study or a training of a technical nature, etc.). 2 CFR 200.308 already requires the

Recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement.

3. Approval of the Recipient's Activity Monitoring, Evaluation, and Learning Plan (AMELP). Please note the AMELP and PIRS will be developed post-award, during the Co-Creation phase when USAID and the Recipient develop the final 5-year plan and the AMELP.
4. Any significant adaptations to the work plan or AMELP plan, for example changes based on coordination efforts with other planned USAID activities or the evolving security situation, and reports. The USAID Accelerator Activity was designed to ensure complementarity and integration of lessons learned from USAID Health Portfolio. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.

B.6 AUTHORIZED GEOGRAPHIC CODE

The geographic code for the procurement of commodities and services under this program is 937, which is defined as the United States, the recipient country (DRC), and developing countries other than advanced developing countries, but excluding any country that is a prohibited source. The geographic code for the procurement of commodities and services under this program must adhere to the conditions stated in 2 CFR 200.

B.7 NATURE OF THE RELATIONSHIP BETWEEN USAID AND THE RECIPIENT

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. While the principal purpose of the relationship with the Recipient under the subject activity is to fund the accomplishment of a public purpose, the Recipients 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.

B.8 TITLE TO PROPERTY

Property title under the resultant agreement is planned to vest with the recipient in accordance with the requirements of mandatory standard provision titled "title to and use of property" regarding use, accountability, and disposition of such property following a review and approval of the property disposition plan.

B.9 POSTING SUBAWARD OPPORTUNITIES

Competitive subaward and contract opportunities must be posted on workwithusaid.org under the "sub-opportunities" tab. These opportunities must be posted reasonably in advance,

generally at least 45 days prior to closing, to allow organizations sufficient opportunity to review the postings and respond to work under USAID funded activities.

B.10 SALARY SUPPLEMENTATION

No payment may be made to or on behalf of any employee of any government without the advance written approval of the Agreement Officer. Any payments by the recipient to employees at any level of the Government of DRC is subject to the USAID policy on salary supplements (Department of State Cable no. 119780 dated April 15, 1988 or as amended): <https://www.usaid.gov/document/policy-guidance-criteria-payment-salary-supplements-host-government-employees>.

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

C.1. ELIGIBLE APPLICANTS

Eligibility under this NOFO is unrestricted.

C.2. Cost Sharing or Matching

USAID has established a mandatory minimum recipient cost share of 10% for the initial award amount of up to \$81,500,000. Such funds may be provided directly by the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to implementation of activities at the country level. This may include contribution of staff level of effort, office space or other facilities or equipment which may be used for the program, provided by the recipient. For guidance on cost sharing in grants and cooperative agreements see 2 CFR 200.306.

C.3. Other

Applicants may submit only one application under this NOFO.

1. Pre-award Risk Assessment

In order for an award to be made, the AO must make a positive “risk assessment”, as discussed in ADS 303.3.9. This means that the applicant must possess, or have the ability to obtain, the necessary management and technical competence to conduct the proposed program. The applicant must agree to practice mutually agreed-upon methods of accountability for funds and other assets provided or funded by USAID.

In the absence of a positive risk assessment, an award can ordinarily not be made. However, in rare cases, an award can be made with “Specific Conditions” (e.g., additional non-standard award requirements designed to minimize the risk presented to USAID of making an award to an NGO for which a positive risk assessment cannot be made), but only where it appears likely that the applicant can correct the deficiency in a reasonable period.

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1. AGENCY POINT OF CONTACT

USAID DRC Office of Acquisition and Assistance (OAA) is the POC for this NOFO.

USAID/DRC/OAA
Kinshasa, DRC
achikuru@usaid.gov and drcoaa@usaid.gov

D.2. QUESTIONS AND ANSWERS

Questions regarding this NOFO should be submitted in writing via email to achikuru@usaid.gov and drcoaa@usaid.gov within the deadline provided on the cover letter.

Applicants desiring an explanation or interpretation of this NOFO must request it in writing by the due date and time specified on the cover page of this NOFO in order to allow a reply to reach all prospective applicants before the submission of their applications. Oral explanations or instructions given before the award will not be binding.

Any information given to an applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment of this NOFO if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

D.3. GENERAL CONTENT AND FORM OF APPLICATION

Preparation of Applications:

Each applicant must furnish the information required by this NOFO. This subsection addresses general content requirements applying to the full application. Please see subsections 4 and 5, below, for information on the content specific to the applications.

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.
- Legible font
- Submitted via Microsoft Word or PDF accessible 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.

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.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. USAID will respond with confirmation of receipt, so if an applicant does not receive such a confirmation, please reach out to the email again to confirm.

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.

D.4. APPLICATION PROCESS AND CONTENT

Applications must be submitted by email to achikuru@usaid.gov and drcoaa@usaid.gov by the closing date listed on the cover page of this funding opportunity. Email submissions must include the NOFO number and applicant's name in the subject line heading. Late applications may be removed from consideration.

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: "[RFA 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. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

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/DRC cannot guarantee their acceptance by its internet server. File size must not exceed 15 megabytes.

The application should take into account the requirements of the program and merit review criteria found in this NOFO.

D.5. ORGANIZATION OF TECHNICAL APPLICATION

Order	Required Item	Page Limit
Technical Application (# pages)		
1	Cover Page	1 page
2	Table of Contents	1 page
3	Executive Summary	2 page
4	Technical Approach <ul style="list-style-type: none"> ● Criteria 1: Technical Approach (15 pages) ● Criteria 2: Staffing Management Approach (3 pages) ● Criteria 3: Institutional Capabilities (2 pages) 	20 pages
5	Annex A: AMELP (Work Plan)	3 pages
6	Annex B: Organogram Chart	1 page
7	Annex C: CVs for Key Personnel with reference contact information.	2 pages/ person
8	Annex D: List of Acronyms	N/A

1. Cover Page (1 page)

The cover page will include:

- The Activity Title

- Funding Opportunity Number
- Name of the Applicant
- Point of contact for the Applicant (contact name, title or position with the organization/institution, signature, address, telephone number, and email address)
- Applicant's UEI number
- Name of any proposed sub-recipients or partnerships

2. Executive Summary (up to two pages), containing a succinct summary of the key elements of the applicant's vision, strategy, and approaches for achieving the results of the proposed activity with relevant highlights from all sections below.

3. Technical Approach (up to 15 pages) (merit review criterion 1)

Applicants must propose a technical approach that demonstrates an in-depth understanding of the development challenges in each of the four provinces where the USAID Accelerator Activity will implement its activities. Applicants must convincingly describe how the proposed technical approach, methodologies, and activities will successfully achieve the proposed intermediate results, and accomplish the objective of the Activity. The approach will address the strategic considerations contained in the program description.

Applicants are encouraged to propose an innovative yet realistic approach that is most appropriate in the provincial context of the Democratic Republic of the Congo, as well as methods by which the approach will be analyzed and adapted. Applicants should also identify and describe the risks associated with the proposed approach and propose effective strategies to mitigate or reduce these risks.

The approach must be sustainable and build the capacity of local stakeholders including the provincial level of the Ministry of Health, Division Provinciale de la Sante, Inspection Provinciale de la Sante, health zones and communities to improve quality, access and demand for primary health services. It must include strategies to harness expertise and resources of the MOH at the national and provincial levels, civil society, existing local institutions and the private sector at all levels of the design (provincial, health zones, service delivery and community health systems). The technical approach needs to build on prior USG investments and complement other development partners' investments to deliver, scale up, and sustain the use of evidence-based approaches and quality family planning, reproductive health, maternal newborn child and adolescent health, nutrition, tuberculosis and malaria services and Global Health Security. Further, the approach should articulate how the Applicant plans to integrate the guiding principles considerations, as mentioned in the program description into program implementation throughout the period of performance and demonstrate how they contribute towards achieving the results and goals of the award.

The technical approach will also address coordinating and engaging with key public and private sector stakeholders to ensure local ownership, maximize synergy and resources and minimize overlap.

The technical approach will describe a coverage plan that reaches to all health zones and facilities in each province in a strategic manner, providing differentiated packages of assistance and support tailored to the needs of health zones and health facilities, and taking into account other donor and partner presence.

In Annex A (3 pages maximum, does not count towards the page limit), and in support of the proposed technical approach, the applicants must also propose a high-level summary of the Monitoring, Evaluation, and Learning (MEL) approach. The applicant will provide a summary of the MEL methodologies, identify DPS and down levels tools, and processes they will strengthen, and particularly how they will describe objectively verifiable outcome and output level indicators and targets for the proposed approach to achieve the Activity objective, as well as assure adaptive management throughout the life of the Activity. USAID will not assess the values of targets at this stage, rather the approach applicants propose to define them. Targets will be finalized after the award in consultation with USAID and the DPS technical program representatives during the co-creation workshop after award. The applicant must articulate the principal sources of data, minimizing the use of systems parallel to existing government data sources.

2) Staffing and Management Approach (3 pages)

Staffing: The Applicant must explain the organizational structure presented in an organogram, with relationships among the individual positions described; logistical support; personnel management of expatriate and local/country national staff (mix between global and country support); gender parity; procurement arrangements for goods and services; and lines of authority and communications between organizations and staff.

In the Staffing Section, the Applicant must propose individuals for the five (5) Key Personnel Positions. Key personnel are those individuals whose performance is critical to the success of the Activity. USAID/DRC has identified **two (2) positions**, Chief of Party and Director of Finance and Administration (ADF).

Up to three (3) additional Key Personnel Positions may be proposed by the Applicant. The Applicant must justify in the Staffing section the rationale for naming the three additional proposed positions as Key Personnel. Highly qualified local personnel would be appreciated.

The two (2) Key personnel positions identified by USAID and minimum qualifications are shown below.

The proposed COP and the Director of Finance and Administration are expected to be available and on-boarded immediately (no later than 30 days after award) with the remaining key personnel hired shortly thereafter (no later than 45 days after award).

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

- 1. Chief of Party:** The Chief of Party (COP) is responsible for the overall planning, implementation and management of the performance of the USAID Accelerator Activity and to provide vision and strategic leadership as well as to establish the administrative and technical oversight framework to monitor and assure progress toward the achievement of the goals and objectives. The COP has the responsibility for coordination with USAID, and to ensure coordination among relevant USAID-funded projects and other relevant donor and non-governmental organization-sponsored activities. The COP provides guidance to senior technical staff, ensures the responsiveness and quality of all the IHSA activities, and leads efforts to collaborate and coordinate with the provincial level government entities (health, plan, finance, ETD), and specifically the Ministry of Health. The COP will be expected to identify issues and risks related to activity implementation in a timely manner and suggest appropriate activity adjustments. The COP is intended to be a seasoned health sector professional, thoroughly familiar with the current health service delivery systems in the Democratic Republic of the Congo both at central and provincial and health zones levels. He/she will serve as the institutional liaison and will be responsible for the design of interventions to support the goal of the USAID Accelerator Activity.

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

- Medical Degree (M.D.) or master's degree in public health, or related field; Demonstrated at least ten years' experience implementing health programs with similar goals and objectives as the USAID Accelerator in DRC in similar contexts.
 - Demonstrated ability to establish and sustain professional relationships with host country government counterparts.
 - Demonstrated experience in leadership roles, promoting strategic planning, and careful budget management.
 - Strong interpersonal, oral and written communication skills in French and English Professional Proficiency.
- 2. Director of Finance and Administration:** The Director of Finance and Administration (DFA) manages the finance activities of the activity and supervises the procurement, finance, human resources, and administrative staff, and ensures that adequate and appropriate internal controls are in place in compliance with USAID policies and procedures to meet generally recognized accounting standards. The DFA manages all bookkeeping, bank accounts and cash flow, and manages project funds for appropriate execution of the project. The DFA also has the responsibility to track project expenses and to prepare

monthly financial reports and annual budget projections. He/she manages the financial and administrative aspects of all sub-agreements under the project as well as managing all financial aspects of the project. The incumbent serves as the principal point of contact to USAID in these areas.

The Director of Finance and Administration is expected to have:

- Master's degree or higher, ideally in finance, business administration, procurement, or related areas.
- Demonstrated experience in managing large grants with international health non-governmental organizations and/or private voluntary organizations,
- Demonstrated experience with staff and team management is required.
- Understanding and experience with the U.S. Government acquisition and assistance instruments, policies and procedures and requirements.
- Strong oral and written communication and presentations skills in French and in English.

The applicant's key personnel narrative statement should demonstrate its clear understanding of the connection between its proposed key personnel and the expected successes and outcomes for the activity, which includes confirming their intention to serve in the stated position immediately upon award and his/her availability to serve for the term of the award.

In Annex C (not counting towards the page limit), the applicant must provide three (3) references, with complete contact information, for each proposed candidate, including the name of their most recent supervisor.

USAID/DRC reserves the right to carry out reference checks for all proposed key personnel before award, including other references not provided by the applicant. Annex C is not included in the 3-page limit of the Staffing and Management Approach.

Given the complexity of this activity, USAID/DRC expects the Activity to draw upon staff with significant local experience and who have the appropriate qualifications and experience to work as a team to manage a complex activity, specifically the ability to deliver integrated health services, nutrition, tuberculosis, malaria, reproductive health, family planning, maternal newborn child and adolescent health, quality primary health care and strengthen the health system at provincial, health zones, point of service delivery and community health systems.

Management Approach:

The management approach must define the roles of the prime recipient, sub-partners and any resource organizations proposed, clearly delineate lines of communication, knowledge sharing and authority among all partners. It will also specify the geographic location for project offices. USAID's expectation is that most of the resources will be allocated at provincial level. It is

expected that the Activity might consider a small presence in Kinshasa to liaise closely with USAID, MOH/Central level and other development partners. However, as the focus of the USAID Accelerator Activity is at provincial level, most of the resources must be allocated at provincial level.

The role of the prime organization and sub-partners and the comparative advantage of each organization must be clearly laid out in the management approach. Clear explanation of the experience, roles and responsibilities of all partners, including significant technical contributions from local partners, must be described.

In Annex B, the applicant must provide an organizational chart depicting its staffing plan and reporting relationships among staff. The chart should include any proposed central office and/or any field offices. The chart must specify which personnel, if any, are employed by a sub-partner.No

3) Institutional Capabilities (2 pages)

The Applicant must describe no more than three projects/activities from within the last five years the in Central African and or western African francophone region that demonstrate the experience and capacity of the Applicant and its proposed partners to manage and execute projects/activities of similar size, scope, complexity, and operational environment to the proposed Integrated Health Services Delivery USAID Accelerator Activity. Applicants should demonstrate their experience and capabilities in, as well as their overall institutional approach to capacity building in terms of local organizations and government agencies (among others, if necessary).

The Applicant must note the specific role of Applicant and any sub-awardees played in implementing the project/activity, and the sustained achievements that directly resulted from the Applicant/sub-awardee effort. The Applicant must demonstrate experience and capability to facilitate and leverage partnerships across organizations, including collaboration with relevant host country institutions, other public sector organizations, other local partners and/or the private sector to avoid schedule setbacks, mitigate risks, and achieve results. The Applicant must describe capability to promote gender equity and social inclusion. The Applicant must articulate how the described institutional experience and capability will enhance the likelihood of successful implementation of the Integrated Health Services Delivery Activity.

Annexes

The annexes must include:

Annex A. Illustrative AMEL Approach - NTE 3 pages

Applicants must submit an illustrative Monitoring, Evaluation and Learning (MEL) approach in which they will demonstrate cost-effective and results-oriented monitoring and learning that

will provide USAID/DRC, other stakeholders and USAID Accelerator Activity information to track progress, improve performance and effectiveness, as well as inform planning and management decisions. The applicants will describe high level strategies to integrate adaptive management and monitoring and learning approaches throughout the life of the Activity. The Illustrative AMEL Approach must include ~~five illustrative~~ high level outcome indicators ~~proposed by the applicant to measure progress per results in addition to the illustrative indicators proposed by USAID in section A of the NOFO.~~ The AMEL approach must explain data sources for these proposed indicators.

Annex B. Organogram - NTE 1 page

The organogram must show the staffing structure and identify formal relationships with all consortium partners and major sub-awardees (*Major sub-awardee is the subaward that has a budget of 20% of the total award, and is implementing that same percentage of the actual activities of the program*). It must also show clear reporting lines and where office(s) might be located.

Annex C. Key Personnel CVs and references - NTE 2 pages per key personnel

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

D.6. BUSINESS (COST) APPLICATION

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 Forms**

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 with their application:

1. "2024 Interim Certifications, Assurances, Representations, and Other Statements of the Recipient" found at ADS 303.
<https://docs.google.com/document/d/1kTsEHWxF96nV-ltFRHFdDkgbLgBRvIVorGuFmlsOoZU/export?format=docx>
2. Assurances for Non-Construction Programs (SF-424B), if applicable.
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-if applicable) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make an award, and may result in a rejection of the Cost Application.

The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The Applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are fair and reasonable.

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

- **Summary Budget**, inclusive of all 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.
- **Detailed Budget**, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to

implement the applicant's program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

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

2) Fringe Benefits – (if applicable) If the applicant has a fringe benefit rate approved by an agency of the USG, the applicant must use such rate and provide evidence of its approval. If an applicant does not have a fringe benefit rate approved, the applicant must propose a rate and explain how the applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

3) Travel and Transportation – Provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

4) Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property Must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as: rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the applicant’s budget, including those related to fringe and indirect costs.

6) Crisis Modifier - Set aside – In accordance with Section B.2, the budget applications should include a set-aside lump-sum line item for the crisis modifier in the amount of **\$9,000,000**, to be used in the event of crisis and/or public health threat should additional resources be made available to USAID for that purpose.

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

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

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

Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)

Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
Initial Application Requirements: If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency.

Additionally, at the Agency’s discretion, a provisional rate may be set forth in the award subject to audit and finalization. See USAID’s Indirect Cost Rate Guide for Non Profit Organizations (<https://www.usaid.gov/partner-with-us/resources-for-partners/indirect-cost-rate-guide-non-profit-organizations>) for further guidance.

Method 3 - De minimis rate of 15% 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.
- **Indirect costs** (common costs that benefit the day-to-day operations of the organization, including categories such as salaries and expenses of executive officers, personnel administration, and accounting, or that benefit and are identifiable to more than one program or activity, such as depreciation, rental costs, operations and maintenance of facilities, and telephone expenses) for the previous fiscal year and estimates for the current year
- Proposed method for prorating the indirect costs equitably and consistently across all programs and activities of using a base that measures the benefits of that particular cost to each program or activity to which the cost applies.

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

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

(e) Prior Approvals in accordance with 2 CFR 200.407

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

f) Approval of Subawards

The applicant must submit information for all subawards that it wishes to have approved at the time of award as per Annex 4.

g) Unique Entity Identification and SAM Requirements

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

Applicants **and Major sub-awardees** must provide information regarding **its their** recent history of performance for up to three of its contracts, grants, or cooperative agreements involving similar or related programs, in the past **3 5** years, as follows:

Client Organization Information

1. Client Organization:
2. Contract/Award Number:
3. Contract/Award Type (prime award or subaward - contract or grant):
4. Contract/Award Value (USD):
5. Client Contact Information (Name, Title, email):

6. Activity Title:
7. Primary location(s) of Work:
8. Period of Performance:
9. Brief Description of Product/Services Provided (Scope of Work or complexity/diversity of tasks):

If the applicant encountered problems on any of the referenced Awards, please provide a short explanation and the corrective action taken. 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 & 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.

1. Branding Strategy – Assistance (June 2012)

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

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

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

2. Marking Plan – Assistance (June 2012)

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

- (ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
- (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
- (iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
- (v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.

(2) A table on the program deliverables with the following details:

- (i) The program deliverables that the applicant plans to mark with the USAID Identity;
- (ii) The type of marking and what materials the applicant will use to mark the program deliverables;
- (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;
- (iv) What program deliverables the applicant does not plan to mark with the USAID Identity and
- (v) The rationale for not marking program deliverables.

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

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

- (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.
- (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as a host-country government item or product.
- (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
- (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
- (vi) Offend local cultural or social norms or be considered inappropriate. The applicant must identify the relevant norm and explain why marking would violate that norm or otherwise be inappropriate.
- (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.

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

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

j) Funding Restrictions

There are no funding restrictions applicable to this NOFO at this time. USAID in its discretion and at the request of the winning applicant may allow pre-award costs.

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.6 of this RFA and must meet the source and nationality requirements set forth in 22 CFR 228.

k) Conflict of Interest Pre-Award Term (August 2018)

a. Personal Conflict of Interest

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

2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

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

l) Risk Assessment

The apparently successful applicant may be required to submit additional evidence to facilitate

USAID's risk assessment as described in ADS 303.3.9.

[End of Section D]

SECTION E: APPLICATION REVIEW INFORMATION

1. CRITERIA

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

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

2. REVIEW AND SELECTION PROCESS

A) Technical Application Review

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

Criterion	Criterion Name
Criterion 1	Technical Approach
Criterion 2	Staffing and Management Approach
Criterion 3	Institutional Capabilities

Selection Criterion 1: Technical Approach

In assessing this factor, the MRC will consider:

Evaluation under this factor will focus on how the application demonstrates a strong, evidence-based, and locally focused approach to achieving the results described in the program description. Considerations include the following:

- The extent to which the Application demonstrates an understanding of the Democratic Republic of the Congo context including provincial and health zones level context, technical requirements and development issues that the Activity aims to address; challenges, risks and opportunities related to achieving the objectives outlined in this

activity description; and awareness of the roles of key stakeholders in implementation of the USAID Accelerator Activity

- The extent to which the application aligns with the Provincial Government entities, their vision for the health sector, aligns and works with existing health systems, all the way to the community, and aligns with the USAID commitment to advancing localization efforts.¹³
- The extent to which the application builds upon USAID prior investments in malaria, family planning, maternal, child and adolescent health, and GHS in DRC, builds resilient health systems to prevent, identify and rapidly respond to shocks, including public health outbreaks, integrates global-evidence-based promising practices, and leverages other development partners' investments to achieve the Activity objectives.
- The extent to which the application demonstrates an approach to reach all health zones in each of the targeted provinces.

Selection Criteria #2: Staffing and Management Approach

In assessing this factor, the MRC will consider:

Evaluation under this factor will focus on the quality of the overall Management approach, the strength of the proposed consortium, staffing plan including gender balance and country national staff, and proposed key personnel, which together will support the activity's ability to achieve desired outcomes.

Considerations include the following:

- The extent to which the proposed members of the consortium have skills and capacities that complement one another and will contribute to the achievement of expected results;
- The extent to which the consortium includes local entities, such as private, non-profit, faith-based, or public local organizations;
- The extent to which the qualifications for the proposed key personnel and its mix match the requirements in Section F.

Selection Criteria 3: Institutional Capabilities

Evaluation under this factor will focus on the institutional capabilities of the Applicant.

¹³ USAID's Commitment to Advancing Localization, <https://www.workwithusaid.org/blog/usaids-commitment-to-advancing-localization>

Considerations include the following:

- The extent to which the Applicant demonstrates the institutional capacities and experience to successfully implement the proposed program to achieve the activity objectives.
- The extent to work with local partners and to strengthen local partners capacity.

B) Business (Cost) Application Review

The Agency will evaluate the cost application of the apparent 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).

The application will be assessed for cost effectiveness and realism and must therefore address the following:

1. **Cost Effectiveness and Realism:** The proposed costs must be realistic, reasonable, complete, and allowable. The costs must be realistic for the effort and consistent with the technical components of the application.
2. **Adequacy of Budget Detail and Financial Feasibility:** The proposed budget must be sufficient to support the activities proposed, and all proposed costs must be adequately supported by notes highlighting the key assumptions used in their

determination. USAID reserves the right to revise the resulting level of funding for the Cooperative Agreement.

Past Performance

Past performance information will be used for the responsibility determination. USAID may use performance information obtained from other than the sources identified by the applicant. USAID may utilize existing databases of performance information and solicit additional information from the references provided and from other sources if and when USAID finds the existing databases to be insufficient for evaluating an offeror's performance.

[End of Section E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1. FEDERAL AWARD NOTICES

The Notice of Award (ADS 303.3.7.1.a) signed by the Agreement Officer is the authorizing document that will be provided to the successful applicant to inform the applicant of its selection to be further considered to negotiate a cooperative agreement. USAID will provide this Notice electronically to the person designated to receive this information in the application.

Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b. USAID will follow the procedures included in ADS 303.3.7.2 to receive and accept requests for debriefings from unsuccessful applicants.

Award of the agreement contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

F.2. ADMINISTRATIVE & NATIONAL POLICY REQUIREMENTS

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

- For US organizations: ADS 303, 2 CFR 700, 2 CFR 200, and 2024 Interim Standard Provisions for U.S. Non- governmental organizations, ADS 303 [2024 Interim Standard Provisions for U.S. Nongovernmental Organizations](#)
- For Non US organizations: ADS 303 , 2024 Interim Standard Provisions for Non-U.S. Non-governmental organizations. [2024 Interim Standard Provisions for Non-U.S. Nongovernmental Organizations](#)

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

The award will be administered by USAID/DRC Health Office. The AO will designate an Agreement Officer Representative (AOR) to review, concur and/or approve certain items; please see the Substantial Involvement information of this NOFO and subsequent Award document.

F.3. REPORTING REQUIREMENTS

a. Summary of Performance and Financial Reporting Requirements

Deliverable	Due Date	Submission
Host Government Tax Reporting	Annually by April 16	Financial Analyst, AOR, AO
Mobilization Plan	<p>The Recipient must submit a mobilization plan within fifteen (15) calendar days of agreement award. The plan should describe a realistic timeframe and process for program startup.</p> <p>The Recipient must be fully mobilized and operational with both essential personnel and offices within 60 days of agreement award. The Recipient must identify quick start activities that are high priority and can begin even while the work plan is being developed. Quick start activities may commence prior to work plan approval subject to prior AO approval.</p>	AOR and AO
Annual Work/Implementation Plan and Budget	<p>First Annual Work Plan (initial draft) is due no later than 60 days of activity start date .</p> <p>Plans for subsequent years are due within 30 calendar days of the end of the previous fiscal year (Sept 30)</p>	AOR and AO
Activity Monitoring, Evaluation, and Learning Plan (AMELP) and Performance Indicators Reference Sheet (PIRS)	Due no later than 60 days of activity start date	AOR
Gender Analysis and Gender Implementation Strategy	Due no later than 60 days of activity start date	AOR
Conflict and Climate Sensitivity Analysis and Implementation Strategy	Due no later than 60 calendar days of activity start date.	AOR

Deliverable	Due Date	Submission
Quarterly Progress/Performance Monitoring Reports	30 calendar days after the end of the performance period (i.e., January 31, April 30, and July 31). The fourth quarter report will be combined as part of the annual performance report.	AOR and AO
Cost Share Reporting	The initial Cost Share Plan is due at the same time that the first Annual Implementation Plan is submitted. Updates on cost share progress are due thirty days after the end of each quarter as part of the quarterly financial reporting (ie January 31, April 30, July 31, and October 31)	AOR, AO, Financial Analyst
Quarterly Financial Reporting	At the direction of the AOR, QFR within 30 days of the end of the quarter (i.e. January 31, April 30, July 31, and October 31). Accruals reports are due 15 days before the end of each quarter (March 15, June 15, September 15, and December 15)	AOR, AO, Financial Analyst
Demobilization Plan for Close out	Six (6) months prior to the end date of the Agreement	AOR and AO
Annual Performance Reports (including Q4 report)	October 30 each year	AOR and AO
Final Report	Final version due within 90 days of the end of the award	AOR and AO

b. General Requirements

The Recipient will comply with the Standard Provisions entitled “Marking and Public Communications Under USAID-Funded Assistance (December 2014).” All reports, documentation, and correspondence will be in English. At a minimum, all documents must be provided in MS Word, MS Excel, MS PowerPoint or PDF (unlocked) formats.

All reporting and data must be synchronized with the USG fiscal year. Quarterly periods are from October 1 to December 31; January 1 to March 31; April 1 to June 30; and July 1 to September 30.

Quarterly reports are due within 30 days of the close of each quarter. In other words, they are due on January 31, April 30, July 31 and October 31 respectively. The second quarterly report, due on April 30, must include semi-annual progress reporting (October – March) on the USAID indicators against the targets for that period. This must also include an explanation for any indicator values falling above or below target.

The Recipient must adhere to all reporting requirements listed below. Documents must be submitted electronically by email. All reports must be submitted by the due date for review by the USAID Agreement Officer's Representative (AOR) with a copy to the designated Agreement Officer (AO) and Acquisition and Assistance Specialist. The Recipient will consult the AOR on the format and expected content of reports prior to submission.

c. Specific requirements

● Financial Reporting:

(1) Reporting of Expenditures

Financial reporting requirements must be in accordance with 2 CFR 700.7 and 2 CFR 200.327 regarding advance payments. Standard Form (SF) –270 or SF-1034 must be used to Request Advance payments. Either paper copies or electronic copies (scanned PDF document) may be submitted, but not both.

i. SF-425 must be used to report actual expenditures and must be submitted within 30 calendar days from the end of each quarter, except that the final report must be submitted within 90 calendar days from the estimated completion date of this Agreement. The Recipient must submit the SF-425 form in the following manner:

- An original copy to the Payment Office;
- A copy to the AOR; and,
- A copy to the Agreement Officer.

ii. Electronic copies of the SF-425 can be found at:

<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

(2) Reporting of Foreign Taxes

The Recipient must comply with the Standard Provision set forth in the resulting Agreement entitled "Reporting of Host Government Taxes."

● Performance Reporting

The Applicant will provide a copy of Quarterly, Annual, and Final Performance reports to the AOR in accordance with 2 CFR 200.328. Reports include:

1. Annual Work/Implementation Plan and Budget

The recipient must submit the Annual Work Plan and budget covering the first year of the Activity, delineated by quarterly periods for review. must include the first-year indicators and benchmarks which the Recipient proposes to utilize to measure and monitor progress toward achievement of results, as reflected in, and consistent with, the AMELP, pending completion of any baseline survey. The work plan must include the activities planned to be conducted, the site(s) where they will be conducted, benchmarks/milestones and annual performance targets, pending completion of the baseline survey; the outputs/outcomes which the Recipient expects to achieve; and the inputs planned to be provided by the Recipient, during the work plan period. An explanation of how those inputs will lead to achievement of the outputs/outcomes and benchmarks/milestones will be included. The USAID AOR will review the work plan and discuss any needed items with the recipient prior to approval.

2. Activity Monitoring, Evaluation & Learning (AMEL) Plan

The AMELP including the Performance Indicators Reference Sheet (PIRS) covers the full period of the Cooperative Agreement and should be revised as needed in response to changes in the activity or context that occur during the life of the activity. The AMELP outlines how the activity will track progress, identify learning opportunities, and effectively adapt programming to anticipate and respond to challenges and opportunities that arise. The AMELP must demonstrate how the activity will routinely assess the quality of data; status of activities; whether these activities are resulting in their intended outcomes; if those outcomes are leading to the desired objectives; whether critical assumptions remain valid; and whether course corrections should be made. The AMELP plan should explain how certain indicators will be analyzed, including any specific software that may be necessary. This is also an opportunity for the applicant to ensure a consistent data analysis approach among multiple partners. The AMELP must include proposed process indicators for measuring progress against each IR included in its activity. The AMELP must include, but not necessarily be limited to, the following::

- Outline of the program's development hypothesis and results framework/logical framework which establishes and tracks a set of required, standard, and custom indicators to be used to measure the achievement of the results.
- Baseline data for the indicators and yearly targets to measure performance annually and at the end of the program, with yearly targets for each indicator.
- Description of how data will be collected, stored, and analyzed.
- Description of how the Recipient will monitor program interventions, measure results, ensure data quality, and use data to inform ongoing activities, providing a plan for evaluation.
- Collaborating, Learning, and Adapting (CLA) Plan that outlines actions and a

framework for how the Recipient will effectively collaborate and work with stakeholders to share knowledge and reduce duplication of effort, learn from program implementation, systematically draw on evidence from a variety of sources, take time to reflect on implementation, and apply learning by adapting intentionally to improve program results. The CLA plan shall include:

- a proposed approach to risk and resilience measurement and analysis
- Use of other sector data (e.g., surveillance, etc.)
- build local capacity to do this analysis and measurement
- innovation
- vulnerability and risk mapping/analysis
- all-hazards approach
- Differentiation for urban/rural,
- placeholder language for performance evaluation (not impact)

The AOR will provide a list of Mission PMP indicators required for the activity. The MEL Plan must include the required Mission PMP indicators along with any others being proposed by the Recipient that are deemed necessary or useful in measuring progress against the overall goal and project objective(s). Selected indicators should be a combination of performance and context indicators. Recipients should be strategic in their selection of additional indicators to ensure an appropriate balance between required data and the resource costs of data collection, analysis and reporting. The MEL Plan must include quarterly and/or annual targets, as per the indicator requirements, necessary to reach the life of project targets identified by the Mission for required Mission indicators and identified by the Recipient for all other indicators.

USAID criteria for selecting performance indicators is that they be direct, objective, practical, adequate, management useful and reflect progress toward achieving results, and, to the extent possible, be attributable to USAID. Performance data must meet reasonable quality criteria of validity, reliability, timeliness, precision, and integrity. The Recipient and USAID will agree upon the final choice of performance indicators useful for timely management decisions and credibly reflecting the actual performance of the activity.

- USAID/DRC may require the Recipient to track and report on additional performance indicators subject to changing of Agency guidance and/or the requirements of specific funding sources and the Mission's own Performance Management Plan (PMP).
- The Recipient must collect, analyze, and submit to USAID data disaggregated by sex and geographic location as applicable. To ensure that USAID assistance makes the maximum optimal contribution to gender equality, performance management systems and evaluations must include gender-sensitive indicators and sex-disaggregated data when applicable and feasible; M&E plans should also capture

proposed actions that will address any identified gender-related issues. The Recipient should also consider including other relevant disaggregation and localization measurement for indicators.

- The AMEL Plan must also include an explanation of the monitoring approach and estimated resources required to successfully implement the MEL Plan. This will be done through describing the Recipient's M&E system, including policies and procedures for how data and information will be collected, analyzed, and used; methodology of establishing baselines and targets; staffing/expertise, roles and responsibilities for the management and implementation of the AMEL Plan; systems (automated or other) where data will be collected and stored; resources for M&E functions; procedures for communicating with USAID; means of adapting and learning; schedule for M&E functions, such as reporting performance data, assessing progress and making adjustments if needed; etc.
- Reporting on performance indicators will be done through the Mission's performance management information system,

USAID staff, including Monitoring and Evaluation (M&E) Specialists, will review and approve the Recipient's AMELP to ensure that it is appropriate for the activities to be undertaken as part of the Cooperative Agreement and for compliance with the M&E guidance established by USAID or other guidance otherwise applicable to this Cooperative Agreement.

3. Quarterly Progress/Performance Monitoring Report

Progress/performance monitoring reports must focus on program performance and describe activities undertaken and alliances established during the quarter. The reports must report on progress made toward achieving targets and results, and they should describe any necessary adjustment of activities and timelines that will be undertaken in the following quarter.

Additionally, the reports must include the following:

- Progress on major activities by intermediate result (IR) during the performed period (to include any high-level meetings held and field visits)
- Any implementation problems and proposed remedial actions, as appropriate.
- Progress and/or issues on gender, youth, and sustainability, describing efforts and progress achieved with activities to advance these three areas.
- Environmental compliance: A statement explaining that all reported activities have been implemented subject to the IEE conditions and/or a description of environmental compliance activities undertaken

- Progress on performance indicators in the AMELP.
- Additional pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis, and explanation of cost overruns or high unit costs reported in financial reports
- List of all documentation submitted to the USAID Development Experience Clearinghouse (DEC) during the quarter
- Documentation of lessons learned and best practices that can be taken to scale. List of training programs conducted during the quarter, as applicable, to include type of trainees and their number disaggregated by sex.
- Certification that all participant training information has been entered in the TrainNet database for in-country, third country, and U.S based learning activity
- As an annex, at least one success story with information on the project's outcomes, results, and/or impact during the reporting period, beginning with the third quarterly reporting period (USAID can provide a template)
- List of upcoming events with dates (e.g., program launch, data dissemination, high-level site visit), particularly those in which the recipient requires USAID/DRC participation.
- Planned activities for each expected IR for the next quarter.
- Progress toward implementation of CLA Plan and any relevant research.
- Cross-cutting issues considerations in implementation and performance during the quarter should be specified and included as annexes. At a minimum, cross-cutting issues should include: gender; youth; disabilities; institutional strengthening and local capacity building; policy reforms; science, technology and innovation. List of geographic data related to where interventions are being implemented.
- List of completed assessments and evaluations and plans for utilizing findings and recommendations.
- List of completed and upcoming events (national and sub-national meetings, seminars, training sessions, conferences, and others; international consultant visits; and meetings with key DRC Government's officials and decision-makers), with dates.
- List of staff and consultants with dates in/out of the country.

The Recipient must immediately notify USAID/DRC of developments that have a significant impact on the award. Also, the Recipient must give notification immediately in the case of problems, delays, or adverse conditions which materially impair the ability to meet the

objectives of the Cooperative Agreement. This notification must include a statement of the action taken or contemplated and any assistance needed to resolve the situation.

4. Cost Share Reporting

The Recipient must submit a cost share plan which illustrates the planned sources and types of cost share for the life of the program. This plan may be updated as necessary throughout the life of the activity.

The Recipient must report on contributions of cost share to the activity on a quarterly basis. The Cost Share summary must show cumulative cost share contributions (amount and description) provided for the quarter and the total to date, type of cost share, and how it is being used to further objectives and support sustainability.

5. Quarterly Financial Reporting:

On a quarterly basis, the AOR may require additional information related to financial accruals and pipeline of funds. This information will help to ensure that the activity has an adequate pipeline to conduct its programs.

6. Annual Performance Reports:

The Annual Performance Report follows the same format as the quarterly report, but with additional focus on cumulative progress and problems toward achievement of results, performance measures, indicators, and benchmarks tied to the Annual Work Plan and the MEL plan targets, for the quarter and the entire previous fiscal year, which runs from October 1- September 30.

7. Demobilization Plan for Close-Out

The Close-Out/Demobilization Plan, including the proposed disposition of unused supplies of \$5,000 or more in aggregate and equipment with a per-unit fair-market value greater than \$5,000, will be submitted to USAID/DRC. The plan must include:

- Current financial status report with a thorough pipeline analysis to ensure that there are sufficient funds available to finalize activities and complete all requirements
- Final Financial Status Report timeline
- A final inventory of residual non-expendable property, which was acquired or furnished under the Cooperative Agreement
- A disposition plan for residual non-expendable property under the Cooperative Agreement, including when equipment will be transferred to other project/partners
- A request for disposition instructions for any property acquired or furnished by the U.S. government under the activity.
- Contractor/subgrantee/partnership phase-out plan

- Status of all program audit reports per the Cooperative Agreement's provisions
- Final audit report timeline
- Personnel phase-out timeline (who is expected to serve until when)
- Personnel phase-out plan (to include severance pay plan)
- Job descriptions for personnel anticipated to serve through to the completion date of the activity.
- Projected costs.

8. Final Report

The Recipient must submit a final report to the AOR, the AO, and to the USAID Development Experience Clearinghouse (DEC). The final report must consolidate activities and analyses of all partners, if applicable, into one document that includes their activities and progress towards results. The final performance report must contain the following information:

- A comparison of actual accomplishments with the goals and objectives established for the period, the findings of the investigator, or both. Whenever appropriate and the output of programs or activities can be readily quantified, such quantitative data must be related to cost data for computation of unit costs.
- Final data, compared to baseline data, for all indicators included in the monitoring and evaluation plan award activities. This section must include disaggregated data by gender, historically disenfranchised groups and other relevant groups identified.
- A summary of problems/obstacles encountered during the implementation, and how those obstacles were addressed and overcome if appropriate.
- Reasons why established goals were not met, if appropriate.
- Other pertinent information including, when appropriate, analysis and explanation of cost overruns or high unit costs.
- Significance of these activities for overall elections and political processes development worldwide.
- Lessons learned best practices, and other findings along with recommendations for future programming under each of the program results.

d) Close-out Plan

The Recipient must submit to the AO and the AOR for review, a draft closeout plan which incorporates (a) the property disposition plan; (b) the in-country operations phase out plan; (c) the delivery schedule for all reports or other deliverables required under the award, and; (d) a timeline for completing all required closeout actions, including the submission date of the final property disposition plan, and; (e) includes draft turnover documents.

F.4.PROGRAM INCOME

Program income is currently not anticipated under this activity. However, if program income is generated during the implementation of the program, the AO reserves the right to determine exactly how that income will be treated and considered under the award, in accordance with the standard provision on Program Income for non-U.S. organizations.

F.5.ENVIRONMENTAL COMPLIANCE

a) General

- The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ADS/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. The applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of the NOFO.
- In addition, the contractor/recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter will govern.
- No activity funded under this CA will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.").

b) Compliance with the IEE

An Initial Environmental Examination (https://ecd.usaid.gov/document.php?doc_id=45611) has been approved for the project funding the cooperative agreement expected as a result of this NOFO. The IEE covers activities expected to be implemented under the resulting cooperative agreement. USAID has determined that a Negative Determination with conditions applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient is responsible for

implementing all IEE conditions pertaining to activities to be funded under this NOFO.

c) Implementation Plans

- As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID AOR and Mission Environmental Officer (MEO) or Bureau Environmental Officer (BEO), as appropriate, must review all ongoing and planned activities under this cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.
- If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, they must prepare an amendment to the documentation for review and approval of MEO or BEO. No such new activities may be undertaken prior to receiving written USAID approval of environmental documentation amendments.
- Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation must be halted until an amendment to the documentation is submitted and written approval is received from USAID.

d) Mitigation Measures and Monitoring

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

- Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient must prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan must include monitoring the implementation of the conditions and their effectiveness.
- Integrate a completed EMMP or M&M Plan into the initial work plan.
- Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

e) Sub-Grants

A provision for sub-grants is included under this award; therefore, the recipient will be required to use an Environmental Review Form (ERF) or Environmental Review (ER) checklist using impact assessment tools to screen grant proposals to ensure the funded

proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed and approved by USAID. Recipient is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented.

F.6.SECURITY REPORTING

As part of the overall security requirements, the Recipient must report any security threats and/or incidents immediately to the cognizant USAID Agreement Officer, AOR, and other designated USAID points of contact.

Subsequently, a written report must be submitted which details measures to track any potential/identified threats, mitigation and management of such threats, and resolution. Any sub awardees must similarly report any threats/incidents to the Recipient, who will immediately after, notify the above listed USAID/DRC representatives.

Security Reporting Responsibilities

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 IP 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 4 hours of the incident occurrence/discovered.
- A Complete SIR must be filed in writing / email within 24 hours of the incident.
- Updated written SIR will continue to be filed on a timely basis (daily, weekly) as long as the situation exists.
- Final Report SIR will summarize the incident, subsequent events, 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 as soon as possible (within 24 hours). After the incident is evaluated, a complete detailed written report must be submitted not later than 72 hours after the incident.

Situation Report (SITREP)

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

SIR, IR, and SITREP reporting should follow formatting in any Security Plans, but at a minimum, must 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 personnel apprised of the situation.

Security Conditions

The Implementing Partner must be aware of security conditions in DRC and assume full responsibility for the safety of its employees. Prior to commencing work, the IP must ensure that it has adequate procedures in place to advise its employees of situations or changed conditions that could adversely affect their security. In order to keep abreast of security conditions in DRC, the IP should seek information from all available sources, including from USAID. The Implementing Partner has sole responsibility for travel plans for its employees. The IP is also responsible for immediately notifying USAID/DRC and the U.S. Embassy American Citizen Services section in the event a U.S. citizen employee does not return from travel as expected or does not report to work. In the event that USAID requests the Implementing Partner for accountability of staffing, the IP must ensure accountability of all personnel and may need to provide information of that accountability to USAID.

Security Protocol

The Recipient should develop a security plan to safeguard all project operations. Security plans may be reviewed by USAID upon request .

Plans should generally include:

- Procedures for reporting and addressing security threats.
- Procedures for reporting any deaths related to the project.

- Procedures for reporting and addressing any persons missing or kidnapping incidents.
- Name and contact information of the security contact person for the head office and regional office(s).
- An internal “cascade” list for communicating with staff, with updated and maintained contact information for staff.

Life Support and Security Services

The Implementing Partner is responsible for maintaining the security of its personnel, materials and equipment. All employees must meet the requirements of their work-site, which may include, but not limited to background checks, security/restricted area clearances, drug-free workplace, safety training and/or any other company safety and security requirements.

F.7.CUSTOMS DUTIES AND TAXES

USAID has bilateral agreement with the Government of the Democratic Republic of Congo which allows for the exemption of the incurrence of identifiable customs duties and taxes (including value added taxes “VAT”) in development programming. Implementing Partners must not incur the payment of these customs duties and taxes during the activity implementation. USAID will provide information for the process for obtaining these exemptions to the Implementing Partner.

F.8.ELECTRONIC PAYMENT

1. Definitions:

- a. “Cash Payment System” means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instruments to the designated payee.
- b. “Electronic Payment System” means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.
- c. The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, sub recipients, or contractors.

3. Exceptions. Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:

- a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
- b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
- c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.
- d. The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient's written justification, which provides a basis and cost analysis for the requested exception.

4. More information about how to establish, implement, and manage electronic payment methods are available to recipients at [Http://solutionscenter.nethope.org/programs/c2e-toolkit](http://solutionscenter.nethope.org/programs/c2e-toolkit).

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)**G.1. NOFO POINTS OF CONTACT**

The Agreement Officer for this Award is:

Gregory S. Wang
Supervisory Agreement Officer
USAID/DRC
Immeuble Mobil, N° 198 Avenue Isiro
Gare Centrale, Gombe, Kinshasa
Democratic Republic of Congo

The Acquisition and Assistance Specialist for this Award is:

Aline C. Chikuru
Acquisition & Assistance Specialist
USAID/DRC
Immeuble Mobil, N° 198 Avenue Isiro
Gare Centrale, Gombe, Kinshasa
Democratic Republic of Congo

Email: achikuru@usaid.gov and drcoaa@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

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SECTION H: OTHER INFORMATION

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

Applications with Proprietary Data

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

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

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

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

[End of Section H]

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ANNEX 1 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: [2024 Interim Standard Provisions for U.S. Nongovernmental Organizations](#) and [2024 Interim Standard Provisions for Non-U.S. Nongovernmental Organizations](#) as per the AAPD 24-06 - Attachment 1 & Attachment 2. The actual Standard Provisions included in the award will be dependent on the organization that is selected. The award will include the latest Mandatory Provisions for either U.S. or non-U.S. Nongovernmental organizations. The award will also contain the following “required as applicable” Standard Provisions:

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

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

Required	Not required	Standard provision
	X	RAA1. NEGOTIATED INDIRECT COST RATES – PREDETERMINED (AUGUST 2024)
X		RAA2. NEGOTIATED INDIRECT COST RATES – NONPROFIT PROVISIONAL & FINAL (AUGUST 2024)
X		RAA3. NEGOTIATED INDIRECT COST RATE – FOR-PROFIT PROVISIONAL & FINAL (AUGUST 2024)
X		RAA4. INDIRECT COSTS – DE MINIMIS RATE (AUGUST 2024)
		RAA5. RESERVED
	X	RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	X	RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
	X	RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (AUGUST 2024)
X		RAA10. COST SHARING (AUGUST 2024)
	X	RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
	X	RAA12. INVESTMENT PROMOTION (DECEMBER 2022)
X		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2022)
X		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
X		RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA16. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
X		RAA17. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING (ASSISTANCE) (SEPTEMBER 2014)

Required	Not required	Standard provision
		RAA18. RESERVED
	X	RAA19. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
	X	RAA20. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
		RAA23. RESERVED
X		RAA24. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (AUGUST 2024)
	X	RAA25. PATENT REPORTING PROCEDURES (DECEMBER 2022)
	X	RAA26. ACCESS TO USAID FACILITIES AND USAID'S INFORMATION SYSTEMS (AUGUST 2013)
X		RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2022)
		RAA28. RESERVED
		RAA29. RESERVED
	X	RAA30. PROGRAM INCOME (AUGUST 2024)
X		RAA31. NEVER CONTRACT WITH THE ENEMY (AUGUST 2024)

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

Required	Not Required	Standard Provision
	X	RAA1. ADVANCE PAYMENT AND REFUNDS (AUGUST 2024)
X		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (AUGUST 2024)
X		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (AUGUST 2024)
	X	RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (AUGUST 2024)
X		RAA5. INDIRECT COSTS – DE MINIMIS RATE (AUGUST 2024)
		RAA6. RESERVED
X		RAA7. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (AUGUST 2024)
X		RAA8. SUBAWARDS (AUGUST 2024)
X		RAA9. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)

Required	Not Required	Standard Provision
	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 (AUGUST 2024)
	X	RAA16. PROGRAM INCOME (AUGUST 2024)
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
	X	RAA30. RESERVED
X		RAA31. NEVER CONTRACT WITH THE ENEMY (AUGUST 2024)

ANNEX 2: ABBREVIATIONS AND ACRONYMS

Program Description's acronyms

CDR	Centre de Distribution Régionale
CODESA	Comité de Développement Sanitaire
DHIS2	District Health Information Software 2
DPS	Division de la Santé Provinciale
ETD	Entités Territoriales Décentralisées
FP	Family Planning
GHS	Global Health Security
HZ	Health Zones
iCMCI	Integrated Community Management Childhood Illnesses
IPTp	intermittent preventive treatment during pregnancy
IPS	Inspectorat Provinciale de la Santé
LMIS	Logistics Management Information System
MNCH	Maternal Newborn Child Health
MOF	Ministry of Finance
MOH	Ministry of Health
MOP	Ministry of Plan
PAO	Plan Opérationnel de Santé
PSE	Private Sector Engagement
RCCE	Risk communication and community engagement
RECO	Relais Communautaires
PTF	Partenaires Techniques et Financiers (WHO, UNICEF, UNFPA, etc.)
SBC	Social Behavior Change
SNIS	Système National d'Informations Sanitaires
STI	Science, Technology, and Innovation

ANNEX 3: SUBAWARD/SUBCONTRACT APPROVAL MEMORANDUM TEMPLATE

Submission Date					
Prime Implementing Partner					
Prime Award Title and Number					
Subaward Information					
Name, Address, and Contact					
Unique Entity Identifier (UEI)					
Sub Award Type	<input type="checkbox"/>	Subcontract/contract (Cost Reimbursement)	<input type="checkbox"/>	Subgrant (Cost Reimbursement)	
	<input type="checkbox"/>	Subcontract/contract (Fixed Price)	<input type="checkbox"/>	Subgrant (Fixed Amount)	
Within Authorized Geographic Code	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (Rationale):	
Procurement of Equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Draft Subaward	<input type="checkbox"/>	Included	Detailed Budget	<input type="checkbox"/>	Included
The prime incorporated all the applicable flow-down clause/provisions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Title					
Total Estimated Cost/Amount (USD)					
Period of Performance					
Place of Performance (Geographic Coverage in-country)					
Objective / Purpose					
Selection Process, Responsibility Determination, and Award Rationale (Requirements: <ul style="list-style-type: none"> ● Acquisition: 52.244-2 and 44.2 ● Assistance: 2 CFR 200.317-327) 					

ANNEX 4: HEALTH OVERVIEW

1. Maternal and Newborn Health

Although a high proportion of births occur in health facilities (80%), DRC has one of the highest maternal mortality rates in the world,¹⁴ with an estimated 620 deaths per 100,000 live births.¹⁵ The major causes of maternal mortality are postpartum hemorrhage, sepsis, and preeclampsia. It is estimated that 46% of these maternal deaths were related to a woman's delayed decision in seeking healthcare in time (first delay).¹⁶

High disparities also contribute to poor maternal health outcomes. 42% of women made at least 4 antenatal care visits in rural areas compared to 61% in urban areas.¹⁷ Skilled birth attendance varies greatly, 65% to 98% of births with lower coverage in rural areas.¹⁸ Only half (50%) of women who gave birth receive a post-natal care visit two days within giving birth.¹⁹

Poor quality of maternal health services is a persistent challenge to accelerating maternal health gains. While only 8% of maternal care facilities lack essential birth equipment and supplies²⁰, about 90% of birth attendants had never undergone any specific training in preventing maternal and newborn mortality, such as active third stage labor management, essential newborn care, or emergency obstetric care.²¹ Studies found that there are major gaps in competent intrapartum care including the correct use of the partograph, provision of infection prevention during childbirth, and continuous monitoring following delivery, as well as ensuring access to obstetric equipment required during childbirth including the use of the

¹⁴ WHO, UNICEF, UNFPA, The World Bank Group, United Nations Population Division. Trends in maternal mortality: 2000 to 2017 : UNICEF, UNFPA, and The World Bank estimates. 2019

¹⁵ Ramazani IB, Ntela SM, Ahouah M, Ishoso DK, Monique RT. Maternal mortality study in the Eastern Democratic Republic of the Congo. *BMC Pregnancy Childbirth*. 2022 May 31;22(1):452. doi: 10.1186/s12884-022-04783-z. PMID: 35641954; PMCID: PMC9153209.

¹⁶ Ibid

¹⁷ UNICEF: Maternal and newborn health disparities; Jan 2024

¹⁸ Brenner S, Madhavan S, Nseyi CK, Sese C, Fink G, Shapira G. Competent and deficient provision of childbirth services: a descriptive observational study assessing the quality of intrapartum care in two provinces of the Democratic Republic of the Congo. *BMC Health Serv Res*. 2022 Apr 25;22(1):551. doi: 10.1186/s12913-022-07737-5. PMID: 35468822; PMCID: PMC9040341

¹⁹ https://www.healthynewbornnetwork.org/hnn-content/uploads/DRC-country-profile_english-March-2024-1.pdf

²⁰ Ecole de Santé Publique de Kinshasa (ESPK), ICF International. Évaluation des Prestations des Services de soins de Santé (EPSS) 2017–2018. Rapport Final. Kinshasa and Rockville; 2019

²¹ Ministère du Plan et Suivi de la Mise en oeuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP), ICF International. Deuxième Enquête Démographique et de Santé en République Démocratique du Congo (EDS-RDC II 2013–14). Rockville; 2014

partograph. One study found that deficiencies in maternal health care are mostly due to providers' oversight rather than limited availability of equipment and supplies.²²

The newborn mortality rate in the DRC is high, with 26 neonatal deaths per 1,000 live births²³ and 28 stillbirths per 1000 births (2021).²⁴ Key drivers include prematurity (34.7%) birth asphyxia (28.6%) and sepsis (6%).²⁵ A large portion of neonatal deaths occur within the 48 hours after birth but only 6% of newborns in rural areas receive postnatal care (PNC) within 2 days after birth, compared to 12% in urban areas. Neonates born from mothers less than 20 years old are at increased risk of dying compared to neonates born from older mothers. The Neonatal Mortality Rate for younger mothers (33 neonatal deaths per 1,000 lives) is 1.2 times higher than for mothers aged 20-29 years old (28 neonatal deaths per 1,000 live births).²⁶

The USAID Accelerator Activity seeks to improve equitable access, quality, and demand for (maternal, newborn, child health and adolescent) MNCAH services. Specifically, it aims at improving quality of care, improving client, and respectful care of MNCAH services, recognising that improving core competencies and skills is not enough. One needs to also improve attitudes and behaviors of health providers all along the continuum of service delivery (facility and community) to improve health outcomes.

2. Family Planning

Use of modern contraception remains low with significant provincial disparities. It is estimated at 15.5% in 2020. An estimated 31.8% of women of reproductive age, or over three million women, have an unmet need for family planning. The total fertility rate is high, estimated at 6.6 children per woman. Early childbearing among adolescents 15 to 19 years old also remains high, at 13 pregnancies per 1,000 girls. Approximately 27% of adolescent girls already have been pregnant or have given birth.

Barriers to improving the modern contraceptive prevalence rate (mCPR) include low demand, lack of information on FP and birth spacing, limited couple-centered counseling, gender barriers

²² Brenner S, Madhavan S, Nseyi CK, Sese C, Fink G, Shapira G. Competent and deficient provision of childbirth services: a descriptive observational study assessing the quality of intrapartum care in two provinces of the Democratic Republic of the Congo. *BMC Health Serv Res.* 2022 Apr 25;22(1):551. doi: 10.1186/s12913-022-07737-5. PMID: 35468822; PMCID: PMC9040341.

²³ United Nations Inter-Agency Group for Child Mortality Estimation (2024).

²⁴ United Nations Inter-Agency Group for Child Mortality Estimation (2023).

²⁵ UNICEF: Maternal and Newborn Health Disparities, DRC, Jan 18, 2024

²⁶ Clarke-Deelder E, Shapira G, Samaha H, Fritsche GB, Fink G. Quality of care for children with severe disease in the Democratic Republic of the Congo. *BMC Public Health.* 2019 Dec 2;19(1):1608. doi: 10.1186/s12889-019-7853-3. PMID: 31791291; PMCID: PMC6889659.

to women's ability to seek Family Planning²⁷, limited male involvement, and lack of access to quality, comprehensive MCH/FP services and commodities.²⁸ The whole range of family planning options is often lacking due to contraceptive stock outs, poor quantification and distribution.

The GoDRC has developed a National Family Planning Strategic Plan (NFPSP) with ambitious targets to address these persistent unmet needs and increase the contraceptive prevalence rate by 2024. The MOH has also committed to the global FP 2030 goal of ensuring universal access to sexual and reproductive health services and rights by 2030.

The NFPSP lists issues it seeks to redress to improve quality of FP services. These include: limited coordination among all actors, limited coverage of FP services provided by the FOSA (not all FOSAs have trained FP counselors-only 60% of FOSAs have capacity to provide FP services), limited quality of services due to limited training and supervision of FP providers at facility level, regular stock out of contraceptives, Demotivation of community-based distributors due to lack of or low financial incentives (as they are officially volunteers and therefore not paid)and limited commitment and allocation of resources to create demand for FP services.

The NFPSP also recognizes that due to social, cultural and religious contexts, women, especially in rural areas, and youth, especially adolescents not married and sexually active, face many barriers that limit their autonomy to choose FP services. The Plan also calls for a greater implication and integration of FP services tailored to both men and women.

The USAID Accelerator Activity seeks to improve access, demand and use of family planning services, increasing male engagement, strengthening couple decision making for family planning, and improving access to family planning services for non-married sexually active women and adolescents. Young adolescent girls in the DRC are particularly vulnerable as they are often exposed to early marriages, teenage pregnancies and gender-based violence (GBV). Among unmarried sexually active young girls, only one in five use a modern contraceptive, while unmet need remains high at 48% among girls age 15-19. The low use of condoms (27%) and family planning services (5%), coupled with high abortion rates, puts adolescents at further

²⁷ Bapolisi WA, Bisimwa G, Merten S Barriers to family planning use in the Eastern Democratic Republic of the Congo: an application of the theory of planned behaviour using a longitudinal survey *BMJ Open* 2023;**13**:e061564. doi: 10.1136/bmjopen-2022-061564=

²⁸ Muanda MF, Ndongo GP, Messina LJ, Bertrand JT. Barriers to modern contraceptive use in rural areas in DRC. *Cult Health Sex.* 2017 Sep;**19**(9):1011-1023. doi: 10.1080/13691058.2017.1286690. Epub 2017 Mar 3. PMID: 28276915.

risk.¹⁷ Only 80 out of 516 (15%) health zones offer a minimum package of youth-friendly sexual reproductive health rights (SRHR) services.¹⁸

3. Child Health

DRC remains home to one of the highest child mortality rates (less than five years old) in sub-Saharan Africa, with an estimated under-five mortality of 81 deaths per 1,000 live births according to 2021 UN estimates. About two thirds of deaths occur during the postnatal period; malaria, diarrhea, and pneumonia are among the main causes. Declining routine immunization coverage during COVID-19 fueled more frequent outbreaks of measles, cholera, and yellow fever, contributing to child morbidity and mortality.

Very limited progress has been made to reduce malnutrition as a significant underlying cause of child mortality in the DRC. Nationally, 43% of children aged 0-59 months suffer from chronic malnutrition, while 23% experience severe malnutrition. Additionally, 8% suffer from acute malnutrition and 3% from the severe form; 23% are underweight, and 7% experience severe underweight. The on-going global food security crisis and insecurity are exacerbating food insecurity among children. While the essential package of health services includes nutrition specific services, often the health providers lack the skills and knowledge to prevent and address malnutrition both in children, adolescents and women during pregnancy. Limited counseling and understanding of optimal Infant and young child feeding practices contribute to child's malnutrition.

The MOH uses integrated community case management of childhood illnesses (iCCM) as the cornerstone of its equity-based approach to extend management of uncomplicated cases of malaria, acute respiratory infection, diarrhea, and moderate malnutrition to hard-to-reach children. However, a study of 321 health facilities in five provinces of the DRC: Equateur, Bandundu, Katanga, North Kivu, and South Kivu revealed that many challenges in the implementation of iCCM, including insufficient training of IMCI and the fragmentation of the health sector funding in different provinces, which contribute to increased health inequities. The same study found that only 41% of the children in the catchment area of the survey were taken to a health facility. Most of the health providers (63%) did not collect enough information for an accurate diagnosis across childhood's illnesses (pneumonia, malaria, fever). Secondly, in the case that health workers collected the most relevant information, they often fail to correctly diagnose the disease and severity. Most worrying some, even when the diagnosis was made correctly, providers often fail to give the appropriate medication. This was particularly

the case for malaria. Less than one-fifth of severely ill children were referred to urgently needed inpatient care.²⁹

4. Nutrition

Food security and malnutrition continue to worsen throughout the DRC, more than 37 million people are suffering from malnutrition due to poverty, unavailability of nutrient-rich foods, lack of access to health and nutrition services, inappropriate feeding and care practices for young children and mothers, and poor water, sanitation, and hygiene practices. In 2023, UNICEF reported that 1.6 million children aged five years or younger suffered from GAM (global acute malnutrition), with 520,000 of them suffering from severe acute malnutrition.³⁰ Nearly 900,000 children under the age of five and more than 400,000 pregnant and lactating women are likely to be acutely malnourished. The long-term impacts of malnutrition are significant and considerably increase maternal and child mortality rates and decrease cognitive and learning abilities of families, communities and individuals.³¹

In alignment with the DRC's National Nutrition Strategic Plan and the DRC's Country Roadmap for Global Action Plan, USAID is scaling up high-impact, nutrition-specific and nutrition-sensitive interventions in the provinces with the highest levels of malnutrition to address both the direct and underlying causes of malnutrition. USAID plans to use funds to emphasize integrated, locally led health, nutrition, and livelihoods programming in ways that build resilience among families and communities. This will include creative approaches to elevate nutrition and other outcomes, such as using Vitamin A supplementation outreach to screen for children who have missed their measles vaccinations and refer them to health centers. Nutrition programming will prioritize the continuum of care for the management of acute malnutrition in target provinces to reduce the rate of morbidity and mortality linked to malnutrition, focusing on children under 5 and pregnant women, with an emphasis on the 1,000-day window from pregnancy to the child's second birthday.

In response to the growing needs to address malnutrition in DRC, the USAID Accelerator Activity will work in close collaboration with other USAID Multi-Sector Nutrition investments (i.e. Feed the Future) and also other donors' investments (i.e., UNICEF and others) to improve the quality of nutrition specific services provided through health services (facility to community). Where feasible, the USAID Accelerator Activity will also promote nutrition-

²⁹ Ibid

³⁰ <https://data.unicef.org/topic/nutrition/malnutrition/>

³¹ A.Akilimali, S.Banga, M.Oduoye, C. Biama, A. Munyangi, E. Byiringio, et al., Malnutrition among under-five children in Democratic Republic of the Congo: A plague of the health system, *Annals of Medicine and Surgery* 82 (2022) <https://doi.org/10.1016/j.amsu.2022.104260>

sensitive actions to improve care practices of young children, food intake and prevent disease through improved adoption of key healthy behaviors, delivered through health and community systems.

5. Immunization:

The current GDRC plan for revitalizing routine immunization (RI), the Mashako Plan 2.0, has the ambitious goal of ensuring that 75% of children under five are fully vaccinated by the national health system on a routine basis, and free of charge, by 2023. However, to date, full immunization coverage remains low.

The Government of DRC's Mashako Plan succeeded in increasing immunization coverage for several years, but then routine immunization coverage declined during the COVID-19 pandemic. A joint-donor immunization coverage survey that USAID supported in 2021 found that only 38% of children (1.8 million) are fully vaccinated: 1 in 8 children have never been vaccinated ("zero dose"), and 1 in 2 children have not completed their vaccination schedule ("under vaccinated"). DRC continues to face regular vaccine-preventable disease outbreaks, notably measles and polio, which are mostly due to inadequate immunization coverage. A USAID Global Health Bureau priority for maternal and child health funding is identifying and vaccinating zero-dose and under-vaccinated children.

6. Tuberculosis

The Democratic Republic of the Congo is among the 30 global high burden countries listed for TB, TB/HIV and MDR/RR-TB. The NSP promotes scaling up effective interventions to reduce gaps of missing TB cases and how best to increase TB case notification with two main strategies: 1) Passive Case Finding (PCF) which consists of screening TB within all entry doors in all TB Diagnostic Setting (CDT) with their Satellite health Settings (CT). 2) and Active Case Finding (ACF) which include a wide range of strategies to raise awareness about TB and TB screening, diagnosis and referrals to treatment. Both strategies work with community participation through RECOs, Civil Society Organizations (CSO) and Community Based Organizations (CBO) who work closely with Health care providers to address the TB epidemic.

The USAID Accelerator Activity must work in close collaboration with other USAID TB investments (TB LONS) in synergy with other donors for instance the Global Fund, Action Damien, CHAI to promote early TB detection.

Malaria

Malaria is the leading cause of mortality and morbidity in DRC with 27.7 million malaria cases and 22,224 malaria deaths reported in 2023, a decrease of 1% compared to 2022 data. Globally, DRC accounts for an estimated 12% of all malaria cases and 13% of all malaria deaths.³² It is estimated that 97% of the population lives in areas with stable malaria transmission lasting 8-12 months while 3% live in mountainous areas (east) where malaria is unstable. The greatest burden of malaria morbidity and mortality falls on pregnant women and children less than five years old.

The malaria epidemiological stratification conducted in January 2023 by the National Malaria Control Program (NMCP) using Demographic and Health Information Software 2 (DHIS2) data from 2019 to 2021 found that the malaria incidence per 1,000 population at 192 malaria cases in Sud Kivu, 204 malaria cases in Lomami, 231 malaria cases in Tanganyika, and 241 in Kasai central. Among children less than five years old, the malaria prevalence is estimated at 14% of children in Sud-Kivu, 41% in Kasai Central and more than half of all children in Tanganyika and Lomami (54%).³³

DRC continues to struggle to achieve targets in intervention coverage and burden reductions. The DRC's National Malaria Strategic Plan 2024-2028 aims to improve the DRC population's health status by reducing the human and socio-economic burden due to malaria. The overall objective is to reduce malaria morbidity by 70% and malaria mortality by 50% from 2021 levels.

Malaria case management services are provided at different levels of the healthcare delivery system through national guidelines. All suspected malaria cases are supposed to be tested by malaria rapid diagnostic test (mRDT). The NMCP case management objective is to treat 100% of confirmed malaria cases according to the national guidelines at all levels of care, including at the community level.

Per World Health Organization (WHO) guidelines, the national strategy includes provision of ITNs at the first ANC visit, a minimum of four doses of intermittent preventive treatment of malaria in pregnant women (IPTp) starting at 13 weeks gestational age, and effective case management of malaria. A study in DRC of Community IPTp, (C-IPTp)³⁴, bringing IPTp services

³² PMI: U. S President's Malaria Initiative, Malaria Operational Plan FY 2024

<https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2023/12/FY-2024-DR-Congo-MOP.pdf>

³³ PMI: U. S. President's Malaria Initiative. DRC Country Profile-2023

<https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2023/12/FY-2024-DR-Congo-Country-Profile.pdf>

³⁴ Gonzalez R et al: The impact of community delivery of intermittent preventive treatment of malaria in pregnancy on its coverage in four Sub-Saharan Countries-a quasi-experimental multi-center evaluation. The Lancet

closer to the pregnant women, using Community Health Workers found that not only a greater number of pregnant women had access to IPTp services, the doses of IPTp increased, fewer number of pregnant women took either no IPTp or low doses, and attendance to ANC was not affected. Pregnant women still sought ANC services while receiving IPTp doses from CHWs. Based on data, delivery of IPTp through CHWs is an effective complementary approach to antenatal care clinics that can increase IPTp coverage in DRC without negatively affecting antenatal care attendance.

The USAID Accelerator Activity aligns and supports the NMCP 2024-2028 objectives. It seeks to improve the skills and behaviors of health workers in providing malaria services (case management, intermittent preventive treatment of malaria during pregnancy-IPTp), to strengthen referral systems across the pyramid of care from community to health centers to referral hospitals per national malaria treatment guidelines and improve uptake of malaria prevention by households and communities.³⁵ Since malaria cases start at the household level, making correct early decisions is key, including seeking prompt care when children have a fever. In DRC, studies have shown that often parents of sick children will resort to self-medication or revert to unconventional treatment.³⁶ One of the barriers is the limited access to quality health care services (RECOs and Community Health Centers). While community health workers are essential to the integrated community-management of malaria and crucial at promoting malaria prevention behaviors³⁷, a study conducted in DRC found that the effectiveness of integrating CHWs in the elimination of malaria is limited as most households reported seeking malaria services from other sources.³⁸ This Activity will need to support efforts to Improving the effectiveness and quality of malaria health services at community level.

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[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00051-7/fulltext#seccestitle10](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00051-7/fulltext#seccestitle10)

³⁵ Bavurhe RF, Akilimali A, Muhoza B, Biamba C, Oduoye MO, Masimango G, Cakwira H, Balume A, Rusenyi RB, Kibukila F, Nyakio O. What are the challenges and the possible solutions to fight Malaria in the Democratic Republic of Congo? *New Microbes New Infect.* 2023 Jun 14;54:101160. doi: 10.1016/j.nmni.2023.101160. PMID: 37416864; PMCID: PMC10320575.

³⁶ Katumbo A.M., Tshiningi T.S., Sinanduku S., Mudisu L.K., Mulunda P., Mukuku O., Luboya O.N., Malonga F.K. The practice of self-medication in children by their mothers in Lubumbashi, Democratic Republic of Congo. *J. Adv. Pediatrics Child Health.* 2020;3:27–31

³⁷ World Health Organization Integrated Community Case Management of Malaria. [(accessed on 14 July 2020)];2017

³⁸ Ntamabyaliro NY, Burri C, Lula YN, Ishoso D, Engo AB, Ngale MA, Liwono JY, Mukomena ES, Mesia GK, Mampunza SM, Tona GL. Knowledge of Antimalarials and Health Seeking Behaviour of Households in Case of Suspected Malaria in Democratic Republic of the Congo. *Trop Med Infect Dis.* 2021 Aug 26;6(3):157. doi: 10.3390/tropicalmed6030157. PMID: 34462413; PMCID: PMC8406087.

Other barriers include limited knowledge effective malaria treatment at community and household's levels³⁹, understanding of the consequences of malaria, religious and cultural beliefs and economic considerations including rapid access to poor quality antimalarials in the private sector.^{40 41} This activity will scale up SBC interventions targeting women of reproductive age and their partners to promote prompt care seeking behaviors when children have a fever, ANC attendance, sleeping every night under a bednet, IPTp uptake. The USAID Accelerator Activity will continue to scale up efforts to treat children with severe malaria with Rectal Artesunate (RAS) as pre-referral treatment, based on lessons learned from the CARAMAL Project.⁴² The USAID Accelerator Activity will support MOH to scale up the use of malaria vaccine by strengthening training of health workers to deliver and counsel on the new vaccine.

7. Zoonotic diseases and emerging public health outbreaks

The risk of emerging infectious disease and future pandemics are increasing. Rapid population growth, land-use, climate change, globalization, unsafe livestock farming practices and wildlife trade provide multiple opportunities for pathogens to evolve into new forms, making spillover from animals to humans more frequent and intense.⁴³ It is estimated that 75% of emerging infectious human diseases have an animal origin.⁴⁴

Recent, multiple infectious disease outbreaks in DRC including cholera, mpox, yellow fever, meningitis and Covid 19, Ebola is a reminder of the impact of these threats and the urgent needs to build DRC's capacities to prevent, detect and respond to these public health threats. Responding to emerging infectious diseases requires a multi-sectoral approach as for example, animal disease outbreaks can threaten food security, disrupt local economics, lead to human disease outbreaks, and erode social fabrics in vulnerable societies.⁴⁵

³⁹ https://www.researchgate.net/publication/364158123_Self-medication_and_Anti-malarial_Drug_Resistance_in_the_Democratic_Republic_of_the_Congo_DRC_A_silent_threat

⁴⁰ Ntamabyaliro NY, Burri C, Lula YN, Ishoso D, Engo AB, Ngale MA, Liwono JY, Mukomena ES, Mesia GK, Mampunza SM, Tona GL. Knowledge of Antimalarials and Health Seeking Behaviour of Households in Case of Suspected Malaria in Democratic Republic of the Congo. *Trop Med Infect Dis.* 2021 Aug 26;6(3):157. doi: 10.3390/tropicalmed6030157. PMID: 34462413; PMCID: PMC8406087.

⁴¹ https://www.researchgate.net/publication/364158123_Self-medication_and_Anti-malarial_Drug_Resistance_in_the_Democratic_Republic_of_the_Congo_DRC_A_silent_threat

⁴² <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-023-04737-6>

⁴³ <https://www.woah.org/en/what-we-do/global-initiatives/one-health/>

⁴⁴ Ibid

⁴⁵ Global Health Security Agenda Framework 2024. <https://globalhealthsecurityagenda.org/wp-content/uploads/2022/11/ghsa2024-framework.pdf>

DRC Global Health Security success depends upon collaboration among the health, the security, the environmental and the agriculture and animal health sectors. USAID/DRC has supported the country's efforts to establish structures and systems to strengthen the One Health Approach.

ANNEX 5: USAID HEALTH INVESTMENTS IN THE DRC

I. USAID Health Investments

USAID's Integrated Health Program (IHP) (January 2018 - May 2025) Serve 41 million people (30% of population) in 9 provinces: provide TA, grants, training, basic medical equipment, and community outreach to strengthen health systems and governance at provincial and lower levels; increase equitable access to quality facility- and community-based health services; and foster adoption of healthy behaviors. Includes: 1) increasing provincial, zonal, and facility capacity to plan, implement, and monitor MCH, TB, FP/RH, malaria, and nutrition services; 2) improving transparency and oversight of health service administration; 3) strengthening TB, malaria, and other disease diagnosis, treatment, and surveillance; 4) increasing access to and use of essential health services and commodities; 5) equipping health facilities for readiness to provide services; 6) addressing care-seeking barriers and promoting gender equality; and 7) partnering with local organizations, government, and private sector for domestic resource mobilization

MOMENTUM Safe Surgery (MSSFPO) (September 2020 - June 2026) Provide respectful, holistic care for the prevention and treatment of obstetric and iatrogenic fistula, and expand access to informed and voluntary FP methods. Includes: continuing partnership with 3 hospitals in Kinshasa, Goma, and Bukavu and newly supporting 2 hospitals in Haut Lomami and Kasai Central; building their capacity to become Centers of Excellence; and training doctors from rural hospitals on cesarean sections, peripartum hysterectomies, and fistula repairs.

MOMENTUM Integrated Health Resilience (MIHR) May 2020 - June 2026 Increase equitable access to an essential package of quality MNCH, FP/RH, TB, and nutrition services in North Kivu; support health zones, health facilities, and communities to build resilience to recurrent health shocks and stresses; develop and test innovative resilience measurement and assessment tools and approaches.

Momentum Routine Immunization Transformation and Equity (M-RITE) July 2020 - June 2026 Provide TA and operational support to strengthen national and provincial level immunization systems in support of Mashako Plan. TA includes health system strengthening, building workforce capacity, and addressing gender challenges. Serve as lead TA partner for COVID-19 vaccination rollout.

Digital Square (2016-2026) Advance DRC's digital health agenda and strengthen MoH leadership capacity to govern digital initiatives through the National Digital Health Agency; support development of Enterprise Health Architecture to integrate NHIS needs and increase use of health data for decision-making; support landscape analysis of existing digital health initiatives.

TB Implementation Framework Agreement (TIFA) (2019-2024) Develop local, context-specific approaches to strengthen TB case detection, treatment, and prevention services, and support provincial governments and the National Tuberculosis Program (NTP) personnel through results-based milestones. Includes TA to identify and treat pediatric TB cases and conduct community campaigns; training to National TB Program (NTP) to scale up pediatric TB diagnostics and increase TB diagnostic network capacity with GeneXpert; improving the national TB commodity and supply warehouse; scaling up TB case contact investigation approaches; supporting TB Contact Investigation Intervention in Five Provinces (Mai-Ndombe, Kwilu, Kwango, Kasai Central and Haut-Lomami) and administering a performance-based financing sub-grant for TIFA NTP staff.

TB LON - USAID REDUCE TB March 2021 - March 2026 One of 2 USAID activities in DRC that is a part of the LON led by HPP-Congo. Equip local communities and health service providers in Haut-Katanga, Haut-Lomami, and Lualaba to better manage and deliver TB prevention, treatment, and care interventions; collaborate with MoH, provincial TB coordination structures, and local organizations to identify TB cases and support TB patients and their households to complete treatment and initiate preventive therapy. One of 2 USAID activities in DRC that is a part of the LON. Strengthen TB prevention, care, and treatment Kasai Central, Kasai Oriental, Lomami, Sankuru, South Kivu, and Tanganyika through sub-awards with 5 local organizations that span CSOs, FBOs, private sector service providers, and academic institutions; provide TA to these local organizations to implement locally generated solutions to improve TB diagnosis, treatment, and prevention.

TB Local Organizations Network (LON) SASA IVI DRC – Elimination of Tuberculosis Kasai/ Eastern Congo/ (SANRU) September 2020 - September 2025 One of 2 USAID activities in DRC that is a part of the LON. Strengthen TB prevention, care, and treatment Kasai Central, Kasai Oriental, Lomami, Sankuru, South Kivu, and Tanganyika through sub-awards with 5 local organizations that span CSOs, FBOs, private sector service providers, and academic institutions; provide TA to these local organizations to implement locally generated solutions to improve TB diagnosis, treatment, and prevention.

Medecine Technologies and Pharmaceutical Services Program (MTaPS): MTaPS

September 2018 - September 2023 Strengthen pharmaceutical systems to ensure sustainable access to, and appropriate use of, quality-assured and affordable essential medical products and pharmaceutical services; supports antimicrobial resistance programming efforts through capacity building models for Global Health Security; develop a capacity building program for Association of Supply Chain Professionals; support community management of MNCH and FP commodities.

Community Epidemic and Pandemic Preparedness Program (CP3): Through this program, community volunteers have been trained in community surveillance of selected priority diseases, including measles, Ebola virus disease (EVD), cholera, yellow fever, COVID-19, Mpox, and related prevention and control measures. Messages have been developed in collaboration with RCCE partners. Community volunteers raise alerts which are directly recorded in the Government's formal surveillance structures. Tools have been piloted for real-time detection and reporting and response to disease outbreaks to strengthen warning and early response. Provincial One Health Cellules and all-hazards plans have been developed in selected provinces.

Breakthrough ACTION: Breakthrough ACTION July 2017 - July 2025 Develop and promote SBC messages to drive demand for priority malaria, TB, FP, MCH, WASH, and nutrition interventions; test innovative media tools and models to reach diverse audiences; increase local media and other organization capacity to coordinate, design, implement, and evaluate SBC interventions; implement sustainable, audience-tailored SBC programming to reduce risky contact with animals and zoonotic disease spillover, working with other GHSA partners. Increasing Social Behavior Change (SBC) interventions in line with the latest Breakthrough Action survey findings and recommendations will be a part of USAID USAID Accelerator Activity Activity in TB Technical area.

Annex 6 : Localization Partner Landscape and Market Compensation Survey

USAID/DRC has completed a Localization Partner Landscape and Market Compensation Survey. The assessment aimed to understand 1) the readiness and potential of local entities and other organizations working in the DRC to partner directly with USAID and 2) what is fair and reasonable compensation for local (DRC) staff employed in development and humanitarian work.

The USAID/DRC Mission is disseminating this assessment to help inform organizations interested in or currently working on development or humanitarian assistance programs in the Democratic Republic of Congo for use in designing activities, developing proposals/applications, or general program administration. Please find the Market Compensation Landscape Survey posted on sam.gov for your reference.

<https://sam.gov/opp/9aefa5ae7923498397b63aaa8b2fe9c9/view>

