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Subject: Notice of Funding Opportunity (NOFO) No.: 72066322RFA00008

Program Title: USAID/Ethiopia Quality Healthcare Activity

Ladies/Gentlemen:

The United States Agency for International Development's (USAID) Mission in Ethiopia (USAID/Ethiopia) is seeking applications for a cooperative agreement from qualified entities to implement the USAID Quality Healthcare Activity, subject to the availability of funds. Eligibility for this award is not restricted.

USAID intends to make an award to the applicant(s) who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Selection of an Apparently Successful Applicant (ASA) will be in two phases: Phase-1 Oral Presentation by responsive applicants, and Phase-2 co-design with the ASA from Phase-1 and evaluation of full application. Eligible parties interested in applying 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.

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

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

Issuance of this NOFO 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,

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List of Acronyms

Acronym	Meanings
AMELP	Activity Monitoring Evaluation and Learning Plan

AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
CDCS	Country Development Cooperation Strategy
CLA	Collaborating, Learning and Adaptation
CQI	Continuous Quality Improvement
CHD	Child Health and Development
DHS	Demographic Health Survey (Ethiopian)
DO	Development Objective
ECBH	Empowered Communities for Better Health
EHCRIG	Ethiopian Health Center Reform Implementation Guideline
EHSTG	Ethiopian Hospitals Service Transformation Guidelines
EmONC	Emergency Obstetric and Neonatal Care
FP	Family Planning
GOE	Government of Ethiopia
HC	Health Center
HF	Health Facility
HFID	Health Financing Improvement Program
HIV	Human immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HRH	Human Resource for Health
HSDP	Health Sector Development Plan
HSS	Health Systems Strengthening
HSTP	Health Sector Transformation Plan
IOM	Institute of Medicine
IPC	Infection Prevention and Control
IR	Intermediate Result
KMC	Kangaroo Mother Care
KPI	Key Performance Indicator
LARC	Long-Acting Reversible Contraceptives
LMIC	Low- and Middle-Income Countries
MCH	Maternal and Child Health
MCSP	Maternal and Child Survival Program
M&E	Monitoring & Evaluation
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
NQS	National Quality Standard
PBF	Performance Based Financing
PHC	Primary Health Care
PHCU	Primary Health Care Unit
QI	Quality Improvement
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SaLTS	Saving Lives Through Safe Surgery
SARA	Service Availability and Readiness Assessment
SCM	Supply Chain Management

SDG	Sustainable Development Goal
SDP	Service Delivery Point
SNNP	Southern Nations, Nationalities and People
SWE	Southwest Ethiopia
USAID	United States Agency for International Development
USG	U.S. Government
WASH	Water, Sanitation and Hygiene

SECTION A: PROGRAM DESCRIPTION

A.1 ACTIVITY TITLE

USAID Quality Healthcare Activity.

A.2 INTRODUCTION

USAID/Ethiopia intends to award a five-year assistance Activity entitled, "USAID Quality Healthcare" to support an organization or group of organizations, from here on, known as "Applicant", "Recipient" or "Consortium" who share the expressed public purpose of improving the quality of healthcare for better reproductive, maternal and child health outcomes. The overall goal of this Activity is to improve the reproductive, maternal, newborn, child, and adolescent health (RMNCAH) status of women, adolescent girls, and children by building the capacity of urban and peri-urban primary health care units (PHCU) and referral health facilities in planning and delivering client-centered, quality RMNCAH services. This award will be funded with maternal and child health, and family planning funding. Therefore, all proposed activities and interventions should directly contribute to improved RMNCAH services, uptake, and ultimately, improved RMNCAH outcomes. The Activity goal will be achieved through three key, interrelated objectives:

1) improving readiness of the health facilities to deliver client-centered, quality RMNCAH services.

2) strengthening management and accountability for quality RMNCAH services; and

3) restoration of health services in conflict-affected areas.

The Activity will contribute to the quality improvement priorities of the Government of Ethiopia (GOE) as outlined in the Health Sector Transformation Plan (HSTP II: 2020-2025), the National Healthcare Quality and Safety Strategy (revised), and national RMNCAH strategies and guidelines.

The Activity will be implemented in selected woredas (hereafter referred as districts) of five regions of Ethiopia, namely Amhara, Oromia, Sidama, Southern Nations, Nationalities and People's (SNNP) and Southwest Ethiopia (SWE). It will build on the gains of USAID/Ethiopia historical investments over the past two decades through various awards including Integrated Family Health Program (IFHP), Maternal and Child Survival Program (MCSP), and Transform/Primary Health Care, awards. The Activity will also have strong links with existing USAID/Ethiopia health systems strengthening (HSS) investments addressing critical areas of human resource for health (HRH), supply chain management (SCM), and health information systems. These linkages will ensure comprehensive support to selected districts and health facilities to ensure delivery of quality health services for Ethiopian citizens. This investment will be complemented by demand side activities through other awards, including behavior change communication and strengthening community empowerment, engagement, and voice to ensure delivery of client-centered care.

The selection and design process for this Activity will include: 1) Oral Presentations by **all** qualified applicants in Addis Ababa or virtually 2) Based on the oral presentations, one

Applicant (Apparently Successful Applicant) will be invited to collaboratively develop a final program description with USAID/Ethiopia and with inputs from other relevant actors.

A.3 PROGRAM DESCRIPTION

A.3.1 Background and Problem Analysis

Country Context:
Ethiopia is home to over 80 ethnic groups with diverse cultural, religious, and linguistic backgrounds. In 2021, Ethiopia has an estimated population of 121 million[1], of which over 80 percent reside in rural areas. The country has eleven regional states and two chartered city administrations that are further divided into zones/sub cities, districts, kebeles (administrative villages). For regional states, the district is the lowest independent administrative unit that contains several rural kebeles. Ethiopia's health sector is decentralized, with the district managing the PHCUs and the bulk of public health programs at community and household levels.

Health context:

Ethiopia Service Delivery Context: Ethiopia's 1993 Health Policy continues to provide the health system framework in emphasizing comprehensive primary health care (PHC), including disease prevention, health promotion, and rehabilitating disabilities[2]. The policy also mandates that the Ministry of Health (MOH) develop health infrastructure, health workforce, and service delivery systems.

The fourth Health Sector Development Plan (HSDP)-IV, 2010/11-2014/15) introduced a three-tier health care delivery system: primary, secondary, and tertiary care systems. As opposed to the earlier six-tier or four-tier health care delivery arrangements, the three-tier system brought the primary health services closer to the communities and households. There is a slight difference in primary health care delivery arrangements between the urban and rural areas, as depicted in the diagram below. The private health facilities also contribute to a significant portion of the service delivery, especially in urban and peri-urban settings.

[1] Source: https://docs.google.com/document/d/10fdWcjI2JLZq7uGDy5KXnMMGXBuTqkv3/edit#. Accessed on April 17, 2022
[2] Federal Democratic Republic of Ethiopia (FDRE). Health Policy of the Transitional Government of Ethiopia. Addis Ababa: FDRE; 1993.

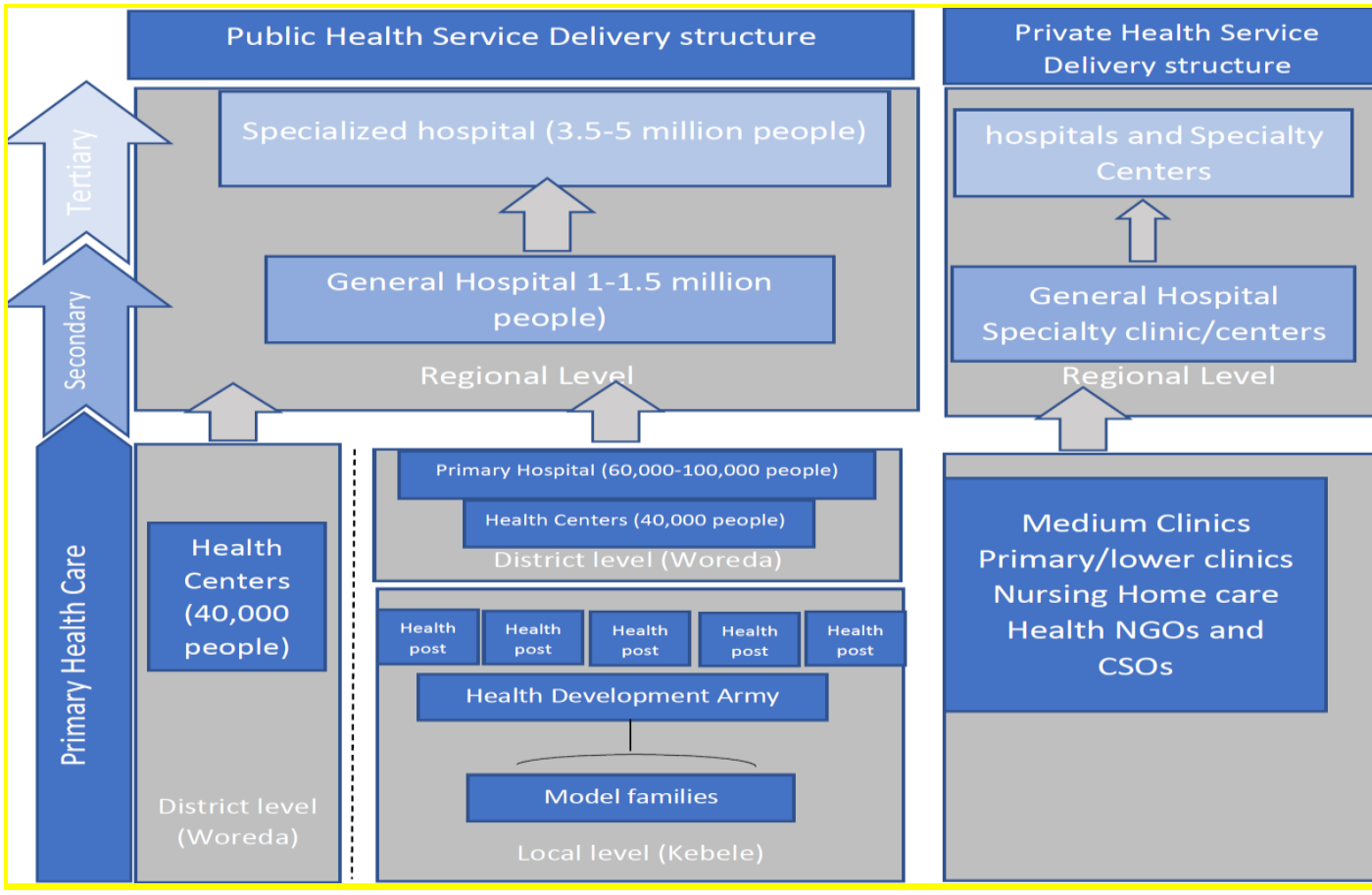

Figure 1: Overview of Ethiopian Health Care Delivery Structure

The PHC level consists of a primary hospital, up to five health centers (HC), and up to 25 satellite health posts (HP), which together are called PHCU. Each PHCU is expected to serve a catchment population of 60,000-100,000 and are managed by district health management authorities. The urban health centers have larger infrastructure to serve about 40,000 people, while the rural health centers serve about 25,000 people (on average) and have a better staffing level and mix to provide the healthcare comparable to the primary hospitals in the rural settings.

Secondary care is delivered by general hospitals with a catchment population of 1.5 million and overseen by a regional health bureau. On the other hand, tertiary care is provided by specialized hospitals with a catchment population of approximately 5 million people[3] with regional and federal oversight.

The referral network is embedded in the service delivery system that links the health facilities within and across different tiers of care. The preventive, promotive, essential curative, and rehabilitative health services are mainly provided at the PHCU, which is also where USAID/Ethiopia has directed its investments over the past decades.

[3] World Health Organization (2015): Improving health systems efficiency: human resources for health reforms. Accessed on April 10, 2021.

Ethiopia Health System Performance: The 2016 Ethiopian Demographic and Health Survey (EDHS)[4] and the 2019 mini-DHS[5] revealed tremendous progress in several health service access, delivery, and outcome indicators at national level in the 20 years preceding the surveys. However, newborn mortality and nutrition indicators have stagnated. Moreover, there were significant disparities across regions and different population groups that are buried under national aggregate reports. Generally, urban areas had better health outcomes compared to rural areas. However, women, children, and adolescents living in urban slums have less access to health services and consequently, suffered poor health outcomes[6,7]. As a result, ensuring equitable access to quality healthcare for all Ethiopians is at the heart of current health sector strategies, plans, and programs[8], and also, key to achieving sustainable development goals (SDG)[9]. This principle should ideally guide all investments in public and private health sectors for the benefit of Ethiopian citizens.

Global Definitions on Quality of health care: Currently, there is no universally accepted definition of *quality* within the global health community. Health care providers, financiers, purchasers, clients, and communities (i.e., users of health services) have different perceptions regarding the quality of health care. Yet a standard definition would be critically important to measure, monitor and continuously improve the quality of health care. The US Institute of Medicine (IOM) issued the guiding definition "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"[10] which is generally accepted and applied[11] for measurement, monitoring and improvement of quality of health care.

Berwick, D. et al aptly described in their 2018 article 'Crossing the global quality chasm: improving health care worldwide' that concerns about quality of healthcare exist in all health systems, regardless of any country's socio-economic and health sector development status. The authors also classified the difference between the desired and actual health services not as a simple gap but as a "chasm". The key recommendations included in the report:

- redesigning person-centered healthcare system and improving patient journey across the life course
- ensuring health system accountability to service users
- addressing adverse impacts of corruption
- building health literacy in the community
- integrating and coordinating care
- improve regulation of quality of healthcare
- strengthening public-private partnerships

[4] EDHS. Central Statistical Agency [Ethiopia] and ORC Macro. Ethiopia Demographic and Health Survey (EDHS); 2016 https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf
[5] Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. Ethiopia Mini Demographic and Health Survey 2019: Key Indicators. Rockville, Maryland, USA: EPHI and ICF. https://dhsprogram.com/pubs/pdf/FR363/FR363.pdf
[6] AMDD-Urban-MNH-Report_July-20-2016-Final-Report
[7] The effect of enhanced public-private partnerships on Maternal, Newborn and child Health Services and outcomes in Nairobi-Kenya the PAMANECH quasi-experimental research protocol
[8] Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organization for Economic Co-operation and Development, and The World Bank; 2018. License: CC BY-NC-SA 3.0 IGO
[9] United Nations, The 2030 Agenda for Sustainable Development,https://sdgs.un.org/goals
[10] Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001
[11] Ministry of Health (2016): Ethiopia National Health Care Quality Strategy (2016-2020): Transforming the Quality of Health Care in Ethiopia

- learning and properly incorporate the informal care (self-care/family care) sector
- creating a culture of learning and use of increase in availability of digital technologies[12].

USAID focuses on improving all aspects of healthcare quality, i.e. effectiveness, safety, client-centeredness, timeliness, efficiency, equity, and accessibility. USAID wants everyone to have access to high-quality essential health care, medicines, devices, and supplies. Quality extends beyond service delivery and requires sustainable system-wide improvements that become institutionalized as everyday practice.[13]

Quality Improvement Efforts in Ethiopia: As clearly stipulated in Ethiopia's two health sector transformation plans (HSTP-I, 2015-2020 and HSTP II, 2021-2025), quality and equity in healthcare, and particularly at the PHC level, are top priorities for the country. Improving these two essential elements of health service at lower system levels requires creating high-performing PHCUs, engaging the community in service delivery, and consistently improving clinical care. This in turn requires competent and motivated health care providers, managers, and leaders at lower and referral facilities and at management structures.

Based on the HSTP-I priorities and transformation agenda, Ethiopia developed and launched a National Healthcare Quality Strategy (NQS) 2016-2020 to guide its planning and implementation of national healthcare quality improvement practices. The NQS defines quality as "comprehensive care that is measurably safe, effective, patient-centered, and uniformly delivered in a timely way that is affordable to the Ethiopian population and appropriately utilizes resources and services efficiently"[14]. The NQS prioritizes maternal, newborn and child health (MNCH), nutrition, communicable and non-communicable diseases, and clinical and surgical services. Building on the NQS, several quality improvement initiatives were developed and implemented, including MNCH Quality of Care (QoC), Saving Lives through Safe Surgery (SaLTS), and the Learning Health Facility[15], to mention a few. However, these initiatives have narrowly improved QoC only within their respective technical areas of focus and associated facilities. Consequently, such limited coverage resulted in a low nationwide impact. As a result, an assessment of NQS implementation showed only 34 of the 54 interventions (64%) in NQS were initiated by 2020.

Institutionalizing QoC interventions requires adequately resourced and empowered structures to facilitate effective planning and implementation of initiatives, and coordination amongst technical units at different levels and key stakeholders.[16] There is a Health Services Quality Directorate within the MOH along with associated subnational quality units. The directorate focuses more on hospital-based clinical care and has limited role and leadership capacity to comprehensively coordinate quality improvement initiatives at all levels[17]. The NQS development spotlighted role confusion, limited capacity, and lack of coordination among the

[12] Berwick D, Snair M, Nishtar S. Crossing the global health care quality chasm: a key component of universal health coverage. Jama. 2018 Oct 2;320(13):1317-8.
[13] USAID: IMPROVING HEALTH SYSTEM QUALITY
[14] Federal Democratic Republic of Ethiopia Ministry of Health. Ethiopian National Health Care Quality Strategy, 2016-2020.
[15] Ministry of Health (2019): Ethiopian Health Care Quality Bulletin. Vol 1, May 2019
[16] Ministry of Health (2020): Review of HSTP-I achievements (situation analysis) for Second Health Sector Transformation Plan (HSTP)
[17] HSTP-II situation analysis.

MOH's multiple governance units, which predictably affected the NQS's uniform adoption and content application across health priorities. Even though the NQS was comprehensive, its content did not sufficiently highlight points of flexibility within its recommendations that can best respond to emerging and evolving needs. The recently revised and updated National Quality and Safety Strategy is anticipated to address most of these issues and will hopefully inform the resulting implementation guidelines.

Ethiopia's health system continues to strive for an efficient, coordinated referral system to link the health facilities through clear, transparent communication, coordinated client-centered services, and documented patient-tracking within referrals across facilities.

Ethiopia captures several RMNCAH coverage indicators through its Health Management Information System (HMIS), which has greatly improved data analysis and is used to inform decision-making and policy development. Yet, indicators for assessing levels of quality of such care are mostly absent.

The Northern Ethiopia conflict that started in November 2020 has damaged several key infrastructures, including health facilities (as evidenced by various assessments including a USAID one linked here), resulting in limited health access to millions of people in the Afar, Amhara and Tigray regions. It will require a concerted effort to restore the health system in these regions to its pre-conflict status and to ensure delivery of quality RMNCAH services.

Problem Analysis:
Ethiopia continues to face significant health shocks and routine public health challenges including health systems vulnerabilities that impact delivery of quality health services. Availability of skilled health workers is still low by Africa regional standards; management capacity at all levels varies, and there is variation in the scale and quality of service provision. As a result, Ethiopia has experienced inconsistent health system performance, quality of care and lagging health outcomes due to inefficiencies in the health system and overreliance on fractured, donor dependent funding.

In Ethiopia there are about 412 maternal deaths for every 100,000 births according to the Ethiopia Demographic Health Survey (EDHS 2016). EDHS 2019 also highlighted a five percent increase (44%) in the proportion of children 12-23 months in Ethiopia who have received all basic vaccination from 39 percent in 2015 (EDHS 2016). Modern contraceptive use among currently married women has increased steadily since 2005, from 14% to 41%. Almost half (48%) of live births in the five years prior to the 2019 mini-EDHS occurred in a health facility; showing an increase from 26% in 2016, while home deliveries decreased from 73% to 51% over the same period. While there has been tremendous progress over the past 20 years, there are meaningful gaps in the health system that require continued support and solutions to accelerate progress in the health sector, specifically around RMNCAH outcomes.

The Ethiopian MOH has developed and adopted MNCH service quality standards. However, the standards are not widely used due to several factors, including inadequate understanding of healthcare quality and limited practices, weak organization and delivery of health care services, and communities' preference to bypass PHC levels for secondary- and tertiary-level care.

In addition, shortages of competent, motivated care providers, essential drugs, medical equipment, and technologies, poor infrastructure, weak referral, service integration across

components within and along the continuum of care, and weak data use for improvement were identified as barriers to quality healthcare service provision. Poor infrastructure, including insufficient power with unreliable electric supply, lack of consistent water supply and poor sanitary facilities[18,19], and weak internet connectivity are other impediments for quality improvement efforts and NQS implementation. Poor governance and coordination exist within PHCUs and referral facilities, as well as at various health system levels responsible for quality improvement to tackle the QoC bottlenecks.

Accountability for healthcare quality is crucial to ensure, maintain, and continuously improve the quality of healthcare. The structures for regulating healthcare quality and holding service delivery units accountable exist at national and regional levels. However, these structures are understaffed while the existing staff lacking sufficient knowledge and skills in healthcare quality control and regulation[20]. The structures also lack sufficient autonomy to enforce healthcare quality standards, particularly with the government health facilities[21]. Moreover, there is inadequate alignment, partnership, and collaboration between the regulatory structures and the health sector functions that oversee and coordinate the maternal and child health service. To have an impact, the regulatory bodies must have mechanisms to exert their authority and must regularly collect and act on monitoring data to verify compliance. Facilities also need resources to enable the achievement of standards which requires decision makers to address funding sources and sustainability at each phase of development of a quality regulation program.

Thousands of health facilities have been damaged and looted in conflict-affected areas, and population access to health care in these areas has become a huge challenge. Per the MOH's December 2021 report, over 2,800 health facilities (40 hospitals, 453 health centers, 1850 health posts, and 466 private health facilities) were damaged in the Amhara region alone. Additional assessments are underway by the health offices and partners to determine the magnitude of damaged health facilities, which will provide detailed information on the degree of damage and the need for each health facility (HF).

Over the next five years, the Activity will address these problems by increasing readiness of the urban, peri-urban high caseload health facilities to deliver quality RMNCAH care services. This result will be achieved by increasing the healthcare provider and manager competency and performance, more specifically promoting women managers, and by strengthening accountability and participatory systems to register community feedback, thereby increasing client satisfaction and service utilization and ultimately, preventing maternal and child mortality. The Activity will also support restoration of health services in conflict-affected areas through rehabilitation and equipping of damaged facilities.

The Activity will ensure the cross-cutting effort of improving quality of care in building on the gains of the USAID/Ethiopia's two RMNCAH flagship activities - Transform Primary Health Care and Transform Health in Developing Regions.

[18] Ethiopia Service Availability and readiness Assessment (SARA), 2018
[19] FMOH. Review of National Health Care Quality Strategy (2016 – 2020), Draft report, April 2020
[20] HSTP-I Mid-term evaluation, HSTP-II situation analysis, ARM 2019
[21] HSTP-II (SWOT Analysis)

A.3.2 Geographic Focus

Building on the gains of the USAID/Ethiopia's RMNCAH flagship activity, Transform Primary Health Care, this Activity will be implemented in five regions: Amhara, Oromia, Sidama, SNNP and SWE. Final decisions on district selection will be made after a thorough review of relevant data, implementation of facility readiness tools, review of post-conflict assessments, and established criteria outlining partnership requirements for USAID complementary support at district and facility levels. Additionally, the Activity will prioritize secondary cities aligned with the Alternative Growth poles[22].

The Activity will support districts and facilities in a tailored approach based on health status, priority needs, performance potential, and both level and multi-year commitment of complementary financing. As such, the Activity will frame its support in targeting four tiers ranging from Tier 0 (i.e., conflict-affected areas for extensive rehabilitation support) to Tier 3, categorized by graded performance from low to high in using GOE and partners' agreed-upon Key Performance Indicators (KPI), Ethiopian Hospital Service Transformation Guideline (EHSTG), and Ethiopia Health Center Reform Implementation Guidelines (EHCRIG) and any other supplemental data/tools to identify target facilities and woredas. . . Please Refer to Section B.6 Technical Approach for further details on district-level selection criteria. (See preliminary list of proposed districts Quality of Care: Woreda Selection) and the map of the districts here. (use this username: **Ethiopia_Viewer_USAID** and password: **3thiopiaUS@ID21!** to access the map)

A.3.3 Summary of Relevant USG and Donor Activities

USAID Quality Healthcare Activity consolidates lessons from USAID's investments in RMNCAH activities, including the USAID Transform Primary Health Care. The Activity will strategically align and synergize its effort with existing and upcoming United States Government (USG) and other donors' activities, including those targeting the health outcomes for girls, women, children, adolescents, and youth.

Relevant USG activities under the HSS and ECBH Projects for potential layering and integration with the USAID Quality Healthcare Activity are as follows:

- **Healthy Behaviors Activity** aims at improving sustained adoption of appropriate health and nutrition behaviors by families by increasing adoption of optimal household health practices, demand for health and nutrition services, and an enabling environment for gender-equitable and healthy behavior.
- **Empowered Communities** will aim to empower communities at grassroots level to own health as a valued asset and to take responsibility to improve their own and others' health through enhanced community ownership for health and by strengthening accountability systems and platforms.
- **Health Workforce Improvement Program (HWIP)** supports improvements in competence of health workers, health sector workforce management and regulation

[22] As a result of the Secondary Cities Assessment that the Ethiopia Performance Monitoring and Evaluation Services (EPMES) Activity conducted on behalf of USAID in 2020, USAID/Ethiopia has made a strategic decision to intentionally focus USAID investment in a limited number of strategic geographic areas, which USAID/Ethiopia is calling Alternative Growth Poles (AGP). Alternate Growth pole final report, June 2021.

capacity and in institutionalizing data generation and utilization for HRH planning, development, and management.

- **Health Financing Improvement Program (HFIP)** aims to reduce financial barriers to access essential health services by increasing domestic resource mobilization (DRM) and enhanced provision of quality PHC services, streamlining pooling of risk-sharing/insurance mechanisms for increased access to PHC services, facilitating strategic purchasing of public and private health services, and improving health facility governance, management, and evidence generation.
- **Digital Health Activity (DHA)** supports health information technology (IT) systems and data repositories at all health system levels and builds the culture of MOH's data use and capacity in health information systems.
- **Supply Chain for Health Improvement Program (SCHIP)** in collaboration with the MOH, will improve availability and accessibility of essential medicines, medical supplies, & equipment at service delivery points through improved systems to ensure consistent availability and use.
- **Feed the Future Ethiopia Community Nutrition** aims to improve the nutritional status of women and children through improving the appropriate nutritional behavior and utilization of health and nutrition services.
- **Market Based Water Sanitation and Hygiene (WASH) Activity** which aims to increase equitable access to, and use of, improved sanitation and hygiene products and services.

The USAID Quality Healthcare Activity will also build upon the QoC activities of other donors and partners, including the WHO-led Maternal and Neonatal Health (MNH) collaborative learning districts and the Institute for Healthcare Improvement's Ethiopia Health Care Quality Initiative.

A.3.4 Lessons Learned

The midterm and final performance evaluations[23],[24] of the USAID Transform Primary Health Care Activity, identified multiple promising approaches and initiatives in improving the quality of RMNCAH services. This Activity will build on the gains and lessons learned from the Transform and other USG and non-USG funded activities. The following list highlights a few of the promising approaches and lessons learned from the evaluation:

- **Evidence-based leadership practices** which focus on developing a culture of local data use to identify issues, jointly solve problems, and monitor changes. Proper use of data by leaders at primary and referral healthcare facilities leads to appropriate decision-making and enhances the process of addressing problems.
- **Coaching and mentorship support** which aims to build local capacity through catchment-based clinical mentorship, quality improvement mentorship and other interventions have higher potential for ownership and sustainability.

[23] Draft Final Performance Evaluation of TPHC, 2022
[24] Transform Primary Health Care Activity midterm review, 2020

- **Innovative clinical skill labs** established at health center level to strengthen peer-to-peer education and promote practical hands-on experience for practitioners and interns played a key role in improving the competencies of health care providers and overall quality of care.
- **Expansion of Quality Improvement Collaboratives** beyond MNH to include Family Planning (FP), Adolescent Youth Health and Development, and Child Health and Development (CHD) created an opportunity to apply Quality Improvement (QI) promising practices and interventions to overall RMNCAH.
- **Integration of services**: FP integrations with other service units, such as Human Immunodeficiency Virus (HIV), Youth-Friendly Service, antenatal care (ANC) and delivery, and CHD, are promising practices to improve contraceptive uptake including postpartum FP and improvement in the quality of care for FP services.

Applicants will be required to demonstrate how their proposed interventions reflect promising practices and lessons learned outlined above and from other available evidence in their applications.

A.3.5 Results/Logical Framework and Intended Results

This Activity falls under USAID/Ethiopia's DO4, which aims to advance gender-equitable essential service outcomes and two IR under DO4, IR 4.4: "Utilization of quality health and nutrition services increased;" and IR 4.5: "Health and nutrition systems strengthened for greater self-reliance". This Activity is within the ECBH Project and directly contributes to IR 3, which aims to improve the quality of health services at primary-level health facilities, particularly sub-IR 3.2 that aims to increase the capacity of primary-level health facilities and district health officials to deliver optimal quality of health services to the community. The Activity will also contribute to IR 2 of HSS Project which aims for improved quality of essential services, and especially IR 2.1 which aims for strengthened adherence to service delivery standards and improved clinical oversight.

The purpose of this Activity is to build the capacity of urban and peri-urban PHCUs and referral health facilities in planning and delivering client-centered, quality RMNCAH services. This Activity will improve RMNCAH status and delivery of client-centered, quality care by increasing readiness of health facilities, increasing healthcare provider and manager competency and performance, strengthening systems for feedback and accountability, and enhancing community participation, thereby increasing client satisfaction and service utilization and ultimately, preventing maternal and child mortality. The Activity will also support restoration of health services in conflict-affected areas by rehabilitating and equipping damaged facilities.

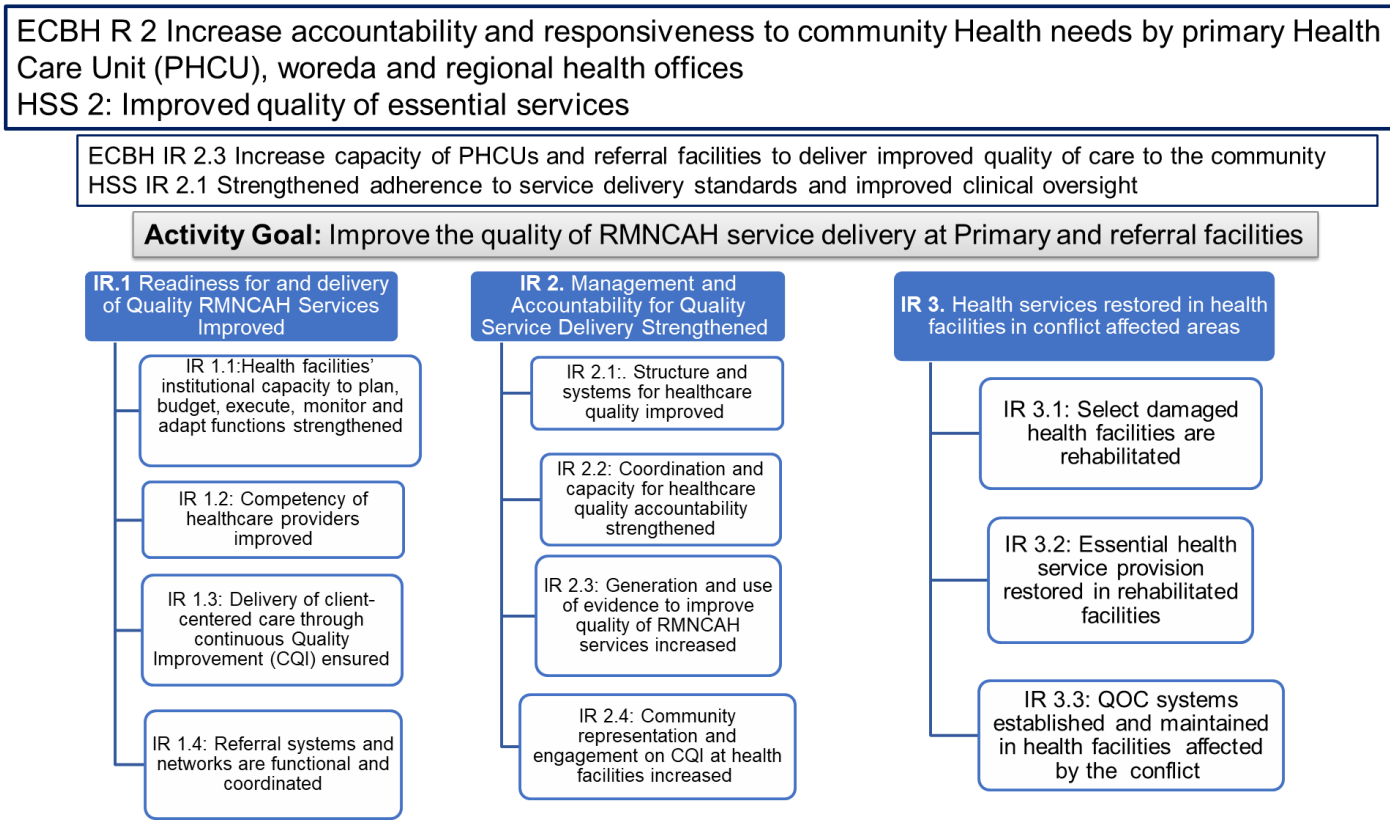

Figure 2: Result framework of the USAID Quality Healthcare Activity

Results Areas:

As shown in the result framework, above and listed as follows, this Activity has three result areas and 10 sub-results areas:

IR. 1 Readiness for and delivery of Quality RMNCAH Services Improved

IR 1.1. Health facilities' institutional capacity to plan, budget, execute, monitor, and adapt functions strengthened

IR 1.2. Competency of healthcare providers improved[25]

IR1.3. Delivery of client-centered care through continuous quality improvement (CQI) ensured

IR 1.4. Referral systems and networks are functional and coordinated

IR 2. Management and Accountability for Quality Service Delivery Strengthened

IR 2.1. Structure[26] and Systems[27] for healthcare quality improved

IR 2.2. Coordination and capacity for healthcare quality accountability strengthened

IR 2.3. Generation and use of evidence to improve quality of RMNCAH services increased

IR 2.4. Community representation and engagement on CQI at health facilities increased

IR 3. Health services restored in health facilities in conflict-affected areas

IR 3.1. Select damaged health facilities are rehabilitated

[25] Service Provider Capacity (competency, skill, compliance), motivation and performance Strengthened to Align to National Clinical Protocols (Quality, Child Health, Newborn Health, Maternal Health, FP/SRH)

[26] "Structure" stands for a unit or a team in-charge of quality of healthcare

[27] "System" stands for the QoC standards, guidelines, data management systems, plan-performance review and feedback system, Accountability mechanism etc

IR 3.2. Essential health service provision restored in rehabilitated facilities
IR 3.3. QoC systems established and maintained in conflict-affected health facilities

The Quality of Healthcare Activity Theory of Change:
IF the readiness of health facilities and delivery of quality RMNCAH service are improved; and
IF management and accountability for quality service delivery are increased; and
IF health services are restored in health facilities in conflict-affected areas.

Assuming that,

PHCUs and referral facilities consistently utilize their increased capacity to continuously improve the quality of RMNCAH services.

Resources to resolve bottlenecks for RMNCAH quality services are available for these facilities.

Other USG and non-USG-supported health system activities are successful in co-leveraging investments for a well-functioning health system; and

Peace and accessibility are restored in conflict-affected areas

THEN the quality of RMNCAH services, client satisfaction and utilization of health services, will be enhanced, leading to improved health outcomes and sustained quality improvement efforts.

Activity Description and Expected Results
Applicants will propose interventions that will achieve the expected results (as measured by indicators and targets) for each sub-IR and will provide the rationale in the activity monitoring, evaluation and learning plan (AMELP).

IR. 1 Readiness for and delivery of Quality of RMNCAH Service Improved

The time around birth (from the onset of labor up to the first week after delivery) presents the greatest risk in the life of a mother and her newborn. Approximately 280,000 maternal deaths and about 4 million stillbirths and early neonatal deaths still occur annually mainly in low- and middle-income settings (LMIC)[28]. There is a global drive to promote facility deliveries but unless coupled with health system strengthening to improve quality of care within facilities, the increased access will not likely translate into reduction in maternal, fetal and newborn deaths.

Health facility readiness refers to the facility's capacity to provide a specific health service such as FP/MCH, diagnosis or treatment for infectious diseases, etc. to the public. Facility readiness is measured through availability of tracer items such as infrastructure and basic amenities[29], trained health care providers and managers, and essential equipment, supplies, medicines, and diagnostics[30,31]. According to Ethiopia's Service Availability and Readiness

[28] World Health Organization. Trends in maternal mortality: 1990-2013. Geneva: World Health Organization; 2014.
[29] Basic amenities assessed based on the availability of the following tracer items: power (grid or generator), communication equipment, consultation room, improved water source, adequate sanitation facilities, and computer with internet access, and emergency transportation
[30] Ministry of Health (2017): ETHIOPIA Services Availability and Readiness Assessment 2016; Comprehensive Report, January 2017.
[31] Manu et al (2018): Assessment of facility readiness for implementing the WHO/UNICEF standards for improving quality of maternal and newborn care in health facilities – experiences from UNICEF's implementation in three countries of South Asia and sub-Saharan Africa. BMC Health Services Research (2018) 18:531.

Assessment (SARA, 2018)[32], only 7 percent of the facilities fulfilled all the tracer items for readiness to provide family planning services, and none of the facilities had all tracer items needed for ANC. On average, only three tracer items out of ten were available in the facilities (32 percent). In addition, the availability of at least one staff member trained in family planning was observed in less than 63 percent of health facilities. The gender mix of health facility staff was also found to be unbalanced in representation across staffing levels.

This result and sub-results are expected to support effective coverage and not empty scale-up, helping to solve the issue of coverage vs. quality, but rather ensuring all current and future services are delivered in a quality matter, while additionally supporting greater coverage. It is expected that the result will also support U.S. Global Health Security Agenda priorities of strengthening infection prevention and control and antimicrobial resistance in hospitals.

Partners are not expected to be directly held responsible for improvements in key RMNCAH indicators but rather monitor implementation as proxy indicators as improvements in the partners efforts. Some illustrative indicators are below:

RMNCAH Area	**Indicators**
Reproductive health	● % of facilities that provide LARCs services ● % of postpartum women who access Postpartum FP services ● Number of new users of family planning in past 12 months (stratified by age) ● HL7.1.2: Percent of USG-assisted service delivery sites providing FP counseling and/or services
Maternal Health	● % women delivering in a health facility who are provided with prophylactic postpartum oxytocin/uterotonics/AMTSL ● % of facilities with functional basic Emergency Obstetric and Newborn Care services ● % of facilities with functional* Comprehensive Emergency Obstetric and Newborn Care service ● % of women delivering in health facilities ● HL6.2.2: Number of women giving birth in a health facility receiving USG support.
Newborn health	● % of newborns asphyxiated at birth that were successfully resuscitated ● % of districts conducting perinatal death audits quarterly ● % of preterm babies who are managed with KMC ● HL6.3.63: Number of newborns who received postnatal care within two days of childbirth in USG-supported programs.
Child health	● % of districts with measles dropout rates less than 10% ● % of suspected pneumonia cases provided with antibiotics ● % of children with diarrhea receiving both ORS and Zinc

IR 1.1: Health facilities institutional capacity to plan, budget, execute, monitor, and adapt functions fulfilled strengthened.

[32] Ethiopia Service Availability and Readiness Assessment (SARA), 2018.

Inputs such as basic amenities, essential medical equipment and medicines, standard precautions for infection prevention and control (IPC), and basic diagnostic capacity for RMNCAH services are required for effective delivery of quality RMNCAH services. This Activity will assist health facilities to plan and mobilize resources, including with funding through this award, to improve availability of these inputs to deliver sustainable quality RMNCAH services. Standardized facility assessments will define and direct USAID investments under this award. The Recipient will be required to present assessment findings and determinations for investments through such assessments for approval by USAID. More specifically, this Activity will collaborate with USAID-funded activities engaged in related technical areas including supply chain management and with other health system actors to ensure the availability of these inputs. Moreover, health facilities with high performance could be selected for targeted investments through **result-based financing mechanisms to support more systemic facility quality of care improvements that are in alignment with MOH and other funded PBF schemes.** Such investments could be earmarked towards improving the health facility readiness in addition to rewarding best performers (health care providers).

Expected results

- Facilities have basic amenities, equipment, essential medicines, diagnostic capacity, and IPC standard precautions
- Capacity for installation, management and maintenance of equipment increased including min blood bank expansion
- Improved health facilities' supply chain functions[33] capacity

Illustrative indicators

- HL.7.1.3: Average stockout rate of contraceptives at service delivery points (SDP) by family planning method.
- Proportion of health facilities that have all the Emergency Obstetric and Neonatal Care (EmONC) signal functions.
- Proportion of health facilities which meet the minimum level of tracer items for health facility readiness as stipulated in relevant national QI standards and guidelines.
- % of Districts that have incorporated RMNCAH QoC Plan and Budget in Annual District Action Plan
- % of District/health facilities that used RMNCAH scorecards to review implementation of annual work plan in the last quarter

IR 1.2. Competency of healthcare providers in RMNCAH improved

Competent health care providers with adequate knowledge of health care quality standards, skills, and motivation to perform are critical for the provision of quality RMNCAH services. Accordingly, this sub-result aims to ensure that health care providers and managers in the target health facilities have the required competencies to provide optimum quality RMNCAH services. The capacity of the health workers in rational use of medicine to prevent antimicrobial resistance and efficient use of medicine will be enhanced. The Activity will also support the target health facilities to adopt and institutionalize the use of established RMNCAH standards to improve and sustain QoC across service delivery units to reduce maternal, newborn and child mortality. The Activity will collaborate with related

[33] forecasting, projection, planning, requesting/procurement, and monitoring and reporting stock level etc

USAID-funded activities and other relevant actors, including local universities, to realize this result. The Activity will employ innovative approaches for quality improvement such as result-based financing (RBF) to be tested and implemented to incentivize health care providers.

Expected results

- Health workers' competence and motivation for delivery of quality RMNCAH improved through innovative approaches including provision of advanced neonatal care (KMC and other Neonatal Hypothermia management)
- Health workers and managers are consistently provided supervision, mentorship, and technical support to adopt and use the national RMNCAH QoC standards
- Rational use of medicine is systematically integrated in the routine practice of health workers
- Improved compliance with RMNCAH national service standards
- Result-based financing approaches are institutionalized for improved quality of healthcare in select facilities

Illustrative indicators:

- Percentage of accurate delivery of required clinical actions for normal and emergency delivery, newborn care, FP/Reproductive Health (RH), youth-friendly service provision, etc.
- Percentage of health workers who can provide accurate diagnosis and help increase patient retention/completion of care.
- Proportion of healthcare providers that demonstrated satisfactory level of competency in their assigned RMNCAH thematic areas.

IR 1.3. Delivery of Respectful, Client-Centered Care through Continuous Quality Improvement ensured

Placing clients and their families at the center of care by collecting and integrating their and community feedback is important for continuous improvement of QoC and for building trust between healthcare providers and users. Gender and youth-sensitive service provision is also important in ensuring better utilization of services by women, men and youth. This Activity will help to create a culture of continuous review of healthcare delivery content and process as the foundation for CQI. In creating momentum in sustaining promising practices for CQI, the Activity will collaborate with relevant USAID-funded activities and other actors on gender-responsive programming and on communication and counseling competency of health care providers to ensure client engagement in RMNCAH service provision improvements.

The Activity will collaborate with the USAID Healthy Behavior Activity in relation to gender-based violence prevention and response. This Activity will build on prior USAID investment to ensure the health facilities continue to provide post-GBV services for GBV survivors in a more comprehensive manner.

Expected results

- Improved functionality of Patient Care/Advocate Feedback Platform (tools, forums, operations) for delivery of quality RMNCAH services

- Improved situation awareness and implementation of solutions by healthcare provider and manager based on the client feedback to ensure greater quality, respectful and responsive care
- Improved youth and gender-responsive services across the continuum of care
- Improved utilization of RMNCAH services for disadvantaged population groups. including girls, women, children, and youth living in slums
- Enhanced capacity of health facilities to screen and provide services for sexual and gender-based violence (SGBV) survivors

Illustrative indicators:

- Proportion of health facilities that implement Maternal perinatal Death Surveillance and Response
- Proportion of health facilities that consistently use client-centered standards of care for each RMNCAH thematic area.
- Number of SGBV survivors who received healthcare services

IR 1.4. Referral Systems and Networks are Functional and Coordinated

The Activity will support a streamlined, bi-directional referral system with efficient referral pathways across primary, secondary, and tertiary care levels of the health system, and QoC in higher-level health facilities (tertiary, general and primary hospitals [where there is no tertiary facility]), including private facilities for improved RMNCAH outcomes.

Expected Results

- Effective[34] cross-directional referral networks for RMNCAH services across communities, PHCUs and referral facilities, including private health facilities, established/strengthened.
- Referral audit/accountability system for documentation and monitoring and evaluation of client referral protocol implementation and functionality established.
- Capacity and practices established/strengthened to provide appropriate care by qualified and experienced teams to critical patients during transport to referral facilities.
- Referral service provision is women, child and youth-friendly, including identification of sexual and gender-based violence (SGBV) survivors/clients
- Regular availability of support systems for transport (ambulance services (digitized) for referral services improved

Illustrative indicators:

- Number of PHCUs with established referral audit/accountability system for documentation and monitoring and evaluation of client referral protocol implementation and functionality

[34] patients get the required assessment and determination for referral, counseled adequately about to accept referral and their referral to the the referral facility done timely to get the best care possible and the referring facility gets the full information about the progress and any follow up need after that

- Percentage of patients that require referral who were successfully referred to higher-level care and received appropriate services

IR 2. Management and Accountability for Sustainable Quality Service Delivery Increased

High-quality RMNCAH services are at optimal performance when organized in an organizational structure or functional unit that has highly skilled leaders, managers, and staff. Such organization within a service delivery system ensures local ownership and a client-centered service model grounded on evidence-based technical and operational standards.

IR 2.1. Structure and Systems for Healthcare Quality Improved

High quality RMNCAH services receive optimum focus when the quality of care is integrated into the existing structure/functions, facilitating the creation of better organized, managed, and monitored services within the facility structure and processes. With strong leadership and management support, the quality oversight structures ensure consistent review and troubleshooting of essential service delivery components for evidence-based, technically sound, and client-centered health services.

Expected results:

- Leadership capacity[35] of managers of districts, PHCU and referral facilities including private health facilities improved.
- Effective monitoring and oversight for QoC[36] by health the facility leadership improved.
- Functionality of health facility QI/Performance Management Teams (public and private) improved.
- Inter-department coordination within PHCUs and referral facilities including private health facilities strengthened for improved QoC.
- Strengthened comprehensive integration of clinical services, fiscal management and strategic vision for cost-effective, sustainable quality care and treatment within health facilities.
- Improved coordination, integration, and management of institutional resources and processes to establish performance standards, quality control and program
- Greater reinforcement of administrative management structures tracking workload, staff productivity, client access, performance measures and other quality indicators.
- Systems for complete and accurate diagnostic and procedural coded data to support performance management, outcomes and statistical analysis, financial and strategic planning, and reimbursement established/strengthened
- Participation of women health workers in leadership roles increased.[37]

[35] Leadership capacity: One's individual knowledge, skills and abilities to manage people and resources effectively (to meet the results outlined in this concept note include improved health outcomes, no stock-out, etc) as per national standard

[36] Here, it is to emphasize the facility leadership oversight should go beyond the traditional "access-coverage" monitoring, and look at the quality of care, client satisfaction and availability of inputs for service delivery

[37] 1) It is expected that this activity will build on the historical women in leadership work under T/PHC..i.e. women already placed in leadership position Phase 2: mentoring, coaching, tailored leadership development. 2) Fund select women to attend Master in Public Administration at Jimma University or Addis Ababa University (building on the work of Yale University and CHAI)

Illustrative indicators:

- CBLD-9: Percent of USG-assisted organizations with improved performance.
- Proportion/number of quality improvement units established/strengthened.
- Percentage of Health facilities with high performance (>=80%), as measured by EHCRIG/EHSTG score.

IR2.2. Coordination and capacity for healthcare quality accountability strengthened

Healthcare quality oversight is a complex undertaking and requires the system in place, including availability of evidence-based standards and guidelines, process, and tools for measuring, monitoring, and evaluation of quality of health care. Providing sufficient resources to effectively implement any quality accountability system approach is also critical. This Activity will build the capacity of the health managers at federal, regional and district level involved in the stewardship of health services by designing and implementing tailored training, coaching, and mentoring. Coordination amongst the various directorates/units involved in designing of RMNCAH services, setting standards for the services, and regulating, and provision of services will be enhanced. Institutional capacity will be strengthened by ensuring availability of technical assistance and supporting resource mobilization. Accreditation systems of health facilities and networks of facilities will need to be developed and implemented in specific regions to ensure institutionalization taking best practices and lessons from globally recognized accreditation entities to help in critical support in institutionalization of the accreditation system.

Expected Results

- Enabling environment and autonomy of oversight and stewardship structures are improved to enforce health care quality accountability to ensure delivery of quality, life-saving services
- Structures for healthcare quality strengthened at national level and in selected regions (up to 1-2 regions)
- Individual and institutional capacity enhanced for health quality regulation
- Availability of healthcare quality standards, systems, and tools to hold service delivery entities accountable for quality service provision improved
- Accountability for quality of healthcare improved
- System for accreditation/certification of public and private health facilities strengthened/established

Illustrative indicators:

- Number and % of public and private health facilities assessed against national and/or international accreditation quality standards.
- Number and % of district health offices established accountability systems based on RMNCAH quality standards
- Number of % of health facilities that established internal accountability systems for quality of care

IR 2.3. Generation and Use of Evidence to improve Quality of RMNCAH Increased

Availability and use of timely quality data are key for evidence-informed decision making. The Activity will work closely with target health facilities and various stakeholders to improve quality measurement and use of data for QoC and strengthen the quality of

RMNCAH services. The Activity will promote consistent data analysis and utilization of existing data systems, e.g., Health Management Information System (HMIS) or District Health Information Software 2 (DHIS2), to support quality improvement initiatives and other cross-learning mechanisms to accelerate improvements in health facilities.

Expected Results:

- Capacity of the quality improvement teams at PHCUs and referral facilities including private health facilities on evidence generation and data use for decision making improved.
- Facility-level platform to coordinate evidence synthesis, research uptake and utilization for QoC programming established/strengthened
- Data systems at service delivery points and districts (HMIS/DHIS2, electronic Community Health Information System (eCHIS), Electronic Medical Record (EMR), Logistics Management Information System (LMIS), etc.) are better utilized to inform QI/management initiatives.
- Systems for monitoring of CQI activities with a focus on learning and situational awareness strengthened.

Illustrative indicators:

- number and percentage of health facilities that implement data-driven RMNCAH QoC Improvement plans
- number and percentage of actions points from quarterly data review meetings that are implemented
- data triangulation, analysis and use capacity strengthened
- Number of evidence generated and used to inform QI in RMNCAH services.

IR 2.4. Community representation and engagement on CQI at health facilities increased

Community engagement for responsible stewardship is critical to improving accountability, sustainability and to addressing the increasing demand for quality healthcare.[38] This sub-IR aims to ensure the community is meaningfully engaged in the CQI process. The Activity will collaborate with relevant USAID activities and other relevant actors on community engagement to innovatively measure (e..g, testing new metrics, digital surveys upon exit from facility, etc.) community participation and satisfaction with services.

Expected results

- Proportion of health facility management committees with community member representation (with particular attention to women) increased.
- Community-facility platforms effectively assess and address client/community feedback
- Community-health facility interface platforms effectively utilized for improved QoC.
- Increased client satisfaction with the services in the PHCUs and referral facilities

Illustrative indicators:

[38] Wereta, T., Betemariam, W., Karim, A.M. et al. Effects of a participatory community quality improvement strategy on improving household and provider health care behaviors and practices: a propensity score analysis. BMC Pregnancy Childbirth 18, 364 (2018). https://doi.org/10.1186/s12884-018-1977-9

- Proportion of CQI teams and units that have community representation and engagement.
- Rate of satisfaction and client positive experience.

IR 3. Health services restored in health facilities in conflict-affected areas

Health facilities have been damaged and looted in conflict-affected areas, and access to health care was severed for months. Though the services are slowly resuming, the situation calls for concerted efforts to rebuild/rehabilitate, furnish and equip health facilities, mobilize, and deploy health workforce, and resume essential health services over several months, and even the years to come. Accordingly, this Activity will support limited rehabilitation of selected health facilities and restoration of health services. In addition, the Activity will work towards ensuring the health services provided in these facilities are of optimum quality by establishing and strengthening systems for continuous quality improvement.

IR 3.1. Selected Damaged Health Facilities are Rehabilitated

In the districts of conflict-affected areas of Amhara region where this Activity will be operating, the Activity will support limited rehabilitation of selected health facilities, per the national standards and within the activity's allocation of funds earmarked for construction. Such limited rehabilitation will be aimed towards the necessary infrastructure and associated operations to help restore critical health services. The Recipient will ensure that all available resources are accessed in leveraging its investments to support such rehabilitation work. To inform site selection, the Recipient will be strongly encouraged to solicit and establish through negotiation and agreement with district, facility and community leadership, the minimum level/type of contributions to complement its investments to such rehabilitation work.

Expected Results

- Selected health facilities are assessed, prioritized, and rehabilitated to restore critical health services
- Rehabilitated facilities have strong maintenance plan that would help in sustainable infrastructure management
- Established agreements outlining minimum levels and types of contributions from district, facility, and community leadership to support limited rehabilitation of select health facilities

Illustrative indicator:

- Number of damaged health facilities that are rehabilitated.

IR 3.2. Essential health service provision restored in rehabilitated facilities

As health facilities have been damaged and all that was in them was looted and/or damaged, health services are interrupted. This sub-IR aims at supporting the resuming of essential health services in the rehabilitated health facilities including RMNCAH services.

Expected Results

- The right mix of health workers in terms of gender and profession are deployed and supported to resume provision of health services in the rehabilitated health facilities
- Trauma and conflict-related stress among staff and patients addressed
- Rehabilitated health facilities are stocked with basic medical equipment, supplies,

drugs, and HF furniture to resume health care service provision
- Community mobilized to utilize health care services from these rehabilitated health facilities

Illustrative indicators:
- Proportion of health facilities that started providing essential health services after they are rehabilitated.
- Number of health facilities fully restored the health services to pre-conflict status

IR 3.3. QoC systems established and maintained in health facilities affected by the conflict

Once health care service provision in the rehabilitated health facilities is resumed, there is a need to ensure continued quality improvement procedures and processes are implemented. This sub-IR aims at ensuring CQI systems are instituted and sustained in these rehabilitated health facilities.

Expected Results
- Leadership and management capacity for quality of care at the rehabilitated health facilities improved
- Health workers competency for quality of care at the rehabilitated health facilities improved
- Referral systems and network in the rehabilitated health facilities are instituted and strengthened
- Health facilities can fulfill the QoC standards to their level

Illustrative indicators:
- Proportion of health facilities with functional continuous quality improvement teams.
- Number of health facilities successfully implementing relevant QI initiatives.

A.3.6 Technical Approach

The Activity will have integration and layering with ongoing and new USAID-supported activities under the ECBH and HSS projects to leverage support to strengthen quality improvement in its totality. The Activity will have a crisis modifier set aside and will be flexible to identify, assess, and support emergency response efforts to man-made or natural disasters, including disease outbreaks, drought, conflict, etc., that can save lives, restore/sustain health service delivery, and protect critical interventions for community health, while maintaining public health development gains. The activity will utilize innovative Result-based financing, coupled with independent verification and expertise from local universities, in ensuring better evidence generation and use. The Activity will also ensure improved collaboration in building the administration and management capacity of health facility leadership, especially women. The Activity will support increased engagement with global and regional accreditation entities to institutionalize an improved quality lens in regulation of services in both public and private health facilities.

Based on the criteria in selecting districts and facilities under the different tiers, the Activity will ensure the assistance provided is based on appreciative inquiry, building on historical USAID investments, cost-efficient, realistic, data-driven, and tailor-made to the needs of the

facilities. Given limited resources for this Activity, support will be selective and results-based, thereby, collaboration with existing and new USAID-supported activities is strongly encouraged and to be documented in established agreements for greater clarity. The districts will be stratified into four tiers based on their status at the start of the Activity. districts will be selected based on the presence of conflict-affected facilities and on performance criteria, including RMNCAH Key Performance Indicators (KPI), and DHIS2 data. Below are sample district and facility stratification, link to Quality of Care: Woreda Selection:

- **Tier 0 districts (Red):** Represent districts with facilities in conflict-affected geographies where initial support can include physical rehabilitation of facilities to restoration of health services, with later intervention focusing on core quality of care support identified in Results 1 and 2, similar to non-conflict affected facilities.
- **Tier 1 districts (Orange)**: Represent districts with high-volume facilities, which may or may not have received previous USAID support, and the districts have high maternal and or newborn/child death rates or have lower performance in other related RMNCAH indicators. The facilities in this tier will receive intensive technical assistance across result 1 and 2 to ensure delivery of comprehensive client centered RMNCAH services at the highest quality standards.

- **Tier 2 districts (Yellow)**[39]: Represent districts with health facilities that have received support through USAID (or other donors) and have facilities which are on the right track to be high-performing facilities. These facilities will get light touch support to ensure gains are sustained and to continue to move the RMNCAH services on the right track.

- **Tier 3 districts (Green)**[40]**:** Represent districts with facilities that are at a level of an established network of excellence. These Tier 3 district facilities are being included in this Activity to ensure peer-to-peer learning and experience exchange through twinning and collaborative partnerships with lower tier facilities. Such peer partnerships to build facility performance will be aimed to create a sustainable quality improvement collaborative that can continue throughout and after the Activity. The Tier 3 district facilities will also be considered for eligibility to test performance-based financing approaches to further boost their performance.

For conflict-affected areas, and to ensure facility readiness in all targeted facilities, the Activity will leverage additional resources and technical expertise to ensure efficient utilization of limited resources.

The disaggregation of the districts and facilities into various levels will be based on assessments to be conducted by the Recipient utilizing existing data including USAID-funded assessments, GOE transformation assessment, RMNCAH performance reports from DHIS2 as well as other HC/Hospital standards on infrastructure and RMNCAH Quality standards. The Recipient can propose additional assessments to augment existing

[39] Districts and facilities with moderate performance based on district management standards and other PHCU and hospital standards will have higher proportion (Tier 2)
[40] Up to 20 of high performing districts and facilities (Tier 3) will be included for a twinning partnership approach with low and moderate performing facilities/districts (Tier 1 and 2)

data or tools to ensure quality, data-driven decision-making for intervention woredas/facilities.

The Activity will also ensure that technical assistance (TA) will be driven by data that assesses competence, skills and knowledge of health workers and leaders, facility system status with respect to compliance with and ability to implement standards, as well as having the requisite inputs (i.e., basic infrastructure, equipment, information system functionality) i.e. readiness. The Recipient will work with USAID and MOH/RHB to finalize selection of facilities and districts, based on triangulation of all available, relevant, and quality data points and supplemental assessments.

With varying levels of support, this Activity will target all facilities in the selected districts, that is HPs, HCs, and hospitals in urban and peri-urban settings. The Activity will provide significant TAto hospitals so that they can independently cascade down such support to HCs, who in turn will cascade down support to HPs.

Table 1: Tiered approach for Targeted Technical Assistance (TA) building on previous investments:

Tier	Description	Package of Support	Metrics to Define Standards Per Tiers
0	Conflict Affected districts and Health Facilities	Infrastructure, Rehabilitation, equipping and service restoration, establishing quality improvement systems	Specific Assessments
1	*Low-capacity Districts*: districts and facilities that may or may not have had previous USAID support, high-volume facility, high maternal and or newborn/child death rates OR other related RMNCAH indicators	Intensive TA across result 1 and 2	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and previous Activity reports, supplemental assessments when required
2	*Medium capacity Districts*: Historical USAID RMNCAH support	Lighter touch TA	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and Activity reports, supplemental assessments when required
3	*High-Capacity Districts*: Network of Excellence	Lighter touch TA and training with lower-level tiers	KPIs (DHIS 2), (EHCRIG/EHSTG) assessments and Activity reports, supplemental assessments when required

Other considerations for district selection:

- There will be more districts/facilities in the Tier 2 followed by Tier 1 to ensure effective and achievable results by including fewer quota from the other Tiers

- The cities[41] identified in the Alternative Growth pole will be prioritized
- Facilities will be selected in a referral cluster with referral facilities (found in cities/towns), general hospitals, and PHCUs to ensure comprehensive support is provided where capacitated higher-level facilities can support lower-level facilities.
- Phased scale-up of implementation will be initiated with 50 districts enrolled from the five regions in the first year. In consultation with USAID and MOH/RHB, the Activity's potential scaleup to either intensify support interventions within the 40 districts and/or identify additional districts (up to 27 maximum) for support in its existing five regions will be informed by lessons learned, cost-effective analysis, leveraging of external resources (including district/facility/community results-based, co-financing agreements), and the overall activity budget. After such analysis, the Recipient will propose additional districts (and health facilities), along with tier categorization and cost projections, to USAID for final approval. Furthermore, after three years of support, at least 30% of supported districts (and health facilities) will get lighter above-site support for an additional six months maximum before phasing out completely from the Activity (also outlined in the results-based, co-financing agreements and exit strategy finalized prior to investment).

- USAID/Ethiopia conducted an initial data review and selected some districts for implementation based on a few criteria. The process involved selection of currently safe zones in Amhara, Oromia, Sidama, SNNP, SWE regions and used the following criteria to select the proposed districts:
    - Key RMNANCH Performance indicator performance in EFY2013 with 60% for moderately performing and 20% for low and 20% for high performing.
    - Population size (at least 150,000 population or greater)
    - Relatively safe and secure for initiating implementation
    - Geographic closeness
    - Urban and peri-urban preference for inclusion of referral network facilities for improving the Quality of the Healthcare
    - Some conflict affected districts are included for rehabilitation result

Management of the Activity

The Recipient will present a detailed human resource plan to deliver the expected results under this Activity. The key staff mix shall include Chief of Party, Deputy Chief of Party, Health Management and Administration Advisor, Finance & Operations Director, Learning, Monitoring, and Evaluation (LME) Director, or another staff member that the potential IP proposes to be key personnel. The Recipient will be strongly encouraged to ensure that key personnel and overall staffing plans (for the prime, consortium, and all subgrantee organizations) are gender-balanced in leadership and management, and particularly in

[41] As a result of the Secondary Cities Assessment that the Ethiopia Performance Monitoring and Evaluation Services (EPMES) Activity conducted on behalf of USAID in 2020, USAID/Ethiopia has made a strategic decision to intentionally focus USAID investment in a limited number of strategic geographic areas, which USAID/Ethiopia is calling Alternative Growth Poles (AGP). Ethiopia faces a unique opportunity to harness its rapidly urbanizing population to accelerate its development goals as part of the Government's growth strategy. The purpose of USAID/Ethiopia's AGP geographic prioritization is: *"Taking into account Government of Ethiopia investments and the broader donor landscape, intentionally focus and concentrate USAID investment in a limited number of geographic areas to take advantage of possible synergies, catalysis, leverage, and similar agglomeration-related opportunities between and among Mission-supported programming."*
As such, USAID/Ethiopia has made a strategic decision to concentrate most of its programming in the following AGP cities and city clusters, and their immediately contiguous districts, refocusing its work for deeper impact and transformative growth: Dire Dawa & Harar; Hawassa & Shashemene; Mekelle; Kombolcha & Dessie; Bahir Dar; Jijiga; Adama & Bishoftu

ensuring high representation of women in key senior leadership positions. The potential awardee will also present a conflict-sensitive approach to manage Ethiopia's dynamic context.

The Activity will be managed under the ECBH project of the USAID/Ethiopia Health Office, and the Agreement Office Representative (AOR) team will be assigned from the ECBH and HSS project teams to ensure proper linkages amongst USAID technical staff and also activities engaged to improve health system performance, particularly at PHCU levels.

A.4 STRATEGIC CONSIDERATIONS

The Applicant will be required to demonstrate how these strategic considerations are incorporated in their application.

A.4.1 Gender and Inclusivity

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID's development objectives. It is USAID policy that all Applicants must mainstream and integrate gender into their interventions. Therefore, the Applicant will be expected to demonstrate compliance with USAID Policy Automated Directive System (ADS) 205 and should explicitly state how this Activity supports the gender policies and strategies of the United States and the Government of Ethiopia.
This may include some of the following approaches:

- Procedures to integrate gender in recruitment of Activity staff (with prioritization to senior leadership and management positions) and training plans among both the government and TA providers.
- Where appropriate, gender considerations will be integrated into the Activity to ensure demand, access, quality and , of support to both men and women.

The 2019 Gender Analysis for the ECBH and HSS Projects identified that poor quality services influence the choices of health facilities and utilization of health services by both men and women. The analysis indicated poor quality of health services including maternal health and GBV response. For example, obstetric violence including physical abuse, neglect, non-consented care, non-dignified care, or non-confidential care continue to be reported in Ethiopian health facilities. Moreover, there is no clear approach stipulating how gender parity for health workers can be achieved across different professions and layers of seniority. Generally, health extension workers, midwives and nursing professionals are predominantly female, while female health workers account for a lower proportion of medical graduates including specialists/subspecialists.
Poor service quality at primary health care levels has caused men and women to bypass services at the nearest health facility. For example, the analysis findings reported that 46 percent of individuals who used inpatient services bypassed the nearest inpatient health facility to their homes to seek health care at another health facility.
Landscape analysis conducted under Transform PHC[42] showed that Gender-Based Violence (GBV) response services in most of the health facilities was lacking, and based on this finding, Transform PHC has been supporting the health facilities to avail services. This

[42] USAID/Ethiopia Transform: Primary Health Care Project, Gender-based Violence Landscape Analysis, June 2019

Activity will build on these efforts to ensure the health facilities continue to provide GBV services in a more comprehensive manner.

The Activity will conduct a more in-depth gender analysis within the first six months after award to jointly design interventions with health care providers and managers (and with community input) that can be piloted, tested, and disseminated for replicability across targeted health facilities. Through the analysis findings, the Activity will work collaboratively to address and monitor progress regarding gender in the following areas:

- Male engagement for men (including youth) to access PHC services
- Women and girls to access PHC services
- IP (prime, consortium and subgrantees) leadership and management positions within operational and programmatic structures, including senior levels
- Community engagement and redefining norms, e.g., decision making, health-seeking behavior
- Health workforce, including facility management

A.4.2 Local Systems

USAID Quality Healthcare Activity will be implemented within a three-tier healthcare delivery system in Ethiopia and will be well aligned with the HSTP-II, the national quality strategy and other major healthcare quality improvement initiatives. Moreover, the design and implementation of this Activity will be sufficiently flexible to allow for innovation and adapt implementation approaches to the local contexts at health facility levels.

As stated in other sections, the Activity will build the capacity of PHCUs and referral facilities, as well as their governance and management structures at district and health facility levels. The Activity will leverage local resources, enhance local capacity, and engage communities in decision-making. At the health facility level, the Activity strives to ensure/create a customer mindset for improved whole facility readiness and delivery of client-centered care.

USAID Quality Healthcare not only enhances the quality of health services provided but also supports the health facilities to sustain the quality gains and institutionalize evidence-based quality improvement culture in the health facilities and overall system. As management and leadership capacity and practices are critical for planning, delivery, and sustainability of quality improvement efforts, USAID Quality Healthcare will enhance the capacity of health leaders, and managers at district health offices as well as the teams and staff at health facilities to improve accountability and responsiveness to the community's needs and demands. The Activity will establish results-based, co-financed partnerships with local health authorities and with health facility leadership through written commitments establishing parameters incorporating minimum participation and contribution requirements, including required co-financing levels (i.e., monetary), towards improving healthcare services during the life of the Activity. Such partnership agreements will serve as reference for transparent, targeted dialogue with such entities in establishing the stage for sustained local ownership and financing of interventions beyond the life of the Activity.

A.4.3 Self-Reliance and Sustainability

Ensuring sustainability of the Activity's results will be monitored throughout the entire period of the Activity's implementation and will constitute one of the focal points of its midline and final evaluations.

The Recipient must develop a comprehensive plan that includes cost-effective, sustainable interventions and put together a plan that measures the cost of each proposed intervention at district or health facility level. The Recipient should plan to engage in cost-effective analysis on all proposed interventions throughout the activity to inform its retooling of interventions towards maximum results. This Recipient will also outline an exit strategy per district (including all health facilities) for finalization with local health authorities and health facility leadership to be implemented and completed by Year 4 of the Activity. The Recipient will develop these plans by the end of Year 1 and will share these plans to USAID for review/feedback prior to agreement signature. With this plan, the Activity will focus Year 5 on refinement of investments through technical support where additional enhancement is needed. Illustrative approaches to sustainability may include the following types of interventions:

- Using locally available, cost-effective and appropriate technologies and talent that can be supported by local authorities.
- Strengthening the capacity of targeted health facilities, district health offices, other government counterparts, or local organizations to self-assess internal processes and generate solutions that increase their ability to address quality service delivery and HSS priorities.

Applicants are strongly encouraged to create partnerships with local entities with emphasis on USAID's aim to identify new, underutilized and non-traditional partners who can contribute new design thinking, analysis and documentation to the core focus of this Activity, including the private sector. Such targeted focus for high capacity, productive partnerships with local entities within the Recipient consortium, as well as with subgrantees who will implement critical QI areas, will help to sustain activity gains and local ownership. All interventions will be conducted in close cooperation and partnership with local counterparts to ensure full local ownership and transition, future sustainability, and growth of health sector investment and commitment. The assistance must—whenever possible—be designed to favor short, medium, and/or long-term solutions that could be performed by or later taken over by existing Ethiopian institutions and organizations. Particular attention must be given to activities that support interconnected sets of actors—governments, civil society, the private sector, universities, individual citizens, and others—that jointly can produce outcomes related to strong quality of care, efficiency and accountability of the affected Ethiopian health system.

USAID Quality Healthcare Activity focuses on establishing and strengthening a system for standardization of RMNCAH services in the public and private health systems and utilizes the existing GOE structures. The Activity will work to ensure PHCUs, and referral facilities own the standardization of services, provision of these services as per the standard and use existing monitoring mechanisms to ensure that they are adhered to. This Activity will support a stronger coordination among RMNCAH and other units in the facilities to ensure better ownership and sustained results. These approaches address the major problem of coordination and local accountability that has been identified as a major area of concern in HSTP-II as well as the evaluation of the National Health Service Quality Strategy. Besides, the Activity ensures strong collaboration among various health facilities through mentorship and collaborative programs and will ensure strong partnership with local educational establishments. These collaborations and partnerships will ensure mobilization of technical

support to the facilities; sustain stronger referral systems as well as institutionalized normative change on how to provide quality care. USAID Quality Healthcare will facilitate/lead the process to identify areas of greater need for improved quality of care, and support mobilization of resources to cover these gaps in a sustainable manner.
The Activity will also support innovative and locally led interventions like the family health team approach and utilize Private Health facilities network and associations to enroll private health facilities for this Activity.

A.4.4 Youth

Adolescents and young people are an important group of the population in public health and development programming. Ethiopia's population age structure shows one-third (33.3%) is 10-24 years[43] of age, and limited access to and low utilization of reproductive health services by this group[44] is among the key public health challenges in the country.

USAID/Ethiopia's health activities have been supporting interventions to ensure access to comprehensive health information, health services and essential health care for adolescents, and youth through supporting youth-friendly health facilities and integrating youth adolescent and youth health services into the healthcare services. These activities have supported adolescents and youth engagement with youth-friendly health care as peer educators, who foster better connections between the facility, the community, and schools.

The Quality Healthcare Activity will build on the experiences and lessons of USAID/Ethiopia's prior investments in adolescent and youth healthcare provision and support the health facilities to ensure availability of and access to quality youth-friendly services. It also works closely with other governmental and non-government stakeholders to create access to other social and legal services such as prevention of and support for gender-based violence.

A.4.5 Climate Change Integration

Executive Order 13677 on "Climate-Resilient International Development" requires USAID to assess and address climate risk across all its investments. In tandem with the ECBH Initial Environmental Examination (IEE), a climate risk analysis has been conducted for all activities under the ECBH project. The climate risk analysis established that climate risks were low for all project elements including the USAID Quality Healthcare. Accordingly, no further environmental analyses or climate risk assessment is required for the USAID Quality Healthcare Activity.

A.4.6 Science Technology Innovation and Partnerships (STIP)

This Activity will be implemented in urban and peri urban settings where access to technology is better. The Activity will ensure innovative approaches to improve data use for improving quality of care at facility level, and also, digitized systems to capture client feedback and real time performance of RMNCAH services will be utilized to ensure

[43] United Nation Population Fund; Accessed from: https://www.unfpa.org/data/world-population/ET on March3, 2022.
[44]Tilahun et al. Reprod Health (2021) 18:85 https://doi.org/10.1186/s12978-021-01136-5

accountability. The Activity will also support digital systems to improve referral networks between facilities and communities to avoid any breakdowns of the referral system, a critical area of improving quality across the health service delivery units.

A.4.7 Transparency and Accountability

The Activity has accountability as the core element of the second result area where horizontal accountability for provision of quality RMNCAH services within health facilities is prioritized. The Activity will support accountability systems, management skills and processes in the facilities and districts it supports in order to ensure self-sustaining evidence-based quality improvement culture is institutionalized. This would include improved availability of real time data for decision making not only on coverage of the services but on the performance of the standard contents of each service package.

A.4.8 Environmental Compliance Considerations

An Umbrella Initial Environmental Examination (IEE) HERE has been approved for the Increased Utilization of Quality Health Service Development Objective, which covers the Transform Primary Health Care (TPHC) and with this follow on named as USAID Quality Healthcare Activity funding this grant. USAID has determined that a Negative Determination with conditions applies to one or more of the USAID Quality Healthcare Activity. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The Applicant shall be responsible for implementing all IEE conditions pertaining to all interventions to be funded under this solicitation.

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 shall review all ongoing and planned activities under this grant to determine if they are within the scope of the approved Regulation 216 environmental documentation.

As the umbrella IEE does not have a detailed Environmental Mitigation and Monitoring Plan (EMMP), the Recipient shall prepare an EMMP or M&M Plan describing how the Recipient will, in specific terms, implement all IEE conditions that apply to proposed Activity interventions within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness. The Recipient shall Integrate a completed EMMP or M&M Plan into the initial work plan and subsequent Annual Work Plans, making any necessary adjustments

If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

If provision for sub-grants is included under this award; 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.

The Recipient will be responsible for periodic reporting to the USAID AOR, as specified in the Program Description of this solicitation.

A.4.9 Host Government, Donor, and other Counterpart Collaboration

During the life of the project, the USAID Quality Healthcare is expected to pursue and enhance partnerships and coordination with key GoE entities, USAID implementing partners (IP), other bi/multilateral development donors and non-USG funded partners, professional societies, and others where feasible and applicable. The Activity needs to document these partnerships with memorandums of understanding in ensuring better and accountable collaboration including, when possible, with financial commitment to cover mutual objectives. The following are the major categories of the stakeholders for partnership and collaboration.

Ministry of Health
The Activity is expected to coordinate with MOH and relevant directorates of the MOH including the MCH, Quality of Healthcare, the Clinical Service Directorate and HEP directorates in its effort to improve enabling environment for standardizing quality of care, implementation quality improvement program and hence improving quality of healthcare and health outcomes in the country and specifically in the targeted districts including in the development of policy documents and guidelines. The Recipient will also coordinate with the MOH in ensuring the collection and utilization of quality-oriented data points and indicators to inform quality improvement. The Activity will support Ethiopian citizens in getting access to improved quality RMNCAH services and better utilization of the services in PHC and referral facilities. Provision of direct support to the MOH is conditional and will be determined after the award.

Regional Health Bureaus (RHB)/ Zonal Health Departments (ZHD)
At the sub-national level, the USAID Quality Healthcare will coordinate with respective RHBs and ZHDs where the Activity will be implemented. These sub-national entities are expected to participate in the post-award co-design workshop of the Activity in determining areas of support, approaches, and implementation districts and health facilities. The Activity should continue to coordinate with these sub-national GoE entities during implementation of the Activity. Provision of direct support to the respective RHBs and ZHDs is conditional and will be determined after the award.

District Health Offices
USAID Quality Healthcare's maximum possible level of coordination and collaboration with the GoE management structures will happen at the district level. During the life of the USAID Quality Healthcare, the Recipient will coordinate and collaborate with the district Health Offices (WorHOs) to ensure local ownership and sustainability. The Activity will

focus on supporting primary hospitals, HC, and HP in improving the quality, management, and utilization of RMNCAH-N services. Provision of direct support to the WrHOs is conditional and will be determined after the award.

USAID and non-USAID funded Implementing Partners and other donors
The Recipient of this Activity is expected to coordinate and collaborate with relevant USAID IPs. USAID Quality Healthcare has links with several existing and upcoming USAID/Ethiopia activities and should seek the maximum possible, maximum integration and geographic overlap for greatest impact. The Activity will also need to map other partner activities working to improve the quality of RMNCAH services in the regions where it will be implemented. The Recipient must coordinate and collaborate with relevant stakeholders and other donors through the various GOE-led technical working groups for synergy, efficiency, and duplication of efforts.

A.4.10 Grants

The program will support the achievement of the objective of improving the quality of healthcare for better maternal and child health outcomes by building the capacity of urban and peri urban PHCUs and referral health facilities in planning and delivering client-centered, quality RMNCAH services; improving readiness of the health facilities to deliver quality; strengthening management and accountability for quality RMNCAH services; and restoration of health services in conflict-affected areas.

This Activity will not provide grants to government entities such as local districts, parastatals, public international organizations and instead will provide such funding through international and local non-governmental partners. The Activity will have some construction aimed to restore essential health services, including repairing damaged rooms - wall, roof, floor, ramp etc.; installation of doors, windows, and partitions; electrical work to install lights and other equipment; and plumbing work to install water and sanitation facilities.

- The Recipient must submit a Grants Manual, no later than 60 days after award, detailing the process for identifying, evaluating, vetting, awarding, and monitoring grant activities. The Grants Manual will be approved by the Agreement Officer.
- The Recipient must comply in all material respects with USAID's Automated Directives System (ADS) Chapter 303 (including mandatory and supplementary references) in awarding and administering grants.
- USAID retains the ability to terminate the grant activities unilaterally in extraordinary circumstances.
- The Recipient must not award grants to Ethiopian government entities including, but not limited to, public universities, district and regional offices and/or national Ministries.
- All grants must be completed six months prior to the end of the Activity.

A.5 GUIDING PRINCIPLES

USAID suggests consideration of the following guiding principles in developing Activity approaches. Applicants may recommend modifying and/or expanding these principles.

Promoting local leadership

As recognized in principles of aid effectiveness, local ownership, and leadership are critical to the success and sustainability of any development intervention. Programmatic approaches must place local actors in the position to shape and direct program inputs, building on their strengths and expanding their capacity to increase their effectiveness and sustainability.

Appreciating and building on the positive, using local assets.

It can be easy for development practitioners to get caught up in analyzing and treating problems. Appreciative, asset-based approaches look for what works and what can be built upon. They encourage individuals and communities to own the development process and focus on optimizing use of local resources, which may mitigate creation of dependency on outside resource flows.

Value for Money/Cost-effective Analysis

Monitoring results and dollars spent over the life of the award will be critical to inform how solutions developed and funded under this activity can be scaled but also, to identify opportunities to be more cost-efficient and effective.

A.6 COLLABORATING, LEARNING AND ADAPTING (CLA)

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. This Activity is expected to contribute to USAID/Ethiopia's commitment to a multi-faceted CLA approach to development, which is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative. USAID seeks to promote learning across stakeholders involved in the implementation of this Activity through CLA). CLA creates the conditions for fostering broader development success by:

- **Collaborating:** Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development. This will include enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG- or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities; and programs that are complementary to this Activity.

- **Learning:** Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-GoE policy dialogue opportunities and funding allocations; (e.g., creating pauses for reflection within the Activity implementation scheme, engaging stakeholders for shared 'learning moments', conducting analytical review of existing and/or new evidence that may support or contradict common understanding). Guides performance management planning by setting learning and information priorities. It helps in assessing the theory of change, identifies critical learning gaps important for successful program implementation; reviews the validity of assumptions; monitors the risks.

- **Adapting:** Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks,

assumptions, and game changers, into strategic and programmatic adjustments. (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team's experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

CLA Objectives:

a. Generate Knowledge. The Applicant will generate new knowledge and evidence around learning questions identified together with USAID and other stakeholders, as well as questions that may emerge during the course of implementation. In filling these knowledge and evidence gaps, the Applicant will provide reporting, data, analysis, and gather partners for inclusive reviews of the Activity goals and results.

b. Share Knowledge. The Applicant will increase knowledge sharing with stakeholders, including subgrantees, local organizations, national and local level MOH, sectoral experts, donors, regional and international organizations, and others through communities of practice to encourage more widespread learning across teams, mechanisms, and sectors. The Applicant will work together within a learning network to share information with implementing partners of other USAID activities, such as local stakeholders and other development partners. The Applicant will convene forums to share knowledge and will also use existing forums as available. The Applicant must attend and participate in these meetings. This Activity will support the provision of case studies, lessons learned, success stories, and learning events to share among partners and stakeholders working in quality healthcare strengthening. This includes working with USAID, MOH, CSOs, domestic and foreign academia, and other partners to identify lessons learned from previous and ongoing sector wide programming.

c. Incorporate Agile and Adaptive Processes. The Applicant will develop adaptive management and implementation processes to allow course correction to respond to unintended effects, changing/emerging realities, and priorities. Together with USAID, the Activity's work plan, quarterly reports, and periodic progress review meetings will provide a forum for an adaptive approach to change course or make corrections based on lessons learned, cost-effective analysis, and evolving country context.

The Recipient will prioritize activities together with the AOR during work planning and review the prioritization during the quarterly reporting period. If circumstances arise, Activity designs can and will be altered with approval from the AOR to accommodate the window of opportunity, as long as the reprogramming does not hold the USG to incurring additional costs unless otherwise directed by the Agreement Officer. Once awarded, USAID expects the Recipient to have a robust AMELP Plan that is fit-for-purpose to enable evidence-driven adaptation by both the Recipient and USAID. The AMELP outlines the approaches and resources for learning opportunities for adaptation, measuring results and achievements of Activity, collaborating, and adapting. The Applicant is also encouraged to apply other complexity-aware monitoring and learning approaches such as outcome harvesting, most significant change, etc.

Required sections and brief instructions for the AMELP:

- **Key Learning Questions** - Explain the strategic learning questions around the ToC and learning activities, tools, and techniques to answer it and how the learning will be

utilized. Learning activities are the means by which we generate, analyze, and synthesize learning to answer our priority learning questions.

- Among a list of **illustrative evaluation questions in DO4**, in particular the question of *to what extent did the project contribute to the overall accountability and responsiveness of service providers and decision makers to community health needs*, is a critical question for this Activity. Also, the DO4 learning question around *improvement of service delivery systems and if services have become more resilient and sustainable* will be part of the learning questions for this Activity. The activity will contribute to other relevant learning questions listed in the DO4 and integrated health LME plan

- **Monitoring/Indicators** - Include performance indicators; supplemental information about each performance indicator, including baseline data; targets; and Performance Indicator Reference Sheets (PIRS).

- **Evaluation/Assessments/Studies plan** - include purpose and expected use; type; estimated budget; planned start and end dates; and expected level of USAID involvement.

- **Collaboration** - Identify the approach and stakeholders who are most critical to achieving the desired development outcomes. An emphasis on local stakeholders is desired to build local ownership and capacity.

- **Adapting** - Provide details on how learning and collaboration will be used to adaptively manage the Activity.

- **Enabling Environment** - Describe the culture, processes, and resources (including human and financial) needed to operationalize the AMELP.

- **Data Management Plan** - Describe appropriate data-management procedures to treat data as a strategic asset; to ensure timely and high-quality monitoring, evaluation, research, and other data generated or acquired data are ready for analyses, accessible and usable for learning and adaptation (both now and in the future), sharable for accountability and transparency; and that the sharing and use of data come with strong privacy and security protections. Include also, procedures for delivering USAID-funded data and information to USAID per award guidelines and Agency policies.

A.6.1 Monitoring

The Activity will support strengthening of evidence generation and utilization efforts of the health system to ensure better QoC in RMNCAH services using routine data systems as well as specific operation research. The Activity will leverage the efforts of actors supporting the routine health information system to inculcate QoC data points and indicators to

institutionalize evidence generation and utilization for QoC in RMNCAH and accountability systems.

The Activity should utilize a systematic process of collecting and analysis of performance data and other information such as qualitative insights. The Activity should use data collection on a more ad-hoc basis, or more in-depth exploration into the achievement of results in addition to the systematic approaches to ensure better context awareness. The Activity's monitoring approach should demonstrate the "what, how and when" the Recipient measures and analyzes data to inform judgments about the outputs and outcomes of the intervention as a basis to improve effectiveness (including cost-effectiveness) and/or inform decisions.

Monitoring will also include programmatic assumptions and the operational context of the Activity in order to recognize trends and shifts in external factors that might affect the Activity's performance. It is also critical to demonstrate monitoring efforts that will be used to identify any gender gaps. The monitoring plan should also explain how the Recipient plans to ensure data quality to fit-for-purpose. The Recipient will develop a monitoring plan that includes performance indicators; description of each indicator including baseline data; targets; and Performance Indicator Reference Sheets (PIRS).

The Recipient should clearly show the strategies put in place to monitor for unintended consequences; and types of questions suggested to ask about male and female roles to uncover intended and unintended positive and negative changes.

State clearly any required indicators that the Activity must include in its AMELP - Ex., sector-specific Performance Plan and Report (PPR) indicators, and/or CDCS indicators that the Activity should track.

A.6.2 Use of Geographic Information System (GIS)

Utilizing GIS technology and tools, geographic data, and analysis are very essential to effectively achieve the Mission's goal of strategically allocating resources through geographically targeting aid investments, monitoring, and evaluating overall aid effectiveness, and upholding the Agency's open data and transparency goals in Ethiopia. Therefore, the prospective Recipient should apply geospatial methods using GIS technology and tools to support USAID's goal. To fulfill the requirements of ADS 579, and promote best practice geographic data collection and management, the following defines standards that apply to geographic data associated with planning, managing, and implementing USAID/Ethiopia development programming.

Once awarded, the Recipient must include geographic data collection, analysis, and submission methods in the CLA Plan and Work Plans as separate sections. There are four types of geographic data that USAID/Ethiopia requires in a standardized manner:

- **Activity and Intervention Location Data**: The Recipient must submit Activity and Intervention Location Data according to the Mission's data requirements into Digital Information System (DIS). Reference: Activity Location Data (ADS 579mab)

- **Monitoring Data**: Geographically disaggregated indicator data that are used to investigate the geographic variation in performance for improved monitoring, learning, and adapting. Indicator data should be collected at the smallest administrative unit or point location possible. The performance indicator reference sheet (PIRS) should denote the level of collection. Reference: Monitoring Data Disaggregation by Geographic Location.

- **Thematic Data:** This refers to data such as demographic and health indicators. When the Recipient creates or acquires such data sets using USAID funds, it must submit them to the AOR.

- **Activity Specific Geographic Data:** This refers to data such as the analytical output of a geographic analysis that is conducted while implementing an Activity. An example would be performing a geographic analysis of health facility access, when the Recipient creates or acquires such datasets and analysis using USAID funds it must submit them to the AOR.

Refer to Geographic Data Asset Reporting Requirements for clarification on how to collect and submit GIS data.

A.6.3 Evaluation

USAID will arrange for a third-party mechanism to conduct an independent midterm process and final performance evaluation of this Activity. The Recipient's plan should identify its baseline and all evaluations that it will manage over the life of the Activity and should include information on the type of evaluation (performance or outcome/impact); purpose and expected use, possible evaluation questions, estimated budget, planned start and end dates, and expected level of USAID involvement, such as reviewing an evaluation statement of work (SOW) or a draft report.

A.6.4 Development Information Solution (DIS)

Implementing partners utilize the Development Information Solution (DIS) as the performance management information system to track activities' performance, knowledge, and best practices. After this Activity is awarded, USAID AOR will ensure that information is kept up to date with necessary Activity level data and information, including location of the Activity and geospatial coordinates of sites/services related to the Activity are entered into the system.
In compliance with ADS 201 and ADS 579 regarding data reporting, once the Activity Monitoring and Evaluation Plan is approved, the Recipient must submit all performance management information into the Development Information Solution (DIS) at the required frequencies. The IP will closely work with the AOR to ensure that at least a quarterly update of information is entered into the DIS. The AOR will provide DIS system access instructions and training materials, as necessary.

In compliance with ADS 201 and ADS 579 regarding data reporting, once the Activity Learning, Monitoring and Evaluation Plan is approved, the Recipient must submit all

performance management information into the Development Information Solution (DIS) at the required frequencies. Data that shall be submitted to DIS include:

- Indicator results (baseline and targets will be entered by USAID based on the approved AMELP)
- Intervention locations (including status, start and end dates and approximate financial resources for each location).
- Submission of reporting/periodic progress reports/including supplemental and supporting materials.

A.6.5 Additional Illustrative Indicators

To achieve the objectives of the ECBH project and fulfill its purposes under its different activities, indicators are already outlined in the Health Office Joint Project LME plan. Taking this plan and the list of indicators as a reference, the potential Applicant is expected to utilize various robust methodologies to generate knowledge, share knowledge and incorporate agile and adaptive processes.

To monitor the changes overtime, baseline values will be determined using the baseline assessment by the partner and USAID Ethiopia and then LOP targets and control group/comparison group etc. will be set. Various data sources will be explored to get baseline values in order to avoid duplication of efforts and minimize the costs of data collection. However, as most of the custom indicators are new, it is inevitable that establishment of the baseline values requires primary data collection.

Lot Quality Assurance Sampling (LQAS), random follow up visits and other data collection methods will be employed by the Activity to fill the data gap. Once baseline values are available for the Activity indicators, reasonable LOP targets will be set. The overall goal of the Activity is to improve the quality of RMNCAH services in PHCUs and referral facilities which we intend to measure using various indicators. Additional Illustrative indicators (including Additional Global F Indicators) are listed here

- HL2. 6.1: Number of women giving birth who received uterotonics in the third stage of labor (OR immediately after birth) through USG-supported programs.
- HL-4: Average of the service gaps between a) ANC1 and ANC4; b) DPT1 and DPT3, in USAID-supported districts.
- HL-6.1: Estimated potential beneficiary population for maternal, newborn and child survival program: number of live births.
- HL6.3.1: Number of newborns not breathing at birth and resuscitated in USG-supported programs.
- HL6.4.62: Number of children who received their first dose of measles-containing vaccine (MCV1) by 12 months of age in USG-assisted programs.
- HL.6.6.64: Number of cases of childhood pneumonia treated in USG-assisted programs.
- HL.7.1.1: Couple Years Protection in USG supported programs.
- Percentage increase in utilization of quality RMNCAH services

- Proportion of health facilities consistently scoring Green (commendable score) in the national RMNCAH QoC standard measures

A.6.6 Work Plan and Program Reporting

Reports And Deliverables

No	Deliverable*	Frequency	Due Date**	Distribution
1	Three Key Personnel arrived in Ethiopia	One time	The COP, Health Management and Administration Advisor_and the Finance and Operations Director must be furnished immediately (no later than 30 days after award) with the remaining key personnel hired shortly thereafter (no later than 45 days after award)	AOR and AO
2	Five Year Work Plan	One time	The five-year work-plan must be submitted within 30 days after award and must be approved by USAID no later than 60 days after award.	AOR
3	Annual Work Plan	Annually	The Year 1 Annual Work Plan must be submitted within 45 days after award and must be approved by USAID no later than 90 days after award. Subsequent work plans must be submitted by August 1st of each year covering the period from October 1st to September 30th.	AOR
4	Activity Monitoring Evaluation and Learning Plan (AMELP)	First year and updated as needed	First draft due no later than 90 calendar days after the effective date of the award. Final AMELP is due no later than 120 calendar days after the effective date of the award.	AOR
5	Environmental Mitigation and Monitoring Plan (EMMP)	Annually	submitted by August 1st of each year covering the period from October 1st to September 30th.	AOR
6	Branding and Marking Plan	One time	30 Days after award	AOR
7	Trafficking in Person Compliance Plan	One-time	30 Days after award	AOR

8	Certification of Trafficking in Person	Annually	The Recipient must submit to USAID the certification on each year anniversary of the award.	AOR
9	Baseline Assessment	Once	Initial Baseline Assessment will be submitted no later than 90 calendar days after the effective date of the award.	AOR
10	Gender, Youth and Social Inclusion Analysis	Once	First draft due no later than 60 calendar days after the effective date of the award.	AOR
11	Quarterly Progress Reports	Quarterly	No later than 30 days after the end of each fiscal quarter.	AOR
12	One copy of each report and information to the DEC as per AIDAR 752.7005	As required – ongoing throughout the life of the award	Within thirty (30) calendar days of obtaining the AOR's approval and within thirty calendar days after completion of the agreement. For more information, please see AIDAR 752.7005.	
13	Biweekly Updates	biweekly	Every two weeks on the second and fourth Tuesday of every month	AOR
14	Development Information System Quarterly Data entry	Quarterly	Within 20 Days after the end of quarter.	AOR
15	Annual Progress Reports	Annually	Within 30 Days after the End of Year.	AOR
16	Quarterly Accruals	Quarterly	15 days prior to the end of the USG fiscal year quarter.	AOR
17	Quarterly Financial Reports SF425 (including cost share)	Quarterly	Within 30 days after the end of quarter.	AO, AOR and Controller
18	Quarterly VAT Reports	quarterly	25th of the month after the calendar year quarter end. For example, taxes and receipts for the period January to March are due April 25.	AOR & Controller
19	Technical Materials and Inputs (including	Ad-hoc	Regularly (materials need to be cleared by USAID before finalization).	AOR

	documents for publication)			
20	Annual Inventory Reports	Annually	Within 90 days of award and annually thereafter by October 1st	AO and AOR
21	STTA consultants	Ad-Hoc	Scope of Work (prior to travel and/or start of assignment) for USAID approval. Consultant report to USAID one week after the end of STTA assignment	AOR
22	Close-Out and Demobilization Plan	One time	180 days prior to the award completion date	AO and AO
23	Final Activity Report	One time	Draft report due 30 calendar days following the end of the fiscal year. Final report due 90 days after the end of the year.	AOR

**The quarters refer to USAID's fiscal year: Oct 1 – Dec 31, Jan 1 – Mar 31, April 1 – Jun 30 and Jul 1 – Sept 30

A.6.6.1 ANNUAL WORK PLAN

Based on this project description, the Recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities, timelines, and anticipated progress in the achievement of the Activity results (consistent with the Activity AMELP), as well as the associated costs. The Recipient shall ensure a collaborative process in work plan development, consulting beneficiaries, partners, USAID, and other relevant stakeholders in preparing the annual work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and work plan adjustments going forward. The Recipient must submit the Initial Work Plan that covers the timeframe from award date to September 30 within 60 calendar days of signing the award. Subsequent annual work plans will cover the full USG fiscal year (October 1 – September 30) and shall be submitted within 45 days before the end of the preceding fiscal year, respectively. The AOR will review and approve the work plans within 20 calendar days after receipt of the draft plan.

At a minimum, the Annual Work Plan must include,

a. Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the Activity AMELP
b. Any new interventions or activities planned and their justification for each year
c. Timeline for implementation of the year's proposed activities, including target completion dates and details on implementations
d. Cost projections, including results from cost-effective analysis, for proposed interventions to be continued for implementation
e. Personnel requirements to achieve expected outcomes

f. Major commodities or equipment to be procured, including an explanation of the intended use, source, and origin of each item
g. Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners and other donors.
h. Detailed budget, which aligns with the approved Cooperative Agreement budget; and
i. International travel, including projected STTA, planned for the year

A.6.6.2 BIWEEKLY UPDATES

The Recipient will provide a brief, maximum one-page bulleted biweekly update on activities that highlights major events or accomplishments. The update will identify current and upcoming consultations/visitors, key activities and events of the previous two-week period, and upcoming activities and events. Biweekly updates are due the second and fourth Tuesday of every month.

A.6.6.3 QUARTERLY REPORTS

The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g., meetings, trainings, workshops, significant events, subcontracts, and grants).

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

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the Activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The due date for the first quarterly report will be agreed upon between the Recipient and USAID. Subsequent quarterly reports shall be due within 30 calendar days after the end of each quarter based on the USG fiscal year, i.e., on 30th January 30th April 30th July and 30th October, of each year to the AOR at USAID/Ethiopia.

A.6.6.4 ANNUAL PERFORMANCE REPORTS

Annual performance reports on the Activity and progress against indicators are the responsibility of the Recipient and are needed by USAID/Ethiopia to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the

cumulative experience, learning, adaptations, and the implications of these for the year. The draft annual performance reports must be received by USAID within 30 Days after the end of the fiscal year. In addition to copies sent to the AOR and AO, one copy will be sent to the USAID DEC as above. Annual Performance Reports shall contain the following information:

a. A comparison of actual accomplishments by program component against goals established for the period in the AMELP (activities completed, benchmarks achieved, and performance standards completed since the last annual report)
b. Reasons why activities were delayed, or established goals were not met, if applicable
c. Cost projections, including results from cost-effective analysis, for proposed interventions to continue for implementation
d. Quantitative Monitoring and Evaluation data, including information on progress towards targets, and explanations of any issues related to data quality
e. Information on the status of finances, including expenditure data (based on the Cooperative Agreement budget) and accruals; and, when appropriate, analysis and explanation of cost overruns or high unit costs
f. Information on management issues, including administrative problems
g. Lessons learned and success stories
h. Documentation of best practices that can be taken to scale
i. Information on major challenges and constraints faced during the performance period.
j. Prospects for the next year's performance

A.6.6.5 HIGH FREQUENCY REPORTING (HFR)

The Activity may also be required to collect, analyze, and report on performance data and other information on a more ad-hoc basis, like on weekly and monthly, besides quarterly reporting. High Frequency technical data reporting specifies the minimum required indicators that may be reported to the AOR. These HFR data do not have to be final and may differ from what is entered into DIS. HFR data will be used to track the Recipient's progress to meeting targets; DIS remains the official reporting system of record.

A.6.6.6 FINAL REPORT

A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the Activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. The Recipient must submit the Final Report to USAID no later than 90 days after the completion date of the Cooperative Agreement. The Final Report must include:

(a) theory of change.
(b) interventions and approaches.
(c) inputs, outputs, and processes.
(d) final performance indicator data with sample size.
(e) number of people and communities benefited, by each separate component and by multiple components (integration), compared to targets, and for how long; and

(f) cost, including summary results from cost-effective analysis from interventions implemented over life of the activity

The report should provide an overall assessment of progress made toward accomplishing the Goal, Results and Expected Outcomes, any important research findings, a description of major products or tools, eg. training and educational materials, Monitoring & Evaluation (M&E) tools, *and* a fiscal report that describes how the Recipient's funds were used. See 2 CFR 200.328.

In addition, the report should specifically address how the Activity addressed gaps between males and females were closed; what new opportunities for men and women were created, including personnel recruitment processes for senior-level leadership and management positions; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

A.6.6.7 FINANCIAL REPORTING

Financial Reports must accord with 2 CFR 200.327. In accordance with 2 CFR 200.327, the SF-425 will be required as follows:

1. The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The Recipient must submit a copy at the same time to the AO, AOR, and the USAID/Ethiopia Controller. These reports shall be submitted within 30 calendar days from the end of each quarter, except that the final report shall be submitted within 90 calendar days from the estimated completion date of this Agreement.
2. The Recipient must submit the electronic copies of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, the AO, the AOR, and the USAID/Ethiopia Controller.
3. The Recipient must submit the electronic copy of quarterly accruals report to the AOR, AO and the USAID/Ethiopia
4. The Recipient shall maintain records of all taxes paid to GOE with U.S. government funds as well as other financial information as may be required by USAID. The Recipient must submit the vat reimbursement request along with the original invoices to the Tax Authorities office after approval of USAID/Ethiopia.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

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

USAID/Ethiopia 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/Ethiopia intends to provide about US$49,820,000 in total over five years.

USAID reserves the right to fund any or none of the applications.

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

The anticipated period of performance is five years. The estimated start date will be February 1, 2023.

B.3 Substantial Involvement

Type of Award and Substantial Involvement

USAID plans to negotiate and award an assistance instrument known as a Cooperative Agreement with the successful applicant for this program. Potential applicants should note that USAID policy prohibits the payment of fee/profit under assistance instruments including any subtier.

A Cooperative Agreement implies a level of "substantial involvement" by USAID (see ADS 303.3.11). This substantial involvement will be through the Agreement Officer, except to the extent that the Agreement Officer delegates authority to the Agreement Officer's Representative (AOR) in writing. The intended purpose of the substantial involvement during the award is to assist the recipient in achieving the supported objectives of the agreement. The anticipated substantial involvement elements for this award are listed below (this list does not include approvals required by Standard Mandatory Provisions for US and Non-US NGOs or other applicable law, regulation or provision):

3.1. **Approval of the Recipient's Implementation Plans**, including but not limited to, annual Implementation Plans, life-of-project exit strategy, and any subsequent revisions of such plans. If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plans for a later date. USAID must not require approval of implementation plans more often than annually. If the AO has delegated authority to the AOR to approve implementation plans, the AOR must review the agreement's terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

3.2. **Approval of Specified Key Personnel** USAID may designate as key personnel only those positions that are essential to the successful implementation of the Recipient's program. USAID's policy limits this to a reasonable number of positions, generally no more than five

positions or five percent of Recipient employees working under the award, whichever is greater.

3.3. **Agency and Recipient Collaboration or Joint Participation** in implementation, including, but not limited to, participation in advisory committees and direction and/or redirection of activities specified in the program description due to GOE priorities and guidance as well as interrelationships with other programs.

a) **Concurrence on the Substantive Provisions of Sub-Awards**. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the sub-award, transfer, or contracting out of any work under an award.

b) **Approval of the Activity Monitoring, Evaluation & Learning Plan** (AMELP) – the AMELP will be developed in consultation with USAID/Ethiopia. During the initial project planning period, the recipient shall work closely with USAID/Ethiopia to ensure that the AMELP plan clearly links the Recipient's activity with the objectives and targeted outcomes of the Program Description. The jointly developed AMELP plan shall be submitted within 90 calendar days of the award.

c) **Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects**. All such activities must be included in the program description, negotiated in the budget, and made part of the award. Direction or Redirection of activities specified in the program description due to GOE priorities and guidance as well as interrelationships with other programs.

d) **Collaborative involvement** in selection of advisory committee members and participation in the advisory committee, if the program will establish an advisory committee that provides advice to the recipient.

3.4. **Agency Authority to Immediately Halt Construction.**

B.4 Authorized Geographic Code

The geographic code for the procurement of commodities and services under this program is 935.

B.5 Nature of the Relationship between USAID and the Recipient

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of Quality Healthcare Activity which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

B.6 Selection of Instrument

Due to the nature of the collaboration implicit in the Quality Healthcare Activity, USAID/Ethiopia believes that a Cooperative Agreements (in which substantial involvement will include approval of Implementation Plans, Key Personnel, and Agency and Recipient Collaboration or Joint Participation) will likely be the primary vehicle for this initiative, but the actual award type or engagement will depend upon the most appropriate mechanism or approach for the intended results.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility for this NOFO is not restricted.

C.2 Cost Sharing or Matching

A minimum 10% of the TEA is required for this NOFO. Because this Activity may receive applications from a broad range of applicants with different resource levels, USAID encourages prospective applicants to propose cost share above the required minimum 10% and reserves the right, in accordance with ADS 303.3.10.1, to consider special circumstances and may wish to discuss or negotiate the cost share with an applicant.

While a minimum 10% of the TEC cost share is a condition for an application to be considered for Phase-1 and subsequent merit review process, a proposed cost share above and beyond the minimum requirement will not be evaluated as part of the merit review process.

C.3 Number of Applications that May be Submitted

Any one entity/organization may submit one (1) application for funding in response to this Notice of Funding Opportunity NOFO as a prime awardee.

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1 Agency Point of Contacts

Name: Henok Amenu
Title: Senior Acquisition & Assistance Specialist
Email Addresses: hamenu@usaid.gov and caddis@usaid.gov

Name: Alula Abera
Title: Agreement Officer
Email Addresses: aabera@usaid.gov

D.2 Questions and Answers

Questions regarding this NOFO should be submitted through e-mail addresses to caddis@usaid.gov with a copy to Henok Amenu at hamenu@usaid.gov. The subject line must state "Questions on Quality of Healthcare 72066322RFA00008" no later than the date and time indicated on the cover letter, or as amended. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

D.3 General Content and Form of Application

USAID/Ethiopia will accept applications from the qualified entities as defined in Section C of this NOFO. The Applicant should follow the instructions set forth herein. If an applicant does not follow the instructions, the application may be downgraded and may not receive full credit under the applicable merit review criteria, or, at the discretion of the Agreement Officer, be eliminated from the competition.

Preparation of Applications:

Each applicant must furnish the information required by this NOFO at each phase. Applications must be submitted in two separate parts: - the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to submission of Slides and PowerPoint Presentation, and later the Apparently Successful Applicant's full application. Please see subsections 4, 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs, and address risk and other related issues.

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

Notice of Funding Opportunity (NOFO) number:	72066322RFA00008
Applicant name:	
Project title:	USAID Quality Healthcare
Total USAID funds requested:	
Proposed period of performance:	
Applicant's full address and telephone number (primary or lead applicant)	
Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address)	
Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303.	
Name and Signature of Individuals authorized to negotiate terms, conditions and countersigns the award (title/ position, email address, telephone number)	
UEI numbers of applicants and sub-awardees/ partners. Tax identification number, and Letter of Credit (LOC) number for the applicant, if available.	

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 above 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.

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

D.4 Application Submission Procedures

Phase-I presentation slides in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time and/or confirmation from

the receiving office. Dates for Co-design and submission of Full application will be announced phase by phase to the apparently successful applicant.

Email submission:

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

Telegraphic or faxed or hard copy applications are not authorized for this NOFO and will not be accepted.

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

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

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

Each email with file attachments must not exceed 20MB in size.

This NOFO will follow a phased approach to select a successful recipient. The two-phases for selection of a successful applicant are as follows:

Phase I: Oral Presentations
Phase II: Co-design Workshop to Finalize PD (one week with the Apparently Successful Applicant), followed by a full application by the ASA.

Details for Phase I and Phase II are in the subsequent sections below.

D.5 Procedures for PHASE I and PHASE II

D.5.1 PHASE I: Oral Presentation Directions

All interested applicants who submit a PowerPoint presentation and meet the minimum requirements of this NOFO will be invited for Oral Presentation. Interested applicants must

submit a slide deck [1 slide per page, pdf] PowerPoint presentation slides in response to this NOFO no later than the closing date and time indicated on the cover letter, as amended.

The applicants should anticipate being available for oral presentations within 7-10 days after submission of the slide deck. USAID anticipates hosting in-person (hybrid with virtual) or virtual oral presentations, and will communicate the date, time, and other details as appropriate.

Applicants must follow the instructions provided under this section for preparation of the content of their PowerPoint slides.

Applicants are required to furnish three key personnel - Chief of Party, Finance & Operations Director, and Health Management & Administration Director - to present their submitted slide deck. Only the three identified personnel proposed for the three positions will be allowed to present. Other members of the Applicant's team may be present for the presentation as observers only.

USAID will have the submitted slide decks pre-loaded and ready for each Applicant to present. No materials (printed or other) will be allowed to supplement the presentation during the presentation session.

Presentation is required in the following format:

[70 mins]	Factor 1 - Technical Approach, Factor 2 - Sustainability and Innovation Factor 3 - Gender and Inclusivity
[30 mins]	Break
[20 mins]	Factor 4 - Management Framework; and Factor 5 - Relevant Past Experience
[30 mins]	Clarification and Questions and Answers

Total time allocated for presentation, break, and clarification questions and answers will last no longer than 150 minutes. Total presentation time will last no longer than 90 minutes. USAID has not limited the number of slides to be presented. However, the limiting factor is the time allotted. No presenter will be allowed to exceed the time limitation.

The audience of the presentation will include USAID staff as well as key stakeholders including representatives from the Government of Ethiopia. The Agreement Office or Designee will moderate the presentation and ensure time is adhered to for each Applicant.

Oral presentations may take place virtually using a digital video conference (DVC) platform or at the USAID/Ethiopia office in Addis Ababa, Ethiopia. Specific details will be issued in a follow-up communication after submission, and review of all slide decks. In the cover letter, Applicants should indicate the physical location(s) from which participants will be calling in for their oral presentation to support the planning of the DVCs or whether their preference is to present at the USAID/Ethiopia office in Addis Ababa, Ethiopia.

The oral presentations and slide deck will serve as the Applicant's application to the Government and will be evaluated. Thus, the Applicant must demonstrate the capabilities and experience of their organization, capabilities, and experience of the proposed key personnel, clearly articulate the technical and management approaches of the Applicant, and address the merit review criteria in Section E.

Additionally, during the presentation Applicants should:

A. Demonstrate a comprehensive understanding of the program description where the Applicant proposes a technical approach, management framework and the related business processes that will achieve the higher-level objectives, performance goals and outcomes of the proposed Activity.
B. Demonstrate their capability to engineer and deliver an improved health system performance and health outcomes that will achieve the specified technical and functional capabilities described in the program description.

Instruction for Content of PowerPoint Presentation:

The basic purpose of the PowerPoint Slides and the in-person or virtual presentation session is to provide the information necessary to allow USAID/Ethiopia to evaluate the applicant fairly and completely under each of the merit review criteria specified in Section E of this NOFO. Accordingly, the PowerPoint Slides will contain the following major sections:

1. Technical Approach
2. Management Framework
3. Institutional Capacity and Relevant Experience

D.5.1.1. Technical Approach (see E.4.1):

The Technical Approach should demonstrate technical soundness of the application detailing how best the Applicant intends to achieve each of the objectives and results outlined within the program description. This includes the extent to which the quality of RMNCAH primary health care services improve health outcomes, how the approach will achieve improved RMNACH outcomes and strengthen the management capacity of health facilities, and networks of excellence to drive health system performance improvement.

(a) ***Technical Assistance, Capacity Building, and Institutional Strengthening Plan (see E.4.1(a))*****:**

Technical assistance and capacity building approaches proposed should clearly define a strategy to meaningful measure technical assistance and capacity building improvements through clear tools, metrics, monitoring, and adaptive management approaches throughout the life of the award.

The technical assistance and capacity building approaches proposed should be;

- Collaborative. Work jointly with the organizations, staff, MOH, RHBs, health facilities, patients and other stakeholders and beneficiaries to identify underlying needs and commitments
- Objective and Verifiable.
- Systematic. Use an orderly approach.
- Targeted. Determine where technical assistance will have the greatest impact.
- Adaptive. Be flexible.

- Customized. Respond to the unique needs, include adaptive management of technical assistance based on new information.
- Results-driven. Identify measures that indicate improvement.
- Alignment: In line with the Tiered approach outlined in the PD.

The Applicant will provide a preliminary plan for technical assistance, capacity building and institutional strengthening plan that will outline the recipients plan over the life of the five-year award. These slides do not need to be presented during the oral presentation but will be available for review during the presentation. The recipient should outline any leveraging of resources from non-USG sources including the private sector. The plan will outline how Applicant will direct project strategies and methodologies towards improved technical assistance, capacity building and institutional strengthening throughout the performance period. This preliminary plan will include a set of realistic benchmarks and indicators that quantify the increasing sustainability of these approaches and measure the attainment of project results. The plan will outline a clear phase-out exit strategy and timeline of execution, including a discussion of the methodology to be used in determining areas and levels of sustainability.

(b) Adaptive Management: Monitoring, Evaluation, and Learning (see E.4.1(b))

Adaptive Management; Monitoring, Evaluation, and Learning: The Applicant will fully describe its plans to incorporate existing knowledge and critical lessons learned to-date on QoC programming generated from varied sources including global and country programs. These slides do not need to be presented during the oral presentation but will be available for review during the presentation. Particular attention should be placed on assessing the use and the effectiveness of existing approaches for institutionalization, including e-health platforms, to improve service delivery, service uptake and patient outcomes. The Applicant will also outline its plans to generate, organize and disseminate new knowledge and critical lessons learned to guide programmatic strategies for QoC programming in Ethiopia and to further strengthen activity implementation towards results. In doing so, the Applicant will propose at least four themes for evaluation, research, and learning that are related to project results. The agenda will be constructed in such a manner that there is sufficient time to implement recommendations and solutions within the activity's timeline. The Applicant should outline how it aims to document and disseminate strategies, processes, and materials for sharing critical lessons learned about evidence-based tools, approaches, and models to inform QoC programing.

(c) **Sustainability and Innovation Plan (see E.4.1(c))**:

The Applicant will provide a preliminary sustainability plan for continuation of interventions beyond the end of the project and will outline any leveraging of resources from non-USG sources including private sector. These slides do not need to be presented during the oral presentation but will be available for review during the presentation. The plan will outline how Applicant will direct project strategies and methodologies towards sustainability throughout the performance period. This preliminary plan will include a set of realistic benchmarks and indicators that quantify the increasing sustainability of these approaches and measure the attainment of project results. The plan will outline a clear phase-out exit strategy and timeline of execution, including a discussion of the methodology to be used in determining areas and levels of sustainability.

(d) Gender and Inclusivity (see E.4.1(d)):

The Applicant should address gender and other issues including an in-depth understanding of the different health needs of men and women and differing societal needs that impact access and utilization of health services and uptake in healthy behaviors. The Applicant should also include a clear description of how it will appropriately address gender constraints in Ethiopia with respect to geographic differences.

D.5.1.2. Management Framework (see E.4.2)

The Applicant should explain the organizational structure presented in an organogram, with relationships among the individual positions described; logistical support; personnel management of expatriate and local staff; procurement arrangements for goods and services; and lines of authority and communications between organizations and staff. The staffing pattern must specify the composition and organizational structure of the entire implementation team (including home office support). Also include a description of each key project staff member's role, technical expertise, physical location, and estimated time (level of effort) each will devote to the project. USAID/Ethiopia requires the key personnel function at 100 percent level of effort (defined as 40 hours/week). The Applicant should be creative in outlining its plan to identify and secure qualified Ethiopian candidates, including women, for senior staff positions. Not all key personnel need to be identified during this phase, however, up to three key personnel should be identified and available during the oral presentation. All key personnel should be made available during the Co-design workshop.

(a) **Organizational Structure and Staffing Plan (see E.4.2(a)):**

The applicant should identify how its home office will support the main office in Addis Ababa and any regional offices. Describe the authorities that the home office will delegate to the Chief of Party and the project team. Also describe the delegation and roles and responsibilities (including financial controls) between the country office in Addis Ababa and any regional offices. The management plan should indicate clearly how the Applicant will ensure maximum efficiency in the provision of technical assistance to ensure that activity funding flows primarily to support activities in the regions. If sub-recipients or a consortia management model are proposed, the Applicant should describe the nature of the relationship (e.g., sub-grantee, contractor, partnership, etc.) and how each relationship partnerships will be organized and managed to use complementary capabilities of proposed partners most effectively, to minimize duplication of office management structures with attendant costs to the government. Specify the responsibilities of all principal organizations, the rationale for their selection, the tasks/functions that each will be performing, and proposed staff and reporting relationships within and between each of these organizations.

(b) Key Personnel (see E.4.2(b)):

Applicants must propose one candidate for each of the five key personnel positions listed below. Key personnel are those considered to be essential to the work being performed under this cooperative agreement. It is expected that the key personnel will serve the full term of the agreement. Key personnel and changes to key personnel are subject to approval by the USAID Agreement Officer prior to their employment under this award. The application narrative must clearly summarize the professional qualifications of proposed Key Personnel

that meet minimum qualifications stated below.

The position titles of the key personnel are illustrative, and Applicants are encouraged to use the terminology applied within their own organizations and that are relevant in the Ethiopian context, but without diluting the intent of the key staff roles outlined below. Applicants are also welcomed to propose another variation of key personnel structure if it will yield greater achievement of the activity's objectives and most importantly, projected results.

The COP and the Finance and Operations Director must be furnished immediately (no later than 30 days after award) with the remaining key personnel hired shortly thereafter (no later than 45 days after award).

For each proposed Key Personnel, the Recipient will be required to provide the names and proposed roles and responsibilities for the five key personnel. The Recipient will include resume/curriculum vitae using a common format, not to exceed three pages per each proposed key personnel and include at least three non-personal professional references for each proposed key personnel. USAID/Ethiopia reserves the right to check references, listed or not, for all proposed long-term key personnel and to adjust the level of the effort for key personnel during the program performance. Three proposed key personnel are expected to be present during the oral presentation.

The Recipient should identify and propose a mix of qualified international and Ethiopian candidates (with particular attention to women) for senior leadership and management positions in addition to other level positions.

Qualifications of Key Personnel

The applicants will identify the three proposed key personnel presenting the PowerPoint with their Phase-I submission. Finalization of key personnel will be determined later. It is highly recommended that at least one or two of the key personnel be an Ethiopian/Ethiopian American National. The Recipient should take into consideration gender balance in the management team when selecting candidates.

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

Key Personnel Descriptions

Chief of Party (COP):

The COP will provide technical leadership, administrative and financial management oversight, and day-to-day management of the activity. S/he will have the strategic vision, leadership qualities, depth and breadth of technical expertise and experience, professional reputation, management experience, interpersonal skills, and both oral and written communication and presentation skills to fulfill the diverse technical and managerial requirements of the activity. Based in Addis Ababa, the Chief of Party will have technical and management responsibility for all Recipient personnel and be the Recipient's representative to USAID/Ethiopia, the GOE, other donors, technical agencies and other key

stakeholders as required. The Chief of Party will have overall responsibility for addressing award-related issues, including ensuring that Recipient financial controls and systems comply with generally accepted accounting principles and practices that meet USAID standards and that all project-procured materials and equipment are safeguarded prudently and responsibly used. Through use of adaptive management, s/he will be responsible for the smooth implementation of the activity ensuring all objectives and deliverables (including reporting) are met on time and within budget.

The COP must have the following minimum set of qualifications:

- Master's or doctorate degree in public health, health systems and policy, health management or other related health science fields, with substantial time and progressively responsible program leadership/management experience; and a significant portion must include managing international health projects in a developing country.
- Demonstrated experience in institutional capacity development/systems strengthening in public health and/or private health institutions including experience in working effectively with a broad range of counterparts such as high-level government officials and non-government organizations.
- Experience in managing similar projects in challenging development and highly dynamic environments.
- Strong communication skills, including interpersonal, presentation, written and oral English, to fulfill the diverse technical and managerial requirements of the Activity and to coordinate effectively with a wide range of stakeholders.
- Demonstrated leadership skills and experience to build and maintain productive working relationships with a wide network of institutional partners and stakeholders, including high-level host country governments and international agencies.
- Proven track record of building teams and fostering collaboration in order to achieve goals, meet milestones and produce quality results.
- Demonstrated experience in program management and administration, financial management and award contractual compliance. Experience in subaward management is preferred.

Deputy Chief of Party:

This candidate must be able to act as COP in the COP's absence. The Deputy COP must focus on technical and clinical implementation of the project and have the following minimum set of qualifications:

- Minimum of master's degree in public health or other health-related fields, with substantial and progressively responsible experience in health systems strengthening, service delivery or other related field including a minimum of 5 years of management and supervision experience; significant experience working in RMNACH programming is preferred and highly desirable.
- Strong communication skills, including interpersonal, presentation, written and oral English, to fulfill the diverse technical and managerial requirements of the Activity and to coordinate effectively with a wide range of stakeholders.
- Strong analytical skills; and clinical experience.
- Demonstrated experience at developing institutional capacity in government institutions in Ethiopia or similar context.

Health Management and Administration Advisor

This candidate must be able to lead and direct the comprehensive integration of clinical services, fiscal management and strategic vision for cost-effective, sustainable quality care and treatment within local health institutions. He/she will be responsible for ensuring strong linkage between service quality and facility leadership/governance.

The candidate must have the following minimum set of qualifications:

- Master of Business Administration (MBA) and/or master's in health services/Hospital Administration (MHA). MPH and licensed clinical degree a plus.
- Significant experience (5-10 years) in operating health care facilities with clinical management and coordination, supervisory and administrative duties including experience in application of business principles to clinical practice, development of institutional management and data collection systems to define cost centers, ensure successful reimbursement and stimulate health facility revenue growth.
- Strong fiscal, administrative and contract management experience including the review, analysis and approval of Implementation Plans, budgets, and budget justifications.
- Excellent communication and presentation skills, including oral, reading, and written proficiency in English.
- In depth knowledge of health administration and public health principles with progressively responsible experience in maternal, child health, health systems strengthening or related fields.
- Strong representational and collaboration experience engaging Ministries of Health or other equivalent high-level stakeholders on health care management policy and strategy formulation at national and subnational levels.
- Solid experience in leadership and/or management training for health facility management emphasizing integration of institutional services and supportive administrative and financial structures.

Finance and Operations Director:

The Finance and Operations Director will be expected to develop and manage the project financial plan to include monitoring and reporting systems that meet USG requirements and manage grant and contracting activities. The Finance and Operations Director should also be involved and lead the value for money and other cost-effective/costing analysis that will be required under this award to monitor financial expenditure and Activity results.

The candidate must have the following minimum set of qualifications:

- Master's degree in management, accounting, finance, or related social science fields with significant years of experience in financial management, including direct
- More than 5 years' experience work experience in developing countries with senior-level responsibility for administration and finance**.**
- Proven expertise in finance, compliance, accounting, and auditing, including financial planning, monitoring of subcontract compliance and management and the establishment of internal controls; demonstrated strong management, coordination, teamwork, and planning skills; and

- Strong verbal and written English communications skills.

Monitoring, Evaluation and Learning (MEL) Director

The LME Director will develop and manage the award's monitoring and evaluation system and processes including performance monitoring and reporting, operational research, and ensure evaluations are consistent with the award's expected results, and track progress of activities in achieving the award's goal and outcomes. The MEL Director shall ensure that the methodologies proposed by the Recipient to measure the impact of the activity on the results are consistently and systematically monitored and reported. Under the leadership of the COP and DCOP, the MEL Director will also lead the adaptation management design and coordinate implementation required under this award to ensure adaptation measurements and course correction are put into place as required to change dynamics within the country and within the health sector.

Qualifications requirements

- Minimum master's degree of public health, demography, sociology, epidemiology, biostatistics, or a related field.
- Significant experience in monitoring, evaluation and research related to large-scale health development projects, including international experience in quantitative, and qualitative research.
- Robust ' experience in practical experience setting up and managing Monitoring, Evaluation and Research systems for health programs with major focus on FP/RH/RMNCAH and health systems strengthening
- Extensive experience in knowledge management and dissemination of research findings
- Proven track record in leading efforts in local M&E capacity building, training, and ongoing support for all partners to strengthen the collection, analysis, visualization, management, and use of quality data for strategic planning, program design and direction as well as for establishing activity targets for implementation.
- Exceptional ability to analyze multiple sources of data to identify data trends and to provide recommendations on project implementation.
- Experience supporting effective integration of geospatial data for improved planning, design, monitoring, evaluation, and reporting of activities Demonstrated experience leading and building the capacity of M&E officers, including remote, field-based staff, to meet project needs and deliverables is strongly desired.
- Excellent communication and presentation skills, including oral, reading, and written proficiency in English.
- Computer literacy (MS Word, MS Excel, Statistical Software).

D.5.1.3. Institutional Capacity and Relevant Experience:

If sub-recipients or a consortia management model are proposed, the Applicant should describe the nature of the relationship (e.g., sub-grantee, partnership, etc.) and how each relationship partnerships will be organized and managed to use complementary capabilities of proposed partners most effectively, to minimize duplication of office management structures with attendant costs to the government. Specify the specific capacity, experience, and responsibilities of all principal organizations, the rationale for their selection, the tasks/functions that each will be performing, and proposed staff and reporting relationships within and between each of these organizations.

D.5.1.4. Annexes:

Annexes should be numbered (e.g., Annex 1). At this initial phase the Annexes include the following items:

1) Timeline of milestones from the beginning to the completion of the proposed activities, including all deliverables; monitoring, evaluation, and learning; and dissemination of reports and information

2) Resumes and letter of commitment for the three Key Personnel required to present the oral presentation. The Resumes for the rest of Key Personnel must be submitted with the full application at later stage. Resumes should not exceed three (3) pages each and letter of commitments should not exceed one (1) page each.

3) Additional relevant materials [up to five (5) pages] may also be provided as an appendix. These may include the history, structure, accomplishments, and capacity of the applicant organization(s).

4) Organizational Chart: This annex should consist of a chart showing the proposed organization for the Program; this chart should include, but is not limited to, a representation of the staff reporting lines and relationships between the different positions that fully illustrates the management structure of both full time and non-full-time staff for the Recipient and all sub-recipients; it should be sufficient to illustrate the complete human resources needs necessary to achieve the objectives of this Program.

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 merit review purposes, should:

(a) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets ____; and

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

D.5.2 Selection of Apparently Successful Applicant

A USAID Selection Committee (SC) will evaluate the presentation slides, relevant documents requested to be smutted as annex to the slides, and PowerPoint presentation

following the merit review criteria stipulated under Section E. After submission of presentation slides and actual PowerPoint application is completed, the SC will propose the apparently successful applicant (ASA) for the Agreement Officers decision. Selection of ASA does not constitute an award commitment on the part of the U.S Government, nor does it commit the Government to pay for any costs incurred in preparation or submission of PowerPoint Presentation or participating in the Co-design process.

Applications at each phase are submitted at the risk of the applicant. All costs incurred before USAID makes award are at the applicant's risk (*i.e.,* USAID is not required to reimburse such costs if for any reason the applicant does not receive the award or if the award is less than anticipated and inadequate to cover such costs). However, the Agreement Officer, at his/her discretion may authorize a successful applicant to charge limited pre-award expense to the resulting Cooperative Agreement.

D.5.3 PHASE II: Co-Design and Full Application

Co-Design Process

This is a co-design process with the Apparently Successful Applicant from phase-I. Co-design is a collaborative approach to design the final Program Description and the way going forward. USAID/Ethiopia has been working with resource partners, potential implementers, end users/beneficiaries or other stakeholders towards a range of outcomes, such as a richer understanding of a problem, a shared strategy for action, ideas or specific plans for solutions, or lessons and insights to guide learning and next steps.

Subject to the availability of funds, USAID/Ethiopia will invite the Apparently Successful Applicant (ASA) from phase-I to engage in a round of in-person Co-design with USAID/Ethiopia prior to submission of full co-designed activity description. During the Co-design process under this NOFO, the key element of Co-design is an emphasis on shared power, responsibility, decision-making and ownership over the ultimate product or program description. The aim of the Co-design phase is to further define activity objectives, design interventions, and align timelines. Through discussions, both the ASA and USAID/Ethiopia may identify additional resources, partners, or strategies necessary to successfully implement the proposed activity.

After the Co-design is completed, USAID/Ethiopia will request the ASA to submit a full Technical and Cost application. Template for development of the final Program Description of the Quality Healthcare Activity will be agreed upon at the time of the Co-design process.

The technical application developed after Co-design should be specific, complete, and presented concisely. The application must demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. The full application should consider the requirements of the program and merit review criteria found in this NOFO.

D.6 Business (Cost) Application

Applicants are not required to submit a cost application or documents stated under this subsection during Phase-I. Only the ASA will submit a full cost application and other necessary documents listed below after the Co-design workshop is completed. The applicant

must submit a Cost Application (i.e., budget) inclusive of all program costs, separated by major budget category, activity year, and submitted separately from the Technical Application. Most notably, the Cost Application breaks down the applicant's proposed direct costs (i.e., those expenses deemed essential to the conduct of sponsored institutional activities and which the applicant can readily attribute and directly charge to specific individual activities). Further, the Cost Application must include expenditures for conducting the sponsored activity arranged by the following cost breakdown:

(a) Personnel (i.e., Compensation – Personal Services),
(b) Fringe Benefits,
(c) Travel (i.e., Travel & Lodging and Subsistence),
(d) Equipment,
(e) Supplies,
(f) Contractual (i.e., Subawards),
(g) Construction
(h) Other Direct Costs,
(i) Indirect Costs; and
(j) Cost Sharing and Matching.

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

The applicant should propose cost saving measures for how it will reduce overhead, minimize redundant staffing structures, and propose country office or field office consolidation where possible. Lastly, ADS 303.3.12 provides, "the AO must negotiate with the applicant to resolve any issues related to proposed costs that do not comply with USAID policies before executing the award."

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.

D.6.1 Cost Application Requirements

The Cost Application may not exceed the available funding stated in Section B for a five-year period of performance considering the program description in this NOFO Section A above. Further, the Cost Application must present costs as follows:

(a) Summary Budget,
(b) Detailed Budget, and

(c) Budget Narrative.

Under the Summary and Detailed Budgets, the applicant must outline the proposed budget for each activity year with key line items (personnel, fringe benefits, travel and transportation, equipment, supplies, subawards/activities, consultancy, other direct cost, indirect cost, cost share) an accompanying detailed Budget Narrative, which provides greater detail regarding the total costs for activity implementation in concise form. Further, the Cost Application must describe all the costs associated with the applicant's proposed program fully and accurately to provide a complete picture of the cost implications of the applicant's proposed program. Lastly, the Summary and Detailed budgets, and Budget Narrative, must always match, in the same sequence and complement each other to present the applicant's costs consistently.

D.6.2 Cover Page

The cost application must have a cover page containing the same information as the technical application's cover page.

D.6.3 Standard Form (SF) 424

The applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at www.grants.gov or using the following links:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Budget Information (SF-424A)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424B	http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html
Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

The SF-424 is a standard form required for use as a cover sheet for submission of pre-applications, applications, and related information under discretionary programs. Thus, the applicant must submit the budget using an SF-424

The SF-424A is designed so that applications can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines, which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program.

The SF-424B is an assurance for non-construction programs which the applicants are required to certify.

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

D.6.4 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 activity year. 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 Narrative should explain costs estimates and provide the rationale and the basis on which costs are derived including sufficient information to determine the reasonableness and realism of proposed costs
The Budget must include the following worksheets or tabs, and contents, at a minimum:

D.6.4.1 SUMMARY BUDGET

The applicant must submit a Summary Budget, inclusive of all program costs (federal and non-federal), broken down by major budget category and by year for activities to be implemented by the applicant and any potential sub-applicants for the entire performance period of the program, (See Summary Budget format in this NOFO). The Summary Budget lays out the applicant's total program costs, demonstrating that those costs fall within the NOFO TEA of available federal funding.

D.6.4.2 DETAILED BUDGET

The applicant must submit a Detailed Budget for both the Prime and each sub-recipient, for all federal funding and cost share that breaks down line-item categories into subcategories (i.e., secondary or subordinate categories) and by year for the entire implementation period. More specifically, the Detailed Budget provides the applicant an opportunity to describe the subcategories of costs that make up the Summary Budget major categories (i.e., break down financial data into unit costs). Further, the subcategories must remain consistent and align with the Summary Budget major line-item categories. Moreover, the Detailed Budget describes the Cost Application unit costs, which specify the discrete resources required for the applicant's proposed program in different terms.

At a minimum, the Detailed Budget must contain the budget categories and information per samples provided in this NOFO.

D.6.4.2.1 PERSONNEL (i.e., COMPENSATION – PERSONAL SERVICES)

As per 2 CFR 200.430(a), "compensation for personal services includes all remuneration, paid currently, or accrued, for services of employees rendered during the period of performance under the Federal award, including but not necessarily limited to wages and

salaries…Costs of compensation are allowable to the extent that they satisfy the specific requirements of this part, and that the total compensation for individual employees:

Is reasonable for the services rendered and conforms to the established written policy of the non-Federal entity consistently applied to both Federal and non-Federal activities.

Follows an appointment made in accordance with a non-Federal entity's laws [or] rules or written policies and meets the requirements of Federal statute, where applicable; and

Is determined and supported as provided in paragraph (i) of this section, Standards for Documentation of Personnel Expenses, when applicable."

The Cost Application must reasonably reflect the total activity for which the applicant will compensate its personnel, not exceeding 100 percent of compensated activities. Further, the applicant's budget estimates alone do not qualify as support for charges to Federal awards. In explaining the Personnel line-item category costs, the Budget Narrative should provide adequate justification for the proposed daily or annual labor rates as reasonable for the services rendered, the proposed costs conform to the applicant's established written policy, and the applicant consistently applies such costs to both Federal and non-Federal activities. Further, the Budget Narrative should articulate the Cost Application's Personnel line-item category assumptions. Lastly, the applicant must certify that its established written policy applies to all Federal and non-Federal activity staff across all activities.

KEY PERSONNEL

Under the Personnel line-item category, the applicant must break down key personnel.

With respect to the Detailed Budget and Budget Narrative, the Cost Application should provide the following key personnel details:

- Each proposed key personnel candidate's name.
- The proposed key personnel candidate's position.
- Whether the applicant will engage the proposed key personnel candidates as regular employees or independent contractors.
- The key personnel proposed candidates' nationality under three basic categories:
    - Cooperating Country National (CCN)
    - Third Country National (TCN); or
    - United States National (USN);

Further, the Cost Application should provide other key details regarding the applicant's key personnel, such as whether they serve as applicant employees, subaward employees, or whether the applicant will offer their time and services as cost sharing or matching. Moreover, the Budget Narrative should provide a justification for the key personnel candidates' proposed salary rates.

LOCAL COOPERATING COUNTRY NATIONAL (CCN) STAFF

Other than proposed expatriate or key personnel, the Personnel line-item category should capture and identify local (i.e., CCN) staff, and their corresponding salaries, based on the local labor market and the applicant's salary policies, procedures and practices. Further, the Detailed Budget must include the applicant's annual salary escalation rate in accordance with its established written policy. If the applicant's written established policy for annual salary escalations exceeds current inflation rates, the applicant must include the policy and its effective date with the Cost Application.

D.6.4.2.2 FRINGE BENEFITS

As per 2 CFR 200.431(a), "fringe benefits are allowances and services provided by employers to their employees as compensation in addition to regular salaries and wages. Fringe benefits include, but are not limited to, the costs of leave (vacation, family-related, sick or military), employee insurance, pensions, and unemployment benefit plans. Except as provided elsewhere in these principles, the costs of fringe benefits are allowable provided that the benefits are reasonable and are required by law, non-Federal entity-employee agreement, or an established policy of the non-Federal entity."

Fringe benefits comprise non-wage, or non-salary compensation the applicant provides to its employees. Fringe benefits cover such costs as: employee health insurance, tax contributions, or public transportation subsidies or the applicant may include holidays, sick and vacation days, depending on how the applicant allocates costs. Nevertheless, local labor laws dictate what kind of fringe benefits the applicant must provide to local (i.e., CCN) staff fringe benefits costs. Further, the applicant should consult the cost principles applicable to its organization to understand the different allowable types of fringe costs. Whilst some organizations can easily calculate fringe benefits as a direct cost, organizations with various different sources of funding may express fringe benefits as an indirect cost percentage rate.

In explaining the Fringe Benefits line-item category costs, the Budget Narrative should provide adequate justification for the proposed fringe benefits rate. Further, if the applicant has a fringe benefits rate approved by an agency of the U.S. Government (USG), the applicant must use approved rate and provide corresponding evidence of the approval. If the applicant does not have an approved USG fringe benefits rate, the applicant must propose an appropriate fringe benefits rate and provide an explanation of how the applicant determined the rate. If the applicant proposes a fringe benefit rate, the Budget Narrative must include a detailed breakdown comprised of all items considered in the fringe benefits rate (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

D.6.4.2.3 CONSULTANTS

Services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the applicant are allowable costs. Costs of consultants should be broken down by person years, months, days or hours.

D.6.4.2.4 TRAVEL (i.e., TRAVEL & LODGING AND SUBSISTENCE)

In explaining the Travel line-item category costs, the Budget Narrative should provide adequate justification for the proposed travel (i.e., travel & lodging and subsistence) costs as necessary for the completion of the activity.

TRAVEL

As per 2 CFR 200.474(a), "travel costs are the expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business of the non-Federal entity. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-Federal entity's non-federally funded activities and in accordance with non-Federal entity's written travel reimbursement policies. Notwithstanding the provisions of 200.444, General costs of government, travel costs of officials covered by that section are allowable with the prior written approval of the Federal awarding agency or pass-through entity[45] when they are specifically related to the Federal award."

The Detailed Budget and Budget Narrative should provide an explanation for all activity travel, both international and domestic, and provide a justification for the travel costs as necessary to achieve the NOFO's activity objectives. The applicant must separate and specify travel as international or domestic travel, air, or other mode of transportation. Most notably, within each category, the Budget Narrative must provide an explanation for the purpose and number of trips, number of travelers, proposed days and dates of travel, the proposed destinations, and how the applicant allocated its costs.

The applicant should not include obtaining motor vehicles, or related motor vehicle maintenance or service fees, under the Travel line-item category. Alternatively, the applicant should include obtaining motor vehicles separately under the Equipment, and related motor vehicle maintenance or service fees under the Other Direct Costs (ODCs) line-item category costs, respectively. Moreover, though the applicant may include travel costs for activity beneficiaries under the Travel line-item category in accordance with its established written policy consistently applied to both Federal and non-Federal activities, it may alternatively include those costs as a separate subcategory under the ODCs line-item category to distinguish between administrative and programmatic (i.e., downstream beneficiaries) travel costs.

LODGING AND SUBSISTENCE

As per 2 CFR 200.474(b), lodging and subsistence costs are those "[costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, must be considered reasonable and otherwise allowable only to the extent such costs do not exceed charges normally allowed by the non-Federal entity in its regular operations as the result of the non-Federal entity's written travel policy."

[45] As per 2 CFR §200.74, *"[p]ass-through entity* means a non-Federal entity that provides a subaward to a subrecipient to carry out part of a Federal program."

The applicant should include lodging and subsistence as a subcategory under the Travel line-item category. These costs comprise the costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses associated with individual activity travel. Further, the applicant should break down lodging and subsistence costs, and provide an explanation or justification in the Detailed Budget and Budget Narrative, how the proposed lodging and subsistence costs align with the applicant's proposed trips.

Whilst the applicant may follow its established written travel policy – consistently applied to both Federal and non-Federal activities – as the basis for lodging and subsistence costs, USAID consults the Department of State Standardized Regulations (DSSR) 925 Foreign Per Diem Rates by Location[46] to determine the reasonableness of lodging and subsistence costs.

D.6.4.2.5 EQUIPMENT

As per 2 CFR 200.33, "equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000." Further, 2 CFR 200.48 provides "general purpose equipment means equipment which is not limited to research, medical, scientific, or other technical activities. Examples include office equipment and furnishings, modular offices, telephone networks, information technology equipment and systems, air conditioning equipment, reproduction and printing equipment, and motor vehicles. See also Equipment and Special Purpose Equipment." However, per 2 CFR 200.407(f), "[in order to avoid subsequent disallowance or dispute based on unreasonableness or non-allocability, the non-Federal entity may seek the prior written approval of the cognizant agency for indirect costs or the Federal awarding agency in advance of the incurrence of special or unusual costs." Thus, USAID must provide prior written approval for the applicant to procure any such equipment using USAID funding. Any tangible personal property less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000 per unit qualifies as supplies, which the applicant should include separately under the Supplies line-item category. Lastly, per 2 CFR 200.313(d), "[procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a federal award, until disposition takes place will, as a minimum, meet the 2 CFR 200.313(d)(1) through 200.313(d)(5)] requirements."]

Nevertheless, per ADS 312.3.3, "special restrictions apply to USAID-financed purchases of agricultural commodities, motor vehicles,[47] pharmaceuticals, contraceptive products, pesticides, used equipment and fertilizer. The restrictions are set out in [ADS] 312.3.3.1 through 312.3.3.7." Most notably, USAID must approve motor vehicles individually

[46] Available at https://aoprals.state.gov/web920/per_diem.asp.

[47] As per 2 CFR §228.13(b), "[f]or purposes of this section, motor vehicles are defined as self-propelled vehicles with passenger carriage capacity, such as highway trucks, passenger cars and buses, motorcycles, scooters, motorized bicycles and utility vehicles. Excluded from this definition are industrial vehicles for materials handling and earthmoving, such as lift trucks, tractors, graders, scrapers, off-the-highway trucks (such as off-road dump trucks) and other vehicles that are not designed for travel at normal road speeds (40 kilometers per hour and above)." Moreover, ADS 312.6 captures and incorporates the foregoing definition into the Agency's internal guidance, policy directives, required procedures, and standards for the award and administration of USAID grants and cooperative agreements.

regardless of unit cost. Moreover, the Budget Narrative should articulate the applicant's planned competitive procurement process for obtaining motor vehicles with program funds, which should demonstrate that the applicant attempts to obtain motor vehicles from sources inside the United States.

The Detailed Budget should itemize equipment by make, model, unit type, estimated cost per unit, estimated quantities per activity year, and total cost. Further, the Budget Narrative must articulate the purpose of the equipment and the basis for the cost estimates. Lastly, in explaining the Equipment line-item category costs, the Budget Narrative should provide adequate justification for the proposed equipment costs.

D.6.4.2.6 SUPPLIES

As per 2 CFR 200.94, "supplies mean all tangible personal property other than those described in 2 CFR 200.33, Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000, regardless of the length of its useful life." Any tangible personal property having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 per unit qualifies as equipment, which the applicant should include separately under the Equipment line-item category.

Tangible property that qualifies as supplies include those items necessary for the functioning of the activity office or any other operational supplies. Further, the applicant should include activity supplies for activity beneficiaries as a separate subcategory under the Other Direct Costs (ODCs) line-item category to distinguish between administrative and programmatic supplies costs. For example, the applicant should list paper stock for training materials, as opposed to paper stock to supply the activity office, separately under the ODCs line-item category.

The Detailed Budget should itemize supplies by item, unit type, estimated cost per unit, estimated quantities per activity year, and total cost. Lastly, in explaining the Supplies line-item category costs, the Budget Narrative should provide adequate justification for the proposed supplies costs.

D.6.4.2.7 CONTRACTUAL (i.e., SUBAWARDS)

As per 2 CFR 200.92" subaward means an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract." Further, per 2 CFR 200.93, "subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency." Moreover, per 2 CFR 200.22"[contract means a legal instrument by which a non-Federal entity purchases

property or services needed to carry out the activity or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward (see 200.92 Subaward)." As per 2 CFR 200.23, "contractor means an entity that receives a contract as defined in 200.22 Contract." Furthermore, per 2 CFR 200.330, "…a pass-through entity must make case-by-case determinations whether each agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor." Lastly, 2 CFR 200.330(c) provides, "[in determining whether an agreement between a pass-through entity and another non-Federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement."

The Detailed Budget should break down costs for each subrecipient or contractor that will carry out part of a Federal award received by the pass-through entity separately. Thus, the applicant, subrecipient, or contractor should prepare separate subaward budgets, ensuring that the discrete subaward budgets remain consistent and align with the Summary and Detailed Budgets, respectively. Nevertheless, the applicant should not include contracts to purchase equipment and supplies under the Contractual line item since those costs qualify under those respective line-item categories. Moreover, given that per 2 CFR 200.313(a) "…title to equipment acquired under a Federal award will vest upon acquisition in the non-Federal entity," the applicant should include equipment purchases for subawards under the Other Direct Costs line-item category. Lastly, if the applicant proposes using a U.S. firm or organization as a subrecipient, the subrecipient must provide its Negotiated Indirect Cost Rate Agreement (NICRA) or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe benefits or indirect cost rates. If none exists, the U.S. firm or organization must either charge all costs directly or provide two years of audited financial data and a narrative that supports how the fringe benefits and indirect cost rates were calculated. Lastly, U.S. firms or organizations must include a cost element for Allowances, if any.

As per 2 CFR 200.459(a), "costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the non-Federal entity, are allowable, subject to paragraphs (b) and (c) when reasonable in relation to the services rendered and when not contingent upon recovery of the costs from the Federal Government." Thus, the applicant may include consultant or independent contractor costs under the Contractual line item category, not the Personnel line item category because the corresponding fringe benefits only apply to employees under the Personnel line item category, not to consultants or independent contractors. The applicant should break down the proposed consultant or independent contractor's daily rates and level of effort they will devote to the activity for USAID to determine the reasonableness of the proposed short-term technical assistance (STTA). Lastly, the Budget Narrative should provide a justification for the proposed consultant or independent contractor daily rate.

USAID encourages the applicant to propose and award work under this award to Ethiopian firms, organizations, or nationals in support of USAID/Ethiopia's capacity development goals to advance self-reliance principles.

In explaining the Contractual line-item category costs, the Budget Narrative should provide adequate justification for the proposed contractual (i.e., subaward) costs.

D.6.4.2.8 OTHER DIRECT COSTS

Under the Other Direct Costs line-item category, the applicant should include costs that do not fit neatly in the foregoing major direct cost categories (i.e., costs not previously identified), but for which the applicant can identify specifically with a particular final cost objective. Further, the Detailed Budget and Budget Narrative must explicitly identify Other Direct Costs as necessary for implementation of the applicant's proposed program. Moreover, the Detailed Budget may capture program costs as a major subcategory under the Other Direct Costs line item or lower-level subcategories, if any, for the applicant to distinguished between administrative and programmatic costs.

Whilst there exist numerous costs necessary for activity implementation (i.e., office rental and utilities; publications and printing; programmatic meetings, trainings, or conferences; passports; visas; medical exams; motor vehicle maintenance and service fees; etc.), the Detailed Budget and Budget Narrative should itemize these costs as discreet estimated amounts. Nevertheless, the applicant should not duplicate a cost previously identified under a major direct cost category, unless distinguished between administrative and programmatic costs.

Neither the Detailed Budget nor the Budget Narrative should include a "contingency," "other," or undefined "miscellaneous" category of costs under the Other Direct Cost line-item category. The Detailed Budget must specify where and how the applicant proposes allocating the federal share. Further, the Detailed Budget should not include Indirect Costs that are normally expressed as percentage rates.

In explaining the Other Direct Costs line-item category costs, the Budget Narrative should provide adequate justification, price, and quantity for the proposed other direct costs.

D.6.4.2.9 INDIRECT COSTS

As per 2 CFR 200.56, "indirect (F&A) costs mean those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools of indirect (F&A) costs. Indirect (F&A) cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived." Further, Appendix IV to Part 200 – Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations (Appendix IV to Part 200) Section A.1, "indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Direct cost of minor amounts may be treated as indirect costs under the conditions described in 200.413, Direct costs paragraph (d) of this Part. After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefitting cost objectives. A cost may not be

allocated to a Federal award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to a Federal award as a direct cost."

Organizations can choose to charge each expense to the corresponding program award under a direct costing method. In contrast, some organizations recover certain pooled costs using indirect cost rates. Indirect costs represent costs the applicant cannot attribute to any one activity or funded by one donor. Thus, an applicant could use an indirect cost rate to capture cost pools that it must spread and share among various activities, or a percentage, that estimates the amount of expenses that each activity incurs.

NEGOTIATED INDIRECT COST RATE

Further, 2 CFR 200.414(c)(1) provides "the negotiated rates must be accepted by all Federal awarding agencies. A Federal awarding agency may use a rate different from the negotiated rate for a class of Federal awards or a single Federal award only when required by Federal statute or regulation, or when approved by a Federal awarding agency head or delegate based on documented justification as described in paragraph (c)(3) of this section."

The applicant may establish a negotiated indirect cost rate with a U.S. federal agency, for which it must support and justify the rate with a detailed explanation and audited financial statements. Further, once the applicant establishes its negotiated indirect cost rate, the applicant must use that rate every time it submits a proposal or application to do business with the USG or charge all costs directly to the activity. Lastly, the applicant must submit its most recent negotiated indirect cost rate.

INDIRECT COST RATE PROPOSAL

As per 2 CFR 200.57,"indirect cost rate proposal means the documentation prepared by a non-Federal entity to substantiate its request for the establishment of an indirect cost rate as described in Appendix III to Part 200—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs) through Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals of this part, and Appendix IX to Part 200—Hospital Cost Principles." Further, Appendix IV to Part 200 Section C.2.b provides "except as otherwise provided in 200.414 Indirect (F&A) costs paragraph (f) of this Part, a nonprofit organization which has not previously established an indirect cost rate with a Federal agency must submit its initial indirect cost proposal immediately after the organization is advised that a Federal award will be made and, in no event, later than three months after the effective date of the Federal award." Nevertheless, Appendix IV to Part 200 Section D(1) provides "no proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization." Lastly, per Appendix IV to Part 200 Section D(2), "each indirect cost rate proposal must be accompanied by a certification in the following [Section D(2)] form."

If the applicant does have a negotiated indirect cost rate and chooses to propose an indirect cost rate to capture those expenses that it deems as necessary for the general operation of its

organization, the Cost Application must include a proposed rate with a detailed explanation about how the applicant calculated the rate. Further, the applicant must submit the following documentation:

Reviewed Financial Statements Report: A report issued by a Certified Public Accountant (CPA) documenting they performed a review of the applicant's financial statements in accordance with Statements on Standards for Accounting and Review Services (SSARSs). Further, the report must indicate that management assumes responsibility for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing, and maintaining internal control relevant to the preparation. Lastly, the CPA must state that they are not aware of any material modifications required to the applicant's financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting they conducted an audit in accordance with Generally Accepted Auditing Principles (GAAP), the financial statements reflect the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company, and the results of operations align with the applicable financial reporting framework or issues a qualified opinion if the financial statements do not conform with the applicable financial reporting framework.

DE MINIMIS RATE

As per 2 CFR 200.414(f), "[in addition to the procedures outlined in the appendices in paragraph (e) of this section, any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in Appendix VII to Part 200 – States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph D.1.b, may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely." As described in 2 CFR 200.403, Factors affecting allowability of costs, 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 for a rate, which the non-Federal entity may apply to do at any time." Further, the Automated Directives System (ADS) has incorporated under ADS 303.3.12, which provides "if the apparently successful applicant has never received a negotiated indirect cost rate, the recipient may choose to charge a de minimis rate of 10 percent of modified total direct costs (see 2 CFR 200.414(f)). If the prospective applicant chooses the de minimis rate, the AO must incorporate the 10 percent indirect cost rate in the award budget and the recipient must follow the requirements in 2 CFR 200.414(f).

If the applicant does not have a negotiated indirect cost rate, it may choose a de minimis rate of 10 percent of modified total direct costs. However, if the applicant chooses the de minimis rate, it must use this rate consistently for all Federal awards and cannot propose applying a separate fringe benefits rate to staff salaries that are directly attributable to individual activities, until such time as the applicant chooses to negotiate for a rate, for which the applicant may apply at any time.

For fringe benefits associated with direct labor, the applicant must provide actual cost estimates for each type of benefit for which it will charge directly for payment with supporting documentation to support the estimated cost.

MODIFIED TOTAL DIRECT COST (MTDC)

As per 2 CFR 200.68, "MTDC" means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs."

INDIRECT COSTS FOR SUBAWARDS

Applicants that propose sub awarding, transferring, or contracting out of any work under a Federal award to organizations that do not currently have a negotiated indirect cost rate from a cognizant agency must either budget all of the subaward costs as direct costs or elect to charge a de minimis rate of 10 percent of the MTDC per 2 CFR 200.414(f). If the applicant proposes an indirect cost rate greater than 10 percent, the applicant must submit the following information for USAID to determine the reasonableness of the proposed indirect rate:

- Copies of the subrecipient's financial reports for the previous three-year period, which have been audited by a CPA or other auditor satisfactory to USAID;
- Activities budget, cash flow, and organizational chart; and
- A copy of the organization's accounting manual.

D.6.4.2.10 COST SHARING OR MATCHING

Cost share of minimum 10% is required under this NOFO. Proposed cost share shall apply throughout the life of an agreement. The AOR must monitor the recipient's financial reports to ensure that the recipient is making progress towards meeting the proposed cost share. If it appears that the recipient is not making adequate progress, the AOR must bring this to the attention of the AO. The AO then must initiate discussions with the recipient to resolve the issue. The AO has the authority to reduce the amount of USAID incremental funding in the following funding period or to reduce the amount of the agreement by the difference between the expended amount and what the recipient agreed to provide. If the award has expired or been terminated, the AO may request the recipient to refund the difference to USAID."

Cost share must be detailed (who is providing it and in what form, how it will be used and accounted for, how it contributes to the achievement of IQHA objectives and what benefits the applicant expects to derive from contributing cost share.

The applicant and each partner proposing cost share must confirm that:

- The proposed cost share contributions are not included as cost share contributions for any other U.S. Government (USG)-assisted program; and
- Are necessary and reasonable for proper and efficient accomplishment of this award's objectives.

In the award budget, cost share must be expressed as a dollar figure rather than a percentage to assist in monitoring the amount.

D.6.4.3 COST APPLICATION FORMAT

The Cost Application must include the following budget format to be submitted in the Cost Application. The applicant must compose its Summary Budget in an MS Excel spreadsheet. Further, the applicant should use the same MS Excel spreadsheet tabs for its Detailed Budget, which includes a detailed breakdown of proposed costs for the Prime Recipient and each subrecipient, for federal funding and cost sharing and matching by year, for the entire implementation period of the activity.

SUMMARY Activity Budget

S/ N	Major Budget Categories	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL All Years
1	Personnel						
2	Fringe Benefit and Allowances						
3	Travel						
4	Equipment and Supplies						
5	Contractual (Program Implementation*)*						
6	Construction						
7	Other Direct Costs						
	Total Direct Charges						
8	Indirect Charges						
	Total USAID Contribution						**Approx. $49,820,000**
10	**Applicant's Cost-Share contribution**						
	Total Estimated Activity Costs						

D.6.4.4 COST PRINCIPLES

The applicant must consult and adhere to the cost principles that correspond to the applicant's type of organization:

Non-Profit Organizations	2 CFR 230 – Cost Principles for Non-profit Organizations (OMB Circular A-122)
For Profit or Commercial Organizations	48 CFR (Federal Acquisition Regulation or FAR) Subpart 31.2 – Contracts with Commercial Organizations
	48 CFR (USAID Acquisition Regulation (AIDAR)) Subpart 731.2 – Contracts with Commercial Organizations
Educational Institutions	2 CFR 220 – Cost Principles for Educational Institutions Circular A-21)

Cost Principles Restrictions

As per 2 CFR 200.400(g), "the non-Federal entity may not earn or keep any profit resulting from Federal financial assistance, unless explicitly authorized by the terms and conditions of the Federal award. See also 200.307 Program income."

All reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the activity and comply with applicable cost standards (i.e., 2 CFR 200/700 for universities, and FAR Part 31 for-profit organizations), may be paid under the anticipated award.

There will be no construction activities under this award.

PRE-AWARD TERMS[48]

D.6.5 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.

D.6.6 Approval Of Subawards (If Applicable)

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

- Name of organization
- UEI Number

[48] Available at https://www.usaid.gov/sites/default/files/documents/1868/303mba.pdf.

- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

D.6.7 History of Performance:

The applicant must provide information regarding its recent history of performance for all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs, that have been awarded or completed in the last three years, as follows:

• Name of the Awarding Organization.
• Award Number.
• Activity Title.
• A brief description of the activity.
• Period of Performance.
• Award Amount.
• Reports and findings from any audits performed in the last three (3) years; and
• Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

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

D.6.8 Funding Restrictions:

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor. Applicants will be reimbursed only for costs that benefit the program description and are allocable, allowable and reasonable. Pre-award costs may be reimbursed under the resulting award, but only with a prior specific written approval of the Agreement Officer. All costs incurred before the USAID makes the award are at the recipient's risk (*i.e.,* the USAID is not required to reimburse such costs if for any reason the recipient does not receive the award or if the award is less than anticipated and inadequate to cover such costs).

This program does not have any provision for capital funding.

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

The Applicant should address any issues with these funding restrictions in this Section of the Business (Cost) Application.

D.6.9 Unique Entity Identifier and System For Award Management (Sam) – Requirements

As per 2 CFR 25.315, "unique entity identifier means the identifier required for SAM registration to uniquely identify business entities." Thus, an applicant must:

(a) Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient;
(b) Provide a valid unique entity identifier in its application; and
(c) 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.

Further, USAID may not make a Federal award to an applicant until the applicant has complied with all applicable unique entity identifier and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make a Federal award, USAID may determine that the applicant is not qualified to receive a Federal award and use that determination as a basis for making a Federal award to another applicant. However, please be advised that SAM registration may take several weeks to complete. Thus, USAID encourages the applicant to begin the process early.

The applicant can find SAM.gov and Grants.gov through the General Service Administration's (GSA) Office of the Integrated Award Environment (IAE) beta.SAM.gov website (https://beta.sam.gov/help/about-us).

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain a North Atlantic Treaty Organization (NATO) Commercial and Government Entity (NCAGE) code, on https://beta.sam.gov/help/about-us navigate to Help, then to International Registrants.

D.6.10 Pre-Award Risk Assessment

As part of the initial cost application and Per ADS 303.3.9, "applicants must provide a list of all its cost-reimbursement contracts, grants, or cooperative agreements involving similar or related programs during the past three years. The reference information for these awards must

include the performance location, award number (if available), award dollar amount, a brief description of the work performed, and a point of contact list with point of contact names and titles, current telephone numbers and email addresses", the applicant must provide the following:

- Name of the Awarding Organization.
- Award Number.
- Activity Title.
- Performance Location
- A brief description of the activity.
- Period of Performance.
- Award Amount.
- Reports and findings from any audits performed in the last three years; and
- Name of at least two (2) updated professional contacts who most directly observed the work at the organization for which the service was performed with complete current contact information including telephone number, and e-mail address for each proposed individual.

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

D.6.11 Branding Strategy and Marking Plan

The apparently successful applicant must submit a Branding Strategy and Marking Plan for Agreement Officer's review, approval, and incorporation into any resulting award. A Branding Implementation Strategy and Marking Plan must be in accordance with USAID Branding and Marking Plan as required per ADS 320 at the following link: http://www.usaid.gov/policy/ads/300/. The Recipient must comply with the USAID "Graphic Standards Manual," available at https://www.usaid.gov/branding or any successor branding policy.

D.6.12 Pre-Award Certifications, Assurances, Representations, And Other Statements of The Recipient and Pre-Award Terms[49]

As per ADS 303.3.8, "in addition to the certifications included in the Standard Form 424, the AO must obtain the following certifications, assurances, and other statements from both U.S. and non- U.S. organizations (except as specified under ADS 303.3.8.a though ADS 303.3.8.c), before making an award and as otherwise required by the regulations listed in this

[49] For further information, please review the "Certifications, Assurances, Representations, and Other Statements of the Recipient: A Mandatory Reference for ADS Chapter 303" available at https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

section. The AO must also incorporate the solicitation standard provisions and provide links to the applicable award standard provisions in all solicitations."

The required certifications, assurances, and other statements are:

1. "Certifications, Assurances, Representations, and Other Statements of the Recipient" document found at http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf
2. 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.6.13 Branding Strategy – Assistance (June 2012)

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, activity, 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, activity, or activity.

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brandmark, with the tagline "from the American people" as found on the USAID Web site at http://www.usaid.gov/branding, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.
(ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

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

(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 activity.

(v) USAID prefers to fund activities that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

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

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

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or activity to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, "USAID is from the American People."

(iv) Provide any additional ideas to increase awareness that the American people support this activity or program.

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

6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

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

(END OF PRE-AWARD TERM)

D.6.14 Marking Strategy – 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 brandmark, with the tagline "from the American people." The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at http://www.usaid.gov/branding. Section VI of the RFA or APS will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement, or other assistance instrument.

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

1) A description of the public communications, commodities, and program materials that the applicant plans to produce, and which will bear the USAID Identity as part of the award, including:

(i) Program, activity, or activity sites funded by USAID, including visible infrastructure activities or other sites physical in nature.

(ii) Technical assistance, studies, reports, papers, publications, audio- visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID.

(iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and

(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 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.

(END OF PRE-AWARD TERM)

D.6.15 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.

D.6.16 Cost Application Review

The Government will evaluate the Apparently Successful Applicant's proposed costs for completeness, realism, allowability, reasonability and allocability in accordance with 2 CFR 200.403, 2 CFR 200.404 and 2 CFR 200.405. USAID will assess whether the proposed costs, including cost sharing if any, are realistic for the proposed activity, whether the proposed

costs reflect the applicant's understanding of the objective of the intended activity, and whether the proposed costs align with the Technical Application. Proposed indirect rates and factors may be verified with the USAID Cost and Audit Support or other Cognizant Audit Agency via rate check or formal audit, as appropriate.

Proposed cost share, if any, 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 – to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with "specific conditions" (2 CFR 200.208).

- END OF SECTION D -

SECTION E: APPLICATION REVIEW INFORMATION

E.1 Criteria

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

The Presentation-Slides and the actual PowerPoint Presentation will be evaluated by a Selection Committee (SC) using the criteria described in this section.

E.2 Review and Selection Process

The required format and content for the application are described in Section D. The applications will be evaluated using an adjectival rating system, in accordance with the selection criteria set forth below. USAID will collaborate with the apparently successful applicant and co-design a final Program Description that will be part of the resulting award. Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant's budget to ensure that costs, including cost sharing, follow OMB's and USAID's policies. The costs proposed must be determined to be reasonable, based on the Cost Application and other information before award can be made. Award will be made to the responsible applicant whose application is determined to be the best, based on the criteria specified in this NOFO. The Agreement Officer must also evaluate the risk of the apparently successful applicant and is charged with the final determination of whether to make an award to the apparently successful applicant. Among other issues, the apparently successful applicant's history of performance will be reviewed using the reference information contained in the application, along with any other information deemed relevant by the Agreement Officer or Selection Committee. The Agreement Officer is the only individual who may legally obligate the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

This NOFO will follow a phased approach to select a successful recipient. The two-phases for selection of a successful applicant are as follows:

Phase I: Oral Presentations
Phase II: Co-design Workshop to Finalize PD (one week with the Apparently Successful Applicant), followed by a full application by the ASA.

The documents submitted during Phase-I and Oral Presentation and submissions of responses for the questions and clarification issues during the presentation, will be assessed according to the following merit review criteria on an adjectival system (Exceptional, Very Good, Satisfactory, Marginal, Unsatisfactory) shown in **descending order of importance**:

E.3 Rating Methodology and Evaluation Criteria

Adjectival rating methodology will be used to evaluate all responsive technical applications received in response to this solicitation and will be rated in the order of importance as indicated in the Merit Review Criteria below.

The below chart details the rating scheme and definitions applicable to review criterion.

Adjective	Merit Review Criterion
Exceptional	An Exceptional application has the following characteristics: ● A comprehensive and thorough application of exceptional merit. ● Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths significantly outweigh any weaknesses that may exist.
Very Good	A Very Good application has the following characteristics: ● An application demonstrating a strong grasp of the objectives. ● Application meets NFO objectives and presents a low overall degree of risk of unsuccessful project performance. ● Strengths significantly outweigh any weaknesses that exist.
Satisfactory	A Satisfactory application has the following characteristics: ● An application demonstrating a reasonably sound response and a good grasp of the objectives. ● Application meets NFO objectives and presents a moderate overall degree of risk of unsuccessful project performance. ● Strengths outweigh weaknesses.
Marginal	A Marginal application has the following characteristics: ● The application shows a limited understanding of the objectives. ● Application meets some or most of the NFO objectives but presents a significant overall degree of risk of unsuccessful project performance. ● Weaknesses equal or outweigh any strength that exists.
Unsatisfactory	An Unsatisfactory application has the following characteristics: ● The Application does not meet the NOFO objectives or requires a major rewrite of the application. ● Presents an unacceptable degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a lack of understanding of the Government's needs. ● Weaknesses significantly outweigh any strength that exists.

E.4 Merit Review Criterion

The criteria listed below are presented by major category, so that Applicants will know which areas require emphasis in the preparation of information. Applicants will note that these criteria serve as the standard against which all technical information will be evaluated and serve to identify the significant matters which Applicants will address.

The merit review process will be conducted using the following merit review criteria in descending order of importance. Sub factors within a factor are of equal importance.

FACTOR	**FACTOR NAME RELATIVE ORDER OF IMPORTANCE**	**RELATIVE ORDER OF IMPORTANCE**
Factor 1	**Technical Approach**	**Most Important**
Sub-factor 1.1	Technical Assistance, Capacity Building, and Institutional Strengthening Plan	All sub-factors are of equal importance.
Sub-factor 1.2	Adaptive Management; Monitoring, Evaluation, and Learning	
Sub-factor 1.3	Sustainability and Innovation Plan	
Sub-factor 1.4	Gender and Inclusivity	
Factor 2	**Management Framework**	**Second Most Important**
Sub-factor 2.1	Organizational Structure and Staffing Plan	All sub-factors are of equal importance
Sub-factor 2.2	Key Personnel	
Factor 3	**Institutional Capacity and Relevant Experience**	**Third Most Important**

E.4.1 Factor 1: Technical Approach (see D.5.1.1)

CRITERION 1	**CRITERION NAME:**	Technical Approach	**IMPORTANCE or WEIGHT:**	**Most Important**

The Technical Approach will be evaluated based on the Applicant's demonstrated technical soundness of the proposal detailing how best the Applicant intends to achieve each of the objectives and results outlined within the program description. This includes the extent to

which the quality of RMNCAH primary health care services improve health outcomes, how the approach will achieve improved RMNCAH outcomes and strengthen the management capacity of health facilities, and networks of excellence to drive health system performance improvement.

USAID will evaluate the extent to which the Applicant presents a plan that fulfills the following attributes:

- cogent
- feasible
- demonstrates alignment with the country and USAID policies and priorities.
- innovative approaches
- effective approaches
- technically sound
- well-defined
- achievable
- flexible & adaptable
- contributes to the increased resilience of referral network facilities (PHCUs, Primary hospitals, referral hospitals) areas in the face of shocks and crises.
- considered the unique context of the different geographies in the proposed implementation approaches.

(a) Sub-Factor 1.1. Technical Assistance, Capacity Building, and Institutional Strengthening Plan (**see D.5.1.1(a))**

SUB CRITERION 1.1	**CRITERION NAME:**	Technical Assistance, Capacity Building, and Institutional Strengthening Plan	**IMPORTANCE or WEIGHT:**	

Application will be evaluated on:

- The extent to which the Applicant proposes appropriate, effective, and result-oriented/measurable technical assistance and capacity building strategies for the local sub-recipients and MOH counterparts/institutions aligned with New Partnership Initiative principles.
- The extent to which the Applicant proposes appropriate and effective capacity building strategies for primary health care units, referral hospitals and districts as well as other actors across the QoC and RMNCAH program.
- The extent to which the Applicant proposes to develop the capacity to coordinate and manage health facilities and referral networks as well as local community members to improve quality of care and community engagement improving service quality.

(b) Sub-factor 1.2: Adaptive Management; Monitoring, Evaluation, and Learning: (see D.5.1.1(b))

SUB CRITERION 1.2	**CRITERION NAME:**	Adaptive Management; Monitoring, Evaluation, and Learning	**IMPORTANCE or WEIGHT:**	

The Applicant will be evaluated on the extent to which the Applicant outlines an adaptive management approach including illustrative indicators to respond to new information during the life of the award including but not limited to a continuing application process, which could allow for multiple phases so that lessons learned during the initial phase can be used to redirect interventions, if necessary, during subsequent phases.

- The extent to which the MEL plan captures the full extent of the results and sub-results, and its appropriateness to measure the results of the activity.
- The extent to which the MEL plan incorporates collaborating, learning, and adapting (CLA)approach that is clear, responsive to the programming context and is embedded in the technical approach, management, and staffing plan.
- The extent to which critical learning questions are identified, planned for, and integrated into management and decision-making.
- The extent to which the activity includes a context monitoring plan that includes how those context elements and changes will be used for flexible programing.

(c) Sub-Factor 1.3: Sustainability and Innovation Plan (see D.5.1.1(c))

SUB CRITERION 1.3	**CRITERION NAME:**	Sustainability and Innovation Plan	**IMPORTANCE or WEIGHT:**	

The Applicant will be evaluated on the extent to which the Applicant explicitly addresses all five sustainability and innovation principles in their proposal, and the extent to which the Applicant includes sustainability of existing host country platforms and institutions, exit and transition strategy when specific results are achieved and plan for program evolution, and timely phase-out or transfer of activities to local partners, the private sector, or beneficiaries throughout the life of the award. The Applicant should outline its ideas and approaches for innovation and include references of how the application builds on existing evidence or why selected approaches are considered innovative and of importance. Additional points to consider are:

- The extent to which the Applicant includes a feasible and achievable plan for sustaining the anticipated gains of the activity beyond the lifetime of the award.
- The extent to which the Applicant demonstrates a plan to engage local universities, civil society organizations and the private sector to achieve activity objectives.
- The extent to which the Applicant proposes to coordinate and collaborate with relevant USAID and non-USAID supported programs for better synergy and avoidance of duplication of effort.

(d) Sub-Factor 1.4 Gender & Inclusivity (see D.5.1.1(d))

SUB CRITERION 1.4	**CRITERION NAME:**	Gender & Inclusivity	**IMPORTANCE or WEIGHT:**	

Applicates will be evaluated on:

- The extent to which the Applicant proposes to advance gender equity and inclusion of other marginalized groups in this program.

- The extent to which the Applicant proposes context specific gender related interventions including male engagement to improve delivery and utilization of quality health care services.
- The extent to which the Applicant proposes effective approaches to GBV and other gender-based burdens for better RMNCAH outcomes.

E.4.2 Factor 2: Management Framework (see D.5.1.2)

CRITERION 2	**CRITERION NAME:**	Management Framework	**IMPORTANCE or WEIGHT:**	**Second Most Important**

The Applicants will be evaluated on:

- The extent to which the application clearly describes how each consortium member organization contributes to the achievement of the activity purpose with descriptions of the capabilities and responsibilities of each of the consortium members.
- Soundness of organizational structure (central, regional, and subregional staffing) proposed for smooth working systems and efficient use of resources.
- The extent to which the consortium includes local partners.
- The extent to which the proposed roles and responsibilities are well-defined and shows clear reporting relationships.
- The extent to which the Applicant proposed gender balance within its staffing plan, including key staff positions.
- The extent to which there is representation by a diverse team of qualified professionals in key positions.
- The extent to which the Applicant presented a plan to quickly mobilize key staff and resources on the ground both in its headquarters and throughout the targeted areas
- The extent to which the Applicant proposes a qualified and experienced team of key personnel (including women) offering the right mix of skills and expertise to ensure successful project implementation.

(a) Sub Factor 2.1: Organizational Structure and Staffing Plan: The Applicant will be evaluated (see D.5.1.2(a))

SUB CRITERION 2.1	**CRITERION NAME:**	Organizational Structure and Staffing Plan	**IMPORTANCE or WEIGHT:**	

The Applicant will be evaluated on the extent to which the organizational structure and staffing plan proposed is able to reflect the Applicants approach to implement the activity. The extent to which the Applicant demonstrates an organogram that reflects, appropriate level of effort, reporting relationships, and where any overlap may occur and if/why it is necessary. The extent to which the Applicant clearly articulates the division of responsibilities between staff and offices, including relationships with the host country government staff/structure, level of effort at central, county level, and engagement with sub-grantees and other stakeholders to implement the Program Description.

(b) Sub-factor 2.2. Key Personnel (see D.5.1.2(b)):

SUB CRITERION 2.2	**CRITERION NAME:**	Key Personnel	**IMPORTANCE or WEIGHT:**	

The applicant will be evaluated on the extent to which the proposed Key Personnel meet the required qualifications. Whether the proposed Key Personnel possess the requisite knowledge, skills, and experience. The Key Personnel's experience in performing relevant activities of similar magnitude in a challenging environment in the past.

E.4.3 Factor 3: Institutional Capacity and Relevant Experience (see D.5.1.3)

CRITERION 3	**CRITERION NAME:**	Institutional Capacity and Relevant Experience	**IMPORTANCE or WEIGHT:**	**Third Most Important**

The Applicants will be evaluated on the extent to which the partners proposed to implement the activity possess relevant technical capacity and experience; and demonstrates those partners ability to implement this activity. Technical capacity and experience the extent to which the Applicants have demonstrated experience in implementing activities that improve the access to, quality and utilization of RMNCAH services, the level to which the Applicants delivered results as per the agreement in previous assignments, and the extent the Applicant is flexible to adapt with the ever-changing effects of policy, socio-cultural and shock situations while complying with the terms of agreement and the policy. In addition, Applicants should demonstrate the extent to which the partner's proposed responsibilities are complementary and demonstrate integration and are not duplicative.

USAID will initially determine the relevance of experience, comparable in size, scope, and complexity as a predictor of probable performance under the subject requirement. USAID may give more relative importance to experience information that is considered more relevant and/or more current.

E.5 Full Application

Selection of ASA does not constitute an award commitment on the part of the U.S Government, nor does it commit the Government to pay for any costs incurred in preparation or submission of PowerPoint Presentation or participating in the Co-design process or an application. Applications at each phase are submitted at the risk of the applicant.

After the Co-design process is completed, the ASA will be requested to submit a full technical and cost application. The full Technical and Cost Application of the ASA will be reviewed and determined "Acceptable" or "Unacceptable". If the full application of the ASA is accepted, the AO will negotiate the remaining issues and proceed to award.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1. Federal Award Notices

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

The Cooperative Agreement signed by the Agreement Officer is the authorizing document, which shall be transmitted to the Recipient for countersignature to the authorized agent of the successful organization(s) electronically, to be followed by original copies for execution.

Notification will also be made electronically to unsuccessful applicants pursuant to ADS 303.3.7.1.b. USAID/ will consider requests for additional information pursuant to ADS 303.3.7.2.

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 Standard Provisions for U.S. Non-governmental organizations.

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

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

F.3. Reporting Requirements

Below are the reporting requirements under the cooperative agreement that include financial reports, activity planning reports, performance check-in presentations, and expenditure reports:

a. **Financial Reporting**

Recipients of USAID funding must submit the Federal Financial Form (FFR) (SF-425) on a quarterly basis via electronic format to the AOR and USAID 's Financial Management Office. Details on requirements for submission of the financial reports will be included in the award document.

b. **Activity Planning**

Activity planning reports cover the reports that are critical to USAID/Ethiopia's ability to be substantially involved in this Activity. These include annual implementation plans and a

learning, monitoring, and evaluation plan.

I. Implementation Plans

The implementation plan is intended to express the Recipient and USAID/Ethiopia's plan to implement the Activity. The implementation plan authorizes specific activities to implement the Activity Description. The Recipient shall submit to the USAID Agreement Officer Representative (AOR) one electronic copy of a draft implementation plan within 30 days of the agreement, covering the entire five-year period of performance. The implementation plan, complemented by budget narratives, should explain the rationale, sequence and timeline of activities that will be implemented during that fiscal year and provide additional information determined to be relevant by the AOR. USAID will review the draft life-of-activity implementation plan and provide comments/suggestions. The Recipient shall then submit one electronic copy of the final life-of-activity implementation plan to the USAID AOR for approval not later than 15 days from receipt of USAID's comments/suggestions.

The Recipient shall also submit one copy of the final approved life-of-activity implementation plan to the Agreement Officer. The Recipient shall submit one electronic copy of subsequent draft revisions and updates to the life-of-activity implementation plan to the AOR annually. The Recipient shall report any significant implementation plan changes or revisions to the AOR and shall obtain the AOR's approval prior to implementing or undertaking such changes or revisions. Implementation plans and changes/revisions thereto must be within the scope of the Activity Description of the Award. Implementation plans and changes thereto shall describe activities to be conducted during the period at a greater level of detail than the Activity Description but shall not serve to change the Program Description in any way.

Implementation plans should not be submitted to USAID's Development Experience Clearinghouse (DEC). Details on the Implementation Plan will be provided in the award document.

II. Collaborating, Learning, and Adapting (CLA)/ Monitoring, Evaluation, and Learning (MEL) Plan

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. See Section A.6 of this NOFO for additional details on the CLA/MEL Plan.

c. **Performance Reporting**

Performance monitoring reporting, to be outlined in the CLA/MEL Plan, is intended to ensure that USAID has sufficient information to effectively monitor the Activity's performance. This includes any information regarding any development that may have a significant impact on performance, including, but not limited to challenges encountered, and relevant context and information on costs incurred compared to the approved budget plan for the Agreement. The Activity's Performance Monitoring Reporting differs from Financial Reporting as the latter is intended to address cash flow needs and not performance.

Biweekly Updates:The Recipient will provide a brief, maximum one-page bulleted biweekly update on project activities that highlights major events or accomplishments. The update will identify current and upcoming consultations/visitors, key activities and events of the previous

two-week period, and upcoming activities and events. Biweekly updates are due the second and fourth Tuesday of every month

I. Quarterly Progress Check-in Presentations

The quarterly Progress Check-in Presentation shall be formatted as a slide deck, not exceeding 10 slides (excluding annexes). The Implementing Partner will provide a short 30-minute presentation quarterly to the USAID activity management team and it shall be used as an adaptive management tool.

The slide deck may include the following information:

1. A summary of activities and key results and achievements. Actual achievements of the quarter, that should be presented in quantitative terms whenever possible and described in relation to results established in the implementation plan.
2. Information on management issues, including administrative, or coordination problems.
3. A comparison of actual accomplishments established for the period.
4. Reasons why planned activities did not take place (if applicable);
5. Other pertinent information as specified by the AOR in writing.
6. Plans and intended outputs for the following quarterly period.
7. Annexes: cumulative list of reports/studies/documents sent to USAID's Development Experience Clearinghouse (DEC) and datasets submitted to the Development Data Library (DDL); Other annexes as applicable.

The detailed format of the presentation will be developed in collaboration with the AOR. The Recipient shall discuss with the AOR any issues identified because of these presentations, including, but not limited to, data quality and cost issues, to determine appropriate follow-up actions, including providing additional information as necessary to clarify performance issues. The Quarterly Progress Check-in Presentation will not be submitted to USAID's Development Experience Clearinghouse (DEC).

II. Quarterly Learning Briefs

Quarterly Learning Briefs shall outline key learnings from the quarter's activities and include learnings associated with the activity's collaboration with GOE partners, ongoing monitoring findings, and process-oriented adaptive management learnings. Planned and ongoing learning efforts should also be documented and reported in the briefs.

The brief shall not exceed 6 pages in total and will be used as a discussion tool during the quarterly check-ins. The exact format of the brief will be developed in collaboration with the AOR. USAID will facilitate sharing of these lessons learned between IPs, so any confidentiality or proprietary information concerns should be noted as and when appropriate. Efforts to identify, share, and adapt based on learnings should also be an integral part of the CLA/MEL Plan. The Quarterly Learning Briefs should be submitted to USAID's Development Experience Clearinghouse (DEC).

III. Quarterly Expenditure Reports

The Recipient will submit a brief separate quarterly Expenditure Report to USAID within 30 calendar days after the end of each quarter of the fiscal year during the performance period.

The Expenditure Report, Progress Check-in Presentations, and Learning Briefs shall be submitted together.

IV. Quarterly Performance Reports

The Recipient will submit a brief separate quarterly Performance Report to USAID within 30 calendar days after the end of each quarter of the fiscal year during the performance period. This quarterly performance report contains the following information:

1. A summary of key achievements.
2. A comparison of actual accomplishments against goals established for the period in the quarterly work-plan.
3. Explanations of any issues related to data quality.
4. A cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.
5. Information on major challenges and constraints faced during the performance period being reported; and
6. Prospects for next quarter's performance.

V. Annual Performance Reports

The Recipient will submit annual reports to USAID within 30 calendar days after the end of the reporting period. In this regard, the USAID's annual reporting time covers the period from October 01 to September 30. The Annual Report shall contain the following information:

1. A summary of key achievements.
2. A comparison of actual accomplishments against goals established for the period in the annual work-plan.
3. Explanations of any issues related to data quality.
4. A summary of funds expended during the fiscal year by funding source.
5. A cumulative list of reports/studies/documents sent to USAID's DEC and datasets submitted to the DDL.
6. A summary of lessons learned and summative answers to USAID Project 1 Learning Questions.
7. Information on major challenges and constraints faced during the performance period being reported; and
8. Prospects for next year's performance.

Upon receiving AOR approval, the approved Annual Report shall be submitted to the USAID's DEC. Details on the requirements for the Annual Progress Reports will be provided in the award document.

VI. Close out Plan

As part of the close out procedures, the recipient will be required to submit a demobilization plan to the AOR's approval 180 days prior to the completion date of the award.

The demobilization plan shall include a) draft property disposition plan, b) plan for the phase-out of operations, c) delivery schedule for all reports or other deliverables required under the agreement, and d) timetable for completing all required actions in the

demobilization plan, including the submission date of the final property disposition plan to the Agreement Officer.

VII. Final Performance Report

This Final Report will include the following information:

1. Overall activity accomplishments, presented in quantitative terms and described in a narrative that relates activities, products, and results to the Implementation Plan.
2. Discussion of why unexpected progress, positive or negative, was made toward the planned results. If expected activities were not achieved, the partner shall seek to determine and explain the reason.
3. Analysis of lessons learned and summative answers to USAID Project 1 Learning Questions.
4. Summary of responses to problems encountered during implementation.
5. A bibliography of all products, tools, reports, and studies produced through the activity; and
6. Other pertinent information communicated by the AOR in writing within 15 days of the end of the agreement.

The Final Performance Report will cover the entire period of the award. The Recipient shall submit a draft of the final report to the AOR within 90 days following the estimated completion date of the cooperative agreement. The Recipient shall submit one electronic copy of the final Performance Report to USAID's Development Experience Clearinghouse (DEC). The Recipient shall submit to the AO and the AOR and to one of the following:

- Via E-mail: DocSubmit@usaid.gov;
- Via Fax: (202) 216-3515; or
- Online: http://dec.usaid.gov

d. Submission to the Development Experience Clearinghouse and Publications

Per ADS 540.3.2.3, documents and development assistance activity descriptions produced or funded with USAID resources and created in support of Intellectual Work must be submitted for inclusion in the DEC. The recipient must provide the AOR one copy of any Intellectual Work that is published, and a list of any Intellectual Work that is not published.

In addition, the recipient must submit Intellectual Work, whether published or not, to the DEC, either on-line (preferred) or by mail. The recipient must review the DEC Web site for submission instructions, including document formatting and the types of documents to submit. Submission instructions can be found at: http://dec.usaid.gov. For purposes of submissions to the DEC, Intellectual Work includes all works that document the implementation, evaluation, and results of international development assistance activities developed or acquired under this award, which may include program and communications materials, evaluations and assessments, information products, research and technical reports, progress and performance reports required under this award (excluding administrative financial information), and other reports, articles and papers prepared by the recipient under the award, whether published or not. The term does not include the recipient's information that is incidental to award administration, such as financial, administrative, cost or pricing, or management information.

Each document submitted should contain essential bibliographic information, such as 1) descriptive title; 2) author(s) name; 3) award number; 4) sponsoring USAID office; 5) development objective; and 6) date of publication.

The recipient must not submit to the DEC any financially sensitive information or personally identifiable information, such as social security numbers, home addresses and dates of birth. Such information must be removed prior to submission. The Recipient must not submit classified documents to the DEC.

In the event award funds are used to underwrite the cost of publishing, in lieu of the publisher assuming this cost as is the normal practice, any profits or royalties up to the amount of such cost must be credited to the award unless the schedule of the award has identified the profits or royalties as program income.

F.4. Program Income

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

F.5. Environmental Compliance

In accordance with USAID policies and procedures related to environmental compliance ADS- Chapter 204, the Sustained Improvement in Essential Service Delivery Outcomes Focused on Women and Girls (DO4) prepared an umbrella Initial Environmental Examination (IEE) that covers the ECBH Project. The IEE was approved by the Africa Bureau Environmental Officer (AFR BEO) on October 1, 2020 and remains valid until October 30, 2025. A categorical exclusion threshold determination is granted for activity as there are no potential adverse environmental and social impacts. However, as this activity includes some construction activities, the recipient will not commence any construction activities until the umbrella IEE is amended. Also, in the course of implementation, the recipient will monitor and check any potential adverse environmental impacts that may emerge.

a. General

1. 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 Recipient's environmental compliance obligations under these

regulations and procedures are specified in the following paragraphs of this Request for Applications.

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

b. Implementation Plans

1. As part of its initial Implementation Plan, and all Annual Plans thereafter, the recipient, in collaboration with the AOR and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this grant to determine if they are within the scope of the approved Regulation 216 environmental documentation.
2. If the Recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.
3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

F.6. Other Requirements

Success Stories/Events During the performance of this activity for each project component, some special reporting may be required from the Recipient such as a brief paragraph on note-worthy activities and events, successes stories etc. The success stories/events should be written to reach a broad audience, both inside and outside of USAID, and should be provided in English. Mandatory photo captions and credit should be included with the success stories/events.

[END OF SECTION F]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1. Points of contact (POC):

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

G.2. The Agreement Officer Representative (AOR):

The AOR for this Award is [TBD] and will be designated by a separate letter at the time of Award.

G.3. Different contacts for distinct kinds of help:

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

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

[END OF SECTION G]

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, used, or disclosed – 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]

ANNEX 1 – Budget Formats

SUMMARY BUDGET TEMPLATE

Quality Healthcare

S/N	Major Budget Categories	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL All Years
1	Personnel						
2	Fringe Benefit and Allowances						
3	Travel						
4	Equipment and Supplies						
5	Contractual (Program Implementation)						
6	Construction						
7	Other Direct Costs						
	Total Direct Charges						
8	Indirect Charges						
	Total USAID Contribution						**Approx. $49,820,000**
10	Applicant's Cost-Share contribution						
	Total Estimated Activity Costs						

DETAL BUDGET TEMPLATE

Please include all detailed costs under the following cost categories and subcategories.

Core Budget Categories	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total All Years**
1 Personnel · a. International Staff i. Expatriate Staff ii. HQ Technical Staff b. Local In-Country Staff i. Program Staff ii. Operational Staff						
2 Fringe Benefits and Allowances · a. Fringe Benefits b. Allowances						
3 Travel · a. International travel b. Local and domestic travel (car rental, taxis etc.)						

4. Equipment and Supplies a. Equipment (equipment with a unit cost greater than $5,000) b. Supplies (equipment with a unit cost less than $5,000, including but not limited to workstations & chairs, file cabinets, computers, cellular phones, printers, etc.). This cost category does not include office supplies, which should be included under Miscellaneous Direct Costs.						
5. Contractual a. Direct Program activities (including fixed-price, but not cost type, subcontracts). b. Training c. MEL costs d. Consultants (including but not limited to expatriate consultants, local consultants, studies, analyses, etc.) e. Subgrants						
6. Construction *Costs*						

7. Other Direct Costs a. Equipment operation costs (e.g. including, but not limited to, vehicle rental/lease, vehicle and equipment maintenance/fuel/repair, motorcycle fuel/maintenance, generator fuel/maintenance, software licenses) b. Insurance/Travel (e.g. DBA, Medevac, visas, permits, immunizations, exams, vehicle insurance, equipment insurance, other insurance) c. Office operation costs (e.g. rent/utilities/repairs/maintenance, security services, office supplies, make ready costs) d. Communication costs (e.g. general communications expense, mobile/cellular communication, internet, printing/photocopying, courier) e. Other (e.g. professional fees – audit/legal/payroll, branding & marking, banking fees)						
Total Direct Charges						
8. Indirect Charges a. Material Handling b. Overhead c. G&A						
Total Indirect Charges						
9. Applicant's Cost Share						
TOTALS ESTIMATED ACTIVITY BUDGET						**Approximately $49,820,000**

ANNEX 2 - Past Performance Information (PPI)

Below is a PPI request form included in the NFO instructions to applicants to simplify the submission of PPI.

(To be completed by the applicant)

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

ANNEX 3 - Standard Provisions

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

https://www.usaid.gov/ads/policy/300/303maa and
https://www.usaid.gov/ads/policy/300/303mab).

The actual Standard Provisions included in the award will be dependent on the organization that is selected. 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:

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

Required	Not Required	Standard Provision
TBD		RAA1. NEGOTIATED INDIRECT COST RATES - PREDETERMINED (NOVEMBER 2020)
		RAA2. NEGOTIATED INDIRECT COST RATES - PROVISIONAL (Nonprofit) (NOVEMBER 2020)
		RAA3. NEGOTIATED INDIRECT COST RATE - PROVISIONAL (Profit) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – DE MINIMIS RATE (NOVEMBER 2020)
X		RAA5. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
X		RAA6. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
X		RAA7. PROTECTION OF THE INDIVIDUAL AS A RESEARCH SUBJECT (APRIL 1998)
	X	RAA8. CARE OF LABORATORY ANIMALS (MARCH 2004)
	X	RAA9. TITLE TO AND CARE OF PROPERTY (COOPERATING COUNTRY TITLE) (NOVEMBER 1985)
X		RAA10. COST SHARING (MATCHING) (FEBRUARY 2012)
	X	RAA11. PROHIBITION OF ASSISTANCE TO DRUG TRAFFICKERS (JUNE 1999)
X		RAA12. INVESTMENT PROMOTION (NOVEMBER 2003)
X		RAA13. REPORTING HOST GOVERNMENT TAXES (DECEMBER 2014)
X		RAA14. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA15. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)

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

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

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

	X	RAA21. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
	X	RAA22. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA23. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
	X	RAA24. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
	X	RAA25. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA27. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
X		RAA28. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA29. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (APRIL 2016)
	X	RAA30. RESERVED
	X	RAA31. NEVER CONTRACT WITH THE ENEMY (NOVEMBER 2020)

[END OF PROVISION]

ANNEX 3 - LIST OF SUPPLEMENTAL DOCUMENTS

Links:

1. USAID Gender Policy;
https://drive.google.com/drive/search?q=gender%20policy%20gender%20policy
2. USAID Ethiopia Country Development and Cooperation Strategy (CDCS):
https://drive.google.com/drive/folders/1UsXxh92lQZZr2cjI0TquShTj4v8WgRYY

Attachments:

1. Primary Hospital
2. Improving the quality of care for maternal, newborn and child Module FINAL2
3. 18TLGH0221_Appendix1
4. 18TLGH0221_Appendix2
5. 20180821-Peoples-Voice-FINAL1
6. Camera Ready _MTR_HSTP_2008 – 2012 EFY (1) (1)
7. Crossing the Global Quality Chasm Improving Healthcare worldwide
8. NICU standard in Ethiopia_EPS Oct2016
9. Delivering Quality Health Services_Sept2018
10. Ethiopian_National_Healthcare_Quality_and_Safety_Strategy_Final_draft-July122021 (2)
11. Ethiopian-national-health-care-quality-strategy
12. going universal
13. Health Center
14. HSTP-II_July_2020_Version 4_.docx
15. Lancet Global Health Commission-High quality global health systems in SDG era_sept2018
16. PIIS2214109X18303863
17. SCE Module FINAL2

-END OF RFA No.: 72066322RFA00008-