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Application Received Round I- Concept Note Deadline: May 31, 2016

Application Round II – Full Application: TBD

SUBJECT: Notice of Funding Opportunity (NFO) Number: SOL-680-16-000007- Support for Scale-Up of Community Package of High Impact Interventions - Phase II

Dear Prospective Applicants:

The United States Agency for International Development in Benin (USAID/Benin) is seeking applications for one or more Cooperative Agreements from **qualified Benin local entities** to fund a program entitled **“Support for Scale-Up of Community Package of High Impact Interventions - Phase II”** in six (06) select health zone sites in Central and Southern Benin. Refer to page 22 for the selected communes by Health Zone site with corresponding estimated budget per site. Eligibility for this award is restricted to local Beninese entities. Please see section III of this Notice of Funding Opportunity for eligibility requirement. The authority for this Notice of Funding Opportunity (NFO) is found in the Foreign Assistance Act of 1961, as amended.

Subject to the availability of funds, USAID/Benin may award a single award or multiple awards covering the program activities for the six health zone sites for a period of three years. Applications may be submitted for more than one Health Zone sites if the applicant has sufficient financial and management capacity to meet the NFO requirements. If an applicant is short listed for more than one health zones site will be asked to submit only **one** written full application under Round II covering the health zone sites. However, USAID reserves the right to fund any or none of the applications submitted. Detailed instructions for submission and review of the applications are found in Section IV and V respectively.

For the purposes of this NFO, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this NFO thoroughly to understand the type of program sought, application submission requirements and the evaluation process.

To be eligible for award, the applicant must provide all information as required in this NFO and must meet eligibility standards in Section III of this NFO. This funding opportunity is posted on www.grants.gov, and may be amended. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the applicant to ensure that the entire NFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

In addition, NFO can be available through the following methods:

- NFO can be downloaded from USAID/Benin website address: <http://www.usaid.gov/bj>. Please select “Solicitation number as - SOL-680-16-000007 for Phase II – Support for Scale-Up of Community Package of High-Impact Interventions from the home page left hand side to download the NFO. Please contact Ms. Lucrece Boko at lboko@usaid.gov or Satish Kumar at skumar@usaid.gov.
- Upon request, a complete paper copy of the NFO could be available at USAID/American Embassy, Benin. Please send an email to Ms. Boko two work days in advance if a paper copy of the NFO needs to be collected from USAID/American Embassy, Cotonou, Benin.

For the convenience of the Benin Local Entities, a French version of this NFO is available as an attachment 1entitled “French Version of NFO # SOL-680-16-000007. Pursuant to ADS 303.3.20, it is USAID policy that English is the official language of all award documents because a translation may not convey the full meaning of the original. If an award or any supporting documents are provided in both English and a foreign language, each document must state that the English language version is the controlling version. As describe in Section IV, Concept Note and Full Application Information, applicants may submit applications in French; however, if successful, applicants will be required to translate the final application in English at their own cost.

Please send any questions to the point(s) of contact identified in section IV. The deadline for questions is shown above. Responses to questions will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov and [USAID/Benin website at http://www.usaid.gov/bj](http://www.usaid.gov/bj)

Please be aware that this NFO is non-traditional and contains a two-tiered review rounds (Concept Note submission - without a budget and evaluation, Round I; and, Full Application and Evaluation, Round2). A final award will be given to the applicant(s) selected upon review of full application - Round II.

USAID/Benin will hold a *pre-application conference in Cotonou at the above mentioned date to clarify and explain the requirements of this NFO*. Interested applicants who wish to participate in the Pre-application conference must register for the pre-application conference as specified in Section IV, Concept Note and Full Application Information. *The applicants may have an opportunity to ask*

However, the responses to the questions will be provided in writing at a later time via an amendment of NFO. An amendment will be posted at Grants.gov and in local Benin paper as well.

Additionally, USAID/Benin requires that applications be submitted both electronically (e-mailed) AND in hard copies as well at the time and date mentioned on the cover page.

Award will be made to the responsible applicant(s) whose application(s) best meet(s) the requirements of this NFO and the evaluation criteria contained herein. The successful applicants will be responsible for ensuring achievement of the program objectives and expected results. Please refer to the Program Description in Section I of this NFO for a complete statement of goals and expected results.

Applicants under consideration for an award that have never received funding from USAID will be subject to a pre-award assessment to determine fiscal responsibility, ensure adequacy of financial controls and establish an indirect cost rate.

Issuance of this NFO 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 the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. All application preparation and submission costs are at the Applicant's own expense.

Thank you for your interest in USAID's programs.

Sincerely,



Leslie-Ann Nwokora
Regional Supervisory Agreement Officer
USAID/West Africa

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ABBREVIATIONS AND ACCROYNMS USED IN THIS NFO

ANC	ANTENATAL CARE
ANCRE	ADVANCING NEWBORN, CHILD AND REPRODUCTIVE HEALTH
APC	ADVANCING PARTNERS AND COMMUNITIES
BCC	BEHAVIOR CHANGE COMMUNICATION
BEPC	FORMAL SCHOOL CERTIFICATE TAKEN AT ABOUT AGE 16
BHP	USAID/BENIN HEALTH PROJECT, 2016-2020
CCM	COMMUNITY CASE MANAGEMENT
CHW	COMMUNITY HEALTH WORKER
ACT	ARTEMISININ-BASED THERAPEUTHIC COMBINATION (CTA in French)
DHS	DEMOGRAPHIC AND HEALTH SURVEY
DNPS	NATIONAL PUBLIC HEALTH DEPARTMENT
DSME	MATERNAL AND CHILD HEALTH DEPARTMENT
EMMP	ENVIRONMENTAL MITIGATION AND MONITORING PLAN
FP/RH	FAMILY PLANNING/REPRODUCTIVE HEALTH
GHI	GLOBAL HEALTH INITIATIVE
GOB	GOVERNMENT OF BENIN
HIV	HUMAN IMMUNODEFICIENCY VIRUS
HSS	HEALTH SYSTEM STRENGTHENING
ICCM	INTEGRATED COMMUNITY CASE MANAGEMENT
ICT	INFORMATION COMMUNICATION TECHNOLOGIE
IEE	INITIAL ENVIRONMENT EXAMINATION
IR	INTERMEDIATE RESULT
IRA	ACUTE RESPIRATORY INFECTION
ITN	INSECTICIDE TREATED NETS
LAM	LACTATIONAL AMENORRHEA METHOD
LLIN	LONG-LASTING IMPREGNATED NET
M&E	MONITORING AND EVALUATION
MCH	MATERNAL AND CHILD HEALTH
MDG	MILLENIUM DEVELOPMENT GOALS
MIS	MANAGEMENT INFORMATION SYSTEM
MNCH	MATERNAL, NEWBORN, AND CHILD HEALTH
MOH	MINISTRY OF HEALTH
NFO	NOTICE OF FUNDING OPPORTUNITY
NGO	NON GOVERNMENTAL ORGANIZATION
OPV	ORAL POLIO VACCINE
ORT	ORAL REHYDRATION THERAPY
PHC	PRIMARY HEALTH CARE
<hr/>	
PIHI	PACKAGE OF HIGH IMPACT INTERVENTIONS
PMTCT	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
PNC	PRENATAL CARE
PNLP	NATIONAL MALARIA CONTROL PROGRAM

RDT RAPID DIAGNOSTIC TEST
NFO REQUEST FOR APPLICATION
SIBC COMMUNITY BASED INFORMATION SYSTEM
STI SEXUALLY TRANSMITTED INFECTION
TSC TECHNICAL SELECTION COMMITTEE
TA TECHNICAL ASSISTANCE
URI UPPER RESPIRATORY TRACT INFECTION
USG UNITED STATES GOVERNMENT
WASH WATER, SANITATION AND HYGIENE

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

INTRODUCTION

Good health is essential to improved productivity, higher incomes and reductions in poverty in Benin. Benin’s poor health status is evidenced by high infant, under-five, and maternal mortality and morbidity, and high fertility. This is costly to individuals, families, and communities, and ultimately to the nation as it tries to respond to the chronic burden of disease and reduced productivity.

Benin’s slow progress on improving health indicators is due to low access to and use of high impact health services and poor health behaviors. Therefore, achieving the USAID/Benin Health Development Objective (DO), “*Increased Use of High Impact Health Services and Healthy Behaviors*” with particular focus on the health of the most vulnerable groups (e.g. infants and children under five, women of reproductive age) is essential to improving and sustaining health status.

The BHP contributes to USAID’s goal to **End Extreme Poverty by 2030** by investing in people and health systems. It embodies USAID’s strategies for **Ending Preventable Child and Maternal Deaths** to end preventable child and maternal deaths worldwide through a package of child survival interventions, as well as for **Ending Preventable Maternal Mortality** endorses an integrated, comprehensive, and holistic approach to improve maternal and fetal health with emphasis placed on equity, respect for women and convergence of countries in reducing disparities in risk of maternal death. The BHP supports these objectives through an integrated package of high-impact health services, which includes key maternal survival interventions, as well as through improving the quality and respectfulness of care.

The BHP supports the Government of Benin’s new Community Health Policy and the National Guidance on the Integrated Package of High Impact Actions, or *Paquet d’Interventions à Haut Impact* (PHI) through this three-year activity “**Support to Community Package of High Impact Interventions – Phase II**” in six selected health zone sites in Central and Southern Benin.

Recipients will focus primarily on the following technical areas to contribute to reductions in preventable deaths of vulnerable populations:

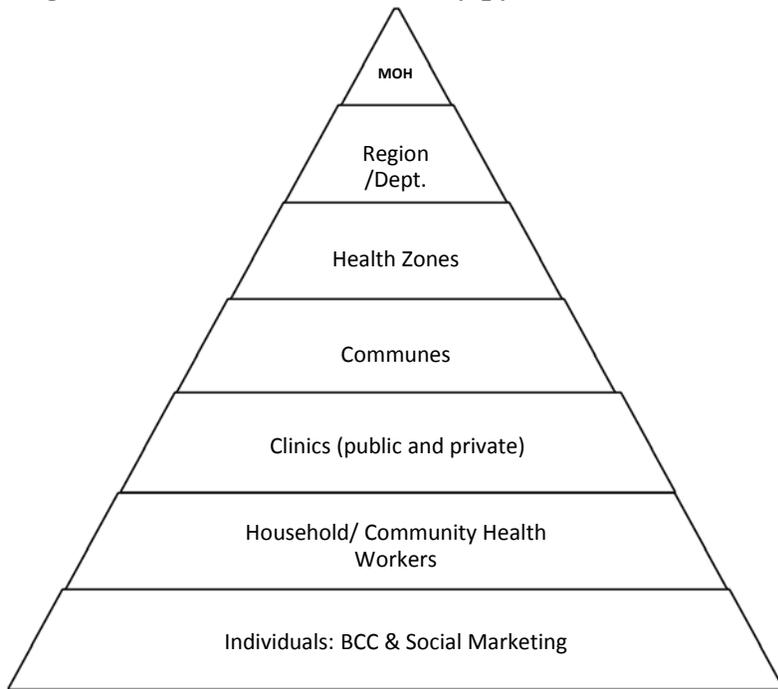
- Family Planning and Reproductive Health (FP/RH)
- Maternal, Newborn, and Child Health (MNCH)
- Malaria prevention and “test, treat and track case management”
- WASH (Water, Sanitation, and Hygiene)
- Improved health practices and care-seeking behaviors

PIHI includes priority health interventions with proven impact on improving maternal and

child health. In collaboration with technical and financial partners, the Ministry of Health (MOH) has defined a package of high impact interventions to be delivered at the health facility, service outreach, and community levels as defined in the “National Package of High Impact Interventions to Achieve the Millennium Development Goals” (refer to Annex 2).

One of the causes of Benin’s low health indicators is weak health systems performance. The GOB (Government of Benin) health service delivery structure is a pyramid (see graphic below). At the national level, the Ministry of Health determines health policy and guidelines, while the implementation of these policies and guidelines is decentralized. This requires excellent coordination between the different levels to ensure that health systems function effectively. Health service delivery points include hospitals, community health clinics, and CHWs. The CHW program, currently supported by several donors, has moved beyond the pilot stage and donors are working with the MOH and local authorities to scale it up.

Figure 1 – Health service delivery pyramid for Benin



International evidence suggests that in addition to the behavior change communication (BCC) interventions commonly provided by CHWs, a number of other services can successfully be offered at the community level (particularly diagnosis and treatment of selected child illnesses, oral rehydration therapy, antenatal care, selected methods of family planning and referral to PHC clinics). In Benin, *Les Actes du Forum en Santé Communautaire* defines the profile, roles and responsibilities for the national CHW cadre, called Relais Communautaires (RC). The advantage of implementing community PIHI interventions via community health actors is that they greatly increase access for women and young children to these services, thus improving health outcomes. These awards will support the development and expansion of community PIHI linked to primary health care, the evolving national community based information system (SIBC) and both GOB and USAID’s health strategy. The awards will also

support the MOH’s strategy on strengthening health systems, and increase community access and participation in health care. Applicants will allocate appropriate funding to each technical area to achieve the results articulated in Section A.3.

Challenges exist in implementing the entire PIHI package, particularly at the community level. For instance, the MOH is piloting several approaches to improve the motivation and performance of Community Health Workers (CHWs). The new Community Health Policy calls for the creation of a new cadre of Qualified Community Health Agents (*Agent de Sante Communautaire* or ASCQ) who will provide a reinforcing role in the delivery of health interventions at the community level alongside CHWs. The modalities of this co-existence of community actors are yet to be field-tested. **Applicants should refer to Section A.2 herein and/or the PIHI document in Annex 2 to familiarize with the PIHI package and propose an appropriate and feasible package of PIHI interventions, consistent with the aforementioned technical areas. These interventions should address the local drivers of maternal and child mortality and morbidity with a particular emphasis on malaria and unmet need for contraception.**

The USAID/Benin Health Project (BHP) will contribute to implementation and procurement reform objectives through: grants to local Beninese entities in appropriate priority health areas and direct government to government funding to the Ministry of Health (MOH) and other appropriate government structures to support shared health objectives and capacity building.

Recipient Local Entities, which receive awards, are expected to work collaboratively with the MOH at the central and Health Zone levels mayor’s office, USAID/Benin, and its technical assistance (TA) partners to identify and meet their capacity building needs. In turn, USAID/Benin will offer ongoing and as needed technical or financial/management support to strengthen the Recipients’ ability to design, manage, implement and document community-based interventions. Specific types of technical and capacity building support that can be anticipated include technical assistance for recruitment, training, supervision, and retention of community health actors; supervision of community health actors; data quality assurance and management of community based information system ; policy and regulatory assistance regarding the motivation of CHWs; guidance on engaging and advocating with local leaders; promotion of gender equity and inclusive development; supply chain management; financial and administrative operations.

SECTION A: PROJECT DESCRIPTION

Although USAID/Benin does not have a Country Development and Cooperation Strategy (CDCS), the Benin Health Project (BHP), 2016-2020, is fully aligned with all relevant USG strategies, including the West Africa Regional Development Cooperation Strategy (RDCS) and policies. All elements in the NFO and proposed project design will be aligned with the USAID/Benin Health Project (BHP) and will support its development objective (DO) of **“increased use of high impact health services and healthy behaviors.”**

The Phase II, Support to Community Package of High Impact Interventions activity is aligned with the three BHP sub-purposes/Intermediate Results (BHP/IRs):

- 1) Improved delivery of integrated high-impact health services
- 2) Improved preventive and care seeking behavior of empowered communities
- 3) Improved performance of key health systems

This section describes the activities that the recipient will implement if awarded under this NFO. Any potential applicant not committed to conducting these activities as described in this section should not apply for funding under this program.

A.1 PROGRAM OBJECTIVE AND INTERMEDIATE RESULTS

Program Objective: To increase access to and utilization of community PIHI services in each of the six selected health zone sites listed in this NFO .

The Activity Objective will be supported through the four intermediate results listed below:

IR 1: Increased demand for and use of Community PIHI services by local communities

- 1.1 Increased ownership of community PIHI activities by local communities (civil society, municipal and local authorities, zonal MOH, and private health facilities), including women and marginalized populations
- 1.2 Effective behavior change messages are developed and communication activities are conducted

IR 1 results in increased adoption of healthy behaviors and preventive health practices, consistent with USAID/Benin strategic results framework (BHP/IR 2).

IR 2: Increased availability of and access to Community PIHI services in target health zones

- 2.1 Improved capacity for case-management and referral systems in communities with limited access to health services
- 2.2 Ensure availability of basic community PIHI commodities at community level

IR 3: Improved quality of Community PIHI services through a cadre of CHWs

- 3.1 Improved technical skills of CHWs who are motivated and integrated in their communities
- 3.2 Increased capacity of mayor's offices and health managers to supervise community level activities

IRs 2 and 3 results in improved performance of public, private and community health workers in delivering integrated high impact services and, consistent with USAID/Benin strategic results framework (BHP/IR 1).

IR 4: Strengthened community health management and information system (HMIS) to provide data for local planning and decision-making

- 3.1 Community-level data is available at the health zone and used for timely management decisions.
- 3.2 A database of active CHWs is up-to-date and used by the Mayor's office and

MoH for workforce planning including forecasting, performance evaluation, training plans, and budgeting.

IR 4 results in strengthened health system, consistent with USAID/Benin strategic results framework (BHP/IR 3).

These IRs, described in more details in Section A.3, outline the overall approaches, and results necessary to successfully implement the NFO for Support Community PIHI in Benin. USAID-funded recipients are expected to build on, and further increase the results achieved under previous programs as measured by programs' milestones. Rapid activity start-up is critical to ensure that community-based services continue to improve, that there are minimal gaps in services, and that results are achieved. The GOB, civil society, NGOs and donors are in agreement to achieve united rapid progress toward improved access to quality health services.

The Phase II health zone sites eligible under this NFO are the following:

- 1) Savalou/Bantè (intervention in both communes),
- 2) Allada/Ze/Toffo (intervention in all 3 communes),
- 3) Abomey Calavi/So Ava (intervention in commune Abomey-Calavi only as UNICEF has lead on community health in SoAva),
- 4) Cotonou II & III (interventions to be targeted in disadvantaged neighborhoods with low health care service access),
- 5) Come-Grand Popo-Houeyogbe-Bopa (intervention in all four communes), and
- 6) Cove/Ouihni/Zagnanando (intervention in communes of Ouihni and Zagnanando only as UNICEF has lead on community health in Cove).

USAID/Benin may award only one or more than one cooperative agreement(s) to one applicant or more than one applicant(s) for providing services in selected communes in six selected health zone sites in central and southern Benin for a period of three years. The agreement(s) will build on previous and current national successes in integrated community-based service delivery to promote optimal health behaviors and quality services. The Recipients also will embrace USAID Forward procurement reforms by enhancing local ownership through capacity building and working closely with the MOH, municipal or local authorities, and civil society.

A.2. BACKGROUND AND CONTEXT FOR USAID ASSISTANCE

A. Country Context

The purpose of this NFO is to award a single award or multiple awards to local Beninese entities to improve the overall health and well-being of individuals (especially mothers and young children) in communities with poor access to public health services in Benin. This activity supports a strong network of interdisciplinary community health programs which utilize locally-based CHWs. It also supports the development of local partners to improve the delivery of high impact, quality health interventions, that are close to the communities they serve, and thus achieve improvements in health status.

In Benin there is a strong partnership among Government and technical and financial partners to harmonize and to continue to scale-up of community health services as part of the new 2030 Sustainable Development Objectives. This united effort culminated in the National Community Health Forum, a national CHW database, the National Harmonized M&E Plan for Community Health (Refer to Annex 3); the National Interpersonal Communications Plan for Maternal & Child Health (Refer to Annex 4) and the new Community Health Policy. The MOH/WHO/UNICEF/USAID/World Bank partnership to scale-up integrated community case management has established CHW training and supervision guidelines and facilitated near national coverage of CHWs providing a common full coverage of health services. In recent months, this group has initiated reflections on access to health services in disadvantaged urban health settings where access is barred more by service availability, client's time and financial constraints rather than geographic distance.

B. Government of Benin National PIHI Strategy

The Package of High Impact Interventions (PIHI) was proposed by the Government of Benin—in consensus with donors, technical partners and civil society—in 2010, as the vehicle towards the MDG targets by 2015 for significant reductions in maternal and child mortality. The PIHI focuses on low-cost interventions that have an impact on the reduction of maternal, neonatal, infant and child mortality and morbidity. The PIHI is tailored for implementation at different levels of the health system, from the community level up to regional and national referral hospitals. It also includes specific indicators to facilitate and reinforce health systems monitoring. These interventions are based on internationally recognized and scientifically proven evidences and ascertainments.

The PIHI document specifies a) services at the household and community levels and b) services geared toward populations via health centers and hospitals or through outreach. For the purpose of this NFO, details on PIHI services at the family and community level. The following services are to be provided to communities located at least 5 kilometers from a public health center or experiencing other significant access barriers. (Excerpted from the national PIHI document which is available in ANNEX 2).

Excerpt from the National PIHI strategy document:

1. Preventive familial health services and water, sanitation and hygiene (WASH)

- *Sleeping under insecticide-treated mosquito net, especially among pregnant women and children under-five*
- *Drinking water purification for households*
- *Use of latrines by households*
- *Hand washing with soap and clean water at critical times:*
 - *Before providing care*
 - *After using the latrines*
 - *Before food preparation/cooking*
 - *Before feeding children*
- *Promotion of focused antenatal care attendance among pregnant women for tetanus*

vaccine, iron folate supplements and intermittent presumptive treatment of malaria

- *Contraceptives for preventing unwanted pregnancies*
- *Consumption of properly iodized salt*
- *Adoption of appropriate behavior for the prevention of mother to child transmission of HIV*
- *Behavior change communication for the adoption of healthy family practices*

2. Neonatal familial care

- *Sanitary childbirth and umbilical cord care*
- *Early initiation of breastfeeding within the 1st hour following birth (with colostrum)*
- *Newborn warming*
- *Case management of low-birth weights*
- *BCG and Oral polio vaccine (OPV)*
- *Recognition of maternal and neonatal danger sign and referral*

3. Child and young child nutrition

- *Promotion of exclusive breastfeeding (0-6 months) and LAM method of FP*
- *Promotion of prolonged breastfeeding (6-24 months)*
- *Introduction of solid foods—in adequate quantity, quality and variety—starting at 6 months of age*
- *Screening and case management of severe and moderate acute malnutrition*
- *Biannual supplementation in vitamin A for children of 6-59 months*
- *Deworming*
- *Recognition of danger/gravity signs in childhood illness and prompt referral*
- *Behavior change communication for the adoption of healthy family practices*
- *Consumption of foods fortified with iron and vitamin A*

4. Integrated community case management (ICCM) of childhood illnesses for children up to 59 months of age

- *Rapid testing using RDTs and treatment of malaria with Artemisinin-based Therapeutic Combination (CTA) for confirmed malaria*
- *Case management of acute respiratory infections (IRA) with Amoxicillin (front line antibiotic for pneumonia) with the assistance of a respiratory timer*
- *Case management of diarrhea with the new formula of Orasel-Zinc or other oral rehydration therapy (ORT)*
- *Screening children for wasting using mid-upper circumference arm band*
- *Recognition of severe danger signs and referral*
- *Behavior change communication for the adoption of healthy family practices*

A.3. DESCRIPTION OF INTERMEDIATE RESULTS, KEY INTERVENTIONS, ILLUSTRATIVE MILESTONES, AND EXPECTED RESULTS

IR 1: Increased demand for and use of Community PIHI services by local communities

1.1. Increased ownership of community PIHI activities by local communities (civil society, municipal and local authorities, local MOH and private health facilities), including women

Effective local systems, capacity, and ownership bring a sense of shared responsibilities, which in turn catalyzes actions to improve health practices. These outcomes foster sustainability. In other words: “ *The chance of sustaining project-facilitated health improvements is greatest when local system actors have sufficient capacity and viability to carry out the key tasks needed to produce key health outcomes within an enabling environment*”.¹

Awards supported under this NFO will strengthen local systems and structures, and active civil society linkages with the aim of empowering them to be self-reliant to the greatest degree possible. Women’s engagement, empowerment, and leadership also are critical to the success of this objective and must be improved. Inclusion of women will facilitate adoption and utilization of Community PIHI services and referral to other levels of the health system. Local capacity development approaches and interventions considered essential to the projects are described below. Additional innovative approaches may be proposed by NGOs submitting applications.

Recipients must demonstrate ability to work with existing health partners in the Health Zone sites, including other USAID projects (especially Advancing Newborn, Child and Reproductive Health Project (ANCRE) and Advancing Partners and Communities (APC)), as well as UNICEF, UNFPA, and the World Bank/Global Fund/GAVI and Belgian Technical Cooperation’s (CTB) wider performance based financing efforts, to address key community PIHI intervention areas.

1.2 Effective behavior change messages are developed and communication activities are conducted

In order to improve health-seeking behaviors and demand for health services across Benin, the Government of Benin developed a National Behavior Change Communication (BCC) Strategy: *Integrated Communication Plan for Maternal, Newborn and Child Health in Benin 2014-2018* (see Annex 4), which defines goals on health behavior change, key communication messages and, subsequently, a package of BCC tools and materials. As this strategy and the corresponding tools are already in place, recipients will have access to these resources and shared BCC objectives, definitions and materials to supplement their demand generation activities.

In the meantime, local BCC activities need to be tailored to the needs of particular settings. Each recipient must identify specific BCC priorities in their own communities and build the

¹ Eric Sarriot, Jim Ricca, Jennifer Yourkavitch, Leo Ryan, and the Sustained Health Outcomes (SHOUT) Group. (2008). *Taking the Long View: A Practical Guide to Sustainability Planning and Measurement in Community-Oriented Health Programming*. Calverton, MD: Macro International Inc., September 2008

capacity of local stakeholders and other change agents to effectively promote optimal key behaviors among target client audiences of most vulnerable people in their communities. Data on Benin suggest that several areas will have the highest priority; namely: family planning (knowledge and use); hygiene practices to prevent diseases; treatment of common illnesses (malaria, diarrhea, and lower acute respiratory infections,) and ante and post-natal care. Women with unmet need for family planning are an especially important target of this program, given current low levels of utilization of family planning among Benin's most vulnerable groups and high maternal and neonatal mortality and morbidity. Cultural factors affecting family planning decision-making need to be addressed locally and sensitively.

The general status of women in Benin is low; this impacts negatively on effectiveness of community health interventions. Thus all BCC activities need to have a component of increased involvement and empowerment of women clients and leaders.

Illustrative Intervention Areas:

- Define and prioritize with community leaders main health practices which need to be initiated, adopted or changed (e.g. poor hygiene practices, low use of family planning, low immunization coverage, low knowledge of ORT, delayed care-seeking among sick children etc...)
- Map existing resources and materials for behavior change communication with each commune
- Establish and convene community committees (including women leaders)
- “Host” the project at municipal or local government offices or clinics
- Hosted project launch meeting in target health zones, with key stakeholders in attendance
- Work with health center personnel to maintain up to date database of CHWs in intervention area and to identify CHW coverage gap
- Creation of Local Community Health System Composant / *Composante Locale du Système Sante* (CoLoss)
- Conduct seminars on women's role in promoting health and welfare; organize women's groups to promote healthy behaviors (e.g. mothers' clubs)
- Organize and conduct community mobilization and behavior change communications activities to impact utilization of health services, healthy lifestyles and health seeking behaviors

Expected Results:

- Documented memorandum of understanding between Recipient, Mayor's office, and Health Zone clearly stating common objectives and specific roles and responsibilities of each actor
- Increased engagement by local stakeholders, particularly municipalities and local authorities; financial and technical contributions to CHW compensation and management
- Increased proportion of the population utilizing Community PIHI services, particularly

family planning

- Enhanced coordination of community health activities between Health Zone Managers, Mayor's office, and communities
- Improved health seeking behaviors, particularly in key areas of Community PIHI, such as family planning, care-seeking for sick children with fever, diarrhea or lower respiratory infections, ORT, sanitation, focused antenatal care, as defined in national documents
- Improved women's participation and leadership in local health activities and promotion.

Illustrative Milestones:

- Documented BCC plan for community health tailored for each participating commune
- Established annual action plans for each health zone site, agreed upon by community leaders, local authorities and the health zone
- Coordinated and convened meetings of community health and development committees; participation by women documented
- Supportive supervision demonstrates that CHWs are effectively applying trainings received and behavior change communication approaches provided.

IR 2: Increased availability of and access to community PIHI services

Availability of PHC services in this context involves quantity and quality of services, which exist in the community. In Benin, services are often not available due to very limited numbers of MOH staff in rural areas, poorly equipped health facilities, and poorly trained providers. In order to reach the community with needed services, it is essential to improve health providers' capacity for integrated community case management (iCCM) and referrals especially at the lower level of service delivery. Collaboration between MOH staff and communities through CHW is key in making this a reality.

ICCM does not "stand alone." The best approach is to improve the skills of the existing CHWs so that they can deliver quality services in their communities and also ensure strong links with existing health facilities. Qualities of a good iCCM strategy include the following characteristics:

- addresses access to, quality of, and demand for CCM services;
- seeks to ensure that CCM has the support of decision-makers, health care providers, and community members; and
- is put into action in tandem with improvements in the health system.

At the facility level, factors related to enabling clients to utilize services must be considered. This includes welcoming environments and client-friendly treatment, physical proximity and convenience of services and cultural appropriateness of approaches and explanations.

2.1 Improved capacity for case-management and referral systems in local communities

Use of CHW is a necessary step to increasing access and acceptability of services because

these workers relate to clients at their level and in their homes and villages. The CHW also plays a key role in referring clients during home visits to health centers for services. It is essential that there is a sustainable referral system in place and that CHW are trained on how, when and where to make referrals for clients. CHWs also need to maintain active linkages with health center staff.

To increase availability of services, each Recipient must identify key geographic and service gaps in their target health zone and seek opportunities to strategically provide skill-based training, coaching, and supervision to CHWs working in the zone. Information available on the number of trained CHWs by Health Zone site at the time of writing this solicitation is presented in Table 1 on page 20. It is expected that priority be placed on retaining capacity of existing CHWs while also increasing the coverage of CHWs in eligible communities.

Grantees will also collaborate with Health centers to strengthen their capacities to supervise CHWs in order to strengthen availability and access to services and improve linkages between the health care system and the community. Recipients will facilitate and leverage, to the greatest degree possible, the technical and programmatic resources of other partners, the MOH, and local administrative authorities to train, supervise and upgrade CHWs.

2.2 Essential community PIHI commodities are available at the community level

Commodity security is critical to the utilization of Community PIHI services. This NFO does not provide funding for procurement of essential commodities, nor in-kind supplies. The provision of essential commodities is the responsibility of the Benin's MOH. Nevertheless, recipients are expected to work closely with local, regional and national commodity counterparts to ensure that the right commodities are available at service delivery points/CHWs, in the right quantities, at the right time. Recipients will need to apply a combination of advocacy, knowledge of supply chain management and creativity in finding alternatives when the usual commodity supply chain system fails (for example via social marketing programs or via the private sector). Such efforts should be tracked, documented and shared in order to support improvements to the national supply chain system. Upon request, USAID and/or a technical assistance partners can assist with issues related to commodities and logistics.

Illustrative Intervention areas:

- Reinforcing group CHW supervisions at the health center to promote continued education
- Develop link between health center's agents and CHW for ensuring increased information and referral for existing health services.
- Develop quality improvement strategies and working groups
- Support health zones to quantify annual commodity requirements for community health and to monitor stock levels on a monthly basis
- Undertake advocacy and education for improved supply chain of essential commodities

Expected Results:

- Increased proportion of the population referred and seeking care for antenatal care, neonatal and obstetric emergencies, modern contraceptive methods and severe

illness episodes.

- Increased linkages between CHWs and health structures for referrals and follow-up
- Improved stock availability of all essential community health commodities

Illustrative Milestones:

- Targeted proportion of CHWs trained and in place in target health zone sites
- Tracking of services, client satisfaction and referrals
- Stock-out rates of essential drugs at CHW and health facility

IR 3: To improve the quality of PIHI services through CHWs

3.1 Improved technical skills of CHW who are motivated and integrated in their communities

The centerpiece of the Community PIHI grants awards will be CHWs, who are well trained, motivated and carefully supervised. Their role is expected to be crucial in effective service delivery at the community level under the national PIHI program. Recipients will operate within the overall policies and operational definitions of CHWs, as defined by the MOH in *the National Community Health Policy, September 2015*. This document outlines CHW’s profile, roles and responsibilities and can be found in Annex 1.

Recipients will collaborate with communities to identify and recruit new or strengthen existing CHWs. The CHWs will be trained to undertake community PIHI functions effectively and efficiently, engaging the communities they serve, and working closely with local health centers and health personnel. Recipients will ensure that CHWs are trained by national trainers and in accordance with national guidelines.

3.2 Increased capacity of health zones staff to supervise CHWs

Ongoing, supportive supervision is a critical element to successful community-based service delivery. In their applications, recipients should carefully explain how they intend to supervise CHWs to ensure quality services, community engagement and good record keeping and reporting. Supervision of RCs should be planned and implemented in collaboration with the local health facilities in the catchment area. USAID/Benin defines supervision as “a regular quality improvement activity to strengthen the capacity and performance of individual CHWs undertaken by staff and/or contracted supervisors which is documented in a verifiable report”. It is essential that supervision strategically targets the strengthening of practical skills to ensure competency and quality of services. Furthermore, a key aspect of supervision includes ensuring a system to measure and monitor performance and quality in place.

The National Community Health Policy calls for the introduction of a higher cadre of community health agent, Qualified Community Health Agent/*Agent de Sante Communautaire Qualifie* (ASCQ), in rural and urban communities nationwide. ASCQs are to be recruited by the Mayor’s office and supervised by the health center in the catchment area. The ASCQs will be supervised the CHWs operating in their working area. In addition to meeting minimum education attainment, ASCQs must complete a diploma in nursing and basic obstetrics at an

accredited institution. This is anticipated to be a one year diploma course offered at the University of Parakou; however options may evolve as the program is further developed. Under this activity, Recipients may develop plans with the local authorities to recruit and train up to two ASCQs per commune. Training costs may be covered by the Recipient; however, the compensation for these positions is the responsibility of the GOB. Recipients supporting the integration of the ASCQs are expected to work closely with the DNSP to harmonize and document their experiences.

Illustrative Intervention Areas:

- Establish mechanisms to recruit, train, and supervise CHWs in the target health zones
- Conduct pre-and in-service training of CHWs covering topics such as technical proficiency, management, community mobilization and record-keeping and reporting
- Integrating the new cadre of Qualified Community Health Agents, as appropriate

Expected Results:

- CHWs functioning adequately in provision of Community PIHI, including FP counseling, service delivery, referrals and community mobilization
- CHWs/ are able to identify illness, treat and/or refer appropriately
- Engagement of local technical experts increased
- CHWs are supervised regularly and motivated

Illustrative Milestones:

- Initial CHW trainings held in target health zones
- Supervision system established to monitor CHW performance
- Local authorities actively engaged in supporting CHWs work and supervision

IR 4: Strengthened community health management and information system/ Système d'information à base communautaire (SIBC) to provide data for planning and decision-making

Key indicators for Community PIHI were validated at the national level and are available in the National PIHI Monitoring and Evaluation (M&E) Plan: *Directives Nationales de Suivi et Evaluation du Paquet d'Interventions a Haut Impact au Niveau Communautaire* (see Annex 4). Recipients will be expected to operate within the overall M&E plan laid out in that document.

In the past, community-level PIHI indicators were not systematically incorporated into the health system, with the exception of a few indicators related to malaria that were collected and reported by the National Malaria Control Program (PNLP). As a result, the MOH did not have sufficient data to demonstrate the impact of community-level interventions or to make strategic health program decisions. It is a high priority for the MOH to obtain this data, and they regard NGOs as critical partners to support this effort. While not currently in place, the MOH is building a data management system to collect indicators on Community PIHI. Recipients will be expected to utilize the national SIBC. Recipients will be expected to build strong relationships with facility-based staff to ensure community-level data is reported up through the health system. Data collected should be routinely analyzed in order to inform decision making and programming. Recipients are expected to reinforce efforts to scale-up the use of

To support their activities, particularly in M&E, USAID/Benin's implementing partner ANCRE will provide technical support to recipients on strengthening their M&E systems, especially in the areas of routine data collection, reporting, analysis, and data use. ANCRE will work with the MOH to ensure supply of essential registers and other M&E tools. ANCRE will facilitate in-service trainings build long-term M&E capacities of the awarded recipients and their local counterparts.

In addition, there is an ongoing experiment by USAID's ANCRE program to use of information communication technology (ICT) such as mobile phones for data collection and reporting at the community level. Recipients operating in communes rolling out this new technology are requested to assist in the take-up of this new technology by the CHWs.

USAID Benin Health Project (BHP) is organizing an external performance evaluation of both Phase I and Phase II Support for Scaling-Up Community PIHI activities. Applicants should not plan for baseline or final coverage surveys as this will be managed by USAID/Benin. Applicants may propose specific formative assessments as required to ensure the quality of planned interventions.

Illustrative Intervention areas:

- Set up and harmonize (automated and manual) systems to collect program data and train relevant staff, including MOH staff, to the maximum extent possible
- Routinely collect, analyze and use data for decision-making at all levels of the project
- Under Health Zone leadership, conduct quarterly data validation and interpretation meetings and ensure that feedback on performance is shared with CHWs, supervisors, project staff and MOH colleagues, mayor's office, local leaders, and

- communities as much as possible
- Participate in M&E working group, semi-annual learning platform and in-service trainings
- Conduction local assessments for formative research other other specific requirements

Expected Results:

- Improved record-keeping, analysis and reporting on community health activities in the recipient’s target area
- Functional SIBC system producing complete, timely monthly reports
- Strengthened linkages between health facilities and CHWs regarding communication, data collection, supervision, and performance monitoring
- Increased ability of recipient and MOH staff to use data for decision-making; namely, to explain and analyze data, critically interpret results, and make relevant program improvements/adjustments based on data

Illustrative milestones:

- Trainings in M&E tools and database conducted for MOH M&E staff at health facilities and zone levels
- CHWs trained in Community PIHI M&E tools and processes
- Data from CHW reported with accuracy, timeliness, completion, and integrity for three consecutive months (one quarter)
- Community PIHI data included in facility-level monthly reports and district-level quarterly reports regularly
- Quarterly data validation and interpretation meetings held at local level
- Local leaders participate in data review meetings

A4. DESIGN ELEMENTS AND CONSIDERATIONS

A. Beneficiaries and Stakeholders:

The awards will target women of reproductive age and children under five . Young women/adolescents between 15-24 years of age are a focus with activities that assist them to delay onset of sexual debut, delay and space pregnancies, and protect themselves from sexually transmitted infections (STIs). Target groups should be inclusive of people with physical and mental disabilities (see Section E below for more detail on inclusive development requirements).

At the community level, principle stakeholders include municipal and local authorities, decision-makers, MOH, private sector health staff, and civil society. Civil society includes faith-based groups, local associations and clubs, schools and other prominent groups in an area. Each NGO needs to specifically define its beneficiaries and stakeholders in designing a program in a given health zone.

B. Geographic focus:

An overarching goal of this activity is to contribute to a sustainable model of Community PIHI and to roll it out in six health zone sites in Benin. Sites have been carefully selected in consultation with the MOH and DDS to permit coordination of national coverage of community PIHI services supported by a variety of technical and financial partners. Several sites included in this solicitation have received previous support from USAID and other partners and train and equip CHWs to provide iCCM and/or malaria only services.

Table 1 provides summary information about estimated population of each health zone site (intervening communes only), current numbers of CHWs trained within past two years and by package, projected ASCQs supported under this project and estimated total budget by site. Note that these budget totals are illustrative, based on factors such as target populations, existing CHWs, and infrastructure. At the end of the project period, valuable lessons will be learned by NGOs, communities, the MOH and USAID.

Table 1. Illustrative Three Year Total Budget Per Health Zone Site with Population and CHW information

Health Zone Sites		Population of site (2015)	Number of trained CHWs (iCCM & WASH)**	Number of trained CHWs (malaria + RDT only)**	Projected ASCQs under this activity	Illustrative 3 year Total Budget (USD)
1	Health Zone of Cotonou II&III	250,546	0	0	4	\$798,300
2	Commune of Abomey-Calavi	585,188	103	NA	4	\$829,200
3	Communes of Allada, Ze, Toffo	355,197	270	NA	6	\$1,232,800
4	Communes of Savalou and Bante	275,714	249	NA	4	\$951,000
5	Communes of Bopa, Come, Grand-Popo, Houeyogbe	371,005	0	600	8	\$1,525,900
6	Communes of Ouinhi and Zagnanando	176,956	145	NA	4	\$642,800
TOTAL		2,014,606	767	600	30	\$5,980,000

Sources: Population estimate from the RGPH4 2013; Numbers of trained CHWs from the MCZS and PTF reports ; ASCQs estimated based on 2 per commune per site

**The information on CHWs trained is provided to assist applicants with the submission. Applicants are encouraged to communicate with the National Community Health Service in the DNSP, Health Zone Coordinators, Mayors' offices, as well as Technical & Financial Partners supporting.

C. Sustainability:

“Sustainability is achieved when host country partners and beneficiaries are empowered to take ownership of development processes, including financing, and maintain project results and impacts beyond the life of the USAID project”². This requires a set of processes and qualities that make a system of actors more resilient and encourages more stakeholders in the system to support the desired outcomes. The chance of sustaining project-facilitated health improvements is greatest when local system actors have sufficient capacity and viability to carry out the key tasks needed to produce key health outcomes within an enabling environment.³ Elements that support sustainability include governance/leadership, human resources, information and management systems, communication and demand creation, community system strengthening, and community mobilization and communication.

Under the GOB PIHI plans (referenced earlier) and decentralization efforts, the Government aspires to see greater involvement by municipalities and local authorities in both financing and management of community health programs. This is both because locally led programs are seen to be more effective and because of budget constraints on the MOH. Municipal governments and local authorities have separate budgets, which can include line items for health. Some local governments are more advanced in self-financing thinking than others.

USAID/Benin requests that applicants provide a brief description of the current situation in regards to support for CHWs, including both supervision and motivation at proposed site(s). In addition, USAID/Benin requests that applicants clearly outline the actions and activities they will take to enhance sustainability of externally funded activities, particularly elaborating a detailed plan for local authorities to progressively assume responsibility for their roles, supportive supervision and financing of CHWs.

Sustainability of local quality and community mobilization actions is also highly desirable.

USAID/Benin recognizes that sustainability is an aspirational goal and that complete sustainability may not be achieved in the grant period. However, offers will be judged on the extent to which they propose a viable plan that will make incremental progress toward sustainability throughout the life of the project.

D. Gender Integration:

In response to the growing body of evidence on the importance of gender integration for successful programming, USAID now requires all projects receiving USAID funds to be gender-integrated, meaning that they take gender considerations into account and compensate for gender-based inequalities. This can include understanding gender-related barriers and opportunities in a community that may affect a program’s success; addressing these issues in program design and implementation; and monitoring and evaluating how well a program is addressing gender-related barriers/opportunities and who its beneficiaries are.

² USAID Project Design Sustainability Analysis Tool

³ Eric Sarriot, Jim Ricca, Jennifer Yourkavitch, Leo Ryan, and the Sustained Health Outcomes (SHOUT) Group. (2008). *Taking the Long View: A Practical Guide to Sustainability Planning and Measurement in Community-Oriented Health Programming*.

For the purposes of this NFO , gender integration refers to strategies applied in programmatic design, implementation, and monitoring and evaluation that take gender considerations into account and compensate for gender-based inequalities. One of the first steps in any gender integration effort is to conduct a gender analysis. Traditionally, a full Gender Analysis includes significant review of your program’s context, target populations, and your organizational structure. This process would include in-depth data collection, including interviews with stakeholders. For the purpose of this NFO , USAID/Benin will ask recipients to complete an **abbreviated** Gender Analysis that will help them think through some of the main ways gender impacts programs. (Upon successful award of funding, USAID will provide recipients with templates to guide a Gender Analysis).

USAID supports women’s participation in decision-making for health, training opportunities, leadership in public health advocacy and access to information and products. The role of men in family health should not be overlooked, including father's participation in child feeding, contraception, and promoting community health and sanitation. Involving both men and women fosters sustainability and has a positive impact on women’s productivity and quality of life.

USAID/Benin requests recipients to provide a brief description of the current gender status in their target areas, and clearly outline how over time, gender barriers and disparities will be addressed by their project.

In addition, USAID/Benin asks that at least one gender indicator be included in recipients M&E plans (see below table). Additionally, all project indicators must be disaggregated by sex and age.

Table 1. USAID Gender Indicators*

GNDR	Gender Equality and Female Empowerment
GNDR-1	Number of laws, policies, or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level
GNDR-2	Proportion of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment)
GNDR-3	Proportion of females who report increased self-efficacy at the conclusion of USG supported training/programming.
GBV	
GNDR-5	Number of laws, policies or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and GBV at the regional, national or local level
GNDR-6	Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)
GNDR-7	Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming.
GNDR-8	Percentage of Global Health mechanisms with a mechanism-level gender equality strategy, vision, or plan of action implemented in work plan activities in the current FY.
Women, Peace, and Security	
1.6-6	Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance
1.3-9	Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities.

*<http://www.usaid.gov/sites/default/files/documents/1870/205.pdf>

E. Inclusive development:

USAID also is committed to pursue advocacy for, outreach to, and inclusion of people with physical and mental disabilities, to the maximum extent feasible, in the design and implementation of USAID programming. USAID therefore requires that the recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it makes every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant. USAID/Benin requests recipients to provide a brief description of the current status of inclusive development in their target areas, as well as to clearly outline how, over time, the project will demonstrate a comprehensive and consistent approach for including men, women and children with disabilities. In addition, USAID/Benin asks that at least one inclusive development indicator be included in M&E plans.

F. Partnerships:

The recipients will be expected to create close working relationships with other USAID Health Office's program, especially those with the overall goal of improving facility and community-based PIHI. The recipients must work closely with the Health Zone Medical Coordinator and the Mayor's office. .

Recipients will be expected to coordinate closely with other USAID implementing partners working on PIHI, including the ANCRE and APC projects. The ANCRE project will provide organizational capacity building to Recipients, including workplan development and M&E, as needed. It will participate in the overall monitoring of USAID's community PIHI activities. ANCRE is a four-year project focused on scale-up the PIHI at in the same health zones supported under this solicitation. APC is USAID's national technical assistance partner for the introduction of injectable contraceptives to improve access to medium term family planning options at the community level.

Community PIHI recipients will be expected to participate in national and local community health partners coordination and semi-annual learning exchange weeks focused on harmonizing efforts with the MOH and USAID implementing partners and optimizing performance and sustainability of the community PIHI work.

It is expected that over the life of the activity, recipients will improve their capabilities to network and consult with other groups on their own. This includes periodic attendance in national community health meetings and events. Recipients may find it helpful to collaborate with donors including WHO, UNICEF, UNFPA, the World Bank/PRPSS and the National Programs for HIV/AIDS, TB and malaria financed by the Global Fund.

This grant is being made by USAID/Benin, which has jurisdiction in terms of supervision, compliance, monitoring and other grant management responsibilities. Benin's MOH has overall responsibility for policy guidance and implementation of both private and public health activities in Benin. As such, they are not only a key partner/stakeholder, but can provide oversight supervision to recipient activities. Municipalities and local authorities also have jurisdiction in their respective areas. Recipients are expected to abide by national

health guidance and to contribute to the national health community of practice. USAID/Benin views these awards as a step toward a stronger national community health system.

It is expected that the MOH will be the main source of MNCH/FP commodities as well as other supplies, educational materials and guidelines and manuals. Thus recipients will engage regularly with the MOH and other commodity security bodies in Benin. Recipients also have the option to source commodities from other programs, such as the social marketing program. However, no USAID or grant financing is available to purchase commodities, so individuals or municipalities need to purchase these, if commodities are sourced in this way. Nonetheless, technical assistance and coordination can be provided as needed.

G. Environmental Compliance:

All USAID funded projects are required to meet certain environmental regulations to monitor and mitigate any potential negative effects on the environment and specifically to comply with USAID’s environmental guidance clauses found in Section 22CFR-216 “Environmental Compliance”. (USAID/Benin will supply documents on their environmental compliance requirements upon request). Environmental compliance involves planning and executing programs, which do not harm the environment, spread disease or compromise water supply, soil or other resources.

As an initial step of the environmental compliance process, USAID asks recipients to clearly detail within their applications what environmental impacts a project’s activities may have in the course of implementation and the steps they will take to mitigate these impacts. According to USAID/Benin’s Initial Environmental Examination (IEE), projects funded through this NFO have a minimal effect on the natural or physical environment. However, recipients are required to describe their environmental compliance plans for supplying, stocking, safeguarding, managing (e.g., expired or unused medications), avoiding shortages and overstocks as well as appropriate and safe waste disposal needed commodities (e.g. RDTs, empty syringes, soiled cotton, etc.), especially for PIHI activities involving:

- Malaria rapid testing
- Insecticide treated mosquito net
- Tetanus, BCG and oral polio vaccines
- Contraceptives, particularly injectable
- ORT kits

In conjunction with USAID, recipients will develop an environmental mitigation and monitoring plan (EMMP) based on USAID’s IEE within 90 days of award. The EMMP must be approved by USAID/Benin and mitigation efforts are required to be reported on a regular basis. Recipients are required to train their staff and RCs to comply with those environmental procedures.

Applicants are advised to budget for appropriate resources for the compliance of the above requirements.

A.5 PERSONNEL REQUIREMENTS

The applicant will propose a staffing structure, indicating key personnel that will best achieve the desired results. However, USAID proposes at a minimum a Project Manager, Monitoring and Evaluation Officer, a Financial and Administration Manager as key personnel. The use of Beninese personnel is encouraged to the greatest extent possible, including the use of Beninese nationals as technical consultants or service provider arrangements. USAID considers the following personnel, at a minimum, to be essential for implementation of this activity:

Project Manager (Key Personnel, full-time 100%)

The full time Manager is responsible for ensuring the successful and timely implementation of all project activities and the achievement of all results. S/he also will supervise the M&E Advisor.

- Must hold a bachelor degree in Public Health or related human science degree.
- At least 5 years of experience in public health or community health; commitment to expanding health service access to the community level, including family planning.
- Demonstrated leadership, strategic thinking, and organizational skills; team-building and representational skills.
- A track record of leading community health projects and community mobilization.
- Proven ability to partner effectively with multiple Beninese counterparts, including those from the MOH, and representatives from other key stakeholders such as NGOs and other donors.
- 5-7 years of experience in public health or community health; commitment to expanding health service utilization, especially family planning.
- Strong verbal and written French communication and presentation skills and at least basic English communications skills.
- Demonstrated capacity to effectively supervise staff and promote team approaches.

Monitoring and Evaluation Officer (Key Personnel, full-time 100%)

This position is responsible for ensuring timely and accurate Health Management Information Systems, data collection, analysis and reporting, both to donors and the MOH. S/he will assess data quality and manage for results.

S/he should have the following background:

- Management Information System (MIS) skills.
- Strong computer skills and information management skills, with high proficiency in MS Excel.
- 5 years of experience with M&E data collection and analysis, preferably in the health sector
- A bachelor's degree in social or human sciences

Manager of Finance, Operations and Information (Key Personnel, full-time 100%)

This position is responsible for ensuring timely and accurate financial reporting and budgets as well as the management of all accounting, audits, procurement, and grant financial and compliance monitoring.

- Must hold a bachelor degree in Accounting or Business Management/Finance.
- A background and a minimum of 3 or more years' experience in management of international grants or contracts. Proven expertise in finance, accounting and auditing, including automated financial systems, as well as results-oriented grants management.
- Proven expertise in financial planning, monitoring of grant compliance and management and the establishment of internal controls.
- Demonstrated strong management, coordination, teamwork, and planning skills, with ability to function effectively with multiple counterparts in both the public and NGO sectors.
- Verbal and written French and good English communications skills.

The Project Manager and M&E Officer must be dedicated full-time to the community PIHI activity. In the event that an Applicant submits a proposal for multiple health zones, the total time of these two positions may be spilt across the submitted health zone proposals but must equal but not exceed 100% to the USAID Community PIHI activity. Applicants submitting to operate across multiple health zone sites with split allocation of full-time key staff should clearly indicate this in their proposals.

Additional staffing should be determined by the applicant as per anticipated needs and requirements.

[END OF SECTION I]

SECTION II: FEDERAL AWARD INFORMATION

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

Subject to the availability of funds, USAID intends to provide approximately \$5,980,000 in total USAID funding for the life of the activity for six Health Zone sites stated on page 22. USAID may award only one cooperative agreement or may award multiple cooperative agreements pursuant to this NFO. USAID reserves the right to fund any one or none of the applications submitted.

2. Start Date and Period of Performance:

The period of performance anticipated herein is three years, beginning on the effective date of the award of the Cooperative Agreement(s).

3. Substantial Involvement:

USAID/Benin anticipates a strong and close working partnership with the recipient of this Cooperative Agreement. USAID will be involved in monitoring progress toward achievement of the objective and expected results during the course of the Cooperative Agreement. This substantial involvement will be through the Agreement Officer (AO), except to the extent that the AO delegates authority to the AOR in writing. A Cooperative Agreement allows “substantial involvement” by USAID (active involvement by USAID in certain programmatic elements during performance of the activity). The AO or AOR will exercise substantial involvement as defined in ADS 303.3.11 under this Cooperative Agreement in the following areas:

The anticipated award will be a Cooperative Agreement. In keeping with ADS 303.3.11, the substantial involvement of the USAID/Benin AOR is expected to include:

a) Approval of the Recipient's Implementation Plan:

If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient’s implementation plan for a later date. USAID must not require approval of implementation plans more often than annually. 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.

b) Approval of Specified Key Personnel and any changes in those personnel as designated below:

USAID designates at a minimum the Project Manager, the Financial and Administration Manager and Monitoring and Evaluation Officer as key personnel positions as these positions are considered essential to the successful implementation of the recipient’s

program.

- c) Agreement Officer’s Representative approval of the monitoring and evaluation plan and any adjustments to that plan; and

- d) Agency and Recipient Collaboration or Joint Participation

The AO has determined that the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge and hence the collaboration or joint participation of USAID and the recipient on the program is authorized. Accordingly, the AOR shall be substantially involved as the following:

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

- Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 already requires the recipient to obtain the AO’s prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.

4. Title to Property:

Property title under the resultant agreement shall vest with the recipient in accordance with the Requirements of 2 CFR 200.313 (Equipment), 2 CFR 200.314 (Supplies) and 2 CFR (Intangible property).

5. Authorized Geographic Code:

The geographic code for this program is 937.

6. Purpose of the Award:

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 a project entitled “**Phase II – Support Scale-up of Community Package of High Impact Interventions**” in six health zone sites in Central and Southern Benin 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. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

[END OF SECTION II]

SECTION III: ELIGIBILITY INFORMATION

1 Eligible Applicants

In accordance with ADS 303.3.6.5b (2) “Restricted Eligibility to Local or Regional Entities”, only local entities are eligible for an award. USAID defines a local organization as one that:

- Is organized under the laws of the recipient country;
- Has its principal place of business or operations in Benin;
- Is majority-owned by individuals who are citizens or lawful permanent residents of the recipient country or is managed by the governing body, the majority of whose members are citizens or lawful permanent residents of Benin; and
- Is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Benin.

The term “control” or “controlled by” in the above definition means having a majority ownership or beneficial interest, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority of the organization’s governing body by any means, e.g., ownership, contract, or operation of law. The term “Foreign Entity” means an organization that fail to meet any part of the “local organization” definition.

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award

Applicants are reminded that US Executive Orders and US law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with these Executive Orders and laws. This provision must be included in all sub-awards issued under this Cooperative Agreement.

The Applicants must submit a completed Self Eligibility Assessment worksheet supporting the facts that they meet the eligibility requirements mentioned in this section. Refer to Attachment 2 for the worksheet.

2 Cost Sharing or Matching

USAID does not expect cost share under this activity.

3. Other:

a) Potential New Implementing Partners:

USAID encourages applications from organizations that have never received a direct award from USAID. However, resultant awards to these organizations may be significantly delayed if USAID must undertake necessary pre-award reviews of these organizations to determine their “responsibility” (see below). Non- U.S. Organization Pre-award Survey Guidelines and Support is available in the following

<https://www.usaid.gov/sites/default/files/documents/1868/303sam.pdf>

Organizations should take this into account and plan their implementation dates and interventions accordingly.

b) Pre-award Risk Assessment

The Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) will be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

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

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

- b) Each organization is required to submit only ONE application for one health zone or more than one health zones.
- c) USAID will not accept applications from individuals. All applicants must be legally recognized organizational entities under applicable law. Public International Organizations are not eligible to apply for funding under this program

[END OF SECTION III]

SECTION IV: CONCEPT NOTE AND FULL APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Ms. Lucrece Boko
Acquisition & Assistance Specialist
USAID/Benin
Boulevard de la Marina
Tel: 97 97 11 76
Email: lboko@usaid.gov

Mr. Satish Kumar
Senior Acquisition and Assistance Specialist
USAID/Benin
Tel: 97 97 11 75
Boulevard de la Marina
Email: skumar@usaid.gov

2. There will be two rounds to the application process:

Round I is a written Concept/Summary note application only without a budget. Applications may be received in English or French.

Round II will be written Full Application (technical and cost applications). From the first round, the best technically acceptable applicants, will be invited to submit their applications addressed to Leslie-Ann Nwokora, Regional Supervisory Agreement Officer and copies to be sent to the above contact persons. In addition, the Technical Selection Committee (TSC) reserves a right to call the selected applicant(s) to do oral presentation on their applications for Round II applications, if TSC finds necessary to further the review process. After Merit Review of the Round II, one or more than one applicants may be selected for award for all the six health zone sites.

3. Pre-Application Conference:

In addition to giving an opportunity for asking questions by due date, USAID/Benin will hold a Pre-application conference on May 04, 2016. The participants will have an opportunity to ask questions during the pre-application conference on the requirement of NFO Concept Note and full application procedure.

Interested applicants willing to attend the pre-application conference must register for the pre-application conference by writing an email to Lucrece Boko via email:

Lboko@usaid.gov providing the name of the organization, the name(s) of the attendee(s) not more than two persons per applicant/organization, a copy of ID proof of the person, email and point of contact for the persons, no later than **1500 hrs, Thursday, April 28, 2016**. USAID/Benin will respond with an email and or by phone confirming registration, details of the location of the conference, and a confirmation of the date and time. A registration confirmation is necessary to be guaranteed entrance at the venue.

4. Funding Restrictions

There are no funding restrictions applicable to this NFO at this time. **USAID will not cover costs incurred prior to making and award.**

USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E of the Uniform Administrative Requirements may be paid under the anticipated award.

5. DUN and Bradstreet Universal Numbering System (DUNS) Number

<https://fedgov.dnb.com/webform> and System for Award Management (SAM)

<https://www.sam.gov/portal/SAM/##11>

All applicants submitting Concept Notes in Round I and full application under Round II (unless the applicant is an individual or Federal awarding agency that is excepted from those requirements under 2 CFR 25.110(b) <http://www.ecfr.gov/cgi-bin/text-id.x?SID=253b27e7cd70108c6920159c58ff970d&mc=true&node=se2.1.25.1110&rgn=div8> or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) are required to:

- a. Be registered in SAM before submitting its application;
- b. Provide a valid DUNS number 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. It also must state that the Federal awarding agency may not make a Federal award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time the Federal awarding agency is ready to make a Federal award, the Federal awarding agency 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.

6. Content and Format of Concept Note Submitted

A. Preparation of Applications:

- i. Applicants are expected to review, understand, and comply with all aspects of this NFO.
- ii. 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, must:
 - 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."
- iii. Applicants should retain for their records one copy of the application and all enclosures which accompany it.
- iv. Only Technical Application is requested for Round I – Concept Note: Concept Note submission.
- v. The Technical Application will be accepted in French, though English is preferred. If the application is recommended for funding, the recipient will be responsible for providing an English translation of their application at their own expense during pre- award negotiations by a certain time notified by USAID. If the successful applicant is unable to submit English version of the technical and cost application will be disqualified from award.

1. Technical Application Format

Technical applications should be specific, complete and presented concisely. Applications should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications shall take into account the technical evaluation criteria found in Section V.

Technical Concept Note shall be written in French or in English shall not to **exceed 15 single-spaced typed pages if application is for 1 or 2 health zone sites and up to 20 single-spaced typed pages if applying for 3 or more health zone sites..** Page limitations include the following requirements: single-spaced text printed on one side of the page only, one-inch (1”) margins, **11-point (minimum) Times New Roman font with each page numbered consecutively.**

Applicants should organize its technical applications using the following order:

- i. Self-Eligibility Assessment (not included in the page limit)
- ii. Cover Letter (not included in the page limit)
- iii. Table of Contents, Listing all page numbers and attachments (not included in the page limit)
- iv. List of Acronyms (not included in the page limit)
- v. Executive Summary
- vi. Technical Approach
- vii. Management Plan and Staffing
- viii. Institutional Capacity and Past Experience
- ix. Annexes:
 - a. Illustrative M&E Plan
 - b. Resumes for Key Personnel (including recommendation letters) and Letters of Commitment
 - c. Proposed Memorandum of Understanding with partners
 - d. Mobilization Plan, by month and by health zone site, for first six months
 - e. Relevant Past Performance Information (recipient and key sub-recipients)

Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this NFO are not desired and may be construed as an indication of the prospective recipient's lack of cost consciousness.

i. Cover Page

A single page with the names of the organization/institutions involved and the lead or primary applicant clearly identified. Any proposed sub-recipients/contractors (hereafter referred to as the “subs”) should be listed separately. In addition, the Cover Page should provide names of proposed health zone(s) sites, contact person for the prime applicant, including the individual’s name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers. State whether the contact person is the person with authority to contract for the applicant and, if not, that person should also be listed. The cover page should be a maximum of one page and is **excluded from the page limitation**.

- Cover –Page (not included in page limit). Times Roman, 11 point font. The cover page should include the following:
 - NFO number and title for which this application is being submitted
 - Applicant name
 - Applicant address
 - TIN
 - DUNS, if available
 - Point of contact’s name, email address, mobile and phone numbers information for technical and cost applications
 - Names of sub-awardees/sub-recipients, if any

ii. Executive Summary

This should provide a clear overview of the results to be achieved, summary of the key elements of the applicant’s strategy and approach, milestone or benchmark measures of progress and a brief summary of applicant’s experience implementing similar activities. It should also summarize roles of contributing organizations, as appropriate. The executive summary should be a maximum of one to two pages and is **included in the page limitation**.

iii. Activity Description and Goals

Provide a description of how the Applicant intends to carry out the Project Description (Section I). It should be concise, specific and complete, and demonstrate a clear understanding of the work to be undertaken and the responsibilities of all parties involved. It must demonstrate the Applicant’s eligibility, as well as its capabilities and expertise.

Submissions for Cotonou II &III site should specifically describe their proposed approach for community mobilization and improved access to health services due to their urban, and sub-urban contexts, which different from rural context for some other unique situational context.

As part of the technical approach, the applicant shall also include **an illustrative M&E Plan** as an annex (not included in the page limitations) to the application. The illustrative M&E Plan must explain how the applicant proposes to monitor the activity and assess activity impact. The M&E Plan must include indicators, targets, data sources and collection methods, baseline information, and benchmarks. The applicant must discuss the ways in which the collection, analysis and reporting of performance data will be managed under the activity. Applicants are encouraged to develop a plan that is consistent with the national community health management information system plan (SIBC). All data collected must be disaggregated by sex, if applicable. It is the applicant's responsibility to ensure that all costs related to the implementation of the M&E Plan are included in the cost application and consider the required human resources for implementing the M&E Plan.

The recipient's approach to addressing sustainability, environmental compliance, gender and disabilities will be evaluated.

- *Sustainability:* Extent to which the NGO has integrated sustainability as a cross-cutting design element in the proposed project activities and a plan for engaging municipal and local authorities in compensating CHWs in Benin that reflects lessons learned from experience to date leveraging municipal resources to contribute to CHW stipends.
- *Environmental Compliance:* Demonstrated understanding of how project activities will be completed in accordance with the environmental compliance requirements of USAID, particularly in regards to waste management from CHW commodities.
- *Gender:* Extent to which gender (both women and men) is incorporated into all project aspects and the technical approach; extent to which the NGO adequately describes how it will address unintended consequences resulting in adverse gender outcomes; and extent to which gender-based inequities in decision-making, access to resources, and empowerment through the life of the project are addressed.
- *Inclusive Development:* Extent to which people with physical and/or mental disabilities are incorporated into all project aspects; extent to which the NGO adequately describes how it will address unintended consequences resulting in adverse disability outcomes; and extent to which disability-based inequities in decision-making, access to resources, and empowerment through the life of the project are addressed.

The Activity Description and Goals section should be a maximum of 2 pages per Health Zone site or up to 10 pages if applying for all six sites. This section is **included in the page limitation**.

iv. *Management Plan and Staffing:*

The applicant should propose a Management Plan and Staffing and describe how the proposed plan will contribute towards achieving the objectives and results described in the Program Description. The proposed plan should specifically state and justify the composition and organizational structure of the entire activity team. It should also describe how the technical expertise and experience of all staff members is most conducive to achieving expected results of the activity. The applicant should clearly identify proposed partners, explaining the roles and responsibilities of each and the proposed management operating structure. **Signed Memorandum of Understanding with proposed partners/sub-recipient should be presented in an annex** (excluded from the page limitation) and will be reviewed.

The plan should specify the role and estimated amount of time each staff member will devote to the activity and/or specific components within the activity. **An organizational chart should be included** in the technical application attachments (excluded from the page limitation) and clearly depict lines of authority, staff responsibility, relationship with local counterparts, and sub-recipient organizations (if any).

Finally, a **Mobilization Plan** should be included as a step-by-step outline by month that concretely demonstrates how the applicant will get the activity underway with information for each health zone site if applying for more than one. The Mobilization Plan must cover the first six months of activity implementation and address how the applicant can rapidly launch the activity. The Mobilization Plan shall provide information on how planned interventions might contribute to expected results within the first six months. **The mobilization plan attachment is excluded from the page limit.**

Applicants must specify the qualifications and abilities of selected personnel that are suited to successfully implement the proposed technical approach. The applicant shall also include, in an annex, **resumes** for all key personnel candidates and other professional personnel proposed for significant positions. Resumes may not exceed two (2) pages in length and shall be in chronological order starting with most recent experience. Each resume shall be accompanied by a **signed Letter of Commitment** from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which

correspond to the levels set forth in the cost application. **The key personnel resumes and letters of commitment are excluded from the page limit.**

For each of the proposed key personnel, the applicants must submit three references. For each of the proposed key personnel, the applicants must submit name, organization name, title, email and phone number for three references.

The Management Plan and Staffing section should be a maximum of one to three pages dependent on the number of health zone sites covered by the Application. This section is **included in the page limitation**. Attachments are not included in the page limit.

v. *Institutional Capacity and Past Experience:*

Applicants must demonstrate technical and managerial expertise that would directly benefit the activity implementation and reflect comparative advantages in implementing proposed interventions. Applicants should articulate: 1) financial and administrative capacity; and 2) technical capacity related to this activity.

Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise
- Relevant experience with proposed interventions
- Organizational strength as represented by experience in managing successful programs of similar scope and complexity
- Information demonstrating the applicant’s financial/procurement capability, such as confirmation of existing automated financial systems, personnel policies, travel policies, audit policies, and any other applicable information. Applicant must provide the copies of the policies to substantiate capability.
- Sub-awardee or subcontractor capabilities and expertise.

Applicants must provide evidence of pertinent past performance and clearly describe examples of successful development and implementation of programs similar to what is required under this NFO. Applicants must submit a Relevant Past Performance Information attachment listing the five most recent U.S. Government or other donor-funded contracts, grants, cooperative agreements, etc. for the past three years. This information is also required for all identified sub-recipients, as it relates to their proposed role, that represent 10% or more of the total estimated cost. Include the following for each award:

- Name of awarding organization or agency
- Address of awarding organization or agency

- Place of performance of services or program
- Award number
- Amount of award
- Period of Performance (begin and end dates of services/program)
- Name, current telephone number, current fax number, and email address (if one is available) of a responsible technical representative (activity manager or other contact person) of that organization or agency
- Brief description of the activity

The Institutional Capacity and Experience section should be a maximum of one page. This section is **included in the page limitation**. The Relevant Past Information attachment is not included in the page limit.

7. Application Submission Procedures

USAID/Benin requires that applications be submitted both electronically (e-mailed) AND in paper copies as well by the time and date mentioned on the cover page.

A) Electronic Submission:

Applications must be sent via an email with attachments to Lucrece Boko at lboko@usaid.gov. Applicants may upload applications to <http://www.grants.gov>. All applications received by the submission deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. No addition or modifications will be accepted after the submission date.

For electronic submissions, your organization must ensure that the applications are received at USAID/Benin in its entirety. No addition or modifications will be accepted after the submission date. E-mail attachments should be formatted in Microsoft Word and/or Microsoft Excel format with **5 MB limit per e-mail**.

Please convert your documents to one of these formats before sending them to USAID/Benin scanned copies of pages in .pdf format (Adobe PDF) if they include signatures or forms. **USAID/Benin cannot accept zip files, as they will be blocked by USAID's firewall.**

In addition to the aforementioned guidelines, the applicant is requested to take note of the following:

- (i) Applications submitted electronically must be in either Microsoft Word (for narrative text) or Excel (for tables), unless you are providing scanned copies of pages that include signatures or forms.
- (ii) After you have sent your applications electronically, please immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your 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.

- (iii) Please 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.

- (iv) If you send your application by multiple emails, please indicate in the subject line of the email and the desired sequence of multiple emails (if more than one is sent) and of attachments (e.g. "no. 1 of 4", etc.).

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

Submission of Hard Copy Applications:

Hard copies of applications and modifications thereof shall be submitted in **sealed envelopes or packages** (1) addressed to the person and office specified below, and (2) showing the date and time specified for receipt (i.e., the due date and time), the NFO number, and the name and address of the applicant.

BY COURIER SERVICE/HAND DELIVER/MAIL:

Lucrece Boko
Acquisition and Assistance Specialist
U.S. Agency for International
Development C/O American Embassy
Boulevard Marina,
01 BP 2012, Cotonou, Benin
Phone: 229-21-300650 x7519 or Mobile 29-97971176

Hard copies of submissions must arrive by the due date and time. Delivery should be made at rear entrance of the US Embassy compound adjacent to southern side of INFOSEC. Delivery to the courier representative does not constitute meeting the statutory requirement that applications are received on time at the designated office. For purposes of recording the official receipt of applications, the date/time stamp of the Office of the Acquisition and Assistance at USAID/Benin will govern.

FAXED APPLICATIONS ARE NOT ACCEPTABLE

B) Receipt of Applications:

Applications must be received at the place designated and by the date and time specified in this section of the NFO . Applications which are submitted late or are incomplete run the risk of not being considered in the review process. Late applications will be considered for award if, in the sole discretion of the Agreement Officer, it is determined that it is in the U.S. Government's interest, and if the evaluation process has not yet commenced.

The applicant must ensure that applications sent electronically are received at USAID/Benin in their entirety. Applicants shall confirm with Lucrece Boko at lboko@usaid.gov that their electronic submissions (either via grants.gov or via email) were successfully received at USAID/Benin by the required due date.

C) Questions & Answers:

Any questions regarding this NFO should be submitted in writing Lucrece via e-mail at lboko@usaid.gov .

Questions regarding this NFO should be submitted **no later than 1500 hrs Benin Time on May 9, 2016** to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Verbal explanations or instructions given before award will not be binding. Any information given to a prospective applicant concerning this NFO will be furnished promptly to all other prospective applicants as an amendment to this NFO , if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

8. Round II: The Contents and Format for Submitting Full Technical and Cost Applications

Please note that only those applicants invited to submit Full Technical and Cost Application in Round II will be required to submit the full technical and detailed cost application. Instruction and format for submission of full written application will be notified in details to those short listed.

A. Technical Application:

Upon review of the Concept note, the applicants selected for Round II shall be notified that their application is short listed for Round II and will be provided comments, if any. Based on the comments, the selected applicant(s) will be asked to provide a full technical application in writing addressing the comments provided in USAID letter. USAID reserve a right to ask the applicant(s) to provide an oral presentation on their full application to the Technical Selection Committee, if the committee decides so to expedite the process. The applicants are expected to have at least Chief of Party or Team Leader while submitting Full Technical Application and/or providing oral presentation.

B. Cost Application Format

The Cost Application must be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. NOTE: The award will not provide for the reimbursement of pre-award application costs.

The cost application must include all direct costs associated with the implementation and completion of activities, as well as any indirect costs and program costs such as those related to any sub-agreements and/or contracts as detailed below. These amounts are subject to revision depending on availability of funds.

The proposed budget must provide cost estimates for the management of the program (including program monitoring). Applicants will minimize their administrative and support costs for managing the project to maximize the funds available for project activities. Accordingly, those applications with minimal administrative costs may be deemed to offer a "greater value" than those with higher costs for program administration.

The following sections describe the documentation that Applicants for the Assistance award must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but must still provide the following:

1. SF-424 forms (found on www.grants.gov) as follows:
 2. SF-424, Application for Federal Assistance
 3. SF-424A, Budget Information – Non-construction Programs
 4. SF-424B, Assurances – Non-construction Programs
- Cost application must be submitted in an excel spreadsheet, with all cells and formulas visible and unlocked that includes a summary budget (in US dollars) and a detailed/itemized budget (in US dollars). The detailed budget must include:
 - Costs notes/budget narrative explaining all estimated costs. Please note that the budget narrative must not only express the calculation of the estimate and

purpose but also the basis of estimate – the rationale used to determine the cost estimate was fair and reasonable.

Identified below are some of the common cost elements in a budget and the required information in the budget and budget narrative.

Salaries

Please provide a separate line item for each proposed individual and identify each by name, title and the level of effort and salary rate. Also include position descriptions for all employees and consultants whose compensation will be charged as a direct cost to the agreement. This information will also be required for sub-recipients. Also, specify key personnel and all essential personnel under the program and include CVs for all those individuals and salary history. Direct salaries and wages must be proposed in accordance with the applicant's personnel policies.

Fringe Benefits

Please provide a breakdown of proposed fringe benefits. This breakdown must include the rate at which the benefit is charged and the base against which it is applied. If the applicant has a fringe benefit rate that has been approved by an agency of the Government, such rate will be used and evidence of its approval must be provided. If a fringe benefit rate has not been so approved, the applicant will propose a rate and explain how the rate was determined. If the latter is used, the narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.

Travel/Per Diem

Please provide the destination and duration of each trip, the individuals traveling, and a breakdown between the per diem and airfare and the basis for each. The application will indicate the number of trips, domestic and international, and the estimated costs. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diem must be based on the applicant's normal travel policies (applicants may choose to refer to the Federal Standardized Travel Regulations for cost estimates).

Other Direct Costs

Please provide a breakdown and explanation for all other direct costs (ODCs). This includes communications, report preparation costs, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits), equipment (procurement plan for commodities), office rent abroad, etc. The narrative will provide a breakdown and support for all and each other direct costs.

Branding and Marking.

The cost application must incorporate the estimated cost for Branding and Marking. Additional guidance is available in USAID Automated Directive System ADS 320 found at <http://www.usaid.gov/sites/default/files/documents/1868/320.pdf>.

Indirect Costs for Institutions without a Negotiated Indirect Cost Rate Agreement

Institutions, especially local institutions usually do not have a Negotiated Indirect Cost Rate Agreement (NICRA) letter with the US Government. Institutions without NICRAs may either treat all indirect costs as direct costs or may choose to charge a minimum rate of 10% of modified total direct costs (see 2 CFR 200.414(f)).

Monitoring and Evaluation Costs

Pursuant to ADS 203.3.5 Monitoring Activities/Implementing Mechanisms, recipients are required to provide in the budget as separate line item for Monitoring and Evaluation (M&E). The line item must include costs for data collection, analysis, and reporting. This line item will be tracked during implementation of the activity. The applicant will propose to USAID the most cost-efficient and effective way to address this requirement.

Seminars and Conferences

The applicant will indicate the subject, venue and duration of proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.

Business Submission

- 1) The Applicant must complete Standard Form 424 (Application for Federal Assistance), 424A (Budget Information – Non-construction Programs) and the SF-424B, Assurances-Non-construction Programs, as indicated on the form. These forms are available at: <http://apply07.grants.gov/apply/FormLinks?family=15>.
- 2) Required Certifications, Assurances per ADS 303
 - a) A signed copy of [Certifications and Assurances](#), which includes:
 - ❖ Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs (This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.)
 - ❖ Certification Regarding Lobbying
 - ❖ Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)

- ❖ Certification Regarding Terrorist Financing, Implementing Executive Order 13224
 - ❖ Certification Regarding Trafficking in Persons, Implementing Title XVII of the National Defense Authorization Act for Fiscal Year 2013.
- b) Other certifications and statements found in Certifications, Assurances, and Other Statements of the Recipient, ADS 303:
- ❖ A signed copy of Key Individual Certification Narcotics Offenses and Drug Trafficking
 - ❖ A signed Participant Certification Narcotics Offenses and Drug Trafficking
 - ❖ Authorized Individuals
 - ❖ Taxpayer Identification Number (TIN)
 - ❖ Data Universal Numbering System (DUNS) Number
 - ❖ Letter of Credit with USAID, if any
 - ❖ Procurement Information
 - ❖ Type of Organization
 - ❖ Estimated Costs of Communication Products.
- 3) Certificate of Compliance
Please submit a copy of your Certificate of Compliance if your organization’s systems have been certified by USAID/Washington’s Office of Acquisition and Assistance.
- 4) Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:
- a) Have adequate financial resources or the ability to obtain such resources as required during the performance of the award.
 - b) Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.
 - c) Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
 - d) Has a satisfactory record of integrity and business ethics.
 - e) Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).
- 5) Potential Request for Additional Documentation

Upon consideration of award or during the negotiations leading to an award, the apparently successful applicant may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. Applicants should not submit the information below with their applications. The information in this section is provided so that Applicants may become familiar with additional documentation

that may be requested by the Agreement Officer. The additional information that may be requested are to substantiate:

- By-laws, constitution, and articles of incorporation, if applicable.
- Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures (especially regarding salary, promotion, leave, differentials, etc.) submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The applicant should provide copies of the same.

[END OF SECTION IV]

SECTION V: APPLICATION REVIEW INFORMATION

1. MERIT REVIEW CRITERIA

The criteria presented below have been tailored to the requirements of this NFO. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants are requested to organize the narrative sections of technical applications according to the technical application format (Section IV) and the merit review criteria set forth below.

The criteria listed below are presented by major category, so that applicants will know which areas require emphasis in the preparation of the technical application. To be selected for the award, the application must contain, at a minimum, these elements. The highest ranking that can be awarded in evaluating will depend on how well each element provided below addressed.

The applications will be reviewed on the following merit review criteria:

Applicants must note that these factors serve as the standard against concept/summary notes and full applications will be evaluated, and serve to identify the significant matters, which applicants must address in their concept notes and at full application stage.

A. ACTIVITY DESCRIPTION AND GOALS (40 points)

- Clarity of application and feasibility of the proposed approach to accomplish activity description, goals and objectives, and expected results. The resource mobilization plan is consistent with the overall approach described in the technical application.
- A demonstrated understanding of the community health context in each of the proposed sites. The applicant clearly defines proposed interventions for CHWs with specific numbers of targeted population, CHWs, villages, and households to be covered and with whom it will work, from beginning to end of the activity.
- Alignment of approach with national community health policy and community PIHI guidelines.
- Extent to which the Applicant has integrated sustainability as a cross-cutting design including gender, inclusive development, and environmental compliance in the proposed project activities. The plan for engaging municipal and local authorities in compensating CHWs is sustainable and reflects learning from experiences in this area to date.
- Extent to which NGO describes a high-quality system for M&E that is linked to the national Health Monitoring and Information System, and includes data collection, analysis, reporting, and documentation. In addition, extent to which Applicant describes an effective and realistic training, performance monitoring and supervision strategy

B. MANAGEMENT AND STAFFING (30 POINTS)

The Management Plan and Staffing provides details on how the applicant plans to organize the team and intends to implement the activity. The Management Plan and Staffing will be evaluated on:

- Extent to which the Applicant describes a clear rationale for the proposed management plan and organizational structure including field office(s), project team, and/or consultants.
- The extent to which the proposed key, and non-key personnel, reflects the technical breadth and professional qualifications to successfully manage, and support the grant funding, and achieve the proposed project objectives.
- Demonstrated strategy to retain key personnel throughout the life of the activity.

C. INSTITUTIONAL CAPABILITIES AND PAST PERFORMANCES (30 points)

This section will evaluate:

- The extent to which the applicant demonstrates the institutional capability to manage the level of funding requested, and implements the proposed project activities.
- Demonstrated organizational knowledge and capacity to develop manage and implement integrated community-based primary health care projects in Benin according to PIHI package at the community level which include but is not limited to interventions such as FP/RH, MCH, malaria, and/or water and sanitation.
- Demonstrated experiences to partner with other projects/organizations involved in PIHI, and support the development of a range of local organizations (Community-based Organizations, Municipalities, etc.) to implement complex and results-oriented primary health care projects

2. COST EVALUATION

While Cost is less important than technical, cost will primarily be evaluated for cost efficiency, and the applicant understanding of the requirements. The evaluation will consist of a review of the cost portion of the application to determine if the overall costs proposed are realistic for the work to be performed, if the costs reflect understanding of the requirements, and if the costs are consistent with the technical application. In addition, the organization must demonstrate adequate financial management capability, and accountability to be measured for a responsibility determination.

The application with the lowest estimated cost may not be selected if award to a higher priced technical application offers a greater overall benefit for the program. All

evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor and the estimated cost to the Government increases in importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

Cost estimates will be analyzed as part of the application evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

3. BRANDING STRATEGY AND MARKING PLAN:

In accordance with ADS 303.3.6.2.f and 2 CFR 700.16, the apparently successful applicant must submit a Branding Strategy and a Marking Plan for evaluation and approval by the Agreement Officer before an award under this solicitation will be made. “Marking Plan” and “Marking of USAID-funded Assistance Awards” are contained in 2 CFR 700.16. Please note that in contrast to “exceptions” to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers, see 2 CFR 700.16(j). USAID approved Branding Strategy and Marking Plan is required for award execution. Additional guidance can be found at the following hyperlinks: [USAID Branding](http://www.usaid.gov/branding/) (<http://www.usaid.gov/branding/>). The applicant is required to submit a Branding Strategy and Marking plan according to the requirements mentioned above. Please note that additional guidelines exist for Feed the Future programs. This activity must also follow FTF Marking and Branding guidelines.

4. For a non-U.S. organization, the successful applicant(s) will be subject to a responsibility determination assessment (Pre Award survey) by per ADS 303.3.9.1
5. Final program and budget plans.
6. Payment terms.
7. Procedures concerning administrative reporting and logistical requirements for program including training components.
8. Other award terms including audit, special provisions and/or specific conditions

[END OF SECTION V]

SECTION VI: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

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

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

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

2. Administration and National Policy Requirements

For US organizations, 2 CFR 200, 2 CFR 700, OMB Circulars, and USAID Standard Provisions for U.S. Nongovernmental recipients will be applicable. For non-U.S. organizations, the Standard Provisions for Non-U.S., Nongovernmental recipients and the applicable cost principles (OMB Circular A-122 for non-profit organizations and OMB Circular A-21 for universities) will apply. The OMB circulars are available in the following link:

<http://www.whitehouse.gov/omb/circulars/index.html>. For both U.S. and non U.S. for-profit organizations Federal Acquisition Regulation (FAR) Part 31 will be applicable. While 2 CFR 200 and 2 CFR 700 do not apply directly to non-U.S. applicants, the Agreement Officer will use the standards of 2 CFR 200 and 2 CFR 700 in the administration of the award. Further information including the referenced documents may be obtained via our agency website

<http://www.usaid.gov> directly or via links in USAID Automated Directive System (ADS) Chapter 303: <https://www.usaid.gov/sites/default/files/documents/1868/303.pdf>.

Copies may also be obtained from the listed agency points of contact for this NFO.

No deviations are anticipated to the standard provisions for the cooperative agreement under by this NFO. All applicable standard provisions shall be incorporated into the resultant award. The standard provisions for Non-US Nongovernmental may be accessed at the following location: <https://www.usaid.gov/sites/default/files/documents/1868/303.pdf>

3. General Information on Reporting Requirements

A. Reporting Requirements

The recipient will submit all reports to the USAID AOR as described below.

(1) Mobilization Plan:

Shall outline the Applicant’s plan for mobilization of the activity; describe the management systems in place; and shall outline respective roles and responsibilities of the applicant and its partners (if any), including roles and responsibilities of key technical staff. USAID shall review the plan and provide comments after which the applicant shall revise and submit a final version to USAID within ten (10) calendar days.

(2) Annual Work Plan

The recipient must submit a draft Annual Work Plan (AWP), along with an M&E plan in the format specified by USAID, within ninety (90) calendar days of the effective date of the Cooperative Agreement. The recipient will work with the AOR throughout the AWP development process prior to submittal to ensure the AWP appropriately reflects activity objectives and the program description. The AWP must detail the work to be accomplished during the upcoming year. The scope and format of the AWP will be agreed to between the recipient and the AOR. AOR will review the work plan and provide comments within fifteen (15) calendar days of receipt; the recipient must incorporate these comments and provide a final annual work plan within seven (7) calendar days of receiving AOR’s comments. The AWP will serve as a guide for activity implementation—a demonstration of links between interventions and objectives in accordance with the M&E Plan. The AWP shall outline key activities and the expected results to be accomplished for each year and will be negotiated and shared with host government partners for comments as appropriate. The AWP will also serve as a basis for budget estimates for each year of program implementation. A budget with sufficient detail to allow the AOR to judge the efficiency of the implementation plan should be included. The AWP should delineate an overall budget by line item and a budget per objective and activity. The AWP may be revised on an occasional basis in the course of implementation, as needed, to reflect changes on the ground with the concurrence of the AOR. Subsequent AWP’s must be submitted in a similar fashion, and the recipient must submit the work plans for successive years forty five (45) calendar days before the beginning of each successive year.

(3) Monitoring and Evaluation Plan

Applicants are required to:

- Within 90 days of signing of the cooperative agreement, the recipient shall finalize the M&E Plan (working from the draft M&E Plan submitted during application)
- Identify key indicators, calculation, data collection method, type, and source of information to be collected for program management in relation with USAID and the MOH indicators for PIHI
- Describe how USAID reporting requirements will be met
- Describe how progress towards program objectives will be measured
- Describe clearly how indicators were met when collaboration with other partners for synergy.

The progress of the project will be monitored in accordance with the Performance Monitoring Plan.. In order to ensure standardized monitoring of all USAID PIHI activities, the applicant will be expected to coordinate with other USAID implementing partners in the development of this Plan. This will be facilitated by USAID.

The recipient should develop a robust data collection system which includes adequate data quality controls and complies with all USAID annual reporting requirement, and data quality requirements.

USAID expects that the recipient will be innovative and creative in their efforts, capture, document, and report all the outcomes of USAID assistance and comply with the reporting requirement

B. Financial Reporting

The recipient shall account for expenditures for activities carried out under the award to ensure funds are used for their intended purposes. Financial reports shall be in accordance with 2 CFR 200.327. The Recipient shall submit to the USAID Agreement Officer's Representative (AOR), a quarterly financial report using SF-425 line item budgets, expenditures and accruals and a budget pipeline (balance remaining). A table with expenditures and accruals shall be submitted to the AOR no less than 15 days before the end of each (USAID) fiscal year quarter throughout the life of the project

- a) **Quarterly Report:** The Recipient must submit an SF 425, the Federal Financial Report, via electronic submission, within 45 days following the end of each quarter to the Agreement Officer's Representative (AOR) and the USAID/Benin. The recipient shall include, as an attachment to the SF-425, expenditures by budget line item per quarterly performance reporting requirements.
- b) **Final Report:** The Recipient must submit within 90 days following the estimated completion date of this award and, in accordance with the original and two copies of all final Federal Financial Reports (SF-425) to: (a) the Agreement Officer; (b) the

Agreement Officer's Representative (AOR), and (c) the USAID/Philippines, Mongolia and the Pacific Controller (aidmnlrfsc@usaid.gov).

- Electronic copies of the SF-425 can be found at <http://www.whitehouse.gov/omb/grants/standardforms/ffreport.pdf> and <http://www.forms.gov/bgfPortal/docDetails.do?dId=15149>.
- Line item instructions for completing the SF-425 can be found at:
- <http://www.whitehouse.gov/omb/grants/standardforms/ffinstructions.pdf>

C. Closeout Reporting Plan

Within one hundred eighty (180) days of the project's estimated completion date, the Recipient will submit to the AO and the AOR for review, a draft closeout plan which incorporates (a) the property disposition plan; (b) the in-country operations phase out plan; (c) the delivery schedule for all reports or other deliverables required under the award, and; (d) a time line for completing all required closeout actions, including the submission date of the final property disposition plan, and; (e) includes draft turnover documents.

D. Performance Monitoring Reporting:

- Quarterly Performance Reports:** The recipient must submit a Performance Monitoring Report on progress toward agreed performance targets every three (3) months, based on the approved M&E Plan. Quarterly Performance Reports shall be submitted 30 calendar days after the end of the quarter pursuant to 2 CFR 200.328. The scope and format of the quarterly progress reports will be determined in consultation with the AOR. The quarterly report should seek to be brief yet precise description of the activities, with emphasis on issues that have arisen, impacts made, constraints encountered, and suggestions for additional actions that might be taken. One original and two copies of the report shall be submitted to the AOR. Quarterly performance reports may be in French.
- Annual Progress Report:** The annual progress report shall be a review of the previous year's accomplishments relative to the M&E Plan, including challenges and success stories. Problems or issues encountered and how they were resolved shall be presented in the report. The report shall be submitted 30calendar days after the end of fourth quarter, or the end of the USG fiscal year (September 30), pursuant to 2 CFR 200.328. It shall be submitted in lieu of the fourth quarterly progress report. The scope and format of the annual progress report will be determined in consultation with the AOR. One original and two copies of the report shall be submitted to the AOR.

The annual report shall include a discussion, supported with quantitative and qualitative evidence, (which evidence shall remain auditable under the terms of the agreement and USAID program implementation procedures), of progress against indicators and/or impacts achieved to date. This shall include clear

identification of which impacts achieved were within the manageable interests of the recipient and which were likely catalyzed by recipient-supported initiatives, leading to substantial, sustained achievement of results. This discussion will be instrumental in helping the Mission to complete mandatory reporting to Washington such as the Performance Plan Report (PPR) and the Operational Plan (OP).

c) **Final Report**

The recipient must submit the Final Report within 90 calendar days after the expiration of the award. One original and two copies of the report shall be submitted to the AOR. The final performance report should contain the following information:

- Describe accomplishments in accordance with the specific paragraphs of the project description.
 - A comparison of actual activities and results with the plan established for the life of the project (presented in narrative and table format).
 - Describe reasons why targets were not achieved or surpassed and why activities were delayed or not carried out, if appropriate.
 - Success stories, including examples of synergy and collaboration with partners.
 - A summary of progress made in achieving indicator targets during the program (based on valid data collection and analysis and credible baseline).
 - Other pertinent information, including recommendations for future community-based interventions with-in depth- analysis and lessons learned, related to the overall program results.
 - Challenges and solutions
-
- One copy of the Final Report will be submitted to the Bureau for Program Policy Coordination, Development Experience Clearinghouse in electronic format at:

USAID Development Experience Clearinghouse
M/CIO/ITSD/KM
Ronald Reagan Building, M.01
U.S Agency for International Development
Washington, DC 20523, USA
E-mail: docsuubmit@usaid.gov
URL : <http://dec.usaid.gov>

E. **Environmental Compliance**

An Initial Environmental Examination recommending **Categorical Exclusion** for the three components of this activity was approved by USAID’s Africa Bureau Environmental Officer. The activities justify Categorical Exclusions, pursuant to 22 CFR 216.2(c)(1) and (2) because

they do not have an effect on the natural or physical environment. Specifically, as currently planned, the envisioned activities fall into the following classes of action:

- Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment (such as construction of facilities, etc.)
- Analyses, studies, academic or research workshops and meetings

If, during implementation, program activities are considered outside of those described above, an amendment shall be submitted. Pursuant to 22 CFR 216.3(a)(9), if new activities are added and/or information becomes available which indicates that activities to be funded by the project might be “major” and the project’s effect “significant,” this determination will be reviewed and revised by USAID or the awardee, in collaboration with the Contracting Officer’s Representative of the project, and submitted to the Mission Environmental Officer and Bureau Environmental Officer for approval and, if appropriate, an environmental assessment will be prepared.

F. Foreign Tax Reports

A standard report will be prepared for each Fiscal Year and submitted prior to April of the following fiscal year.

G. Other Reports

Occasionally, USAID receives requests for information from other USAID offices, or other USG agencies. The Recipient is expected to be responsive to these requests to the greatest extent possible.

The following Standard Provisions which are indicated below in full text should be specially noted by the prospective applicants.

A. ELECTRONIC PAYMENTS SYSTEM

1. Definitions:

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

2. The recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, subrecipients, or contractors.
3. Exceptions. Recipients are allowed the following exceptions, provided the recipient documents its files with the appropriate justification:
 - a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
 - b. Cash payments made to payees where the recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
 - c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.
 - d. The recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the recipient's written justification, which provides a basis and cost analysis for the requested exception.
4. More information about how to establish, implement, and manage electronic payment methods is available to recipients at <http://solutionscenter.nethope.org/programs/c2e-toolkit>.

B. PROHIBITION ON PROVIDING FEDERAL ASSISTANCE TO ENTITIES THAT REQUIRE CERTAIN INTERNAL CONFIDENTIALITY AGREEMENTS - REPRESENTATION (APRIL 2015)

(a) In accordance with section 743 of Division E, Title VII, of the Consolidated and further Continuing Resolution Appropriations Act, 2015 (Pub. L. 113-235), Government agencies are not permitted to use funds appropriated (or otherwise made available) under that or any other Act for providing federal assistance to an entity that requires employees, subawardees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, subawardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The prohibition in paragraph (a) of this provision does not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

(c) By submission of its application, the prospective recipient represents that it does not require employees, subawardees, or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees, subawardees, or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

C. BRANDING STRATEGY - ASSISTANCE (JUNE 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.
- b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. Branding and Marking costs will be discussed and finalized during the budget development. This will include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Branding Strategy must include, at a minimum, all of the following:
 - (1) All estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.
 - (2) The intended name of the program, project, or activity.
 - (i) USAID prefers to have the "USAID Identity," comprised of the USAID logo and landmark, with the tagline "from the American people" as found on the USAID Web site at transition.usaid.gov/branding, included as part of the program or project name.
 - (ii) USAID prefers local language translations of the phrase "made possible by (or with) the generous support of the American People" next to the USAID Identity when acknowledging contributions.

- (iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
 - (iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.
 - (v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos.
- (3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.
- (4) Planned communication or program materials used to explain or market the program to beneficiaries.
- (i) Describe the main program message.
 - (ii) Provide plans for training materials, posters, pamphlets, public service announcement, billboards, Web sites, and so forth, as appropriate.
 - (iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”
 - (iv) Provide any additional ideas to increase awareness that the American people support this project or program.
- (5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.
- (6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.
- f. The Agreement Officer will consider the Branding Strategy's adequacy in the award criteria. The Branding Strategy 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 Branding Strategy will be included in and made part of the resulting grant or cooperative agreement

D. MARKING PLAN – ASSISTANCE (JUNE 2012)

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and 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 V of the NFO 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. Branding and Marking costs will be discussed and finalized during the budget development. This include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:
 - 1. A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:
 - i. Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;
 - ii. Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
 - iii. Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
 - 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.
- viii. 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.
- ix. 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

E. NON-FEDERAL AUDITS

In accordance with 2 CFR 200.69, recipients and subrecipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, “Audits of States, Local Governments, and Non-Profit Organizations”. Recipients and subrecipients must use an independent, non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

F. LENDING LIMITATIONS

Without the prior written consent of USAID no assistance will be provided to 1) any government official or employee; 2) nor to any prospective client involved in activities relating to surveillance, abortion, luxury goods, gambling, weather modification, the police or the military.

G. SALARY SUPPLEMENTATION

No payment shall be made to or on behalf of any employee of any government without the advance written approval of the Agreement Officer. Any payments by the recipient to employees at any level of the Government of Benin shall be subject to the USAID policy on salary supplements (Department of State Cable no. 119780 dated April 15, 1988 or as amended).

END OF SECTION VI

SECTION VII: FEDERAL AWARDING AGENCY CONTACT(S)

The Agreement Officer for this Award is:

Leslie-Ann Nwokora
Regional Supervisory Agreement Officer
USAID/West Africa Accra, Ghana
C/o American Embassy
Accra, Ghana

The Acquisition and Assistance Specialist for this Award is:

Lucrece Boko
Acquisition and Assistance Specialist
USAID/Benin
C/o American Embassy
Cotonou, Benin

[END OF SECTION VII]

SECTION VIII: OTHER INFORMATION

1. FUNDING APPLICANTS

Issuance of this NFO 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 the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. In addition, final award of any resultant Cooperative Agreement(s) will not be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. All application preparation and submission costs are at the applicant's own expense.

2. AWARD

The Government will award one or more Cooperative Agreements resulting from this NFO to the responsible applicant whose application best meets the requirements of this NFO (see also Section V of this NFO). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept more than one application, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.

3. AUTHORITY TO OBLIGATE THE GOVERNMENT

The Agreement Officer is the only individual authorized to commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of a fully executed Cooperative Agreement.

4. EXTERNAL EVALUATIONS

USAID/Benin will conduct mid-term and final external evaluations to assess and substantiate performance and overall achievements of the project. The external evaluations may be funded directly by USAID and will not be included in the funding of this Agreement.

[END OF SECTION VIII]

SECTION IX --LIST OF ANNEXURES AND ATTACHMENTS

Attachments

- Attachment 1, French Version of NFO # SOL-680-16-000007
- Attachment 2, Eligibility Self-Assessment

Annexes

Annex 1, National Community Health Policy, September 2015

Annex 2, National Package of High Impact Interventions to Achieve the Millennium Development Goals

Annex 3 - National Monitoring and Evaluation Plan for Community Package of High Impact Interventions/Plan de Suivi et Evaluation du Paquet d'Interventions a Haut Impact au Niveau Communautaire

Annex 4 - National Integrated Communication Plan Maternal, Newborn and Child Health, 2014-2018 /*Plan Intégré de Communication pour la Survie de la Mère, du Nouveau-Né et de l'Enfant au Benin: 2014-2018*

Annex 5 – List of Neighborhoods in Cotonou II & III, Government of Benin, 2014

Note: All annexes are attached as separate documents.

[END OF SECTION IX]

Attachment 1 - Attachment 1, French Version of NFO # SOL-680-16-000007 - **Attached as a separate document**

Attachment 2 - Self Assessment by an Applicant on Eligibility

Attachment 2 - Self Assessment by an Applicant on Eligibility		
	Yes	No
Does your organization meet the definition of a local organization as outlined in Section III.1, Applicant Eligibility (pg. 30), including: - Be organized under the laws of Benin.		
Does your organization meet the definition of a local organization as outlined in Section III.1, Applicant Eligibility (pg. 30), including: -Have its principal place of business in Benin.		
Does your organization meet the definition of a local organization as outlined in Section III.1, Applicant Eligibility (pg. 30), including: -Be majority owned (>50%) by individuals who are citizens or lawful permanent residents of Benin or be managed by a governing body, the majority (>50%) of whom are citizens or lawful permanent residents of Benin		
Does your organization meet the definition of a local organization as outlined in Section III.1, Applicant Eligibility (pg. 30), including: -Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient’s country.		

On request the applicant have to (1) certificate of incorporation; and (2) a list outlining the primary applicant’s ownership or governance.