REQUEST FOR APPLICATIONS

RFA SOLICITATION NUMBER: FY16-RFA02-6017

USAID Systems for Health
Innovation Grants

Date of Issue: 11 April 2016 (amended 20 April 2016)
Deadline for Questions: 5:00pm (GMT) 3 May 2016 (extended from 22 April)
Questions by email ONLY to: systemsforhealthgrants@urc-chs.com

Deadline for Submissions: 5:00 pm (GMT) 30 May 2016 (extended from 23 May)

Issuance of this RFA does not constitute a commitment on the part of URC nor does it commit URC or the US Government to pay for costs incurred in the submission of a proposal. Furthermore, URC reserves the right to reject any and all submissions, or to award a grant without further discussion or negotiations if it is considered to be in the best interests of the project and URC.
Dear Applicants:

The USAID Systems for Health Project (July 2014-June 2019) is working with the Ghana Health Service to strengthen its efforts to reduce preventable child and maternal deaths, reduce unmet needs for family planning, reduce childhood mortality and morbidity from malaria, and improve the nutritional status of children under five and pregnant women. We are working to strengthen the building blocks of a vital health system, while promoting CHPS (community-based health planning and services), strategic behavior change communication, and targeted demand generation to maximize service delivery coverage.

University Research Co., LLC (URC) and its partners share the vision that, by 2019, Ghana’s health system will be sufficiently robust that the Government of Ghana (GoG) and its health workforce, in partnership with the communities they serve, is able to sustain equitable access to, demand for, and use of high-quality, high-impact health services with reduced external support, especially in the five regions targeted by USAID Systems for Health: Greater Accra, Central, Western, Volta, and Northern Regions.

The project aims to expand both supply and demand for Maternal, Neonatal, and Child Health (MNCH), nutrition, Family Planning/Reproductive Health (FP/RH), and malaria services and to ensure that individuals, especially women and girls, are empowered to seek and influence service quality.

Fundamentally a project for strengthening health systems, USAID Systems for Health works in partnership with the Ministry of Health (MOH)/Ghana Health Service (GHS) to improve the management and performance of the health system. USAID Systems for Health works to improve the technical and organizational performance of existing facilities, expand coverage and reach of CHPS zones, strengthen the interaction between GHS staff and communities, integrate quality improvement across the portfolio, and strengthen management of Regional Health and District Health Medical Teams (RHMTs and DHMTs), including financial, information, personnel, and performance management systems.

The USAID Systems for Health Project seeks applications from organizations with experience in Ghana for activities in the five USAID Systems for Health regions of Ghana (Greater Accra, Central, Western, Volta, and Northern Regions) to research, introduce, and scale up innovative solutions to key health challenges in Ghana. One or multiple sub-grants, one year in duration with possibility of renewal after the first year, will be awarded to successful applicant(s) who respond to this request for applications.

A cost-sharing match of 1:1 funding from the applicant is required, with applicants that provide higher cost-share amounts strongly preferred. Activities proposed by applicants are expected to bring significant new resources – whether money, ideas, technologies, experience, or expertise – to address challenging health issues. In addition, proposals should articulate what unique contributions partners will bring to the project that will help produce significant development results.
The grants will contribute to achieving USAID Systems for Health’s goals related to improving the supply of and demand for quality services in the areas of neonatal health, maternal health, family planning, and referrals. Proposals outside of these areas will not be considered.

Applications must be received by the closing date and time indicated at the top of this cover letter. Applications should be submitted in hard copy (4) and electronic copy (1). Applications received after 5:00 PM GMT on 30 May 2016 will not be considered. Detailed submission instructions are provided on page 13 of this document.

Sincerely,

Justice Adu

Senior Grants Advisor
USAID Systems for Health
No. 21 Josip Broz Tito Ave, Cantonments
PMB CT 134, Cantonments
Accra, Ghana
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<td>CBO</td>
<td>Community-based Organization</td>
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<td>Community Health Nurse</td>
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<td>Community-based Health Planning and Services</td>
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<td>DHMT</td>
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<td>LOE</td>
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<td>MAF</td>
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<td>M&amp;IE</td>
<td>Meals and Incidental Expenses</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MNCH</td>
<td>Maternal Neonatal and Child Health</td>
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<td>RFA</td>
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<td>RHMT</td>
<td>Regional Health Medical Team</td>
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<td>URC</td>
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<td>USAID</td>
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<td>USG</td>
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<td>WASH</td>
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1. BACKGROUND

1.1 Context: Health Systems in Ghana

Ghana has made remarkable advances in social sector and economic growth in recent years. The Government of Ghana (GoG)’s commitment to improving health is clear – exemplified by policies and plans to expand access to health care for the most underserved, particularly through the Community-based Health Planning and Services program (CHPS) and deployment of Community Health Nurses (CHNs). USAID has helped the GoG make substantial progress in expanding the CHPS program while improving other health system components. However, the demand for and access to quality services must be accelerated if Ghana is to achieve sustainable improvements in health outcomes.

1.2 Background: USAID Systems for Health Project

The USAID Systems for Health Project (July 2014 to June 2019) is working with the Ghana Health Service (GHS) to strengthen its efforts to reduce preventable child and maternal deaths, reduce unmet need for family planning, reduce childhood mortality and morbidity from malaria, and improve the nutritional status of children under five and pregnant women. We are working to strengthen the building blocks of a vital health system while promoting CHPS, strategic behavior change communication, and targeted demand generation to maximize service delivery coverage. University Research Co., LLC (URC) and its partners share the vision that Ghana’s health system will be sufficiently robust by 2019 that the GoG and its health workforce, in partnership with the communities they serve, will be able to sustain equitable access to, demand for, and use of high-quality, high-impact health services with reduced external support, especially in the five regions targeted by Systems for Health: Greater Accra, Central, Western, Volta, and Northern Regions. A particular focus of the USAID Systems for Health Project is to expand and strengthen integrated services for malaria; family planning and reproductive health; maternal, neonatal, and child health; and nutrition at all levels of the health system including district, sub-district, and CHPS/community levels.
2. INNOVATION GRANTS DESCRIPTION

2.1 Statement of Purpose

USAID Systems for Health, implemented by University Research Co, LLC (URC), is committed to partnering with and funding organizations that mobilize resources, generate creative approaches, and use cutting-edge technology to stimulate and support improved health outcomes in Ghana. This Request for Applications (RFA) is announcing URC and USAID Systems for Health’s intention to fund a limited number of programs that will research, introduce, and scale up innovative solutions to key health challenges in Ghana. The parameters of the programs to be funded in this round are described in the Program Objectives and Scope of Work (sections 2.2 and 2.3 below).

2.1.1 Funding

Awards are expected to range from $50,000 to $150,000. A few larger awards may be given if the Grant Selection Committee determines that the proposed approaches are not only beneficial, but also feasible within the time frame. The amount of funding available for this round will not exceed $700,000.

Each partner is required to match funding on a 1:1 basis, with a strong preference for applicants who can match 1:2 (for example $50,000 from USAID Systems for Health and $100,000 sourced from the partner).

2.1.2 Period of Performance

Applications must include activities with an initial period of performance of one (1) year, with details of how activities could be scaled up further if additional funds were awarded for one additional year.

2.1.3 Application Process

All organizations meeting the eligibility requirements are invited to submit an application for consideration. This invitation to apply is not a guarantee of award, and URC/USAID Systems for Health does not commit to pay any expenses incurred in preparation and submission of this application.

2.2 Innovation Grant Objectives

The interventions funded by this award from USAID Systems for Health will encourage and support innovations that improve health outcomes in Ghana. Activities funded will be expected to contribute to at least one of the following U.S. Government priorities, as outlined in the USAID/Ghana Country Development Cooperation Strategy, 2013-2017:

- Reduced under-five mortality (focused on the neonatal period)
- Reduced maternal mortality
- Increased contraceptive prevalence.

As USAID Systems for Health is implemented in close partnership with the GHS, proposals must contain activities that are in line with GoG priorities and strategies for strengthening the health sector. These priorities are contained in Ghana’s Millennium Development Goals (MDG) Acceleration Framework.

**Priority Intervention Areas**
The four key areas of focus for these innovation grants are:

1. Postnatal care visits for newborns
2. Contraceptive prevalence
3. Skilled attendance at birth (priority: Northern Region)
4. Referral systems.

1. **Postnatal care visits for newborns**
The first week following birth is extremely critical to survival for both mother and newborn. More than two-thirds of newborn and maternal deaths will occur within one week of delivery. In Ghana, the neonatal mortality rate (29 deaths per 1000 live births) has declined very little over the last 15 years, while post-neonatal, infant, and childhood mortality have declined much more rapidly (Ghana Demographic and Health Survey (GDHS) 2014).

It is widely recommended that newborns receive a checkup within 48 hours of birth. However, only 23\% of newborns in Ghana received a checkup within 48 hours, and 30\% within one week. This means that the majority (70\%) of newborns did not receive any postnatal checkup. Babies delivered in a health facility and those born to mothers in the highest wealth quintile are more likely to receive a postnatal checkup within 48 hours, but even within those categories the rate of postnatal visits is less than 30\% (GDHS 2014).

Employing creative and innovative strategies, proposed projects should address current barriers to obtaining timely and high-quality postnatal care, such as: availability of health care workers in underserved areas; financial constraints; transportation; cultural practices; accessibility; and quality (real and perceived) of health facility care.

2. **Contraceptive prevalence**
According to the 2014 GDHS, contraceptive use among married women has increased from 13\% in 1998 to 27\% in 2014, but has remained at a plateau between 25\% and 27\% since 2003.

While knowledge of modern contraceptive methods is universal among both men and women (>99\%), married women still report a 30\% unmet need for family planning. Unmet need is highest among women aged 15-19 (50.7\%) and lowest among women aged 45-49 (14.2\%).

The unmet need for family planning varies by region, with the Northern Region having the highest unmet need for birth spacing (21.7\%) and Volta having the highest unmet need for limiting family size (18.3\%), as well as the highest overall unmet need (36.3\%).

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\(^1\) Note: In the course of the year, Ghana plans to update the MAF to link with the newly released Sustainable Development Goals (SDGs).
Sexually active unmarried women report a much higher prevalence of contraceptive use (45%), but more than a quarter of those currently using contraception are relying on traditional methods.

Proposed activities should address this unmet need using original and imaginative approaches designed to: promote task-shifting; expand coverage in underserved areas; integrate family planning with other services; reach adolescents; utilize public/private partnerships; increase access to long-acting reversible contraceptives; or address other barriers to contraceptive access and utilization.

All family planning activities must be compliant with USAID’s family planning guiding principles of voluntary and informed choice, and may not be used to fund, support, or promote abortion services.

3. Skilled attendance at birth

Overall, in the last few decades, Ghana has seen great increases in the number of deliveries attended by a skilled provider. In 1988, just 40% of births had a skilled attendant present; in 2014, 74% did. However, a great disparity is seen in the Northern Region where, in 2014, only 36.4% of births were attended by a skilled provider, while 41% were attended by a traditional birth attendant. In other regions where Systems for Health operates, the prevalence of skilled attendants at birth ranges from 66% (Volta) to 92% (Greater Accra). Due to the disparity, projects designed to increase skilled attendance at birth must include the Northern Region.

Proposed activities in this area should use inventive alternative methods to promote skilled deliveries including (but not limited to): involving traditional birth attendants in referrals to facilities; reducing financial and/or transportation barriers; involving men in maternal care; improving (real and perceived) quality of care at facilities; integrating skilled delivery with antenatal and/or postnatal care programs.

4. Referral systems

Weak referral systems, particularly for managing obstetric emergencies, have been documented by the GoG in Ghana’s Country Action Plan for the MDG Acceleration Framework (MAF) as one of the leading challenges to achieving the MDG for maternal mortality. The MAF emphasizes the need to strengthen referral systems from the community level up to the highest level of obstetric care.

Stronger integrated referral systems will decrease delays in reaching referral facilities where life-threatening problems can be managed. One obstacle to timely referrals, especially in rural and remote areas, is the lack of infrastructure and/or financing to transport people (particularly pregnant women and newborns) who need services to facilities with appropriately trained health workers.

Timely and effective referral is a cross-cutting health systems issue that requires multisectoral support as well as an appreciation for differences in context, even within the same region. Proposed interventions should reflect an understanding of these differences as well as the multisectoral resources necessary for effective routine and emergency referrals. In addition, interventions are encouraged to delineate the potential roles of local transport unions, district assemblies, and/or communities.
2.3. Innovation Grants Scope of Work

2.3.1 Innovation Grants Criteria
USAID Systems for Health is inviting applications for a variety of innovative interventions that focus on alleviating key health challenges in Ghana. While the scope of these activities is intentionally left flexible to allow for creative solutions, the project does expect the intervention to address health challenges specifically in more than one of the priority areas described in section 2.2. Preference will be given to proposed interventions that can be packaged, integrated, and coordinated across the life cycle (adolescence & pre-pregnancy, pregnancy, birth, postpartum/neonatal, childhood) and service delivery (household/community, clinic, hospital) continuums.

**Objectives for Sub-grants**
The objectives of this funding are to support research and scale-up of creative and innovative solutions for improved service delivery, as related to increasing postnatal visits for newborns; increasing skilled attendance at birth; increasing contraceptive prevalence; and/or increasing referrals.

Two main approaches should be considered under this RFA:
1. Projects that develop innovative approaches to be tested through *operations research*, and
2. Scale-up of creative, innovative health interventions.

1. **Operations Research**
Proposed projects should demonstrate some evidence of efficacy. Project funding may be used to conduct additional research to further the understanding of implementation and impact of the intervention, with the goal of determining how and whether an intervention could be scaled up with possible additional funding during year two (contingent on approval) or funding from other sources.

2. **Scale-Up**
Projects with proven impact may apply for funding to increase coverage, expand into new regions, and/or integrate with other technical programs. Proposed programs for scale-up should demonstrate evidence of benefits, demand for the intervention, compatibility with the existing environment, and sustainability.

**Geographic Scope**
This request for proposals seeks to fund projects within the following five regions supported by USAID Systems for Health: Greater Accra, Central, Western, Volta, and Northern Regions. Organizations operating in these regions are encouraged to apply.

**Results**
Successful applicants are expected to submit proposals that have the potential for clear and measurable results. Proposals should be cost-effective and sustainable, with clear measurements to demonstrate how the activities will increase the capacity of local Ghanaian entities to plan and manage any future programs and interventions.
Additional Guidance
USAID Systems for Health will **not** support the following types of project activities:
- Purchase of major commodities for program support or distribution
- Construction, rehabilitation, or infrastructure activities
- Discrete, stand-alone workshops, unless the applicant can demonstrate the unique value of the workshop for achieving the project goals
- Interventions that propose funding that will primarily cover labor costs
- Activities restricted by US federal government regulations.

2.3.2 Monitoring and Reporting Requirements
All grantees are expected to monitor results of their activities through data collection and submission of regular reports/deliverables to Systems for Health. Grantees must meet monitoring and reporting requirements in a timely and complete manner.

Selected sub-grantees will be invited to an orientation workshop in which specific instructions for accountability and reporting requirements will be outlined. Briefly, reporting requirements will include:

- **Quarterly Reports**: Grantees will be asked to report quarterly during the grant implementation process, providing program activities and results.
- **Quarterly Financial Reports**: Grantees will be required to submit quarterly expenditure and cost-share reports to URC-Accra.
- **Final Report**: A final program report outlining the goals and objectives for the project planned by the sub-grantee will be required. The report will request a description of activities, challenges, corrective actions taken, and recommendations for future programming. The report should summarize progress made toward reaching overall project goals and results achieved. The report must also include recommendations about the realistic long-term sustainability of project efforts. The final report will also include a financial report of fund management and advance liquidation.

Periodic field visits may be conducted by Systems for Health staff to monitor project implementation and to verify reporting information submitted by the applicant.
3. ELIGIBILITY REQUIREMENTS

3.1 Eligibility Criteria

Applicants from a wide variety of organizations may be eligible for award under this RFA. Examples of eligible organizations include:

- Foundations
- Faith-based organizations (FBOs)
- Community-based organizations (CBOs)
- Civil Society organizations (CSOs)
- Private organizations/companies
- Non-profit organizations
- Government of Ghana (GoG) academic and research institutions.

Ghanaian-registered organizations (“local organizations”) and locally registered international organizations with a history of successful work in Ghana are encouraged to apply.

Prospective applicants should demonstrate ability to manage donor funding and capacity for accountability and program implementation. To receive a grant, an organization must meet the following eligibility criteria:

- Be a legally registered organization recognized under the laws of Ghana
- Have demonstrated experience working in the project’s technical areas
- Have familiarity with the Ghanaian health system
- Have demonstrated linkages with the community to be served
- Have demonstrated capacity to monitor and implement activities and fulfill reporting and documentation requirements
- Have demonstrated capacity to manage grant funds, and evidence of a bank account
- Possess an audited financial statement
- Be willing to work collaboratively with USAID Systems for Health.

3.2 Other Relevant Eligibility Information: Cost Share

A cost share of 1:1 is required. Strong preference will be given to those who can match 1:2 (for example $50,000 from URC for $100,000 sourced from the partner). The proposed projects are expected to bring significant new resources – whether money, ideas, technologies, experience, or expertise – to address program objectives. Various types of in-kind contributions can play an important role in providing critical resources. Some examples of in-kind contributions include:

- Use of training or other purpose-specific facilities necessary to a program’s implementation
- Value of time donated by technical consultants necessary to a project
• Value of salaries for staff dedicated to a project
• Innovative technology, communications, and capital assets.

To be allowable, proposed cost share must meet the following conditions. Funds expended MUST:

• Be from non-US government sources
• Be verifiable from records
• Not be included as contributions for any other US government-assisted program
• Be necessary and reasonable for proper and efficient accomplishment of project objectives
• Be allowable under the applicable cost principles
• Not be paid by the US Government under another award, unless authorized by US government law
• Be provided in the approved budget
• Conform to other applicable administrative requirements.
4. APPLICATION PROCESS

4.1 Overview

The proposed timeline for the application and selection process is as follows:

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<tr>
<td>1. Release of RFA</td>
<td>11 April 2016</td>
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<tr>
<td>2. Submission of questions</td>
<td>3 May 2016*</td>
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<tr>
<td>3. Deadline for receipt of full applications</td>
<td>30 May 2016*</td>
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<tr>
<td>4. Award date</td>
<td>15 July 2016</td>
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*Deadlines extended

All applications must be in English, using Times New Roman font, regular, size 12, with pages numbered consecutively.

Questions must be submitted no later than 5:00 PM GMT, 3 May 2016 to: systemsforhealthgrants@urch-chs.com

Please submit one (1) electronic application to systemsforhealthgrants@urch-chs.com and four (4) hard copies to the following address:

USAID Systems for Health  
No. 21 Josip Broz Tito Ave, Cantonments  
PMB CT 134, Cantonments  
Accra, Ghana

Applications must be received no later than 5:00 PM GMT, 30 May 2016. Applications that are late, incomplete, or over the page limit will not be considered. The Offeror must obtain a valid DUNS number prior to award and provide it to URC. Requirements for obtaining a DUNS number can be found here: http://transition.usaid.gov/policy/ads/300/302sao.pdf

4.2 Application Instructions

The full application is expected to contain the following information and sections and must correspond to the indicated page limits:

- Cover page (1 page)
- Executive Summary (1 page)
- Table of Contents (1 page)
- Body of Application (up to 10 pages)
- Attachments (up to 20 pages).
The Body of the Application should include the following information:

- Executive Summary
- Table of Contents
- Program Description
- Goals and Objectives
- Background/problem statement
- Explanation of partners (if any) and their expected roles, including partners contributing leveraged resources
- Proposed interventions/technical approach
- Expected results
- Cost-share strategies including potential sources
- Detailed close-out strategy, including a sustainability plan to show how activities could be continued after award is complete
- Monitoring and evaluation plan
- Organizational capability
- Key staff

The application should include the following as annexes to the proposal:

- One-year implementation plan (presented in table format)
- A letter of intent from each partner (if applicable)
- Three past performance references (using attached template)
- Copy of NGO Certificate of Registration to work in Ghana
- Curriculum vitae (CV) of key staff (not included in the 10-page limit)

4.3 Cost Proposal Instructions

The Cost Proposal must be submitted in a separate document in Microsoft Excel format (with formulas) at the time the Technical Proposal is submitted, but sent in a separate email (for electronic submissions) and in a separate envelope (for hard copy submissions). The Offeror must propose a line item budget submitted according to the instructions in Annex B of this RFA, and using the Offeror’s standard budget templates. The detailed budget, once negotiated and approved, will be the Awardee’s budget for managing the project.

The proposed budget (exclusive of cost share) should not exceed $150,000 USD.

A Budget Narrative in a Microsoft Word or searchable PDF document should accompany the Excel portion of the Cost Proposal. The budget narrative should include a description of costs and how they were determined or calculated, for each line item in the budget. Applicants should review and confirm that all amounts and formulas are correct. Budgets should be in Ghanaian cedi with a Totals column in US dollars and stating the exchange rate on the day of submission. The budget narrative should not exceed 2 pages.
Certifications and Representations detailed in **Attachment A** should be completed, signed, and submitted with the Cost Proposal.

The Offeror should submit a Negotiated Indirect Cost Rate Agreement (NICRA), if applicable, or other documentation to support indirect cost rates. If the applicant does not have a NICRA, they have the option to select the *de minimis* 10% rate. See **Annex B** for more information.

Applicants must remain in compliance with US Government regulations regarding allowable expenses.

### 4.4 Selection Process and Evaluation Criteria

To be successful, an application will be expected to meet these basic criteria:

- Exhibit a creative approach to improving health outcomes, with particular consideration given to its impact on marginalized or underserved groups
- Demonstrate potential for a significant and sustainable impact in addressing Ghana’s key health challenges
- Offer an adequate mix of shared resources, risks, and responsibilities
- Show how the activity may be scaled up or replicated
- Demonstrate the ability to achieve concrete and measurable results.

Applications will be scored based on the following components:

#### Technical Application

**Technical Design** (35 points)

- Technical/innovative approach is clearly articulated and presents a thorough understanding of evidence-based innovative approaches and how to operationalize this work in Ghana. Approach shows insight into Ghanaian culture and alignment with GoG and USAID priorities
- Technical, economic, and social feasibility of approach, including clarity of plans for replicating and/or scaling up the activity; additionally, the readiness of the proposed activity for immediate implementation
- Sustainability of approach, including involvement of local partners
- Potential for impact on Ghana’s key health challenges, including the extent to which activities demonstrate an understanding of GDHS 2014 data, particularly related to gender and equity concerns. This factor includes considering the impact on marginalized groups and gender-based barriers to accessing services.

**Project Management** (15 points)

- Organizational capacity, including demonstrating that the organization has the size and scope to handle proposed activities
- Characteristics of proposed partners and appropriateness of designated activities
- Feasibility of described approaches for managing implementation.

**Institutional Capacity and Past Performance** (15 points)
• Demonstrated capacity, both administratively and technically, to implement the proposed program and report on results
• Capability of the Offeror to successfully conduct all aspects of innovation-based activities, as determined by previous successful implementation of similar activities.

Cost Share (10 points)
• Feasibility of proposed cost-share strategies.

Cost Application (25 points)
• Appropriateness and reasonableness of stated costs, compared with the approach laid out in the technical proposal
• Established understanding of current costs in Ghana, reflected in the budget narrative by a description of how costs were calculated.

Approval and Award: The recommendation or selection of an application for an award does not guarantee the award. USAID Systems for Health must be fully satisfied that the applicant is able to perform the activities laid out in the application and to monitor them in accordance with US Government standards. The applicant must also complete any other necessary arrangements pre-award.

Selected applications will be submitted to USAID for final approval.
5. ANNEXES TO THIS RFA

Annex A: Links to Technical Resources

The following technical resources may provide useful context and information for proposals:

- Ghana Demographic and Health Survey 2014
- Ghana MDG Acceleration Framework and Country Action Plan
Annex B: Budget Proposal Instructions

1. Provide a Summary Budget in US dollars in EXCEL format with the following categories:
   a. Personnel
   b. Fringe Benefits
   c. Consultants
   d. Travel
   e. Trainings, Activities, and Workshops
   f. Other Direct Costs & Equipment
   g. Subcontracts
   h. Indirect Costs (if supported by NICRA)
   i. Total Costs (Direct + Indirect)
   j. Cost Share
   k. Project Total (Total Costs + Cost Share)

   Please be sure to review and confirm that all amounts and formulas are correct and in Ghanaian Cedi. Please include a totals column in US dollars and state the exchange rate for the day of submission.

2. Provide a Detailed Line Item Budget in Ghanaian Cedi in EXCEL format as follows:

   Personnel: Please list each person separately, including their title/position. The personnel line item must clearly indicate a person’s salary or daily rate and their anticipated level of effort (LOE) by year. Proposed daily rates shall not be in excess of the USAID Contractor Salary Threshold rate, currently $655.38. Daily rates for each individual must be supported by a “Contractor Employee Biographical Data Sheet” (which can be found at: https://www.usaid.gov/forms/aid-1420-17).

   Fringe Benefits: Fringe benefits are additional personnel costs that are either required by local law or are provided according to common practice and your organization’s written policies applicable to all staff. Examples include mandatory contributions to the national health and social insurance fund; severance pay accruals; private health and accident insurance; expatriate staff allowances. The fringe benefits may be shown as a percent of labor costs, per approved NICRA letter.

   Consultants: Please list all local and international consultants in this line item.

   Travel: Please include all costs for travel to be charged under this purchase order including airfare, lodging, and M&IE. Per diem rates must be consistent with your organization’s policies applicable to all projects and may not exceed the Department of State rates found at: http://aoprals.state.gov/content.asp?content_id=184&menu_id=81

   Trainings, Activities, and Workshops: This line item would include costs such as venue and payment of travel and per diem costs to participants (non-staff). Activities should be broken out by number of days, number of persons who will attend, cost per day per person for snacks, cost per person for handouts, and any other specific unit costs.

   Other Direct Costs and Equipment: Other direct costs of the program include bank fees, printing costs, postage, and telecommunications costs related to completion of the activities detailed in this RFA. The cost proposal should clearly specify what equipment is to be procured under the proposed activities.
**Subcontracts:** If any of the work will be subcontracted to other institutions, prepare a separate budget for each subcontract, following the same format as for your budget. Attach a copy to your budget. Enter the total costs of the subcontracts in your budget.

**Indirect Costs:** Please include any indirect charges (e.g., overhead or General and Administrative (G&A) showing the rate(s) and the base to which the rates are applied. Please include how the indirect rates were determined (e.g., USG-approved NICRA rates). If you have approved NICRA rates, these must be used and please submit your NICRA in your Cost Proposal.

If an applicant does not have NICRA, they may opt to use the *de minimis* rate of 10%; otherwise, all costs should be directly billable and included as appropriate line items in the budget for direct costs.

**Cost Share:** Details are required concerning the level of cost share the applicant’s organization(s) is proposing for this activity. Cost sharing may be proposed from any available and interested local and international funding sources, including but not limited to government and public institutions, individuals, corporations, NGOs, and foundations. Applicants are required to provide at least a 1:1 cost share to signal the applicant’s commitment to the activity. Higher cost-share amounts are strongly encouraged.