

AMENDMENT I (05/02/2011):

1. Pages 78-79 – Questions and Answers

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Centers for Disease Control and Prevention (CDC)**

**Engaging Indigenous Organizations to Sustain and Enhance Comprehensive HIV/AIDS
Services in 26 States of the Federal Republic of Nigeria under the President's Emergency
Plan for AIDS Relief (PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1112

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: May 16, 2011, 5:00pm U.S. Eastern Standard Time

Authority:

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the five year period, 2009 - 2014 is available at the following Internet address: <http://www.pepfar.gov>.

Purpose:

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;

- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management; enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;

- Improve metrics, monitoring and evaluation; and
- Promote research, development and innovation.

The purpose of this program is to continue the provision and expansion of community- and facility-based HIV/AIDS services—including Prevention, Care and Support, and Treatment—that have been initiated under the PEPFAR-funded HHS/CDC HIV clinical services and antiretroviral treatment program in predominantly—but not exclusively—public facilities in the Nigerian States of **Akwa Ibom, Anambra, Bauchi, Benue, Cross River, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nassarawa, Niger, Ogun, Ondo, Osun, Plateau, Sokoto, and the Federal Capital Territory**. Currently, support to be continued under the scope of this award includes the provision of ART to over 70,000 patients, care and support services to over 200,000 patients, and prevention services to over 45,000 individuals.

In addition, this award seeks to support Nigerian organizations to continue HIV care and treatment activities in these twenty-six states at the same level of quality or better and to strengthen their organizational and technical capacity to do so. This transition needs to occur while sustaining—and possibly expanding—care and treatment services for people living with HIV (PLWH) without life-threatening disruptions of services or quality of care. (Nigerian organizations may include any of the following entities: central, provincial, and/or district governments and nongovernmental organizations).

Measurable outcomes in the first year of the program will be in alignment with one (or more) of the following performance goal(s):

A. Service Delivery and Capacity Building

1. Administration/Management and Human Capacity Development

- a) Timely and accurate financial expenditure reports are consistently provided on a quarterly basis.
- b) Timely and accurate programmatic performance reports are consistently submitted on a monthly basis.
- c) Program evaluations and financial audits reveal acceptable performance in-line with USG standards and recommendations following from these assessments are implemented in a timely manner.
- d) A progressive increase in the demonstrated ability of the award recipient(s) to successfully manage its financial, human resources, and grants management systems and activities independently of assistance from external organizations as reviewed in quarterly progress reports.
- e) A progressive increase in the demonstrated ability of the award recipient(s) to successfully manage its logistics forecasting and commodities distribution systems and activities independently of assistance from external organizations as reviewed in quarterly progress reports.
- f) A progressive increase in the demonstrated ability of the award recipient(s) to successfully manage its monitoring and evaluation systems and activities independently of assistance from external organizations as reviewed in quarterly progress reports.

g) Progress on organizational and technical strengthening activities (as described below under “Recipient Activities”) will be evaluated via detailed quarterly reports outlining assessment findings and progress towards implementation of recommendations from these assessments.

2. Prevention of Mother to Child Transmission of HIV (PMTCT)

a) At least 274,000 pregnant women will receive HIV testing and counseling and their results by the end of the project period.

3. Positive Health, Dignity, and Prevention (PHDP): PHDP helps people living with HIV (PLHIV) lead a complete and healthy life and reduce the risk of transmission of the virus to others. PHDP is characterized by its systematic delivery of a range of combination, behavioral, and socio-cultural services within local communities. Behavioral interventions for PLHIV include individual and community-level education and skills-building programs. The following interventions constitute the minimum package of services for PHDP:

- a) Condoms (and lubricant) and risk-reduction counseling;
- b) Assessment of partner status and provision of partner testing or referral for partner testing;
- c) Assessment for sexually transmitted infections (STIs) and provision of or referral for STI treatment (if indicated, and partner treatment if indicated)
- d) Assessment of family planning needs and provision of contraception or safer pregnancy counseling or referral for family planning services;
- e) Assessment of adherence and support or referral for adherence counseling;

- f) Referral or enrollment of PLWH to community-based programs, such as home-based care, support groups, and post-test clubs; and
- g) At least 103,000 PLHIV will be reached with a complete package of PHDP interventions by the end of the project period.

4. Prevention of Sexual Transmission of HIV

- a) At least 50,000 individuals (general population and MARPs) will be reached with individual and/or small group interventions that are based on evidence and/or meet the minimum standards by the end of the project period.

5. Prevention of Medical Transmission of HIV

- a) 200 individuals will be trained in blood safety by the end of the project period; and
- b) 500 individuals will be trained in injection safety by the end of the project period.

6. HIV Counseling and Testing (HCT)

- a) At least 160,000 individuals will receive HIV counseling, testing, and their results in an HCT setting (i.e. not including those in a PMTCT or TB/HIV setting) by the end of the project period.

7. Palliative Care Services

- a) At least 400,000 HIV+ adults and children will receive a minimum of one clinical care service by the end of the project period;
- b) 100% of HIV+ patients will be screened for TB in HIV care or treatment settings by the end of the project period; and
- c) At least 18,000 orphans and vulnerable children (OVC) will receive supportive services by the end of the project period.

8. Antiretroviral Treatment Services and Adherence

- a) At least 90,000 adults and children with advanced HIV disease will receive antiretroviral treatment in line with national guidelines by the end of the project period; and
- b) 100% of adults and children with HIV will remain on treatment 12 months after initiation of antiretroviral therapy by the end of the project period.

9. Laboratory Services

- a) By the end of the project period, at least 120 testing facilities (laboratories) will have the capacity to perform HIV clinical laboratory tests by the end of the project period;
- b) 100% of supported health facilities will be able to perform all HIV clinical laboratory tests required by Nigerian national guidelines by the end of the project period;
- c) 250 individuals trained in laboratory HIV-related activities (Lab technician) by the end of the project period; and
- d) 100% of supported health facilities will receive two or more HIV lab quality control visits each year.

10. Health System Strengthening and Human Resources for Health

- a) 60% of local government areas will have an analysis of Local Government Area (LGA) health resources available, projected HIV service needs, and internal and external budget resources for HIV activities, including budget gaps, by the end of the third year, with 100% coverage by the end of the project period.
- b) 80% of supported HIV clinical care positions will be filled by the end of the third year, with 100% of positions filled by the end of the project period.
- c) 100% of HIV/AIDS trainings planned by the state and LGA will convene by the end of the project period.

- d) 75% of supported clinical staff providing HIV services will have attended an initial or refresher training on clinical care by the end of the second year, with 100% of clinical staff trained by the end of the project period.
- e) 100% of supported health facilities will receive two or more supportive supervision visits, from State and/or Local government institutions charged with coordinating and/or overseeing health and/or HIV services, each year.
- f) 100% of supported health facilities will have all basic equipment functioning as mandated for the level of facility by Nigerian national guidelines by the end of the project period.
- g) 100% of supported health facilities will have active involvement of People Living with HIV/AIDS (PLWHA) groups by the end of the project period.
- h) 100% of supported LGAs convene annual quality improvement meetings with participation of supported facilities.

B. Sustainability Plan Implementation

1. Timely and accurate Human Resources Information System (HRIS), Logistics Management and Information System (LMIS), and programmatic performance reports are consistently submitted quarterly at the facility level.
2. Facility-level assessments consistently reveal adequate performance congruent with PEPFAR-Nigeria standards for management and service delivery and recommendations from assessment findings are implemented in a timely fashion. This will be monitored through quarterly and annual progress reports.

3. A progressive increase in the ability of the award recipient(s) and their supported facilities to leverage the Government of Nigeria's (GoN) human resources, infrastructure, and commodities contributions for HIV prevention, treatment and care services as demonstrated in quarterly progress, HRIS, and LMIS reports.
4. A progressive increase in ongoing, direct GoN investment in HIV prevention, treatment and care services at the facility-level as evidenced by MoUs and other formal and/or legislative arrangements with Local, State, and/or Federal GoN institutions and quarterly progress, HRIS, and LMIS reports.
5. A progressive increase in ongoing, direct investment in HIV prevention, treatment and care services at the facility-level by local non-governmental organizations, international non-governmental organizations, local community organizations, and/or local civil service organizations as evidenced by MoUs and other formal arrangements and quarterly progress, HRIS, and LMIS reports.

Award recipient(s) will work with the in-country CDC program office at the time the award is made to determine programmatic targets for these areas.

This announcement is only for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local, indigenous capacity to deliver HIV/AIDS related services to the Nigerian population and must also coordinate with activities supported by Nigerian, international, or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicant(s) (awardee) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for Nigeria. The grantee will produce an annual operational plan, which the U.S. Government

Emergency Plan team on the ground in Nigeria will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

Because this award seeks to support the continuation of existing services, applications are required to address the full range of services to be provided and cover all regions identified in the purpose section of this award. **Applications that do not meet this requirement will be deemed incomplete and will not be reviewed.**

However, in accordance with CDC's substantial involvement in this cooperative agreement (as described in "CDC Activities" below), successful applicants will be required to consult with the in-country CDC office when selecting service-delivery sites to ensure effective coordination between newly identified award recipient(s) and existing implementers. As such, applicants are strongly encouraged to submit proposals that are amenable to adjustment—if necessary—to accommodate on-the-ground realities.

The successful applicant will work with the in-country CDC office to develop a detailed, costed implementation plan prior to the commencement of activities and within thirty days of notification of award.

HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

1. Maintain HIV prevention, care and support, and treatment services for persons at increased risk of HIV infection in Nigeria and for indigenous organizations to partner with one or more non-indigenous organizations to support capacity development and ability to assume greater autonomy for the implementation of PEPFAR and Government of Nigeria scale-up goals.
2. Strengthen the capacity of the health care system in Nigeria to provide quality, comprehensive, sustainable prevention, care, support, and treatment services in Nigeria.
3. Provide technical assistance and support to Nigerian government and/or non-government organizations to build capacity and ensure sustainability within these organizations to manage quality comprehensive HIV service programs within their geographic areas of program implementation.

The majority of activities performed by the award recipient(s) under this announcement will involve providing continuity of support for existing service provision already established under the initial phase of PEPFAR. As such, the primary role of the award recipient(s) will be to maintain the quality of ongoing service provision in the regions identified in this announcement during the transitioning of these service provision activities to direct management by local organizations.

In line with this mandate, selected applicants will be expected to coordinate with HHS/CDC and existing providers in the respective region to ensure continuation of quality services and develop an implementation plan for continuing service provision within the first thirty days of the award.

Wherever possible, the selected applicants should implement activities in coordination with Federal, State, and Local governments and in a manner that encourages knowledge transfer to host government institutions. In this way, effective, coordination of service delivery between local-partner organizations and host government institutions should also be created over the life of the award.

Activities should also be implemented with an eye toward promoting gender equity and positive gender based role models while addressing negative social norms, gender based violence, stigma, and discrimination. Activities should focus efforts on vulnerable persons where appropriate.

A. Service Delivery and Capacity Building

1. Administration/Management and Human Capacity Development

- a) The award recipient(s) will be expected to perform the following functions with regard to the continuing development of its organizational and technical capacity. The award recipient(s) may, where appropriate, develop subcontracts to external organizations to provide the services described below.
 - i) Adequately budget for and establish a substantial and high quality Monitoring and Evaluation team. This should include sufficient staff to plan and conduct program evaluations, manage and clean data, perform both routine and in-depth data

analysis, coordinate and perform data collection, develop data systems, interpret, disseminate and use data for program implementation and policy formulation, and perform the corresponding training of relevant staff for these functions.

- ii) Ensure and monitor HIV/AIDS program quality, ongoing program quality improvement evaluations and adjustments, and advance quality of care standards;
 - iii) Procure HIV/AIDS health commodities, equipment, and supplies through centralized distribution systems and support a central, national distribution system through participation when able;
 - iv) Support public health facilities to forecast and requisition sufficient commodities as appropriate;
 - v) Support the development of human resource systems to support HIV prevention, care, and treatment programs and that allow for appropriate recruitment, retention, and training for all cadres of health professionals working in the program; and
 - vi) Develop long-term financial plans for local implementing partner program self-sufficiency.
- b) In addition, the award recipient(s) will be expected to develop, in collaboration with the in-country CDC office, agreements with experienced local, regional, or international organizations for the provision of continued organizational and technical strengthening and oversight in HIV prevention, treatment and care in the following areas:
- i) Administrative and financial management structures, with a focus on improving the existing capacity for reporting quarterly financial expenditures by budget line item and the development of detailed budgets. Provide support for improvement

of HR policies to adequately support staffing needs. Activities should strengthen effective control and accountability for all funds, property, and other assets which will be subject to close review by the CDC Country Office;

- ii) Leadership and Governance as it relates to organizational stewardship. Emphasis should be placed on strengthening and/or standardizing established decision-making processes to support open, fair, and consistent management structures that promote the achievement of project goals and objectives;
- iii) Human Resource Administration, including how staff is managed strategically through clear policies and guidelines to manage recruitment and selection, placement, retention, training and development, as well as termination and dismissal;
- iv) Data Management and Information Technology as relates to reporting successes and milestones attained by the HIV prevention, care and treatment programs and to ensuring data handling, processing, and reporting is a smooth, fast, and accurate process that generates timely analyses and reports;
- v) Strategic planning, with an emphasis on strengthening and/or improving existing administrative and management procedures necessary to effectively plan and allocate resources in high-quality clinical and other service provision programs in HIV prevention, care, and treatment.
- vi) Develop, validate, and/or evaluate organizational systems;
- vii) Develop and implement assessments to measure organizational systems and levels of organizational development in business management activities that include: organizational leadership development support; financial management; human

resource management systems; grants management; sub grants and subcontracts; procurement of commodities; equipment logistics and facilities management systems; grants-related property management systems; strategic resource development; and monitoring and evaluation; and

- viii) Develop and deliver training and mentoring in organizational development to address weaknesses and challenges identified through organizational assessments (described above).

2. HIV Prevention

a) HIV Counseling and Testing (HCT)

- i) Conduct HIV counseling and testing among Most-At- Risk Populations (MARPs) according to approved national strategies, policies, protocols, and guidelines. HCT activities should respect patients' rights for confidentiality, consent, and counseling. Stand Alone, Mobile Outreach, and Integrated Health Facility service delivery models for HCT should be used as appropriate.
- ii) Activities must include participation in the national network of care, support, and treatment for HIV/AIDS where appropriate and must adhere to approved national policies, guidelines, protocols, and regimens. This includes referrals into all government HIV/AIDS treatment sites regardless of presence of outside funding (i.e., PEPFAR or Global Fund) and regardless of funding agency.
- iii) Provide Testing and Counseling to achieve prevention objectives through provider initiated HIV testing and counseling (PITC) in health facilities (both client and provider-initiated approaches should be used to meet the needs of pediatrics, clients in in-patients wards, etc.); appropriate prevention messages; clearly

established linkages to ensure adequate referrals to confirmed programs/services which are feasibly accessed, and follow-up services; couples HIV counseling and testing (CHCT) with provision of support, care, and facilitated disclosure for HIV-positive persons and discordant couples; community-based services (including mobile and home-based CT services); quality assurance and proficiency systems within CT program.

- b) **Sexual Prevention:** Employ a “Combination Prevention” approach to carry out the following activities:
- i) Support activities and training to promote abstinence (including delay of sexual activity, fidelity, partner reduction and related social and community norms) as part of a balanced prevention message approach, with condom social marketing and messages concerning the correct and consistent use of condoms where appropriate. Activities should also educate individuals on the availability of routine, confidential counseling and testing and must adhere to approved national policies, guidelines, and protocols.
 - ii) Provide and implement prevention through education on abstinence among in and out of school youths. Activities should be designed to achieve clear behavior change objectives, address social norms and structural barriers to prevention, and use interventions relevant to the population and setting.
 - iii) Support the promotion of condoms, STI services (i.e. diagnosis and treatment, referral), management messages/programs to reduce injecting drug use, and messages/programs to reduce other health risks of persons engaged in high-risk

behaviors in tandem with abstinence and be faithful behavior change interventions.

- iv) Expand the capacity of communities and local organizations to reduce HIV transmission through evidence-based, targeted, prevention programs that focus on changing social norms to promote the delay of sexual debut, abstinence, fidelity with HIV-tested partners, partner reduction, and condom use.

c) Biomedical Prevention

- i) Provide blood safety activities—in accordance with approved national policies, guidelines, and protocols—by supporting a nationally-coordinated blood program to ensure a safe and adequate blood supply including: donor recruitment activities, blood collection, testing for Transfusion Transmissible Infections (TTIs), storage and distribution of blood, appropriate clinical use of blood, transfusion procedures and hemovigilance, training and human resource development for transfusion.
- ii) Provide injection safety services/activities in accordance with approved national policies, guidelines, and protocols. Implement health-care waste management systems, advocacy and other activities to promote safety in the handling of medical waste in accordance with the national health-care waste management plan.
- iii) Ensure appropriate utilization of post-exposure prophylaxis (PEP).

d) Prevention of Mother to Child Transmission (PMTCT)

- i) Provide accessible, high-quality, comprehensive PMTCT services (including primary prevention of HIV infection in women of reproductive health age and their partners; prevention of unintended pregnancies among HIV positive women;

prevention of HIV transmission from infected mothers to their unborn babies and infants; and provision of care and support to HIV infected women, their infants and family) through MNCH/HIV integrated care, or establish reliable, active referral networks for PMTCT services in accordance with approved national policies, guidelines, protocols, and regimens.

- ii) Provide rapid HIV counseling and testing in antenatal and maternity settings, combination short-course antiretroviral (ARV) prophylaxis for mothers and their infants, antiretroviral treatment (ART) for eligible mothers, counseling and support for infant feeding according to national PMTCT policies, guidelines, and protocols. Activities should link with wraparound services such as nutrition, family planning services for women with HIV, and sustainable livelihood initiatives for HIV-infected women and their families.
- iii) Build the capacity of other indigenous HIV/AIDS organizations (including facilities and State and Local governments) and the technical capacity of health care providers and community health workers to mobilize women and their partners for PMTCT services and promote strong links to care, treatment, and support services.
- iv) Provide HIV counseling and testing services, and test results, in accordance with international standards and national guidelines.
- v) Provide training to care providers in PMTCT networks that consist of sites with or without direct PEPFAR support.
- vi) Provide ART and appropriate referral to networks for care and treatment services.

- vii) Link infants of HIV infected mothers with OVC and Pediatric Care and Treatment services through a robust EID program that ensures the continuum of care.
- viii) Integrate PMTCT with MNCH services and early infant diagnosis (EID) for children born to HIV positive women and establish durable links and referral networks to pediatric ART, Care, and Support services.

3. Adult Basic Care and Support

- a) Continue ongoing health-facility and community/home based support to optimize the quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptoms relief, psychological and spiritual support, clinical monitoring, related laboratory services, management of opportunistic infections and other HIV/AIDS-related complications, provision of the basic care kits, nutritional support, and sustainable livelihoods. Programs must adhere to approved national policies, guidelines, protocols, and regimens.
- b) Provide these care and support activities with active linkages and referrals to accessible and reliable ARV, TB, PMTCT, HCT program activities and other services not offered by the grantee.
- c) Support people living with HIV to reduce their risk of HIV transmission through Positive Health, Dignity, and Prevention (PHDP) or “prevention with positives” interventions, particularly partner testing.

4. Pediatric Care and Support

- a) Continue ongoing health-facility and community/home based care for HIV-exposed and infected children aimed at extending and optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness through

provision of clinical, psychological, spiritual, social, and prevention services.

Programs must adhere to approved national policies, guidelines, protocols, and regimens.

- b) Provide clinical care to HIV positive persons, which may include early infant diagnosis, prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and related laboratory services), pain and symptom relief, and nutritional assessment and support including supplemental and therapeutic feeding and food rations.
- c) Identify HIV positive children through partnership with other community providers and health care facility structures and ensure early access to clinical care and HIV treatment linked with quality psychosocial care and other essential services.

5. Tuberculosis/HIV

- a) Provide routine TB screening of HIV clients, TB diagnosis and management for clients with active TB (including clinical monitoring, related laboratory services, and treatment) or actively link clients to comprehensive HIV/TB care and treatment, in collaboration with specialized TB clinics. Programs must adhere to approved national policies, guidelines, protocols, and regimens.
- b) Improve community support and clinical services for persons living with HIV and TB and their families.
- c) Promote TB/HIV information and literature for communities to improve knowledge on TB and reduce TB/ HIV-related stigma.
- d) Provide prevention of tuberculosis in HIV basic health care settings

- e) Provide screening and referral for HIV testing of active tuberculosis patients with unknown HIV status in settings such as directly observed therapy sites (DOTS) and clinical care related to TB clinical settings.

6. Orphans and Vulnerable Children (OVC)

- a) Continue the ongoing provision of integrated and holistic support to HIV/AIDS affected and infected children (0-17) and their households through direct provision, subcontract or referral of all OVC 6+1 services (education, nutrition/food, health care, psychosocial support, protection/legal services, shelter, and economic strengthening for caregivers).
- b) Implement family-centered strategies that strengthen the capacity of the family unit (and/or caregivers) to care for the children in need.
- c) Implement community-based strategies that involve community stakeholders in the care and support of orphans and vulnerable children.
- d) Implement a needs-based approach that assesses and responds to the unique needs of each individual child and household.
- e) Link OVC services with HIV-affected families (through linkages with PMTCT, palliative care, treatment, etc.). Create linkages between facility and community-based services and vice versa, as possible.
- f) Build the capacity of community-based service providers (if subcontracted) that will facilitate quality care for OVC. Ensure subcontracted service providers have the capacity to manage and report on OVC programs.
- g) Provide training to caregivers, in understanding and meeting the specific needs of OVC.

- h) Integrate all National guidelines and policies pertaining to the OVC 6+1 service areas (i.e. sexual prevention, psychosocial, nutrition, education, health) into programming as appropriate.
- i) Inform Federal, State, and Local stakeholders of OVC programs and involve such stakeholders in capacity building activities/trainings for OVC, as appropriate.
- j) Ensure alignment with the National Plan of Action for OVC and National guidelines and policies.
- k) Ensure adherence to the National M&E Plan for OVC.
- l) Participate in the National Technical Coordination Group for OVC.

7. Treatment: Antiretroviral Drugs and Antiretroviral Services

- a) Continue existing ARV treatment programs for HIV patients at or above the current quality of services. Treatment costs covered may include infrastructure, training clinicians and other providers, clinical monitoring, related laboratory services, and treatment adherence activities. Programs must adhere to approved national treatment policies, guidelines, protocols, and regimens.
- b) Increase the number of health care workers trained to deliver HIV-related clinical services and/or ART provision.
- c) Increase the number of individuals provided with HIV-related basic health care services (including improving the prevention, diagnosis, and clinical management services for HIV/AIDS, sexually transmitted diseases [STDs] and related opportunistic infections [OI], e.g., TB).

- d) Increase the total number of HIV service points—in line with need, program direction, and broader GoN initiatives surrounding the provision of HIV services—with active monitoring and evaluation and quality improvement programs.
- e) If deemed appropriate to meet national and PEPFAR goals by the PEPFAR Nigeria interagency team, expand the number of health care facilities/sites providing basic health care and ART to HIV-infected people.
- f) Ensure the availability of post exposure prophylaxis services for occupational and non-occupational exposure.
- g) Establish a logistics and commodity supplies system through harmonized procurement of HIV testing commodities, laboratory supplies, ARVs and OI drugs with National Medical Stores and/or using existing public and private sector procurement mechanisms.
- h) Maintain facilities to provide ART services.
- i) Provide community adherence programs.

8. Laboratory Infrastructure

- a) Develop and strengthen laboratory facilities in accordance with MoH laboratory strategic policies and plan to support HIV/AIDS-related activities—including supplies management—through established processes. Programs must adhere to approved national policies, guidelines, and protocols.
- b) Provide quality assurance, staff training, and other technical assistance.
- c) Support pre- and in-service training Laboratories to increase invitational training of laboratory staff from sites that are not supported by PEPFAR to increase national resource capacity

- d) Support policies based on national and international best practices; establish appropriate waste-management systems; establish a distribution/supply chain that supports and synergizes with established central and/or national procurement systems; support the safe and appropriate disposal of sharps equipment and other related equipment and supplies.
- e) Prepare and/or expand sites for Strengthening Laboratory Management Towards Accreditation (SLMTA) and participate in the WHO Accreditation scheme while improving the capacity of the national accreditation program.
- f) Expand SLMTA training to include FMOH and/or non PEPFAR supported sites as appropriate.
- g) Improve Quality System Management for TB and opportunistic infection diagnosis and engage in the WHO accreditation process as appropriate; strengthen delivery systems and include Quality Assurance in all aspects of laboratory programming, while contributing to the development of National Standard Methods (NSMs) as needed.
- h) Increase TB case detection through new technologies for detection and confirmation (such as fluorescent microscopy, molecular assays, and drug sensitivity testing) as appropriate to meet local demand and support the development of National TB reference laboratories as needed.
- i) Contribute to the development of a National Laboratory Information System (LMIS) as needed and appropriate. Develop local referral networks both within and among implementing partners. Support the establishment of NSMs and guidelines for harmonized patient and specimen referral networks to reflect a continuity of care and

clinical decision making. These local networks should provide and emphasize the support structures for Nigeria's national network of tiered laboratory services, and an efficient mechanism for referral of complex testing and validation of new technologies or testing algorithms.

- j) Support a broad-based “point of care” patient testing and monitoring system using simple, appropriate technologies in rural facilities.
- k) Support quality lab systems in LGAs with high prevalence (and/or incidence) populations using appropriate technology.
- l) Support the development of regional laboratory “Centers of Excellence” for HIV and other disease diagnosis as needed. Examples may include, but are by no means limited to, conducting assessments, providing technical assistance and capacity building, equipment and other infrastructure support, etc.

9. Training

- a) Provide in-service training in comprehensive HIV/AIDS services for health workers, in accordance with national HIV/AIDS policies, guidelines and training materials in adherence approved national policies, guidelines, protocols, and curricula.
- b) Provide on-site technical assistance and supportive supervision to health workers on delivery of comprehensive HIV/AIDS and community services in adherence approved national policies, guidelines, protocols, and curricula.
- c) Build a sustainable training model for provision of appropriate training in comprehensive HIV/AIDS service delivery, and serve as a model site for training and capacity building of health workers in HIV/AIDS community initiatives in adherence approved national policies, guidelines, protocols, and curricula.

- d) Provide training to project staff in financial management, project management, and other administrative functions with a clear emphasis on knowledge transfer to local partners (including facilities and State and Local government agencies) and skills-building at the project and facility levels in adherence approved national policies, guidelines, protocols, and curricula.
- e) Provide, as needed and appropriate for the success and sustainability of the program and National response, training to national and sub-national institutions and their agents on Strategic Plan Development and Implementation and Rapid Results Achievement and Monitoring.
- f) Support, as needed and appropriate for the success and sustainability of the program and National Response, the restructuring, renovation, or repurposing of existing e-Learning portals to encourage the efficient sharing and dissemination of information. Activities in this area should also focus on improving the quality and accessibility of skills development activities for health workers on new or emerging treatments and/or technologies.
- g) Support the establishment and development of regional “Centers of Excellence” for clinical and laboratory training.

10.Strategic Information

- a) The award recipient(s) will be expected to perform the following functions with regard to the implementation of Strategic Information (SI) activities. (SI activities include, but are not necessarily limited to, routine monitoring of delivered services, program assessments, program evaluations, operations research, and public health evaluations.) The award recipient(s) may, where appropriate and with the approval of the in-country

CDC office, develop subcontracts to external organizations to perform the activities described below.

- i) Adhere to national reporting requirements and systems by using relevant national forms and systems and by reporting on national indicators in a manner congruent with national policies dictating data flow from the facility and community levels to the Local, State, and Federal levels.
- ii) Engage Local and State authorities to comply with reporting schedules, assist in Data Quality Assessments in supported sites, and promote the use of national service reporting data to improve the quality of services provided at the facility and community levels.
- iii) Support program evaluations using qualitative and quantitative techniques to assess the impact of programs and interventions on specific populations.
- iv) Support the development of improved tools and models for the following: monitoring and health management information systems; assisting countries to establish and/or strengthen such systems; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness.
- v) Support Federal, State, and/or Local GoN institutions to develop and/or strengthen HIV surveillance activities.
- vi) Implement and/or build capacity to implement monitoring and reporting systems, health information systems, and related analyses and data dissemination activities. This should be done in collaboration with relevant GoN institutions at the facility and community level.

- vii) Develop and utilize monitoring and evaluation tools/mechanisms that are compatible with relevant national and CDC monitoring systems, especially health systems monitoring and evaluation systems, and disseminate quarterly and other reports that describe the program activities.
- viii) Develop a rigorous monitoring and evaluation plan (with clear benchmarks, indicators, and targets) that is in line with CDC and GoN strategies, and provide sufficient resources to implement this plan.
- ix) Conduct routine and special periodic assessments or audits of data quality for key indicators at supported sites and report the results of these assessments. Plans for improvement of under-performing sites will be developed in coordination with relevant facility staff and shared with the in-country CDC office.
- x) Perform other Strategic Information and Monitoring & Evaluation activities as needed to support the national HIV prevention, care and, treatment program.
- xi) Participate in, when able, special GoN-led SI/M&E initiatives.
- xii) In accordance with CDC Nigeria ADS policies, submit applications for ADS non-research determination for operations research involving human subjects including: in-country IRB approvals, applications in response to ADS funding restrictions, submission of draft abstracts/manuscripts/posters for any conference, publication, or workshop for CDC approval prior to submission for presentation.
- xiii) Implement M&E systems designed to rapidly identify loss-to-follow-up of patients and link to programs to track and reengage patients. Viable systems

that may be pursued and supported—in collaboration with USG implementers and relevant stakeholders in the Nigerian context—may include patient management and/or tracking systems utilizing unique identifiers or biometrics at treatment facilities linked to a Federal- and/or State-based database.

- xiv) Support the implementation of mapping assessments and information collation activities of strategic health investments in Nigeria as needed and appropriate, with an eye toward encouraging a central GIS database for the management of health-systems information such as accessibility of services, strategic location of points-of-service, national strategic resource allocation, etc.

11. Health System Strengthening and Human Resources for Health

- a) Assess weaknesses in the health system providing delivery of HIV prevention, treatment and care services and provide creative solutions to fill gaps in the system, particularly related to the areas of service delivery, workforce capacity and development, financing and leadership or governance. This may include, for example, supporting specific pre-service or in-service training sessions, human resource support, or improvement of data systems.
- b) Promote data usage for decision making to national, zonal state or local level systems by supporting finance, leadership and governance, and institutional capacity building.
- c) Strengthen and implement HR planning and management of national HRH plans, including at the state government level.
- d) Address workforce shortages through improving worker recruitment, retention, and productivity, and by engaging and formalizing the community workforce.

12. Clinical Quality Improvement (CQI)

- a) Support and build capacity of systems at state and local government levels—including staff mentoring—to implement continuous quality improvement programs. Support states, local government areas, and facilities to use data to improve patient outcomes.
- b) Support development and implementation of state and local government Quality Improvement (QI) strategies, including establishing and managing CQI priorities, convening regional QI meetings, leading annual QI planning and implementation processes, and monitoring implementation. Ensure adequate routine supportive supervision systems to supervise staff in the above activities, including: data capturing, implementation of a CQI program, etc.
- c) Collect monitoring and evaluation data regarding programmatic activities conducted as part of this announcement, consistent with current CDC data and reporting requirements. It is expected that grantees will actively monitor local program performance and use this information on a regular basis to evaluate and improve program implementation, outcomes, and impact. Evaluations of the quality of care should consider: (1) the quality of the inputs, (2) the quality of the service delivery process, and (3) the quality of outcomes in order to continuously improve systems of care for individuals and populations.

B. Sustainability Plan Implementation

1. In collaboration with appropriate local and international partners, carry out assessments of facility and community-based organization (CBO) organizational systems and levels of facility and CBO development in business management activities—including organizational leadership; financial management; human resource management systems;

grants management; procurement of commodities; equipment logistics and facilities management systems; grants-related property management systems; strategic resource development; monitoring and evaluation—and develop a comprehensive capacity building plan to strengthen facilities and CBOs based on assessment findings.

2. Identify project staffing needs and develop a cohesive, durable plan to address these needs. These include, but are not limited to, clinical, technical, and administrative staff (e.g. accountants, financial managers, and administrators) with an emphasis on strengthening the human resources portfolio of the Government of Nigeria (GoN) institutions and facilities.
3. Participate in National reporting systems by strengthening the technical and administrative capacity of health facilities and CBOs and their staff to routinely collect, monitor, and submit quality program data to the National reporting system.
4. Facilitate GoN coordination of the National HIV response by actively engaging Local, State, and Federal GoN institutions and their officers to:
 - a) Advocate for program needs and increase awareness of program activities and their impacts on local communities.
 - b) Strengthen referral networks with other GoN health facilities and CBOs.
 - c) Strengthen reporting networks between facilities and CBOs and Local, State, and Federal GoN institutions.
 - d) Encourage programmatic oversight by Local, State, and Federal GoN institutions.
 - e) Enhance logistics and forecasting capacities at the facility and community level and strengthen central distribution systems utilized for GoN commodities procurements.

5. Facilitate increased GoN investment in HIV service provision programs by actively engaging Local, State, and Federal GoN institutions and their officers to:
 - a) Leverage indirect investments such as ongoing GoN commodities and equipment procurements, existing and future Human Resources for Health initiatives such as the Midwifery Service Scheme, etc.
 - b) Advocate for increased direct investment in service provision in the form of increased facility-level funding, increased staffing commitments, and infrastructure improvement and capital investment at the health-facility level.
6. Support broader health services initiatives—such as Maternal Neonatal and Child Health (MNCH), Reproductive Health (RH), Malaria, Tuberculosis (TB), Routine Immunization, etc.—by implementing activities in an integrated manner that leverages investments in HIV-related services to strengthen other health services provision at the facility level.
7. Support the decentralization of HIV services to Primary Health Centers (PHCs) by implementing a “Hub-and-Spoke” model of service provision and providing direct support to PHCs for the provision of HIV services. Investments in PHCs should be coordinated with ongoing GoN initiatives at the State and Federal level (e.g. Reach Every Ward) and seek to synergize as much as possible with GoN investments in support of these initiatives.

CDC Activities:

The selected applicant (grantee) of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this

cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator. In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.
5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.

6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.
11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.

12. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.
17. The in-country CDC office will work with the award recipient(s) to facilitate the coordination of services with other CDC-funded implementers, PEPFAR and development partners, and Federal, State, and Local government entities operating in the geographic and service-delivery areas identified in this award as necessary to ensure maximum programmatic efficiencies. This will include—but will not be limited to: assisting the award recipient(s) in selecting facility- and community-based sites; directing the focus of the award recipient(s), support, and activities to specific geographic areas and/or facilities with identified programmatic and/or strategic need; facilitating the re-organization and/or rationalization of service-provision activities on a programmatic and/or geographic basis to better facilitate GoN coordination and ownership of PEPFAR-funded activities.
18. The in-country CDC office will provide relevant, appropriate guidance and technical assistance to the award recipient(s) when they develop SoWs,

subcontracts, and Terms of Reference for all technical and financial audits and assessments for monitoring and capacity building purposes.

- 19.**The in-country CDC office will provide relevant, appropriate guidance and technical assistance to the award recipient(s) in developing Statements of Work (SoWs), subcontracts, and Terms of Reference (TORs) for any service procured through a sub-award (e.g., programmatic and financial audits, trainings or interventions planned in response to audit or assessment findings, etc.).
- 20.**The in-country CDC office will assist the award recipient(s) in accessing pooled procurement mechanisms for specific commodities and coordinate with the award recipient(s) to structure procurements in a way that supports linkages with national and central procurement systems.
- 21.**The in-country CDC office will provide technical assistance to the award recipient(s) in preparing strategies related to the future expansion of service delivery activities (within the scope of this award) prior to their approval to ensure adequate collaboration with existing service-delivery organizations and avoid duplication of services.
- 22.**The in-country CDC office will provide technical assistance to the award recipient(s) in preparing and submitting routine reporting requirements to CDC HQ by reviewing, critiquing, and providing concurrence with all reports and other required documents prior to submission.
- 23.**The in-country CDC office will assist the award recipient(s) in the development of long-term capacity-development plans for the award recipient(s) and supported facilities.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement, or grant will provide technical assistance and training.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement.

Award Mechanism: U2G – Global HIV/AIDS Non-Research Cooperative Agreements

Fiscal Year Funds: FY2011

Approximate Current Fiscal Year Funding: \$55,000,000

Approximate Total Project Period Funding: \$300,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: 1-10

Approximate Average Award: \$5,000,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: \$500,000

Ceiling of Individual Award Range: \$55,000,000 (This ceiling is for the first 12 month budget period and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Anticipated Award Date: September, 2011

Budget Period Length: 12

Project Period Length: Five years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Eligible applicants that can apply for this funding opportunity are any Nigerian governmental and non-governmental organizations whose constitution meets the requirements set forth by the PEPFAR local partner definition enumerated below. This includes non-governmental organizations and Federal, State, and Local government entities and their Bona Fide Agents (**a Bona Fide Agent is an agency/organization identified by the Federal, State, or Local government as eligible to submit an application under their eligibility in lieu of a Federal, State, or Local government application. If applying as a bona fide agent of a Federal, State or Local government entity, a letter from the Federal, State, or Local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov**).

Under PEPFAR legislation, HHS/CDC is authorized to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services. The Limited

Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services to local ownership of the Ministry of Health and governmental provision of appropriate activities and the long-term capacity and development of all aspects of the health system. Support to local organizations is appropriate, where applicable, when the Ministries of Health and other government entities do not have the full capacity to directly finance and perform these programs and services, and local organizations can be leveraged to ensure uninterrupted care and services. In this case, non-governmental organizations may act as appropriate interim transition partners when and where local government entities are unable to demonstrate the necessary capacity to take full responsibility for program implementation.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Special Requirements:

1. PEPFAR Local Partner definition:

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country:

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity’s staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at

least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity's senior staff (i.e., managerial and professional personnel) must be citizens or lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

The Global AIDS Coordinator may waive the above criteria where justified to address the circumstances in a specific case.

* HHS will only implement paragraph 2 (entity) of the definition.

** USAID and its partners are subject to restrictions on parastatal eligibility for USAID funding. See 22 CFR 228.33

2. If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An HIV/AIDS related funding matrix must be submitted in order for the application to be considered for review. All applicants must indicate whether they are receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:
 - ✓ Funding mechanism (i.e. contract, CoAg, grant)
 - ✓ Amount of award
 - ✓ Period performance
 - ✓ Funding agency
 - ✓ Contact details for funding agency
 - ✓ Brief description of program activities
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. APPLICATION CONTENT

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader.

This abstract must not include any proprietary/confidential information.

The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed);

- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- If paper application submission is applicable, the application should be printed only on one side of each page and should be held together only by rubber bands or metal clips; not bound in any other way.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical

targets of the Emergency Plan and for this Cooperative Agreement program as provided in the “Purpose” Section at the beginning of this Announcement;

- *Project Outputs:* Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart);
- *Management of Project Funds and Reporting;*
- *A Sustainability Plan* (as mentioned under “Special Eligibility Criteria” above) must be submitted with the application forms. The Sustainability Plan must be submitted in a PDF format when submitting via Grants.gov. The Sustainability Plan should be formatted as described for the Project Narrative and be no longer than 15 pages. The Sustainability Plan must focus on increasing the potential for the transition of award recipient(s) service-provision activities to the Government of Nigeria (GoN) at the end of the project period and address the following issues:

- *Cost Sharing and/or Cost Matching plans* designed to reduce the financial burden of service delivery while fostering increased health systems investments by Nigerian government entities (at the Federal, State, or Local level), local non-governmental organizations, international non-governmental organizations, and local community and/or civil service organizations. These plans should be developed with a focus on increasing the scope and intensity of external program contributions over the life of the award.
- Knowledge sharing and capacity development in support of Federal, State, and/or Local GoN institutions with a focus on increasing the ability of these GoN institutions to manage and coordinate the provision of HIV services. Award recipient(s) may facilitate this by, for example, directly engaging and/or closely coordinating with appropriate Federal, State, and Local government entities to support management, logistics, and coordination activities at the facility level.
- Support for the GoN-led initiative to decentralize HIV services to Primary Health Centers.
- Support for the GoN-led initiative to integrate HIV services with other health services at all levels of service provision and a commensurate focus on leveraging HIV-targeted resources to support a strengthened, durable health system in Nigeria.
- Strengthened referral and reporting networks with other public facilities and GoN institutions at the Federal, State, and Local levels

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- ***Project Budget Justification:***

With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity [*Insert the positions of the key staff for which you would like to see a CV(optional)*];

- ***Job descriptions*** of proposed key positions to be created for the activity [*Insert any comments related to this area (optional)*];
- ***Applicant's Corporate Capability Statement***;
- ***Letters of Support*** (5 letters maximum)
 - Letters of Support should specifically address: the applicant's prior experience managing HIV-services programs in Nigeria and performance in these experiences; established relationships with stakeholders in the Nigerian HIV response that may impact the applicant's ability to successfully carry out the proposal; the applicant's commitment to improving the performance and sustainability of HIV-services programs in Nigeria; any other relevant qualifications that would impact the applicant's ability successfully carry out the proposal.
 - Relevant sources of Letters of Support may include—but are not necessarily limited to—USG Implementers currently operating in Nigeria that previously or currently subcontract to applicant for the provision of HIV services in Nigeria; other international donors that previously or currently support the applicant for the provision of HIV services programs; relevant Federal, State, or Local GoN institutions; other organizations (as appropriate) active in the Nigerian HIV response that can speak to the ability of the applicant to manage comprehensive HIV-services programs.
- ***Evidence of Legal Organizational Structure***;
- ***Any relevant documentation of past performance implementing HIV-services programs in Nigeria, including contractor reports for current USG implementers, should also be included; and***

- *If applying as a Local Indigenous Partner*, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

APPLICATION SUBMISSION

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the [Grants.gov](http://www.Grants.gov) registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

International organizations also require a NATO CAGE Code (NCAGE). The NCAGE request may take from two business days to two weeks to complete. NCAGE is needed before registering with the Central Contractor Registry (CCR). After registering with CCR, the applicant can proceed to register with [Grants.gov](http://www.Grants.gov). (See “Other Submission Requirements” session below for more information).

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 or pgotim@cdc.gov for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the

time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Other Submission Requirements

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government.

The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](#) , by email at info@dnbnigeria.com or by phone at +234 9 461 3296. This is a requirement for both domestic and international organizations.

Central Contractor Registration (CCR)

The applicant is required to have a CCR registration to apply for grants or cooperative agreements from the Federal government. For more information on CCR and how to register go to the [CCR website](#).

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National

Codification Bureau of the country where the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp. Please note that NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.Gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days

a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: May 16, 2011, 5:00pm U.S. Eastern Standard Time

Pre-Application Workshops

Pre-application workshops for all interested applicants will be held at least 20 days following posting of this announcement in Abuja. Applicants should contact Subroto Banerji (Sbanerji@ng.cdc.gov) regarding time, venue, and registration details.

VI. APPLICATION REVIEW INFORMATION

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

TOTAL OF 200 POINTS, AS STATED BELOW:

1. Service Delivery and Capacity Building (100 Points)

a. Ability to Carry Out the Proposal (20 points):

- i. Does the applicant have the demonstrated managerial and technical experience in HIV service provision and program management in **Akwa Ibom, Anambra, Bauchi, Benue, Cross River, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kogi, Kwara, Lagos, Nassarawa, Niger, Ogun, Ondo, Osun, Plateau, Sokotoa, and the Federal Capital Territory** necessary to provide comprehensive HIV services in these areas? **(9 points)**
- ii. Does the applicant demonstrate—through previously established relationships for HIV-related service provision in the above-listed states—an existing ability to coordinate and collaborate with Emergency Plan partners, other donors (including bi- and multi-lateral donors such as the Global Fund, and other U.S. Government Departments and agencies involved in implementing the President’s Emergency Plan), and Government of Nigeria institutions at the Federal, State, and Local level? **(6 points)**
- iii. Is there evidence of leadership in, or substantial support for, current or past efforts to enhance HIV-related service provision in the above listed states? **(3 points)**
- iv. Does the applicant have the capacity to reach rural and other underserved populations in the above-listed states? **(1 point)**
- v. Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages in the above-listed states? **(1 point)**

b. Technical and Programmatic Approach (20 points):

- i. Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant describe activities that are evidence-based, realistic, achievable, measurable, and culturally appropriate? Does the application include reasonable estimates of outcome targets? (The reviewers will assess the feasibility of the applicant's plan to meet the target goals, whether the proposed use of funds is efficient, and the extent to which the specific methods described are sensitive to the local culture). **(10 Points)**
 - ii. Does the applicant display knowledge of the strategy, principles, and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? Does the application propose to build on and complement the current national response in Nigeria with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? **(5 Points)**
 - iii. Does the applicant's proposal present a clear plan for implementing the award activities in collaboration with other local organizations in general—and State and Local government organizations in particular—that will result in significant knowledge transfer over the life of the award? **(5 Points)**

- c. **Capacity Building (15 points):**
 - i. Does the applicant have a proven track record of building the capacity of other indigenous organizations and individuals? Does the applicant have relevant experience in using participatory methods and approaches in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the

capacity of facilities, local government agencies, and target beneficiaries to respond to the epidemic? Does the capacity building plan clearly describe how it will contribute to a) improved quality and geographic coverage of service delivery to achieve the "3,12,12"¹ targets of the President's Emergency Plan, and b) (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence in support of a decentralized response?

d. Monitoring and Evaluation (15 points):

- i. Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the

¹The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide.

monitoring and evaluation plan consistent with the principles of the "Three Ones²"?

Specific output and outcome indicators must be defined in the proposal, and must have realistic targets in line with the targets addressed in the Activities section of this announcement.

e. Understanding of the Problem (10 points):

- i. Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? To what extent does the applicant justify the need for this program within the target community?

f. Personnel (10 points):

- i. Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that

²The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the "**Three Ones**": - **one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

they are qualified in the following: management of HIV/AIDS service-delivery activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

g. Administration and Management (10 points):

- i. Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce, collect, and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? If appropriate, does the applicant have a proven track record in managing large laboratory budgets; running transparent and competitive procurement processes; supervising consultants and contractors; using subgrants or other systems of sharing resources with community based organizations, faith based organizations, or smaller non-governmental organizations; and providing technical assistance in laboratory or pharmacy management? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office.

2. Sustainability Plan (100 points)

a. Understanding of the Problem (20 points)

- i. Does the applicant demonstrate a clear and concise understanding of the overall structure of health services in Nigeria in general and in the regions identified in the purpose of this FoA in specific? Does the applicant demonstrate a formidable knowledge

of how HIV programs currently fit into these broader structures and the implications for sustainable, integrated HIV service provision?

- ii. Does the applicant demonstrate a grounded, realistic understanding of the barriers—bureaucratic, political, financial, or otherwise—to increasing local community and GoN investments in HIV and other health programs? Does the applicant also identify realistic strategies for overcoming these barriers?

b. Ability to Carry out the Sustainability Plan (40 points)

- i. Does the applicant demonstrate an ability to implement the strategies outlined for overcoming barriers to increased external investment?
- ii. Does the applicant demonstrate the ability to strengthen the capacity of facilities, local organizations, and State and Local GoN institutions—either directly or by leveraging existing relationships in the areas indicated under the purpose of this FoA—in financial management, human resources management, grants management, commodities forecasting and distribution, and monitoring and evaluation?
- iii. Does the applicant have a proven record of advocating for increased local investment in HIV programs and advancing country ownership of these programs? Does the applicant demonstrate a prior commitment to increasing GoN collaboration and ownership in the context of externally-funded health and development programs?
- iv. Does the applicant possess the necessary relationships with international donors, current implementers, local organizations, and/or Local, State, or Federal GoN institutions (in the areas specified in the purpose of this FoA) to leverage their existing investments and successfully advocate for increased investments in HIV-services activities provided for under the scope of this award?

- v. Does the applicant have a proven record of coordinating and collaborating with important actors in the Health and HIV sectors in Nigeria, including local and international NGOs, external donors, and Federal, State, and Local GoN institutions?

c. Technical and Programmatic Approach (40 points)

- i. Does the grantee provide a clear plan to transfer expertise into government structures by mentoring, building capacity, and ensuring improved technical and administrative collaboration between supported facilities and appropriate Local, State, and Federal GoN institutions?
- ii. Is a clear priority given to supporting national health system structures, where possible and appropriate, including Federal, State, and Local health systems?
- iii. Does the plan seem adequate to progressively build the capacity of GoN structures to independently plan, manage, and implement HIV/AIDS care, support, and treatment programs and progressively increase GoN and local ownership of these activities?
- iv. Does the plan seem adequate to progressively increase the level of direct and indirect GoN and other local and international organizations' investment in HIV/AIDS care, support, and treatment programs by the end of the project?
- v. Is a clear priority given to supporting the implementation of decentralization of HIV services to the PHC level and does the applicant clearly identify the specific investments and activities necessary to successfully provide such support? Does the applicant identify specific, viable strategies to involve Local, State, and Federal GoN institutions in these investments and activities in a meaningful, appropriate way?
- vi. Is a clear priority given to supporting the integration of HIV services with broader health systems—in a way that leverages HIV-specific PEPFAR investments to strengthen the

overall health sector—and does the applicant clearly identify the specific investments and activities necessary to successfully provide such support? Does the applicant identify specific, viable strategies to involve Local, State, and Federal GoN institutions in these investments and activities in a meaningful way?

3. Funding Preferences (20 points):

- a. In addition to direct consideration of findings from the Objective Review Panel, funding under this award will be subject to several preferences based on programmatic needs and in-country strategic priorities. **Applicants meeting the criteria set forth in these funding preferences will receive additional points beyond the possible total of 200 as follows:**
- i. Preference will be given to applicants who score well in—and demonstrate appropriate balance between—both their plans for service delivery and sustainability **(5 points)**;
 - ii. Preference will be given to applicants who clearly and specifically demonstrate—through letters of support from reputable, appropriate international and/or indigenous organizations or (for current or previous direct recipients of USG funds) through positive Contractor Reports—records of superior performance in managing HIV services programs in Nigeria **(5 points)**;
 - iii. Preference will be given to applicants who clearly and specifically demonstrate—through letters of support from reputable, appropriate international and/or indigenous organizations—established relationships with relevant stakeholders in the Nigerian HIV response that will increase their potential for successfully carrying out the proposal **(5 points)**; and
 - iv. Preference will be given to applicants that are not currently receiving direct support from HHS/CDC for comprehensive HIV-service provision in Nigeria in the regions listed in the purpose of this FoA **(5 points)**.

Budget (Reviewed, but not scored):

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars.
Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d).
A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

The 8% Rule

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels. To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2011, the limit is no more than 8 percent of the country's FY 2011 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether

an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has \$_____ in FY

2011 grants and cooperative agreements (for as many fiscal years as applicable) in Nigeria. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document (“recipient”) cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization’s compliance with this section, “Prostitution and Related Activities.”

All prime recipients that receive U.S. Government funds (“prime recipients”) in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., “[Prime recipient's name] certifies compliance with the section, ‘Prostitution and Related Activities.’”) addressed to the agency’s grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, “Prostitution and Related Activities,” is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term. The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, “Prostitution and Related Activities.”

Any enforcement of this clause is subject to Alliance for Open Society International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006 and August 8, 2008)(orders gaining preliminary injunction) for the term of the Orders.

The List of the members of GHC and InterAction is found at:

http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in the FOA apply.

However, the following factors will affect the funding decision:

- Preference will be given to applicants who score well in—and demonstrate appropriate balance between—both their plans for service delivery and sustainability.
- Preference will be given to applicants who clearly and specifically demonstrate—through letters of support from reputable, appropriate international and/or indigenous organizations or (for current or previous direct recipients of USG funds) through positive Contractor Reports—records of superior performance in managing HIV services programs in Nigeria.

- Preference will be given to applicants who clearly and specifically demonstrate—through letters of support from reputable, appropriate international and/or indigenous organizations—established relationships with relevant stakeholders in the Nigerian HIV response that will increase their potential for successfully carrying out the proposal.
- Preference will be given to applicants that are not currently receiving direct support from HHS/CDC for comprehensive HIV-service provision in Nigeria in the regions listed in the purpose of this FoA.

CDC will provide justification for any decision to fund out of rank order.

VII. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-13 Prohibition on Use of CDC Funds for Certain Gun Control
Activities
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text
Messaging while Driving”, October 1, 2009
- AR-30 Section 508 Compliance

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

TERMS AND CONDITIONS

Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period.
The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.
 - f. Activities and Objectives for the Current Budget Period;
 - g. Financial Progress for the Current Budget Period;
 - h. Proposed Activity and Objectives for the New Budget Period Program;
 - i. Budget;

- j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for **Nigeria**; and
- k. Additional Requested Information;

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

2. Quarterly progress report, due 90 days before the end of the budget period. These reports will conform to standard in-country reporting templates to be provided by the in-country CDC office at the time of the award.
3. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
4. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist and in-country Project Officer listed in the Section VIII below entitled “Agency Contacts”.

VIII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Vindi Singh, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

Maina Court, Abuja, Nigeria

Telephone: +234 09 460 1600

E-mail: singhv@ng.cdc.gov

For **financial, grants management, or budget assistance**, contact:

Erin Agobert, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2046

E-mail: kfx3@cdc.gov

For **assistance with submission difficulties**, contact:

Grants.gov Contract Center Phone: 1-800-518-4726

Email: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal Holidays.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Website, Internet address: <http://www.grants.gov>.

Questions and Answers

- 1. PMTCT – 274,000 pregnant women to receive HIV counseling and testing by the end of the project period (Topic: Service Delivery and Capacity Building 2a. PMTCT Pgs 5 & 6) – Given the 26 focal states and being an FOA that seeks to “continue and enhance” already existing services, 274,000 pregnant women to receive HIV counseling and testing by the end of the project period seems to be on the low side. Kindly clarify as this will impact on the strategy that will be proposed in response to this grant.***

Response: 274,000 pregnant women are to be counseled and tested for HIV in the first year of the award and not for the entire period of the project. Also 13,700 HIV positive pregnant women will be identified in the first year out of which at least 90% will receive appropriate ARVs for prevention of MTCT of HIV. New yearly target will be determined and provided during continuation application for subsequent years.

- 2. Prevention of Sexual Transmission of HIV – 50,000 individuals (general population and MARPS) to be reached by the end of the project period (Topic: Service Delivery and Capacity Building 4a. Prevention of Sexual Transmission of HIV Pgs 6 & 7). Kindly clarify if this is a one or five year target.***

Response: This is the target in the first year as new target will be determined and provided during the yearly continuation application.

- 3. HCT – 160,000 individuals to receive HIV Counseling and testing and their results in an HCT setting by the end of the project period (Topic: Service Delivery and Capacity Building 6a. HIV Counseling and Testing Pg 7). This target for a 5 year period seems low especially with the need to scale up treatment, there may be need to set higher HCT targets to identify positive persons to be enrolled into care and treatment. Kindly clarify*

Response: This is the target for the first year of the award only.

- 4. Palliative Care Services (Topic: Service Delivery and Capacity Building 7a. Palliative Care Services Pg 7). The target is for 400,000 HIV + adults and children to receive a minimum of one clinical service by the end of the project period. From the analysis of program data, we have seen a ratio of 2:3 when comparing the number of clients on ART to the number of clients in care. In view of the fact that the target for Patients on ART is 90,000, a close estimate of the number in care would be 135,000 which is significantly lower than the target given. Kindly clarify, in order to respond appropriately.*

Response: Thanks for making this observation. The target is actually for Umbrella “Total” Care, which refers to Number of eligible adults and children provided with a minimum of one care service, including people affected by AIDS (PABAs) and OVCs. The target is also for one year

- 5. The target for OVCs to receive supportive services by the end of the project period is 18,000 (Topic: Service Delivery and Capacity Building 7c. Palliative Care Services Pg 7). Kindly clarify also if this is a one or five year target.*

Response: Yes, this is also the first year target

- 6. The target of 100% of adults and children with HIV to remain on treatment 12 months after initiation of antiretroviral therapy is a laudable one (Topic: Service Delivery and Capacity Building 8b. Antiretroviral Treatment Services and Adherence Pg 8). However, it does not give room for patients who might die due to HIV/AIDs or other causes, transfers out and even patients who choose to discontinue care. A target of 90% of adults and children with HIV to remain on treatment 12 months after initiation of antiretroviral therapy would be more realistic.*

Response: It is a first year target and as this is follow-on to an expiring award with services expected to continue to individuals currently being served. It is understood that it will be difficult to maintain 100% retention of patients on treatment for 12 months. However, the targets are notional, although a grantee will be encouraged and expected to record 100% achievement as much as possible.

