

**Amendment III (03/30/2011):**

1. **Page 5: Application Deadline Date:** *April 20, 2011, 5:00pm U.S. Eastern Standard Time*
2. **Page 8: Language changed:** *To ensure continued coverage in all program areas and geographic locations, applicants should submit one (1) application for all Program Areas (items A – E), covering all geographic locations (Eastern, Lusaka, Southern and Western Provinces). Failure to comply with these requirements will make the application non-responsive.*
3. **Page 29: Language inserted: Strategic Information:** *Awardee(s) will monitor, evaluate, and respond to the utilization; completeness, quality, and timeliness of electronic health record (EHR)/SmartCare documentation, as well as, train clinical staff on utilizing the system to inform patient care.*
  - *Targets: 100% utilization for all SmartCare supported services; 95% of facilities with electricity capable of operating computers.*
4. **Page 30: Language change:**
  - a. *Over the project period, to continue strengthening capacity and support service delivery in existing PEPFAR supported sites, all of which should be progressively transition to the Governemnt of Zambia through the appropriate Provincial Health Office (PHO).*
5. **Page 42: Language inserted:** *Continue to develop, use, and support the national electronic health record (EHR) system, SmartCare, to document*

*clinical services electronically in all supported facilities with electricity capable of operating computers.*

6. **Page 55: Language change:** *The Transition Plan must be submitted in the following format:*
  - *Maximum number of pages: 20 (If your transition plan exceeds the page limit, only the first pages which are within the page limit will be reviewed.);*
  - *Font size: 12 point, unrounded, Times New Roman;*
  - *Double spaced;*
  - *Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;*
  - *Page margin size: One inch; and*
  - *Number all pages of the transition plan sequentially from page one (Transition Plan Face Page) to the end of the application, including charts, figures, tables, and appendices.*
7. **Page 63: Application Deadline Date:** *April 20, 2011, 5:00pm U.S. Eastern Standard Time*
8. **Page 63-64: Language changed:** *To ensure continued coverage in all program areas and geographic locations, applicants should submit one (1) application for all Program Areas (items A – E), covering all geographic locations (Eastern, Lusaka, Southern and Western Provinces). Failure to comply with these requirements will make the application non-responsive.*

**AMENDMENT II (3/9/2011):**

1. *Pages 72-73 - The points for Monitoring and Evaluation criteria under Part B have changed from 5 to 25 points. The breakdown of 25 points goes as follows:*
- *Does the applicant incorporate monitoring and evaluation plans into local partner and government service delivery? (5 points)*
  - *Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points)*
  - *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? (5 points)*
  - *Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones? "Applicants must define 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. (10 points)*

*Page 70 - The points for Understanding of the Problem under Part B have changed from 5 to 10 points*

**AMENDMEND I (2/25/2011):**

- 1. Page 80: Pre-Application Workshop announcement - CDC Zambia will host a pre-application workshop at the CDC Zambia office located at the CDC InterContinental Hotel of Lusaka in Lusaka, Zambia, on March 14, 2011. Please contact Isaac Zulu, MD, MPH, Project Officer at [ZuluI@zm.cdc.gov](mailto:ZuluI@zm.cdc.gov) for specific time and confirmation of location.*

*Applicants not located in Zambia can participate through conference line:*

*US Toll Number : +1-210-835-2790*

*Toll Free / Free phone : +1-877-954-6079*

*Participant Pass code: 3461448*

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**

Centers for Disease Control and Prevention (CDC)

**Implementation of Programs to Improve the Prevention of Mother to Child Transmission; the Care and Treatment of HIV and AIDS in Eastern, Lusaka, Southern and Western Provinces of the Republic of Zambia under the President's  
Emergency Plan for AIDS**

**I. AUTHORIZATION AND INTENT**

**Announcement Type:** New

**Funding Opportunity Number:** CDC-RFA-GH11-1117

**Catalog of Federal Domestic Assistance Number:** 93.067

**Key Dates:**

**Application Deadline Date:** *April 20, 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 of HIV/AIDS Prevention, Care, & Support, and Treatment services that have been initiated under the PEPFAR-funded HHS/CDC HIV clinical services and antiretroviral treatment program within Lusaka, Southern, Western and Eastern provinces in the Republic of Zambia. Additionally the

successful applicant(s) will be required to build capacity and transition services to the respective Provincial Medical Offices by the end of the project period.

This funding opportunity announcement (FOA) covers a wide range of activities within the spectrum of HIV services that the applicants are expected to respond to in order to continue strengthening capacity and support service delivery in existing PEPFAR supported sites, all of which will be progressively transitioned to a new local partner that will assume responsibility over the project period. (See Appendix 1 for a listing of current ART facilities.) Program areas will cover:

- A. HIV care, support, and treatment;**
- B. Prevention of Mother to Child HIV Transmission (PMTCT)**
- C. Laboratory services to support HIV care, support, treatment and PMTCT services**
- D. Community Mobilization and Behavior Change**
- E. Strategic Information**

To ensure continued coverage in all program areas and geographic locations, applicants should submit one (1) application for all Program Areas (items A – E), covering all geographic locations (Eastern, Lusaka, Southern and Western Provinces). Failure to comply with these requirements will make the application non-responsive.

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

**Part A: Service Delivery and Capacity Building Outcomes:**

**A. Provision of ART according to national guidelines: Patients Newly Initiating on ART in a progressively decreasing manner as partner transitions to government health institutions**

**1. Children:**

- a. By the end of the first reporting period at least 1,300 children will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- b. By the end of the second reporting period at least 1,100 children will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- c. By the end of the third reporting period, at least 850 children will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- d. By the end of the fourth reporting period, at least 650 children will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

- e. By the end of the fifth reporting period, at least 300 children will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

**2. Adults:**

- a. By the end of the first reporting period, at least 10,900 adults will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- b. By the end of the second reporting period, at least 8,500 adults will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- c. By the end of the third reporting period, at least 5,700 adults will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- d. By the end of the fourth reporting period, at least 6,100 adults will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

- e. By the end of the fifth reporting period, at least 1,000 adults will be newly initiated on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

**B. HIV Care and Treatment Services: Currently ( pre existing + new patients in the program) Enrolled ART Patients as partner progressively transitions treatment services to government health institutions**

- a. By the end of the first reporting period, a cumulative total of 47,084 adults and children will be enrolled on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- b. By the end of the second reporting period, a cumulative total of 51,234 adults and children will be enrolled on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- c. By the end of the third reporting period, a cumulative total of 51,834 adults and children will be enrolled on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

- d. By the end of the fourth reporting period, a cumulative total 43,934 adults and children will be enrolled on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.
- e. By the end of the fifth reporting period, a cumulative total 34,034 adults and children will be enrolled on ART, screened for TB, STI, treated for OI where applicable and receive clinical monitoring, adherence counseling, evaluated and managed for any adverse drugs events.

**A. Performance Indicators:**

**1. HIV Care and Treatment Services: Cotrimoxazole Prophylaxis**

- By the end of every reporting project period, at least 95% of all newly enrolled and eligible HIV infected clients (both pre-ART and ART) will be initiated on cotrimoxazole prophylaxis.

**2. HIV Care and Treatment Services: CD4 Monitoring**

- a. By the end of the first reporting period, at least 75% of the HIV infected and pre-ART adults and children will have had CD4 testing within six months.
- b. By the end of the first reporting period, at least 90% of the HIV infected adults and children receiving ARTs will have had CD4 testing within six months and ongoing CD4 monitoring.

- c. By the end of the second reporting period, at least 80% of the HIV infected and pre-ART adults and children will have had CD4 testing within six months.
- d. By the end of the second reporting period, at least 95% of the HIV infected adults and children receiving ARTs will have had CD4 testing within six months and ongoing CD4 monitoring.
- e. By the end of the third reporting period, at least 80% of the HIV infected and pre-ART adults and children will have had CD4 testing within six months.
- f. By the end of the third reporting period, at least 95% of the HIV infected adults and children receiving ARTs will have had CD4 testing within six months and ongoing CD4 monitoring.
- g. By the end of the fourth reporting period, at least 85% of the HIV infected and pre-ART adults and children will have had CD4 testing within six months.
- h. By the end of the fourth reporting period, at least 95% of the HIV infected adults and children receiving ARTs will have had CD4 testing within six months and ongoing CD4 monitoring.
- i. By the end of the fifth reporting period, at least 85% of the HIV infected and pre-ART adults and children will have had CD4 testing within six months.

- j. By the end of the fifth reporting period, at least 95% of the HIV infected adults and children receiving ARTs will have had CD4 testing within six months and ongoing CD4 monitoring

### **3. Service Delivery and Capacity Building Outcomes**

The following indicators will be reported on program implementation over the project period

- a. Direct support by partner to outlets that provide at least the minimum package of PMTCT services CT and ARV's for PMTCT will progressively be transitioned to government Provincial Health Offices over the project period.
- b. By the end of the first reporting period, at least 257 facilities will be receiving support for delivery of comprehensive PMTCT services
- c. By the end of the second reporting period, at least 163 facilities will be receiving support for delivery of comprehensive PMTCT services
- d. By the end of the third reporting period, at least 128 facilities will be receiving support for delivery of comprehensive PMTCT services
- e. By the end of the fourth reporting period, at least 64 facilities will be receiving support for delivery of comprehensive PMTCT services
- f. By the end of the fifth budget period, at least 64 facilities will be receiving support for delivery of comprehensive PMTCT services

- g. A proportion of 50% MCH service sites should have become integrated PMTCT and ART sites by end of project period.
- h. HIV positive pregnant women in ANC assessed for HAART eligibility;
- i. By the end of the first reporting period, at least 16,900 HIV positive pregnant mothers will have been assessed for HAART eligibility.
- j. By the end of the second reporting period, at least 12,000 HIV positive pregnant mothers will have been assessed for HAART eligibility
- k. By the end of the third reporting period, at least 4,420 HIV positive pregnant mothers will have been assessed for HAART eligibility.
- l. By the end of the fourth reporting period, at least 1,130 HIV positive pregnant mothers will have been assessed for HAART eligibility.
- m. By the end of the fifth reporting period, at least 1,160 HIV positive pregnant mothers will have been assessed for HAART eligibility.

**4. ANC HIV counseling and Testing Services. Target applies to existing sites.**

- a. By the end of the first reporting period, at least 149,500 ANC attendees will be counseled and tested for HIV and will have received their results.
- b. By the end of the second reporting period, at least 141,800 ANC attendees will be counseled and tested for HIV and will have received their results.

- c. By the end of the third reporting period, at least 78,400 ANC attendees will be counseled and tested for HIV and will have received their results.
- d. By the end of the fourth reporting period, at least 40,125 ANC attendees will be counseled and tested for HIV and will have received their results.
- e. By the end of the fifth reporting period, at least 41,100 ANC attendees will be counseled and tested for HIV and will have received their results.
- f. At the end of each reporting period, report the number of known HIV positive pregnant women registering for ANC.

**5. Delivery of more efficacious antiretroviral (ARV) prophylaxis regimen for PMTCT. Target applies to existing sites.**

- a. By the end of the first reporting period, at least 16,900 HIV positive pregnant mothers will have received a complete course of a specified efficacious ARV prophylaxis regimen.
- b. By the end of the second reporting period, at least 12,000 HIV positive pregnant mothers will have received a complete course of a specified efficacious ARV prophylaxis regimen.

- c. By the end of the third reporting period, at least 4,420 HIV positive pregnant mothers will have received a complete course of a specified efficacious ARV prophylaxis regimen.
- d. By the end of the fourth reporting period, at least 1,130 HIV positive pregnant mothers will have received a complete course of a specified efficacious ARV prophylaxis regimen.
- e. By the end of the fifth reporting period, at least 1,160 HIV positive pregnant mothers will have received a complete course of a specified efficacious ARV prophylaxis regimen.

**6. Training activities: Health worker training in PMTCT based on national guidelines**

- a. By the end of the first reporting period, at least 575 health workers will have been trained based on the National PMTCT guidelines and in TB screening.
- b. By the end of the second reporting period, at least 300 health workers will have been trained based on the National PMTCT guidelines and in TB screening.
- c. By the end of the third reporting period, at least 150 health workers will have been trained based on the National PMTCT guidelines and in TB screening.

- d. By the end of the fourth reporting period, at least 100 health workers will have been trained based on the National PMTCT guidelines and in TB screening.
- e. By the end of the fifth reporting period, at least 50 health workers will have been trained based on the National PMTCT guidelines and in TB screening.

**7. Health worker training in QA/QI**

- a. By the end of the first reporting period, at least 250 health workers will have been trained in QA/QI
- b. By the end of the second reporting period, at least 200 health workers will have been trained in QA/QI
- c. By the end of the third reporting period, at least 150 health workers will have been trained in QA/QI
- d. By the end of the fourth reporting period, at least 100 health workers will have been trained in QA/QI
- e. By the end of the fifth reporting period, at least 60 health workers will have been trained in QA/QI

**8. Community agents training**

- a. By the end of the first reporting period, at least 600 community agents will have been trained in community tracking and support of mother-baby pairs.

- b. By the end of the second reporting period, at least 400 community agents will have been trained in community tracking and support of mother-baby pairs.
- c. By the end of the third reporting period, at least 200 community agents will have been trained in community tracking and support of mother-baby pairs.
- d. By the end of the fourth reporting period, at least 100 community agents will have been trained in community tracking and support of mother-baby pairs.
- e. By the end of the fifth reporting period, at least 100 community agents will have been trained in community tracking and support of mother-baby pairs.

## **9. Performance Indicators**

- a. At least 95% of HIV negative pregnant women/mothers in discordant relationships will be re-tested in ANC and post natal (breastfeeding mothers) according to national guidelines
- b. At least 85% of HIV exposed babies have all scheduled DBS at 6 weeks, 6 months and final HIV serology test at 18 months.
- c. At least 85 % of HIV exposed infants received ARVs to reduce the risk of MTCT in labor and delivery settings.
- d. At least 50% of all ANC attendees counselled, tested, and received a result with their partner

## **10. New Activities**

- a. At least 50% of siblings of HIV exposed infants will have an HIV test
- b. At least 100% of partners testing HIV positive will be linked to Treatment programs
- c. At least 95% CT sites in facilities where partner operates will have FP services integrated with CT services for prevention of pregnancy for all HIV positive and those of unknown status
- d. At least 50% PMTCT sites where partner operates will have Youth friendly service integrated with PMTCT
- e. At least 85% of HIV positive pregnant women attending ANC will have been screened for TB in MCH
- f. At least 95% of all ANC attendees in each district where partner operates will be tested for HIV, provided counseling and receive their results through direct activities
- g. At least 85% of HIV positive pregnant women will receive a complete course of more efficacious antiretroviral (ARV) prophylaxis regimen according to national guidelines.
- h. Reduce the proportion of HIV exposed babies who become infected to less than 5%.

## **11. Laboratory Services**

- a. There will be an efficient and sustainable equipment maintenance and safety program in at least 60 % of functional labs.
- b. Up to 75 % of lab personnel will have been trained in laboratory related activities
- c. Strengthen Laboratory quality systems and facilities to support HIV/AIDS related activities including infrastructure and equipment maintenance.
- d. Offer comprehensive and quality clinical laboratory services in Rapid HIV Test, hematology, chemistry, & CD4 counts to HIV /AIDS patients.
- e. Increase the number and percentage of Laboratories / health facilities able to carry out HIV rapid test with satisfactory performance in External quality assurance / proficiency testing ( EQA /PT) programs for HIV rapid tests (HIV diagnosis).
- f. Continue to offer early infant diagnosis to HIV exposed infants.
- g. Strengthen patient and specimen referral network to offer a continuity of care and respond to the needs of clinical decision making.
- h. Improve and strengthen laboratory information system / communication and results reporting system.
- i. Improve and sustain energy source through design installation and maintenance of appropriate energy source systems to ensure continuous supply of electricity for the laboratories

- j. Strengthen laboratory capacity to perform AFB TB smear microscopy using both convectional light microscopy and Fluorochrome Acid Microscopy (AFM)
- k. Strengthen quarterly supervisory visits and offer Technical support to health personnel in other facilities.
- l. Strengthen overall laboratory quality systems and management towards accreditation

**12. Laboratory Performance Indicators:**

- a. An efficient and sustainable equipment maintenance and safety program in at least 60 % of functional labs
- b. At least 70 % of laboratory staff trained and refreshed in conducting HIV, OI laboratory testing and other HIV related laboratory activities.
- c. All HIV rapid testers Trained and/or refreshed in performing HIV testing according to the national algorithm and guidelines
- d. At least 70 % of all functional Laboratories with maintain and improved capacity to perform HIV and TB clinical laboratory tests.
- e. At least 75 -80 % of all exposed infants provided with early infant diagnosis (EID).
- f. An effective and efficient patient/ specimen referral system covering at least 75 % of all health facilities with no testing capacity.

- g. At least 70 % of all functional health facilities with appropriate energy systems put in place to ensure constant supply of electricity to avert power outages
- h. At least 60 % of all functional laboratories satisfactorily participating in national EQA/PT program for TB smear microscopy, CD4 Count, HIV rapid testing, and other new schemes

## **B. Community Mobilization and Behavior Change**

### **1. HIV Testing and counseling**

- a. By the end of the first reporting period, at least 4,000 people will have received testing and counseling services for HIV and received their test results;
- b. By the end of the second reporting period, at least 3,000 people will have received testing and counseling services for HIV and received their test results;
- c. By the end of the third reporting period, at least 2,000 people will have received testing and counseling services for HIV and received their test results;
- d. By the end of the fourth reporting period, at least 1,000 people will have received testing and counseling services for HIV and received their test results;
- e. By the end of the fifth reporting period 00 people will have received testing and counseling services for HIV and received their test results.

## **2. Referrals for treatment, care and support**

- a. By the end of the first reporting period 90% of the people testing HIV positive will have been referred for treatment, care and support;
- b. By the end of the second reporting period 95% of the people testing HIV positive will have been referred for treatment, care and support;
- c. By the end of the third reporting period 100% of the people testing HIV positive will have been referred for treatment, care and support;
- d. By the end of the fourth reporting period 100% of the people testing HIV positive will have been referred for treatment, care and support;
- e. By the end of the fifth reporting period 00% of the people testing HIV positive will have been referred for treatment, care and support;

## **3. Community and home-based adherence counseling**

- a. By the end of the first reporting period 85% of people on ART will have been reached with home-based adherence counseling and other psychosocial support services;
- b. By the end of the second reporting period 75% of people on ART will have been reached with home-based adherence counseling and other psychosocial support services;
- c. By the end of the third reporting period 60% will have been reached with home-based adherence counseling and other psychosocial support services;

- d. By the end of the fourth reporting period 40% of people on ART will have been reached with home-based adherence counseling and other psychosocial support services;
- e. By the end of the fifth reporting period 10% of people on ART will have been reached with home-based adherence counseling and other psychosocial support services;

#### **4. Community health worker training**

- a. By the end of the first reporting period, at least 100 community health workers will be trained in community and home-based adherence counseling and support for people on ART;
- b. By the end of the second reporting period, at least 80 community health workers will be trained in community and home-based adherence counseling and support for people on ART;
- c. By the end of the third reporting period, at least 60 community health workers will be trained in community and home-based adherence counseling and support for people on ART;
- d. By the end of the fourth reporting period, at least 40 community health workers will be trained in community and home-based adherence counseling and support for people on ART;
- e. By the end of the fifth reporting period, at least 20 community health workers will be trained in community and home-based adherence counseling and support for people on ART;

#### **5. Prevention with positives**

- a. By the end of the first reporting period at least 90% of People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;
- b. By the end of the second reporting period at least 80% of People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;
- c. By the end of the third reporting period at least 60% of People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;
- d. By the end of the fourth reporting period at least 50% of People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;
- e. By the end of the fifth reporting period at least 30% of People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;

**6. Community support groups for PLHIV**

- a. By the end of the first reporting period, at least 50 support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;
- b. By the end of the second reporting period, at least 40 support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;

- c. By the end of the third reporting period, at least 30 support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;
- d. By the end of the fourth reporting period, at least 20 support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;
- e. By the end of the fifth reporting period, at least 10 support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;

**7. Community leadership and participation**

- a. By the end of the first reporting period, at least 20 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV prevention and appropriate health seeking behavior to enhance access to CT, treatment, care and support services;
- b. By the end of the second reporting period, at least 20 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV prevention and appropriate health seeking behavior to enhance access to CT, treatment, care and support services;
- c. By the end of the third reporting period, at least 15 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV

prevention and appropriate health seeking behavior to enhance access to CT, treatment, care and support services;

- d. By the end of the fourth reporting period, at least 15 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV prevention and appropriate health seeking behavior to enhance access to CT, treatment, care and support services;
- e. By the end of the fifth reporting period, at least 10 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV prevention and appropriate health seeking behavior to enhance access to CT, treatment, care and support services;

## **C. Performance Indicators**

### **1. Community health worker training**

- a. By the end of the first reporting period 80% of community health workers will have been trained in community and home-based adherence counseling and support for people on ART;
- b. By the end of the second reporting period 70% of community health workers will have been trained in community and home-based adherence counseling and support for people on ART;
- c. By the end of the third reporting period 50% of community health workers will have been trained in community and home-based adherence counseling and support for people on ART;

- d. By the end of the fourth reporting period 40 of community health workers will have been trained in community and home-based adherence counseling and support for people on ART;
- e. By the end of the fifth reporting period 20% of community health workers will have been trained in community and home-based adherence counseling and support for people on ART;

**Strategic Information:**

Awardee(s) will monitor, evaluate, and respond to the utilization; completeness, quality, and timeliness of electronic health record (EHR)/SmartCare documentation, as well as, train clinical staff on utilizing the system to inform patient care.

- Targets: 100% utilization for all SmartCare supported services; 95% of facilities with electricity capable of operating computers.

**Part B: Transition Plan Outcomes:**

- b. The grantee must show a measurable progressive reinforcement of the capacity of indigenous organizations, government entities, and local communities to respond to the national HIV epidemic, as well as progress towards the transition of HIV Care and Treatment activities towards these entities will be evaluated through the progress reports and continuation applications.
- c. During the project period, grantee will provide technical assistance and support to Zambia's health government and/or non-government organizations in order to build their capacity and ensure sustainability

within these organizations to manage quality HIV programs within their geographic areas of program implementation.

- d. At end of each reporting period grantee should report proportion of program activities or technical functions previously the responsibility of the international partner that are transitioned to government institutions.
- e. Over the project period, to continue strengthening capacity and support service delivery in existing PEPFAR supported sites, all of which should be progressively transition **to the Governemnt of Zambia through the appropriate Provincial Health Office (PHO).**

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/regs/hrpp/researchDefinition.htm>.

## **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 Zambian population and must also coordinate with activities supported by Zambian, 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) (grantee) 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 Zambia. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Zambia will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. 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.

The successful applicant(s) will provide technical and capacity development support to Zambian government institutions that will have responsibility for: implementing HIV care and treatment activities, to provide comprehensive, integrated, and quality clinical services to prevent mother-to-child HIV transmission (PMTCT), including support to the nationally standard electronic and corresponding paper-based record system in facilities lacking infrastructure for electronic systems patient-level data management system; counseling and testing services; improving continuity of care through integration and institutionalization of the national electronic health record (EHR) initiative; and pediatric psychosocial support services to HIV positive children. Transition needs to occur while sustaining and continuing to scale-up care and treatment services for people living with HIV (PLWH) without disruption of services. The intent of this funding opportunity announcement (FOA) is to provide funding to a successful applicant to complement the public health and clinical HIV/AIDS, PMTCT and TB/HIV activities of the Lusaka, Southern, Western and Eastern provincial medical offices of the Ministry of Health (MOH) for a local and sustainable response to the HIV/AIDS epidemic in the Republic of Zambia as follows:

1. To maintain HIV prevention, care and support, treatment and counseling and testing services for persons at increased risk of HIV infection in Zambia and to

support the development of provincial and district government health institution's capacity to incrementally assume greater responsibility for the implementation of PEPFAR and global goals in HIV/AIDS treatment and prevention.

2. Strengthen the capacity of the health care system in Zambia. To provide quality comprehensive, sustainable prevention, care, and support services including strengthening, integration, and institutionalization of the national EHR.
3. Create and build capacity of indigenous prime partners to provide focused technical assistance to the Government of Zambia for a broad range of comprehensive HIV-related clinical services provided at different levels of service delivery.
4. Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Zambian population and must also coordinate with activities supported by Zambia, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across technical areas whenever appropriate or necessary to improve service delivery.

During the project period, the grantee will provide technical assistance and support to the Zambian government and/or non-government organizations in order to build their capacity and ensure sustainability within these organizations to manage quality HIV programs within their geographic areas of program implementation. Services should be delivered in a manner that is consistent with Zambian national plans and policies.

Assistance funded through this funding opportunity announcement may include but is not limited to:

1. Developing and delivering training and mentoring in organizational development,
2. Development of assessment tools for measuring organization systems and levels of 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 program evaluation
3. Developing, validating and/or evaluating-public health programs to inform, improve and target appropriate prevention interventions, as related to the care and treatment of HIV/AIDS, TB and opportunistic infections.

Grantee activities for this program are as follows:

**Part A: Service Delivery and Capacity Building Activities:**

- A. HIV care, support, and treatment;**
- B. Prevention of Mother to Child HIV Transmission (PMTCT)**
- C. Laboratory services to support HIV care, support, treatment and PMTCT services**
- D. Community Mobilization and Behavior Change**
- E. Strategic Information**

## **A. HIV care, support, and treatment**

- a. Provide comprehensive care including appropriate prophylaxis and treatment for opportunistic infections (OI) including tuberculosis (TB) and sexually transmitted infections (STIs), according to national guidelines.
- b. Provide ART according to national guidelines and algorithms that cover when and how to initiate therapy, use first- and second-line regimens, and use regimens for special circumstances, such as pregnancy, co-infection with TB, and where appropriate, children.
- c. Evaluate and manage adverse effects of drugs.
- d. Maintain adequate clinical records.
- e. Provide referrals for additional care and support needs.
- f. Provide monitoring and care for HIV-infected persons not yet eligible by medical criteria for ART.

## **B. Prevention of Mother-To-Child Transmission (PMTCT)**

- a. Whilst PMTCT programs are on-going under an existing award with an international partner, implementation over the new project period under this funding announcement will entail scale-up to new sites while simultaneously gradually transitioning existing sites to a successful local grantee(s) on a corresponding local partner funding opportunity announcement.

- b. This set of activities are being implemented and will need to continue under this award.
- c. Continue scaling-up number of PMTCT sites in the province(s) to optimize geographical coverage of services
- d. Continue to scale-up on the number of maternal and child health (MCH) sites with ART/PMTCT integrated services for optimized delivery of more efficacious regimens and access by antenatal care (ANC) clients to full ART services
- e. Expand access to ART diagnostics in MCH facilities
- f. Scale-up and sustain ANC HIV counseling and testing (CT) rates
- g. Scale-up access to more efficacious ARV prophylactic regimens in all MCH facilities offering PMTCT services
- h. Training health workers in PMTCT based on Ministry of Health (MOH) guidelines and to cover for attrition
- i. Training health workers in Quality Assurance/Quality Improvement (QA/QI) for full institutionalization of QI/QA systems in all implementing sites
- j. Training Community health workers, TBA's, and peer educators in community tracking of mother-baby pairs for prevention of defaulting, community mobilization and community support to affected/infected families
- k. Support community work aimed at community tracking of mother-baby pairs for prevention of defaulting, community mobilization and community support to affected/infected families
- l. Training/orient MCH health personnel in TB screening

- m. Provide supervision and mentoring to all implementing sites on a regular basis
- n. Continue to implement innovative and contextually appropriate strategies for improved dried blood spot (DBS) turn around time
- o. Promote re-testing of HIV negative women and particularly those in discordant relationships antenatally and through out the breast feeding period
- p. Promote retention of HIV exposed babies and their mothers in care and treatment for early infant diagnosis (EID), care support and appropriate treatment.
- q. Promote couple CT and male involvement in ANC through implementation of innovative strategies, contextually tailored towards rural, peri-urban and urban settings respectively.
- r. Implement strategies for HIV screening of siblings of the index child
- s. Implement activities for enhanced linkage of post partum women & their partners/other children to care and treatment services
- t. Implement innovative and contextually relevant strategies to ensure effective integration of HIV CT programs with family planning services and integration of PMTCT activities with Youth Friendly Sexual and Reproductive Health services at all levels
- u. Implement programs for strengthening of TB screening for all HIV positive pregnant women within MCH facilities

**C. Laboratory services to support HIV care, support, treatment and PMTCT services**

- a. Continue strengthening of laboratory systems and facilities to support HIV /AIDS related activities including structure / equipment maintenance and provision of quality assurance and improvement, staff training and other technical assistance.
- b. Offer comprehensive and quality clinical laboratory services in rapid HIV testing, hematology, chemistry, & CD4 counts to HIV /AIDS patients.
- c. Continue to offer early infant diagnosis to HIV exposed infants
- d. Strengthen patient and specimen referral network to offer a continuity of care and response to the needs for clinical decision making.
- e. Improving and strengthening Laboratory information system / communication and results delivery system.
- f. Improve and sustain energy source through design installation and maintenance of appropriate energy source systems to ensure continuous supply of electricity for the laboratories
- g. Offer laboratory services to perform TB laboratory diagnosis by culture and Fluorescent auramine microscopy (FAM) for sputum smears, and molecular diagnostic techniques for enhanced TB diagnosis
- h. Perform a comprehensive External Quality Assurance / panel tests ( EQA /PTA) programs for HIV rapid testing ( HIV diagnosis), acid fast bacilli (AFB) sputum smear microscopy , and CD4+ counts

- i. Procure essential items needed to conduct a satisfactory EQA program and trainings
- j. Provide technical assistance to develop and strengthen laboratory capacity in government institutions in Eastern, Lusaka , Western and Southern provinces to provide HIV/AIDS, PMTCT and TB laboratory services

#### **D. Community Mobilization and Behavior Change**

Provide a minimum package of prevention for positives by:

- a. Training peer educators to assess sexual activity and provide prevention counseling.
- b. Training nurses to assess family planning needs and provide counseling.
- c. Including prevention modules in existing trainings.

Support pre-antiretroviral treatment (ART) clinical care by:

- a. Providing routine prevention counseling and ensuring condom availability.
- b. Procuring select opportunistic infection drugs if needed.
- c. Strengthening technical capacity at the district, provincial, and national levels.
- d. Participating in technical working groups and providing technical support for guidelines and training packages.

Support peer educators and treatment supporters by:

- a. Providing ongoing mentoring and support to all peer educators and treatment supporters.
- b. Conducting trainings with treatment supporters and Neighborhood Health Committees on prevention for positives.
- c. Disseminating prevention information, education, and communication materials.
- d. Providing technical support for task-shifting guidelines and training packages.

Follow up of pre-ART patients for repeat ART eligibility screening by

- a. Analyzing program data to understand missed opportunities.
- b. Assessing the feasibility of using methods such as text messages, phone or home visit reminders.
- c. Reviewing the impact and operational demands of increased pre-ART patient follow-up.

Support integrated HIV screening and care in outpatient (OPD) wards by:

- Providing ongoing monthly clinical mentoring at integrated sites.

Provide comprehensive women's health clinical services by:

- a. Creating effective linkages through trained clinic-based peer counselors.
- b. Conducting ongoing mentoring and quality improvement systems.
- c. Supporting ongoing health promotion and advocacy.

- d. Training staff and students at the University Of Zambia School Of Medicine.

**E. Training:**

- a. Assure training and continuing education to health care professionals as well as community workers (including persons living with HIV/AIDS) in HIV/AIDS, TB and PMTCT service provision.
- b. Training should address the diagnosis, treatment, care of HIV and mother-to-child prevention strategies.
- c. Provide training to increase the capacity of indigenous staff.
- d. Provide management training as needed.
- e. Community mobilization and behavior change.

Limited funding in this award (no more than seven percent of the budget) is available for community mobilization and behavior change to promote the use of ART. These activities should include employment of people living with HIV/AIDS where appropriate. The specific goals of this activity include: (1) For those at risk of infection — encourage them to seek testing; (2) For those not infected — reduce the risk of acquiring HIV and other STIs; and (3) For those infected — reduce the risk of HIV transmission and encourage care seeking behavior and adherence to therapy.

**F. Monitoring and evaluation**

- a. Implement a system for ongoing review and adjustment of program activities.

- b. Measure uptake and clinical outcomes to assess impact, including monitoring for adverse outcomes, such as drug resistance at the population level in the populations being served.
- c. Collect program indicators as recommended by national and United States Government (USG) guidelines that have been or will be developed.
- d. Assist in dissemination of evaluations and lessons learned from these programs.

**Strategic Information:**

- Continue to develop, use, and support the national electronic health record (EHR) system, SmartCare, to document clinical services electronically in all supported facilities with electricity capable of operating computers.

**Part B: Transition Plan:**

Overall activities in this award must strengthen the capacity of health care system in Zambia to provide high-quality comprehensive health services to the Zambian population in line with government strategies and policies and the overarching United States Government (USG) global health goals outlined in the Global Health Initiative (GHI). The grantee must demonstrate the ability to provide sustainable prevention, diagnostic, treatment, care, and support services in Eastern, Lusaka, Western and Southern provinces of Zambia.

In addition to delivering services and implementation of program activities, recipients should develop the capacity of their own and other organizations responsible for the delivery of community-based HIV/AIDS interventions in the country, and also improve the scale and quality of these interventions.

- a. Provision of in-service training in comprehensive HIV/AIDS services for health workers, in accordance with national HIV/AIDS policies, guidelines and training materials.
- b. Provision of on-site technical assistance and supportive supervision to health workers on delivery of comprehensive HIV/AIDS and community services.
- 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.
- d. Develop operational plan to implement transition of organizational and technical functions in all program activities to the MOH at provincial, and district level within the term of contract.
- e. Build capacity at regional and district levels to plan, manage and supervise quality HIV clinical services, as well as to manage USG funding awards.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

**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 as necessary 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. Work with the US Government Interagency Team and other implementing partners, at the regional and district level to select districts and provinces for support activities, to align activities, avoid duplication, and achieve program efficiencies using PEPFAR Funds. Collaborate with CDC and USG Interagency teams in evaluating needs and support for the Government of Zambia.

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:** FY 2011

**Approximate Current Fiscal Year Funding:** \$13,968,009

**Approximate Total Project Period Funding:** \$150,000,000 (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:** 3

**Approximate Average Award:** \$4,656,003 (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:** None

**Ceiling of Individual Award Range:** None (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 months

**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 listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Non-domestic (non-U.S.) entity

- Other (specify)

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a letter from the state or local government as documentation of the status is required. Attach with “Other Attachment Forms” when submitting via [www.grants.gov](http://www.grants.gov).

### **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.

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: 40 in Part A-“Service Delivery and Capacity Building Activities” and maximum number of pages: 20 in Part B-“Transition Plan” (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
- *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 Transition Plan:** The Sustainability Plan must be submitted in a PDF format when submitting via [www.Grants.gov](http://www.Grants.gov). **The Transition Plan must be submitted in the following format:**

- **Maximum number of pages: 20 (If your transition plan 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; and**
- **Number all pages of the transition plan sequentially from page one (Transition Plan Face Page) to the end of the application, including charts, figures, tables, and appendices.**

- The Sustainability Plan must focus on increasing the potential for the transition of awardee service-provision activities to the Government of Zambia at the end of the project period and address the following issues:
  - ✓ Knowledge sharing and capacity development in support of the Zambian Governmental institutions with a focus on increasing the ability of these Government of Zambia institutions to manage and coordinate the provision of HIV services. Awardees may facilitate this by, for example, directly engaging and/or closely coordinating with Zambian government entities to support management, logistics, and coordination activities at the facility level.
  - ✓ Support for the Government of Zambia-led initiative to decentralize HIV services to Primary Health Centers.
  - ✓ Support for the Government of Zambia-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 Zambia.
  - ✓ Strengthened referral and reporting networks with other public facilities and Government of Zambia institutions at district, provincial and tertiary level.

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

- *Job descriptions* of proposed key positions to be created for the activity
- Applicant’s Corporate Capability Statement;*
- *Letters of Support* (5 letters maximum) from *Zambian Ministry of Health and Provincial Health Offices*
  - *Evidence of Legal Organizational Structure; 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](http://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](http://www.Grants.gov). Please visit [www.Grants.gov](http://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 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 (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](http://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 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**

A letter of intent is not applicable to this funding opportunity announcement.

### **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 or by calling 1-866-705-5711. This is a requirement for 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 [www.ccr.gov](http://www.ccr.gov).

**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](http://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](http://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](http://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](http://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](mailto: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](http://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](mailto: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:** *April 20, 2011, 5:00pm U.S. Eastern Standard Time*

### **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**

**To ensure continued coverage in all program areas and geographic locations, applicants should submit one (1) application for all Program Areas (items A – E), covering all geographic locations (Eastern, Lusaka, Southern and Western Provinces). Failure to comply with these requirements will make the application non-responsive.**

Program areas are:

- A. HIV care, support, and treatment;**
- B. Prevention of Mother to Child HIV Transmission (PMTCT)**
- C. Laboratory services to support HIV care, support, treatment and PMTCT services**
- D. Community Mobilization and Behavior Change**
- E. Strategic Information**

**Part A: Service Delivery and Capacity Building Evaluation Criteria:**

**Eligible applications will be evaluated against the following criteria:**

#### **Ability to Carry Out the Proposal (25 points):**

- Does the applicant demonstrate the local experience within the past five years of implementing and delivering ART, PMTCT, TB, laboratory and CT services in

the community and in government clinical sites in Eastern, Lusaka, Southern and Western Provinces of Zambia? Does the applicant have existing and ongoing programs in ART, PMTCT and TB/HIV programs in these locations and clearly describe the gradual transition of these services over the next 5 years to the provincial medical offices? (15 points)

- Does the applicant demonstrate proficient experience utilizing the national electronic health records system (SmartCare) to carry out their programs? (2 points)
- Does the applicant show experience in community mobilization and behavioral change programs? (2 points)
- Does the applicant have the ability to coordinate and collaborate with the Zambian government, existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan, including the U.S. Agency for International Development? (3 points)
- Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in Zambia? Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? (1 point)
- To what extent does the applicant provide letters of support from provincial medical offices and Ministry of Health? (2 points)

**Technical and Programmatic Approach (20 points):**

- 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? (5 points)
- 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? (5 points)
- Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? (5 points)
- Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (5 points)

**Capacity Building (15 points):**

- Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals in Eastern, Lusaka, Southern and Western Provinces of Zambia? 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 local organizations and of target beneficiaries to respond to the epidemic? (10 points)

- If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the applicant describe a phasing-out plan and how they are going to build capacity and transfer responsibility of program implementation to host government in the next five years? 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 " 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 to local organizations/sites in support of a decentralized response? (5 points)

**Monitoring and Evaluation (15 points):**

- Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points)
- 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 including the national electronic health records system (SmartCare)? 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? (10 points)

- Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones ?" Applicants must define 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.

**Understanding of the Problem (10 points):**

- 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? (5 points)
- Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? (5 points) To what extent does the applicant justify the need for this program within the target community?

**Personnel (5 points):**

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? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Is staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the

development of capacity building among and collaboration between Governmental and non-governmental partners.

**Administration and Management (10 points):**

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? 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.

**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?

**Partt B: Transition Plan Evaluation Criteria (should equal 100 points):**

**Eligible applications will be evaluated against the following criteria:**

**Ability to Carry Out the Proposal (20 points):**

- Does the applicant demonstrate the local experience in country name and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? Does the applicant have a proven track record of training provincial health officials and local partner staff? (5 points)
- Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in implementing the President’s Emergency Plan, including the U.S. Agency for International Development? (2.5 points)
- Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach rural and other underserved populations in country name? (10 points)
- Does the organization have the ability to target audiences that frequently fall outside the reach of the traditional media, and in local languages? To what extent does the applicant provide letters of support? (2.5 points)

**Technical and Programmatic Approach (25 points):**

- Does the applicant describe an adequate and measurable plan to progressively build the capacity of local organizations, Governmental Provincial Health Offices,

and target beneficiaries to respond to the epidemic as well as transition the program by the of end of the project? 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? (4 points)

- Does the applicant have an operational plan to implement transition of organizational and technical functions in all program activities to local partners (including the MOH and its national, provincial, and district) within the term of the cooperative agreement? (4 points)
- Does the applicant provide a clear transition plan tailored to local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered? (4 points)
- Does the applicant provide a clear plan to transfer expertise into government structures by training, mentoring and building capacity of selected HIV/AIDS care, support and treatment organizations? (4 points)
- 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? (4 points)
- Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? (1 point)
- Does the application propose to build on and complement the current national response in with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (4 points)

**Capacity Building (10 points):**

- Does the applicant demonstrate the ability to strengthen the host government's capacity to provide quality HIV/AIDS program services, manage its program more effectively and improve sustainability? Does the applicant have a proven track record of building the capacity of 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 local organizations and of target beneficiaries to respond to the epidemic? (5 points)
- Does the applicant provide evidence of strong collaboration with the Government of the Republic of Zambia, specifically the, Provincial Health Offices, District Health Management Teams, and community leaders. (5 points)

**Monitoring and Evaluation (25 points):**

- Does the applicant incorporate monitoring and evaluation plans into local partner and government service delivery? (5 points)
- Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points)
- 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? *(5 points)*

- Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones? "Applicants must define 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. *(10 points)*

**Understanding of the Problem (10 points):**

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?

**Personnel (5 points):**

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? If not an indigenous organization, does the staff plan adequately involve local individuals and organizations? Is staff involved in this

project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

**Administration and Management (5 points):**

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.

**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 Preferences (25 points):**

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:

- Preference will be given to organizations with experience delivering culturally and linguistically appropriate training, HIV prevention, care and treatment services in Zambia and provide evidence that they are registered, indigenous Zambian organizations or those organizations with documented evidence of transitioning to local organizations that meet the PEPFAR definition of local partner. **(20 points)**
- Preference will be given to applicants with established ART sites and who currently support patients in government health institutions within the stated provinces and have laid out a plan to transition these services to the provincial medical offices of the respective province in an appropriate, phased manner during the project period will receive five **(5 points)**.

**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 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 Zambia. 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](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.

The following factors may affect the funding decision:

- Applicants must score a minimum of 70 points in Part A “Service Delivery and Capacity Building Activities” and a minimum of 70 points in Part B “Transition Plan” of this FOA in order to be considered for funding.
- Preference will be given to organizations with experience delivering culturally and linguistically appropriate training, HIV prevention, care and treatment services in Zambia and provide evidence that they are registered, indigenous

Zambian organizations or those organizations with documented evidence of transitioning to local organizations that meet the PEPFAR definition of local partner.

- Preference will be given to applicants with established ART sites and who currently support patients in government health institutions within the stated provinces and have laid out a plan to transition these services to the provincial medical offices of the respective province in an appropriate, phased manner during the project period will receive five.

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

#### ***Pre-Application Workshops***

***CDC Zambia will host a pre-application workshop at the CDC Zambia office located at the CDC InterContinental Hotel of Lusaka in Lusaka, Zambia, on March 14, 2011.***

***Please contact Isaac Zulu, MD, MPH, Project Officer at [ZuluI@zm.cdc.gov](mailto:ZuluI@zm.cdc.gov) for specific time and confirmation of location.***

***Applicants not located in Zambia can participate through conference line:***

***US Toll Number : +1-210-835-2790***

***Toll Free / Free phone : +1-877-954-6079***

***Participant Pass code: 3461448***

## **VII. AWARD ADMINISTRATION INFORMATION**

### **Award Notices**



- 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

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](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](http://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 **Zambia**; and
- k. Additional Requested Information;

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

2. Annual Progress report due 90 days after the end of the budget period. Reports should include progress against the numerical goals of the President’s Emergency Plan for AIDS Relief in Zambia.
3. Financial Status Report (SF 269) due no more than 90 days after the end of the budget period.

4. Final performance and Financial Status Reports, due 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 listed in the Section VIII below entitled “Agency Contacts”.

### **VIII. AGENCY CONTACTS**

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Dr. Isaac Zulu, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
American Embassy  
P.O. Box 31617  
Lusaka, Zambia  
Telephone: 260-211-250955  
E-mail: [ZuluI@zm.cdc.gov](mailto:ZuluI@zm.cdc.gov)

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

Teresa Kidd, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2793

E-mail: [ibq5@cdc.gov](mailto:ibq5@cdc.gov)

For **assistance with submission difficulties**, contact Grants.gov (see page 58):

Phone: 1-800-518-4726

Email: [support@grants.gov](mailto: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](mailto: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 Web site,  
 Internet address: <http://www.grants.gov>.

**Appendix 1:**

<b>Facility Name</b>	<b>District</b>
Bauleni	Lusaka/Lusaka
Chadiza HC	Eastern/Chadiza
Chalimbana	Lusaka/Chongwe
chama Hospital	Eastern/Chama
Chawama (Lusaka)	Lusaka/Lusaka
Chazanga	Lusaka/Lusaka
Chelstone	Lusaka/Lusaka
Chilenje	Lusaka/Lusaka
Chinyunyu	Lusaka/Chongwe
Chipata General Hospital	Eastern/Chipata
Chipata	Lusaka/Lusaka
Choma General Hospital	Southern/Choma
chongwe HC	Lusaka/Chongwe
George	Lusaka/Lusaka
gwembe District Hospital	Southern/Gwembe
Hofmeyr	Eastern/Nyimba
Itufa	Western/Senanga
Kabwata	Lusaka/Lusaka
Kafue District Hospital	Lusaka/Kafue
Kafue Estate	Lusaka/Kafue
Kalabo District Hospital	Western/Kalabo
Kalingalinga	Lusaka/Lusaka
kalomo District Hospital	Southern/Kalomo
Kamwala	Lusaka/Lusaka
Kanyama (Lusaka)	Lusaka/Lusaka
Kaoma District Hospital	Western/Kaoma
Kapata Hospital HAHC	Eastern/Chipata
KARA Counseling	Lusaka/Lusaka
Kasisi	Lusaka/Chongwe
Keemba - 8080250	Southern/Monze
Lewanika General Hospital	Western/Mongu
Limulunga Stage II	Western/Mongu
livingstone Hospital	Southern/Livingstone

Luangwa Boma	Lusaka/Luangwa
Lukulu District Hospital	Western/Lukulu
lundazi District Hospital	Eastern/Lundazi
Lusaka Railway	Lusaka/Lusaka
Lwiimba	Lusaka/Chongwe
Magoye - 8070250	Southern/Mazabuka
Makeni	Lusaka/Lusaka
Matero Main	Lusaka/Lusaka
Matero Reference	Lusaka/Lusaka
Mazabuka Hospital - 8070010	Southern/Mazabuka
Mbayamusuma - 8070260	Southern/Mazabuka
Monze Urban Clinic - 8080300	Southern/Monze
Mtendere	Lusaka/Lusaka
Mwase Lundazi - 3050110	Eastern/Lundazi
Mwembeshi (Kafue) - 5020250	Lusaka/Kafue
Nakambala Sugar Estates - 8070320	Southern/Mazabuka
Nakambala Urban - 8070330	Southern/Mazabuka
Nangongwe OPD/Maternity	Lusaka/Kafue
Ngombe	Lusaka/Lusaka
Nsadzu	Eastern/Chadiza
Nyawa	Southern/Kazungula
Nyimba Hospital	Eastern/Nyimba
Pemba	Southern/Choma
Petauke Disrict Hospital	Eastern/Petauke
Sefula Stage II	Western/Mongu
Senanga District Hospital	Western/Senanga
Shampande	Southern/Choma
Shangombo HC	Western/Shang'ombo
Sinda	Eastern/Petauke
State Lodge	Lusaka/Lusaka
University Of Zambia	Lusaka/Lusaka
UTH5	Lusaka/Lusaka
yeta District Hospital	Western/Sesheke