

Amendment I (3/21/2011):

1. *Page 4: Inserted language: Central Province.*
2. *Page 9: Inserted Language: By the end of the fifth reporting period, at least 8,000 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.*
3. *Page 22: Language Changed: Other Prevention: HIV Prevention among community members:*
 - a. *By the end of the fifth reporting period, at least 100,000 individuals will be reached with individual/small group interventions on condom use and other risk reduction methods;*
 - b. *By the end of the fifth reporting period, at least 200 individuals will be trained to provide individual/small group interventions on condom use and other risk reduction methods;*
 - c. *By the end of the fifth reporting period, at least 50,000 individuals will have received testing and counseling services for HIV and received their test results:*
 - d. *By the end of the fifth reporting period, at least 200 health care providers will be trained in counseling and testing;*
 - e. *By the end of the fifth reporting period, at least 5,000 individuals will have received couples counseling and testing for HIV and will have received their test results; and*

f. By the end of the fifth reporting period, at least 100 health care providers will be trained in couples counseling and testing.

4. Pages 22-23: HIV Prevention among youths:

a. By the end of the fifth reporting period, at least 130,000 individuals will be reached with individual/small group interventions primarily focused on abstinence and/or being faithful; and

b. By the end of the fifth reporting period, at least 90 peer educators will be trained to promote HIV/AIDS prevention that promote abstinence and/or being faithful and condom use.

5. Page 23: Language change: STI Prevention and Management

- By the end of the fifth reporting period, at least 200 health workers will be trained in Syndromic Management of sexually transmitted infections to improve case management.*

6. Page 23: Language change: Prevention with MARPs

- By the end of the fifth reporting period, at least 500 most at risk populations (MARPs) will be reached with individual and/or small group level interventions that are based on evidence-based and/or meet the minimum standards.*

7. Pages 23-24: Language changed: Workplace programs

- By the end of the fifth reporting period, at least 60 workplace HIV program that incorporate counseling and testing of employees and family members will be established; and*

- *By the end of the fifth reporting period, at least 60 managers in each district will be trained to implement the MOH HIV work-place programs.*

8. *Page 25: Inserted Language: entire five year project period*

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

Centers for Disease Control and Prevention (CDC)

Strengthening the Capacity of Local Indigenous Faith Based Partners in Zambia to Provide HIV/AIDS Prevention, Treatment and Care Services in a Comprehensive and Sustainable Manner under the President's Emergency Plan for AIDS Relief (PEPFAR)

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1120

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: May 6, 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 increase the local capacity and sustainability of the response to the HIV and AIDS crisis in Zambia by engaging local indigenous faith based partners to provide HIV/AIDS Prevention, Treatment and Care services that were initiated in 2004 under the PEPFAR-funded HHS/CDC and HHS/HRSA HIV clinical services and antiretroviral treatment program. This program promotes the transition of United States Government-funded health programs to host country ownership for improved sustainability by engaging local and indigenous faith based organizations. The successful applicant will in a phased manner take over HIV/AIDS prevention, care and treatment activities hitherto provided by an international faith based organization in 17 faith based and two private sites within Central, Eastern, Southern, Lusaka, Western, Copperbelt, North Western and Northern Provinces of Zambia.

This funding opportunity announcement (FOA) covers a wide range of activities within the spectrum of HIV services that applicants are expected to respond to in order to strengthen capacity and support service delivery in existing PEPFAR supported sites where the partner will progressively assume responsibility as well as in new sites to which partner will appropriately scale-up services 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. Strengthen laboratory services to support HIV care, support, treatment and PMTCT services
- D. Community Mobilization and behavioral change
- E. Other Prevention
- F. Male Circumcision

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

9. Provision of ART according to national guidelines: Patients Newly Initiating on ART

Children:

- a. By the end of the first reporting period, at least 130 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 280 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 420 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 560 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 700 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.

Adults:

- a. By the end of the first reporting period, at least 3,220 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 5,600 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 7,200 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 8,000 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.
- e. By the end of the fifth reporting period, at least 8,000 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.

10. HIV Care and Treatment Services: Currently (existing + new) Enrolled ART Patients

- a. By the end of the first reporting period, a cumulative total of 15,254 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 36,388 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 62,202 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 of 91,496 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 of 98,456 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.

11. 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.

12. 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 of a preceding CD4 test.
- b. By the end of the first reporting period, at least 90% of the HIV infected adults and children receiving ARTs will be having ongoing CD4 monitoring as per national guidelines and would have had CD4 testing within six months of a preceding test..
- 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 of a preceding test.
- d. By the end of the second reporting period, at least 95% of the HIV infected adults and children receiving ARTs will be having ongoing CD4 monitoring as per national guidelines and would have had CD4 testing within six months of a preceding test. 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 of a preceding test.

- e. By the end of the third reporting period, at least 95% of the HIV infected adults and children receiving ARTs will be having ongoing CD4 monitoring as per national guidelines and would have had CD4 testing within six months of a preceding test. 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 of a preceding test.
- f. By the end of the fourth reporting period, at least 95% of the HIV infected adults and children receiving ARTs will be having ongoing CD4 monitoring as per national guidelines and would have had CD4 testing within six months of a preceding test. 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 of a preceding test.
- g. By the end of the fifth reporting period, at least 95% of the HIV infected adults and children receiving ARTs will be having ongoing CD4 monitoring as per national guidelines and would have had CD4 testing within six months of a preceding test.

13. Prevention of Mother to Child HIV transmission (PMTCT)

- a. At least 50% of Primary level facilities where partner operates have integrated ART and PMTCT services by the end of the project period
- b. At least 85% of HIV positive pregnant women will be receiving a complete course of more efficacious antiretroviral (ARV) prophylaxis regimen according to national guidelines by the end of the project period.

- c. At least 95% of all antenatal clinics (ANC) attendees in each district where partner operates will be tested for HIV, provided counseling and receive their results through direct activities at the end of each reporting period
- d. At least 85% of all HIV positive pregnant women and their HIV exposed babies will be retained for on-going appropriate prevention, care and treatment services including early infant diagnosis (EID) for the exposed babies by the end of the project period
- e. 100% of PMTCT providing facilities in areas where grantee operates receive supportive supervision and mentoring on quarterly basis by the end of each reporting period
- f. At least 50% of all ANC attendees will be getting counseled, tested, and received a result with their partner by the end of the project period
- g. 100% of partners testing HIV positive will be linked to Treatment programs at the end of each reporting period
- h. At least 95% CT sites in facilities where partner operates have Family Planning services integrated with CT services for prevention of pregnancy for all HIV positive and those of unknown status by the end of the project period
- i. At least 50% PMTCT sites where partner operates will have youth friendly services integrated with PMTCT by the end of the project period
- j. Reduce the proportion of HIV exposed babies who become HIV infected to less than 5% by the end of the project period.

14. Strengthen laboratory services to support HIV care, support, treatment and PMTCT services

At the end of the funding period, there will be:

- 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 maintained 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 the national EQA program.
- i. At least 50% functioning laboratories engaged in laboratory management strengthening process toward accreditation.

15. Community Mobilization and Behavioral Change measureable outcomes

HIV Testing and counseling

- a. By the end of the first reporting period, at least 10,000 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 20,000 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 30,000 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 40,000 people will have received testing and counseling services for HIV and received their test results;
- e. By the end of the fifth reporting period, at least 50,000 people will have received testing and counseling services for HIV and received their test results.

Referrals for treatment, care and support

- a. By the end of the first reporting period, at least 70% of the people testing HIV positive will have been referred for treatment, care and support;
- b. By the end of the second reporting period, at least 75% of the people testing HIV positive will have been referred for treatment, care and support;

- c. By the end of the third reporting period, at least 80% of the people testing HIV positive will have been referred for treatment, care and support;
- d. By the end of the fourth reporting period, at least 85% of the people testing HIV positive will have been referred for treatment, care and support;
- e. By the end of the fifth reporting period, at least 90% of the people testing HIV positive will have been referred for treatment, care and support.

Community and home-based adherence counseling

- a. By the end of the first reporting period, at least 5,000 will have been reached with home-based adherence counseling and other psychosocial support services;
- b. By the end of the second reporting period, at least 10,000 will have been reached with home-based adherence counseling and other psychosocial support services;
- c. By the end of the third reporting period, at least 20,000 will have been reached with home-based adherence counseling and other psychosocial support services;
- d. By the end of the fourth reporting period, at least 30,000 will have been reached with home-based adherence counseling and other psychosocial support services;
- e. By the end of the fifth reporting period, at least 50,000 will have been reached with home-based adherence counseling and other psychosocial support services;

Community health worker training

- a. By the end of the first reporting period, at least 60 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 70 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 80 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 90 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 100 community health workers will be trained in community and home-based adherence counseling and support for people on ART;

Prevention with positives

- a. By the end of the first reporting period, at least 5,000 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 10,000 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 20,000 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 30,000 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 40,000 People Living with HIV (PLHIV) will be reached with a minimum package of PwP interventions;

Community support groups for PLHIV

- a. By the end of the first reporting period, at least 20 new 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 20 new 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 20 new 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 new 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 20 new support groups for PLHIV will be established to offer PLHIV access to education and psychosocial support services;

Community leadership and participation

- a. By the end of the first 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;
- b. By the end of the second 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;
- c. By the end of the third 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;
- d. By the end of the fourth 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;

- e. By the end of the fifth 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;

Community and home-based adherence counseling

- a. By the end of the first reporting period, at least 50% 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, at least 60% will have been reached with home-based adherence counseling and other psychosocial support services;
- c. By the end of the third reporting period, at least 70% will have been reached with home-based adherence counseling and other psychosocial support services;
- d. By the end of the fourth reporting period, at least 80% will have been reached with home-based adherence counseling and other psychosocial support services;
- e. By the end of the fifth reporting period, at least 95% will have been reached with home-based adherence counseling and other psychosocial support services;

Community health worker training

- a. By the end of the first reporting period, at least 70% 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 75% 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 80% 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 85% 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 90% community health workers will be trained in community and home-based adherence counseling and support for people on ART;

Prevention with positives

- a. By the end of the first reporting period, at least 60% PLHIV will be reached with a minimum package of PwP interventions;
- b. By the end of the second reporting period, at least 70% PLHIV will be reached with a minimum package of PwP interventions;
- c. By the end of the third reporting period, at least 75% PLHIV will be reached with a minimum package of PwP interventions;

- d. By the end of the fourth reporting period, at least 80% PLHIV will be reached with a minimum package of PwP interventions;
- e. By the end of the fifth reporting period, at least 90% PLHIV will be reached with a minimum package of PwP interventions;

16. Other Prevention

HIV Prevention among community members

- a. By the end of the fifth reporting period, at least 100,000 individuals will be reached with individual/small group interventions on condom use and other risk reduction methods;
- b. By the end of the fifth reporting period, at least 200 individuals will be trained to provide individual/small group interventions on condom use and other risk reduction methods;
- c. By the end of the fifth reporting period, at least 50,000 individuals will have received testing and counseling services for HIV and received their test results:
- d. By the end of the fifth reporting period, at least 200 health care providers will be trained in counseling and testing;
- e. By the end of the fifth reporting period, at least 5,000 individuals will have received couples counseling and testing for HIV and will have received their test results; and
- f. By the end of the fifth reporting period, at least 100 health care providers will be trained in couples counseling and testing.

HIV Prevention among youths

- a. By the end of the fifth reporting period, at least 130,000 individuals will be reached with individual/small group interventions primarily focused on abstinence and/or being faithful; and
- b. By the end of the fifth reporting period, at least 90 peer educators will be trained to promote HIV/AIDS prevention that promote abstinence and/or being faithful and condom use.

STI Prevention and Management

- By the end of the fifth reporting period, at least 200 health workers will be trained in Syndromic Management of sexually transmitted infections to improve case management.

Prevention with MARPs

- By the end of the fifth reporting period, at least 500 most at risk populations (MARPs) will be reached with individual and/or small group level interventions that are based on evidence-based and/or meet the minimum standards.

Community participation

- a. By the end of the first reporting period, at least 100 meetings/workshops with communities leaders will be held to encourage participation and empowerment in the areas of HIV prevention;
- b. By the end of the first reporting period, at least 200 community health workers will be trained in community mobilization, leadership building

and behavioral change communication including addressing negative social norms;

Workplace programs

- a. By the end of the fifth reporting period, at least 60 workplace HIV program that incorporate counseling and testing of employees and family members will be established; and
- b. By the end of the fifth reporting period, at least 60 managers in each district will be trained to implement the MOH HIV work-place programs.

17. Male circumcision services

The applicant will meet the following targets in the project period:

- a. Number of males circumcised as part of the minimum package of MC for HIV prevention services in first reporting period:
 - i. Under one year of age: at least 500
 - ii. Between one year of age through 14 years of age: at least 1,000
 - iii. Over 15 years of age: at least 3,000
- b. Number of clients circumcised who experienced one or more moderate or severe adverse event(s) within the reporting period: less than 3%
- c. Number of males circumcised as part of the minimum package of MC for HIV prevention services in second reporting period:
 - i. Under one year of age: at least 600

- ii. Between one year of age through 14 years of age: at least 2,000
 - iii. Over 15 years of age: at least 3,500
- d. Number of males circumcised as part of the minimum package of MC for HIV prevention services in third reporting period:
 - i. Under one year of age: at least 700
 - ii. Between one year of age through 14 years of age: at least 3,000
 - iii. Over 15 years of age: at least 4,000
- e. Number of males circumcised as part of the minimum package of MC for HIV prevention services in fourth reporting period:
 - i. Under one year of age: at least 800
 - ii. Between one year of age through 14 years of age: at least 4,000
 - iii. Over 15 years of age: at least 5,000
- f. Number of males circumcised as part of the minimum package of MC for HIV prevention services in fifth reporting period:
 - i. Under one year of age: at least 900
 - ii. Between one year of age through 14 years of age: at least 5,000
 - iii. Over 15 years of age: at least 6,000

18. HIV/TB

By the end of the reporting period (entire five year project period), the grantee will have:

- a. Counseled and tested for HIV at least 97% of TB patients on treatment
- b. Conducted screening at least 95% of HIV infected individuals for TB
- c. Provided at least 98% of TB/HIV co-infected patients with cotrimoxazole
- d. Provided training to at least 400 community care providers in the revised Facilitators manual for training TB treatment supporters and 150 health care workers in the revised WHO TB and TB/HIV modules and MDR-TB
- e. Conducted quarterly technical supervision to at least 96% of Faith based health facilities and their community care volunteers
- f. Conducted quarterly meetings in at least 98% Faith based facilities with TB treatment supporters
- g. Organize at least one clinical meeting /drug and therapeutics monthly meeting as part of quality assurance for patient case management in all Faith based health facilities
- h. Conduct at least quarterly Health centre and community TB/HIV coordinating body meetings
- i. Participate in the at least quarterly Provincial and district TB/HIV review meetings

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

site at the following Internet address: <http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the **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) 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.

Grantee activities for this program are as follows:

1. 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.

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

- a. Support integration of ART/PMTCT services in Primary level facilities for optimized delivery of more efficacious regimens and enhanced access to ART by ANC clients in the more rural facilities.
- b. Implement community and facility based activities aimed at promoting ANC HIV counseling and testing rates.
- c. Support community work aimed at tracking of mother-baby pairs for preventing adherence defaulting,
- d. Community mobilization and support to affected/infected families, in order to improve retention of mothers in prevention, care and treatment services and their HIV exposed babies for early infant diagnosis (EID), care, support, and appropriate treatment.
- e. Provide supervision and mentoring to all PMTCT implementing sites on regular basis in areas where the grantee operates.

- f. Promote couple counseling and testing (CT) and male involvement in ANC through implementation of innovative strategies, contextually tailored towards rural, peri-urban and urban settings.
- g. Implement activities for enhanced linkage of post partum women & their partners/other children to care and treatment services.
- h. 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.

3. Strengthen laboratory services to support HIV care, support, treatment and PMTCT services

- a. Training of laboratory staff to conduct HIV, OI laboratory testing and other HIV related laboratory activities.
- b. Maintain / improve capacity in targeted Laboratories with the capacity to perform HIV and TB clinical laboratory tests.
- c. Strengthen Laboratory system 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 / healthy 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. Improving and strengthening 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. Offer laboratory services to perform AFB TB smear microscopy using both convectional light microscopy and Fluorochrome Acid Microscopy (AFM).
-
- a. Strengthen Laboratory quality systems and facilities to support HIV/AIDS related activities including infrastructure and equipment maintenance.
 - b. Offer comprehensive and quality clinical laboratory services in Rapid HIV Test, hematology, chemistry, & CD4 counts to HIV /AIDS patients.
 - c. 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).

- d. Continue to offer early infant diagnosis to HIV exposed infants.
- e. Strengthen patient and specimen referral network to offer a continuity of care and respond to the needs of clinical decision making.
- f. Improve and strengthen laboratory information system / communication and results reporting system.
- g. Improve and sustain energy source through design installation and maintenance of appropriate energy source systems to ensure continuous supply of electricity for the laboratories
- h. Strengthen laboratory capacity to perform AFB TB smear microscopy using both convectional light microscopy and Fluorochrome Acid Microscopy (AFM)
- i. Strengthen quarterly supervisory visits and offer Technical support to laboratory personnel.
- j. Strengthen overall laboratory quality systems and management towards accreditation

4. Community Mobilization and Behavioral Change

The program will promote community and home-based HIV treatment and prevention services that include community mobilization, psychosocial and spiritual counseling services. The grantee will promote community HIV counseling and testing as a means of early identification of HIV-infected persons, and their linkage to and retention in

treatment and care. They will provide behavioral change communication and encourage appropriate health seeking behavior and community acceptance of HIV counseling and testing and utilization of HIV treatment and care services. More significantly, community-based activities will promote adherence to ART and positive living among those on treatment. Community prevention services will also include “prevention with positives” (PwP), behavioral counseling and testing of couples and other family members. Specific activities will include, but not be limited to:

- a. Conduct community-based HIV counseling and testing activities aimed at early identification of HIV-infected individuals and families and linkage to and retention in treatment, care and support services including family planning for those that test positive;
- b. Provide community and home-based counseling and social support to ensure adherence to treatment regimens;
- c. Train community health workers who will provide community and home-based adherence counseling and support for people on ART;
- d. Promote a Prevention with Positives (PwP) approach that include HIV testing and counseling of sex partners and other family members; support for disclosure of HIV test results to sex partners and family members and promote other risk reduction measures;
- e. Promote the establishment of self-support groups among HIV positive patients that will offer PLWHIV access to education and psychosocial support services;

- f. Promote community leadership and participation for enhanced HIV prevention, positive health seeking behavior, defaulters tracing and adherence education for those on ART.

5. Other Prevention

The grantee will coordinate and implement HIV prevention activities that include comprehensive HIV education among the general population, in and out of school youths and among high-risk groups and other vulnerable populations (MARPs). Activities should be designed to achieve clear behavior change objectives by addressing individual behaviors, social norms and structural barriers to prevention and use biomedical interventions relevant to the population and setting. They will promote comprehensive and combination prevention interventions at facility and community levels to influence positive behavioral outcomes that contribute to reduced risk taking in order to achieve reductions in HIV infection rates.

Grantee activities for this program will include, but not limited to, the following:

HIV Prevention among the general population

- Support activities and training to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, partner reduction and related social and community norms as part of a balanced prevention message approach, with elements of abstinence and be faithful programs done in tandem with condom social marketing where appropriate.

Activities should also educate individuals on the availability of routine, confidential counseling and testing.

HIV Prevention among youths

- a. Intensify HIV prevention services targeting young people through youth based life-skills training, and promotion of overall Adolescent Sexual Reproductive Health services in all districts;
- b. Collaborate with the Ministry of Education to develop and implement HIV prevention programs within the school health programs, including training of health care providers and teachers in behavior change communication and skills building to prepare youths for delayed, safer and healthier transition to sexual activity;
- c. Improve and strengthen youth friendly corners in all districts and facilities for out of school youth;
- d. Train peer educators in all districts and facilitate the role-out of peer education programs at health facility and community levels to address HIV prevention;

STI Prevention and Management

- a. Improving the care and treatment of sexually transmitted infections (STIs) by improving STI diagnostic and management capacities and strengthen community education on STI prevention, partners notification and treatment compliance;
- b. Train health workers in syndromic management of sexually transmitted infections to improve case detection and management;

Prevention with MARPs

- Coordinate and implement interventions targeted at most at high-risk groups such as transportation workers (TW), uniformed servicemen, and other vulnerable individuals and groups;

Community participation

- a. Strengthen partnerships with the community by engaging community leaders in driving prevention activities; conducting prevention group meetings and train community health workers in behavior change communication for more effective community outreach activities;
- b. Support HIV prevention programs on community radio stations and lead the development and dissemination of behavior change communication materials in local languages in order to promote and facilitate community and household dialogue around HIV prevention;
- c. Promote community leadership and positive social norms that encourage men to take a lead in matters of HIV prevention and to recognize and support the fight against gender based violence and other gender based vices and inequalities that contributes to the spread of HIV;
- d. Provide psychological and social support, which may include mental health care, group and individual counseling including social support in vocational training, income-generating activities, social and legal protection, and training and support for community health workers to enhance HIV prevention;

6. Male circumcision services

- a. Increase access to safe male circumcision (MC) by increasing the number of health facilities offering comprehensive MC that includes CT for HIV and surgical removal of the foreskin, renovating the existing infrastructure, and building capacity of the clinic staff and community health workers;
- b. Expand MC services to all 19 sites supported by this award in Eastern, Southern, Lusaka, Western, Copperbelt, North Western and Northern Provinces of Zambia.
- c. Establish MC teams at each health facility in order to create favorable and safe MC environment;
- d. Procure necessary MC surgical equipment, and translation of MC information in local languages;
- e. Ensure stronger community participation through community mobilization and sensitization;
- f. Integrate MC services as part of routine health services and create linkages between MC and ART sites and a strong referral system for those testing positive for early access to ART services;
- g. Integrate MC interventions with strong HIV prevention messages and HIV CT services;
- h. Engage and educate community leaders to assist in community mobilization for MC services; and

- i. Train already present community health workers to include MC messaging in their package of community health education.

7. TB/HIV Program

- a. Provide Counseling and Testing for HIV to all TB patients and provide strong linkages and referral systems between the TB and HIV programs
- b. Conduct screening of HIV infected individuals for TB and refer active TB disease patients to the TB program for management
- c. Provide cotrimoxazole prophylaxis to TB and HIV co-infected patients
- d. Provide training to community care providers in the revised Facilitators manual for training TB treatment supporters and trained health care workers in the revised World Health Organization
 - a. (WHO) TB and TB/HIV modules and MDR-TB
- e. Conduct quarterly meetings with TB treatment supporters
- f. Provide technical support through supervision to community care volunteers
- g. Conduct therapeutic monthly meetings with patients
- h. Conduct quarterly TB/HIV coordinating meetings at the Health centre and community levels
- i. Participate in the Provincial and district TB/HIV data review meetings

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

CDC Activities:

The selected applicant 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: \$1,930,000

Approximate Total Project Period Funding: \$100,000,000 (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: 2

Approximate Average Award: \$965,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: 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.

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.

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: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- *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); and

- *Management of Project Funds and Reporting.*

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)
- *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, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov 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. 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.

International registrants can confirm by sending an e-mail to ccrhelp@dnb.com, including Company Name, D-U-N-S Number, and Physical Address, and Country.

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.

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National Codification Bureau of the country where the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp. Please note that NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

Electronic Submission of Application:

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

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via

the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

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

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week with exception of all federal holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting

with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

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

Submission Dates and Times

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

Application Deadline Date: May 6, 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

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate extensive experience in working with faith based institutions involved in health programs in areas of HIV Care, Support, and Treatment, TB/HIV, Prevention of Mother to Child HIV transmission (PMTCT), laboratory services, community mobilization and behavior change at national and community level in Zambia? The successful applicant must have existing and ongoing programs in these areas. 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 (USG) Departments and agencies involved in implementing the President’s Emergency Plan. The applicant must have strong collaboration with Government of the Republic of Zambia (GRZ) and Ministry of Health in particular and show evidence to have the capability for further strengthening of the partnership between the faith-based

community and the Zambian government. Does the applicant display evidence of leadership support and evidence of current or past efforts to enhance HIV treatment, care and prevention? The successful applicant must have the capacity to reach rural and other underserved populations in Zambia and must work primarily through a network of faith-based institutions. The applicant must demonstrate evidence of utilizing a strong, existing network of community volunteers and church health facilities, to expand access to high quality treatment and enable good adherence to anti-retroviral therapy for people in Zambia. The applicant must provide letters of support.

Technical and Programmatic Approach (20 points):

Does the applicant include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan? The applicant must display existing linkages with national patient care and monitoring systems including SmartCare. 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? The applicant must show how they promote community and home-based HIV treatment and prevention services that include community mobilization, psychosocial and spiritual counseling services. Does the applicant show evidence of collaboration with key stakeholders, including the in-country USG teams and Ministries of Health and show how the applicants programs are in harmony with national guidelines?

Capacity Building (15 points):

Does the applicant have a proven track record of building the capacity of indigenous community faith based organizations and local partner treatment facilities? Does the applicant demonstrate relevant experience in using participatory methods, and approaches, in project planning and implementation? The applicant must describe an adequate and measurable plan to progressively build the capacity of local faith-based organizations and of target beneficiaries to respond to the epidemic. Does the applicant demonstrate a plan to develop technical, financial and program management capacity in local faith based institutions for achieving technical sustainability at community level? Does the applicant show how they plan to engage local partner treatment facilities at community level and clinical staff in-country to ensure patients receive quality ART leading to successful clinical outcomes and improved quality of life?

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? Does the applicant describe a system for continued reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? The plan must include indicators developed for each program milestone, and incorporated into the financial and programmatic reports. The indicators must be consistent with the President's Emergency Plan Indicator Guide. Is the applicant's existing 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. The plan

must be able to measure outcomes of the intervention, and the manner in which they will be provided must be adequate. The monitoring and evaluation plan must be consistent with the principles of the "Three Ones"¹? 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.

Does the applicant demonstrate the capability to develop tools and processes to support continuous learning for local partners in the area of monitoring and evaluation, supply chain management, quality assurance and continuing education of both clinical staff and patients?

Understanding of the Problem (10 points):

The applicant must demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to working with faith based organizations and local partner treatment facilities. The applicant must display an understanding of the Five-Year Strategy and goals of the President’s Emergency Plan and must justify the need for this continued programs within the target communities.

¹ The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV, distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the “**Three Ones**”: - **one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

Personnel (10 points):

Does the organization demonstrate that they have employed qualified staff fluent in local languages with clearly defined roles who will continue to work in the various local partner treatment facilities and community faith based facilities? Does the applicant demonstrate their recruitment plans to continue to support the antiretroviral therapy drugs (ARV) supply chain management? The plan should show how this will build local partner capacity at community level in the forecasting and management of ARVs, working with in-country distributors to ensure that inventory is properly maintained and distributed in a timely manner, and liaising with the USG team, national MOH personnel and other key stakeholders regarding procurement issues. 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? The applicant's management structure for the project must be sufficient to ensure speedy implementation of the project. The applicant must 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 100 as follows:

Experience

- **Length of Experience (2 points)**

Faith based organization with over 5 years of experience delivering appropriate training, ART, and TB/HIV services in faith based institutions in Eastern, Lusaka,

Western, Southern, Western, North Western, Copperbelt and Northern Provinces Zambia.

- **Programmatic/Technical (5 points)**
 - Strong evidence of a successful clinical experience in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia delivering comprehensive HIV services through healthcare facilities, giving significance to the number of sites, patient loads, and spectrum of laboratory diagnostics employed
 - Documented institutional technical and management capacity and experience in management of comprehensive HIV programs including but not limited to: PMTCT, TB/HIV, pediatric and adult ART, pediatric and adult care, Prevention with Positives, HIV counseling and testing and PITC in Zambia.

- **Administrative/Management (Sub-contracting / Capacity Building) (5 points)**
 - Experience in managing subcontractors. Experience in providing oversight to faith based institutions in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia. Experience in human capacity-development for the management of HIV programs in resource-constrained settings. Evidence of capacity-building and training activities in HIV/AIDS leadership and management that involve District Health Management Teams, Provincial Health Offices, and local faith based HIV/AIDS organizations.

- Experience in supporting local HIV/AIDS organizations to evaluate programs, translate those findings into changes in programs and develop pilot activities to inform program management.

Collaboration (5 points)

- Evidence of strong collaboration with the Government of the Republic of Zambia and specifically the Ministry of Health, and faith based organizations. Established funding agreements with the Ministry of Health and experience in managing and disbursing global funds for TB, HIV and Malaria in faith based institutions in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia

Geographic / Target Population (2 points)

- Activities will be performed in several regions throughout the country. Preference will be given to applications that are reaching at least seven provinces of Zambia.

Type of Institution/Organization (5 points)

- As the activities under this FOA will be carried out in faith based institutions, preference for the award will be given to a FBO that has already established relations with these institutions to ensure smooth transitioning over the project period.

Language

- **Competency in Local Language (1 point)**

Local language ability to communicate with the communities on the activities specified in the FOA

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. PEPFAR publishes the single-partner funding limits annually as part of guidance for preparing the Country Operational Plan (COP). U.S. Government Departments and agencies must use the limits in the planning process

to develop Requests for Applications (RFAs), Annual Program Statements (APSs), or Funding Opportunity Announcements (FOAs). However, as PEPFAR country budgets are not final at the COP planning stage, the single partner limits remain subject to adjustment. The current limit applicable to this FOA is PENDING (8 percent or \$2 million, whichever is greater, of the country's PEPFAR program funding). (Grants officers should insert the following sentence if the Department or agency issues the RFA prior to Congressional appropriation and final COP approval: "Please note that the current limit is based on an estimated country budget developed for planning purposes; thus, the limit is also an estimate and subject to change based on actual appropriations and the final approved country budget.") 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

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:

Experience

- **Length of Experience**

Faith based organization with over 5 years of experience delivering appropriate training, ART, and TB/HIV services in faith based institutions in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces Zambia.

- **Programmatic/Technical**

- Strong evidence of a successful clinical experience in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia delivering comprehensive HIV services through healthcare facilities, giving significance to the number of sites, patient loads, and spectrum of laboratory diagnostics employed
- Documented institutional technical and management capacity and experience in management of comprehensive HIV programs including but not limited to: PMTCT, TB/HIV, pediatric and adult ART, pediatric and adult care, Prevention with Positives, HIV counseling and testing and PITC in Zambia.
- **Administrative/Management (Sub-contracting / Capacity Building)**
 - Experience in managing subcontractors. Experience in providing oversight to faith based institutions in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia. Experience in human capacity-development for the management of HIV programs in resource-constrained settings. Evidence of capacity-building and training activities in HIV/AIDS leadership and management that involve District Health Management Teams, Provincial Health Offices, and local faith based HIV/AIDS organizations.
 - Experience in supporting local HIV/AIDS organizations to evaluate programs, translate those findings into changes in programs and develop pilot activities to inform program management.

Collaboration

- Evidence of strong collaboration with the Government of the Republic of Zambia and specifically the Ministry of Health, and faith based organizations. Established funding agreements with the Ministry of Health and experience in managing and disbursing global funds for TB, HIV and Malaria in faith based institutions in Eastern, Lusaka, Western, Southern, Western, North Western, Copperbelt and Northern Provinces of Zambia

Geographic / Target Population

- Activities will be performed in several regions throughout the country. Preference will be given to applications that are reaching at least seven provinces of Zambia.

Type of Institution/Organization

- As the activities under this FOA will be carried out in faith based institutions, preference for the award will be given to a FBO that has already established relations with these institutions to ensure smooth transitioning over the project period.

Language

- **Competency in Local Language**
Local language ability to communicate with the communities on the activities specified in the FOA

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

Pre-application Workshop:

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 17, 2011.

Please contact Isaac Zulu, MD, MPH, Project Officer at 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

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

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

Administrative and National Policy Requirements

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

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

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

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

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

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

TERMS AND CONDITIONS

Reporting Requirements

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

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

- g. Financial Progress for the Current Budget Period;
- h. Proposed Activity and Objectives for the New Budget Period Program;
- i. Budget;
- j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for **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 for Zambia;
- 3. Financial status report, due no more than 90 days after the end of the budget period; and
- 4. Final financial FSR and progress 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 Lusaka Zambia
PO Box 31617
Telephone: +260-211-257-519
E-mail: 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

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

Grants.gov Contact Center Phone: 1-800-518-4726
Email: support@grants.gov
Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

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

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Web site,

Internet address: <http://www.grants.gov>.

Appendix:

APPENDIX 1: List of Current ART Sites by Province

Number	Site Name	Province	District
1	Chreso Ministries Kabwe	Central	Kabwe
2	Malcolm Watson Hospital	Copperbelt	Mufulira
3	St. Theresa Hospital	Copperbelt	Mpongwe
4	Wusakile Hospital	Copperbelt	Kitwe
5	Kamoto Mission Hospital	Eastern	Mambwe
6	Katondwe Mission Hospital	Eastern	Nyimba
7	St Francis Hospital	Eastern	Katete

8	Chreso Ministries Lusaka	Lusaka	Lusaka
9	Circle of Hope	Lusaka	Lusaka
10	Chilonga Mission Hospital	Northern	Mpika
11	Mukinge Mission Hospital	North-western	Kasempa
12	Chikuni Mission Hospital	Southern	Monze
13	Chreso Ministries Livingstone	Southern	Livingstone
14	Itezhi Tezhi Hospital	Southern	Itezhi-tezhi
15	Macha Mission Hospital	Southern	Choma
16	Mtendere Mission Hospital	Southern	Siavonga
17	Siavonga Hospital	Southern	Siavonga
18	Mwandi Hospital	Western	Sesheke
19	Sichili Hospital	Western	Sesheke