

AMENDMENT I (03/08/2011):

- 1. Page 66 – The correct telephone extension, 6148, has been added for Julie Jenks, Project Officer.*
- 2. Page 67 – The PGO Grants Management Specialist contact information was updated to Dionne Bounds.*

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

Centers for Disease Control and Prevention (CDC)

**Strengthening the Capacity of Institutions of Uniformed Services in the Federal Democratic Republic of Ethiopia to Deliver Comprehensive HIV/AIDS Prevention, Care, Treatment, and Support Services under the President’s Emergency Plan for
AIDS Relief (PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1166

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 14, 2011, 5:00pm 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 provide continued support for the comprehensive HIV/AIDS prevention, treatment, and care and support programs in the Uniformed Services of Ethiopia (USE) which includes the National Defense Forces of Ethiopia (NDFE), the Federal and Regional Police of Ethiopia, and the Federal and Regional Prison Administrations in Ethiopia. This includes the care and treatment facilities of the USE, the relevant health administrative structures of the USE (including the Federal Ministry of Defense, Defense Health Department, the Federal and Regional Police and Prison Health Institutions), and the USE Health Colleges and/or Schools. The program will support the systematic development of technical and administrative capacity, and ownership for sustainable provision of HIV prevention, treatment, and care and support services in the USE. It will support the development of human resources for health (HRH), including pre-service education, obstetric and emergency training, and improved

maternal and neonatal emergency services. It emphasizes creating and strengthening functional linkages between the different components of the program and services, and adjoining civil health services and structures, including civil military alliance, to ensure provision of quality services across the continuum of care. The program also works to improve quality of infrastructure for clinical and laboratory services, strategic resource development, and monitoring and evaluation.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s); performance goals shown below are for the first year of the project period, and will be updated for subsequent years and communicated to the grantee:

A. Service Delivery and Capacity Building Outcomes:

1. Prevention:

a. Abstinence and Being Faithful Condom Programs and Other Means

The grantee will:

- i. Support 115 targeted condom service outlets.
- ii. Reach 1,500 persons who are considered Most at Risk Populations (MARPs) with individual and/or small group level interventions that are evidence-based and/or meet the minimum package of services defined by PEPFAR or the Government of Ethiopia.

b. Prevention of Medical Transmission of HIV through infection prevention and patient safety. The grantee will:

c. Train 200 health care providers in infection prevention and patient safety practices. Prevention with Positives (PwP)

The grantee will:

i. Reach 15,000 People Living with HIV/AIDS (PLHIV) with a minimum package of PwP interventions as defined by PEPFAR or the Government of Ethiopia.

d. Prevention of Mother to Child Transmission (PMTCT)

The grantee will:

1. Directly support 25 outlets that provide at least the minimum package of PMTCT services. The majority of the service outlets are expected to serve as part of a large network of PMTCT service sites that include sites with and without direct PEPFAR support.
2. Provide HIV counseling and testing and deliver results to 3,300 pregnant women.
3. Provide 120 HIV positive pregnant women with a complete course of antiretrovirus (ARV) prophylaxis according to national guidelines, including combination Anti-Retroviral Therapy (ART) for eligible women.
4. Train 100 health care workers to provide the minimum package of PMTCT services according to national and international standards.

The grantee will improve the reach of quality PMTCT service

provision beyond sites that are supported directly by PEPFAR; a subset of these individuals will be PMTCT providers at the sites that do not receive direct PEPFAR support for service delivery.

5. Ensure 90 % uptake of counseling and testing among all pregnant women and all maternity clients in the care and treatment facilities supported by the grantee.
6. Provide ARVs to 85 % of HIV-positive pregnant women to reduce the risk of mother to child transmission in the care and treatment facilities supported by the grantee.
7. Provide ARVs to 85 % of HIV exposed infants to reduce the risk of MTCT in labor and delivery settings in the care and treatment facilities supported by the grantee.

2. Care and Support:

The grantee will ensure that:

- a. 35 service outlets are providing HIV-related care (excluding tuberculosis (TB)/HIV).
- b. 18,000 HIV-positive adults and children receive a minimum of one clinical service (excluding TB/HIV).
- c. 95 individuals are trained to provide HIV care (excluding TB/HIV).
- d. 80% of HIV positive persons receive cotrimoxazole prophylaxis in the care and treatment facilities supported by the grantee.

- e. 70% of infants born to HIV positive women receive an HIV test within 12 months.
- f. 80% of infants born to HIV-positive pregnant women are started on cotrimoxazole prophylaxis within two months of birth.
- g. 18,000 HIV-positive people receive nutrition services (nutrition assessment and counseling support) and food if eligible.

3. Tuberculosis (TB)/ HIV

The grantee will ensure that:

- a. 35 service outlets are providing treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards.
- b. 90% of all HIV-infected individuals currently enrolled in care (both ART and pre-ART patients) are screened for TB.
- c. 300 HIV-infected clients attending HIV care and treatment services are started on TB treatment.
- d. 60% of eligible patients currently enrolled in care (both ART and pre-ART patients) receive INH Preventive Therapy (IPT).
- e. 95% of TB/HIV co-infected patients receive cotrimoxazole prophylactic treatment (CPT).
- f. 250 individuals are trained in TB/HIV and MDR-TB care and treatment.
- g. 90% of TB patients who received HIV counseling and testing have an HIV test result recorded in the TB register.

4. HIV Testing and Counseling

The grantee will ensure that:

- a. 120 service outlets are providing counseling and testing according to national or international standards.
- b. 300,000 individuals receive counseling and testing for HIV and receive their results. The population tested should closely reflect the target population which is 83% male and 17% female, and 98% over the age of 15.
- c. 250 individuals are trained in counseling and testing according to national or international standards.

5. Treatment: Anti-Retroviral Drugs & Services

The grantee will ensure that:

- a. 35 service outlets receive support in the provision of ART including PMTCT Plus sites.
- b. 1,500 individuals (including at least 110 children < 15 years of age) newly initiate ART including those at PMTCT plus sites.
- c. 10,000 individuals (adults and children) cumulatively ever received ART including those at PMTCT plus sites.

- d. 200 health workers trained to deliver ART services, according to national and/or international standards including those at PMTCT plus sites.
- e. 6% of individuals newly enrolled on ART are children less than 15 years of age in the care and treatment facilities supported by the grantee.
- f. 75% of individuals ever started on treatment are receiving ART in the care and treatment facilities supported by the grantee by the end of the first year of the project.
- g. 5% of individuals are receiving 2nd line treatment regimens in the care and treatment facilities supported by the grantee.
- h. 8,000 individuals (including at least 336 children < 15 years of age) with advanced HIV infection receive ART including those at PMTCT plus sites.

6. Laboratory Services

The grantee will ensure that:

- a. 65 laboratories have the capacity to perform HIV tests and CD4 tests or lymphocyte tests.
- b. 200 health workers (laboratory technicians) are trained in the provision of various laboratory-related activities.
- c. 10% of laboratories are accredited according to national and/or international standards in the regions where the grantee has activities.
- d. 40 laboratories have the capacity to support referral of specimens for ART monitoring and other testing (CD4, etc).
- e. 8 laboratories have the capacity to provide fluorescent microscopy using Auramine staining and bleach concentration techniques for the improvement of TB diagnosis.

7. Strategic Information

The grantee will ensure that:

- a. 90 local USE facilities organizations are provided with technical assistance for strategic information activities.
- b. 250 individuals will be trained in strategic information including monitoring and evaluation, surveillance, and/or health management information systems.
- c. 100% of supported care and treatment sites have a functional and sustainable patient monitoring system.

- d. 100% of supported care and treatment sites have high data quality in key ART indicators (as demonstrated by formal data quality assessment).
- e. 100% of care and treatment sites implement a quality management system to sustain and improve quality of care.

8. Health System Strengthening/Human Resources for Health

The grantee will ensure that:

- a. 283 new health care workers, including doctors, nurses and midwives, graduate from a pre-service training institution.
- b. Provide in-service training to 3,729 health care workers.

B. Capacity Building and Transition Plan Outcomes:

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

Accordingly, the selected partner is required to facilitate transition through the provision of technical and capacity development support to Ethiopian USE organizations that will have responsibility for implementing HIV prevention, care and support, and treatment activities. This capacity building and transition needs to occur while sustaining and continuing to scale up care and treatment services for PLHIV without life-threatening disruptions of services. Ethiopian organizations

may include any of the following entities: Federal Ministry of Defense, Defense Health Department, the Federal and Regional Police, and Prison Health Institutions.

Capacity Building and Transition plan outcomes and progress will be evaluated through the progress reports and continuation applications. Key outcome indicators include;

1. Number of local USE institutions provided with technical assistance and support in order to build their capacity and ensure sustainability within these organizations to manage quality HIV programs within their areas of program implementation. At least four local USE institutions are provided with such TA and support per year.
2. Submission of one annual operational plan demonstrating transition of organizational and technical functions/services of program activities to local partners and/or government units.
3. Demonstrate validated capacity improvement (pre and post capacity-building support) to local USE institutions. This may be through documented improvement in planning, human resource capacity and management, financial management, performance management, technical implementation and/or support systems.
100% of local USE institutions are provided capacity building technical assistance.
(see above under first Capacity Building and Transition plan outcome measure)
4. Proportion of program activities or technical functions previously the responsibility of the international partner that are verifiably transitioned to sustainable implementation by a local partner and **or** government units. At least 10% of program activities or technical functions are transitioned per year.

5. Number of successful grant applications submitted by local USE institutions to conduct program activities previously implemented by international organization.

At least one successful grant application is submitted per year.

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 **Ethiopian** population and must also coordinate with activities supported by **Ethiopian**, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

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

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic

management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

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

A. Service Delivery Activities:

I. Prevention

Prevention of Mother to Child Transmission of HIV (PMTCT)

- Provide PMTCT services aimed at preventing mother-to-child HIV transmission through confidential and routine counseling and testing; education; distribution of ARV prophylaxis appropriately; infant feeding; nutritional support; integration of PMTCT with maternal and child health service facilities; and early infant diagnosis (EID) for children born to HIV positive women.
- Support the establishment of the Maternal/Neonatal and Child Health (MNCH) services wherever these services are non-existent and carry out minor renovations of clinics; support improved maternal and neonatal emergency services to increase demand for ANC and delivery and thereby improve PMTCT uptake.

Abstinence and being faithful, Condom Programs and Other Means

- Design, implement and link HIV combination prevention services through collaboration with other partners including the NDFE's peer education and outreach through the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) Program and U.S. Department of Defense (DoD) activities. Synergy and strong collaboration to ensure comprehensiveness of services is required.
- Support STI diagnosis, treatment, management messages, and programs to reduce substance abuse (including alcohol),, and messages/programs to reduce risk-taking behavior in tandem with abstinence and be faithful behavior change interventions.

- Provision of infection prevention and patient safety activities to ensure safe infection prevention practices among uniformed services health facilities.
- Provision and implementation of targeted interventions to high-risk groups within or closely affiliated with the USE (the uniformed services being a high-risk group on its own accord), including men having sex with men (MSM), sex workers and their clients, transport workers, services members transitioning to and from missions outside of Ethiopia, substance abusers, and such other vulnerable populations as identified. Activities should be designed to achieve clear behavior change objectives, address social norms and structural barriers to prevention, and use biomedical interventions relevant to the population and setting.

HIV Testing and Counseling

- Provide testing and counseling to achieve prevention objectives through provider initiated HIV testing and counseling (PITC) and voluntary counseling services in health facilities, couples HIV counseling and testing (CHCT), community-based services, mobile and home-based CT services.
- Develop and support quality assurance and proficiency systems within CT programs to ensure quality of services.
- Address HIV testing and counseling services to the uniform personnel, prisoners and civilians residing around military health facilities through civil military alliances.

II. Adult Care and Support

- Provide facility-based and home or community-based clinical, psychological, spiritual, social, and prevention services.
- Provide clinical care services, including prevention and treatment of Opportunistic Infections (OIs) and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide-treated nets, safe water interventions and laboratory services); prevention of cervical cancer; pain and symptom relief; and nutritional assessment, counseling and support, including the provision of food.
- Increase the numbers of individuals provided with HIV-related basic health care services, including improving the prevention, diagnosis, and clinical management services for HIV/AIDS, sexually transmitted infections (STIs) and OIs, e.g., TB.
- Provide psychological and spiritual support, which may include mental health issues, group and individual counseling, and culturally-appropriate end-of-life care and bereavement services. Provision of social support may include vocational training, income-generating activities, social and legal protection, and training and support of caregivers. Prevention services may also include PwP, behavioral counseling and testing of family members.
- Provide clinical monitoring and management of OI's.

III. Adult treatment

- Support the provision of ART for eligible PLHIV in the USE according to current Ethiopian National ART Guidelines, standards and recommendations. Funds provided for treatment of PLHIV may be used to improve infrastructure, train clinicians and other providers, and support clinical monitoring, related laboratory services and USE community-adherence activities. Programs must address demand creation, participation in the national forums of HIV care and treatment, and address issues such as appropriate usage of second line drugs.
- Expand the number of health care sites providing ART care and support to PLHIV.
- Increase the number of health care workers trained to deliver ART and HIV-related clinical services according to national and/or international standards.
- Increase the number of patients newly initiating ART at supported care and treatment facilities.
- Increase the total number of patients currently receiving ART at the supported care and treatment facilities.
- Increase the total number of HIV service points with active monitoring and evaluation and quality improvement programs.
- Ensure the availability of post exposure prophylaxis services for occupational and non-occupational exposure.

IV. Pediatric Care and Support

- Support facility- and community-based care for HIV-exposed and infected children aimed at extending and optimizing quality of life for infected clients and

their families through provision of clinical, psychological, spiritual, social, and prevention services.

- Support provision of clinical care, which may include early infant diagnosis; prevention and treatment of OIs and other HIV/AIDS-related complications including malaria and diarrhea (i.e. providing access to commodities such as pharmaceuticals, insecticide treated nets, safe water interventions and laboratory services); pain and symptom relief; and nutritional assessment and support including food.
- Support implementation of interventions to reduce neonatal morbidity and mortality in the context of improving follow-up of HIV exposed infants.
- Provide other services, including psychological, social, spiritual, and prevention services.

V. Pediatric Treatment

- Provide integrated and holistic support to HIV/AIDS affected and infected children (0-15) through family-centered approaches.
- Expand pediatric care and treatment service to all adult treatment and PMTCT sites to increase pediatric HIV service uptake.
- Provide continued support to improve facility infrastructure and maintenance in order to deliver ART services.
- Provide support for the training of clinicians and other providers.
- Provide clinical mentoring for health workers in the management of OIs and ARV therapy.

- Support provision of related laboratory services.

VI. Tuberculosis/HIV

- Provide routine TB screening for HIV clients, TB diagnosis and management for clients with active TB, or actively link clients to comprehensive TB/HIV care and treatment, in collaboration with specialized TB clinics, which follow national TB-treatment guidelines.
- Improve community support and clinical services for persons living with HIV and TB and their families.
- Promote TB/HIV information and literature for communities to improve knowledge on TB and reduce TB/HIV-related stigma.
- Provide exams for TB, clinical monitoring, related laboratory services, treatment and prevention of TB in HIV basic health care settings including pharmaceuticals, and screening and referral for HIV testing of active TB patients with unknown HIV status in settings such as directly observed therapy sites (DOTS) and TB clinical care settings.
- Establish regular TB screening systems in special settings like prisons, military barracks, police camps, and distant military posts (using outreach programs).
- Provide capacity building and mentorship to improve TB diagnostic capacity including smear microscopy, TB culture, X-Ray, histopathology services, and sample transfer.
- Support the roll out of multi-drug resistant TB (MDR-TB) case finding and management.

VII. Laboratory Infrastructure

- Strengthen laboratory systems and facilities to support HIV/AIDS-related activities and provision of quality assurance, staff training and other technical assistance.
- Reinforce local referral networks both within and among implementing partners. Patient and specimen referral networks should be harmonized such that they reflect a continuity of care and support clinical decision making. These local networks should provide and emphasize the support structures for a country's national network of tiered laboratory services, and an efficient mechanism for referral of complex testing and validation of new technologies or testing algorithms.

VIII. Strategic Information (including Monitoring and Evaluation)

- Collaborate with relevant partners, particularly Tulane University and MOH/HAPCO as they adapt and roll-out Health Management Information Systems (HMIS) within the USE health facilities.
- Collaborate in the establishment of the HMIS at federal level through training of health care workers (HCW), supporting duplication of standard tools, integrating and renovating card rooms, and providing IT-related support.
- Provide monitoring and evaluation (M&E) support through capacity building of data personnel within the USE system, support the establishment of M&E units at higher levels of the USE structure, and build M&E unit capacity through training

of HCWs and data personnel on basic concepts of M&E and computer skills.
Support development of databases.

- Promote the quality of services through further implementation of nationally adapted quality models by mentoring and integrated supportive supervision.
- Provide integrated and data-related support, internet and telephone services, and regular IT related supervision and mentoring by availing all the standard recording forms of MOH/HAPCO (e.g. new HMIS tools).
- Support review meetings and experience-sharing visits among data personnel.
- Support monitoring, reporting and dissemination of results, and using data for decision-making.

IX. Health Systems Strengthening (HSS)

- Support and build capacity of systems at federal, regional and facility levels and mentor staff to implement a continuous quality improvement program and to use their data to improve patient outcomes.
- Support development and implementation of federal and regional quality improvement strategies, including establishing and managing Continuous Quality Improvement (CQI) priorities, convening regional QI meetings, leading annual QI planning and implementation processes, and monitoring program implementation.
- Ensure adequate supportive supervision systems to supervise staff in the above activities.
- Provide training on clinical research methodology for health care providers.

- Support minor facility renovations to improve and enhance service delivery as appropriate.

X. Human Resources for Health (HRH):

- Strengthen the capacity of federal and regional USE health administration structures and support planning and management of national HRH plans as appropriate within USE institutions.
- Address the human resource shortage through developing innovative retention plans to decrease attrition in the USE.
- Strengthen institutional capacity to provide sustainable ongoing in-service training for different cadres of USE health workers and create institutional ownership and accountability to manage the required in-service training activities.
- Support the rollout of Health Resources Information System (HRIS) and promote the use of HRH data for decision-making within the USE.
- Develop pre-service education for health-related professionals and paraprofessionals in collaboration with USE-affiliated colleges, schools and/or universities.
- Support the establishment of an evidence-based HRH system through program monitoring and evaluation.

B. Capacity Building and Transition Plan:

Overall activities in this award must strengthen the capacity of the health care system in the USE to provide high-quality comprehensive health services to the USE population in

harmony with GOE strategies and policies and the overarching United States Government (USG) global health goals outlined in the Global Health Initiative (GHI) and the HIV goals outlined in PEPFAR. The grantee must demonstrate the ability to strengthen and transition capacity to local USE institutions that can provide sustainable prevention, treatment, care and support, and diagnostic services in the USE health services. The recipients should develop the capacity of local USE institutions responsible for the programmatic oversight and implementation of HIV/AIDS and HIV-related interventions in the USE.

Activities may include, but are not limited, to the following:

1. Needs Assessment

- Coordinate with HHS/CDC, Federal Ministry of Defense, Defense Health Department, Federal Police, and Prison Administrations health structures and USE health colleges/schools to develop a prioritized capacity needs assessment. Identify and create a customized response to on-going needs of the local USE structures using participatory approaches in order to create an environment for the long-term adoption of new skills. Efforts should be tailored to the specific needs of the USE, taking into consideration the local environment, organizational maturity, financial absorption capacity, level of technical expertise, and services offered.
- Develop an operational plan to implement transition of organizational and technical functions of program activities under this agreement to local USE units.

2. Technical and Programmatic Support

- Build the capacity of local USE institutions to enable them to continually improve and expand comprehensive high quality HIV prevention, care and treatment programs to respond to the epidemic. Capacity building may include provision of technical assistance, training, and technology transfer, as needed, to improve the delivery and effectiveness of HIV service delivery with evidence-based strategies, program planning, and monitoring and evaluation. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, quality improvement, and laboratory services. Technical assistance should support local USE institutions to build on and complement the current national response in Ethiopia as well as to build a sustainable training model for provision of ongoing support to their facilities and health administrative structures.

3. Operational Support

- Provide operational support in administrative and financial management, human resource management (staff retention), and resource management (information and equipment) to ensure local USE institutions are able to optimally carry out their own health initiatives. This may include, but is not limited to: 1) providing support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program; 2) supporting technology transfer and/or training to improve data management systems; 3) improving organizational management and program systems for health; 4)

developing long-term financial plans for self-sufficiency including providing grants proposal writing training to local USE institutions to allow them to successfully compete for funds to conduct comprehensive HIV program activities, and 5) strengthening organizational performance management and internal monitoring and evaluation systems.

4. Health Systems Strengthening

- Work collaboratively with the Federal Ministry of Defense, Federal and Regional Police, Prison Health institutions, USE Colleges/Schools, and the MOH in Ethiopia to assess health system capacity development needs, prioritize areas for capacity-building support, develop performance measures for capacity-building support, and provide creative solutions to address priority development needs and fill gaps in the system to ensure long-term sustainability and local leadership of HIV services.
- Work to ensure adequate systems within the USE to sustainably plan, manage and support HIV service delivery, workforce capacity and development, health information systems, financing, leadership and governance, and quality improvement systems. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, human resource support, improvements to data systems, quality improvement, supporting equipment and infrastructure, laboratory services, and managing health service financing and other resources.

- Collaborate and coordinate with existing partners currently charged with developing QI programs to ensure that CQI has been established at the respective levels of the health system.

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

CDC Activities:

The selected applicant (grantee) of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting for this cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to provide an overview of applicable U.S. Government, HHS, and PEPFAR/GHI expectations, regulations and key management requirements, as well as expectations for communication and reporting. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator. Grantee participation in orientation and other HHS/CDC organized activities/meetings is

mandatory, and will usually include the participation of at least one programmatic person and one fiscal person from the grantee organization.

2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or sub grantees to be involved in the activities performed under this agreement, as part of the PEPFAR 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 PEPFAR 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 quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
6. Meet on an annual basis with the grantee to review the 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 PEPFAR Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
7. 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.

8. 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).
9. 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, guidelines and protocols, development of training curriculum and training manuals, education and information materials and tools for providers, clients, specific target groups and the general population, data management and analysis, quality assurance, the presentation and possible publication of program results and findings, and the management and tracking of finances.
10. Provide consultation, 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.
11. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
12. Facilitate in-country planning and review meetings for technical assistance activities and conduct forums that will address emerging program implementation at all levels.
13. Provide technical oversight for all activities under this award.
14. Provide ethical reviews, as necessary, for evaluation activities.

15. Supply the grantee with protocols for related evaluations.
16. Initiate and/or develop Public Health Evaluations (PHE), Program Evaluations (PE), assessments, and related research activities.
17. Review and approve research protocols or relevant analytical approaches.
18. Train project staff in participating organizations in research ethics and other related areas.
19. Participate in the presentation of research results, including co-authorship of papers as appropriate.
20. Provide systematic guidance to the grantee on programmatic implementation.
21. Ensure optimal coordination of program activities in collaboration with national and regional local governmental institutions, and other agencies, partners and stakeholders.
22. The in-country CDC office will work with the awardee to facilitate the coordination of services with other CDC-funded implementing partners, the USG-PEPFAR/GHI team, FMOH, and other relevant local government and non-government entities operating in the geographic and service-delivery areas (where the partner implements its activities and identified in this award) as necessary to ensure maximum programmatic efficiencies.
23. Provide supportive site supervision to care and treatment facilities, and respective regional health bureau to identify challenges, gaps and opportunities for program implementation, as appropriate.
24. Provide training and mentoring to the care and treatment sites, regions and other relevant bodies in specific identified areas, and where and when gaps exist.

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

CDC substantial involvement in this program appears in the Activities Section above.

Type of Award: Cooperative Agreement

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

Fiscal Year Funds: FY2011

Approximate Current Fiscal Year Funding: \$6,101,253

Approximate Total Project Period Funding: \$30,500,000 (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: One

Approximate Average Award: \$6,101,253 (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: \$6,101,253

Ceiling of Individual Award Range: \$6,101,253 (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.

Other

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

Special Requirements:

1. PEPFAR Local Partner definition:

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

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

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

Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

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

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

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

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.
- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.

An HIV/AIDS Related Funding Matrix: 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

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>.

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 in Part A-“Service Delivery and Capacity Building Activities” and maximum number of pages: 25 in Part B-“Transition Plan” (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);
- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;

- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices;
- The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:
- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;

- *Project Outputs:* Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart); 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):

Applicants must include Letters of Support from the respective health departments of the Ethiopian Federal Ministry of Defense, the Federal Police, and the Federal Prison Administration.

- *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.

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. 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: April 14, 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

A. Service Delivery Criteria (100 points):

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate the local experience in Ethiopia and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (5 points) Does the applicant have the ability to coordinate and collaborate with existing Emergency Plan partners and other donors, including the Global Fund and other U.S. Government Departments and agencies involved in

implementing the President's Emergency Plan, including the U.S. Agency for International Development? (5 points) Is there evidence of leadership support and evidence of current or past efforts to enhance HIV prevention? Does the applicant have the capacity to reach the Uniformed Services populations in Ethiopia? (5 points) Does the organization have the ability to target Uniformed Services audiences that frequently fall outside the reach of the traditional media, and in local languages? (5 points)

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? (5 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points)

Does the applicant describe activities that are evidence based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the President's Emergency Plan? Does the application include reasonable estimates of outcome targets?

(For example, the numbers of sites to be supported, number of clients the program will reach.) (5 points) Does the application propose to build on and complement the current national response with evidence-based strategies designed to reach USE and meet the goals of the President's Emergency Plan? (5 points)

Capacity Building (15 points):

Does the applicant have a proven track record of building the capacity of indigenous organizations and individuals? (5 points) Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? Does the applicant describe an adequate and measurable plan to progressively build the capacity of local USE institutions and of target beneficiaries to respond to the epidemic? (5 points) Does the applicant articulate a clear exit strategy which will maximize the legacy of this project in the intervention communities? Does the capacity building plan clearly describe how it will contribute to a) improved quality and coverage of service delivery to achieve the "3,12,12"¹ targets of the President's Emergency Plan, and b) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local institutions/sites in support? (5 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project? (5 points) Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Does the plan include indicators developed for each program milestone, and incorporated into the financial and programmatic reports? Are the indicators consistent with the President's Emergency Plan Indicator Guide? Is the system able to generate financial and program

¹ 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.

reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"²? (10 points)

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

Understanding of the Problem (10 points):

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response, the HIV issues within the USE, and the cultural and political context relevant to the programmatic areas targeted? (5 points) Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan? (5 points)

Personnel (10 points):

² 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.

Does the organization employ staff fluent in local languages who will work on this project? Are the staff roles clearly defined? As described, will the staff be sufficient to meet the goals of the proposed project? Does the staff plan adequately involve local individuals and organizations/institutions? Are staff involved in this project qualified to perform the tasks described? Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? Is the management structure for the project sufficient to ensure speedy implementation of the project? 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?

B. Capacity Building Evaluation Criteria (100 points):

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out –Capacity Building (30 points)

Does the grantee demonstrate the ability to strengthen local USE institutions' capacity to provide quality HIV/AIDS program services, manage the program more effectively and improve sustainability? Does the grantee have a proven track record of training USE health institutions' officials and staff, and of strengthening the technical and institutional processes and systems of the USE? Are specific examples of sustainably transitioning of HIV/ART program functions and funding by the grantee provided? Does the grantee demonstrate the capability to develop an operational plan to implement transition of organizational and technical functions of program activities to local USE institutions? Does the grantee demonstrate experience in establishing formalized capacity-building relationships with local partners and government units with memorandums of understanding and/or sub-grant approaches that clearly define the partnership and plans for increased fiscal and programmatic responsibility?

Technical and Programmatic Approach (25 points)

Does the grantee provide a clear plan to transfer expertise into USE structures by training, mentoring, building capacity, and ensuring improved technical and administrative program management systems of HIV/AIDS care and treatment program implementing USE institutions? Is clear priority given to supporting USE health

systems governing structures, where possible and appropriate, including Federal, Regional and/or division health systems? Does the plan seem adequate to progressively build the capacity of these structures to independently plan, manage and implement HIV/AIDS prevention, care and support and treatment programs by the of end of the project? Are the specific capacities needed to sustainably transition responsibility of HIV/AIDS programs defined? Do capacity building activities increase USE institutions' ability to carry-out their own health programs and to strengthen their health structures? Does this plan build operational, institutional and technical capacity of the USE in a holistic and comprehensive nature in order to ensure successful transition of activities? Does the grantee propose to use a participatory approach to identify and create a customized response to on-going needs of the USE and their structures in order to create an environment for the long-term adoption of new skills? Does the applicant plan to tailor activities to local environment, organizational maturity, financial absorption capacity, level of technical expertise and services offered? Is the plan for progressive transition of fiscal and programmatic responsibility during the project period clearly defined with measurable benchmarks?

Monitoring and Evaluation (25 points)

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the transition activities within the unique environment of the USE? Does the plan include specific output and outcome indicators for each milestone and have realistic targets in line with the targets addressed in the transition measureable outcomes section of this announcement. Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? Does the

applicant describe a system for reviewing and adjusting transition activities based on monitoring information obtained by using innovative, participatory methods and standard approaches?

Administration and Management: (20 points)

Does the applicant provide a clear plan for the administration and management of the proposed transition activities? As described, will the staff be sufficient to transition HIV service activities to USE institutions by the end of the project? Are staff involved in this project qualified to perform the tasks described? Is the management structure for the project sufficient to ensure speedy implementation of the project? Does the applicant have a proven track record in providing technical assistance to USE and its units? 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 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. Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.
- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.

- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

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

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

The 8% Rule

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local

partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

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

Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap.

Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S.

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

For example, the proposal should state that the applicant has \$_____ in FY 2011

grants and cooperative agreements (for as many fiscal years as applicable) in Ethiopia. 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:

- Applicants must score a minimum of 70 points in Part A “Service Delivery and Capacity Building Activities” and a minimum of 70 points in Part B “Transition Plan” of this FOA in order to be considered for funding.

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

- 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 Ethiopia; and
 - k. Additional Requested Information;

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

2. Grantee submits Semi Annual report 30 days after the end of six months and Annual Progress reports 90 days after the end of the budget period
3. Final performance and Financial Status Reports, no more than 90 days after the

end of the project period

4. Inputs to Annual and Semi-annual Program Review reports required by the Office of the Global AIDS Coordinator

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:

Julie Jenks, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention (CDC),

CDC-Ethiopia,

C/O US-Embassy,

P.O. Box 1014

Entoto Road

Addis Ababa, Ethiopia

Telephone: 251-11-130 **6148**

E-mail: jenksj@et.cdc.gov

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

Dionne Bounds, 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-**2082**

E-mail: **DBounds@cdc.gov**

For assistance with **submission difficulties** (see also page 45), contact:

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

Email: support@grants.gov

Hours of Operations: 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>.