

**Strengthening and Enhancing
National HIV/AIDS Prevention,
Diagnosis, Care, Treatment,
Monitoring, and Surveillance with
the Ministry of Health in the
Republic of Haiti under the
President's Emergency Plan for
AIDS Relief (PEPFAR)**

CDC-RFA-GH15-1527

Division of Global HIV/AIDS
Center for Global Health
Centers for Disease Control and Prevention



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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to CDC-RFA-GH15-1527. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name

Centers for Disease Control and Prevention

B. Funding Opportunity Title

Strengthening and Enhancing National HIV/AIDS Prevention, Diagnosis, Care, Treatment, Monitoring, and Surveillance with the Ministry of Health in the Republic of Haiti under the President’s Emergency Plan for AIDS Relief (PEPFAR)

C. Announcement Type:

New-Type 1

This announcement is only for non-research international activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at:

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

D. Agency Funding Opportunity Number

CDC-RFA-GH15-1527

E. Catalog of Federal Domestic Assistance Number

93.067 Global AIDS program

F. Dates

1. Letter of Intent Deadline Date: N/A

Application Deadline Date: Insert date, 11:59 p.m. U.S. Eastern Standard Time, on www.grants.gov

Informational conference call or pre-application workshop if held in person for potential applicants: N/A

G. Executive Summary

1. Summary Paragraph

The goal of the project is to strengthen the capacity of the Ministry of Health and Population of Haiti (referred to as MSPP) to lead, coordinate, enhance, regulate, and oversee the HIV/AIDS program and other key health programs consistent with the PEPFAR and Global Health Initiative (GHI) Principles. The objectives are to: 1) improve access to high quality health, public health, and laboratory services related to HIV, tuberculosis (TB), vector-borne diseases, maternal and reproductive health, and childhood illness; 2) strengthen and increase the capacity of the Haiti health system by improving leadership and governance, organization of services, the health workforce, financial management, the supply chain, and physical infrastructure; 3) optimize implementation using information from high-quality monitoring and evaluation (M&E) activities; and 4) enhance and strengthen laboratory capacity and support to public health system.

The awardee will implement a broad range of activities, including training, and improvements in infrastructure, will ensure availability of necessary commodities and guidelines and provide technical support. The awardee will implement activities directly or work with sub-grantees, with a preference

for local, indigenous organizations, and will provide technical and administrative support to sub-recipients and health facilities. These activities are expected to lead to significant improvements related to health in Haiti, including increased numbers of persons receiving HIV-related services, reduced rates of TB, and vector-borne disease, improved maternal and child health, and improved laboratory capacity. The activities will also support the development of a robust public health system, with capacity to attract and administer ongoing funding, and use program data to inform ongoing program improvements. Coverage is national, with an impact on the entire population of Haiti.

a. Eligible Applicants: Single Eligibility

b. FOA Type: Cooperative Agreement

c. Approximate Number of Awards: 1

d. Total Project Period Funding: None

e. Average One Year Award Amount: \$40,000,000.00

f. Number of Years of Award: 5 Years

g. Approximate Date When Awards will be Announced: February 2015

h. Cost Sharing and /or Matching Requirement: N/A

Part II. Full Text

A. Funding Opportunity Description

1. Background:

In 2005, under PEPFAR, the Ministry of Health and Population (MSPP) in Haiti entered into a cooperative agreement with CDC to strengthen HIV prevention, diagnosis, care, treatment, monitoring, and surveillance in Haiti. That agreement established a funding mechanism to improve MSPP's capacity to lead and manage a sustainable country-led response to the HIV epidemic. Initial resources focused on capacity for delivery of HIV/AIDS services among a network of publicly managed high volume sites. In 2012, a Partnership Framework was developed; the agreement addressed the need for national governments to increasingly assume primary strategic and financial responsibility over the long-term. In response, resources were progressively increased for MSPP to reinforce governance and regulatory capacity both at its central and departmental levels. Subsequently, an important health system strengthening component was added, enabling the Ministry to take on a more prominent role in terms of norms and standards definition, policy planning and implementation, coordination, and regulation of activities spread throughout the 10 geographic departments of Haiti.

During the first two funding agreements with MSPP, HIV prevention, care and treatment activities have been broadly implemented throughout the country and Ministry capacity for surveillance and the use of strategic information (SI) has markedly improved. MSPP, together with partners, has achieved the following: in 2012, Haiti adopted the "B+ option" that provides all HIV-infected pregnant and breastfeeding women with lifelong antiretroviral therapy (ART) regardless of CD4 count, from 2010 to 2013, HIV-testing of pregnant women has increased from 128,540 to 223,626 and the proportion of identified HIV-infected pregnant women that received prophylaxis or ART increased from 61% to 92%. Haiti has continually updated guidelines for ART. According to UNAIDS estimates, ART coverage reached over 75% in 2013.

The HIV epidemic in Haiti has stabilized; prevalence has fallen from ~ 6% in the 1990s and has been stable at 2% since 2007. Since ART availability has expanded, the stable prevalence reflects likely reductions in HIV transmission.

Because health services in Haiti have been provided by a mix of government and non-government entities, there have not been clearly defined levels of care or well defined linkages between different health care facilities. Through a pilot program aimed at establishing referral networks, services have been mapped, services at referral facilities have been strengthened, and referral practices have been supported.

Haiti has established sophisticated systems to conduct HIV surveillance, monitor patients with HIV, and track delivery of program services.

After the January 2010 earthquake resulted in the destruction of key infrastructure and loss of key personnel, the objectives of the agreement with MSPP were expanded to address additional health threats such as tuberculosis (TB), cholera, malaria, lymphatic filariasis (LF), and malnutrition. Surveillance, laboratory, and epidemiologic capacity have all been expanded, capacity to diagnose and treat cholera expanded, two rounds of mass drug administration (MDA) for LF have been conducted, new guidelines for TB and malaria diagnosis have been implemented, and obstetric care capacity has been completed at 19 facilities.

The National Public Health Laboratory (LNSP) has successfully expanded CD4 coverage to all 10 departments, established laboratory-based surveillance for several enteric diseases, significantly improved TB diagnostic capacity, and decentralized many activities through support of two regional facilities (one in the north, and one in the south).

All activities focus on expanding capacity within MSPP; program planning; leadership and management; monitoring and evaluation (M&E); decentralization of health services, including laboratory capacity; integration of services; use of data for decision making; community planning; quality improvement, quality assurance and quality control; human resource planning and management; and surveillance. MSPP now supports more than 50 sub-grantees, including: MSPP central offices, departmental offices, health institutions, and 1 training school.

This FOA supports PEPFAR goals, including reducing new HIV infections, ensuring high quality care and treatment for persons with and affected by HIV, and improving laboratory capacity. Activities are directly aligned with the HIV/AIDS strategy of the Government of Haiti (GOH), which focuses on the same program goals and on increasing the GOH's capacity to lead and manage a sustainable response to the HIV epidemic. Non-HIV activities align with MSPP's overall Strategic Plan.

This FOA builds on past efforts to strengthen the capacity of the government of Haiti to respond to HIV/AIDS and other health threats with increasing success. These efforts reflect the very top priority of CDC program activities both past and present.

a. Statutory Authorities

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), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).

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. The overarching purpose of this FOA is to fund activities to prevent or control disease or injury and improve health, or to improve a public health program or service. Recipients may not use funds for research. Certain activities that may

require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism.

b. Healthy People 2020:

Healthy People 2020 provides national health objectives for improving the health of all persons by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities. Additional information on Healthy People 2020 is available at <http://www.healthypeople.gov>.

c. PEPFAR Priorities and Strategies

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; and
- 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 (research is not supported by this FOA).

This announcement is only for non-research activities supported by 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>

d. Other National Public Health Priorities and Strategies:

N/A

e. Relevant Work:

N/A

2. CDC Project Description			
a. Approach:			
Activities	Outcomes		
	Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Objective 1: Improve access to high quality health and public health services			
1.1 Increase quality and coverage of key HIV prevention, care, and treatment services			
HIV TESTING AND COUNSELING (HTC)			
Train staff at targeted sites to offer HTC and syphilis services through provider-oriented approach	<p>Increased number of individuals with access to HIV and syphilis testing</p> <p>Increased number of patients exposed to a provider-oriented approach</p>	<p>Increased number of persons tested for HIV and syphilis, particularly among high risk and vulnerable populations</p> <p>Increased percent of persons that can be referred for and receive treatment for HIV and syphilis, particularly among high risk and vulnerable populations</p>	Improved health outcomes resulting from individuals accessing HIV and syphilis care and treatment earlier
Procure commodities for targeted sites to offer HIV and syphilis testing and treatment	Increased number of sites/testing points that have necessary equipment and supplies		
Retrofit existing space at targeted sites to create multiple points of HTC and to accommodate on-site testing and post-test counseling	Increased percent of patients receiving same day test results		
Create and distribute job aids that inform health care facilities and facilitate HTC service delivery	Increased number of sites/testing points that have necessary job aids to support HIV testing		
Prevention of mother to child transmission of HIV (PMTCT)			
Train staff and provide commodities to antenatal clinics (ANC) and labor and delivery (L&D) clinics to facilitate integration of PMTCT services	Increased number of sites where PMTCT services have been integrated into or are conveniently linked to ANC and L&D services	Decreased percent of women and children lost to follow up before or during prophylaxis and treatment	Achieved universal ART coverage among HIV infected pregnant women attending facilities
Train staff, provide commodities, and conduct supervisory visits to implement option B+ at targeted sites	Increased percent of pregnant women tested for HIV and syphilis Increased percent of HIV infected pregnant women attending facilities put on prophylaxis and/or treatment for HIV	Increased percent of pregnant women adhering to ART	Increased number of HIV infected women on lifelong therapy
Establish mechanisms for longitudinal monitoring and tracking of pregnant women and their babies		Increased percent of HIV infected pregnant women with access to the full package of	Decreased HIV transmission

Use co-management and/or organized referral for HIV positive pregnant women between PMTCT and ART clinics	Increased percent of HIV exposed children who are registered and tested for HIV	care and support during their pregnancy	rate between discordant couples
Procure and distribute ART prophylaxis and treatment drugs to ensure availability at all PMTCT points of services		Decreased percent of HIV exposed children with HIV infection	
Train staff and conduct supervisory visits to integrate psychosocial support services at PMTCT or other sites	Increased percent of HIV infected women with access to psychosocial support during post-test counseling		
Train staff and conduct supervisory visits to expand adherence support services	Increased percent of HIV infected women with access to ongoing adherence support		
CARE			
Redesign patient flow at targeted sites to improve patient tracking within facilities	Decreased percent of patients lost before enrollment	Decreased number of patients with opportunistic infection (OI)	Increased quality of patient care
Ensure that care facilities have necessary resources to provide full package of prevention for positive, clinical care and support	Increased number of patients enrolled in care Increased number of patients enrolled in support groups Increased number of patients on prophylactic measures	Increased number of patients who disclose their HIV status to contacts and family	Increased number of patients adopting behavior change
Ensure that facilities have capacity to regularly assess immunologic status of HIV patients	Increased number of patients receiving regular immunologic monitoring		
TB/HIV CO INFECTION			
Based on site-specific needs, cross train providers at TB and HIV clinics to provide comprehensive package of care and treatment services	Increased number of TB patients tested for HIV Increased number of HIV patients screened for TB	Increased number of co-infected patients receiving treatment for both diseases Decreased number of HIV patients lost to follow up when referred for TB treatment	Improved quality of care for co-infected patients Decreased death rate in HIV/TB co-infected patients
Train staff at TB clinics to incorporate HIV testing into standard TB-patient protocol			
Establish joint patient monitoring between TB and HIV clinics			

ANTIRETROVIRAL TREATMENT (ART)			
Adapt and distribute treatment guidelines in accordance with global recommendations	Increased number of ART-eligible patients identified	Increased number of eligible patients initiating ART Increased number of active patients on ART	Increased ART coverage to 100% among patients medically eligible Decreased HIV-related morbidity and mortality
Develop and implement standard procedures for flexible supply times and multi-scripting to increase convenience for adherent patients	Decreased number of missed appointments	Increased number of patients found after missed appointments	Decreased HIV transmission
Reinforce support for patients at risk of treatment discontinuation	Increased number of patients receiving adherence counseling	Increased number of adherent patients	
Provide logistic support for tracking system	Increased number of sites with functional tracking systems	Decreased number of patients permanently lost to follow up	
1.2 Expand implementation of primary health care (PHC) package			
Train health care providers to deliver services included in PHC package	Increased knowledge and skills to detect and treat common diseases	Increased number of HIV patients identified and receiving treatment for opportunistic infections	Decreased morbidity and mortality from common diseases
Establish identification and treatment algorithms for common diseases	Increased number of persons attending PHC clinics		
Retrofit existing facilities to accommodate delivery of PHC package	Increased number of persons screened for HIV	Increased number of patients receiving cross referral between different service providers	Improved health outcomes for both HIV and non-HIV patients
Collaborate with LNSP to identify specimen referral routes and to standardize test result turn-around times to facilitate delivery of laboratory confirmed diagnoses			
Provide training to staff and improve supervision at PHC clinics to ensure accurate and timely disease reporting	Increased number of sites submitting regular reports to both syndromic and disease specific surveillance systems	Improved continuum of care for HIV patients Increased number of priority diseases monitored through continuous quality improvement activities	
1.3 Increase case detection, diagnosis, appropriate treatment, and prevention for TB			
Train staff at health care facilities to use universal evaluation of patients presenting with	Increased number of sites providing TB diagnosis and	Decreased mortality among persons diagnosed with TB	Decreased TB prevalence

TB symptoms	treatment		
Train providers at health care facilities to conduct active screening and contact tracing of high risk populations for TB	Increased number of persons with TB who receive a diagnosis		
Collaborate with LNSP to expand coverage of fluorescence microscopy and GeneXpert testing to improve diagnosis and detection of TB and multidrug-resistant TB (MDR-TB)	Increased number of patients with drug-resistant TB who are tested for drug resistance		
Provide commodities and train staff at PHC and HIV clinics to incorporate TB services	Increased number of TB patients receiving appropriate diagnosis and treatment		
Conduct TB management training and refreshers for health care providers	Increased knowledge of staff attending training		
Conduct TB prevention training and refreshers for health care providers	Increased number of persons eligible for prophylaxis receiving isoniazid		
Hire and train nurse clinicians for high volume TB clinics			
Retrofit existing facilities to improve patient flow and ensure infection control standards for TB patients	Increased number of health facilities implementing infection control practices according to national standards	Decreased rate of transmission of TB in health facilities	
Train providers and conduct supervisory visits to ensure proper implementation and use of infection control practices			
1.4 Increase prevention, diagnosis, and treatment activities for vector-borne diseases			
Support mass drug administration (MDA) campaigns in PAP	Increased conducting of rounds of MDA	Increased number of persons receiving annual treatment for LF	Eliminated LF from Haiti
Evaluate data from MDA coverage and transmission assessment surveys to optimize lymphatic filariasis (LF) elimination efforts			
Provide guidelines and training on vector-borne disease diagnosis and treatment	Increased number of patients with fever receiving appropriate diagnostic tests	Increased number of patients with correct diagnosis receiving appropriate treatment, specifically, but not limited to, malaria	Decreased morbidity and mortality due to vector-borne diseases
Evaluate and implement strategies to make progress toward elimination of malaria from Haiti	Increased distribution of malaria treatment guidelines consistent with global recommendations		Existence of malaria elimination strategy for

			Haiti
1.5 Improve access to maternal and reproductive health services, including emergency obstetric care			
Train staff at existing reproductive health sites on maternal mortality and adverse pregnancy outcomes	Increased staff knowledge of causes of maternal mortality and adverse pregnancy outcomes	Increased percent of deliveries occurring at health facilities	Improved quality of care for pregnant women Reduced maternal mortality Improved neonatal outcomes
Retrofit existing facilities to provide basic or comprehensive emergency obstetrical care		Reduced transmission of perinatal HIV and syphilis	
Facilitate linkages at community level through traditional birth attendants (TBAs) and community health worker (CHW) programs		Increased percent of HIV infected pregnant women initiating lifelong ART	
Train TBAs and CHWs to recognize pregnancy and related complications		Improved ART adherence among pregnant women	
Develop database to track pregnancy outcomes and maternal deaths		Increased number of pregnant women found when lost to follow up	
Incorporate family planning services into ANC, L&D, and PHC facilities	Increased number of women accessing family planning	Reduced percent of unwanted or mistimed pregnancies	
1.6 Decrease burden of childhood illness, including vaccine-preventable diseases			
Provide and support installation and maintenance of cold chain equipment for vaccine storage	Increased number of sites with appropriate refrigeration for vaccine storage	Increased number of children receiving routine immunizations	Decreased prevalence of vaccine preventable diseases
Train personnel to use proper vaccine storage, distribution, and provision methods	Increased staff knowledge about immunization practices		
Expand vaccination coverage for routine immunizations	Increased vaccination coverage rates		
Objective 2: Strengthen and increase the capacity of the Haiti health system			
2.1 Improve leadership and governance			
Reinforce targeted functions at MSPP central and departmental offices	Increased number of MSPP funded national Directorates and Departments with annual operation plans and budgets	Improved management tools and processes for regulating the central and departmental offices	Increased number and regularity of publications regarding health sector status

Provide management and operations training to MSPP personnel	Increased knowledge of staff attending training	Increased number of technical areas using mechanism for stakeholder dialogue and consensus Increased number of functions carried out by MSPP that were previously supported by partners Improvement in MSPP's lead and participation in efforts for quality assurance, performance-based contracting	Improved quality of program performance
Facilitate hiring of qualified personnel to fill human resource gaps within MSPP	Decreased number of key vacancies		
Conduct regularly scheduled and on-the-spot supervisory field visits	Increased number of supervisory field visits conducted		
Develop and implement an accountability system for recipients of CDC-funds based on performance indicators and proper reporting	Increased number of accurate and timely reports submitted by recipients		
Apply performance based financing	Increased number of contracts issued using performance based criteria		
2.2 Improve organization of services, including establishment of functional referral networks			
Conduct assessments of available health and laboratory services in targeted areas	Improved coordination of referral network development Improved services provided by referral centers Increased number of formal linkages established among different tiers of system	Increased number of patients successfully referred	Increased coverage of prevention activities Decreased morbidity and mortality in target areas
Provide technical and financial resources to set up networks			
Retrofit existing, centralized facilities to accommodate referrals from peripheral sites			
Train providers in referral practices			
Establish and reinforce community outreach			
2.3 Increase density and knowledge of the health and laboratory workforce			
Provide commodities and subject matter experts to support pre service and in service training programs	Increased number of health and laboratory workers with knowledge and skills in target areas	Increased number of sites offering targeted services	Improved quality and quantity of health care providers and laboratorians
Provide epidemiology training for MSPP staff	Increased number of MSPP staff trained in epidemiology	Improved capacity to respond to outbreaks and public health emergencies	
Support hiring of sufficient staff to meet public health needs	Increased ratio of health care and laboratory professionals to general		

	population		
Collaborate with the Faculty of Technology of Biological Medicine (FTBM) to implement biomedical curriculum for newly developed bachelor's program	Improved content of pre-service education for laboratory technicians	Improved scope of knowledge in program graduates	Increased number of highly qualified technical professionals
2.4 Improve financial management and processes			
Provide necessary human and financial resources proportional to CDC funding for internal auditing unit at MSPP HQ to establish internal control policies and procedures for MSPP and all MSPP entities	Increased implementation of internal controls for MSPP and entities Improved and distributed financial management manuals and procedures for use by MSPP and entities	Increased number of MSPP entities successfully using internal controls	Increased percent of CDC-funded programs cross subsidized by internal revenues Improved ability of MSPP to attract and administer funds
Train MSPP and entities to understand and use internal controls procedures for accounting and financial management	Increased knowledge of established financial mechanisms and procedures		
Ensure that all sub-grantees administer USG funds in accordance with applicable Federal regulations and generally accepted accounting principles	Increased number of sub-grantees employing qualified accountants, using appropriate accounting software, and providing software training	Increased number of sites that budget appropriately and maintain accurate accounting records	
Develop a structured cost recovery mechanism for supported sites	Increased revenue collection related to cost-recovery at supported health facilities	Increased number of sites for which internal revenues are accounted for and budgeted	
2.5 Improve supply chain management			
Retrofit existing facilities to improve the quantity and quality of storage space	Increased number of sites with adequate storage space	Decreased number of episodes in which drugs or supplies are damaged due to poor storage conditions	Improved consistency of health care services
Procure equipment and supplies to expand cold chain	Increased number of sites with capacity to support cold storage		
Provide training and supervision for sites to forecast, order, and track commodities including drugs	Increased numbers of sites implementing approved systems for stock management	Decreased number of stock-outs of essential drugs and supplies	
2.6 Improve health facility, laboratory, and physical health infrastructure			
Reinforce structural integrity and retrofit existing	Increased number of facilities and	Increased number of facilities	Increased access to health

health facilities and laboratories to meet MSPP and/or international health and laboratory standards to improve service delivery	laboratories structurally reinforced or retrofitted to meet MSPP and/or international health and laboratory standards	delivering minimum package of services	care
Objective 3: Optimize program implementation using information from high quality monitoring and evaluation (M&E) activities			
3.1 Improve Health and Laboratory Information Systems (HIS/LIMS)			
Support development and implementation of HIS and LIMS norms and guidelines for standardized data management as determined by MSPP	Increased number of facilities providing high quality data for the HMIS, LMIS, program M&E, and disease surveillance as well as laboratory surveillance	Improved access to high quality data used to inform programmatic decisions	Increased number of policies issued based on high quality information
Continue revamping and standardization of HIS and LIMS tools			
Expand use of electronic platforms for HIV to other diseases			
Reinforce IT capacity by increasing functionality of national server and maintaining network of users			
Identify and implement a LIMS platform with standards-based electronic data exchange and interoperability with systems currently in use	Increased number of sites using standardized LIMS platform to manage testing menus, patient records, and results reporting	Increased number of accurate and timely reports sent and received between laboratories using identified LIMS platform	Improved laboratory data management
Hire personnel to create a database management group to support implementation, maintenance, and training of other staff on LIMS	Improved LIMS functionality and stability		
3.2 Improve Monitoring and Evaluation (M&E)			
Develop and/or update national MSPP M&E strategy	Increased ability to develop and/or revise national MSPP M&E strategy	Increased awareness and utilization of national MSPP M&E strategy	Improved program performance
Collaborate with funding recipients to develop program-specific M&E plans that include specific indicators and performance measurements	Increased number of programs with M&E plans	Increased percent of programs using annual targets for measuring progress	
Provide resources and train staff to support proper data collection, validation, reporting, and analysis	Increased number of routine reports regularly received by relevant program areas		

Objective 4: Enhance and strengthen laboratory capacity and support to the public health system			
Objective 4.1: Strengthen Laboratory Testing Capacity			
Develop implementation plan, train staff, and provide technical support at targeted sites for expanded roll-out of automated equipment for chemistry, hematology, and CD4 testing	Increased number of HIV-infected patients with access to automated lab tests including, but not limited to, CBC, drug toxicity screening, and viral load (VL)	Increased percentage of MSPP-defined eligible patients receiving annual HIV VL testing	Improved quality of care for HIV-infected patients
Provide commodities, training, and supervision at targeted sites to implement HIV viral load testing			
Develop implementation plan, train staff, and provide technical support at targeted sites for expanded implementation of fluorescence microscopy	Increased percent of TB cases detected	Increased percentage of eligible patients receiving MDR-TB testing	Improved quality of care for TB patients
Operationalize permanent BSL3 workspace at LNSP			
Develop implementation plan, train staff, and provide technical support at targeted sites for expanded implementation of GeneXpert			
Objective 4.2: Strengthen Quality Management Systems (QMS)			
Hire and train additional personnel to expand QMS Unit at Regional, Departmental, and Peripheral levels	Increased number of personnel responsible for evaluating, training, mentoring, and supervising technical staff within the laboratory network Increased the number of quarterly site assessments and spot checks conducted by QMS, TDs, and/or TTs Increased percentage of network labs using “Minimal Requirements Checklist”	Increased test accuracy and performance of staff at network sites Increased frequency and reliability of reporting to physicians Increased use of measurable and quantifiable performance criteria	Improved quality of laboratory services
Collaborate with MSPP and managing partners to enforce role of Regional QMS Managers/Assistants, Departmental Technicians (TDs), and Field Technicians (TTs) to monitor, train, mentor, and supervise quality performance at Regional, Departmental, and Peripheral labs, respectively			
Create standardized material for QMS staff to use when conducting on-site training and/or evaluations			
Train staff and provide technical and logistical support to expand external quality assurance (EQA) program at targeted sites	Increased number of infectious diseases included in EQA program	Increased percentage of consistently accurate results	

	Decreased number of vertical EQA programs by integrating existing activities		
Create and distribute proficiency testing (PT) panels to participating laboratories	Increased number and type of PT panels produced by LNSP		
Collaborate with MSPP to develop lab certification system to ensure good laboratory practice among all network Tiers	Increased percentage of peripheral labs certified for testing within their capacity		
Conduct outreach and promotional activities to inform both network and non-network labs about EQA and PT programs	Increased number of labs enrolled and participating in EQA and/or PT activities		
Conduct assessments of LNSP to monitor and evaluate SLMTA implementation	Increased number of technical areas using management procedures necessary for accreditation	Increased SLMTA star-rating	Increased lab capacity at the national level in Haiti as evidenced by achieving ISO 15189 accreditation at LNSP
Conduct assessments at regional and departmental levels to monitor and evaluate SLIPTA implementation	Increased knowledge of laboratory quality improvement process necessary for accreditation	Increased number of regional and department labs receiving SLPTA assessments and follow-up mentoring	Increased lab capacity at the regional and department levels as evidenced by the number of labs achieving a minimum 2-star SLIPTA rating
Objective 4.3: Strengthen Surveillance			
Collaborate with DELR to improve joint outbreak response plan	Decreased time for outbreak identification and response	Improved prevention programs with targeted priorities informed by surveillance data	Decreased morbidity and mortality from infectious diseases
Identify opportunities for integration and provide logistical support to improve specimen transport network			
Collaborate with DELR, train staff, and provide technical support to expand lab-based surveillance program (PRESEpi)	Increased number of PRESEpi sites to cover all 10 Departments Increased number of pathogens with public health importance included in PRESEpi		

i. Problem Statement:

Haiti is one the poorest countries in the world. Public spending on health is very low and as a result, MSPP has had limited capacity to support high quality health services. Although significant progress has been made, there remain key health system weaknesses and serious threats to health.

With poor access to public health services, rates of many diseases remain the highest in the western hemisphere:

- HIV prevalence is 2.2%, and access to HIV prevention and treatment services is incomplete
- Health structures are suited only for the management of acute illness, and essential health services only reach approximately 47% of the population
- TB prevalence is approximately 300/100,000 and TB diagnostic and treatment capacities remain limited
- Vector borne diseases continue to cause serious morbidity and mortality
- Antenatal clinic (ANC) attendance rates are low and less than 40% of pregnant women deliver in facilities; emergency obstetric care capacity is limited
- Immunization rates for key vaccine preventable diseases are low with approximately 60% coverage for priority immunizations
- In Haiti, laboratory services are concentrated in highly populated areas, rely heavily on paper-based information management, and have varying levels of reliability. In addition, there is a shortage of qualified personnel and a lack of capabilities considered standard in other countries, such as HIV viral load testing and characterization of HIV and/or TB drug resistance.

Consequently, this FOA will aim to strengthen MSPP capacity to ensure quality health, public health, and laboratory services in Haiti.

ii. Purpose

The purpose of this FOA in Haiti, in alignment with CDC-Haiti program goals, is to strengthen Ministry of Health capacity to ensure quality health, public health, and laboratory services. By the end of the project period, MSPP will have met the following objectives:

Objective 1: Improve access to high quality health and public health services with the following focus areas:

- 1.1 Increase quality and coverage of key HIV prevention, care, and treatment services
- 1.2 Increase case detection, diagnosis, appropriate treatment, and prevention for TB
- 1.3 Increase prevention, diagnosis, and treatment activities for vector-borne diseases
- 1.4 Improve access to maternal and reproductive health services, including emergency obstetric care
- 1.5 Decrease burden of childhood illness, including vaccine-preventable diseases

Objective 2: Strengthen and increase the capacity of the Haiti health system:

- 2.1 Improve leadership and governance
- 2.2 Improve organization of services, including establishment of functional referral networks
- 2.3 Increase density and knowledge of the health and laboratory workforce
- 2.4 Improve financial management and processes
- 2.5 Improve supply chain management
- 2.6 Improve health facility, laboratory, and physical health infrastructure

Objective 3: Optimize program implementation using information from high quality monitoring and evaluation activities:

- 3.1 Improve health information systems
- 3.2 Improve monitoring and evaluation

Objective 4: Enhance and strengthen laboratory capacity and support to the public health system

- 4.1 Strengthen laboratory testing capacity
- 4.2 Strengthen Quality Management Systems (QMS)
- 4.3 Strengthen surveillance

iii. Outcomes

The expected outcomes for this award are:

Objective 1: Improve access to high quality health and public health services

- **1.1 Increase quality and coverage of key HIV prevention, care and treatment services**

HTC

- Increased number of individuals with access to HIV and syphilis testing
- Increased number of patients exposed to a provider-oriented approach
- Increased number of sites/testing points that have necessary equipment and supplies
- Increased percent of patients receiving same day test results
- Increased number of sites/testing points that have necessary job aids to support HIV and syphilis testing
- Increased number of persons tested for HIV and syphilis
- Increased percent of persons referred for HIV and syphilis testing

PMTCT

- Increased number of sites where HIV treatment services have been integrated into or are conveniently linked to PMTCT services
- Increased percent of pregnant women tested for HIV and syphilis
- Increased percent of HIV infected pregnant women attending facilities put on prophylaxis and/or treatment for HIV
- Increased percent of HIV exposed children who are registered and tested for HIV
- Decreased percent of women and children lost to follow up before or during prophylaxis and treatment
- Increased percent of pregnant women adhering to ART
- Increased percent of HIV infected pregnant women with access to the full package of care and support during their pregnancy
- Decreased percent of HIV exposed children with HIV infection
- Increased number of HIV infected women on lifelong therapy
- Decreased HIV transmission rate between discordant couples

CARE

- Decreased percent of patients lost before enrollment
- Increased number of patients enrolled in care
- Increased number of patients enrolled in support groups
- Increased number of patients on prophylactic measures
- Increased number of patients receiving regular immunologic monitoring
- Decreased number of patients with opportunistic infection
- Increased number of patients who disclose their HIV status to contacts and family

- Increased quality of patient care
- Increased number of patients adopting behavior change

TB/HIV CO-INFECTION

- Increased number of TB patients tested for HIV
- Increased number of HIV patients screened for TB
- Increased number of co-infected patients receiving treatment for both diseases
- Decreased number of HIV patients lost to follow up when referred for TB treatment
- Improved quality of care for co-infected patients
- Decrease death rate in HIV/TB co-infected patients

ART

- Increased number of ART-eligible patients identified
- Decreased number of missed appointments
- Increased number of patients receiving adherence counseling
- Increased number of sites with functional tracking systems
- Increased number of eligible patients initiating ART
- Increased number of active patients on ART
- Increased number of patients found after missed appointments
- Increased number of adherent patients
- Decreased number of patients permanently lost to follow up
- Decreased HIV-related morbidity and mortality
- Decreased HIV transmission

- **1.2 Expand implementation of primary health care (PHC) package**

- Increased knowledge and skills to detect and treat common diseases
- Increased number of persons attending PHC clinics
- Increased number of persons screened for HIV
- Increased number of sites submitting regular reports to both syndromic and disease specific surveillance systems
- Increased number of HIV patients identified and receiving treatment for opportunistic infections
- Increased number of patients receiving cross referral between different service providers
- Improved continuum of care for HIV patients
- Increased number of priority diseases monitored through continuous quality improvement activities
- Decreased morbidity and mortality from common diseases
- Improved health outcomes for both HIV and non-HIV patients

- **1.3 Increase case detection, diagnosis, appropriate treatment, and prevention for TB**

- Increased number of sites providing TB diagnosis and treatment
- Increased number of persons with TB who receive a diagnosis
- Increased number of patients with drug-resistant TB who are tested for drug resistance
- Increased number of TB patients receiving appropriate diagnosis and treatment
- Increased knowledge of staff attending training
- Increased number of health facilities implementing infection control practices according to national standards

- Increased number of persons eligible for prophylaxis receiving isoniazid
- Decreased mortality among persons diagnosed with TB
- Decreased rate of transmission of TB in health facilities
- **1.4 Increase prevention, diagnosis, and treatment activities for vector-borne diseases**
 - Conducted 1-3 rounds of MDA for LF
 - Increased number of patients with fever receiving appropriate diagnostic tests
 - Increased distribution of malaria treatment guidelines consistent with global recommendations
 - Increased number of persons receiving annual treatment for LF
 - Increased number of persons receiving annual treatment for LF
 - Increased number of patients with correct diagnosis receiving appropriate treatment, specifically, but not limited to, malaria
 - Decreased morbidity and mortality due to vector-borne diseases
 - Existence of malaria elimination strategy for Haiti
- **1.5 Improve access to maternal and reproductive health services, including emergency obstetric care**
 - Increased staff knowledge of causes of maternal mortality and adverse pregnancy outcomes
 - Increased detection of pregnancy during first trimester
 - Increased number of pregnant women tested for HIV, syphilis and other health threats
 - Increased number of women accessing antenatal and post natal care
 - Increased number of pregnant women found when lost to follow up
 - Increased number of women accessing family planning
 - Increased percent of deliveries occurring at health facilities
 - Reduced transmission of perinatal HIV and syphilis
 - Increased percent of HIV infected pregnant women initiating lifelong ART
 - Improved ART adherence among pregnant women
 - Reduced percent of unwanted or mistimed pregnancies
 - Improved quality of care for pregnant women
 - Reduced maternal mortality
 - Improved neonatal outcomes
- **1.6 Decrease burden of childhood illness including vaccine-preventable diseases**
 - Increased number of sites with appropriate refrigeration for vaccine storage
 - Increased staff knowledge about immunization practices
 - Increased vaccination coverage rates
 - Increased number of children receiving routine immunizations
 - Decreased prevalence of vaccine preventable diseases

Objective 2: Strengthen and increase the capacity of the Haiti health system

- **2.1 Improve leadership and governance**
 - Increased number of MSPP funded national Directorates and Departments with annual operation plans and budgets
 - Increased knowledge of staff attending training
 - Decreased number of key vacancies
 - Increased number of supervisory field visits conducted

- Increased number of accurate and timely reports submitted by recipients
 - Increased number of contracts issued using performance based criteria
 - Improved management tools and processes for regulating the central and departmental offices
 - Increased number of technical areas using mechanism for stakeholder dialogue and consensus
 - Increased number of functions carried out by MSPP that were previously supported by partners
 - Improvement in MSPP's lead and participation in efforts for quality assurance, performance-based contracting
 - Increased number and regularity of publications regarding health sector status
 - Improved quality of program performance
- **2.2 Improve organization of services, including establishment of functional referral networks**
 - Improved coordination of referral network development
 - Improved services provided by referral centers
 - Increased number of formal linkages established among different tiers of system
 - Increased number of patients successfully referred
 - Increased coverage of prevention activities
 - Decreased morbidity and mortality in target areas
- **2.3 Increase density and knowledge of the health workforce**
 - Increased number of health and laboratory workers with knowledge and skills in target areas
 - Increased number of MSPP staff trained in epidemiology
 - Increased ratio of health care and laboratory professionals to general population
 - Increased number of sites offering targeted services
 - Improved capacity to respond to outbreaks and public health emergencies
 - Improved quality and quantity of health care providers and laboratorians
- **2.4. Improve financial management and processes**
 - Developed and implemented internal control policy for MSPP and entities
 - Improved and distributed financial management manuals and procedures for use by MSPP and entities
 - Increased knowledge of established financial mechanisms and procedures
 - Increased number of sub-grantees employing qualified accountants, using appropriate accounting software, and providing software training
 - Increased revenue collection related to cost-recovery at supported health facilities
 - Increased number of MSPP entities successfully using internal controls
 - Increased number of sites that budget appropriately and maintain accurate accounting records
 - Increased number of sites for which internal revenues are accounted for and budgeted
 - Increased percent of CDC-funded programs cross subsidized by internal revenues
 - Improved ability of MSPP to attract and administer funds
- **2.5 Improve supply chain management**
 - Increased number of sites with adequate storage space

- Increased number of sites with capacity to support cold storage
 - Increased numbers of sites implementing approved systems for stock management
 - Decreased number of episodes in which drugs or supplies are damaged due to poor storage conditions
 - Decreased number of stock-outs of essential drugs and supplies
 - Improved consistency of health care services
- **2.6 Improve health facility, laboratory, and physical health infrastructure**
 - Increased number of facilities and laboratories structurally reinforced or retrofitted to meet MSPP and/or international health and laboratory standards
 - Increased number of facilities and laboratories delivering minimum package of services
 - Increased access to health care

Objective 3: Optimize program implementation using information from high quality monitoring and evaluation activities

- **3.1 Improve health and laboratory information systems**
 - Increased number of facilities providing high quality data for the HMIS, LMIS, program M&E, and disease surveillance as well as laboratory surveillance
 - Increased number of relevant facilities with access to IT technologies
 - Improved access to high quality data used to inform programmatic decisions
 - Increased MSPP capacity to develop need-specific reports for M&E and surveillance
 - Increased number of published reports and articles at both the national and departmental levels
 - Increased number of policies issued based on high quality information
 - Increased quality assurance programs based on site level data
 - Increased number of sites using standardized LIMS platform to manage testing menus, patient records, and results reporting
 - Increased number of accurate and timely reports sent and received between laboratories using identified LIMS platform
 - Improved LIMS functionality and stability
 - Improved laboratory data management
- **3.2 Improve monitoring and evaluation**
 - Identified technical working group and started development of national MSPP M&E strategy
 - Increased number of programs with M&E plans
 - Increased number of routine reports regularly received by relevant program areas
 - Finalized and distributed national MSPP M&E strategy
 - Increased percent of programs using annual targets for measuring progress
 - Improved program performance

Objective 4: Enhance and strengthen laboratory capacity to support the Public Health System

- **4.1 Strengthened Laboratory Testing Capacity**
 - Increased number of HIV-infected patients with access to automated lab tests including, but not limited to, CBC, drug toxicity screening, and viral load (VL)
 - Increased percent of TB cases detected
 - Increased percentage of MSPP-defined eligible patients receiving annual HIV VL testing

- Increased percentage of eligible patients receiving MDR-TB testing
- Improved quality of care for HIV-infected patients
- Improved quality of care for TB patients

- **4.2 Strengthened Quality Management Systems (QMS)**

- Increased number of personnel responsible for evaluating, training, mentoring, and supervising technical staff within the laboratory network
- Increased the number of quarterly site assessments and spot checks conducted by QMS, TDs, and/or TTs
- Increased percentage of network labs using “Minimal Requirements Checklist”
- Increased number of infectious diseases included in EQA program
- Decreased number of vertical EQA programs by integrating existing activities
- Increased number and type of PT panels produced by LNSP
- Increased percentage of peripheral labs certified for testing within their capacity
- Increased number of labs enrolled and participating in regular PT activities
- Increased number of technical areas using management procedures necessary for accreditation
- Increased knowledge of laboratory quality improvement process necessary for accreditation
- Increased test accuracy and performance of staff at network sites
- Increased frequency and reliability of reporting to physicians
- Increased use of measurable and quantifiable performance criteria
- Increased percentage of consistently accurate results
- Increased SLMTA star-rating
- Increased number of regional and department labs receiving SLPTA assessments and follow-up mentoring
- Improved quality of laboratory services
- Increased lab capacity at the national level in Haiti as evidenced by achieving ISO 15189 accreditation at LNSP
- Increased lab capacity at the regional and department levels as evidenced by the number of labs achieving a minimum 2-star SLIPTA rating

- **4.3 Strengthened Surveillance**

- Decreased time for outbreak identification and response
- Increased number of PRESEpi sites to cover all 10 Departments
- Increased number of pathogens with public health importance included in PRESEpi
- Improved prevention programs with targeted priorities informed by surveillance data
- Decreased morbidity and mortality from infectious diseases

iv. Funding Strategy

N/A

v. Strategies and Activities

The FOA is focused on support to all levels of government with an emphasis on supporting the sub-national (regional, provincial, district) response to the epidemic. The awardee will implement activities directly or work with sub-grantees, with a preference for local, indigenous organizations. The awardee must measurably enhance the capacity of the partner country, indigenous organizations and the local community in responding to the HIV epidemic. Awardee will produce an annual work plan, which will be reviewed by the CDC Haiti country office, and should be in line with national priorities. The awardee may work on the activities listed below in

the first year or in subsequent years, and they also may add activities not listed to reflect priorities of country and CDC country offices. CDC will approve funds for activities on an annual basis as part of the annual PEPFAR Country Operational Plan (COP) review and approval process and as part of annual planning for non-HIV activities.

The awardee will focus on activities that support the public sector's ability to sustainably plan and implement HIV and other health programs. The awardee will build capacity in strategic planning on national and sub-national level including engaging stakeholders and the community in planning processes. The activities will include but are not limited to:

Objective 1: Improve access to high quality health and public health services

• **1.1 Increase quality and coverage of key HIV prevention, care and treatment services**

HTC

- Train staff at targeted sites to offer HTC services through provider-oriented approach
- Procure commodities for targeted sites to offer HIV and syphilis testing and treatment
- Retrofit existing space at targeted sites to create multiple points of HTC and to accommodate on-site testing and post-test counseling
- Create and distribute job aids that inform health care facilities and facilitate HTC service delivery

PMTCT

- Train staff and provide commodities to ANC and L&D Clinics to facilitate integration of PMTCT services
- Train staff, provide commodities, and conduct supervisory visits to implement option B+ at targeted sites
- Establish mechanisms for longitudinal monitoring and tracking of pregnant women and their babies
- Use co-management and/or organized referral for HIV positive pregnant women between PMTCT and ART clinics
- Procure and distribute ART prophylaxis and treatment drugs to ensure availability at all PMTCT points of services
- Train staff and conduct supervisory visits to integrate psychosocial support services at PMTCT or other sites
- Train staff and conduct supervisory visits to expand adherence support services

CARE

- Redesign patient flow at targeted sites to improve patient tracking within facilities
- Ensure that care facilities have necessary resources to provide full package of prevention for positive, clinical care and support
- Ensure that facilities have capacity to regularly assess immunologic status of HIV patients

TB/HIV CO INFECTION

- Based on site-specific needs, cross train providers at TB and HIV clinics to provide comprehensive package of care and treatment services
- Train staff at TB clinics to incorporate HIV testing into standard TB-patient

protocol

- Establish joint patient monitoring between TB and HIV clinics

ART

- Adapt and distribute treatment guidelines in accordance with global recommendations
- Develop and implement standard procedures for flexible supply times and multi-scripting to increase convenience for adherent patients
- Reinforce support for patients at risk of treatment discontinuation
- Provide logistic support for tracking system

- **1.2 Expand implementation of primary health care (PHC) package**

- Train health care providers to deliver services included in PHC package
- Establish identification and treatment algorithms for common diseases
- Retrofit existing facilities to accommodate delivery of PHC package
- Collaborate with LNSP to identify specimen referral routes and to standardize test result turn-around times to facilitate delivery of laboratory confirmed diagnoses
- Provide training to staff and improve supervision at PHC clinics to ensure accurate and timely disease reporting

- **1.3 Increase case detection, diagnosis, appropriate treatment, and prevention for TB**

- Train staff at health care facilities to use universal evaluation of patients presenting with TB symptoms
- Train providers at [health care facilities] to conduct active screening and contact tracing of high risk populations for TB
- Collaborate with LNSP to expand coverage of fluorescence microscopy and GeneXpert testing to improve diagnosis and detection of TB and MDR-TB
- Provide commodities and train staff at PHC and HIV clinics to incorporate TB services
- Conduct TB management training and refreshers for health care providers
- Conduct TB prevention training and refreshers for health care providers
- Hire and train nurse clinicians for high volume TB clinics
- Retrofit existing facilities to improve patient flow and ensure infection control standards for TB patients
- Train providers and conduct supervisory visits to ensure proper implementation and use of infection control practices

- **1.4 Increase prevention, diagnosis, and treatment activities for vector-borne diseases**

- Support mass drug administration (MDA) campaigns in PAP
- Evaluate data from MDA coverage and transmission assessment surveys to optimize lymphatic filariasis (LF) elimination efforts
- Provide guidelines and training on vector-borne disease diagnosis and treatment
- Evaluate and implement strategies to make progress toward elimination of malaria from Haiti

- **1.5 Improve access to maternal and reproductive health services, including emergency obstetric care**

- Train staff at existing reproductive health sites on maternal mortality and

- adverse pregnancy outcomes
- Retrofit existing facilities to provide basic or comprehensive emergency obstetrical care
- Facilitate linkages at community level through TBAs and CHW programs
- Train TBAs and CHWs to recognize pregnancy and related complications
- Develop database to track pregnancy outcomes and maternal deaths
- Incorporate family planning services into ANC, L&D, and PHC facilities

- **1.6 Decrease burden of childhood illness including vaccine-preventable diseases**

- Provide and support installation and maintenance of cold chain equipment for vaccine storage
- Train personnel to use proper vaccine storage, distribution, and provision methods
- Expand vaccination coverage for routine immunizations

Objective 2: Strengthen and increase the capacity of the Haiti health system

- **2.1 Improve leadership and governance**

- Reinforce targeted functions at MSPP central and departmental offices
- Provide management and operations training to MSPP personnel
- Facilitate hiring of qualified personnel to fill human resource gaps within MSPP
- Conduct regularly scheduled and on-the-spot supervisory field visits
- Develop and implement an accountability system for recipients of CDC-funds based on performance indicators and proper reporting
- Apply performance based financing

- **2.2 Improve organization of services, including establishment of functional referral networks**

- Conduct assessments of available health services in targeted areas
- Provide technical and financial resources to set up networks
- Retrofit existing, centralized facilities to accommodate referrals from peripheral sites
- Train providers in referral practices
- Establish and reinforce community outreach

- **2.3 Increase density and knowledge of the health and laboratory workforce**

- Provide commodities and subject matter experts to support pre service and in service training programs
- Provide epidemiology training for MSPP staff
- Support hiring of sufficient staff to meet public health needs

- **2.4 Improve financial management and processes**

- Provide necessary human and financial resources proportional to CDC funding for internal auditing unit at MSPP HQ to establish internal control policies and procedures for MSPP and all MSPP entities
- Train MSPP and entities to understand and use internal controls procedures for accounting and financial management
- Ensure that all sub-grantees administer USG funds in accordance with applicable Federal regulations and generally accepted accounting principles
- Develop a structured cost recovery mechanism for supported sites

- **2.5 Improve supply chain management**
 - Retrofit existing facilities to improve the quantity and quality of storage space
 - Procure equipment and supplies to expand cold chain
 - Provide training and supervision for sites to forecast, order, and track commodities including drugs
- **2.6 Improve health facility, laboratory, and physical health infrastructure**
 - Reinforce structural integrity and retrofit existing health facilities and laboratories to meet MSPP and/or international health and laboratory standards to improve service delivery

Objective 3: Optimize program implementation using information from high quality monitoring and evaluation activities

- **3.1 Improve health and laboratory information systems**
 - Support development and implementation of HIS and LIMS norms and guidelines for standardized data management as determined by MSPP
 - Continue revamping and standardization of HIS and LIMS tools
 - Expand use of electronic platforms for HIV to other diseases
 - Reinforce IT capacity by increasing functionality of national server and maintaining network of users
 - Identify and implement a LIMS platform with standards-based electronic data exchange and interoperability with systems currently in use
 - Hire personnel to create a database management group to support implementation, maintenance, and training of other staff on LIMS
- **3.2 Improve monitoring and evaluation**
 - Develop and/or update national MSPP M&E strategy
 - Collaborate with funding recipients to develop program-specific M&E plans that include specific indicators and performance measurements
 - Provide resources and train staff to support proper data collection, validation, reporting, and analysis

Objective 4: Enhance and strengthen laboratory capacity to support the Public Health System

- **4.1 Strengthen Laboratory Testing Capacity**
 - Develop implementation plan, train staff, and provide technical support at targeted sites for expanded roll-out of automated equipment for chemistry, hematology, and CD4 testing
 - Provide commodities, training, and supervision at targeted sites to implement HIV viral load testing
 - Develop implementation plan, train staff, and provide technical support at targeted sites for expanded implementation of fluorescence microscopy
 - Operationalize permanent BSL3 workspace at LNSP
 - Develop implementation plan, train staff, and provide technical support at targeted sites for expanded implementation of GeneXpert
- **4.2 Strengthen Quality Management Systems (QMS)**
 - Hire and train additional personnel to expand QMS Unit at Regional, Departmental, and Peripheral levels

- Collaborate with MSPP and managing partners to enforce role of Regional QMS Managers/Assistants, Departmental Technicians (TDs), and Field Technicians (TTs) to monitor, train, mentor, and supervise quality performance at Regional, Departmental, and Peripheral labs, respectively
 - Create standardized material for QMS staff to use when conducting on-site training and/or evaluations
 - Train staff and provide technical and logistical support to expand external quality assurance (EQA) program at targeted sites
 - Create and distribute proficiency testing (PT) panels to participating laboratories
 - Collaborate with MSPP to develop lab certification system to ensure good laboratory practice among all network Tiers
 - Conduct outreach and promotional activities to inform both network and non-network labs about benefits of participating in PT
 - Conduct assessments of LNSP to monitor and evaluate SLMTA implementation
 - Conduct assessments at regional and departmental levels to monitor and evaluate SLIPTA implementation
- **4.3 Strengthen Surveillance**
 - Collaborate with DELR to improve joint outbreak response plan
 - Identify opportunities for integration and provide logistical support to improve specimen transport network
 - Collaborate with DELR, train staff, and provide technical support to expand lab-based surveillance program (PRESEpi)

1. Collaborations: Left blank intentionally

a. With CDC funded programs:

The awardee is expected to collaborate with other CDC-funded partners and programs that are working towards the objectives of this FOA. CDC Haiti Country office will assist the awardee in connecting with other partners working in this area and the awardee will ensure work is not duplicative but complimentary and supportive to other work funded by CDC.

The awardee is expected to utilize subject matter experts from CDC-Atlanta to provide technical assistance and program guidance.

b. With organizations external to CDC:

The awardee is expected to work directly with the CDC Haiti country office and in collaboration with other PEPFAR USG agencies. The awardee will also be expected to work on the subnational level of government supporting regional, provincial and district level programs for HIV and other aspects of public health. Lastly, the awardee will work closely with local, indigenous organizations already working with the government in the response and engage them in the relevant activities.

2. Target Populations:

This FOA provides for activities in multiple program areas designed to target underserved populations in the Republic of Haiti, specifically populations at risk for or living with HIV/AIDS and TB and other health threats. Many of the strategies outlined in this FOA are appropriate for the general population of Haiti, although they could be appropriately focused on geographic areas with the highest rates of disease (“hot spots”) or populations known to have higher rates of disease. For example, coverage with antiretroviral and HIV testing is lower in children than in the general adult population, thus the grantee should include additional effort to ensure that children with HIV access HIV care and treatment

services.
Inclusion:
N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

Throughout the 5-year project period, the awardee will monitor the progress of activities and evaluate programs for continuous quality improvement of programs, to plan future activities, and to collect and disseminate lessons learned.

The key program partners in the FOA's evaluation and performance measurement planning processes are the Awardee, the CDC Haiti country office, specifically the project officer, the overall technical lead, and CDC technical leads for specific program areas.

The awardee will submit performance semi-annual and annual reports responding to indicators as determined by the awardee, CDC, and PEPFAR. The outputs provided by the awardee will be measured against targets set on a yearly basis at the beginning of each reporting period as determined by the awardee, CDC, and PEPFAR. For each indicator, a narrative will be provided on successes, challenges and lessons learned during implementation. CDC has helped developed a coded patient medical chart for patient level data collection at the provider level and a web-based reporting system that allows monthly reporting by sites. Partners can generate performance reports automatically both for individual sites and for the entire network.

The awardee will also provide interim and annual progress reports that document execution of the different program components. In addition to measuring performance, these report observations related to underlying processes for both HIV-related and other activities. These reports provide valuable information about progress in areas such as leadership and governance, and development of referral networks that are more difficult to evaluate based on numeric targets. Measures of performance and targets for these areas will be provided by the awardee on a yearly basis in response to the FOA or in the continuation proposals. CDC will regularly conduct a formal review of these progress reports and provide feedback for improvement.

The awardee will also participate in the national service quality assurance and improvement program supported by CDC, which measures the level of achievement against a set of quality indicators. Quality improvements projects should be implemented by supported sites, and the awardee should assist with efforts to improve procedures and outcomes when quality is unsatisfactory.

CDC carries out at central, regional and local levels yearly workshops on data collection reporting and use. These workshops are opportunities to clarify indicators, familiarize users with tools that have been developed, and provide opportunities to interpret and apply program data to decisions about program improvement.

The awardee is encouraged to develop and request CDC approval for activities and evaluation criteria not included in this FOA, some of which may require baseline assessments prior to implementation. In addition to the objective-specific questions

detailed in the Evaluation and Performance Measurement table, the following quantitative questions are broader in scale and meant to examine systematic performance:

- Have PMTCT Case Managers affected cultural perceptions/norms related to HIV, birthing practices, and family planning among the women they work with?
- Which strategies are most effective at keeping HIV and/or TB patients adherent to therapy regimens?
- Among health care facilities, are there improvements in primary health care package delivery that result in increased HIV testing, treatment and retention?
- Have the departmental offices received sufficient training and resources to successfully absorb program and financial management responsibilities?
- Have cost recovery efforts affected long-term decisions regarding MSPP budget planning?

By the end of the project period, evaluation and performance measures should yield findings to demonstrate the value of the FOA (e.g. improved coverage of PMTCT services, reduction in risk of vertical transmission of HIV, increased ART coverage, improved retention on treatment, increased TB treatment success rate, and improvement in pregnancy outcomes; proportion of patients on ART who have achieved viral suppression).

The findings should be shared with CDC Haiti through the Annual Progress Report. The awardee is expected to pursue dissemination in public domains such as public health journals, conferences and through informal channels (e.g. websites, meetings).

The awardee is expected to spend 10-18% of the total budget on monitoring and evaluation (M&E).

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
Objective 1: Improve access to high quality health and public health services				
1.1 Increase quality and coverage of key HIV prevention, care and treatment services				
HIV TESTING AND COUNSELING (HTC)				
Has the number of persons tested for HIV and syphilis increased?	Number of persons tested for HIV and syphilis	Site reports Monitoring and Surveillance Interface for Haiti (MESI) database	Monthly	Individual test results returned to patients and care providers to inform care and treatment decisions Aggregate reports shared with other partners including supply chain procurement partners
Has the percent of persons referred for	Percent of persons referred for HIV and			

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
HIV and syphilis increased?	syphilis testing	Special studies		and used to inform program planning, procurement of commodities
<u>PMTCT</u>				
Has universal lifetime ART coverage among HIV infected pregnant women attending facilities been achieved?	Number of pregnant women initiating or continuing lifelong ART Percent of pregnant women adhering to ART Percent of women and children lost to follow up	Site reports MESI Special studies	Monthly	Aggregate reports shared with other partners including supply chain procurement partners and used to inform program planning, procurement of commodities
Has mother to child transmission of HIV decreased?	Percent of positive HIV tests among infants born to women with HIV	Reports from infant diagnosis program EID database at LNSP	Semi-annually	
<u>CARE</u>				
Has the quality of care for HIV infected patients increased?	Numbers of persons enrolling in care Percent of patients lost before enrollment Number of patients receiving regular immunologic monitoring	Site reports MESI Analysis of EMR data Special studies	Monthly Annually	Aggregate reports shared with other partners including supply chain procurement partners and used to inform program planning, procurement of commodities
Has the number of patients adopting behavior change increased?	Number of patients who disclose their HIV status to contacts and family			
<u>TB/HIV CO-INFECTION</u>				
Has the quality of care for co-infected patients improved?	Number of TB patients tested for HIV Number of HIV patients screened for TB	Site reports MESI	Monthly Semi-annually	Individual test results returned to patients and care providers to inform care and treatment decisions

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
	Numbers of co-infected patients initiating ART Number of co-infected patients initiating TB treatment	Analysis of EMR data Special Studies	As indicated	Aggregate reports shared with other partners including supply chain procurement partners and used to inform program planning, procurement of commodities
Has the death rate for co-infected patients decreased?	Number of co-infected patients receiving treatment for both diseases Number of HIV patients lost to follow up when referred for TB treatment			
ANTIRETROVIRAL TREATMENT				
Has universal ART coverage occurred for patients medically eligible?	Percent of eligible patients initiating ART UNAIDS estimate of ART coverage	Site reports MESI	Monthly Semi-annually	Aggregate reports shared with other partners including supply chain procurement partners and used to inform program planning, procurement of commodities
Has HIV related morbidity and mortality decreased?	Number of active patients on ART	UNAIDS		
1.2 Expand implementation of primary health care (PHC) package				
Has morbidity and mortality from common diseases decreased?	Number of persons attending primary health care clinics in the targeted areas Number of patients receiving treatment from cross-referred providers	Site reports MESI Special studies	Quarterly	Reports shared with all reporting hospitals and with other groups supporting implementation of referral networks.
Have health outcomes for HIV and non-HIV patients improved?	Number of HIV patients identified and being treated for opportunistic infections			
1.3 Increase case detection, diagnosis, appropriate treatment, and prevention for TB				
Has TB prevalence decreased?	Numbers of patients with TB that are reported nationally	Site reports MESI	Range between ongoing	Aggregate reports shared with other partners including supply chain procurement partners and used to inform program planning,

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
	<p>Estimates of the total number of persons with active TB</p> <p>Number of eligible patients tested for drug resistant TB</p> <p>Rate of treatment completion plus rate of documented cure</p> <p>Number of facilities implementing specified infection control activities</p> <p>Number of eligible persons receiving prophylaxis</p>	<p>National TB surveillance data</p> <p>Special studies</p>	and annually	procurement of commodities
1.4 Increase prevention, diagnosis, and treatment activities for vector-borne diseases				
Has LF been eliminated from Haiti?	Number of rounds of MDA conducted	Administrative reports, including reports of coverage and results of coverage surveys	Annual	Reports shared with partners to inform ongoing program implementation
Has morbidity and mortality from vector-borne diseases decreased?	<p>Number of febrile patients receiving appropriate diagnostic testing</p> <p>Percent of patients with malaria who receive appropriate treatment</p>	<p>Site reports</p> <p>Facility surveys</p> <p>Special Studies</p>	Periodic to Semi-annually	
1.5 Improve access to maternal and reproductive health services, including emergency obstetric care				
Has the quality of care for pregnant women improved?	<p>Percent of pregnant women delivering at health facilities</p> <p>Number of women accessing family</p>	<p>Site reports</p> <p>MESI</p>	<p>Monthly</p> <p>Semi-annually</p>	Reports shared with partners to inform ongoing program implementation

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/Utilization</u>
	planning services	Administrative reports Special studies		
Has maternal mortality been reduced?	Number of facilities that meet minimum criteria for basic and emergency obstetric care Number of women accessing ante- and post-natal care			
Have neonatal outcomes improved?	Number of infants with adverse outcomes			
1.6 Decrease burden of childhood illness including vaccine-preventable diseases (VPDs)				
Has the prevalence of VPDs decreased?	Number of sites with appropriate refrigeration for vaccine storage Number of children receiving routine childhood immunizations	Site reports Special studies	Monthly Periodically	Reports shared with partners to inform ongoing program implementation and with PAHO to inform reporting on elimination of measles and rubella in the PAHO region
Objective 2: Strengthen and increase the capacity of the Haiti health system				
2.1 Improve leadership and governance				
Has the quality of program performance improved?	Number of MSPP funded national directorates and departments that have annual operational plans and budgets Number of supervisory field visits conducted	Administrative and consultant reports	Annually	Results shared with CDC and within MSPP to inform continued expansion of administrative capacity
Has the number of national health sector status reports increased?	Number of reports released			
2.2 Improve organization of services, including establishment of functional referral networks				
Has the coverage of prevention activities increased?	Number of patients successfully referred	Site reports Reports from monitoring visits	Semi-annually	Results shared with CDC and with other partners supporting implementation of referral networks
Has morbidity and mortality in targeted	Qualitative assessment of referral effectiveness			

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/Utilization</u>
areas decreased?		Special Studies		
2.3 Increase density and knowledge of the health and laboratory workforce				
Has the quality and quantity of health care providers and laboratorians improved?	Number of FETP residents completing basic, intermediate, and advanced training Number of MSPP staff trained in epidemiology Ratio of health care and laboratory professionals to general population	Program reports Outbreak investigation reports Special studies	Annually	Results shared with CDC and within MSPP to inform and adapt FETP curriculum
Has the capacity to respond to outbreaks improved?	Number of outbreak investigations conducted by the Directorate of epidemiology			
2.4 Improve financial management and processes				
Has the ability of MSPP to attract and administer funds improved?	Number of MSPP entities successfully implementing internal control measures Number of MSPP entities maintaining accurate accounting records Number of sites for which internal revenues are accounted for and budgeted	Program and consultant reports Internal audit reports External audit reports	Semi-annually	Results shared with CDC and within MSPP to inform continued expansion of administrative capacity and adaptation of financial management regulations
Has the percent of CDC-funded programs cross subsidized by internal revenues increased?	Percent of CDC-funded programs cross subsidized by internal revenues			
2.5 Improve supply chain management				
Has the consistency of health care services improved?	Number of stock outs of essential drugs and supplies	Inventory and procurement reviews	Range from Ongoing	Reports shared with partners to inform ongoing program implementation and provide targeted assistance to frequently poor

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
	Number of sites using approved systems for stock management Number of sites with adequate storage space Number of sites with cold storage capacity	Program reports Site assessments Remote electronic monitoring	to Semi-annually	performers
2.6 Improve health facility, laboratory and physical health infrastructure				
Has access to health care increased?	Number of facilities and laboratories that have been structurally reinforced or retrofitted to meet MSPP and/or international health and laboratory standards	Program and contractor reports	Semi-annually	Reports shared with partners to inform ongoing program implementation
Objective 3: Optimize program implementation using information from high quality monitoring and evaluation activities				
3.1 Improve health and laboratory information systems				
Is high quality information used to generate official reports and inform policy development?	Number of sites with more than 90% of indicators reported in accordance with MESI and other information system norms Number of sites with access to IT technologies Number of reports and journal articles co-authored by MSPP staff	MESI validation reports Reports from Haiti National Ethics Board and CDC Haiti ADS office	Monthly Annually	Reports shared with partners and site level staff to inform ongoing program implementation
Has laboratory data management improved?	Number of staff trained to use LIMS	LIMS-generated reports	Weekly	Number of staff trained to use LIMS
	Number of sites using LIMS		Monthly	
	Number of hours system is down			
3.2 Improve monitoring and evaluation				
Has program performance improved?	Number of programs with M&E plans Number of performance reports regularly received by relevant program	M&E Reports Site assessments	Annually	Reports shared with partners and site level staff to inform ongoing program implementation

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
	areas Percent of programs using annual targets to measure progress	Special studies		
Objective 4: Enhance and strengthen laboratory capacity to support the Public Health System				
4.1 Strengthen Laboratory Testing Capacity				
Are HIV-infected patients receiving improved quality of care?	Number of HIV-infected patients with access to lab tests including, but not limited to, CBC, drug toxicity screening, and VL	Reports generated from LNSP database	Quarterly	Individual test results returned to physician to inform care and treatment decisions Aggregate reports shared with MSPP to inform testing and treatment algorithms
	100% of MSPP-defined eligible patients receiving VL testing	Reports generated from LNSP database		
Are TB patients receiving improved quality of care?	≥90% of TB infected population detected	Site level reports		
	100% of MSPP-defined eligible patients receiving MDR-TB testing	GeneXpert reports		
	≥ 15 sites using GeneXpert	LNSP TB culture database		
4.2 Strengthen Laboratory Network Capacity				
Have the number of biosafety incidents decreased?	Existence of biosafety team	LNSP report to CDC	Annually	LNSP Management and CDC will review biosafety team reports and provide feedback
	Number of biosafety response equipment available (i.e. number of eye-wash stations, number of fire extinguishers, etc.)	LNSP management spot checks of laboratories	Semi-annually	
	Number of biosafety incidents	Biosafety team reports		
Have the reliability and sustainability of laboratory services improved?	Number of technicians receiving ≥80% on post-training test	Logs of post-training test scores	Monthly	Reports submitted to LNSP management team and CDC-Haiti Data to inform decisions regarding future infrastructure investments and training needs QMS team will follow-up to monitor infrastructure improvements and adapt
	Number of down days for equipment covered by biomed team	Biomed maintenance and repair logs and site visit reports		
	Number of site visits conducted by biomed team			
	Number of days without access to	Reports from network		

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/Utilization</u>
	resources necessary to conduct lab work (i.e., water, electricity, internet, air conditioning, etc.)	sites Facility management reports QMS, TD, TT reports, videos, and photos		training materials
4.3 Strengthen Quality Management Systems (QMS)				
Has the quality of laboratory services improved?	Percentage of physicians receiving test results within time to affect treatment options	LIMS reports Site reports	Quarterly	Reports of turnaround times shared with CDC and Department/Medical Directors for feedback and recommendations
	Number of site visits conducted by QMS, TDs, and/or TTs	QMS, TT, TD reports, video recordings, photos of site log books		LNSP management and CDC review and feedback
	100% of network labs using "Minimal Requirements Checklist"	EQA database reports		Annually
	Number of infectious diseases included in EQA program	PT performance reports	Semi-annually	QMS team will identify poor-performing sites and provide additional training
	Number of labs participating in EQA and/or PT programs	Review of certification procedure documents at LNSP	Annually	Program announcements and procedures will be distributed to labs nation-wide with explanation of mandatory participation for network sites
	Existence of LNSP certification program	Certification registry		
	≥90% of peripheral labs LNSP-certified			
Has LNSP achieved?	ISO 15189 accreditation status	ISO 15189 accreditation report	Annually	
Have regional and departmental labs achieved a minimum 2-star SLIPTA rating?	SLIPTA star-rating of regional and departmental labs	SLIPTA scores	Annually	
4.4 Strengthen Surveillance				
Has morbidity and mortality from	Number of hours/days to identify infectious disease outbreak	PRESEpi reports	Semi-annually	Reports reviewed by LNSP management and CDC for comments and feedback

<u>Evaluation Questions</u>	<u>Performance Measures</u>	<u>Data Collection</u>	<u>Collection Frequency</u>	<u>Dissemination/ Utilization</u>
infectious diseases decreased?	Number of sites included in PRESEpi network	LIMS reports		<p>Reports provided to MSPP to inform epidemiological country profile and future resource investments</p> <p>Data used to analyze efficiency and timeliness of outbreak responses</p>
	Number of pathogens included in standard PRESEpi identification tests			

ii. Applicant Evaluation and Performance Measurement Plan:

Applicants must provide an overall jurisdiction- or community-specific evaluation and performance measurement plan that is consistent with the CDC strategy. At a minimum, the plan must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions. Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.

c. Organizational Capacity of Awardees to Execute the Approach:

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at:

<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>

d. Work Plan:

Applicant must include a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Applicants must submit a detailed work plan for the first year of the project and a high level plan for the subsequent years.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardees progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timelines.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.
- Other activities deemed necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in HHS grants policy that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

f. CDC Program Support to Awardees

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 for a briefing on applicable U.S. Government, HHS/CDC, and President's Emergency Plan for AIDS Relief (PEPFAR) expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator (OGAC).
2. Review and make recommendations as necessary to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the President's Emergency Plan for Relief (PEPFAR) Country Operational Plan (COP) review and approval process, managed by the OGAC.
3. Review and approve grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and approve the grantee's monitoring and evaluation plan, including for compliance with the strategic information guidance established by the OGAC.
5. Meet on a regular basis with the grantee to assess expenditures in relation to approved work plan and modify plans as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year, as part of the PEPFAR review and approval process for COPs, managed by OGAC.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, and confidential counseling and testing.
9. Provide in-country administrative support to help the grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428.
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly

publication of program results and findings, and the management and tracking of finances.

11. Provide technical assistance or advice on any data collections on 10 or more people that are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.
12. Provide consultation and scientific and technical assistance based on appropriate HHS/CDC and OGAC documents to promote the use of best practices known at the time.
13. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
14. Facilitate in-country planning and review meetings for technical assistance activities.
15. Provide technical oversight for all activities under this award.
16. Conduct service delivery site visits through the Site Monitoring System (SMS) to monitor and evaluate site capacity to provide high-quality HIV/AIDS services in all program areas by assessing and scoring key program area elements of site performance and work with the grantee on identified gaps and continuous quality improvement.
17. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters. Evaluations can be process, outcome or impact.
 - A. Process Evaluation: measures how the intervention was delivered, what worked/did not, differences between the intended population and the population served, and access to the intervention.
 - B. Outcome Evaluation: determines effects of intervention in target population(s) (e.g., change in knowledge, attitudes, behavior, capacity, etc.).
 - C. Impact Evaluation: measures net effects of program and prove of causality
18. Supply the awardee with protocols for related evaluations.
19. Provide assistance reviewing the scope of work for audits, as well as selection of audit firms. Participate in the audit exit conference.

B. Award Information

1. Type of Award:

Cooperative Agreement: CDC's substantial involvement in this program is indicated in the "CDC program Support to Awardees" section of this document.

2. Award Mechanism:

U2G-Global HIV/AIDS Non-Research Cooperative Agreements

3. Fiscal Year:

2015

4. Approximate Total Fiscal Year Funding:
\$40,000,000.00
5. Approximate Total Project Period Funding:
None
6. Total Project Period Length:
5 Years
7. Approximate Number of Awards:
1
8. Approximate Average Award:
\$40,000,000.00
9. Floor of Individual Award Range:
None
10. Ceiling of Individual Award Range:
\$40,000,000.00 (This amount is subject to the availability of funds).
11. Anticipated Award Date:
April 1, 2015
12. Budget Period Length:
12 months
<p>Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).</p> <p>Note: Applicants must only apply for the first budget period funding, taking into consideration the floor of the individual award range and the ceiling of the individual award range. The proposed budget for the first budget period must not exceed the ceiling of the individual award range. If a funding amount greater than the ceiling of the individual award range is requested, the application will be considered non-responsive and will not be entered into the review process.</p>
13. Funds Tracking:
Applicant is required to track fund by P-accounts/sub accounts for each project/cooperative agreement awarded.
14. Direct Assistance:
Direct assistance is not available through this FOA
15. Indirect Costs:
Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

C. Eligibility Information

1. Eligible Applicants:

Eligible applicants that can apply for this FOA are listed below:

Ministry of Health and Population (MSPP, in French) of Haiti

2. Special Eligibility Requirements:

N/A

3. Justification for Less than Maximum Competition:

The Haitian Ministry of Health and Population (MSPP, in French) is the only qualified organization to fulfill the requirement set forth in the announcement for the following reasons:

- The MSPP is the governmental agency safeguarding public health in the country, and as such may fulfill the requirements outlined in this application in terms of strategic planning for the overall sector, policy development, norm formulation, and regulations. In the context of the HIV/AIDS program, the MSPP has already developed a 5-year strategic plan and with the support of PEPFAR has issued various norms regarding the provision of services and also put in place various quality assurance programs for care, data, and lab.
- The MSPP is the only line ministry having the presence in the 10 geographical departments of the country and as such maintains 10 directorates equipped with both technical and administrative capacity. MSPP has a unique capacity to rally the support of all other sectors and sustain a national response against HIV/AIDS, regardless of the entity ensuring the governance of the multi-sector participation.
- The MSPP has the key role in the development of human resources for the health sector. Its directorate for development and human resources ensures the overall strategic planning and forecasting of manpower in the health sector. Moreover, the MSPP oversees the management of all the teaching hospitals in the country and also operates one of the major post graduate trainings centers, which puts it in a unique position to implement the human resources capacity building component of this application.
- The MSPP has the statutory authority to develop and oversee the information and surveillance system related to HIV/AIDS. They have supported the development of the electronic medical record system along with a web-based aggregate reporting and surveillance system, used by all service providers (regardless of their source of funding) to report both their activities and their HIV/AIDS cases.
- The MSPP manages the network of the most important referral hospitals in the country. The MSPP has a network of university and departmental hospitals which have been strengthened by the program to play the role of centers of excellence for training of personnel and referrals of HIV cases from peripheral sites also operated by other networks supported by PEPFAR.

Laboratoire National de Sante Publique (LNSP), as a component of MSPP, is the government agency with statutory authority to develop, implement, and oversee regulations related to laboratory accreditation, testing, and quality assurance/quality control. LNSP is responsible for safeguarding public health by providing accurate and timely lab results to the Minister of Health and other Departments within MSPP. As such, it is involved in laboratory strategic planning for the health sector, policy development, norm formulation, and regulations.

LNSP serves as the national reference laboratory for Haiti, supports two regional reference laboratories, and is the only laboratory institution to have a presence in all 10 geographic departments. LNSP works in collaboration with other PEPFAR-supported partners to manage a national referral network for CD4 testing and other diagnostic specimens. These partnerships are the basis for future network expansion plans.

The MSPP has been a partner of the USG PEPFAR initiative for 10 years. Most recently, the MSPP carried out the cooperative agreement under FOA PS10-1009 from 2010-2015 to Build and Strengthen Haiti's Plan for Prevention and Treatment. Under the same PEPFAR initiative, MSPP managed the award under FOA PS0025139 from 2005-2010. The MSPP's budget has increased from an initial annual award of less than \$2 million to over \$38 million, as they have expanded operations throughout the country and engaged in programs to eliminate or control many communicable diseases.

The new project continues and expands upon the previous two FOAs as MSPP takes on more responsibility to manage and coordinate the health system in the country. It also continues to provide for additional policy and systems strengthening, human resources capacity development, use of strategic information in planning, strengthening of infrastructures, improvement in injection safety (blood safety), and provision of HIV/AIDS services in a network of public sites.

As a government entity in Haiti, the MSPP has received several awards under sole eligibility in the past. The USG goal in Haiti is to ensure that MSPP has the capacity to manage the health care system in the country, can respond to public health emergencies, is able to plan and ensure coverage for the population, and continues to work with the Government of Haiti (GOH) to secure adequate budgeting in order to carry out its work. The MSPP has successfully carried out the scope of work under the prior agreements and continues to expand its ability to manage and coordinate the health care services within the country.

This funding announcement is not a request for applications. This is a public notice of the Centers for Disease Control and Prevention's intention to fund the following project activities without full and open competition. The impact of disapproval would result in an immediate increase in morbidity and mortality associated with treatable and preventable diseases. It would also negatively impact the public's confidence in the health care system and the GOH. Significant gains that have been made in the health care system and infrastructure over the past 10 years would start to decline.

Justification for single eligibility memo approved on September 19, 2014.

4. Other:

N/A

5. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although there is no statutory match requirement for this FOA, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

6. Maintenance of Effort:

Maintenance of Effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf>.

1. Required Registrations:

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

- a. **Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

- b. **System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

- c. **Grants.gov:** The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> Click on http://fedgov.dnb.com/webform Select Begin DUNS search/request process Select your country or territory and follow the instruction to obtain your DUNS 9-digit # Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> Retrieve organizations DUNS number Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> Set up an individual account in Grants.gov using 	Same day	Register early! Log into grants.gov and

	<p>organization new DUNS number to become an authorized organization representative (AOR)</p> <ol style="list-style-type: none"> Once the account is set up the E-BIZ POC will be notified via email Log into grants.gov using the password the E-BIZ POC received and create new password This authorizes the AOR to submit applications on behalf of the organization 	<p>but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)</p>	<p>check AOR status until it shows you have been approved</p>
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2. Request Application Package:

Download the application package from www.grants.gov

3. Application Package

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-32-6348.

4. Submission Dates and Times:

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

a. Letter of Intent (LOI) Deadline Date: (must be postmarked by): N/A

b. Application Deadline Date: **insert date**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. Late submissions will be considered non-responsive.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

5. CDC Assurances and Certifications:

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on www.grants.gov.
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Assurances and certifications submitted directly to CDC will be kept on file for 1 year and will apply to all applications submitted to CDC within one year of the submission date.

6. Content and Form of Application Submission:

Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

<p>7. Letter of Intent (LOI):</p>
<p>A letter of intent is not applicable to this funding opportunity announcement.</p>
<p>8. Table of Contents:</p>
<p>Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at www.grants.gov. There is no page limit. The table of contents is not included in the project narrative page limit</p>
<p>9. Project Abstract Summary:</p>
<p>(Maximum of 1 page) A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at www.grants.gov.</p>
<p>10. Project Narrative:</p>
<p>(Maximum of 18 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed).</p> <p>The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.</p> <p>Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.</p> <p>a. Background: Applicants should provide a description of relevant background information that includes the context of the problem (see CDC Background).</p> <p>b. Approach</p> <p>Problem Statement: Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information should help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description).</p> <p>Purpose: Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.</p> <p>Outcomes: Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes should indicate the intended direction of change (i.e., increase, decrease, maintain). See the program logic model in the Approach section of the CDC Project Description. In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.</p> <p>Strategy and Activities: The applicant must provide a clear and concise description of the</p>

strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide¹ (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

1. **Collaborations:** Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC.
2. **Target Populations:** Applicants must describe the specific target population(s) to be addressed in their jurisdiction to allocate limited resources, target those at greatest health risk, and achieve the greatest health impact. Applicants should use data, including social determinants data, to identify communities within their jurisdictions or community served that are disproportionately affected by the public health problem, and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

Inclusion: N/A

- c. **Applicant Evaluation and Performance Measurement Plan:** Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

¹ <http://www.thecommunityguide.org/index.html>

d. Organizational Capacity of Awardees to Execute the Approach:

Applicant must address the organizational capacity requirements as described in the CDC Project Description. Applicants must submit CVs/Resumes of the Project Executive Director, the Project Technical Director, Project Administrator, Project Chief of Finance, Project Technical Leads for each Program, and the Project Administrative Leads for each Program. Applicants must also submit detailed job descriptions of key positions for all new key positions. Applicants must also submit Organizational Charts. These items must be submitted as part of the appendix, clearly named “CVs/Resumes,” “Job Descriptions,” and “Organizational Charts,” and uploaded as PDF files at www.grants.gov.

11. Work Plan:

(Included in the Project Narrative- 18 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

12. Budget Narrative:

Applicants must submit an itemized, line-item budget and narrative with staffing breakdown (i.e., name, position title, annual salary, percentage of time and effort, and amount requested) and justification for all requested costs for the first budget period. Budgets must be consistent with the purpose, objectives of the Emergency Plan, and the program activities listed in this announcement. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Alterations and Renovations
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

The detailed budget should identify costs associated with potential data collection activities from persons, personal records, or for laboratory specimen collection and testing that may result in a public report. For each of the potential data collection activities, also state the costs for any preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation).

When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes and program strategy outlined in the project narrative. All budget justification pages must be numbered.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Applicants should name this “Budget Narrative” and upload as a PDF file to www.grants.gov.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants should name this file “Indirect Cost Rate” and upload to www.grants.gov.

If a funding amount greater than the ceiling of the individual 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.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA can be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to participate in implementing these optional policies.

The CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. This builds upon the current federal commitment to reduce exposure to secondhand smoke, which includes The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors – no use of any tobacco products (including smokeless tobacco) or electronic cigarettes in any indoor facilities under the control of the awardee
2. Tobacco-free indoors and in adjacent outdoor areas – no use of any tobacco products or electronic cigarettes in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee
3. Tobacco-free campus – no use of any tobacco products or electronic cigarettes in any indoor facilities and anywhere on grounds or in outdoor space under the control of the awardee

Nutrition Policies:

1. Healthy food service guidelines should at a minimum, align with Health and Human Services and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations for cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)
2. The following are resources for healthy eating and tobacco free workplaces:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

15. Funding Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.

- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC’s budget guidelines.
- Pre-award costs may be allowable for successful applicants under this FOA prior to award.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- 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 plans for data collection from persons or personal records and for laboratory specimen collection and testing that are expected to result in public reports will require protocols for technical review and review of institutional human subjects protection considerations by CDC. Funds for implementing these activities will be restricted until all necessary institutional protocol approvals have been obtained. Funds for preparatory activities (e.g., protocol development, training, equipment, reagents, and site preparation) may be provided prior to protocol approval. To facilitate the early availability of funding, the budget and narrative should clarify which activities are preparatory.
- Human subjects data collection funding restrictions which require submission of protocols will be submitted within six months of notification of such requirement, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer. All protocol approvals should be obtained no later than the end of the second budget period after the award or Continuation has been made, provided that the Grantee submits their protocol no later than the deadline.
- Needle Exchange – No funds made available under this award may be used for needle exchange programs.
- The recipient must use funds provided under the agreement for costs incurred in carrying out the purposes of the award which are reasonable, allocable, and allowable in accordance with applicable cost principles. Unallowable costs will be determined in accordance with the applicable cost principles.
 - “Reasonable” means the costs do not exceed those that would ordinarily be incurred by a prudent person in the conduct of normal business.
 - “Allocable” means the costs are necessary to the award.
 - “Allowable” means the costs are reasonable and allocable, and conform to any limitations set forth in the award.
- The recipient is encouraged to obtain the Grants Management Officer’s written determination in

advance whenever the recipient is uncertain as to whether a cost will be allowable.

- 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.
- 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.
- Public Financial Management Assessment Clause: The Parties acknowledge that HHS/CDC has assessed the recipient's systems required to manage the activities supported with US Government funds under this Agreement and that this Agreement is expressly conditioned upon that assessment, as well as any measures, mitigation or means by which the recipient has or will address the vulnerabilities or weaknesses, if any, found in that assessment. The recipient agrees to take the necessary action(s) to address the recommendations or requirements of the assessment as agreed separately in writing with HHS/CDC in accordance with an action plan to be jointly developed to address such recommendations or as otherwise contained in this agreement.
- It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with this policy, the applicant agrees to use reasonable efforts to ensure that none of the funds provided under this grant are used to provide support of individuals or entities designated for UN Security Council sanctions (compendium of Security Council Targeted Sanctions Lists at: http://www.un.org/sc/committees/list_compend.shtml). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.
- **Prohibition on Assistance to Drug Traffickers**
 - HHS/CDC reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HHS/CDC who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
 - The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HHS/CDC ("Designated Sub-recipient") until advised by HHS/CDC that: (1) any United States Government review of the Designated Sub-recipient and its key individuals has been completed; (2) any related certifications have been obtained; and (3) the assistance to the Designated Sub-recipient has been approved.
 - The Applicant shall insert the following clause, or its substance, in its agreement with the Designated Sub-recipient:
 - The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [Sub-recipient] or a key individual of the [Sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- **Conference Costs and Fees**

U.S. Government funds under this award must not be used to finance the travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by the CDC in writing.

 - Definitions:
 - A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities)

to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.

- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.
- **Using PEPFAR funds for Implementing Partners (IPs) and Partner Government Officials**
IPs are required to notify their Project Officer immediately upon abstract acceptance. Once accepted, IPs are required to submit a written justification to their Project Officer stating the rationale for seeking support to attend the conference. IPs with accepted oral posters or oral abstracts for presentations that give clear attribution to PEPFAR may be authorized to use PEPFAR funds for travel providing that funds are available for travel. Funds for travel must be drawn from an existing agreement with the IP and not from PEPFAR country program management and operations budget. IPs must obtain prior approval from their respective Project Officer for participation and on availability and use of funds.

PEPFAR partner government officials who wish to attend any large conference using PEPFAR funds must submit requests to the Project Officer, who will work with this PEPFAR Coordination office in-country, or to the designated PEPFAR Point of Contact in countries without Coordinators. Final decisions will be made in collaboration with the PEPFAR Deputy Principals and responses will be circulated to Post.

- **Attribution to PEPFAR**
 - All PEPFAR-related accepted abstracts presented by implementing partners during any conference (regardless of conference/meeting size) must be attributed to PEPFAR. All posters must include the PEPFAR logo as well as the following language: “This research has been supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) through HHS/CDC under the terms of CDC-RFA-GH15-1527.”
- **Abortion and Involuntary Sterilization Restrictions**
 - Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
 - Prohibition on Abortion-Related Activities:
 - No funds made available under this award will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, must not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.
 - No funds made available under this award will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic

or descriptive research to assess the incidence, extent or consequences of abortions is not precluded

- **Prostitution and Sex Trafficking**

- A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.

- **Trafficking in Persons Provision**

- No contractor or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
 - engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
 - procure any sex act on account of which anything of value is given to or received by any person; or
 - use forced labor in the performance of this award.
- If HHS/CDC determines that there is a reasonable basis to believe that any private party contractor or subrecipient has violated paragraph 1 of this section or that an employee of the contractor or subrecipient has violated such a prohibition where that the employee's conduct is associated with the performance of this award or may be imputed to the contractor or subrecipient, HHS/CDC may, without penalty, (i) require the Grantee to terminate immediately the contract or subaward in question or (ii) unilaterally terminate this Agreement in accordance with the termination provision.
- For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the Project as a direct employee, consultant, or volunteer of any private party contractor or subrecipient.
- The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described in subsection a by private party subrecipients, contractors, or any of their employees

- **Requirements for Voluntary Family Planning Projects**

- A family planning project must comply with the requirements of this paragraph.
- A project is a discrete activity through which a governmental or nongovernmental organization or Public International Organization (PIO) provides family planning services to people and for which funds obligated under this award, or goods or services financed with such funds, are provided under this award, except funds solely for the participation of personnel in short-term, widely attended training conferences or programs.
- (3) Service providers and referral agents in the project must not implement or be subject to quotas or other numerical targets of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning. Quantitative estimates or indicators of the number of births, acceptors, and acceptors of a particular method that are used for the purpose of budgeting, planning, or reporting with respect to the project are not quotas or targets under this paragraph, unless service providers or referral agents in the project are required to achieve the estimates or indicators.
- (4) The project must not include the payment of incentives, bribes, gratuities or financial rewards to (i) any individual in exchange for becoming a family planning acceptor, or (ii) any personnel performing functions under the project for achieving a numerical quota or target of total number of births, number of family planning acceptors, or acceptors of a

particular method of contraception. This restriction applies to salaries or payments paid or made to personnel performing functions under the project if the amount of the salary or payment increases or decreases based on a predetermined number of births, number of family planning acceptors, or number of acceptors of a particular method of contraception that the personnel affect or achieve.

- (5) A person must not be denied any right or benefit, including the right of access to participate in any program of general welfare or health care, based on the person's decision not to accept family planning services offered by the project.
- The project must provide family planning acceptors comprehensible information about the health benefits and risks of the method chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent to the use of the method. This requirement may be satisfied by providing information in accordance with the medical practices and standards and health conditions in the country where the project is conducted through counseling, brochures, posters, or package inserts.
 - The recipient must notify CDC when it learns about an alleged violation in the requirements for voluntary family planning projects described in paragraphs (3), (4), or (5), above.
 - The recipient must investigate and take appropriate corrective action, if necessary, when it learns about an alleged violation and must notify CDC about violations in a project affecting a number of people over a period of time that indicate there is a systemic problem in the project.
 - The recipient must provide CDC such additional information about violations as CDC may request.
- **Investment Promotion**
 - No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
 - In the event the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
 - The Applicant must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.
- **Worker's Rights**
 - No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized workers' rights of workers in the recipient country.
 - In the event the Applicant is requested or wishes to provide assistance in areas that involve workers' rights or the Applicant requires clarification from HHS/CDC as to whether the activity would be consistent with the limitation set forth above, the Applicant must notify HHS/CDC and provide a detailed description of the proposed activity. The Applicant must not proceed with the activity until advised by HHS/CDC that it may do so.
 - The Applicant must ensure that all employees and subcontractors and sub-recipients

providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

- The term “internationally recognized worker rights” includes-- the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health.
- The term “worst forms of child labor” means-- all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of the country.

- **Contract Insurance Requirement**

To the extent that a host government partner enters into contracts expressly approved by the U.S. government, the host country government partner shall ensure that its contractors or subcontractors (a) provide, before commencing performance under any contracts or subcontracts funded under this agreement, such workers' compensation insurance or security as required by HHS/CDC and (b) continue to maintain such insurance until performance is completed. The host country government partner shall insert, in all contracts and subcontracts under this agreement, a clause similar to this clause (including this sentence) imposing upon those contractors and subcontractors the obligation to obtain workers' compensation insurance or security as required by HHS/CDC.

- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HHS/CDC.

- **Conscience Clause**

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this agreement for HIV/AIDS prevention, treatment, or care—

- Shall not be required, as a condition of receiving such assistance—
- To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described above.

- **Medically Accurate Information About Condoms**

Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

- **Financing of Terrorism**

Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999) ([http://www.undemocracy.com/S-RES-1269\(1999\).pdf](http://www.undemocracy.com/S-RES-1269(1999).pdf)), UNSCR 1368 (2001) ([http://www.undemocracy.com/S-RES-1368\(2001\).pdf](http://www.undemocracy.com/S-RES-1368(2001).pdf)), UNSCR 1373 (2001) ([http://www.undemocracy.com/S-RES-1373\(2001\).pdf](http://www.undemocracy.com/S-RES-1373(2001).pdf)), and UNSCR 1989 (2011), both HHS/CDC

and the Applicant are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. It is the policy of HHS/CDC to seek to ensure that none of its funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the Applicant agrees to use reasonable efforts to ensure that none of the HHS/CDC funds provided under this Agreement are used to provide support to individuals or entities associated with terrorism, including those identified on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List. This provision must be included in all subagreements, including contracts and subawards, issued under this award.

- **Source and Nationality and Other Procurement Restrictions**

- Disbursements will be used exclusively to finance the costs of goods and services required for this Agreement [in accordance with 22 CFR 228, and] having their source and nationality in countries [included in Geographic Code [937 or 935]] OR [identified in subsection 6 below], except as HHS/CDC may otherwise agree in writing and as follows:
 - Ocean transportation costs must be financed under the Agreement only on vessels under flag registry of [countries included in Code 935] OR [the following countries: LIST. Also see subsection 7 below on use of U.S.-flag vessels.
 - Any motor vehicles financed under the Agreement will be of United States manufacture, except as HHS/CDC may otherwise agree in writing.
- The nationality of the contractor providing ocean and air shipping services will be deemed to be the ocean vessel's or aircraft's country of registry at the time of shipment.
- Provisions concerning restricted and ineligible goods and services may be provided in subsequent written communications between the parties. Special procurement rules apply to agricultural commodities, pharmaceuticals, pesticides, and fertilizer, none of which may be procured without advance written consent of HHS/CDC.
- Transportation by air of property or persons financed under this agreement will be on carriers holding United States certification, to the extent service by such carriers is available under the Fly America Act. This requirement may be further described by HHS/CDC in subsequent written communications between the parties.
- Eligibility Date. No goods or services may be financed under the Agreement which are procured pursuant to orders or contracts firmly placed or entered into prior to the date of this Agreement, except as the Parties may otherwise agree in writing.
- Eligible countries for procurement: HHS/CDC to identify for specific agreement.
- Transportation
 - In addition to the requirements in subsection 1 above, costs of ocean or air transportation and related delivery services may not be financed under this Agreement, if the costs are for transportation under an ocean vessel or air charter which has not received prior HHS/CDC approval.
 - Unless HHS/CDC determines that privately owned U.S. -flag commercial ocean vessels are not available at fair and reasonable rates for such vessels, or otherwise agrees in writing:
 - At least fifty percent (50%) of the gross tonnage of all goods (computed separately for dry bulk carriers, dry cargo liners and tankers) financed by HHS/CDC which may be transported on ocean vessels will be transported on privately owned U.S.-flag commercial vessels; and
 - At least fifty percent (50%) of the gross freight revenue generated by all shipments financed by HHS/CDC and transported to the territory of the Grantee on dry cargo liners shall be paid to or for the benefit of privately owned U.S.-flag commercial vessels. Compliance with the requirements of (1)

and (2) of this subsection must be achieved with respect to both any cargo transported from U.S. ports and any cargo transported from non-U.S. ports, computed separately.

- **Environmental Impact Statement**

HHS/CDC and the Applicant agree to implement the Project in conformance with the regulatory and legal requirements of the Partner Country's environmental legislation and HHS/CDC's environmental policies.

- The Applicant is required to create and follow an environmental mitigation plan and report (EMPR) for each thematic area covered by this agreement. The EMPR shall include the following:
 - Coversheet;
 - Narrative with project specific information, including level of effort;
 - Annexes:
 - Environmental Screening Form (Table 1);
 - Identification of Mitigation Plan (Table 2);
 - Environmental Monitoring and Tracking Table (Table 3);
 - Photos and Maps, as appropriate.
- The EMPR will capture potential environmental impacts and also inform whether a supplemental Initial Environmental Examination (IEE) is required and should be completed and submitted to HHS/CDC.

- **Branding**

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/reports/guidance/branding/index.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) 2015, the limit is no more than 8 percent of the country's FY 2015 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 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 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 FOA. For example, the proposal should state that the applicant has \$ _____ in FY 2015 grants and cooperative agreements (for as many fiscal years as applicable) in Haiti. For additional information concerning this FOA, please contact the Grants Management Officer for this FOA.

16. Other Submission Requirements:

- a. **Electronic Submission:** Applications must be submitted electronically at www.grants.gov. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then submit the application by uploading it at www.grants.gov website. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO TIMS staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov.

If Internet access is not available or if the forms cannot be accessed on-line, applicants may contact the PGO TIMS staff at 770-488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 am–4:30 pm Eastern Standard Time (EST), except federal government holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

Do not use "special characters (i.e. %, &, * etc.) on the cover page of your application (form SF 424 – Application for Federal Assistance) as special characters are not recognized by the electronic system. Use of special characters may result in your application being rejected. When copy/paste is used on application documents, the grantee should ensure that text only is pasted. When extra, blank spaces at the end of the original are pasted into the new document it causes the system to reject the document.

- b. **Tracking Number:** Applications submitted through www.grants.gov, are time/date stamped electronically and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking

number serves to document that the application has been submitted and initiates the electronic validation process before the application is made available to CDC.

- c. **Validation Process:** Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. A second email message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. **Technical Difficulties:** If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD’s or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by HHS.

If Grants.gov is inoperable and cannot receive applications due to an emergency or other unanticipated event that results in the suspension of government operations (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

- e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant’s request for permission to submit a paper application must include the following three items:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Application Review Information

1. Review and Selection Process:

Applications will be reviewed in three phases

a. Phase I Review:

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC Division of Global HIV/AIDS and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

b. Phase II Review:

N/A

c. Phase III Review:

N/A

2. Anticipated Announcement and Award Dates:

The anticipated announcement date is February 2015. The award date will be April 1, 2015.

F. Award Administration Information

1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm

The following administrative requirements apply to this project:

Generally applicable administrative requirements (ARs):

- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act

- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (If applicable applicants should be aware of the program’s current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.)
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to HIV/AIDS Awards:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

Organization Specific ARs:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)

Potentially Applicable Public Policy Requirements

- False or Misleading Information
- Taxes: Certification of Filing and Payment of Taxes
- Fly America Act/ U.S. Flag Air Carriers
- National Environmental Policy Act

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce.

If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms.

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting:

a. CDC Reporting Requirements:

Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to applicants, particularly for cooperative agreements;

- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific Reporting Requirements:

i. Awardee Evaluation and Performance Measurement Plan:

Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan should be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan should build on the elements stated in the initial plan, and should be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: <http://www.cdc.gov/eval/guide/index.htm>

ii. Annual Performance Report:

(due no later than 120 days before the end of the budget period and serves as a continuation application).

This report must not exceed 35 pages excluding work plan and administrative reporting. Attachments are not permitted, but web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov no later than 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed
- **Evaluation Results** –Awardees must report evaluation results for the work completed to date (including any impact data)
- **Work Plan (maximum of 25 pages)** – Awardees should update work plan each budget

period

- **Successes**
 - ✓ Awardees must report progress on completing activities outlined in the work plan
 - ✓ Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - ✓ Awardees must describe success stories
- **Challenges**
 - ✓ Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
 - ✓ Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
 - ✓ Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting (not subject to page limits)**
 - ✓ SF-424A Budget Information-Non-Construction Programs
 - ✓ Budget Narrative – Must use the format outlined in Section IV. Content and Form of Application Submission, Budget Narrative Section
 - ✓ Indirect Cost Rate Agreement
 - ✓ Pipeline Analysis – Expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).
- **Measures of Effectiveness**
 - ✓ Include progress against the numerical goals of the President’s Emergency Plan for AIDS Relief for Haiti and HHS/CDC guidance

iii. Performance Measure Reporting:

CDC programs must require awardees to submit performance measures annually at a minimum, and may require reporting more frequently. Performance measure reporting should be limited to the collection of data. When funding is awarded initially, CDC programs should specify reporting frequency, required data fields, and format.

iv. Monitoring Reporting and Evaluation:

CDC programs must ensure that grantee’s Evaluation and Performance Measurement Plan is aligned with the strategic information guidance established by OGAC and other HHS/CDC requirements, including PEPFAR’s Monitoring Reporting and Evaluation (MER) strategy and CDC’s Data for Partner Monitoring Program (DFPM).

v. Federal Financial Reporting:

The annual FFR form (SF-425) is required and must be submitted through eRA Commons² within 90 days after the end of the calendar quarter in which the budget year ends. The report should include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are

² <https://commons.era.nih.gov/commons/>

required to submit a letter of explanation and include the date by which the information will be provided.

vi. Final Performance and Financial Report:

At the end of the project period, awardees must submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period. The page limit for this report is not to exceed 40 pages.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures for the project period.
- Evaluation results – Applicants must report final evaluation results for the project period
- Impact of Results – Applicants must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425)

Awardees should e-mail the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006:

Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf,
- https://www.frs.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/asfr/ogapa/aboutog/Grants%20Management%20Information/ffata_guidelines.html.

5. Programmatic Impact Reporting and Monitoring:

A. The recipient is responsible for managing and monitoring each project, program, subaward, function or activity supported through this Agreement. Recipients must monitor subawards to ensure that subrecipients have met the programmatic impact requirements as set forth in the subrecipient’s agreement.

B. The recipient must submit the original and two copies of annual and semi-annual Performance reports and quarterly pipeline analysis reports. Annual reports must be due 90 calendar days after the award year and semi-annual and quarterly reports must be due 30 days after the reporting period. The final performance reports are due 90 calendar days after the expiration or termination of this Agreement.

C. Performance reports must generally contain, for each award, brief information on each of the following:

- A comparison of actual accomplishments with the goals and objectives previously established for the period, including metrics outlined in the monitoring and evaluation plan (section on M&E), any findings of an external entity, or both. Whenever appropriate and the output of programs or projects can be readily quantified, such quantitative data must be included in the reports and be related to cost data for computation of unit costs. Also included should be a brief description of the methods used to assure and assess the quality of the quantitative data, including any remediation taken to improve findings of poor data quality.
- Reasons why established goals for the performance period were not met, if appropriate.
- Other pertinent information including, when appropriate, statutory or Congressional reporting requirements, analysis and explanation of cost overruns or high unit costs reported in financial reports.
- The recipient must immediately notify the awarding agency of developments that have a significant impact on the award-supported activities. Also, recipients must give notification immediately in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation.
- The Pipeline Analysis report must contain expenditures versus budget as identified in work plan, description of challenges, and explanation of unexpected pipeline (high or low).
- The semi-annual progress reports must include an introduction; status of objectives (met, ongoing, or unmet), and if the objective has already been met, a restatement of the target or possibly replace objective with a new one; major findings, the significance of those findings (a description of how the findings impact or contribute to the integration of program activities that promote the goals of the project); barriers encountered and how they were address; and if applicable, the reasons that objectives were not met and a discussion of assistance needed to resolve the situation.

The recipient is required to submit in a timely manner quarterly, semi-annual and annual program results for all relevant programmatic indicators in accordance with U.S. government guidance.

6. Monitoring and Evaluation:

- A. The recipient must submit a monitoring and evaluation plan for approval, and carry out monitoring and evaluation activities in accordance with the approved monitoring and evaluation plan. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC or other guidance otherwise applicable to this Agreement.
- B. HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the Activities and use of HHS/CDC funding under this Agreement, must require a provision to this effect in all sub-awards or contracts financed by funds under this Agreement. Where applicable, this includes support for, and response to, activities associated with the Site Monitoring System and implementation of Data and Service Quality Assessments.

7. Expenditure Analysis

Recipients of PEPFAR funds are required to report annually on program expenditures. Specifically, annual completion of PEPFAR Program Expenditures (Form DS-4213, approved by OMB 1405-0208, or the relevant OMB-approved format) will be required in conjunction with the PEPFAR Annual Progress Report at the completion of the USG fiscal year.

8. Audit, Books, and Records Clause:

- A. Reports and Information. The recipient must furnish HHS/CDC accounting records and such other information and reports relating to the Agreement as HHS/CDC may reasonably request.
- B. The Recipient Agreement Books and Records. The recipient must maintain accounting books, records, documents and other evidence relating to the Agreement, adequate to show, without limitation, all costs incurred by the recipient, the receipt and use of goods and services acquired by the recipient, agreed-upon cost sharing requirements, the nature and extent of solicitations of prospective suppliers of goods and services acquired by the recipient, the basis of award of recipient contracts and orders, and the overall progress of the Agreement toward completion ("Agreement books and records"). The recipient must maintain Agreement books and records in accordance with generally accepted accounting principles prevailing in the United States, or at the recipient's option, with approval by HHS/CDC, other accounting principles, such as those (1) prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants), or (2) prevailing in the country of the recipient. Agreement books and records must be maintained for at least three years after the date of last disbursement by HHS/CDC or for such longer period, if any, required to resolve any litigation, claims or audit findings.
- C. Partner Government Audit. If \$300,000 or more of US Government funds are expended by the recipient in its fiscal year under the Agreement, the recipient must have financial audits made of the expenditures in accordance with the following terms, except as the Parties may otherwise agree in writing:
 - i. The recipient must use its Supreme Audit Institution (SAI), if the SAI is approved by HHS/CDC, or select an independent auditor to perform the audit in accordance with the guidelines issued by HHS/CDC.
 - ii. The audit must determine whether the receipt and expenditure of the funds provided under the Agreement are presented in accordance with generally accepted accounting principles agreed to in Section 2 above and whether the recipient has complied with the terms of the Agreement. Each audit must be submitted to HHS/CDC no later than nine months after the close of the recipient's year under audit.
- D. Sub-recipient Audits. The recipient, except as the Parties may otherwise agree in writing, must ensure that "covered" sub-recipients, as defined below, are audited, and submit to HHS/CDC, no later than the end of the recipient's year under audit, in form and substance satisfactory to HHS/CDC, a plan for the audit of the expenditures of "covered" sub-recipients, as defined below, that receive funds under this Agreement pursuant to a direct contract or agreement with the recipient.
 - i. "Covered" sub-recipient is one who expends \$300,000 or more in its fiscal year in "US Government awards" (i.e. as recipients of US Government cost reimbursable contracts, grants or cooperative agreements).
 - ii. The plan must describe the methodology to be used by the recipient to satisfy its audit responsibilities for covered sub-recipients. The recipient may satisfy such audit responsibilities by relying on independent audits of the sub-recipients; expanding the scope of the independent financial audit of the recipient to encompass testing of sub-recipients' accounts;

or a combination of these procedures.

- iii. The plan must identify the funds made available to sub-recipients that will be covered by audits conducted in accordance with audit provisions that satisfy the recipient's audit responsibilities.
- iv. The recipient must ensure that covered sub-recipients under direct contracts or agreements with the recipient take appropriate and timely corrective actions; consider whether sub-recipients' audits necessitate adjustment of its own records; and require each such sub-recipient to permit independent auditors to have access to records and financial statements as necessary.

- E. **Audit Reports.** The recipient must furnish or cause to be furnished to HHS/CDC an audit report for each audit arranged for by the recipient in accordance with this Section within 30 days after completion of the audit and no later than nine months after the end of the period under audit.
- F. **Cost of Audits.** Subject to HHS/CDC approval in writing, costs of audits performed in accordance with the terms of this Section may be budgeted for, and charged to, the Agreement so long as such costs are allowable, allocable, and reasonable as defined in the Cost Allowability section of this Agreement.
- G. **Audit by HHS/CDC.** HHS/CDC retains the right to perform the audits required under this Agreement on behalf of the recipient conduct a financial review, or otherwise ensure accountability of organizations expending US Government funds regardless of the audit requirement.
- H. **Opportunity to Audit or Inspect.** The recipient must afford authorized representatives of HHS/CDC the opportunity at all reasonable times to audit or inspect activities financed under the Agreement, the utilization of goods and services financed by HHS/CDC, and books, records and other documents relating to the Agreement.
- I. **Sub-recipient Books and Records.** The recipient will incorporate paragraphs (1), (2), (4), (5), (6), (7) and (8) of this provision into all sub-agreements with non-U.S. organizations which meet the \$300,000 threshold of paragraph (3) of this provision. Sub-agreements with non-U.S. organizations, which do not meet the \$300,000 threshold, must, at a minimum, incorporate paragraphs (7) and (8) of this provision. Sub-agreements with U.S. organizations must state that the U.S. organization is subject to the audit requirements contained in OMB Circular A-133.

9. Reporting of Foreign Taxes

- A. **Valued Added Tax (VAT) and Customs Duties –** Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.
- B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

- 1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]
- 2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.
- 3) Terms: For purposes of this clause:
 - “Commodity” means any material, article, supplies, goods, or equipment;
 - “Foreign government” includes any foreign government entity;
 - “Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.
- 4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.
- 5) Contents of Reports: The reports must contain:
 - a. grantee name;
 - b. contact name with phone, fax, and e-mail;
 - c. agreement number(s) if reporting by agreement(s);
 - d. reporting period;
 - e. amount of foreign taxes assessed by each foreign government;
 - f. amount of any foreign taxes reimbursed by each foreign government;
 - g. amount of foreign taxes unreimbursed by each foreign government.
- 6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

10. Human Subjects Restrictions:

Data collection protocols required for release of human subjects funding restrictions must be submitted to the DGHA Science Office within 6 months of notification of such restrictions, but no later than the end of the first budget year. Requests for exceptions to these deadlines will need to be submitted in writing to the Grants Management Officer.

All protocol approvals should be obtained no later than the end of the subsequent budget period after the award or continuation has been made, provided that the Grantee has not been granted an exception to the deadlines specified above.

G. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Kathy Middleton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
US Embassy
Boulevard 15 Octobre
Tabarre 41
Tabarre, Haiti
Telephone: 011-509-3452-1952; 404-553-8584
Email: KOM4@CDC.GOV

For financial, awards management, or budget assistance, contact:

Randolph Williams, Grants Management Officer
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K75
Atlanta, GA 30341
Telephone: 770-488-8382
Email: gur2@cdc.gov

For assistance with submission difficulties related to www.grants.gov, contact:

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

For all other 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 individuals with hearing loss is available at: TTY 1.888.232.6348

H. Other Information

Following is a list of acceptable attachments that applicants must upload as PDF files part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, that document will not be reviewed.

- Project Abstract (required form)
- CDC Assurances and Certifications (required form)
- Table of Contents for Entire Submission (no page limit)
- Project Narrative/Work Plan (maximum 18 pages)
- Budget Narrative (no page limit)
- SF424 (required form)
- SF424A (required form)

Applicants may submit additional information in an Appendix. The appendices will not be counted toward the project narrative page limit. **The total amount of appendices must not exceed 90 pages.** Any pages after page 90 of the appendix will not be considered for review. The following documents must be included in the

application appendices:

- **Resumes/CVs of current key staff** who will work on the activity, including, but not limited to: Principal Investigator, Business Official, Project Manager
 - **Please refer to Section D, #10, part d, “Organizational Capacity of Awardees to Execute the Approach” for specific job descriptions required in this FOA, as applicable**
- **Job Descriptions of proposed key positions** to be created for the activity, including, but not limited to: Principal Investigator, Business Official, Project Manager
 - **Please refer to Section D, #10, part d, “Organizational Capacity of Awardees to Execute the Approach” for specific job descriptions required in this FOA, as applicable**
- **Letters of support:** See Collaborations section and Funding Preference section, as applicable
- **Memorandums of Understanding/Agreements (MOU/MOA):** See Collaborations section and Funding Preference section, as applicable
- **Organizational Chart**
- **Negotiated Indirect Cost Rate Agreement,** if applicable
- **Non-profit organization IRS status forms,** if applicable

Any additional information submitted via www.grants.gov must be uploaded in a PDF file format, and should be clearly labeled (i.e.: Letters of support should be named “letters of support”).

Amendments, Questions and Answers (Q&As)

Applicants must submit their Q&As, if any, to the Project Officer listed under the Agency Contacts Section of this announcement no later than 15 days after the publication date in www.grants.gov. All Q&As will be published on the DGHA Website <http://www.cdc.gov/globalaids/global-hiv-aids-at-cdc/FOA.html>.

All changes, updates, and amendments to the FOA will be posted to www.grants.gov following the approval of CDC.

For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found on Grants.gov website, at the following internet address: <http://www.grants.gov>.

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): outline the Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of Global Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.

Carryover: Unobligated Federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>

CDC Assurances and Certifications: Standard government-wide grant application forms.

CFDA Number: The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

Competing Continuation Award: An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: assistance given to an applicant such as federal personnel or supplies. See http://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html.

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single website, www.USAspending.gov.

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant: A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term does not include: a Federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees,

interest subsidies, insurance, or direct payments of any kind to individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities: are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

International public health work: For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders ("legislation or other orders"), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grass Roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-Federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA): is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens'

group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the individuals responsible for making award decisions.

OGC: Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Performance Measures: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. www.plainlanguage.gov

Procurement and Grants Office (PGO): PGO is the only entity within CDC which can obligate federal funds. PGO provides non-programmatic management for all CDC financial assistance activities (grants and cooperative agreements) and manages and awards all CDC contracts.

Program Strategies: Public health interventions or public health capabilities.

Program Official: The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similar staff member.

Project Period Outcome: An outcome that will result by the end of the FOA period of funding.

SAM: The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award.

Technical Assistance: The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.