Funding Opportunity Announcement (FOA)

Strengthen Capacity of the Ministry of Community Development, Mother and Child Health to Support National Coordination of HIV Prevention, Care and Treatment and Related Maternal, Neonatal and Child Health Services at District Facility and Community Level in the Republic of Zambia under the President's Emergency Plan for AIDS Relief (PEPFAR)

CDC-RFA-GH15-1599

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

U.S. Department of Health and Human Services
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-GH15-1599. 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

Strengthen Capacity of the Ministry of Community Development, Mother and Child Health to Support National Coordination of HIV Prevention, Care and Treatment and Related Maternal, Neonatal and Child Health Services at District Facility and Community Level in the Republic of Zambia 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-GH15-1599

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: December 1, 2014, 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**

This funding opportunity announcement (FOA) is intended to fund the Ministry of Community Development Mother and Child Health (MCDMCH), formerly Ministry of Community Development and Social Welfare. The Ministry's mandate has been expanded to include primary healthcare service delivery at district, facility including community levels. As a result, oversight and coordination for the implementation of Tuberculosis (TB) programs, HIV prevention programs - including HIV Testing and Counseling (HTC), Other HIV Prevention programs (HVOP), Voluntary Medical Male Circumcision (VMMC), Prevention of Mother to Child Transmission (PMTCT)- and other Maternal and Newborn Child Health (MNCH) services including services to reduce maternal and child mortality, reproductive health cancers as well as expanded program of immunization (EPI)programs, has moved from the Ministry of Health (MOH) to MCDMCH. By supporting these programs, the FOA will build on prior initiatives including Saving Mothers Giving Life (SMGL), Pink Ribbon Red Ribbon (PRRR), and support to Maternal Death Surveillance and Response (MDSR). In addition, the FOA will support the Zambia Field

Epidemiology Training Program (ZFETP) as well as strategic information (SI) needs for all these programs using the Monitoring, Evaluation and Reporting (MER) system as well as nationally owned electronic health records (EHR) systems.

The FOA will support the MCDMCH to develop and strengthen national coordination systems and structures for supported programs in order to enable harmonization of government and donor funded programs and provision of consistent support for the country's primary health care services and plans such as the National MNCH roadmap. Emphasis will be placed on generating evidence for community and household interventions to bridge the health facility-community interface through development and strengthening of functional linkages. Emphasis will also be placed on building and strengthening the new ministry's accountability systems and mechanisms through regular monitoring of progress towards achievement of national goals. To achieve this staff recruitment may be needed with staff transition to the Government of the Republic of Zambia (GRZ) anticipated by the end of the project period.

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:** $1,975,000.00
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:

Zambia has a generalized HIV epidemic with prevalence among adults 15-49 years of 14.3 percent (2007 Demographic and Health Survey (DHS)) and predominantly heterosexual transmission. There are six main drivers of the pandemic including Mother to child transmission (MTCT) and low rates of HIV testing and Counseling (HTC) with only 19% women and 12% men in Zambians documented to have taken a test and received their results in a previous 12 month period. Other challenges with HTC include low rates of Couples HTC (CHTC) and quality of care concerns especially in the light of task shifting.

More females than males have been tested with the Zambian PMTCT program recording HTC coverage as high as 95% in antenatal (ANC) settings. National PMTCT coverage has reached 80% (MOH 2011 Report) and there has been a significant reduction in new infant infections. With regard to PMTCT challenges remain in terms of suboptimal coverage of efficacious ARV regimens, poor retention of mother-baby pairs (MBPs) and inadequate early infant diagnosis (EID) coverage. There is need to strengthen the community- facility interface, rapidly whilst systematically implementing the recently adopted "Option B+" strategy and improve the overall quality of the PMTCT program in order to contribute significantly to the goal of elimination of mother-to-child transmission of HIV (eMTCT), thereby increase HIV-free child survival and keep the mothers alive. Aside from MTCT of HIV, the country is beset with a number of maternal, neonatal and child health (MNCH) related challenges including a high maternal mortality ratio (591 per 100,000) and infant mortality rate, falling rates of immunization coverage and a poorly integrated response. Challenges remain with the integration of HIV and MNCH interventions such as Focused Antenatal Care (FANC) and immunization programs. Lessons can be learnt and resources leveraged from initiatives such as the Saving Mothers, Giving Life (SMGL),

the Pink Ribbon Red Ribbon (PRRR) that aims at addressing Cervical Cancer which is more prevalent among HIV infected women; and Maternal Death Surveillance and Response (MDSR), to support the MCDMCH's MNCH Roadmap and create effective and sustainable national coordination structures.

Tuberculosis (TB) is a significant co-morbidity among HIV infected individuals with co-infection rates of up to 70%. The National TB Control Program (NTP) works to reduce the incidence of TB using the "3Is" approach but challenges remain among which is the emergence of Multi-Drug Resistant-TB (MDR-TB) and its associated diagnostic and treatment requirements.

Voluntary Medical Male Circumcision (VMMC) is recognized as one of the most efficacious biomedical prevention methods and Zambia aims to avert about 300,000 new HIV infections by circumcising about 1.9million adolescent and adult males by 2015. However, the program has been beset by numerous challenges including sub-optimal up-take of the service by the target population primarily in the traditionally non-circumcising regions and rural areas; as well as a seasonality of response to the program due to changes in weather (men in the rural areas tend to be involved in farming during the rains, whereas the response is better in the cold season when circumcisions are traditionally performed) and opening of educational institutions. Other challenges include low HTC coverage among VMMC clients largely due to inadequate supplies of HIV test kits, inadequate human resource and weak QA systems.

All these public health challenges require sound epidemiologic evidence to guide response and maximize efficiencies. To address this challenge, the Field Epidemiology Training Program (FETP) aims to scale up the country's epidemiology capacity by contributing to the training of at least 69 epidemiologists (1 per 200,000 population). To further increase efficiencies, the programs will require strong Strategic Information (SI) systems which are not yet well established in the new ministry. Setting up a robust SI system to provide a good monitoring, evaluation and reporting (MER) system will ensure that there is relevant and up-to-date information available on a regular basis to stakeholders and program managers to better evaluate and understand program performance and to determine ways to continuously improve the project. The information generated will also contribute to research.

The MCDMCH is responsible for achieving a number of national and international targets related to Maternal and Child Survival while being responsible for delivery of all other Primary Health Care services including HIV related care, prevention and treatment services.

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	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)				
Program Oversight Provide quarterly site supervision or mentorship visits to sub-national levels to oversee implementation of (a) mother-baby pair tracking systems, (b) functional EID systems that include SMS technology for enhanced results return and (c) integrated MNCH services that include but are not limited to FANC, EmONC, FP and STI management Conduct national mapping of PMTCT services including EID services (including government, private and implementing partner supported sites) Lead the assessment of PMTCT facilities for preparedness for implementation of Option B+/ latest guidelines and for quality improvement of other services in accordance to national guidelines Review best practices for effective MBP tracking and make recommendations for their implementation	District MNCH coordinators mentored National mapping of PMTCT services completed and findings disseminated Operational guidelines for MBP tracking developed and disseminated Data collection and reporting tools revised to enable tracking of progress on integration of different MNCH services Midterm evaluation/review of the MBP tracking system conducted, findings shared and recommendations implemented	**Increased number of PMTCT sites with functional EID systems** **Increased number of PMTCT sites providing a fully integrated MNCH service according to their level of care**	**Increased proportion of MBPs retained in care till complete cessation of breastfeeding** **Increased EID coverage at 6 weeks, 6 months and 12 months of age for HEI in PMTCT facilities**	**Reduced MTCT rate** **Reduced HIV related maternal and child mortality**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Conduct midterm evaluation of the MBP tracking systems				
Capacity Building & Coordination Conduct training needs assessment for subnational MNCH staff Develop and maintain training and mentoring database of MNCH staff which feeds into the HRH database Coordinate training, supervision and mentorship of district personnel in consolidated (a) ART management, (b) integrated MNCH (including FP, FANC, STI management and EmONC), (c) EID and (d) logistics management for PMTCT and other Reproductive Health commodities using different and innovative training models including e-learning Establish and strengthen District QI teams for structured QI mentorship to provide continuous quality improvement in the area of PMTCT on an integrated MNCH platform Distribute jobs aids, tools and equipment to enable provision of integrated HIV, FP and SRH services to staff and facilities Monitor and support capacity improvements (including system	National training needs assessment completed and results disseminated among stakeholders and used to inform future trainings Functional integrated training database informing training needs at national and subnational level established Training, supervision and mentorship of district personnel in consolidated ART management, integrated MNCH, EID, Syphilis and logistics management conducted Targeted improvements done to prioritize PMTCT facilities based on assessment findings Report on best practices for service delivery program enhanced male engagement within MNCH services in different settings completed and results disseminated Functional QI committees with dedicated PMTCT QI activities available at PMTCT sites	**Increased number of PMTCT sites with capacity to manage HIV infected PBF women and their HIV infected partners on ART within MNCH** **Increased knowledge and skills of MNCH providers in PMTCT service provision** **Increased number of PMTCT sites with functional QI committees with dedicated PMTCT QI activities** **Increased number of PMTCT sites achieving technical and programmatic standards** **Increased number PMTCT sites with documented partner support and**	**Increased HIV infected PBF women and their HIV infected partners initiated on ART within the MNCH** **Increased coverage of CHTC** **Increased number of HIV positive male partners of pregnant women in discordant couples immediately initiated on ART within MNCH** **Increased implementation of PMTCT QI activities through functional QI committees within all PMTCT facilities**	**Reduced national MTCT rate** **Reduced HIV related maternal and child mortality**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
strengthening and infrastructure improvements) of PMTCT sites and community level support services Coordinate national and multilateral support for PMTCT to improve efficiencies	Coordinated plan for national support to PMTCT programs developed and related to PMTCT service mapping	**decreased number of sites with overlap of partner support**		
Monitoring & Evaluation Deploy PMTCT Monitoring, Evaluation and Reporting (MER) tools including electronic health management tools (SmartCare) Orient and train district personnel in the use of MER tools including SmartCare Recruit staff to support program monitoring and evaluation as required Conduct routine program data reviews to identify best practices with specific emphasis on routine monitoring of program quality indicators such as improved HTC coverage, ARV coverage, retention of MBPs, local MTCT rate and linkage of HIV infected children to treatment services, etc. Conduct baseline and midterm service quality assessments (SQA) in PMTCT sites Support operationalization of a real time program monitoring tool e.g. the Zambia Health Access for both routine program	MER tools deployed to all sub-national levels and PMTCT facilities All district and facility personnel oriented and trained in the use of the MER tools including SmartCare Relevant staff recruited as required Quarterly program data quality reviews conducted Annual report on program quality indicators such as improved HTC, ARV coverage, retention of mother-baby pairs completed and disseminated Baseline and midterm SQA conducted and results shared among stakeholders Real time program monitoring tool operationalized	**Increased number of PMTCT sites use the full complement of MER tools including the national Electronic Health Records (EHR) system** **Increased number of PMTCT sites attaining quality standards according to recommendations**	**Increased number of district and facility personnel using the PMTCT MER tools for program quality monitoring**	**Enhanced real time program monitoring and strategic planning**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
indicators and enhanced program indicators to allow for timely decision making and strategic planning				
HIV TESTING AND COUNSELING (HTC)				
Leadership and Oversight Support strengthening of the sub-national structures to enable ownership and accountability for HIV testing and counseling (HTC) program Support strengthening the national HTC Technical Working Group functional capacity Provide technical support to strengthen capacity for HTC program monitoring including through HTC data review and coordination meetings Support revisions to HTC counseling and testing guidance and related recording/reporting tools and M&E systems to ensure the Zambia HTC program is well aligned to prevailing global evidence and principles Facilitate implementation of supportive policies, guidelines and standard operating procedures (SOPs) that are aligned to regional and international evidence based standards	National HTC TWG meetings conducted on a quarterly basis Bi-annual data review and coordinating body meetings held in districts using standard formats HTC guidelines revised in line with prevailing global evidence and principles and disseminated A five (5) year HTC Operational guidance focusing on couples HTC and PITC developed and disseminated SOPs reviewed, adapted and disseminated Service delivery level quality program indicators for HTC services incorporated into QI/QA systems in collaboration with the MOH QI/QA unit Annual HTC program review report disseminated to all stakeholders	**Increased program capacity at sub-national levels** **Increased capacity of sites to implement services according to new guidelines** **Increased number of sites producing regular quarterly QI/QA reports that include HTC indicators**	**Increased numbers persons including couples accessing HTC services that are in line with global principles** **Increased numbers of persons knowing their HIV status**	**Reduction in new HIV infections**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Review best practices and establish operational guidance for couples HTC Lead the development of HTC service delivery level quality program indicators and incorporation into QI/QA systems in collaboration with the MOH QI/QA unit				
Coordination Coordinate stakeholder contributions and activities to ensure national goals are achieved through, but not limited to mapping of services, determination of priority communities and directing allocation of available resources for maximum public health impact Lead the engagement and mobilization of community and traditional leaders to support HTC demand creation Conduct national HTC mapping to identify underserved populations Generate evidence of barriers to service delivery for vulnerable populations including key populations and make recommendations for reduction of identified barriers to improve on efficiencies in service delivery Identify and implement models of service	National HTC joint implementing partners and donor meetings conducted on a quarterly basis. National HTC mapping completed and results disseminated HTC program evaluation conducted and barriers to service delivery identified Evidence-based innovative methods of service delivery to overcome barriers identified and implemented. HTC integrated in the planning and review meetings for other program areas such as PMTCT, VMMC, ART and MNCH	**Increased number of facilities that are integrating HTC with other services including PMTCT, VMMC, ART and MNCH** **Increased number of identified underserved populations reached with HTC services** **Increased numbers of infants tested for HIV under the EID program**	**Increased numbers of individuals including infants with known HIV status and who are linked to care**	**Equitable distribution of HTC service delivery across the country**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
delivery that will overcome barriers to service delivery for key populations and youth, such as, through sensitivity and ethical practice training for health workers Coordinate the effective integration of the HTC program with other programs including the VMMC, PMTCT, ARV treatment and MNCH in order promote optimization of linkages, efficiencies and effectiveness and yield of the HTC program Conduct annual HTC national program reviews Facilitate collaborative work between the MCDMCH HTC leadership and other stakeholders involved in Pediatric HIV care and support to ensure that early infant diagnosis (EID) is properly coordinated, resourced, and managed as an integral part of HIV testing services				
VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)				
Leadership and Oversight Conduct national VMMC mapping, revise targets and allocate resources Define program quality indicators and standardize the reporting format Work with the National VMMC TWG to	Annual updates on mapping, target setting and resource allocation developed National VMMC program quality indicators defined and reporting tools developed National TWG meeting conducted at	**Increased number of provinces and districts with operational VMMC coordination and oversight systems** **Increased number of regional VMMC program**	**Increased number of districts meeting set VMMC program targets**	**Increased national MC prevalence**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
coordinate implementation of the program by sub-national structures and partners to assure optimal national VMMC coverage Conduct an annual national VMMC program performance review including a review of best practices and disseminate recommendations Monitor selected implementing partners' service delivery models that enhance efficiency and volume Provide technical assistance to the national VMMC TWG to develop a National Demand Generation plan Implement and perform annual reviews of the Demand Generation plan	least quarterly with regular sharing of emerging evidence, best practices and analysis of program data Sub-national VMMC leadership, coordination and oversight systems established Program performance reviewed annually with identification of best practices, and recommendations disseminated to all provinces Reports on implementing partners service delivery models, best practices identified and key recommendations made available and disseminated to all stakeholders National Demand generation plan developed and disseminated	**implementation is based on mapping data, annually revised targets and best practices**		
Coordination and provision of Technical assistance to the establishment of regional (Provincial and District) mentorship teams for delivery of On-The-Job training in VMMC coupled with OJT tools and materials Develop a Master trainers package for provincial and district and OJT resource staff Train mentors/ trainers in each provinces	Development of master trainers package for provincial and district and OJT resource staff developed and disseminated At least 1 team of mentors/ trainers in each of the 10 provinces trained Database of trained providers established and maintained Nationally and regionally	**Increased number of VMMC supported facilities providing services that meet the minimum standards as per National standards** **Increased uptake of VMMC services at facility level**	**Increased number of districts meeting set VMMC program targets** **Decreased number of VMMC supported facilities reporting moderate to severe Adverse Events rate < 2%**	**Independent fully functional regional VMMC training coordination and mentoring systems established** **Improved quality of**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Develop national VMMC providers database			**Increased number of VMMC supported facilities reporting postoperative review rates of >90%**	**VMMC service delivery**
SMS Technology Provide technical assistance in the implementation of SMS technology in selected sites for tracking and reminding clients of their postoperative review appointments Review results of the use of SMS technology and get consensus from all stakeholders Conduct evaluation of impact of use of SMS technology on return of clients for post-operative review	SMS technology implemented in selected sites following development of relevant guidelines and tools, trainings of providers held , provision of job aids and equipment Monthly Monitoring visits of SMS technology implementation sites reports produced and disseminated Evaluation report on the impact of use of SMS technology on the return of VMMC clients for their follow up visits produced and results used to inform scale up of the pilot	**Increased numbers of VMMC clients returning for post-operative review as per national guidelines** **Decreased number of VMMC supported facilities reporting moderate to severe Adverse Events rate < 2%** **Increased number of VMMC supported facilities reporting postoperative review rates of >90%**	**Decreased number of reported moderate to severe Adverse Events rate (< 2%) by the Districts**	**Improved quality of VMMC service delivery**
Non-Surgical Devices Conduct a review of the results from the pilot model of use of non-surgical devices as an alternative to surgical VMMC and get consensus from all stakeholders on its scale up in selected sites	Evaluation of the use of non- surgical devices for qualifying clients completed and disseminated with recommendations for maintenance phase Training completed of VMMC	**Increased number of high volume VMMC sites implementing use of non-surgical devices as an alternative to surgical VMMC**	**Increased VMMC uptake of clients in the districts where there is use of non-surgical VMMC device as an alternative to**	**Increased MC prevalence**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Train master trainers, health workers in selected sites Set up systems in selected sites and implement its use Conduct evaluation of non-surgical device based VMMC programs	providers from supported high volume sites in the use of non-surgical devices for qualifying clients High volume VMMC sites implement use of non-surgical devices for qualifying clients Program evaluation of device based VMMC programs completed and disseminated		**surgical VMMC**	
Quality Improvement & Assurance (QA/QI) Review the current VMMC program to determine QA/ QI content and make recommendations for improvement Develop and establish QA / QI system for VMMC service delivery that includes defined QA/QI indicators, guidelines, and tools Provide training for health care workers on QA/QI for VMMC provision Provide leadership for establishment of QA committees at VMMC sites Conduct External QA visits to VMMC sites Lead the establishment of a National Adverse Events surveillance system	Report on current VMMC program quality developed and disseminated QA/QI standard operational guidance developed Health worker trained in QA/ QI QA/QI committees' established active and producing reports in supported facilities. National AE surveillance programs established in VMMC of sites	**Increased capacity of health workers in VMMC sites to conduct QA/QI activities** **Increased Adverse Events reports available from VMMC sites**	**Increased number of VMMC supported facilities meeting the minimum standards as per National**	**Improved quality of VMMC service delivery** **Reduced adverse event rate to ≤2 %**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Review of current adverse events reporting and indicators to identify gaps Orient VMMC providers in the adverse events reporting				
TUBERCULOSIS/HIV				
Leadership & Oversight Provide leadership to enable standardization of appropriate documentation method for TB screening Facilitate TB/HIV program implementation to ensure reciprocal screening, as appropriate, and linkage to appropriate care and treatment services Conduct technical support supervision and routine mentorship to ensure adherence to national guidelines for TB/HIV case management Provide leadership to ensure provision of TB/HIV integrated services with established linkages and referral systems to facilitate initiation of TB/HIV co-infected persons on ART; and initiation of Isoniazid Preventive Therapy (IPT) for HIV infected persons with no active TB disease Facilitate the establishment and strengthening of TB infection control	Standardized national data collection tools for TB screening developed and disseminated Quarterly technical support visits conducted TB IC committees established in all health facilities TB IC plans developed Revised operational guidance that includes best practice interventions completed Quarterly district data review meetings being held in all districts	**Increased numbers of TB patients tested and counseled for HIV** **Increased numbers HIV infected persons screened for TB in ART settings** **Increased numbers of TB/HIV co-infected persons initiated on ART** **Increased numbers of HIV infected persons with no active TB disease initiated on IPT and completing therapy** **Increased numbers of health facilities with TB IC measures in place**	**Increased numbers of persons with active TB disease or HIV infection or those with TB/HIV co-infection linked to appropriate care and treatment services, as required**	**Reduced morbidity and mortality due to TB and HIV co-infection**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
committees in health facilities Provide leadership to ensure development of TB IC plans in health facilities Provide technical support for implementation of appropriate TB IC measures in health facilities Provide leadership to TB/HIV coordinating bodies at provincial and district levels to enable full functionality that includes review of program performance Provide leadership for review of emerging evidence for identification of best practices and development and implementation of operational guidance Provide leadership for TB/HIV Public-Private Partnerships to ensure adherence to national guidelines for TB/HIV case management		**Increased numbers of facilities oriented in use of TB/HIV management using national guidelines**		
Health Systems Strengthening (Field Epidemiology Training Program – FETP)				
Recruit FETP cohorts and provide administrative and technical support to residents through completion Document progress and outputs of FETP and NPHI activities and share with stakeholders Facilitate strengthening of affiliations with	Field Epidemiology Training Program (FETP) students recruited Report on outputs of FETP and NPHI completed and disseminated NPHI established	**Increased number of trained field epidemiologists working at the national and sub-national levels** **Increased use of**	**Increased epidemiological capacity of public health workforce within GRZ** **Improved national surveillance systems**	**Improved emergency response to disease outbreaks and natural disasters**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
other field epidemiology training programs and networks Lead strategic planning for the establishment of NPHI Develop and adopt a five-year strategic plan Conduct national epidemiology dissemination meetings	Five-year strategic plan developed National epidemiology meetings conducted	**evidence and data in public health decision-making and policies**		**Improved public health planning, implementation and evaluation**
Enhance and expand oversight of research ethics committees in Zambia Conduct at least quarterly monitoring and annual evaluation of all research ethics committees operating in Zambia Host and lead at least annual stakeholder meetings to discuss findings from oversight activities Develop and implement creative solutions to any weaknesses found in ethics review processes Lead the development and publication of national health research priorities and the documentation of on-going research activities Host and lead a series of consultative meetings with government and other	Plans for oversight of research ethics committees in Zambia published (e.g., on recipient's website) Reports from routine monitoring and regular annual evaluation of ethics committees completed Research priorities disseminated Lists of funded and approved health research updated regularly and disseminated Report of evaluation of funded research versus priorities disseminated Research addressing established priorities is conducted in Zambia Prioritization of Funding by Zambian	**Enhanced transparency of research ethics oversight in Zambia**	**Increased capacity for coordination of research by MCDMCH**	**Improved efficiency and consistency of the health research review in Zambia**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
stakeholders to identify and publish health research priorities annually Establish and maintain relationships with local and international donors and research institutes to disseminate priorities and advocate prioritization of funding for Zambia's established priorities Establish a system of cataloguing funded health research in Zambia (perhaps by the Research Ethics Committees)	and international bodies to address established, published priorities			
Support the development of a national database that will capture information on all healthcare professionals in Zambia Conduct meetings to establish priorities for the development of the database Visit agencies slated for HRIS development Strengthen data usage skills through development of a short course on Data Driven Health Workforce Planning and Management and training relevant individuals Work with developers and USG accountants, and officers to develop business plan for financing the sustainability of the data system and IT infrastructure	Agency officers and managers trained on data driven decision making for health workforce Online functions focusing on evaluation of client use and agency plans for transitioning of services to online finalized Key data reports needed by MCDMCH, analyze data, and program these reports for easy generation by non- technical staff identified Data system management, security and data protection, and quality assurance plans completed Fully functional national HRIS	**Increased number of agency officers and managers trained on data driven decision making for health workforce**	**Improved planning for HRH, forecasting hiring needs, projecting retirement, identifying training needs and planning for personnel assignments based on HRIS data**	**Improved strategic level HRH policy, planning and health services delivery**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Conduct a second capability maturity evaluation of each agency to identify continuing challenges to full agency ownership and maintenance of data system and IT infrastructure				
Strategic Information				
Facilitate the implementation of use of the national electronic health record system (SmartCare) Provide oversight for establishment of model sites Oversee data role ups from sub-national level to central level Develop a monitoring and evaluation framework as a foundation for performance monitoring and evaluation Build capacity and strengthen skills in data management and utilization among sub-national level and implementing partners Identify evaluation priorities for the program	Model sites established National Monitoring and Evaluation Framework completed Set of key reportable indicators and program specific indicators developed and agreed upon Data management system developed in consultation with the partner Program data used for program management and routine reporting obligations Program data used for identification of research and evaluation priorities Evaluation plans developed Program evaluation conducted and results disseminated	**Increased number of facilities with functioning service level EHR system for clinical services** **Increased capacity for data management and utilization of data for decision making among implementing partner**	**Increased number of provinces with functional HER** **Increased number of aggregate levels (districts and provinces etc.) has a continuous EHR based data flow**	**Increased data management and utilization at sub-national level and among implementing partners**
Maternal, Newborn and Child Health (MNCH) and Non-Communicable Diseases (NCDs)				
MNCH Survival	Report documenting the review of earlier MDSR implementation	**Increased numbers of districts with fully**	**Decreased number of preventable**	**Reduce maternal and**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Provide leadership for implementation of Maternal Death Surveillance and Response (MDSR) based on the MNCH roadmap and MDSR guidelines Conduct review of earlier MDSR implementation and develop technical guidance based on findings. Coordinate training of the district and facility staff in the conduct of MDSR Coordinate/oversee the training of Community Based Volunteers including Safe Motherhood Action Groups (SMAGs) in Safe Motherhood Conduct assessment of effectiveness of SMAGs **NCDs/Reproductive Health Cancers** Expand coverage of Cervical Cancer Screening Expand coverage of Breast Cancer Screening Build Capacity for Primary Level treatment of reproductive cancers at district facility level Strengthen referral systems for specialist tertiary level care	completed and updated technical guidance developed and disseminated for district use Assessment report of the effectiveness of SMAGs in the community completed and disseminated Report documenting the review of the roadmap for Cervical and Breast Cancer screening and treatment based on experiences in initial implementation sites completed and disseminated Guidelines for Cancer screening triage and referral developed and disseminated at different levels	**implemented MDSR** **Increased numbers of districts trained in the conduct of MDSR** **Increased numbers of districts have at least one functional SMAG** **Increased Cancer Screening and treatment services available in districts in the country** **Increased secondary level capacity for cancer treatment**	**maternal neonatal and deaths occurring in facilities** **Increased number of cancer patients receiving treatment**	**neonatal morbidity and mortality**

Activities	Outputs	Outcomes		
		Short Term Outcomes (1-2 Years)	Intermediate Outcomes (3-4 Years)	Long Term Outcomes (5+ Years)
Conduct health worker training for effective triage and timely referral of patients needing above-primary level care using a blended learning approach Build capacity for cancer treatment at intermediate level (secondary level) Develop guidelines for referral between the different levels of care				

i. Problem Statement:

The awardee targeted for this FOA is the Ministry of Community Development Mother and Child Health (MCDMCH) and is responsible for delivery of primary health care services and the coordination of MNCH services as well as HIV related service delivery and epidemiologic response at district level.

This MCDMCH is responsible for coordination efforts to reduce the country's Maternal Mortality Ratio (MMR), including the rate of MTCT of HIV and other sexually transmitted infections; reducing the incidence and morbidity caused by reproductive health cancers such as Cervical Cancer; reducing infant and child mortality including increasing vaccination coverage through an improved Expanded Program of Immunization (EPI), increasing the coverage of other HIV prevention efforts such as HTC and VMMC, and reducing the incidence and burden of TB/HIV. All these programs must be provided systematically on a strengthened community- facility interface while ensuring quality of care across the continuum of care. The MCDMCH is young and has inadequate resources (financial and other) to implement, monitor and coordinate these programs. Funding will therefore be provided to assist MCDMCH in national coordination of these efforts in synergy with efforts of other donors.

ii. Purpose

The purpose of the FOA is to strengthen the capacity of the Ministry of Community Development Mother and Child Health (MCDMCH) to provide program leadership, coordination and supportive supervision at District, Facility and community levels for various Primary Health Care Services including HIV and MNCH related programs.

- To reduce the national MTCT rate from 12% to less than 2% by 2020
- Increased national MC prevalence from baseline of 17% to at least 80% by 2020
- To reduce TB related mortality among HIV infected patients from 5% to less than 2% by 2020
- Increase the number of people in the general population who are tested for HIV from 13% to 70% by 2020

iii. Outcomes

By the end of the project period, the expected outcomes are:

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

Short Term:

- Increased number of PMTCT sites with functional EID systems
- Increased number of PMTCT sites providing a fully integrated MNCH service according to their level of care
- Increased number of PMTCT sites with capacity to initiate and maintain HIV infected pregnant and breastfeeding women and their partners on ART within MNCH
- Increased knowledge and skills of MNCH providers in PMTCT service provision
- Increased number of PMTCT sites with functional QI committees with dedicated PMTCT QI activities
- Increased number of PMTCT sites having capacity to use the full complement of MER tools including the national Electronic Health Records (EHR) system
- Increased number of PMTCT sites attaining quality standards according to recommendations
- Increased number of PMTCT sites achieving technical and programmatic standards

Intermediate:

- Increased proportion of MBPs retained in care till complete cessation of breastfeeding
- Increased EID coverage at 6 weeks, 6 months and 12 months of age for HEI in PMTCT facilities
- Increased HIV infected pregnant and breastfeeding women and their partners initiated on ART within the MNCH
- Increased coverage of couples HTC
- Increased number of HIV positive male partners of pregnant women in discordant couples immediately initiated on ARV
- All PMTCT facilities have functional QI committees with dedicated PMTCT QI activities
- Increased number of district and facility personnel using the PMTCT MER tools for program quality monitoring

Long Term:

- Reduced loss to follow of mother-baby pairs
- Reduced MTCT rate
- Reduced HIV related maternal and child mortality

HIV TESTING AND COUNSELING (HTC)

Short Term

- Increased program capacity at sub-national levels
- Increased capacity of sites to implement services according to new guidelines
- Increased number of sites producing regular quarterly QI/QA reports that include HTC indicators
- Increased number of facilities that are integrating HTC with other services including PMTCT, VMMC, ART and MNCH
- Increased number of identified underserved populations reached with HTC services
- Increased numbers of infants tested for HIV under the EID program

Intermediate

- Increased numbers persons including couples accessing HTC services that are in line with global principles
- Increased numbers of individuals including infants with known their HIV status and who are linked to care

Long Term

- Reduction in new HIV infections

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)

Short Term

- Increased number of provinces and districts with operational VMMC coordination and oversight systems
- Increased districts implementing best practices identified from annual program review
- Increased number of sites providing services according to the minimum package of VMMC services
- Increased numbers of districts with independent operational training coordination systems
- Increased number of high volume VMMC sites implementing use of non-surgical devices.
- Increased capacity of health workers in VMMC sites to conduct QA/QI activities

- Increased Adverse Events reports available from VMMC sites

Intermediate

- All regional program implementation is based on mapping data, annually revised targets and best practices
- Increased numbers of VMMC clients with complication identified early and managed appropriately
- Increase in number of male circumcision clients
- Increased numbers of VMMC clients returning for post-operative review as per national guidelines

Long Term

- Increased national MC prevalence from baseline of 17% to at least 80%
- Reduced adverse event rate to ≤4 %

TUBERCULOSIS/HIV

Short Term

- Increased numbers of health facilities with TB IC measures in place
- Increased numbers of facilities oriented in use of TB/HIV management using national guidelines

Intermediate

- Increased numbers of persons with active TB disease or HIV infection or those with TB/HIV co-infection linked to appropriate care and treatment services, as required
- Increased numbers of TB patients tested and counseled for HIV
- Increased numbers HIV infected persons screened for TB in ART settings
- Increased numbers of TB/HIV co-infected persons initiated on ART
- Increased numbers of HIV infected persons with no active TB disease initiated on IPT and completing therapy

Long Term

- Reduced morbidity and mortality due to TB and HIV co-infection

Health Systems Strengthening (FETP)

Short Term

- Increased number of trained field epidemiologists working at the national and sub-national levels
- Increased use of evidence and data in public health decision-making and policies
- Enhanced transparency of research ethics oversight in Zambia

Intermediate

- Increased epidemiological capacity of public health workforce within GRZ
- Improved national surveillance systems
- Improved efficiency and consistency of the health research review in Zambia
- Increased capacity for coordination of research by Ministry of Health
- Fully functional national HRIS being used for HR management and decision making

Long Term

- Improved emergency response to disease outbreaks and natural disasters.
- Improved public health planning, implementation and evaluation
- Research addressing established priorities is conducted in Zambia

Strategic Information (SI)

Short Term

- Increased number of facilities with functioning service level EHR system for clinical services.
- Increased capacity for data management and utilization of data for decision making among implementing partner

Intermediate

- Functional EHR containing merged data available in each province
- Increased number of aggregate levels (districts and provinces etc.) has a continuous EHR based data flow

Long Term

- Program data used for program management and routine reporting obligations
- Program data used for research and evaluation

Maternal Newborn And Child Health And Non-Communicable Diseases

Short term

- Increased numbers of districts with fully implemented MDSR
- Increased numbers of districts trained in the conduct of MDSR Increased numbers of districts have at least one functional SMAG
- Increased Cancer Screening and treatment services available in districts in the country
- Increased secondary level capacity for cancer treatment

Intermediate

- Increased early identification of cancer cases and number of cancer patients receiving treatment

Long Term

- Reduce maternal and neonatal morbidity and mortality

iv. Funding Strategy

N/A

v. Strategies and Activities

PMTCT

The grantee will provide PMTCT program oversight through:

- Provision of quarterly site supervision or mentorship visits to sub-national levels to oversee implementation of (a) mother-baby pair tracking systems, (b) functional EID systems that include SMS technology for enhanced results return and (c) integrated MNCH services that FANC, EmONC, family planning and STI management.
- Conducting national mapping of PMTCT services (including government, private and implementing partner support)
- Leading the assessment of PMTCT facilities for preparedness for implementation of Option B+ and other services in accordance to national guidelines.
- Reviewing best practices for effective mother-baby pair tracking and make

recommendations for implementation.
- Conduct midterm evaluation of the mother-baby pair tracking systems.

The grantee will support PMTCT capacity building & coordination through:
- Conducting training needs assessment for MNCH staff
- Development and maintenance of training and mentoring database of MNCH staff which feeds into the HRH database.
- Coordinating training, supervision and mentorship of district personnel in consolidated (a) ART management, (b) integrated MNCH (including FP, FANC, STI management and EmONC), (c) EID and (d) effective logistics management for PMTCT and other Reproductive Health commodities using different training models including e-learning.
- Establishment and strengthening District QI teams for structured QI mentorship to provide continuous quality improvement in the area of PMTCT on an integrated MNCH platform.
- Distribution of jobs aids, tools and equipment to enable provision of integrated HIV, FP and SRH services to staff and facilities.
- Monitoring and supporting capacity improvements (including system strengthening and infrastructure improvements) of PMTCT sites and community level support services.
- Coordinating national and multilateral support for PMTCT to improve efficiencies.

The grantee will support PMTCT program monitoring & evaluation through:
- Deployment of PMTCT Monitoring, Evaluation and Reporting (MER) tools including Electronic tools (SmartCare)
- Orientation and training district personnel in the use of MER tools including SmartCare
- Recruitment of staff to support program monitoring and evaluation as required.
- Conducting routine program data reviews to identify best practices with specific emphasis on routine monitoring of program quality indicators such as improved HTC coverage, ARV coverage, retention of mother-baby pairs and MTCT rate etc.
- Conducting service quality assessments (SQA) in PMTCT sites.

HIV TESTING AND COUNSELING

The grantee will provide leadership and oversight of the HTC program through:
- Supporting strengthening of the sub-national structures to enable ownership and accountability for HIV testing and counseling (HTC) program.
- Supporting strengthening the national HTC Technical Working Group functional capacity.
- Provision of technical support to strengthen capacity for HTC program monitoring including through HTC data review and coordination meetings.
- Facilitation of implementation of supportive policies, guidelines and standard operating procedures (SOPs) that are aligned to regional and international evidence based standards.
- Reviewing best practices and establish operational guidance for couples HTC
- Leading the development of HTC service delivery level quality program indicators and incorporation into QI/QA systems in collaboration with the MOH QI/QA unit

The grantee will support HTC program coordination through:
- Coordination of stakeholder contributions and activities to ensure national goals are achieved through, but not limited to mapping of services, determination of priority communities and directing allocation of available resources for maximum public health impact
- Leading the engagement and mobilization of traditional leaders to support HTC demand

creation
- Conducting national HTC mapping to identify underserved populations
- Generating evidence of barriers to service delivery for vulnerable populations including key populations and make recommendations for reduction of identified barriers to improve on efficiencies in service delivery
- Identification and implementation models of service delivery that will overcome barriers to service delivery for key populations and youth, such as, through sensitivity and ethical practice training for health workers
- Conducting annual HTC national program reviews

VOLUNTARY MEDICAL MALE CIRCUMCISION

- Conduct national VMMC mapping, revise targets and allocate resources
- Define program quality indicators and standardize the reporting format
- Work with the National VMMC TWG to coordinate implementation of the program by sub-national structures and partners to assure optimal national VMMC coverage
- Conduct an annual national VMMC program performance review including a review of best practices and disseminate recommendations
- Monitor selected implementing partners' service delivery models that enhance efficiency and volume
- Provide technical assistance to the national VMMC TWG to develop a National Demand Generation plan
- Implement and perform annual reviews of the Demand Generation plan
- Coordination and provision of Technical assistance to the establishment of regional (Provincial and District) mentorship teams for delivery of On-The-Job training in VMMC coupled with OJT tools and materials
- Develop a Master trainers package for provincial and district and OJT resource staff
- Train mentors/ trainers in each provinces
- Develop national VMMC providers database
- Provide technical assistance in the implementation of SMS technology in selected sites for tracking and reminding clients of their postoperative review appointments
- Review results of the use of SMS technology and get consensus from all stakeholders
- Conduct evaluation of impact of use of SMS technology on return of clients for post-operative review
- Review the current VMMC program to determine QA/ QI content and make recommendations for improvement
- Develop and establish QA / QI system for VMMC service delivery that includes defined QA/QI indicators, guidelines, and tools
- Provide training for health care workers on QA/QI for VMMC provision
- Provide leadership for establishment of QA committees at VMMC sites
- Conduct External QA visits to VMMC sites
- Lead the establishment of a National Adverse Events surveillance system
- Review of current adverse events reporting and indicators to identify gaps
- Orient VMMC providers in the adverse events reporting

TUBERCULOSIS/HIV

The grantee will provide TB/HIV leadership & oversight through:

- Provision of leadership to enable standardization of appropriate documentation method for TB screening

- Facilitation of TB/HIV program implementation to ensure reciprocal screening, as appropriate, and linkage to appropriate care and treatment services
- Conducting technical support supervision and routine mentorship to ensure adherence to national guidelines for TB/HIV case management
- Provision of leadership to ensure provision of TB/HIV integrated services with established linkages and referral systems to facilitate initiation of TB/HIV co-infected persons on ART; and initiation of Isoniazid Preventive Therapy (IPT) for HIV infected persons with no active TB disease
- Facilitation of the establishment and strengthening of TB infection control committees in health facilities
- Provision of leadership to ensure development of TB IC plans in health facilities
- Provision of technical support for implementation of appropriate TB IC measures in health facilities
- Provision of leadership to TB/HIV coordinating bodies at provincial and district levels to enable full functionality that includes review of program performance
- Provision of leadership for review of emerging evidence for identification of best practices and development and implementation of operational guidance
- Provision of leadership for TB/HIV Public-Private Partnerships to ensure adherence to national guidelines for TB/HIV case management

HEALTH SYSTEMS STRENGTHENING (FETP)

The grantee will support health systems strengthening through:

- Recruitment of FETP cohorts and provide administrative and technical support to residents through completion
- Documentation of progress and outputs of FETP and NPHI activities and share with stakeholders
- Facilitation of strengthening of affiliations with other field epidemiology training programs and networks
- Leading strategic planning for the establishment of NPHI
- Development of and adopt a five-year strategic plan
- Conducting national epidemiology dissemination meetings
- Enhancement of research ethics committees in Zambia
- Conducting at least quarterly monitoring and annual evaluation of all research ethics committees operating in Zambia
- Hosting and leading at least annual stakeholder meetings to discuss findings from oversight activities
- Development and implementation of creative solutions to any weaknesses found in ethics review processes
- Leading the development and publication of national health research priorities and the documentation of on-going research activities
- Hosting and leading a series of consultative meetings with government and other stakeholders to identify and publish health research priorities annually
- Supporting the development of a national database that will capture information on all healthcare professionals in Zambia

STRATEGIC INFORMATION

The grantee will support program strategic information through:

- Facilitation of the implementation of use of the national electronic health record system

(SmartCare)

- Provision of oversight for establishment of model sites
- Provision of oversight for data role ups from sub-national level to central level
- Development of a monitoring and evaluation framework as a foundation for performance monitoring and evaluation
- Building capacity and strengthen skills in data management and utilization among sub-national level and implementing partners
- Identification evaluation priorities for the program

MATERNAL NEWBORN AND CHILD HEALTH AND NON-COMMUNICABLE DISEASES

The grantee will support MNCH Survival strategies through:

- Provision of leadership for implementation of Maternal Death Surveillance and Response (MDSR) based on the MNCH roadmap
- Conducting review of earlier MDSR implementation and develop technical guidance based on findings
- Coordinate training of the district and facility staff in the conduct of MDSR
- Coordination and oversight for training of Community Based Volunteers including Safe Motherhood Action Groups (SMAGs) in Safe Motherhood
- Conducting assessment of effectiveness of SMAGs

The grantee will support Non communicable diseases and reproductive health cancers prevention strategies through:

- Expansion of coverage of Cervical Cancer Screening
- Expansion of coverage of Breast Cancer Screening
- Building capacity for Primary Level treatment of reproductive cancers at district facility level
- Strengthening referral systems for specialist tertiary level care
- Conducting health worker training for effective triage and timely referral of patients needing above-primary level care using a blended learning approach
- Building capacity for cancer treatment at intermediate level (secondary level)
- Developing guidelines for referral between the different levels of care

1. Collaborations:

The awardee will be required to work with the following CDC programs to achieve FOA outcomes:

- The Division of Global Health and AIDS through the CDC Country Office for technical assistance in implementation of all HIV/AIDS and MNCH programs.

The awardee will be required to work with the following organizations external to CDC, but who receive financial support through CDC and PEPFAR for HIV/AIDS related activities:

- Ministry of Health
- Provincial health authorities

The awardee is a government Ministry with goals and objectives similar to those by PEPFAR program.

The awardee will collaborate with other CDC funded programs to avoid over laps and use comparable advantages to address programmatic issues.

2. Target Populations:

The selected Awardee will target all Primary Health care services and facilities and

Community Based Health structures in Zambia.
Inclusion:
N/A

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

Throughout the 5-year FOA period, DGHA/CDC Zambia will work with awardee to demonstrate program impact through process and outcome evaluation of funded activities. Process indicators will be used to assess the extent to which planned program activities have been implemented. Outcome indicators will be used to assess the achievement of planned programmatic outcomes which generally focus on public health impact.

Awardees frequently collect health data in improvised registers or electronically, and, utilize those data for reporting to CDC, who in turn reports to PEPFAR and the Office of the Global AIDS coordinator (OGAC). Awardees may have limited capacity for efficient collection of high quality data, data entry, analysis and reporting. To address those gaps, CDC Zambia will carry out the following activities to provide on-going technical assistance (TA) to Awardees:

- Orient the Awardee on CDC PEPFAR reporting requirements and formats. These will include, but will not be limited to Semi- and Annual program results reporting
- Provide Awardee with the documentation of all the standard PEPFAR Monitoring, Evaluation and Reporting (MER) Indicators.
- Provide Technical Assistance to the Awardee to develop a Monitoring and Evaluation plan to respond to key program evaluation questions (see below), identify data sources, means of verification, time frames for evaluations and types of evaluations to be conducted.
- Convene monthly meetings between the Awardee and the CDC Zambia technical team to review reports and discuss achievements or challenges of the program. Prior to each meeting the Awardee will be requested fill in a standardized data collection tool, developed by CDC Zambia, to summarize data to be discussed.
- Conduct Data Quality Audits (DQAs) of data submitted by the Awardee.
- Conduct periodic Site Monitoring System (SMS) and Service Quality Assessment (SQA) visits to service delivery sites for which CDC personnel will be accompanied by representatives of the Awardee. SMS and SQA visits will be used to verify reported data, observe operational practices, identify gaps and mentor the Awardee's staff for program quality improvement.
- Recommend that the Awardee conducts supportive supervisory visits to service delivery points at least once every 3 months (quarterly) to observe practices, identify gaps, and mentor personnel towards improving service delivery quality and patient outcomes.
- Request the Awardee to conduct a mid-term program evaluation and submit a report to answer questions that have been identified in the program logic model. The awardee will use mid-term evaluation results as a guide for program improvement.
- Request the Awardee to conduct an end of program evaluation and submit reports to CDC Zambia for review and onward

submission to OGAC, USG, GRZ and various other local stakeholders working in the health sector.

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
What is the national MTCT rate at 12 months of follow-up for HEIs?	Proportion of HEIs found to be HIV infected by 12 months of age?	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at national PMTCT TWG meetings, annual national ART updates meeting and international fora Findings will be used to: a) Inform further PMTCT program scale-up and b) Improve PMTCT program quality
What proportion of mother-baby pairs is retained in care until at least 12 months or up to cessation of breastfeeding (whichever comes first)?	Proportion of mother-baby pairs retained in care till at least 12months of breastfeeding **Target:** ○ 85% by the end of year 2 ○ 95% by the end of year 5	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at national PMTCT TWG meetings, annual national ART updates meeting and international fora Findings will be used to: a) Inform further PMTCT program scale-up and b) Improve PMTCT program quality
To what extent are ART and PMTCT service delivery sites implementing the programs based on selected quality indicators according to the national guidelines and standards?	Proportion of facilities reaching quality standards **Target:** ○ 75% by the end of year 3 ○ 90% by the end of year 5	Program monitoring data	Mid-term program evaluation End-term program evaluation	Mid-term End of project period	Results will be discussed during the annual national ART update meeting Findings will be used to: a) Inform further PMTCT program scale-up and b) Improve PMTCT program quality
What proportion of ART, PMTCT sites that achieve and sustain technical and other programmatic standards?	% of sites are achieving and sustaining technical and other programmatic standards **Target:** ○ 75% by the end of year 2 ○ 85% by the end of year 4 ○ 95% by the end of year 5	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at national PMTCT TWG meetings, annual national ART updates meeting and international fora Findings will be used to: a) Inform further PMTCT program scale-up and b) Improve PMTCT program quality

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
What proportion of facilities are achieving and sustaining Early Infant Diagnosis coverage at 6weeks of at least 95%?	Proportion of facilities are achieving and sustaining Early Infant Diagnosis coverage of at least 95% **Target:** o 80% by end of year 2 o 95% by year 4	Program monitoring data	Paper-based data abstraction	Quarterly	Results will be disseminated at national PMTCT TWG meetings, annual national ART updates meeting and international fora Findings will be used to: a) Inform further PMTCT program scale-up and b) Improve EID program quality
What proportion of HIV infected infants (under 12 months of age) are commenced on treatment within the first year of life?	% of HIV infected infants under 12 months of age commenced on treatment within the first year of life **Target:** o 95% annually	Program monitoring data	Paper-based data abstraction	Bi-annually	Results will be disseminated at national PMTCT TWG meetings, annual national ART updates meeting and international for a Findings will be used to: a) Inform further Pediatric ART coverage and b) Improve PMTCT program quality
What the proportion of underserved population including key populations reached with HTC services?	Proportion of underserved population including key populations reached with HTC services	Program monitoring data	Mid-term evaluation End of Project evaluation	Mid-term End of Project	Results will be disseminated at national TWG meetings Findings will be used to: a) Inform further HTC program scale-up and b) Improve HTC program quality
What is the impact of SMS technology on return of VMMC clients for post-operative review?	Proportion of VMMC clients returning for post-operative review **Target:** o 85% by the end of year 2 o 95% by the end of year 5	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at national TWG meetings, annual national VMMC updates meeting and international fora Findings will be used to: a) Inform further VMMC program scale-up and b) Improve VMMC program quality
To what extent has implementation of QI/QA systems resulted in reduction of VMMC Adverse Event rates?	Proportion of VMMC clients developing adverse events **Target:** < 1% annually	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at national TWG meetings, annual national VMMC updates meeting and international fora Findings will be used to: a) Inform further VMMC program scale-up and b) Improve

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
					VMMC program quality
What proportion of TB/HIV co-infected clients are initiated on ART according to national guidelines?	Proportion of TB/HIV co-infected clients are initiated on ART according to national guidelines	Program monitoring data	Paper-based data abstraction	Quarterly Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring and planning
What proportion of TB clients are counselled and tested for HIV?	Proportion of TB clients are counselled and tested for HIV?	Program monitoring data	Paper-based data abstraction	Quarterly Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring and planning
What proportion of presumptive TB clients are counselled and tested for HIV?	Proportion of presumptive TB clients counselled and tested for HIV	Program monitoring data	Paper-based data abstraction	Quarterly Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring and planning and to improve TB program quality
What proportion of smear positive TB patients is successfully treated for TB?	Proportion of smear positive TB patients successfully treated for TB	Program monitoring data	Paper-based data abstraction	Quarterly Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring and planning and to improve TB program quality

Evaluation Question	Performance Measure	Data Source	Collection Method	Collection Frequency	Dissemination/ Utilization
What proportion of health facilities is implementing TB infection control measures according to national guidelines?	Proportion of health facilities implementing TB infection control measures according to national guidelines	Facility reports	Paper-based data abstraction	Quarterly Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring and planning and to improve TB program quality
How many FETP graduates produced by the MCDMCH?	Number of FETP graduates produced by the MCDMCH	Program reports	Paper-based data abstraction	Annually	Findings will be disseminated during annual and bi-annual national data review meetings and at international fora Results will be used for program monitoring
What proportion of facilities has functioning service level EHR system for clinical services?	Proportion of facilities has functioning service level EHR system for clinical services?	Facility reports	Paper-based data abstraction	Annually	Findings will be disseminated during M&E review meetings Results will be used for program monitoring and to improve program quality
What is the coverage of screening services for Reproductive Health Cancers?	Proportion of facilities is providing screening services for reproductive health cancers? Target: o 85% by the end of year 3 o >95% by the end of year 5	Program monitoring data	Paper-based data abstraction	Annually	Results will be disseminated at TWG meetings, planning meetings and international conferences Findings will be used to improve service coverage for reproductive health cancers

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. CDC Zambia Staff will be embedded in the MCDMCH to build capacity in Monitoring and Evaluation, MDSR, PMTCT, EHR training, and data management.

20. CDC Technical staff will work regularly with MCDMCH staff on joint evaluations, reports, and support to national coordination efforts.

21. CDC staff will actively mentor and support the training of FETP residents posted in the MCDMCH.

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:**
	$1,975,000
5.	**Approximate Total Project Period Funding:**
	None
6.	**Total Project Period Length:**
	5 Years
7.	**Approximate Number of Awards:**
	1
8.	**Approximate Average Award:**
	$1,975,000
9.	**Floor of Individual Award Range:**
	None
10.	**Ceiling of Individual Award Range:**
	$1,975,000 (This amount is subject to the availability of funds).
11.	**Anticipated Award Date:**
	April 1, 2015
12.	**Budget Period Length:**
	12 months 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). ***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.***
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:

The Ministry of Community Development, Mother and Child Health (MCDMCH)

2. Special Eligibility Requirements:

N/A

3. Justification for Less than Maximum Competition:

This Funding Opportunity Announcement is single sourced to the Ministry of Community Development Mother and Child Health (MCDMCH) as it is the only government Ministry that has the mandate to oversee and manage service delivery at the district level in the Republic of Zambia. The Ministry's mandate was expanded to include health service delivery at district, facility and community levels. As a result, oversight for the implementation of HIV prevention, and support programs has moved from the Ministry of Health (MOH) to MCDMCH.

With this mandate this project will support the national coordination of HIV prevention, care and support at primary health care and community level for HIV testing and counseling (HTC), Tuberculosis, prevention of mother to child transmission of HIV (PMTCT), voluntary medical male circumcision (VMMC) and other HIV prevention; as well as support for strategic information (SI) using the Monitoring, Evaluation and Reporting systems, and capacity building for collection, health systems strengthening, review and utilization of program data and information to enable effective program management. This project will also support development and strengthening of national coordination structures in maternal, neonatal and child health (MNCH) to enable harmonization of donor funded projects and provision of consistent support for the Country's MNCH roadmap.

This FOA will therefore fund national coordination of HIV Prevention, Care and support at primary health care and community level for HIV testing and counseling (HTC), Tuberculosis, prevention of mother to child transmission of HIV (PMTCT), voluntary medical male circumcision (VMMC) and other HIV prevention; as well as support for strategic information (SI) using the Monitoring, Evaluation and Reporting systems, and capacity building for collection, health systems strengthening, review and utilization of program data and information to enable effective program management. This FOA will also support development and strengthening of national coordination structures in maternal, neonatal and child health (MNCH) to enable harmonization of donor funded projects and provision of consistent support for the Country's MNCH road map. Emphasis on generating evidence for community and household interventions to bridge the health facility-community interface through development of functional linkages and strengthening accountability mechanisms through regular monitoring of progress towards achievement of national goals.

Further, support to the Zambia Field Epidemiology Training Program (ZFETP) to train in-service residents for a Master's of Science research course from University of Zambia will be provided; this training model will be implemented with a goal of meeting the country's need for about 69 epidemiologists (1 per 200,000 persons). Overall, scaling up of epidemiology capacity building and training will meet the human resources for health needs by providing strong local, provincial and national epidemiology and leadership support. Additionally, funding will be provided for initiatives targeting maternal, neonatal and child health and non-communicable conditions such as cancer. This will build on prior initiatives including Saving Mothers Giving Life (SMGL), Pink Ribbon Red Ribbon (PRRR), and support to Maternal

Death Surveillance and Response (MDSR), other reproductive health cancers, immunization programs and other maternal, neonatal and child health activities.

Where staff recruitment is needed, staff transition will be anticipated to the Government of the Republic of Zambia (GRZ) by the end of the project period.

By the end of the contracted period the awardee will be expected to have strengthened oversight and coordination for HTC, TB, PMTCT, VMMC and Other HIV prevention programs as well as the deployment and use of an EHR system and support the use of the Monitoring, Evaluation and Reporting (MER) systems. Through the FETP the awardee must have contributed to the development of a human resource pool of Zambian epidemiologists.

Justification for single eligibility memo approved on Month XX, 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)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instruction to obtain your DUNS 9-digit # 4. 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)	1. Retrieve organizations DUNS number 2. 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	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day 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)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

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:** December 1, 2014, 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.

7. Letter of Intent (LOI):

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

8. Table of Contents:

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

9. Project Abstract Summary:

(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.

10. Project Narrative:

(Maximum of 18 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed).

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.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file

"Project Narrative" and upload it at www.grants.gov.

a. **Background:** Applicants should provide a description of relevant background information that includes the context of the problem (see CDC Background).

b. **Approach**

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).

Purpose: Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.

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.

Strategy and Activities: The applicant must provide a clear and concise description of the 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 Guide[1] (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

[1] http://www.thecommunityguide.org/index.html

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.

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 Principal Investigator and Business Official as well as detailed job descriptions of key positions to be created for the cooperative agreement coordinator and finance specialist necessary for program development and implementation. 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-GH15-1599."

- **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), UNSCR 1368 (2001) (http://www.undemocracy.com/S-RES-1368(2001).pdf), UNSCR 1373 (2001) (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 Zambia. 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 Zambia 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 Commons[2] 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 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"

[2] https://commons.era.nih.gov/commons/

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.fsrs.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 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:

Jonas Mwale, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
351 Independence Avenue,
Lusaka, Zambia
10101Telephone: +260 211 257515
Email: mjq0@cdc.gov

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

Arthur Lusby, Grants Management Officer
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K75
Atlanta, GA 30341
Telephone: 770-488-2865
Email: cmx3@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.