



July 25, 2018

Dr. James C. Thomas  
The University of North Carolina at Chapel Hill  
Carolina Population Center  
CB# 1350, 104 Airport Drive, Suite 2200  
Chapel Hill, NC 27599

**Subject: Solicitation Number #7200AA18R00072  
Request for Application (RFA) Data for Impact (D4I) under the MEASURE  
Evaluation Phase IV Leader with Associates (AID-OAA-L-14-00004)**

Dear Dr. Thomas:

The United States Agency for International Development (USAID), Bureau for Global Health (GH), TB Division proposes an Associate Award (AA) under the MEASURE Phase IV Monitoring and Assessment for Results Leader with Associates Cooperative Agreement (Leader with Associates Cooperative Agreement RFA Solicitation Number: RFA-OAA-L-14-00004/TB), hereafter TB DIAH. The purpose of the TB DIAH AA is to ensure adequate collection and analysis of tuberculosis (TB) monitoring and evaluation (M&E) data, and to ensure the appropriate use of such data to inform TB interventions and policies. The TB DIAH Associate Award will be issued for a term of five years (September 2018 – September 2023). The ceiling for the TB DIAH Associate Award is estimated at about \$30-\$36 million of TB funding, with approximately 35-38% of the total is expected to come from TB core funding. The remainder of the funding will come from Missions, as most Missions will be encouraged to obligate TB field support funds to support their programs for M&E under this Associate Award.

USAID requests an application from the University of North Carolina at Chapel Hill (UNC) in response to the above referenced Associate Award program. Applications shall be emailed in two separate parts: (a) technical and (b) cost or business application. Detailed submission instructions are stated in Section D.

**DUE DATE: Applications are due no later than August 15, 2018 at 12:00 PM EDT. Applications submitted after that date will not be considered. Applicants should retain a copy of their application and accompanying enclosures for their records.**

**QUESTIONS: Any questions concerning this RFA should be submitted via email to Anna Nelson at [annelson@usaid.gov](mailto:annelson@usaid.gov) AND Stella Alexander-Sergeeff [salexandersergeeff@usaid.gov](mailto:salexandersergeeff@usaid.gov) with a cc to Patricia Bradley at [pbradley@usaid.gov](mailto:pbradley@usaid.gov) by 10:00 AM EDT August 1, 2018.**

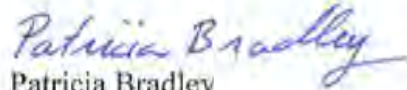
Issuance of this RFA does not constitute any commitment on the part of the Government for an AA, nor does it commit the Government to pay for costs incurred in the preparation and

submission of applications. Further, the Government reserves the right to reject UNC's application.

Award of the AA contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures and clearances. While USAID anticipates that these procedures will be successfully completed, UNC is hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed AA may be incurred before receipt of either a fully executed AA or a specific, written authorization from the Agreement Officer.

Thank you for considering this RFA. We look forward to receiving UNC's application.

Sincerely,



Patricia Bradley  
Agreement Officer

## SECTION A – PROGRAM DESCRIPTION

### I. EXECUTIVE SUMMARY

In an effort to ensure adequate collection and analysis of tuberculosis (TB) monitoring and evaluation (M&E) data, and the appropriate use of such data to inform TB interventions and policies, the United States Agency for International Development (USAID), Bureau for Global Health (GH), TB Division proposes an Associate Award (AA) under the MEASURE Phase IV Monitoring and Assessment for Results Leader with Associates Cooperative Agreement (Leader with Associates Cooperative Agreement RFA Solicitation Number: RFA-OAA-L-14-00004/TB), hereafter TB DIAH. The TB DIAH Associate Award will be issued for a term of five years (September 2018 – September 2023). The TB DIAH Associate Award is estimated at about \$30-\$36 million range of TB funding, with approximately 35-38% expected to come from TB core funding. The remainder of the funding will come from Missions, as most Missions will be encouraged to obligate TB field support funds to support their programs for M&E under this Associate Award.

### II. INTRODUCTION

The U.S. Agency for International Development's Bureau for Global Health has a long-standing record of support for the "Monitoring and Evaluation to Assess and Use Results" (MEASURE) Activity. The MEASURE Activity began in 1997 and will continue through September 2013. Originally, the MEASURE Activity was to be implemented in two five-year phases: Phase I (1997-2002), and Phase II (2002-2007). Ultimately, however, Phase I was extended through December 2003, and Phase II was then designed for 2003-2008. The MEASURE Activity entered its third phase in September 2013 (MEASURE Phase III). The most recent phase of the project, MEASURE Phase IV was awarded in July 2014 and ends in June 2019.

### III. BACKGROUND

TB is the leading infectious cause of death, ninth leading cause of all deaths worldwide, and the most common cause of death in people with HIV. Each day, more than 4,600 individuals die of this curable disease, culminating in 1.7 million deaths each year. In 2016, approximately 10.4 million people developed TB, including 3.7 million women and 1 million children. Worldwide, more than two billion people are infected with *Mycobacterium tuberculosis* (*Mtb*), the bacterium that causes TB. Those at greatest risk of developing active TB disease are those with compromised immune systems, including HIV, diabetes, and malnutrition. The disease predominantly affects the poorest and most vulnerable, with about 95 percent of TB deaths occurring in low- and middle- income countries.

After achieving UN Millennium Development Goals (MDGs) dedicated to halting TB and reversing the epidemic by 2015, the Sustainable Development Goals (SDGs) have transitioned the focus by including a broader scope of social and economic determinants. Since 2000, the global TB mortality rate has decreased by 37%, and incidence has decreased by about 23%.

However, the global MDG targets of halving TB prevalence and death rates by 2015 have not been met in all regions of the world. Globally, the average rate of decline in the TB incidence rate was 1.4% per year in 2000–2016, and 1.9% between 2015 and 2016. This needs to accelerate to 4–5% per year by 2020 to achieve the milestones for reductions in cases and deaths set in the End TB Strategy.

TB drug resistance has grown steadily during the last decade, and globally, there were 600,000 estimated incident cases of multi-drug resistant TB (MDR-TB) in 2016. This is largely a result of increased transmission of drug-resistant forms of TB or clinical and programmatic mismanagement of drug susceptible TB, for example, where drugs are of low quality, providers do not prescribe the proper regimen, and/or patients do not receive support to ensure they take the full six months of treatment. MDR-TB is much more difficult to diagnose and treat, requiring specialized laboratory expertise and infrastructure and long duration regimens of rather expensive, toxic medications. The 153,119 MDR/RR-TB cases notified globally in 2016 amount to about 24% of the 600,000 estimated incident cases of MDR/RR-TB in 2016. Globally, the 129,689 patients starting second-line MDR-TB treatment in 2016 represented about 22% of the incidence estimate. The gap between the number of MDR/RR-TB cases started on treatment and the number of notified cases estimated to have MDR/RR-TB was 455,000 compared with the estimated incidence of MDR/RR-TB.

The HIV epidemic continues to drive the spread of TB in sub-Saharan Africa where about 40 percent of all TB patients are also infected with HIV. People with TB/HIV co-infection often have different symptoms and are more difficult to diagnose with the standard tests used throughout the world. When they are diagnosed with both TB and HIV, they may have to visit more than one clinic to receive care for both illnesses. Globally in 2016, 57% of notified TB patients had a documented HIV test result, an 18-fold increase in testing coverage since 2004. In the African Region where the burden of HIV-associated TB is highest, 82% of TB patients had a documented HIV test result. The proportion of known HIV-positive TB patients on antiretroviral therapy (ART) was 85% globally.

The US Government (USG), led by USAID, developed a global TB strategy (2015-2019) in response to the Lantos-Hyde Reauthorization Act of 2008. The strategy, closely linked to the End TB Strategy and the Global Plan to End TB, includes a number of targets to be reached by 2019: 25 percent reduction in TB incidence rate; 90 percent treatment success rate (for drug-susceptible TB); successful treatment of at least 13 million TB patients; and diagnosis and treatment of 360,000 new MDR-TB cases. Additional 200,000 MDR-TB patients are targeted for diagnosis and treatment under the National Action Plan for Combating MDR-TB (National Action Plan or NAP), a five-year plan released in 2015.

The NAP builds on existing U.S. Government efforts to support the appropriate treatment of more than 16 million TB patients to prevent development of MDR-TB by achieving and maintaining a 90 percent TB treatment success rate.

USAID works in most of the countries with the highest burdens of TB, MDR-TB, and TB/HIV to strengthen health systems and increase country capacity to provide high-quality TB services. Since 2000, our contributions have helped priority countries achieve an almost 40 percent

decrease in TB-related mortality and a 20 percent decrease in TB incidence. USAID has helped provide high-quality TB treatment for almost 6 million TB patients, including almost 150,000 MDR-TB patients, in just the last two years. Over the past 20 years, USAID investments have also improved international and national TB surveillance systems, which have enabled better targeting of interventions at the global and country level, and identified trends in TB and MDR-TB which have informed policies, research, and response.

At the country level, USAID works with NTPs and local partners to scale up and accelerate implementation of *Person-centered care, Public-private partnerships, Preventing the development of active TB disease, Management of drugs and commodities, and Monitoring and Evaluation* approaches.

USAID provides global technical leadership and country-level support to improve the collection, analysis, and use of TB data to inform policies and programs and customize interventions to those most at risk for TB. Timely, accurate, and complete data are required for NTPs to make strategic decisions and prioritize services. In addition, the Agency provides technical assistance to support the development of global guidance and the implementation of TB prevalence surveys, drug resistance surveys, and quality service assessments.

Improved analysis of data for decision-making is critical to ensure effective and efficient program implementation. Communication about TB is important to raise awareness and education. There is a need for a strategic plan to ensure effective communication on TB as a disease as well as USAID's TB program. Strategic counsel on ways and methods to incorporate comprehensive communication at various levels will need to be addressed.

#### **IV. EXPECTED RESULTS AND ILLUSTRATIVE ACTIVITIES FOR MEASURE PHASE IV MONITORING AND ASSESSMENT FOR RESULTS (TB DIAH)**

The objective of MEASURE Evaluation Phase IV is to strengthen and validate host-country systems to generate high quality health information that is used for decision-making at local, national, and global levels. Progress toward this objective will contribute to improving health programs and policies, which ultimately will impact health outcomes.

The AA under the Leader, TB DIAH will work to achieve this objective by concentrating on three result areas:

(1) strengthened collection, analysis and use of routine health and TB data; (2) improved country-level capacity to manage health and TB information systems, resources and staff; (3) methods, tools and approaches improved and applied to address health information challenges and communication gaps

In order to achieve these results, a variety of inputs are required across the three result areas, including collaboration and coordination within countries, across countries and across USAID projects to capacity building, and information sharing and knowledge management and communication. These inputs are critical to the achievement of each of the three results, and

therefore, will require sufficient core and field funding, a critical assumption of the results framework.

## **V. EXPECTED RESULTS AND ILLUSTRATIVE ACTIVITIES FOR MMAR-IV TB ASSOCIATE AWARD**

In line with the MMAR-IV Leader Award, the objective of the TB DIAH Associate Award is to ensure optimal demand and analysis of TB data, and the appropriate use of such information to measure performance and to inform National TB Program and USAID portfolio interventions and policies. Through the TB DIAH Associate Award, the capacity of TB decision makers to collect, analyze and use quality information to scale up high-quality and sustainable TB services.

The TB DIAH Associate Award will support the three intermediate results (IR) within the TB strategic framework:

**IR 1:** Strengthened collection, analysis and use of routine health and TB data

**IR 2:** Improved design and implementation of monitoring and evaluation (M&E) frameworks and information gathering processes including tools, methodologies, and technical guidance to meet users' needs

**IR 3:** Strengthened reporting and communication as well as improved methods, tools and approaches improved and applied to address health information challenges and communication gaps.

The Associate Award will also focus on issues that meet the needs of the Global Technical and Programmatic Priority areas of TB under the USG's Global TB Strategy, and support efforts in TB priority countries.

Under the TB DIAH Associate Award, special emphasis will be placed on achieving the following three results:

### **Result 1: Strengthened collection, analysis and use of routine health data**

TB DIAH Associate Award will strengthen the collection, analysis and use of routine TB data with placing a strong emphasis on data quality and adopting technological innovations and approaches to automate and improve TB data collection, analysis and use. In particular, use of routine TB data for management and decision-making at lower administrative levels requires attention. Examples of data use at the lower levels of the health system include the institutionalization of data review meetings, integration of data review to strengthen supervision as well as engagement with civil society organizations around results. In addition, the incorporation of hands on practicums for in-service learning, the development of job aids electronic and web-based applications, and supportive supervision are all interventions that can help institute a culture of data use. At higher levels in the health system, a focus on aggregating and analyzing data is needed. Ideally, this process should involve triangulating routine health data sources with other sources of available data (e.g., HIV program data, drug management data, implementing partner data). These analyses must then be translated into information that is useful at various levels of the health system and communicated back to the lower levels.

Another example of capacity building at the national level might include assessing the policies and practices surrounding the collection and use of TB data within the health information system. Improving routine health information systems will require capacity building at individual, organizational and system levels.

A critical component of these interventions will be assessing and strengthening TB data quality practices at country and global levels.

Collaboration and coordination among data users and providers are critical to ensuring consistency in data collection and analysis at all levels of the health system, for the effective and efficient use of scarce resources for monitoring and evaluation, and to reducing the burden of meeting similar data needs by different stakeholders and actors, for example, by streamlining data collection and analysis processes to serve multiple purposes. Through the TB DIAH Associate Award, coordination of data collection, analysis, and dissemination of TB data among TB stakeholders will be strengthened, with the aim of providing guidance on best practices, promising innovations, and setting M&E standards.

Illustrative activities for TB DIAH Associate Award include:

- Provide assistance to National TB Programs (NTP) and other country stakeholders to integrate routine data quality assessments into ongoing supervision and data analysis/collection/reporting;
- Provide assistance to National TB Programs (NTP) and other country stakeholders to implement and maintain electronic health management information systems, building on existing investments at country level;
- Build capacity of NTP and other country stakeholders to meet the demand for trained staff to manage routine TB surveillance and information systems;
- Design and support implementation of quality assurance procedures and data verification processes;
- Provide technical support NTPs for data collection and data quality improvement processes.
- Assess current data analysis processes and support countries to improve routine and periodic data analysis at global, country, and sub-country specific levels;
- On a quarterly, semi-annual, and annual basis, support country specific data and performance reviews with countries to assess implementation progress and identify performance gaps.

Illustrative Indicators:

- Number of countries with functioning TB data base systems;
- Number of countries with standardized reporting formats;
- Number of countries with institutionalized data verification and quality assurance systems;
- Number of countries with standardized TB performance review systems in place.

**Result 2: Improved design and implementation of monitoring and evaluation (M&E) frameworks and information gathering processes including tools, methodologies, and technical guidance to meet users' needs.**

Developing an M&E framework that links program activities to goals and objectives is critical to demonstrating program effectiveness and the contribution of specific projects to desirable outcomes. Frameworks also need to be revisited from time to time to determine their relevance to current situations, the extent to which programs have been implemented according to the results framework, and the relevance and contributions of implemented activities to the achievement of program objectives. Adequate use of rapid data collection approaches allows program managers and implementers to monitor outcomes with a view toward determining program effectiveness. Under the TB DIAH Associate Award, standardized M&E frameworks and tools will be developed, and guidance will be provided to stakeholders and implementing partners with the aim of improving the state of the art in different areas related to data collection and reporting. Additionally, support will be provided to GH/ID/TB Division in data management and analysis, including data quality assurance.

Illustrative activities for TB DIAH Associate Award include:

- Assist with development of standardized M&E framework and corresponding data collection system across all USAID countries (and at global level) to allow for both programmatic and epidemiological level data collection on process, output, outcome and impact indicators;
- Assist in developing indicators and/or harmonizing and streamlining reporting systems;
- Develop data dashboards for both global and country-specific use, as well as other M&E, data abstraction, analysis, etc. tools, building on existing tools;
- Provide technical support to countries with setting up the M&E system, and on-going support to training, maintenance and trouble-shooting (e.g., through field visits as well as utilization of webinars, and other remote formats);
- Act as main custodian of the global USAID TB data/M&E system and ensure its integrity and safety; propose criteria and assist with development for access at different levels and by different users;
- Set up a user's group and specific governance structure of the M&E system.
- Assist with programmatic performance target setting in collaboration with USAID missions and National TB Programs in USAID supported countries;
- Identify specific follow-up actions and coordinate with USAID/GH/ID/TB, USAID Missions and partners to address identified issues related to M&E, routine reporting, and data collection/analysis/use;
- Analyze data consistently and develop tools for data extraction, and standardized and ad-hoc reporting;
- Provide support to GH/ID/TB in data management and quality assurance.
- Link programmatic performance to budgetary outlays and conduct cost-benefit and other expenditure analyses (e.g., by technical area);
- Ensure all USAID's TB portfolio investments through various core and Mission level mechanisms are aligned with M&E framework and linked to specific performance targets.

Illustrative Indicators:

- A global M&E framework integrating USG Global TB Strategy and NAP in place;
- Integrated data system with country and global level access;
- Number of countries with updated M&E framework;



- Number of countries with standardized performance dashboards and data analysis tools.

**Result 3: Strengthened reporting and communication as well as improved methods, tools and approaches improved and applied to address health information challenges and communication gaps**

Methods, tools and approaches for collecting and analyzing information about key health issues such as TB are currently inadequate. Methodological work is needed to address the gap between the supply of and demand for health information. To do this, we need to strengthen and simplify data collection methods and develop methods and tools that can improve the effectiveness of data collection, while at the same time reduce costs. Moreover, improved analytical tools and approaches are needed to better understand the data that have already been collected. Modeling and GIS are both examples of analytical approaches that might be further improved or applied to increase data use.

When developing and implementing new methods, tools and approaches, it is vital to consider the potential return on investment.

Illustrative activities for TB DIAH Associate Award include:

- Conduct landscape analysis, identify gaps, develop, pilot and/or refine methods, tools, or approaches to address health information challenges and communication gaps;
- Build capacity of local individuals and organizations to apply, scale-up and institutionalize innovative methods, tools and approaches to address health information challenges and communication gaps;
- Engage relevant stakeholders to identify health information needs, challenges and gaps;
- Assist with the development of annual report to Congress, NAP, and other TB reporting requirements;
- Assist with development of communication strategy for TB portfolio, including social media
- Develop IEC materials, success stories from the field, InfoPages, and other materials; develop standard and ad-hoc required infographics and presentations;
- Ensure consistent social media presence;
- Assist with development of abstracts and publications.

Illustrative Indicators and deliverables:

- Timeliness of annual Reports to Congress;
- TB communications strategy in place;
- Number and quality of information materials per country;
- Number of publications.

The Recipient and the AOR/Activity Manager in the Division of TB will work together to identify topical issues and countries where special studies will be conducted.

**VI. PROJECT BENEFICIARIES**

The ultimate beneficiaries of the TB DIAH Associate Award are the men and women who receive improved TB information and services. The intermediate beneficiaries are GH/ID/TB

and its cooperating agencies engaged in TB activities in USAID-supported countries whose activities will become more effective as a result of improved monitoring and evaluation and better use of TB data. Beneficiaries also include USAID Missions and the international community of donors, private voluntary organizations (PVO), faith-based organizations and non-governmental organizations, research institutions, advocacy groups, media, and other non-technical audiences who will be better able to plan and implement TB activities.

## **VII. USAID MANAGEMENT OF ACTIVITIES**

The Agreement Officer's Representative (AOR) will be designated by the Agreement Officer post-award, and the Recipient will be notified when the designation is made. The AOR will handle the programmatic aspects of the award and serve as the primary contact between USAID and the Recipient.

## **VIII. KEY PERSONNEL AND STAFFING**

Key personnel are considered critical to the successful completion of the project described in this Associate award and must be approved by USAID. The TB DIAH AA will support the following four (4) full-time equivalent (FTE) key personnel positions:

- Project Director (PD)
- Senior M&E Technical Adviser
- Field Services Manager
- Senior Communications Director

**Project Director:** The Project Director will have overall responsibilities for providing vision, direction, leadership and executive management of the TB DIAH AA. The Project Director will also have the overall responsibility for quality and timely deliverables as agreed under the award conditions.

Project Director Qualifications:

At minimum, the Project Director must possess the following:

- A master's degree in a relevant discipline such as, but not limited to, Public Health, Business Administration, Public Administration, International Development
- At least eight (8) years<sup>2</sup> of public health or clinical management of infectious disease experience working in developing countries context, 5 of which should be in project or program management capacity.
- Demonstrated technical and management experience—minimum of 5 years-- in the field of TB.
- Demonstrated M&E skills and experience—minimum of 5 years--including designing and managing monitoring and evaluation plans, assessing data needs, and designing, implementing, and managing data collection, analysis and use activities.

- Leadership qualities, such as results delivery orientation, management of teams with diverse technical and cultural backgrounds, building of strong collaborative partnerships with national and international stakeholders, strong interpersonal skills, and written and oral presentation skills to support the technical leadership aspects of this award.
- Demonstrated experience interacting with government agencies and collaborating agencies.
- PMP certification desired.

**Senior M&E Technical Adviser:** The Senior M&E Technical Adviser will provide overall technical guidance to the project.

**Senior M&E Technical Advisor Qualifications:**

At minimum, the Senior M&E Technical Advisor must possess the following:

- A master's degree in a relevant discipline such as, but not limited to, Public Health, Epidemiology, Statistics, Social Sciences.
- At least (10) ten years of M&E experience, out of which at least (5) five in a developing country context.
- Demonstrated experience—at least ten years—including: designing monitoring and evaluation plans, assessing data needs, and designing and implementing data collection, analysis and use activities.
- At least five (5) years of experience in a technical advisory role (e.g. influencing management decisions based on data and evidence presentation, provision of sound technical advice and operationalization of technical directions), strong interpersonal skills, and written and oral presentation skills to provide technical leadership of this award.

Desired Qualifications:

- M&E Certification desired.

**Field Services Manager:** The Field Services Manager will be a senior level position to manage the country level operations and oversee the implementation of field operations.

**Field Services Manager Qualifications:**

At a minimum, the Field Services Manager must possess the following:

- A master's level degree in a relevant discipline such as, but not limited to, Public Health, Business Administration, Public Administration, International Development
- At least (10) ten years of project management experience, including (5) five years of managing field operations in a developing country context.
- Demonstrated skills in managing HQ and country level relationships as well relationships with various stakeholders at national levels, including USAID Mission staff.

**Senior Communications Director:** The Senior Communications Director is a senior level position to provide oversight of the communications and reporting element of the project.

Senior Communications Director Qualifications:

At a minimum, the Senior Communications Director must possess the following:

- A master's level degree in a relevant discipline such as, but no limited to, Communications, Marketing, Public Relations.
- At least (10) ten years of experience in a communications relevant field.
- Demonstrated track record—minimum of (5) five years--of developing and managing the process of production of technical reports and communication materials to a diverse national and international audiences.
- Minimum of (3) three years of experience with social media communications and strong data visualization expertise and experience with relevant software.

**Non-Key Personnel:** The TB DIAH AA will also support additional non-key personnel to serve technical, managerial, and support needs that are considered essential to achieving the results of the AA. Non-key technical staff collectively should have the knowledge and skills to provide leadership and technical guidance on TB and M&E technical areas covered under this AA.

**End of Section A**

## **SECTION B – FEDERAL AWARD INFORMATION**

### **1. ESTIMATE OF FUNDS AVAILABLE**

USAID intends to provide about \$30-36 million in total USAID funding over a five (5) year period. Actual funding amounts are subject to the availability of funds.

### **2. PERIOD OF PERFORMANCE**

The period of performance is five (5) years from the date of award.

### **3. SUBSTANTIAL INVOLVEMENT**

USAID's substantial involvement during the implementation of this Agreement will be limited to the following areas:

- a) Approval of annual work plans, which describe the specific activities to be carried out under the Agreement, including all modifications to the work plans, international travel plans, progress reports, and any research studies and protocols.
- b) Approval of changes in key personnel to include the following positions:
  - Project Director
  - Senior M&E Technical Advisor
  - Field Services Manager
  - Senior Communications Director
- c) Approval of sub-awards: USAID approval is required for all sub-awards and all sub-tier sub-awards, in accordance with 2 CFR 200. The term sub-awards includes both sub-agreements and contracts under this agreement. All sub-awards not included and approved in the original Cooperative Agreement require approval as per 2 CFR 200.308.
- d) Approval of the TB DIAH monitoring and evaluation plan—USAID involvement in monitoring progress toward achievement of the Objective and Expected Results during the course of the Agreements and in monitoring financial expenditures.
- e) USAID will be involved in the substantive direction/re-direction of inter-relationships with other projects as described in section D.3. USAID Management.

### **4. TITLE TO PROPERTY**

Title of property financed under this award shall vest with the recipient subject to the requirements of 2 CFR 200.311-200.316, until such time as USAID issues disposition instructions.

## **5. AUTHORIZED GEOGRAPHIC CODE**

The authorized geographic code for procurement of goods and services under this award is 935.

## **6. PLANNING, REPORTING, AND EVALUATION**

All program and financial reports shall be developed by the Recipient in accordance with reporting provisions stated in the MMAR-IV Leader Award [Financial Reporting; Work-planning (Annual Work-plans with Core and Field activities); Monitoring, Evaluation and Reporting (M&E Plan, Performance Evaluation, Annual, Quarterly and Final Reports)].

### **Other Reports**

At times, other technical or thematic reports may be requested by the AOR. For example, the implementer may be requested by a USAID Mission to develop a country report that provides a summary of the progress, achievements, and issues surrounding field activities. The exact format of these requested reports will be determined in collaboration with the AOR and Technical Advisors, and submitted to the USAID AOR.

All reports shall be submitted by the due date for approval by the AOR, as designated by the USAID Agreement Officer. The Recipient will consult the AOR on the format and expected content of reports prior to their preparation.

The recipient will adhere to all planning and reporting requirements listed in MMAR-IV Leader Award. It is expected that the program will employ information technology systems to support the planning, reporting, monitoring and evaluation of its activities. All reports shall be submitted by the due date for approval by the USAID AOR. Additional reports requiring review and clearances, when necessary, are listed under the MMAR-IV Leader Award. The recipient will consult the AOR on the format and expected content of reports prior to their preparation.

## **7. DATA SHARING AND NON-DISCLOSURE AGREEMENT (NDA)**

TB DIAH will have access to and collect data of confidential nature. The recipient will not share any data and data sets without explicit AOR approval. A documented process, including individual NDA agreements signed by staff, for acquiring an approval for sharing major data sets that are collected under TB DIAH will be developed within 30 days of AA award. USAID endorses the sharing of data and thus expects the recipient to have a documented process for sharing major data sets that are collected in the context of implementing TB DIAH. After the data have been cleaned and following the data analysis by the recipient and its in-country partners, the data will be stripped of direct and indirect identifiers and permanently archived on a web-based information system where data will be made accessible to the public. Requests for the de-identified data will be processed by the recipient or their institutional representative and will

require completion of a data request form and affirmation from the individual requesting the data that he or she will protect the data from misuse and will not take any actions to identify or contact any of the evaluation study participants. The recipient shall be expected to comply with the Office of Management and Budget's Open Data Policy, as well as any USAID open data plans. All data sets that USAID and the recipient deem as valuable to its stakeholders shall be submitted to USAID in a reliable media prior to the AA end date.

The recipient is required to submit signed Non-Disclosure Agreement within 10 days of AA award.

#### **8. ORGANIZATIONAL CONFLICT OF INTEREST**

Recipient must adhere to conflict of interest regulations found in 2 CFR 200.112 and 2 CFR 200.318(c)(1).

#### **9. COORDINATION, COMMUNICATION, AND COLLABORATION.**

Coordination, communication and collaboration among stakeholders facilitate trust and mutual understanding; reduce redundancy; increase synergy, scalability, and impact; and promote learning and mutual accountability. This project is intended to be a leader in the field of monitoring and evaluation and health information system strengthening and therefore must demonstrate thoughtful coordination, effective communication, and strategic collaboration in all areas of work. The project is expected to build and enhance constructive partnerships, as appropriate. The project will collaborate and coordinate with a wide variety of stakeholders, including country National TB Programs, Ministries of Health and other relevant government entities; USAID Missions and Country Offices, USG partners, such as the Office of Global AIDS Coordinator (OGAC); other donors, especially the Global Fund, and global health partnerships; bilateral and multilateral agencies; academic and research institutions; private sector and philanthropic organizations; and civil society organizations.

**End of Section B**

## SECTION C – APPLICATION AND SUBMISSION INFORMATION

### 1. POINT OF CONTACT

The applicant must contact the following USAID personnel with all questions regarding this funding opportunity:

NAME: Anna Nelson, Agreement Specialist      EMAIL: [annelson@usaid.gov](mailto:annelson@usaid.gov)

NAME: Stella Alexander-Sergeeff, Agreement Officer EMAIL: [salexandersergeeff@usaid.gov](mailto:salexandersergeeff@usaid.gov)

CC: NAME: Patricia Bradley, Agreement Officer      EMAIL: [pbradley@usaid.gov](mailto:pbradley@usaid.gov)

Questions regarding this AA should be submitted by **August 1, 2018 at 10:00AM EDT**.

### 2. SUBMISSION DEADLINES

Applications are due **no later** than **August 15, 2018 at 12:00 PM EDT**.

### 3. CONTENT AND FORM OF APPLICATION SUBMISSION

Applicants are expected to review, understand, and comply with all aspects of the RFA.

#### **General Instructions:**

- Applications must be emailed to the Point of Contacts listed in Section C.1 above in two separate emails: (a) Technical Application, and (b) Cost/Business Application. It is suggested that that you consolidate the various parts of the application into a single document before sending them. For example, the technical application should consist of a single document to include all annexes in one email. If this is not possible, multiple emails may be sent. Please indicate in the subject line of the email whether the email relates to the technical or cost application, and the desired sequence of multiple emails (if more than one is sent) and of annexes (e.g. "Technical Application No. 1 of 4", etc.).
- Applications must be prepared in English.
- Narrative portions of the application shall be submitted either Microsoft Word or PDF typed on standard letter sized paper with each page numbered consecutively using Times Tahoma 11 font, with standard 1.25" left/right and 1" top/bottom margins.
- Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the Applicant shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.



- Applicants who include data they do not want disclosed to the public for any purpose or used by the U.S. Government except for the purpose of evaluation, should mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, a cooperative agreement is awarded to this Applicant as a result of – or in connection with – the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting cooperative agreement. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}."

- The Applicant shall mark each sheet containing restricted data with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

- Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.
- USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear. The application received by the submission deadline will be reviewed for responsiveness to the RFA and the application format. No addition or modifications will be accepted after the submission date.
- After you have sent your applications electronically, immediately check your own email to confirm that the annexes you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or indicate in the file name that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

#### **4. TECHNICAL APPLICATION FORMAT**

A complete technical application shall consist of the following documents:

- a. Cover Page;
- b. Table of Contents;
- c. Acronym List;
- d. Executive Summary;
- e. Technical Approach;
- f. Staffing and Management;
- g. Technical Annexes:
  - i. Signed letters acknowledging intent to collaborate, from any stated

- partners or sub-awardees;
- ii. Resumes for Key Personnel
- iii. Signed Letters of Commitment from key personnel
- iv. Half-page bio/professional background descriptions for other staff;
- v. Organization chart.

There is a 15-page limit for the technical application (standard 1.25" left/right and 1" top/bottom margins, Tahoma 11 font) including graphs and tables, but excluding the annexes. The technical application must follow the following format:

- A. **Cover page** - Title, name of the organization(s) submitting the application, contact person, telephone, address, and e-mail
- B. **Technical Narrative** (not to exceed 15 pages, excluding annexes) The narrative section of the application must contain the following elements:

#### **1. Technical Approach**

- a) A detailed plan to achieve the overall objective of the MMAR-IV TB DIAH AA objective through accomplishment of the three results. This description must address:
  - Specific life-of-project results and milestones (at years 1, 3, and 5) on the pathway toward achieving these results;
  - How the applicant will collaborate/coordinate with other USG programs to achieve the outlined results;
  - What innovative approaches and fostering of local ownership will be accomplished to promote the journey to self-reliance; and
  - How the applicant will collaborate/coordinate with other leaders in the field of TB and M&E to ensure achievement of TB DIAH AA results.
- b) A set of well-defined indicators of success and description of how it intends to monitor its own program performance in a cost-effective and efficient manner, including sources of data.
- c) A Logic Model to describe how the inputs and USAID investments will be translated into outcomes and desired impact.

#### **2. Organization and Management**

- a) A description of all (4) four key personnel's background and experiences on similar projects should be included in the technical application. No more than (3) pages resume and a letter of commitment from key personnel should be included in an annex.
- b) A staffing matrix outlining the positions, roles, and relevant skills that other non-key personnel will bring to the performance of this AA should be included in the technical proposal. Brief (a paragraph, no more than half-page) professional background for all named non-key personnel should be included in an annex. USAID's expectation is that the Project Director will be co-located with the Prime of the Leader of MMFAR-IV.

- c) A management plan that states how the Recipient will coordinate management functions with the activities of the Leader Award to maximize efficiencies and contain costs, including a proposed plan for rapid start-up of the program. The management plan should also include:
- Organization chart, included in an annex, specifying clear lines of supervision, accountability, decision-making and responsibility among staff and partners, as appropriate, and the relationship between the Leader and the AA.

## 5. COST APPLICATION

The Cost or Business Application is to be submitted under separate cover from the technical application. While there is no page limit for this portion, please be as concise as possible, but still provide the necessary detail.

The Cost or Business Application must consist of the following:

- **BUDGET** includes summary budget and detail budget. The budget must be submitted in Microsoft Excel format with unlocked cells, must show all formulas, and have no passwords. For each year, the detail budget must show the unit and unit costs for each cost element. A sample summary budget is shown below:

Cost Element	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salaries and Wages						
Fringe Benefits						
Travel						
Equipment						
Supplies						
Contractual						
Major Sub-awards						
Minor Sub-awards						
Consultants						
Other Direct Costs						
Meetings/Workshops						
Expat allowances						
Other Direct Costs						
Total Direct Costs						
Total Indirect Costs						
TOTAL						

- **BUDGET NARRATIVE** must provide detailed budget notes and supporting justification of all proposed budget line items. For each item, a justification should be provided to explain why the cost is necessary to achieve the program goals AND how the proposed/estimated costs was determined to be reasonable. It must clearly identify the assumptions used to develop the budget and the basis of all costs, such as market surveys,

price quotations, current salaries, historical experience, etc. The budget narrative should be submitted in either Word or PDF.

- **CERTIFICATIONS** – The recipient must affirm that the certifications at Leader Award remain valid or provide new certifications (see Annex A). Certifications and other signed pages may be submitted in Adobe Acrobat;
- **COST SHARING AND COST LEVERAGING** -- Although there is no mandatory cost share requirement for this AA, UNC is strongly encouraged to cost share or leverage additional resources to demonstrate their commitment to the AA program. If UNC includes cost share, the cost share contributions cannot be federally funded and must meet all of the requirements as specified in ADS 303.3.10, 2 CFR 200.306, 2 CFR 200.1 and USAID Standard Provisions; and
- **OTHER**– Any other necessary information or documents that support the budget (e.g. new NICRA). It is not necessary to resubmit organization travel and personnel policies if the policies are the same as the Leader Award.

The SF-424 is **not** required.

The Business/Cost Application must consider the following budget categories:

- a. **Salary and Wages** – Applicants must propose direct salaries and wages in accordance with their personnel policies. Please list name(s) of known personnel, according to position, on the detailed budget.
- b. **Fringe Benefits** – If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the applicant should use such rate and provide evidence of its approval. If an Applicant does not have an approved fringe benefit rate, the application should propose a rate and explain how the Applicant determined the rate; in this case, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers' compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries;
- c. **Consultants/Contractual** – Any goods or services being procured through a contract mechanism.
- d. **Other Direct Costs, including:**
  - a. **Equipment:** Estimated types of equipment (i.e. model #, cost per unit, quantity);
  - b. **Supplies:** Estimated types of supplies (i.e. cost per unit, quantity);
  - c. **Rental**
  - d. **Travel and Transportation:** The Applicant should indicate the number of trips, domestic and international, estimated as necessary to carry out the proposed scope of work, and their estimated costs. Applicants must provide the following information (if applicable):
    - Identify name(s) or title of person(s) travelling;
    - The purpose of each trip;

- The origin and destination for each proposed trip;
  - The number of days per trip;
  - The number of individuals traveling.
  - Cost of flight per person
  - Cost of Ground Transportation (home-airport-hotel and return)
  - Identify number of days for lounging
  - Use State Department Foreign Per Diem Rates in US Dollars for guidance
  - Identify number of days for M&IE
  - Use State Department Foreign Per Diem Rates in US Dollars for guidance
  - Immunization (if applicable)
  - Visa (if applicable)
  - Other related travel expenses
- e. Postage/Shipping
- f. Reports and Documentation
- g. Meetings and Workshops
- h. Other
- e. Indirect Costs – The Applicant should include a current negotiated indirect cost rate (NICRA) from a cognizant government audit agency.

The Cost/Business Application must also provide details (if applicable) consistent with the following guidance:

- a. The breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;
- b. The breakdown of all costs according to each partner organization, contract<sup>1</sup> or sub-awardee involved in the program should be provided. The same level of detail (e.g. detail budget, budget narrative) should be provided for each partner organization;
- c. The breakdown of any financial and in-kind contributions of all organizations involved in implementing the AA;

A detailed budget does not need to include the following items (these have been taken care of in the Leader Award):

- a. Certifications (However, affirmation of all applicable certifications is required)
- b. SF-424
- c. Description of headquarters and field procedures for financial reporting.
  - i. Copies of financial reports for the previous three-year period that have been audited by a certified public accountant or other auditor satisfactory to USAID

<sup>1</sup> Pursuant to 2 CFR 200 Contract means a legal instrument by which the Applicant purchases property or services needed to carry out the project or program under a resulting award. The term does not include a legal instrument when the substance of the transaction meets the definition of a Federal award or sub-award (see § 200.92 Sub-award), even if the Applicant considers it a contract. The Applicant must describe the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting proposed by the contractor, and the quality of its record of past performance for similar work. For-profit contract organizations that work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

- ii Cash flow chart
- iii Organization chart, by-laws, constitution and articles of incorporation, if applicable
- iv Copies of personnel, travel and procurement policies.
- v Approval of the organizations accounting system by a US Government agency

**End of Section C**

## SECTION D – APPLICATION REVIEW INFORMATION

### 1. CRITERIA

The technical application will be evaluated in accordance with the Technical Evaluation Criteria set forth below:

#### A. Technical Application Evaluation Criteria

The Technical Application will be reviewed based on the following criteria:

##### i. **Technical**

- Extent to which the technical approach is comprehensive, yet specific, feasible to implement in USAID supported environments, and demonstrates strong potential for success with a clear pathway between proposed interventions and expected outcomes.
- Extent to which the application demonstrates an ability to operationalize the overall technical approach.
- Extent to which the application has SMART indicators of success and description of how it intends to monitor its own program performance in a cost-effective and efficient manner, including sources of data.
- The extent to which the proposed interventions incorporate innovative approaches to national surveillance strengthening and data analytics; optimize collaborative synergies with other aspects of the TB portfolio (and national and global levels); and, strengthen the USAID/ID/TB communications and reporting.

##### ii. **Organization and Management**

- The extent to which the proposed candidates for the Key Personnel positions meet or exceed the minimum qualifications described in Section XI, Key Personnel and Staffing.
- The extent to which the organizational structure will enable the project to effectively and efficiently accomplish the activity objectives, and the quality of the proposed plan for rapid start-up of the AA award.
- The extent to which the application demonstrates an accountability for results, optimizes efficiency, and demonstrates how the proposed staffing configuration will enable the project to accomplish the results outlined in this RFA; and the extent to which the overall staffing plan fosters local ownership and utilizes local capacity.

#### B. Cost Application Evaluation

- Costs included in the proposed budget will be evaluated on the extent to which they are allowable, allocable, and reasonable.

- Proposed budgets will also be subject to cost realism analysis. The cost realism analysis will verify the applicant's understanding of the requirements, assess the degree to which the cost application reflects the approaches in the technical application, and assess the degree to which the costs included in the application accurately represent the programmatic requirements set forth in the application.
- The clarity and conformity of the Applicant's Cost/Business Application to the instructions will be considered.

**End of Section D**



## **SECTION E: FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. FEDERAL AWARD NOTICES**

Award of the AA contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed AA may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

### **2. ADMINISTRATIVE & NATIONAL POLICY REQUIREMENTS**

The AO will designate the Agreement Officer Representative (AOR) in a separate memorandum. The AA will be managed by an Agreement Officer Representative (AOR) and a Management Team consisted of technical advisors representing all health areas, as designated by M/OAA and the relevant BGH Offices.

The 2 CFR 700, 2 CFR 200, and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable to this AA.

### **3. REPORTING REQUIREMENTS**

All program and financial reports shall be developed by the UNC in accordance with reporting provisions stated in the MEASURE Evaluation Phase IV Leader Award. All reports shall be submitted by the established due dates for approval by the AOR, as designated by the USAID Agreement Officer. UNC will consult the AOR on the format and expected content of reports prior to their preparation.

#### **BRANDING STRATEGY AND MARKING PLAN**

Pursuant to ADS 303.3.6.3.f and ADS 320.3.1.2, UNC will be requested to submit a Branding Strategy and Marking Plan following the request of the Agreement Officer and will be negotiated prior to award. These plans shall be prepared in accordance with the guidance in ADS 320.3.3, 2 CFR 700.16 and the references therein.

#### **INITIAL ENVIRONMENT EXAMINATION (IEE)**

An IEE for this AA will need to be approved by the GH Bureau's Environmental Officer prior to the obligation of funds. This will be prepared by the AOR but may require input from UNC.

**End of Section E**

## **SECTION F – OTHER INFORMATION**

### **A. USAID RIGHTS AND FUNDING**

USAID is under no obligation to make an award under this RFA.

### **B. RELEVANCE TO LEADER AWARD**

This AA will be a free-standing project that uses the same implementation arrangements and procedures as the Leader award.

**End of Section F**

ANNEX A

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06/23/2011 Partial Revision  
Substantive: YES  
Editorial: YES

**Affirmation of Certifications**

The undersigned affirms that the following certifications provided in connection with the Leader grant (enter Grant or Cooperative Agreement number) remain valid, or any updated information or new certifications are signed and attached:

"Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs"

"Certification Regarding Lobbying."

"Prohibition of Assistance to Drug Traffickers" (ADS 206)

"Certification Regarding Terrorist Financing Implementing Executive Order 13224"

"Key Individual Certification Narcotics Offenses and Drug Trafficking" (as applicable)

"Participant Certification Narcotics Offenses and Drug Trafficking" (as applicable)

\*[REMOVED Certification of Compliance with the Standard Provisions entitled "Condoms" and "Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking" (as applicable)]

By: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_