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First Phase – Concept Papers (CP)

Solicitation Number : RFA-497-11-000005 (CP)
Issuance Date : December 6, 2011
Closing Receipt Questions : December 14, 2011
Closing Date Concept Papers : January 27, 2012
Closing Time : 3:00 pm (Jakarta Time)

Submit Concept Papers to : jgardjito@usaid.gov
RFA-497-11-000005@usaid.gov

Second Phase – Request for Full Applications (RFA)

Solicitation Number :RFA-497-11-000005(FULL)
Issuance Date : TBD

**Subject: Request for Applications (RFA) No. RFA-497-11-000005,
COMMUNITY EMPOWERMENT OF PEOPLE AGAINST TUBERCULOSIS
(CEPAT)**

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the United States Agency for International Development Mission in Indonesia (USAID/Indonesia) is seeking applications from Indigenous (Indonesian) Non-Governmental Organizations (NGOs) for a program to improve the quality of Indonesia's health system.

The program to be implemented is the “Community Empowerment of People Against Tuberculosis (CEPAT)” for which any NGO receiving an award under this Request (hereinafter referred to as the Recipient) will be responsible for ensuring achievement of the program objectives. Full details of the intended program are provided in the Program Description, Section A, as well at Section F – Attachment, Program Description in Bahasa Indonesia. Applicants are cautioned that in any instance of inconsistencies between the English and Bahasa Indonesia version of the Program Description that the English version will govern and take precedence.

This RFA is conducted as a “multi-tiered” procurement comprised of two stages: first, Concept Papers are being sought from prospective Applicants, and second, Full Applications will be requested of a selected group of Applicants. **NOTE:** Prospective Applicants are requested to specifically be aware that Full Applications are not to be submitted at this time; only those Applicants with the most-highly-evaluated Concept Papers will be invited to submit Full Applications. Accordingly, only Concept Papers are invited at this time which must be prepared in accordance with the instructions of this RFA (see Sections A, C and F) and such Concept Papers must be received by the closing date and time specified above. Facsimile submissions are not authorized nor will be accepted.

Subject to the availability of funds, USAID/Indonesia intends to award up to three Cooperative Agreements to Indonesian NGOs for an estimated life of project of five years. The funding for all Agreements awarded as a result of this solicitation will collectively not exceed \$12.0 million in total over the life of project for all three awards, with an anticipated funding of \$4.0 million for each of the three individual awards. Applicants are advised that the anticipated funding level of the project as stated herein is not provided with the intent of Applicants purposefully maximizing this amount in their applications. Rather, Applicants should submit applications which represent the most effective and efficient use of this anticipated funding.

USAID/Indonesia will be conducting a pre-proposal conference in early January 2012. The purpose of this conference will be to review this Request for Applications and to assist interested Applicants in understanding the requirements for submitting an application (Concept Paper). USAID/Indonesia will provide the specifics as to this conference prior to its conduct. **NOTE:** Prospective Applicants who download this Request for Applications and who would be attending this conference are asked to identify themselves via email at rfa-497-11-000005@usaid.gov with a copy to Ms. Johanna Gardjito at jgardjito@usaid.gov.

Please note that while funds are available to allow an award of an Agreement, funds are not currently available for the life of the project; however, USAID/Indonesia fully expects that funds will be available and that the award(s) resulting from this RFA will be provided on an incremental basis. Should for any reason funds not be made or become available, USAID/Indonesia will be unable to enter into a Cooperative Agreement. In such an instance, USAID/Indonesia is not liable for any costs incurred in the preparation and submission of Applications.

Pursuant to 22 CFR 226.81, Applicants are advised that it is USAID policy not to award fee or profit under Cooperative Agreements (known as “assistance instruments”). However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the Grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization) may be recognized.

Subject to USAID’s assessment of the financial capability of prospective awardees, Applicants are also advised that it is the intent of USAID/Indonesia that any award(s) resulting from this Request for Applications will be awarded on a “reimbursement” basis. As such, the Recipient(s) of the award(s) will be required to have the financial capacity or be able to obtain such as to perform the awarded program(s) with payments following the Recipient’s invoicing every thirty days. Applicants should anticipate that payments will be made approximately thirty (30) days following the approval of the invoice.

Issuance of this notice does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. In addition, final award of any resultant Cooperative Agreement cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential Applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the Applicant; should circumstances prevent award of a Cooperative

Agreement, all preparation and submission costs are at the Applicant's expense. The U.S. Government reserves the right to reject any or all applications received.

The preferred method of distribution of USAID procurement information is:

- a. Via Grants.gov on the World Wide Web (www). This notice and any future amendments can be downloaded from the Agency Web Site. The Worldwide Web Address is <http://www.grants.gov>. Click on "Find Grant Opportunities", then click on "Browse by Agency" and choose "Agency for International Development". If you have difficulty registering or accessing the Grants.gov, please contact the Grants.gov Contact Center at 1-800-518-4726 or via e-mail at support@grants.gov for technical assistance. Receipt of this notice through Grants.gov must be confirmed by written notification to the contact person noted below. It is the responsibility of the Recipient of the application document to ensure that it has been received from Grants.gov in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion processes.

Or,

- b. Via the USAID/Indonesia website at <http://Indonesia.usaid.gov/en>. If you have difficulty accessing the web, please e-mail to jgardjito@usaid.gov for further technical assistance. It is the responsibility of the recipient of the application document to ensure that it has been received from USAID/Indonesia's website in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process.

This RFA-497-11-000005 consists of this cover letter and the following:

- a. Section A – Program Description (For Concept Papers and Full Applications)
- b. Section B – Program Description (Continuation - only for Full Applications)
- c. Section C – Application and Submission Information for Concept Papers
- d. Section D – Application and Submission Information for Full Applications
- e. Section E – Selection Criteria for Full Applications
- f. Section F – Attachment

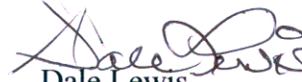
If you decide to submit a Concept Paper, it must be received by the closing date and time indicated at the top of this cover letter via e-mail to rfa-497-11-000005@usaid.gov with a copy to Ms. Johanna Gardjito at jgardjito@usaid.gov.

Any questions should be submitted in writing to Ms. Johanna Gardjito, via email at jgardjito@usaid.gov and/or rfa-497-11-000005@usaid.gov no later than the date indicated at the top of this cover letter. No questions will be entertained after this date. Applicants should retain for their records one copy of all enclosures that accompany their applications. Facsimile submissions are not authorized nor will be accepted.

NOTE: Please annotate all correspondence with regard to this Request for Applications with the following in the subject line of the correspondence/e-mail: **RFA-497-11-000005**.

Thank you for your consideration of this USAID initiative. We look forward to your participation.

Sincerely,



Dale Lewis
Agreement Officer
USAID Indonesia

Attachments:

1. RFA-497-11-000005 CEPAT
2. USAID-MITRA: Membangun Integrasi Program TB di Republik Indonesia (Partners for TB Control in Indonesia) - Final Evaluation

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ACRONYMS

AO	USAID Agreement Officer
AOTR	USAID Agreement Officer's Technical Representative
CBOs	Community Based Organizations
CEPAT	Community Empowerment of People Against Tuberc
COD	Community Organization Development
CP	Concept Papers
DOTS	Directly Observed Therapy Short-Course
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
GOI	Government of Indonesia
HRD	Human Resources Development
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant TB
MOH	Ministry of Health
NGOs	Non-Governmental Organizations
NTP	Indonesian National Tuberculosis Program
PMDT	Programmatic Management of Drug Resistant TB
PMP	Performance Monitoring Plan
RFA	Request for Full Applications
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Project
TBCTA	Tuberculosis Coalition for Technical Assistance
USAID	United States Agency for International Development

SECTION A - PROGRAM DESCRIPTION
(For Concept Papers and Full Applications)
COMMUNITY EMPOWERMENT OF PEOPLE AGAINST TUBERCULOSIS
(CEPAT)

I. INTRODUCTION: Objectives and General Description

The USAID/Indonesia Mission has designed a new, bilateral project called CEPAT (Community Empowerment of People Against Tuberculosis)¹. The five-year project will be carried out through cooperative agreements awarded to up to three Indonesian non-governmental organizations (NGOs). The total funding of all three awards is not to exceed \$12.0 million over the life of project. The principal objective of CEPAT is to support the Indonesian National Tuberculosis Program (NTP) in “achieving universal access to quality and early tuberculosis (TB) diagnosis and treatment through community empowerment.” To do this, the project uses two components:

1. **Mobilize communities to support improved TB care.** Improved TB care includes: better access to and quality of TB services, increased community knowledge of TB, improved health seeking behavior, and increased support to patients on treatment.
2. **Advocate for increased TB resources and improved TB services.** Advocacy will support the efforts of the NTP and demand resources and improved services for TB patients and families.

All awards resulting from this solicitation are expected to implement both components.

Also in support of CEPAT, USAID will build the capacity of the Indonesian NGOs selected to carry out the project. The goal of the capacity building is to strengthen the NGO so that it can better contribute to the NTP’s strategic plan and CEPAT. Capacity building will be provided by USAID based on each NGO’s needs and will be funded by USAID directly outside of the CEPAT agreements.

II. BACKGROUND

Tuberculosis (TB) is a highly contagious disease which is transmitted through the air. If left untreated, a person with active TB will infect about 10 to 15 people a year. Globally more than 2 billion people are infected with the bacteria which causes the TB disease. Ten percent of those infected will develop TB disease during their lifetime; the highest risk groups are those living in poverty, malnourished, or with a weakened immune system (i.e.

¹ The project objectives are in line with the existing Assistance Agreement that USAID has in place with the Ministry of Social Welfare.

HIV and other diseases). The vast majority of TB deaths are in the developing world, and more than half of all deaths occur in Asia. Indonesia is ranked fifth in global TB burden.

In the last ten years, the National TB Program, with support from donors, has made remarkable progress². TB case detection rates increased rapidly from 22% in 2000 to 69% in 2008; but recently have remained steady or slightly declined due to under-notification, barriers in access to diagnosis and diagnostic delays. Treatment success rates improved from less than 50% in 1999 to almost 91% in 2007. A hospital DOTS (DOTS: Directly Observed Therapy Short-course) linkage program has been established in 168 hospitals and strengthened referral links and networks between hospitals and health centers in ten provinces.

A national strategic plan for developing a laboratory network was recently finalized. Five laboratories successfully passed panel testing to receive accreditation for first- and second-line drug sensitivity testing and new cross-check laboratories were established in seven provinces. The spread of multi-drug resistant TB (MDR-TB) is a challenging problem, and the NTP is currently implementing programmatic management of drug resistant TB (PMDT) in several sites with plans to scale up to additional sites over the coming years.

In Indonesia, the total number of estimated cases of MDR-TB in 2007 was 12,209. In 2009, 2.3% of all new TB cases and 20% of retreatment cases were estimated to be MDR-TB. At the end of 2010, 131 cases of MDR-TB were on treatment in Indonesia; the national program plans to have 800 cases on treatment by the end of 2011.

There are still many other remaining challenges in the program. Thirty percent of the estimated TB cases are still not being detected and many patients are diagnosed late; the private sector is still providing poor quality or in-complete treatment; only a small portion of the estimated number of MDR-TB cases are on treatment; there are limitations in the health systems including laboratory quality, human resources, logistics and data quality; and community systems have limited capacity to increase public knowledge of TB, support improved TB diagnosis and treatment, provide adequate support for treatment, and increase demand for better quality TB services. This project will mainly focus on the last issue, which also intersects with all of the challenges above.

The general Indonesian population continues to prefer to seek care in the private sector as well as hospital-based care. Most people perceive the quality of private health services and drugs to be better than the public sector and are willing to pay for the additional costs. TB is still stigmatized and the knowledge about the disease and treatment remains low. According to surveys conducted by the National Tuberculosis Program, only 21% of Indonesians are aware of the risks for TB or how to properly treat it³. The most at risk

² Indonesia has an estimated total TB prevalence of 660,000 or 285 per 100,000 population and an estimated annual incidence of 430,000 new cases per year (189 per 100,000 population). Annual TB mortality is approximately 61,000 deaths. WHO Global Tuberculosis Control 2010.

³ KAP survey, 2004, referenced in Indonesia Round 10 GFATM application.

groups for TB do not have access to proper TB services. There is no comprehensive and coordinated approach to engage the community in supporting TB services including helping patients stay on treatment, or proactively identifying possible TB cases.

A. Government of Indonesia Health and TB Programs

The Government of Indonesia (GOI) has requested that USAID and other partners provide technical support for the implementation of its Medium Term Development Plan 2010-2014, which sets out the main goals and targets to be achieved in the GOI's vision for health care in Indonesia.

The National TB Program (NTP) receives funding from the GOI, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and USAID. Indonesia was successfully awarded TB grants in the GFATM Rounds 1, 5, 8, and most recently Round 10, which will accelerate implementation of the new NTP Strategic Plan 2010-2014 ("Breakthrough to Universal Access").

"Breakthrough to Universal Access" aims to reduce TB death and prevalence in order to contribute to achieving the health development goal of improving the public health status. Targets for TB control are set according to the strategic plan of the Ministry of Health⁴, and will be achieved through seven strategies.

1. Scaling up and improving quality DOTS service
2. Addressing TB/HIV, MDR-TB, and the needs of poor and other vulnerable groups.
3. Engaging all public and private providers in implementation of International Standards for TB Care.
4. Empowering TB patients and communities.
5. Strengthening health system including Human Resources Development(HRD), and TB control program management.
6. Increasing commitment of central and local government.
7. Enhancing research, development, and utilization of strategic information.

These seven strategies are fully consistent with the Stop TB Strategy, which is strongly endorsed by USAID and in line with USAID's strategy⁵.

B. USAID Prior Experience in the TB Sector

USAID has supported the Indonesia National TB Program (NTP) since 2000. Initially, USAID's support for Indonesia's NTP was channeled through the TBCTA (Tuberculosis Coalition for Technical Assistance) Project, working closely with the NTP to implement DOTS in nine provinces at the primary health care level. TB control expanded rapidly in

⁴ To reduce the prevalence of TB from 235 per 100,000 population to 224 per 100,000 population.

⁵ More details on the Stop TB Strategy can be found at the WHO TB website: <http://www.who.int/tb/en/>

Indonesia between 2006 and 2010, reaching wider communities through expanded health facilities (hospitals, clinics, etc.) and integrated TB-HIV services. Most recently, USAID's Tuberculosis Control Assistance Project (TBCAP) was implemented in 11 provinces at district and provincial levels to address capacity building, quality of care, health system strengthening, integration, coordination and sustainability. A new five-year follow-on program TB CARE continues activities since 2011. TB CARE provides a broad range of support to the NTP including: TB care and treatment (DOTS expansion and strengthening); expansion of programmatic management of drug resistant TB; TB/HIV care and treatment; and health systems strengthening.

To strengthen USAID's present approach to TB assistance in Indonesia, and consistent with the Stop TB Strategy which emphasizes community partnership, this new CEPAT project implemented through Indonesian NGOs introduces a local community component to the USAID TB program. The community role in TB management will build community ownership of TB programs, reduce the strain on the health system, and reach those infected with TB who are not being treated.

C. Current USAID Strategic Framework

Tuberculosis in Indonesia is a priority for USAID because of Indonesia's large population, inequity in health indicators, and high TB burden. The Obama Administration's Global Health Initiative (GHI) of 2009 reflects its strong commitment to global health. Core priorities within the GHI include increased attention to building health systems, private sector engagement, ensuring country leadership and investing in country-led plans. For TB, the GHI also includes ambitious target for increasing the number of patients on treatment and the number of MDR-TB patients diagnosed and on treatment.

Additionally, The US government continues to be one of the largest supporters to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). The US contributes one third of the total funding for GFATM and Indonesia is the recipient of substantial GFATM grants in all three disease areas.

The overall goal of the USAID TB Program is to help Indonesia make significant progress in achieving the Millennium Development Goal for Combating AIDS, Malaria and other diseases (which include **tuberculosis**) by 2015. USAID programs will support the reduction of TB infection rates in populations most at risk and result in universal access of quality of TB care among all care providers. Project CEPAT will focus on mobilizing the community to achieve this objective.

III. PROGRAM DESCRIPTION

Project CEPAT has two main components:

1. Mobilize communities to support improved TB care

2. Advocate for increased TB resources and improved TB services

CEPAT activities will target improving TB care access and services to the most vulnerable populations including people living in urban slums, remote islands, malnourished people, the poor, and contacts of TB patients. Partnership with communities affected by TB is a critical element of the overall national TB control activities in Indonesia.

To support this project, USAID will improve the institutional capacity of local organization grantees. Capacity building activities provided by USAID will be specific to each NGO, based on the self-identified needs of the NGO.

Program Component 1: Mobilize communities to support improved TB care

The primary objective component of this project is to mobilize community support for TB prevention, detection and treatment. The community can play an important role in reaching the most vulnerable populations to help them access quality TB services. The community also has a key role in preventing and discovering TB through increased knowledge and awareness, outreach services, locating contacts, encouraging people to seek treatment or screening early, and providing support to TB patients.

CEPAT will develop and expand community-based models to achieve universal access to TB treatment, particularly among the most vulnerable populations (e.g. urban slums, remote areas, the poor, contacts of TB patients, people living with HIV/AIDS, and malnourished people). Project CEPAT will use tools and resources already developed for community mobilization, TB patient support, community health worker outreach and local government advocacy. These can be found at the following websites:

- Stop TB Partnership Resources for Advocacy, Communication, and Social Mobilization http://www.stoptb.org/resources/publications/acsm_docs.asp
- World Health Organization
 - <http://www.who.int/tb/publications/en/index.html> (general publications)
 - <http://www.searo.who.int/en/Section10/Section2097/Section2105.htm> (publications in the South East Asia Region)
- USAID--MITRA: Membangun Integrasi Program TB di Republik Indonesia (Partners for TB Control in Indonesia) Final Evaluation submitted to USAID (attached)

The types of activities which the Recipients are expected to use in implementing Component 1 are described below. Other activities may also be included to accomplish the project's objectives.

- **Patient Identification:** Communities can identify people with active TB disease, help the health facility find the contacts of TB patients, and build on other outreach work to screen for people with signs and symptoms of TB in the community.
- **Patient Support:** Community outreach workers will provide general home support for patients and families including transport to treatment, psychosocial support, supplemental food, temporary housing, patient support groups, tracing defaulters, side effect management and other services as needed. Because treatment success rate is high in Indonesia, this activity should focus on the vulnerable populations, people with MDR-TB and TB/HIV.
- **Raising community awareness and knowledge:** Community awareness of signs and symptoms of TB and knowledge about TB available services can reduce stigma, increase earlier case finding, and increase the demand for better quality services.
- **Change Health Seeking Behavior:** Once the community recognizes the signs and symptoms of TB they must seek care and treatment. People need to understand what services they should expect, demand quality services and go earlier to seek care at a facility with quality care.
- **Public watch role:** The community and local organizations can monitor TB services provided (by the public health center, hospitals, private practitioners and specialist, laboratories, pharmacists) for quality and consistency. The public watch will compliment the NTP's enhanced regulatory approach to ensure quality care of TB patient.
- **Document Best Practices:** Community outreach activities have often not been able to show quantifiable results for their contribution to the NTP. The project should collect community best practices for improving program performance and scale-up of activities. The project will document the contribution of community mobilization efforts to decreasing TB incidence; the cost efficiency of the interventions; increased case detection among vulnerable groups as well as most effective approaches to reaching vulnerable groups (especially women).

Activities under Component 1 will achieve the following results:

- (a) Improved case finding;
- (b) Increased access to service delivery;
- (c) Improved health seeking behavior to quality TB services;
- (d) Increased knowledge and awareness of key TB information;
- (e) Increased contact tracing of TB patients;
- (f) Improved and expanded community social support systems for patients during treatment.

Program Component 2: Advocate for increased TB resources and improved TB service

Component Two will focus on advocacy at the local level for TB treatment and TB patients. The Recipient will advocate to the local government for increased funding and better quality TB services. To advocate well, the Recipient must have an understanding of the existing TB burden, local government budgets, potential partners, and community members. An informed and engaged NGO can encourage the local government, community and providers to do more for TB control.

The types of activities which the Recipients are expected to use in implementing Component 2 are described below. Other activities may also be included to accomplish the project's objectives.

- **Engagement of the provincial and district level health leaders:** The provincial and district governments need to be aware of the issues around TB and the importance of consistent and quality program support.
- **Advocacy for increased resources for TB:** In a number of areas, local governments are decreasing their funding of TB programs. Project CEPAT will advocate with local governments to set aside resources (financial and human) to develop sustainable approaches for future support of the TB program. This may be included as a key element of the Applicant's CEPAT exit strategy.
- **Improve local Legal and Regulatory Environment for TB:** Sometimes, district laws and regulations are inconsistent with the NTP guidance. These differences often become a barrier to diagnosis and/or treatment for TB patients. CEPAT will advocate for changes in the regulations that are not consistent.

Activities under Component 2 will result in:

- (a) Increase in the district budgets and allocated resources for TB;
- (b) Increase advocacy at the local levels for TB services and resources;
- (c) Increase the knowledge of TB among district leaders and other key stakeholders;
- (d) Reduce local policies inconsistent with national NTP guidance

IV. OTHER - ELIGIBILITY

1. USAID/Indonesia is seeking applications solely from Indonesian NGOs, non-profit and for-profit organizations willing to forego profit.

2. Eligible organizations include Indonesian NGOs , profit and for profit organizations which forgo profit or fee, foundations, faith based organizations, community based organizations, private organizations affiliated with public academic institutions and international non-governmental organizations, academic institutions, professional associations and consortia of the above. Where consortia are proposed, the applications must be clear regarding the relationship of each member, the responsibilities which are assumed by each member and the relationship of that member which assumes the responsibility for the overall implementation and success of the proposed programs.

3. Applications are limited to indigenous (local) Indonesian organizations, as the prime partner. Applications, however, may provide for partnering with experienced U.S. and non-U.S. organizations in a direct partnership or joint venture to provide capacity building of Indonesian Applicants. A specific intent of the partnering must be to build the capacity and accountability of the Indonesian prime Applicant. The nature of any such relationship must be clearly stated and demonstrated in the application. A factor in the evaluation of Applications will be the proven and demonstrated expertise of the non-Indonesia partners in building lasting technical and administrative capacity among Indonesian partners.

[End of This Section]

**SECTION B – PROGRAM DESCRIPTION
(CONTINUATION OF SECTION A)
CONSIDERATIONS UNDER FULL APPLICATIONS
COMMUNITY EMPOWERMENT OF PEOPLE AGAINST TUBERCULOSIS
(CEPAT)**

Note: The following Section is a continuation of Section A but will only be applicable and is to be considered by Applicants requested to submit a Full Applications. Under the first phase of this Request for Applications, Applicants submitting Concept Papers are only to consider the project discussion in Section A.

III. PROGRAM DESCRIPTION – continuation from Section A

A. Enhanced Institutional Capacity of Local Organizations

An important foundation for CEPAT is strengthening the institutional capacity of local organizations to support the TB control efforts in Indonesia. USAID will take a systematic approach to enhance the institutional capacity of NGOs. Applicants are asked to include an initial capacity building plan for their organization based on self-assessment⁶. USAID, will provide support to selected NGOs in their self-identified capacity building plan so that NGOs can better conduct the project activities required. Specific areas of management, organizational capacity, and TB technical issues should be emphasized in the plan. This support will be funded directly by USAID and will not be included in CEPAT Agreement budgets.

Detailed below are examples of activities that USAID may carry out with NGOs to build capacity. Other activities, based on each organization’s needs assessment, may also be conducted.

- TB Technical Capacity Building
- Management, Leadership and Strategic Planning Capacity Building
- Monitoring and Evaluation Capacity Building
- Human Resource Development Capacity Building
- Financial Management Capacity Building

Through the CEPAT project, USAID will achieve the following results:

- (a) Increase NGO capacity to address TB technical issues;
- (b) Increase the coordination among existing NGOs and with the NTP;

⁶ The **NGO Institutional Development Framework** will be used as the tool for assessing the institutional capacity of prospective Recipients under CEPAT and developing a plan to address them. The framework will be provided when USAID/Indonesia requests Full Applications and will be required to be completed and submitted with Applicant’s Full Applications.

- (c) Increase NGO management, leadership and strategic planning capacity;
- (d) Increase NGO ability to comply with donor rules and regulations;
- (e) Increase NGO monitoring and evaluation capacity ; and
- (f) Increase the quantity and quality of skilled human resources in the NGOs.

B. Technical Approach

CEPAT will require expertise in TB care and community mobilization. Local NGOs will use their existing community networks, referral systems, knowledge of the local setting and resources to implementing community-based TB activities. Local governments will benefit from NGO technical assistance by increasing their capacity to advocate for comprehensive, innovative and accountable TB programs. The NGOs will provide the initial and ongoing technical strategic direction, organizational capacity and management of the project. CEPAT will fill the gaps of the NTP's strategic plan, complement other TB projects implemented in Indonesia, and substantially increase local NGO management, technical and organizational capacity.

USAID expects that this project may include a consortium of small to medium-sized organizations that include NGOs, CBOs, and Indonesian universities. If a partnership arrangement is proposed, Applicants must clearly describe the roles and responsibilities of each partner and how the partnership will be managed.

CEPAT will identify and implement strategies that will increase prevention, case detection and treatment of TB at the community level. Proposed strategies must include: community level cooperation with the local government, community outreach, case finding and treatment support, new advocacy approaches, and patient-centered approaches.

CEPAT Recipients may issue sub-grants or sub-contracts to other organizations to carry out specific project activities or to reach additional sub-populations or geographic areas. CEPAT grantees will be responsible for award and management of any subgrantees or subcontractors, with USAID involvement as described in Section VI – Substantial Involvement.

Applicants must clearly identify an organized exit strategy for their activities. Project sustainability is critically important to the NTP and USAID; all project investments made are done so in the spirit of supporting government strategies and programs. Project CEPAT activities must coordinate with and support existing NTP programs in order to ensure as much as possible continued success past project end dates.

C. Geographic Focus

TB is a national problem and the range of activities for this project will be carried out where the risks are the highest, with the most vulnerable peoples, and where activities will contribute to Indonesian National TB Plan. It is expected that CEPAT activities will focus

in 6-8 target provinces where the TB burden is highest. At present, these include DKI Jakarta, North Sumatra, West Sumatra, Banten, West, Central and East Java, South Sulawesi, West Papua and Papua.

Each Applicant is not required to work in all target provinces. Applicants are expected to work in provinces where they have an established presence.

D. Illustrative Indicators and Monitoring and Evaluation Plans

Applicants will be required to provide under their Full Application program monitoring information consistent with NTP indicators. Key measures in USAID supported areas include (as described in Section A - Program Description):

- Improved case finding;
- Increased access to service delivery;
- Improved health seeking behavior to quality TB services;
- Increased knowledge and awareness of key TB information;
- Increased contact tracing of TB patients;
- Improved and expanded community social support systems for patients during treatment.
- Increase in the district budgets and allocated resources for TB;
- Increase advocacy at the local levels for TB services and resources;
- Increase the knowledge of TB among district leaders and other key stakeholders;

IV. KEY PERSONNEL

The Applicant will be required to provide information under their Full Application with regard to each of its proposed Key Personnel, full-time staff and all other staff under the project as instructed in the Request for Applications. Key Personnel are considered to be essential to the work being performed and are comprised of the following positions:

1. Chief of Party
2. Grants Manager (only if the application includes sub-grants or sub-contracts)
3. TB Technical Advisor
4. Community Organization Development (COD) Expert

The following non-Key Personnel positions are also expected to be included as staff in the implementation of this project:

- Monitoring and Evaluation Officer,
- Financial Officer,
- Advocacy Advisor, and
- Other TB Technical Staff.

The resultant Agreement(s) will include a “Key Personnel” clause for which the qualifications of the proposed personnel will be considered during award evaluation. The Applicant must include as part of its Full Application a signed letter of commitment from each candidate proposed as Key Personnel, confirming his/her present intention to serve in the stated position during the term of the Agreement period.

USAID/Indonesia strongly encourages and expects that the proposed Key Personnel will be comprised of in the majority Indonesian nationals. USAID/Indonesia reserves the right to check the references of any and all personnel proposed for this activity. A minimum of three references for each proposed candidate as key personnel is required to accompany the Full Application. The Mission may also use other sources as reference checks, such as USAID personnel who worked with identified candidates on other projects.

Chief of Party: Responsible for project inputs, program strategy, external representation and coordination with project counterparts, USAID, GOI contacts, other donors within the sector and other programs as necessary. The COP is ultimately responsible for compliance with the agreement results and the oversight of project activities which will meet the stated objectives of the project. The proposed COP must meet the following minimum requirements:

- At least 12 years of experience managing a project of similar size and complexity;
- Preferably experience managing a health program with international donor funding;
- At least 10 years of experience working at the community level and/or with NGOs;
- Demonstrated experience working with partnerships and local governments.

Grants Manager: Responsible for the management of all grants related to the project. The Grants Manager is ultimately responsible for compliance with USAID procurement guidelines and regulations. The proposed Grants Manager must meet the following minimum requirements:

- At least 7 years’ experience managing multiple grants of various size and complexity;
- At least 5 years’ experience managing community based grants in developing countries and has knowledge of USAID or other donor subgrant rules and regulations;
- Demonstrated experience working with partnerships and local governments.

TB Technical Advisor: Responsible for providing technical advice and support to grantees and to the project as a whole. Also responsible for identifying other TB technical assistance requirements for the project and for the grantees. The proposed TB Technical Advisor must meet the following minimum requirements:

- At least 10 years' experience in TB technical assistance Up to date understanding of TB control concepts and program approaches
- At least a Master's degree in infectious disease or a related field.

Community Organizational Development (COD) Expert: Responsible for the development and capacity building of local organizations in a systematic and sustainable manner. The proposed COD must meet the following minimum requirements:

- At least 10 years' experience in community organizational development ; and
- Demonstrated experience working with partnerships and local governments in Indonesia.

In the event that between the time of submission of applications and the final award, Key Personnel withdraw their candidacy, the Applicant is instructed to contact the Agreement Officer immediately.

V. PERFORMANCE MONITORING PLAN (PMP)

The Recipient's Full Application will include specific, detailed plans to monitor and document program performance within its Performance Monitoring Plan (PMP). USAID/Indonesia will assess progress against selected performance indicators (as noted in Section VII.B Illustrative Indicators and Monitoring and Evaluation Plans) that measure the achievement of program objectives, as specified in this Program Description. The Recipient's Performance Monitoring Plan will clearly state how proposed activities relate to the program objectives and how data will be tracked, collected, verified and reported to document progress toward these objectives. As part of the PMP, the Recipient should, in consultation with the AOTR, review applicable indicators and targets on an annual and life of project basis. The Recipient should be prepared for revisions in required program indicators on the basis of USAID assessment of actual reform results during the lifetime of the award.

VI. SUBSTANTIAL INVOLVEMENT

USAID/Indonesia anticipates a close working partnership and substantial involvement in the Recipient's program. USAID's substantial involvement in the program will extend to those items identified below:

- (a) Approval by the Agreement Officer's Technical Representative (AOTR) of annual work plans and modifications that describe the specific activities to be carried out under the Agreement;
- (b) Approval by the AOTR of Performance Monitoring Plans, including indicators.

- (c) Concurrence by the AOTR in the assignment of specified Key Personnel and any changes to Key Personnel with the prior written approval by the Agreement Officer;
- (d) Approval by the Agreement Officer of the selection of sub-awardees that the Recipient will engage under the project subject to the review and concurrence of the AOTR. The AOTR will be substantially involved as follows:
 - i) Participation in preparation of solicitation documents (or requests for proposals or applications) including the topics, program descriptions, match requirements, selection criteria and funding levels for applications, and
 - ii) Participation on technical review panels for sub-grants and sub-contracts, and selection of the final list of applications accepted for funding.

VII. REPORTING REQUIREMENTS⁷

A. Annual Work plan

Within 60 days of award, the Recipient will submit an First Year work plan. The work plan will be subject to the approval in writing by the Agreement Officer's Technical Representative (AOTR). As part of the work plan, Applicants will identify:

- Target project site districts,
- Target district selection criteria, and
- Specific program interventions per geographic location.

The work plan will also include a capacity building plan based on an organizational self-assessment of capacity. Applicants are encouraged to use the NGO Institutional Development Framework attached to this announcement as a tool for assessing specific key oversight, management, human resource, financial resource and technical aspects of the organization.

For each following year, the Recipient will submit a 12-month work plan 30 days prior to the end of the program year to allow enough time for review, consultation and approval before the start of the new work plan year.

B. Illustrative Indicators and Monitoring & Evaluation Plans

The Recipient, together with USAID, will develop specific performance measures that meet USAID/Indonesia's strategic objectives. The indicators reported by the Recipient

⁷ These requirements will be fully discussed at the post-award briefing, a one-on-one meeting with USAID/Indonesia staff and successful Applicant(s).

will be included in the USAID/Indonesia's Operational Plan. The Recipient must receive the Agreement Officer's Technical Representative (AOTR) approval of the Performance Monitoring Plan (PMP) and implement the Plan within three months of Agreement award.

C. Quarterly Progress Reports

The Recipient will submit three fiscal year quarterly performance reports and a fourth quarter annual report per fiscal year. These reports will include a data table for indicators and indicate progress achieved towards benchmarks, highlight tangible results and achievements identify any problems encountered in implementation and propose remedial actions as appropriate. Regardless of start date all reporting is based upon the USG fiscal year and quarters. Progress reports are due 30 days after the end of each fiscal quarter.

The annual reports will include progress against work plan projections. Annual report will be submitted 30 days after the end of the U.S. Government fiscal year (October to September). Each annual report will cover activities completed during the preceding 12-month period and will be submitted to the AOTR. Annual reports will include data collected to measure progress against the Performance Monitoring Plan (PMP).

All reporting should be based upon the U.S. Government fiscal year calendar (October to September), and must include relevant Strategic Objective and Immediate Result indicators as outlined in USAID/Indonesia's Strategy.

D. Financial Reports

The Recipient shall provide to Agreement Officer's Technical Representative (AOTR) the following financial reports:

(a) Expenditures Report – within 7 days after the end of each month, a report on the accrued monthly expenditure and projected expenditure for the next three months.

(b) Pipeline analysis reports - on quarterly basis, a pipeline analysis shall include the following: current agreement budget, actual costs incurred to-date, projected expenditures through the expiration date, remaining funds under the agreement.

(c) Accrual Report – no later than the 20th of March, June, September and December of each year, covering the period through the end of the reporting quarter.

(d) SF 1034 for Reimbursement – The Recipient shall submit to the USAID/Indonesia Controller an original and two copies of SF 1034 “Public Voucher for Purchases and Services Other Than Personal” and SF 1034A “Continuation of SF 1034” on a monthly basis and in no event no later than on a quarterly basis. Each voucher shall be identified by the award number and shall state the total costs for which reimbursement is being requested.

E. Final Report

Within 90 days after the Agreement's completion date, the Recipient shall submit a final completion report. The final report is to contain a summary and discussion of all activities conducted under this Cooperative Agreement; a detailed measurement of the result achieved – measured against the indicators in the Performance Monitoring Plan (PMP); and an assessment of the overall impact of the program on the overall goals of the program.

VIII. GENDER CONSIDERATION

Activities implemented under this project will be responsive to gender considerations related to TB. Considerations may include examination of how gender roles in a family impact TB outcomes (for example, women may bear the burden of a sick family member by having responsibility for the additional care required), and how gender bias among health service providers may inhibit quality of services.

CEPAT has no prescribed approach for the integration of gender into the project because the expectation is that there will be a period of exploration, analysis and consultation before a final determination can be made of what will be the most appropriate approach. However, over the five year period of project implementation, CEPAT is expected to document what it has done to promote gender equity.

Generally, lower TB case notifications among women suggest that they may be at lower risk of TB than males are. Given the known barriers that many women face when accessing healthcare worldwide, it is important to verify if women are truly at lower risk of acquiring TB, or if they are less likely to be diagnosed. Moreover, the increasing feminization of the HIV epidemic potentially increases the number of women with HIV/TB co-infection.⁸

None of the proposed activities for the project inhibit the active participation of either men or women. However, if men and women are to be treated as equal partners in their role as health service clients and as partners with USAID, any program must take into account the different but interdependent roles of men and women, as well as the relationship between them. This is particularly germane in a country as vast and diverse as Indonesia. Consequently, questions of the rights and opportunities of men and women, power relations, and access to and control over resources as they relate to the TB disease should be used as a guide to begin gender considerations in TB program planning, as well as subject questions for further research.

⁸ WHO 2009 Tuberculosis: Women and TB.

http://www.who.int/tb/challenges/gender/factsheet_womenandtb.pdf

IX. INITIAL ENVIRONMENTAL EXAMINATION (IEE)

An Initial Environmental Examination (IEE) has been prepared and approved in accordance with 22 CFR 216.2 (c) (2) (i) for education, technical assistance or training programs and in accordance with 22 CFR 216.2 (c) (2) (iii) for analysis, studies, academic or research workshops and meeting activities of Project CEPAT. CEPAT is not expected to have a significant direct or indirect adverse impact on the natural or physical environment and qualifies for a categorical exclusion.

[End of This Section]

SECTION C – APPLICATION AND SUBMISSION INFORMATION FOR CONCEPT PAPERS

C.1 APPLICATION PROCESS

Under this Request for Concept Papers, USAID/Indonesia invites Indonesian nongovernmental organizations (NGO) and/or a consortium of Indonesian organizations, to submit applications to the program description provided in Section A of this notice.

Concept Papers should:

- Identify the organization(s) and any proposed partners;
- Describe the technical approach;
- Self-identified capacity building and summarize needs to enhance the institutional capacity of the Applicant
- Indicate geographic areas and provinces where the applicant proposes to work;
- Briefly describe expected results if funded by USAID;
- State the total funding level requested;
- Require no more than five years of USAID funding;
- Briefly describe what steps the applicant will take to ensure activities continue after the end of the CEPAT program for an “exit strategy”.

Interested applicants submit a Concept Paper via e-mail to RFA-497-11-000005@usaid.gov with a copy to Ms. Johanna Gardjito at jgardjito@usaid.gov. Only Concept Papers received by the deadline indicated in the cover letter will be reviewed.

Applicants will be notified in writing if USAID/Indonesia will request them to expand the Concept Paper into a Full Application. **Applicants should not prepare Full Applications unless specifically requested to do so by USAID/Indonesia’s Office of Procurement.**

C.2 CONCEPT PAPERS FORMAT

The Concept Papers shall be in English. Use 8 1/2” x 11” paper, with single space, 12 point font Times New Roman. Paper margins will be a 2.54 centimeter or one inch on each border, and each page numbered consecutively. The Concept Paper will have three sections (a, b and c below) and **should not exceed six (6) pages total**. Concept papers over six pages will not be accepted.

The Concept Papers will have the following format:

a. Cover Page (one page). The Cover Page must include

- Concept Paper number RFA-497-11-000005 (CP).
- Names of the organizations involved (identify primary Applicant).

- Title of the application.
- Contact person for the primary Applicant (name, title, mailing address, email address, telephone and fax numbers).
- Contact information of the person with the authority to negotiate on behalf of the Applicant.

b. Technical Narrative. A four (4) page only narrative should outline:

- Problem Definition – Define the problem and provide an analysis of the context.
- Show understanding of the demand for the proposed services.
- Partnership Structure – Identify the partner organizations (if applicable).
- Technical Approach – Describe the technical approach to be used to achieve the project objectives, including:
 - Types and scale of activities
 - Geographic focus, specify reasons for the selection of activity sites
 - Target population
 - NTP coordination plan
- Exit Strategy– Describe how the project will continue beyond the period of USAID funding.
- Expected Results – Outline the expected results and how progress, achievement and sustainability will be measured.
- Management and Administrative Capabilities – Describe technical and administrative experience and capabilities, including:
 - A description of any related past performance in the proposed program’s technical area;
 - A discussion of current/past implementation of similar programs; particularly, those in the proposed target areas for program implementation.
 - If a consortium, document the proposed partners’ agreement to participate in the consortium and identify the lead organization and the roles and expertise of each partner.

c. Budget. Provide a legible **one-page** budget with major cost line items, such as personnel, travel, training, program activities, sub-awards, etc., by year, for the full program period. Applicants should focus resources on project implementation rather than salaries, equipment and supplies. The proposed costs will be reviewed for cost realism to evaluate the relationship between the proposed costs and proposed program as well as the likelihood for success. **All proposed cost in the budget should be indicated in Indonesian Rupiah (Rp).**

NOTE: Concept Papers that do not follow these instructions will not be evaluated.

C.3 EVALUATION CRITERIA FOR CONCEPT PAPERS

USAID/Indonesia will establish a Technical Evaluation Committee (TEC) to review and evaluate all Concept Papers received before the deadline. The TEC will evaluate Concept Papers using the following criteria:

EVALUATION CRITERIA	
1. Technical quality of the Concept Paper, including having clear objectives and goals, and impact potential (extent of project reach)	40 points
2. Demonstrated experience and track record of the Applicants in the proposed geographic area	10 points
3. Demonstrated understanding of appropriate role of Applicants in support of the NTP strategy	15 points
4. Demonstrated experience and track record in technical areas proposed	10 points
5. Management and administrative capacity to implement the proposed activities	20 points
6. Degree to which the budget reflects the proposed activities	5 points
TOTAL	100 points

[End of This Section]

SECTION D – APPLICATION AND SUBMISSION INFORMATION FOR FULL APPLICATIONS

NOTE: Applicants should not prepare Full Applications unless specifically requested to do so by the USAID/Indonesia Agreement Officer.

D.1 INSTRUCTIONS AND SUBMISSION PROCEDURES

Full applications should be written succinctly and with enough detailed information to allow USAID to evaluate for possible award. Applicants must follow the specific instructions of this RFA to organize and reference their applications.

All applications shall be in English. Applications are submitted in two parts: (a) Technical Application and (b) Business/Cost Application. Technical applications are submitted in one original and five (5) copies and Cost Applications in one original and two (2) copies.

The Applicant shall submit the Full Applications both in hard copies and electronically. All applications (hard copies and electronic) must be received at the place designated and by the deadline specified in the letter of this RFA and must be considered valid for a period of 120 days from the solicitation closing date.

a. Electronically – internet e-mail with attachments compatible with MS Word, Excel, and Adobe Acrobat in an MS Windows environment to Rfa-497-11-000005@usaid.gov with a copy to Ms. Johanna Gardjito at jgardjito@usaid.gov.

- i. Before sending your documents to USAID as an e-mail attachments, convert them into Microsoft Word (for narrative text), Excel (for tables), and Adobe Acrobat (for scanned document, picture, graphics, etc). Document requiring signature may be sent as scanned document.
- ii. The attachment should be formatted with a 3MB limit per e-mail. Because of our system restrictions, do not send zipped files as part of the file name.
- iii. Applicants are advised that any risk of loss of information or data part of the Applicant's application in its entirety during any electronic transmission (e-mail) is fully assumed by the Applicant and that USAID will not only evaluate that which it receives through such transmissions.

b. Hard Copies – address hard copies applications to the following:

Ms. Dale Lewis
Office of Procurement
USAID/Indonesia
American Embassy
Jl. Medan Merdeka Selatan 3
Jakarta, Indonesia 10110

Mark: RFA-497-11-000005 (FULL) / CEPAT

Faxed applications will not be considered.

Applicants should keep one copy of the application and its enclosures for their records. Any changes must be initialed by the person signing the application. To allow a competitive application review, USAID will consider only applications conforming to the format prescribed below. In addition to the guidelines already given, the Applicant will also note the following:

1. **Unnecessarily Elaborate Applications** – Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective application in response to this RFA are not desired and may be taken as an indication of the Applicant's lack of cost consciousness. Elaborate art work, expensive paper and bindings, and expensive visual and other presentation aids are neither necessary nor wanted.
2. **Acknowledgement of Amendment(s) to the RFA** shall be submitted together with the application.
3. Applicants are expected to review, understand, and comply with all aspects of this RFA including attachments. Failure to do so will be at the Applicant's risk.
4. Each Applicant shall provide the information required by this RFA. The Applicant will sign the application and print or type the name and title clearly on the Cover Page of the technical and cost applications. Applications signed by an agent will be accompanied by evidence of that agent's authority.
5. Applicants must ensure that all the certifications are completed and signed (will be provided later during the Request for Full Applications).
6. In the submissions, Applicants must include any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination

of responsibility in accordance with ADS E303.3.9 at the following website:
<http://www.usaid.gov/policy/ads/300/303.pdf>

7. Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S Government except for evaluation purposes, should:

- (1) 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."

- (2) Mark each sheet of data it wishes to restrict 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."

Only Full Applications received by the deadline will be reviewed and evaluated by a USAID Technical Evaluation Committee (TEC). Additional discussions with Applicants may take place for clarifications or modifications based on the recommendations of the TEC.

D.2 GOVERNMENT OBLIGATION

Issuance of this RFA does not constitute a commitment on the part of the U.S. Government to make an award nor does it commit the Government to pay for any costs incurred in the preparation and submission of an application. Further, the U.S. Government reserves the right to reject any or all applications received.

D.3 TECHNICAL APPLICATION FORMAT

The Technical Application is the most important item of consideration in selecting awards. It should demonstrate the Applicant's capabilities and expertise in order to achieve

program goals. Therefore, it should be specific, complete, and presented concisely. It should take into account and be arranged in the order of the technical evaluation criteria specified in Section E - SELECTION CRITERIA FOR FULL APPLICATIONS.

The Technical Application is limited to **25 pages** and will be written in English. Applicants will use only 8 ½" x 11" paper, single spaced, 12pt font Times New Roman or similar font with margins no less than 2.54 centimeters or one inch on each border. Number each page consecutively.

Note: A page in the Technical Application that contains a table, chart, graph, etc., not otherwise excluded below, is included within the above page limitation.

Not included in this page limitation are the following:

- o Cover page;
- o Table of Contents;
- o Dividers;
- o Table summarizing qualifications of proposed personnel;
- o Appendix attachments which contain biographical information (i.e., resumes and other documentation provided by the Applicant) for proposed candidates;
- o Monitoring and Evaluation Plan;
- o Branding Strategy and Marking Plan;
- o Applicant/sub-grantee Past Performance Listing and Letters of Reference; and
- o Charts, such as Organizational Chart(s), etc.

All critical information from appendices should be summarized in the Technical Application.

Applicant must organize the Technical Application as follows:

- a) Cover Page
- b) A single page with the program title and RFA number, the names of the organizations/institutions involved, and the lead or primary Applicant, clearly identified. In addition, the Cover Page should provide a contact person for the prime Applicant, including this individual's name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers, and e-mail address. State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should be also listed with contact information. DUNS (Data Universal Numbering System), Tax Identification Number should also be listed on the Cover Page.
- c) Executive Summary
This summary should describe the key elements of the Applicant's strategy,

approach, methodologies, personnel and implementation plan. Describe how the overall program will be managed.

d) Technical Approach

Applicants should focus on describing how they propose to achieve each program objective and ensure that they respond to the guidance offered in the program description of this RFA. The Technical Approach should present the Applicant's innovative ideas, approaches, strategies and management plan to implement the project components and achieve the results of the program. The applications should take into account the technical evaluation criteria found in Section E – Selection Criteria for Full Applications.

Ensure that the approach, particularly for a specific geographic location or particular vulnerable group, explains how each component will be implemented. The Applicant may include additional activities other than the required activities described in the RFA.

At a minimum, the Technical Approach must include the conceptual approach, methodology, results to be achieved by the Applicant and means of monitoring and evaluating those results. Describe the rationale for each proposed approach and identify how the technical strategy 1) addresses Indonesian TB technical health system problems, 2) reaches the most vulnerable populations, and 3) builds local capacity to address those problems. Applicants must provide a summary reflecting a clear and strategic approach to collecting and using data to monitor project performance and assure achievement of goals.

Applicants should indicate where they propose to work and how sites would be chosen, referring to site selection criteria in Section A Subparagraph III of the Program Description when defining the province selection process for project implementation. The Applicant should provide a preliminary plan on how they will engage local partners, district and provincial government counterparts in the program so they will be able to document practices and adapt the activities in other districts. The Approach must detail how the Applicant will establish strong relationships with local Government of Indonesia institutions; the NTP, as well as local authorities, including health authorities as well as local non-governmental institutions.

The Application should also include a case study demonstrating how the proposed approach would be implemented in a particular setting.

Applicants should also identify a detailed plan, based on an organizational assessment, for capacity building.

Gender integration is an important part of the CEPAT design. The Applicant must clearly state how work on the identified gender considerations in TB health care (see Section B Subparagraph VIII of the Program Description) and how gender will be addressed in project activities.

e) Key personnel and Staffing

The application shall name candidates for “Key Personnel” positions. In the annex on personnel, provide a complete staffing plan including all types of staff as follows:

- A matrix of all personnel and relevant skills according to the component areas and management only.
- Resumes (no longer than four pages) and letters of commitment from each and all key personnel.
- A statement signed by each person proposed as key personnel confirming their present intention to serve in the stated position and their present availability to serve for the term of the proposed agreement.
- Biographical statements for all other full-time staff. There should be no less than 3 biographical statements per page, including the pertinent biographical data that demonstrates how the proposed candidates meet the requirements detailed for each “Key Personnel” position.
- Three references for each of the proposed key personnel with the name, title/position, telephone and email contact information for each reference included in the annex.

Any candidate that is proposed and who currently is employed by the Government of Indonesia must have a letter stipulating they will draw no salary from the government during the time they participate in the project. The Applicant should seek to include both man and woman candidates for the key posts and principal positions.

References will be checked for proposed key personnel. A minimum of three references is required for each proposed key personnel. Applicants will provide current telephone, fax and email address of each reference.

The Applicant will propose a staffing pattern for project implementation. The staffing pattern will outline the types and numbers of each proposed staff category, the physical placement and reporting relationship of the staff. The staffing pattern should present a proper balance of staff as well as skills and talents which will effectively and efficiently execute the project.

f) Management Plan

Applicants are required to submit a Management Plan which outlines their overall management approach toward project planning and implementation and clearly specifies the roles of the staff and the relationships between all partners. The

Applicant must include a clear description of how project activities will be managed and how the project will be cost efficient.

The Applicant must also detail a preliminary capacity development plan that outlines how, over the first project year, the Applicant will address self-identified organization development needs. This plan should identify organizational areas the Applicant would like to address and support the applicant would like from USAID. This should be based on an organizational assessment, for which the Applicant is required to use the *NGO Institutional Development Framework* document.

The Applicant's Management approach should:

- Provide position descriptions of core team members;
 - Explain the role and responsibilities of each partner proposed;
 - The extent of the Chief of Party (COP) authority to manage the partners and provide direction in the case of any management issues that arise,
- Explain the project core staff roles and organizational structure of project team;
- Explain the plan for managing all components of the program and how each component will work together to achieve the results of the program
- Explain planned financial management of project
- Provide calendar of mobilization in country of all core team members;
- Provide an implementation calendar for the proposed program and activities (“quick start” plan);
- Plan for engaging with USAID and other key partners
- Technical institutional capacity of each partner proposed and the specific role proposed for each partner

g) Annexes

The Technical Application should contain at the minimum the following annexes:

i. Detailed Personnel Plan

ii. Curriculum vitae/resumes – should be provided for each “Key Personnel”, and a minimum of three references for each candidate including telephone and email addresses for each reference. Curriculum vitae are limited to a maximum of four pages per person.

iii. A list of the names of short-term consultants (if any) available for services and what contractual relationship exists between the consultants and Applicants, i.e. are they permanent staff who would come out for short term periods or are they external experts who would be contracted to deliver specific tasks. A short (maximum one paragraph) description of their key expertise should also be provided.

iv. Past Performance References –present all contracts, grants, and Cooperative Agreements in which the primary Applicant has implemented similar or related programs during the past three (3) years. This information is to include project of similar complexity and magnitude involving technical assistance to the health sector. Applicants must supply a table showing previous experience by award. In the table list:

- name and address of the organization for which the work was performed;
- current telephone number and e-mail address of the responsible representative of the organization for which the work was performed (include the Contractor/Agreement Officer or other contact person);
- contract/grant name and number (if any);
- annual amount received for each of the last three years;
- term of award, i.e., beginning and ending dates; and
- a brief description of the program.

If the Applicant is a consortium, provide information on past performance for all known partners and/or prospective sub-awardees. Reference information is to include the contact information for an official point of contact, award or contract numbers, and a brief description of the work performed by the Applicant’s partners and/or sub-awardees.

v. Signed letters of commitment should be provided by all proposed implementing partners. Such letters do not have to be exclusive to one Applicant.

- h) Sub-agreements/grants – Applicants shall identify and describe potential sub-Recipients and/or sub-contractors, where possible, indicating the extent of utilization intended, and the tasks/functions they will perform. Describe how organizations were or will be selected and how they will effectively contribute to the activities under this Cooperative Agreement. Technical Application information for proposed sub-Recipient and/or sub-contractors should follow the same format as that submitted by the Applicant. Applicants must clearly identify which inputs (especially staff) will be provided by sub-grantees or contractors. Applicants shall describe their plans, systems, resources, and prior experience in coordinating and managing sub-agreements.

D.4 COST/BUSINESS APPLICATION FORMAT

The Cost or Business Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an Applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden Applicants with undue reporting requirements if that information is readily available through other sources.

All proposed costs will be evaluated for cost realism, reasonableness, allowability, allocability, and cost effectiveness based on the applicable cost principles.

The following sections describe the documentation that Applicants must submit to USAID. While there is no page limit for this portion, Applicants are encouraged to be as concise as possible and provide the necessary detail to address the following:

1. Include a budget with an accompanying budget narrative which provides **in detail** the total costs for implementation of the program. The budget narrative must provide detailed budget notes and supporting justification of all proposed budget line items. It must clearly identify the basis of all costs, such as price quotations, current salaries, historical experience, etc. A summary of the budget must be submitted using Standard Form 424, 424A and 424B which can be downloaded from http://www.grants.gov/agencies/approved_standard_forms.jsp.

All proposed cost in the budget should be indicated in Indonesian Rupiah (Rp).

The full budget must include:

- 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 involved in the program;
- c. The costs associated with external (to project staff) technical assistance including local technical assistance, or if required any expatriate technical assistance;
- d. Potential contributions of non-USAID or private commercial donors (cost-share) to this Cooperative Agreement if appropriate;
- e. The name, position title, proposed annual salary, and expected level of effort of each person charged to the activity. Provide resumes showing work experience and annual salary history for at least the three most recent years for all principal long-term technical and home office personnel. Salary information and proposed initial salary should be indicated in Indonesian Rupiah.
- f. If not included in an indirect cost rate agreement negotiated with the U.S. Government, the applicable fringe benefit rates for each category of employees, and an explanation of the benefits included in the rate;
- g. The same individual information for consultants (if any are proposed) must be provided as for the Applicant's personnel;

- h. A breakdown of allowances by specific type and by person, which must be in accordance with the Applicant's policies;
 - i. Travel, per diem and other transportation expenses detailed to include number of international trips (if any are proposed), expected itineraries, number of per diem days and per diem rates;
 - j. Financial plans for all proposed sub-grants and subcontract; with the same format and level of detail as those of the Applicant.
 - k. Separate cost line items for other direct costs such as supplies, communication costs, photocopying, and other general costs.
2. Indonesian NGOs (Applicants) who do not currently have an approved NICRA from U.S. Government, the overhead and/or indirect costs should be presented as individual direct cost line items within the NGO's budget and shall submit the following information:
 - a. Copies of the Applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID;
 - b. Projected budget, cash flow and organizational chart;
 - c. A copy of the organization's accounting manual.
3. Required Certifications and Representations– Certifications, Assurances and Other Statements;
4. Certificate of Compliance – submit a copy of your Certificate of Compliance if your organization's systems have been certified by the USAID/Washington's Office of Acquisition and Assistance (M/OAA) as a result of a previous agreement with USAID.

The following information should be taken into consideration when developing the budget:

Direct Labor - Direct salaries and wages for each year of the Agreement shall be in accordance with the organization's established personnel policies and the applicable cost principles. To be considered adequate, the policies must be in writing, applicable to all employees of the organization, be subject to review and approval at a high enough organizational level to assure its uniform enforcement, and result in costs which are reasonable and allowable in accordance with applicable cost principles. The narrative should include a level of effort analysis specifying personnel, rate of compensation, and amount of time proposed. Anticipated salary increases during the

period of the Agreement should be included.

Additional Requirements for Personnel Compensation

a. Limitations

- (1) The reasonableness of proposed salaries will be evaluated applying the factors set forth in the applicable cost principles OMB Circular A-122 (Cost Principles for Non-Profit Organizations) and OMB Circular A-21 (Cost Principles for Educational Institutions). In particular with regard to these factors, the Agreement Officer will consider the “market value” of each proposed position and the associated minimum qualifications as defined in the solicitation. The reasonableness of compensation (salaries) will be determined by the Agreement Officer.
- (2) Salaries and wages must be reflective of the “market value” for each position. Salaries and wages may not exceed the Applicant’s established policy and practice, including the Applicant’s established pay scale for equivalent classifications of employees, which shall be certified to by the Applicant. No individual salary or wage may exceed the employee’s current salary or wage, or the highest rate of annual salary or wage received during any full year of the immediately preceding three (3) years without the approval of the Agreement Officer. In the instance where the Applicant/Recipient believes that a particular salary cannot be accommodated within the “market value”, the Applicant/Recipient bears the burden of factually substantiating the need to exceed the established value. Such presentation may not solely rest upon prior salary history and/or organizational policy.
- (3) Base pay, or base salary, is defined as the employee’s basic compensation (salary) for services rendered. Taxes which are a responsibility or liability of the employee are inclusive of, and not additive to, the base pay or salary. The base pay excludes benefit and allowances, bonuses, profit sharing arrangements, commission, consultant fees, extra or overtime payments, overseas differential or quarters, cost of living or dependent education allowances, etc.
- (4) In addition to base pay or salary, the following benefits mandated under Government of Indonesia (GOI) Labor Law are allocable for Indonesian staff: (a) JAMSOSTEK, which includes medical and life insurance and pension; (b) Lebaran (13th month) bonus; (c) leave mandated under law which is applicable to the individual; and (d) payments made at the conclusion of an employee’s employment consistent with law and demonstrated within the employee’s employment agreement. Fixed allowances that are not mandated by GOI law

are not allocable, e.g., transportation and meals. In addition to the medical benefits provided within the JAMSOSTEK,

In addition to the medical benefits provided within the JAMSOSTEK, an Applicant/the Recipient may provide reasonable supplemental medical benefits provided they do not exceed the following monthly premium amounts:

Male employee/male spouse – Rp 456,277/person

Female employee/female spouse over 45 years of age – RP 537,838/person

Female employee/female spouse less than 45 years of age – Rp620,863/person

Children, a maximum of three, up to 21 years of age – Rp355,056/child.

- (5) Employee benefits that are not addressed above require the prior written approval of the Agreement Officer (AO).
- (6) This USAID-funded program implemented under the anticipated Grant will be for a specified period of five (5) years; also referred to as the Grant Period. Unless the Applicant/Grantee demonstrates otherwise to the USAID Agreement Officer's satisfaction, Indonesian national staff employed by the Applicant/Grantee solely to work under the USAID-funded program under this Grant are considered by USAID as employed by the Applicant/Grantee for a specified period not to exceed the Grant Period. This provision shall be interpreted in accordance with applicable cost standards including OMB Circular A-122 (Cost Principles for Non-Profit Organizations) and OMB Circular A-21 (Cost Principles for Educational Institutions), as applicable, including, but not limited to Selected Items of Cost - Compensation for Personal Services, and 22 CFR 226.
- (7) The USAID-funded program implemented under this Grant/Cooperative Agreement is for a specified period as set forth in Section A of the solicitation and award documents, also referred to as the period of the Grant/Agreement. Accordingly, USAID considers Indonesian national staff employed by the Grantee/Recipient exclusively to work under this USAID Grant//Cooperative Agreement as employed by the Grantee/Recipient for a specified or fixed period. The Grantee/Recipient, however, at its sole discretion, may employ Indonesian national staff to work exclusively under this Grant/Cooperative Agreement for either a specified period (a specified period employee) or for an unspecified period (a permanent employee), in accordance with Indonesian law. If the Grantee/Recipient elects, at its sole discretion, to employ Indonesian national staff exclusively to work under this fixed period Grant/Cooperative Agreement for an unspecified period, the Grantee/Recipient will be responsible for the payment of any benefits that may be due and owing to such employees under Indonesian law if the Grantee/Recipient then elects, at its sole discretion, to terminate their employment at the conclusion of this Grant/Cooperative

Agreement. The USAID Agreement Officer will determine which costs, if any, associated with the Grantee's/Recipient's termination of an Indonesian national staff under an unspecified period employment agreement with it under this fixed term Grant/Cooperative Agreement are allowable and allocable costs under this Grant/Cooperative Agreement in accordance with relevant cost standards including, as applicable, OMB Circular A-122 (Cost Principles for Non-Profit Organizations), OMB Circular A-21 (Cost Principles for Educational Institutions), including, but not limited to Selected Items of Cost – Compensation for Personal Services, and 22 C.F.R. 226.

b. Initial Salaries

- (1) The initial starting salaries of all long term Indonesian or expatriate (if any are proposed) professional staff whose salaries are charged as a direct cost to the Agreement must be approved, in advance and in writing, by the Agreement Officer. Any initial starting salaries included in the awarded Applicant's/Recipient's proposal are deemed approved upon the Agreement's execution.
- (2) To-Be-Determined (TBD) Positions: The initial starting salaries for TBD positions whose salaries are charged as direct costs to this Agreement for long term professional staff (Indonesian or expatriate) must be approved, in advance and in writing, by the Agreement Officer.
- (3) Replacement Staff: With the exception of "Key Personnel," initial salaries of new staff replacing those previously approved in the Applicant's/Recipient's awarded proposal do not require prior approval by the Agreement Officer provided that the following conditions are met:
 - the position has been authorized in the Agreement; and
 - the initial salary shall not exceed either the individual's recent long-term salary by 5%, as evidenced in the employee's certified employment history (or, USAID Form AID 1420-17), or the approved salary for the particular position in the final proposal revision, whichever is less.

c. Annual Salary Increases

One annual salary increase of not more than 5% (includes promotional increase) may be granted after the employee's completion of each twelve months of satisfactory services under the USAID award.

Fringe Benefits - If accounted for as a separate item of cost, fringe benefits should be broken down and explained for approval by the Agreement Officer.

Supplies and Equipment - Differentiate between expendable supplies and nonexpendable equipment (NOTE: Equipment is defined as tangible nonexpendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit, unless the Applicant's established policy establishes nonexpendable equipment anticipated to be required to implement the program, specifying quantities and unit cost.)

Allowances, if any, must be broken down by specific type and by person and must be in accordance with the Applicant's established policies.

Travel and Per Diem - The narrative should indicate the purpose of each trip, number of trips, domestic and international (if any are proposed), and the estimated unit cost of each. Specify the origin and destination for each proposed trip, duration of travel and number of individuals traveling. Proposed per diem rates must be in accordance with the Applicant's established policies and practices that are uniformly applied to federally-financed and other activities of the Applicant.

Other Direct Costs (ODC) - ODC's could include any miscellaneous costs such as communications, report preparation costs, visas, medical exams and inoculations, insurance (other than the Applicant's normal coverage), etc. The narrative, or supporting schedule, should provide a complete breakdown and support for each item of other direct costs. **All Indonesian NGOs do not hold an approved NICRA, the overhead and/or indirect costs should be presented as individual direct cost line items within the NGOs' budget.**

Proposed (Sub) contracts/agreements - Applicants who intend to utilize sub-contractors or sub Recipients should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the Applicant. Extensive (sub) contract/agreement financial plans should follow the same cost format as submitted by the Applicant.

Payment Method – Subject to USAID's assessment of the financial capability of prospective awardees, Applicants are also advised that it is the intent of USAID/Indonesia that any award(s) resulting from this RFA will be awarded on a "reimbursement" basis. As such, the Recipient(s) of the award(s) will be required to have the financial capacity or be able to obtain such as to perform the awarded program(s) with payments following the Recipient's invoicing every thirty days. Applicants should anticipate that payments will be made approximately thirty (30) days following the approval of the invoice.

D.5 RESPONSIBILITY DETERMINATION

Applicants should be prepared to submit any additional evidence of responsibility deemed necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:

- a. Has adequate financial, management and personnel resources and systems, or the ability to obtain such resources as required during the performance of the award;
- b. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the Applicant, nongovernmental and governmental.
- c. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinary sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
- d. Has a satisfactory record of integrity and business ethics; and
- e. Is otherwise qualified and eligible to receive an award under applicable laws and regulations (e.g. EEO).

An award will be made only when the Agreement Officer has made a positive determination that the Applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out the assistance program and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID. For the organizations which have had no prior or few USAID awards, or organizations with outstanding audit findings, it may be necessary to perform a pre-award survey prior to Agreement Officer making this determination or establishing conditions under the award.

D.6 PRE-AWARD SURVEYS (GRANT WORTHINESS ASSESSMENT)

The Agreement Officer's responsibility is to ensure that a Recipient has the necessary organization, experience, accounting and operational controls, and technical skills, or the ability to obtain them, in order to achieve the objectives of the program.

For a non-U.S. applicant, although 22 CFR 226 does not directly apply, the Agreement Officer will use the standards of 22 CFR 226 in determining whether a potential non-U.S. Recipient is responsible.

The Agreement Officer applies the standards in 22 CFR 226.22, to include 22 CFR 226.20 (Financial and Program Management), 22 CFR 226.30-37 (Property Standards), 22 CFR 226.40-49 (Procurement Standards), and 22 CFR 226.50-53 (Reports and Records).

To establish whether the potential Recipient is responsible, the Agreement Officer or a representative will conduct a detailed analysis of the applicant's systems that addresses whether:

- The Applicant's accounting, record-keeping, and overall financial management systems meet the applicable standards in 22 CFR 226;
- The Applicant's system of internal controls, including segregation of duties, handling of cash, contracting procedures, personnel and travel policies, is reasonable and in accordance with the applicable cost principles;
- The Applicant's property management system, if applicable, meets the property standards in 22 CFR 226;
- The Applicant meets the responsibilities in OMB Circular A-133 for the administration and monitoring of subawards; and
- The Applicant's procurement system, if procurement is significant to the award, meets the standards set forth in 22 CFR 226.

D.7 COOPERATIVE AGREEMENT AWARD

- a. The Government will award up to three (3) Cooperative Agreements resulting from this RFA to the responsible Applicant whose application conforming to this RFA offers the greatest value (see also Section E of this notice). The Government may (a) reject any or all applications, (b) accept other than the lowest cost application, (c) accept less than three applications, (d) accept alternate applications, and (e) waive informalities and minor irregularities in applications received.
- b. The Government will award the Cooperative Agreement on the basis of initial applications received and may elect not conduct discussions or negotiations. Therefore, each initial application should contain the Applicant's best terms from a cost and technical standpoint.
- c. Neither financial data submitted with an application nor representations concerning facilities or financing will form a part of the resulting Cooperative Agreement unless explicitly stated otherwise in the Agreement or determined to be necessary by the Agreement Officer.

D.8 AUTHORITY TO OBLIGATE THE GOVERNMENT

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 Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer.

D.9 MANDATORY AWARD REQUIREMENTS

9.1 IMPLEMENTATION OF E.O.13224 -- EXECUTIVE ORDER ON TERRORISM FINANCING (MAR 2002)

The Recipient/subRecipient(s) is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Recipient/subRecipient(s) to ensure compliance with these Executive Orders and laws. This provision must be included in all subawards issued under this agreement.

9.2 FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCE (JAN 2002)

Funds in this [agreement, amendment] may 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 public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences [http://www.info.usaid.gov/pubs/ads/300/refindx3.htm] or as approved by the [AO/AOTR].

9.3 USAID DISABILITY POLICY– ASSISTANCE (DEC 2004)

(a) The objectives of the USAID Disability Policy are (1) to enhance the attainment of United States foreign assistance program goals by promoting the participation and equalization of opportunities of individuals with disabilities in USAID policy, country and sector strategies, activity designs and implementation; (2) to increase awareness of issues of people with disabilities both within USAID programs and in host countries; (3) to engage other U.S. government agencies, host country counterparts, governments, implementing organizations and other donors in fostering a climate of nondiscrimination against people with disabilities; and (4) to support international advocacy for people with disabilities. The full text of the policy paper can be found at the following website: <http://www.usaid.gov/about/disability/DISABPOL.FIN.html>.

(b) USAID therefore requires that the Recipient not discriminate against people with disabilities in the implementation of USAID funded programs and that it make every effort to comply with the objectives of the USAID Disability Policy in performing the program under this grant or Cooperative Agreement. To that end and to the extent it can accomplish this goal within the scope of the program objectives, the Recipient should demonstrate a comprehensive and consistent approach for including men, women and children with disabilities."

9.4 DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (JAN 2004)

(1) The Recipient agrees to notify the Agreement Officer immediately upon learning that it or any of its principals:

- (a) Are presently excluded or disqualified from covered transactions by any Federal department or agency;
- (b) Have been convicted within the preceding three-years period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b); and
- (d) Have had one or more public transactions (Federal, State, or local) terminated for cause or default within the preceding three years.

(2) The Recipient agrees that, unless authorized by the Agreement Officer, it will not knowingly enter into any subagreements or contracts under this grant with a person or entity that is included on the Excluded Parties List System (<http://epls.arnet.gov>). The Recipient further agrees to include the following provision in any subagreements or contracts entered into under this award: DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (DECEMBER 2003) The Recipient/contractor certifies that neither it nor its principals is presently excluded or disqualified from participation in this transaction by any Federal department or agency.

(3) The policies and procedures applicable to debarment, suspension, and ineligibility under USAID-financed transactions are set forth in 22 CFR Part 208.

9.5 DRUG-FREE WORKPLACE (JAN 2004)

(1) The Recipient agrees that it will publish a drug-free workplace statement and provide a copy to each employee who will be engaged in the performance of any Federal award. The statement must

- (a) Tell the employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace;

- (b) Specify the actions the Recipient will take against employees for violating that prohibition; and
 - (c) Let each employee know that, as a condition of employment under any award, he or she (1) Must abide by the terms of the statement, and (2) Must notify you in writing if he or she is convicted for a violation of a criminal drug statute occurring in the workplace, and must do so no more than five calendar days after the conviction.
- (2) The Recipient agrees that it will establish an ongoing drug-free awareness program to inform employees about
- (a) The dangers of drug abuse in the workplace;
 - (b) Your policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation and employee assistance programs; and
 - (d) The penalties that you may impose upon them for drug abuse violations occurring in the workplace.
- (3) Without the Agreement Officer's expressed written approval, the policy statement and program must be in place as soon as possible, no later than the 30 days after the effective date of this award, or the completion date of this award, whichever occurs first.
- (4) The Recipient agrees to immediately notify the Agreement Officer if an employee is convicted of a drug violation in the workplace. The notification must be in writing, identify the employee's position title, the number of each award on which the employee worked. The notification must be sent to the Agreement Officer within ten calendar days after the Recipient learns of the conviction.
- (5) Within 30 calendar days of learning about an employee's conviction, the Recipient must either
- (a) Take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973 (29 USC 794), as amended, or
 - (b) Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State or local health, law enforcement, or other appropriate agency.
- (6) The policies and procedures applicable to violations of these requirements are set forth in 22 CFR Part 210.

9.6 ORGANIZATIONS ELIGIBLE FOR ASSISTANCE (JUL 2004)

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons. None of the funds made available under this agreement may be used to promote, support or advocate the legalization or practice of prostitution. Nothing in the preceding sentence

shall be construed to preclude assistance designed to ameliorate the suffering of, or health risks to, victims while they are being trafficked or after they are out of the situation that resulted from such victims being trafficked. Foreign organizations, whether prime or subRecipients, that receive U.S. Government funds to fight trafficking in persons cannot promote, support or advocate the legalization or practice of prostitution when they are engaged on overseas activities. The preceding sentence shall not apply to organizations that provide services to individuals solely after they are no longer engaged in activities that resulted from such victims being trafficked.

9.7 HOMELAND SECURITY PRESIDENTIAL DIRECTIVE-12 (HSPD-12) (SEP 2006) - ASSISTANCE

In response to the general threat of unauthorized access to federal facilities and information systems, the President issued Homeland Security Presidential Directive-12. HSPD-12 requires all Federal agencies to use a common Personal Identity Verification (PIV) standard when identifying and issuing access rights to users of Federally-controlled facilities and/or Federal Information Systems. USAID is applying the requirements of HSPD-12 to applicable assistance awards. USAID will begin issuing HSPD-12 “smart card” IDs to applicable Recipients (and Recipient employee), using a phased approach. Effective October 27, 2006, USAID will begin issuing new “smart card” IDs to new Recipients (and Recipient employees) requiring routine access to USAID controlled facilities and/or access to USAID’s information systems. USAID will begin issuance of the new smart card IDs to existing Recipients (and existing Recipient employees) on October 27, 2007. (Exceptions would include those situations where an existing Recipient (or Recipient employees) loses or damages his/her existing ID and would need a replacement ID prior to October 27, 2007. In those situations, the existing Recipient (or Recipient employee) would need to follow the PIV process described below and be issued one of the new smart cards.)

Accordingly, before a Recipient (including a Recipient employee) may obtain a USAID ID (new or replacement) authorizing him/her routine access to USAID facilities, or logical access to USAID’s information systems, the individual must provide two forms of identity source documents in original form and a passport size photo. One identity source document must be a valid Federal or state government-issued picture ID. (Overseas foreign nationals must comply with the requirements of the Regional Security Office.) USAID/W Recipients (and Recipient employee) must contact the USAID Security Office to obtain the list of acceptable forms of documentation, and Recipients working in overseas Missions must obtain the acceptable documentation list from the Regional Security Officer. Submission of these documents, and related background checks, are mandatory in order for the Recipient (or employee) to receive a building access ID, and before access will be granted to any of USAID’s information systems. All Recipients (or employees) must physically present these two source documents for identity proofing at their USAID/W or Mission Security Briefing. The Recipient (or employee) must return any issued building access ID and remote authentication token to USAID custody upon

termination of the individual's employment with the Recipient or completion of the award, whichever occurs first.

The Recipient must comply with all applicable HSPD-12 and PIV procedures, as described above, as well as any subsequent USAID or government-wide HSPD-12 and PIV procedures/policies, including any subsequent applicable USAID General Notice, Office of Security Directives and/or Automated Directives System (ADS) policy directives and required procedures. This includes HSPD-12 procedures established in USAID/Washington and those procedures established by the overseas Regional Security Office. In the event of inconsistencies between this clause and later issued Agency or government-wide HSPD-12 guidance, the most recent issued guidance should take precedence, unless otherwise instructed by the Agreement Officer.

The Recipient is required to include this clause in any subawards (including subcontracts) that require the subawardee or subawardee's employee to have routine physical access to USAID space or logical access to USAID's Information Systems.

9.8 EQUAL PROTECTION OF THE LAWS FOR FAITH-BASED AND COMMUNITY ORGANIZATION (February 2004)

- a. The Recipient may not discriminate against any beneficiary or potential beneficiary under this award on the basis of religion or religious belief. Accordingly, in providing services supported in whole or in part by this agreement or in its outreach activities related to such services, the Recipient may not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice;
- b. The Federal Government must implement Federal programs in accordance with the Establishment Clause and the Free Exercise Clause of the First Amendment to the Constitution. Therefore, if the Recipient engages in inherently religious activities, such as worship, religious instruction, and proselytization, it must offer those services at a different time or location from any programs or services directly funded by this award, and participation by beneficiaries in any such inherently religious activities must be voluntary.
- c. If the Recipient makes subawards under this agreement, faith-based organizations should be eligible to participate on the same basis as other organizations, and should not be discriminated against on the basis of their religious character or affiliation.

[End of This Section]

SECTION E - SELECTION CRITERIA FOR FULL APPLICATIONS

E.1 APPLICANT ELIGIBILITY/QUALIFICATIONS

USAID is seeking full applications from registered indigenous (local) Indonesian Organizations. Eligible organizations include, non-governmental organizations, for profit organizations which forego profit or fee, foundations, faith based organizations, community based organizations, private organizations affiliated with public academic institutions, professional associations and consortia of the above. Where consortia are proposed, the applications must be clear regarding the relationship of each member, the responsibilities which are assumed by each member and the relationship of that member which assumes the responsibility for the overall implementation and success of the proposed programs.

Applications are limited to indigenous (local) Indonesian organizations, as the prime partner. Applications, however, may provide for partnering with experienced U.S. and non-U.S. organizations in a direct partnership to provide capacity building of Indonesian Applicants. A specific intent of the partnering must be to build the capacity and accountability of the Indonesian prime Applicant. The nature of any such relationship must be clearly stated and demonstrated in the application. A factor in the evaluation of Applications will be the proven and demonstrated expertise of the non-Indonesia partners in building lasting technical and administrative capacity among Indonesian partners.

E.2 REVIEW PROCESS

This is a two-stage application process request for applications. Applicants are required to submit short Concept Papers per the instructions in Section C. The submitted Concept Papers will be reviewed using the criteria set forth in Section C. The most highly rated Applicants will be invited to participate in the second stage through the submission of Full Applications per the instructions in Section C. All applications which meet the eligibility and program requirements, and conform to the application preparation and submission instructions, will be reviewed and scored by a panel of USAID reviewers in accordance with the evaluation criteria set forth in this section.

The budget narrative of all applications under consideration for award will be reviewed for what are necessary and reasonable costs to support the program. Upon completion of the initial review of applications, USAID may, as it deems necessary and appropriate, conduct written and/or oral discussions with those Applicants whose applications remain in the competitive range. The decision to conduct such discussions should not be considered a reflection of a final decision about which organization will receive an award, but rather would be part of the evaluation process.

E.3 BEST VALUE DECISION

Award will be made to the Applicant whose application offers the best value to the Government. Best value is defined as the expected outcome of a procurement that, in the Government's estimation, provides the greatest overall benefit in response to the requirement.

For this RFA, technical proposal merits are considered significantly more important than cost relative to deciding which Applicant best might perform the work. Cost realism and reasonableness will however be important criteria and may be the determining factor in the event that the applications receiving the highest ratings are closely ranked. Therefore, after the final evaluation of the application, the Agreement Officer will make the award to the Applicant whose application offers the best value to the Government considering both technical and cost factors.

E.4 TECHNICAL EVALUATION CRITERIA

The evaluation criteria prescribed herein have been tailored to the requirements of this particular RFA. Applicants should note that these criteria serve to: (a) identify the significant matters which Applicants should address in their applications and (b) set the standard against which all applications will be evaluated.

Technical, cost and other factors will be evaluated relative to each other, as described herein and prescribed by Section D.3 – Technical Application Format.

1. The technical application will be scored by a Technical Evaluation Committee (TEC) using the criteria shown in this Section.
2. The cost application will not be scored but will be considered as described in this Section.
3. The selection criteria below are presented by major category, with relative order of importance, so that applications will know which areas require emphasis in the preparation of applications. The criteria below reflect the requirements of this particular RFA. Applicants should note that these criteria: (a) serve as the standard against which all applications will be evaluated, and (b) serve to identify the significant matters which Applicants should address in their applications.
4. Prospective Applicants are forewarned that an application with the lowest estimated cost may not be selected if award to a higher priced application affords the Government a greater overall benefit. All evaluation factors other than cost or price, when combined, are significantly more important than cost. However, estimated cost is an important factor and the estimated cost to the Government increases in

importance as competing applications approach equivalence and may become the deciding factor when technical applications are approximately equivalent in merit.

5. Cost estimates will be analyzed as part of the Applicant evaluation process. Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

TECHNICAL EVALUATION CRITERIA

Technical applications will be evaluated according to the criteria prescribed below. The relative importance of each criterion is indicated by approximate weight by points. A total of **100 points** is possible for the complete application. Applicants are advised that the bulleted sub-criteria are intended to broadly inform the scoring process and will not be individually scored or equally weighted.

To facilitate the review of applications, narrative portions of applications should be organized in the same order as the broad evaluation criteria. In evaluating the different components of the technical application, USAID/Indonesia will examine the overall merit and feasibility of the applications, as well as specific criteria relevant to each component as elaborated below.

A summary of technical evaluation criteria follows:

Evaluation Criteria	
1. Technical Approach	45 points
2. Proposed Personnel and Staffing Patterns	35 points
3. Management Plan	15 points
4. Past Performance	5 points
TOTAL	100 points

The following are the Technical Application evaluation criteria in descending order of importance against which application will be evaluated:

1. **Technical Approach - 45 points**

The technical approach is the most important criterion in evaluating proposals and has been accorded 45% of the overall score. Applications will be evaluated to the degree to which the technical approach:

- Demonstrates a plan that is well conceived, creative, logical and feasible to meet the objectives outlined.
- Demonstrates an understanding of TB including best practices related to community involvement and demonstrates a clear approach to coordinating with the Indonesian National TB Program to achieve TB related goals.
- Is a clear, feasible plan that accurately and appropriately reflects the Indonesian context with regard to community mobilization and TB.
- Demonstrates an understanding of how decentralization in the Indonesian context affects the health system, how decisions are made at the local level and reflects a clear approach to affecting those decisions, and demonstrates an effective approach to engaging communities and government at the local level.
- Demonstrates willingness to implement monitoring and evaluation plan that reflects a clear and strategic approach to collecting and using data for continuous improvement of project activities.

2. **Proposed Personnel and Staffing Patterns - 35 points**

Proposed staff will be evaluated on the degree to which they meet the requirements outlined in Section B Subparagraph IV – Key Personnel. Integral to evaluation of this criteria are: the proposed project staffing pattern, the relevancy of staff skill set to the identified task and proposed staffs’ prior experience working within Indonesia. The personnel assessment process will evaluate the breadth and depth of the national and international staff proposed for key project positions. Key personnel are the most instrumental in implementing the program agenda. Applicants will be scored on the degree to which:

- The comprehensive staffing plan has the breadth and depth to implement all components of the project;
- The Chief of Party meets the minimum requirements;
- The other Key Personnel meet the minimum requirements;
- The full-time staff meet the minimum requirements; and
- All the required information is complete and accurate.

3. **Management Plan - 15 points**

Applications will be evaluated on the degree to which:

- The organizational structure is an effective and efficient approach to achieve results;
- The management of partners is an effective and efficient approach to achieve results;
- Proposed partners have clearly defined roles;
- There is a clear and effective plan to issue requests for applications and manage subgrants
- The applicant to quickly establish project management structures and launch program activities;
- USAID and other key partners are engaged throughout the project lifespan;
- The submitted a plan to invest in management and technical institutional capacity building is consistent with an organizational self-assessment, and reflects an effective initial approach.

4. **Past Performance - 10 points**

Past performance will be evaluated as to the Applicant's demonstrated capacity, sound financial and programmatic management practices in implementing programs of similar complexity and prior experience establishing good working relationships with host country governments. Among the elements used to evaluate past performance are the following:

- Quality of product and or service, including consistency of meeting goals and targets;
- Cost control, including forecasting costs as well as accuracy in financial reporting;
- Business relations, including the history of professional behavior and overall relationships with host country institutions, coordination with partners, cooperative attitude in remedying problems and timely completion of all administrative requirements;

- Overall timeliness of performance, including adherence to schedules and other time-sensitive project conditions, effectiveness of home and field office management to make prompt decisions and ensure efficient completion of tasks;
- Effectiveness of key personnel, including appropriateness of personnel for the job, and prompt and satisfactory changes in personnel when problems with clients are identified;
- Previous history of working within a decentralized environment and with Indonesian government and counterparts.

E.5 COST EVALUATION CRITERIA

Evaluation points will not be awarded for cost. Cost will primarily be evaluated for realism, allowability and reasonableness. This evaluation will consist of a review of the cost portion of an Applicant's application to determine if the overall costs proposed are realistic for the work to be performed, if the costs reflect the Applicant's understanding of the requirements, and if the costs are consistent with the Technical Application.

Evaluation of Cost Applications will consider, but not be limited to, the following:

- Cost reasonableness, cost realism and completeness of the cost application and supporting documentation;
- Overall cost control/cost savings evidenced in the application (avoidance of excessive salaries, excessive travel, and other costs in excess of reasonable requirements).

Cost realism is an assessment of accuracy with which proposed costs represent the most probable cost of performance, within each Applicant's technical and management approach. A cost realism evaluation shall be performed as part of the evaluation process as follows:

- Verify the Applicant's understanding of the requirements.
- Assess the degree to which the Cost Applications accurately reflect the technical and management approach as well as the risk that the Applicant will be successful in providing the supplies or services for the costs proposed.
- Assess the degree to which the costs included in the Costs Applications accurately represent the work effort included in the respective Technical Applications.

The results of the cost realism analysis will be used as part of the Agency's best value/tradeoff analysis. Although technical evaluation criteria are significantly more important than cost, the closer the technical evaluation scores of the various applications

are to one another, the more important cost considerations will become. Therefore, the evaluation of costs proposed may become a determining factor in making the award.

[End of This Section]

SECTION F – OTHER ATTACHEMENTS

1. PROGRAM DESCRIPTION – BAHASA INDONESIA

ATTACHMENT 1

PROGRAM DESCRIPTION – BAHASA INDONESIA

(Applicants are cautioned that in any instance in inconsistencies between the English and Bahasa Indonesia version of the Program Description that the English version will govern and take precedence)

BAGIAN A - URAIAN PROGRAM
(UNTUK CONCEPT PAPERS DAN FULL APPLICATIONS)
COMMUNITY EMPOWERMENT OF PEOPLE AGAINST TUBERCULOSIS
(CEPAT)

I. PENDAHULUAN: Tujuan dan Uraian Umum

USAID/Indonesia Mission telah merancang sebuah proyek kerjasama bilateral baru yang dinamai CEPAT (*Community Empowerment of People Against Tuberculosis*)⁹. Proyek lima-tahun ini akan dilaksanakan melalui mekanisme *Cooperative Agreements*, dengan melibatkan maksimal 3 (tiga) Lembaga Swadaya Masyarakat (LSM) Indonesia. Total alokasi dana untuk ketiga bantuan hibah (*grant*) tersebut tidak melebihi \$12 juta dolar. Tujuan utama dari CEPAT adalah untuk mendukung *the Indonesian National Tuberculosis Program* (untuk selanjutnya disingkat NTP) dalam "mencapai akses seluas-luasnya, untuk layanan diagnosis dan pengobatan tuberkulosis (TB) dini dan berkualitas melalui pemberdayaan masyarakat." Untuk mencapai tujuan tersebut, CEPAT menggunakan dua komponen kegiatan:

1. **Memobilisasi masyarakat untuk mendukung perbaikan perawatan TB.** Perbaikan perawatan TB mencakup: akses terhadap pelayanan TB yang lebih baik dan berkualitas, peningkatan pengetahuan tentang TB, perbaikan perilaku kesehatan khususnya TB, dan peningkatan dukungan terhadap para pasien yang sedang menjalani pengobatan.
2. **Memberikan advokasi untuk meningkatkan sumber daya perbaikan pelayanan TB.** Advokasi untuk mendukung usaha-usaha NTP dan menggugah kebutuhan atas perbaikan pelayanan bagi para pasien TB dan keluarganya.

Semua LSM yang memperoleh *Cooperative Agreements* dari Proyek CEPAT akan melaksanakan kedua komponen kegiatan tersebut di atas.

Dalam dukungan terhadap pelaksanaan CEPAT, USAID akan meningkatkan kapasitas LSM Indonesia yang terpilih melaksanakan proyek CEPAT. Tujuan dari peningkatan kapasitas LSM tersebut diharapkan dapat berkontribusi terhadap pencapaian rencana strategis dari NTP dan CEPAT. Peningkatan kapasitas akan diberikan oleh USAID berdasarkan kebutuhan masing-masing LSM dan akan didanai oleh USAID diluar *Cooperative Agreements* untuk Proyek CEPAT.

⁹ Tujuan proyek tersebut sejalan dengan Perjanjian Bantuan yang ada antara USAID dengan Kementerian Koordinator Kesejahteraan Rakyat.

II. LATAR BELAKANG

Tuberkulosis (TB) merupakan suatu penyakit yang sangat menular yang ditularkan melalui udara. Jika dibiarkan tanpa pengobatan, seseorang yang menderita TB aktif akan menularkan kepada 10 sampai 15 orang setiap tahun. Secara global, lebih dari 2 milyar orang terinfeksi bakteri penyebab penyakit TB. Sepuluh persen dari orang-orang yang terinfeksi tersebut akan berkembang menjadi penderita TB pada sisa usia mereka; kelompok yang paling beresiko tinggi adalah masyarakat miskin, gizi buruk, atau mereka dengan sistem kekebalan tubuh yang melemah (seperti HIV dan penyakit lainnya). Sebagian besar kematian yang disebabkan oleh TB terjadi di negara yang sedang berkembang, dimana lebih dari separuhnya terjadi di Asia. Indonesia menempati peringkat kelima dalam beban TB di dunia.

Dalam sepuluh tahun terakhir NTP dengan dukungan dari para donor, telah mencapai kemajuan yang luar biasa¹⁰. Penemuan kasus TB meningkat secara pesat dari 22% pada tahun 2000 menjadi 69% pada tahun 2008. Namun akhir-akhir ini persentase tersebut sedikit menurun. Hal ini diduga dikarenakan kurangnya pelaporan, hambatan-hambatan dalam akses untuk diagnosa dan keterlambatan dalam memberikan diagnosa. Tingkat keberhasilan pengobatan meningkat kurang lebih 50% pada tahun 1999 menjadi hampir 91% pada tahun 2007. Suatu program yang menghubungkan rumah sakit dengan program DOTS (*Directly Observed Therapy Short-course*) telah dilakukan di 168 rumah sakit dan memperkuat keterkaitan dalam rujukan serta jejaring antara rumah sakit dengan Puskesmas di sepuluh propinsi.

Sebuah rencana strategis nasional untuk mengembangkan jejaring laboratorium baru-baru ini telah dibentuk. Lima laboratorium berhasil lulus uji panel untuk menerima akreditasi dalam uji sensitivitas obat lini pertama dan lini kedua, dan laboratorium untuk uji silang yang baru telah didirikan di tujuh provinsi. Penyebaran kasus *Multi-Drug Resistant TB* (selanjutnya disingkat dengan MDR-TB) merupakan masalah yang perlu mendapat perhatian serius. NTP saat ini melaksanakan *Programmatic Management of Drug Resistant TB* (PMDT) di beberapa tempat, dan telah merencanakan untuk menambah jumlah tempat tersebut di tahun-tahun yang akan datang.

Di Indonesia, total jumlah kasus MDR-TB pada tahun 2007 diperkirakan sebesar 12.209. Pada tahun 2009, 2,3% dari semua kasus TB yang baru dan 20% dari kasus pengobatan ulang telah diperkirakan sebagai MDR-TB. Pada akhir tahun 2010, 131 kasus MDR-TB telah menjalani pengobatan di Indonesia; program TB nasional berencana untuk mengobati 800 kasus pada akhir tahun 2011.

¹⁰ Indonesia mempunyai jumlah prevalensi TB kira-kira sebanyak 660.000 atau 285 per 100.000 penduduk dan insidensi tahunan diperkirakan sebesar 430.000 kasus baru per tahun (189 per 100.000 penduduk). Angka kematian Tahunan karena TB kira-kira 61.000 kematian. *WHO Global Tuberculosis Control 2010*.

Masih banyak tantangan-tantangan lainnya dalam pelaksanaan NTP. Diperkirakan 30% kasus TB masih belum terdeteksi dan banyak pasien terlambat untuk didiagnosis; kualitas pelayanan kesehatan dan pengobatan oleh pihak swasta masih buruk atau tidak memadai; diperkirakan hanya sebagian kecil dari jumlah kasus MDR-TB yang mendapatkan pengobatan; terdapat keterbatasan dalam sistem pelayanan kesehatan termasuk kualitas laboratorium, sumber daya manusia, logistik dan kualitas data; dan sistem-sistem pada masyarakat yang membatasi kemampuan masyarakat untuk meningkatkan pengetahuan tentang TB, mendukung perbaikan diagnosis dan pengobatan TB, memberikan dukungan yang memadai terhadap pengobatan, dan meningkatkan kebutuhan atas pelayanan TB yang lebih bermutu. Proyek CEPAT ini akan lebih terfokus pada isu terakhir, yang akan saling terkait dengan semua tantangan tersebut di atas.

Penduduk Indonesia pada umumnya lebih menyukai mencari perawatan yang ditawarkan oleh layanan kesehatan swasta serta perawatan berbasis rumah sakit. Sebagian dari masyarakat beranggapan bahwa kualitas pelayanan kesehatan dan obat dari pihak swasta tersebut lebih baik daripada layanan kesehatan dari pemerintah/publik, dan bersedia untuk membayar biaya yang lebih mahal. Penyakit TB masih mendapat stigmatisasi dari masyarakat dan pengetahuan mereka tentang penyakit ini serta pengobatannya masih terbatas. Menurut survei yang dilakukan oleh NTP, hanya 21% penduduk Indonesia yang menyadari akan risiko TB atau tahu bagaimana cara mengobati TB dengan benar¹¹. Kelompok-kelompok yang paling berisiko terjangkit TB tidak mempunyai akses yang memadai terhadap pelayanan TB. Belum ada pendekatan yang komprehensif dan terkoordinasi dalam melibatkan masyarakat untuk mendukung pelayanan TB termasuk membantu para pasien agar tetap diobati, dan secara proaktif mengidentifikasi kemungkinan kasus-kasus TB di lingkungan mereka.

A. Program Kesehatan dan TB Pemerintah Indonesia

Pemerintah Indonesia telah mengajukan permintaan kepada USAID dan para mitra lainnya untuk dapat memberikan dukungan teknis dalam melaksanakan Rencana Pembangunan Jangka Menengah (RPJM) tahun 2010-2014. RPJM tersebut telah menetapkan tujuan utama serta target yang harus dicapai termasuk visi Pemerintah Indonesia untuk pelayanan kesehatan di Indonesia.

NTP menerima dana dari Pemerintah Indonesia, *Global Fund* dan USAID. Indonesia telah berhasil mendapat dana hibah TB dari GFATM Putaran 1, 5, 8, dan yang terbaru dari putaran 10, untuk mempercepat pelaksanaan Rencana Strategis NTP tahun 2010-2014 ("Terobosan Menuju Akses Universal").

"Terobosan Menuju Akses Universal" bertujuan untuk mengurangi prevalensi dan kematian akibat penyakit TB diharapkan berkontribusi dalam mencapai tujuan

¹¹ Survei KAP tahun 2004, direferensikan dalam aplikasi Indonesia pada GFATM putaran 10.

pembangunan kesehatan khususnya dalam peningkatan status kesehatan masyarakat. Sasaran-sasaran pengendalian TB ditentukan sesuai dengan rencana strategis dari Kementerian Kesehatan¹², yang akan dicapai melalui tujuh strategi.

1. Memperluas dan meningkatkan kualitas pelayanan DOTS
2. Mengatasi TB/HIV, MDR-TB, TB dan kebutuhan kelompok rentan miskin dan lainnya.
3. Melibatkan semua penyedia layanan kesehatan pemerintah/public dan swasta dalam implementasi the *International Standard Care for TB* (ISTC)
4. Memberdayakan pasien TB dan masyarakat.
5. Memperkuat sistem kesehatan, termasuk SDM dan pengendalian manajemen program TB.
6. Meningkatkan komitmen pemerintah pusat dan daerah.
7. Meningkatkan penelitian, pengembangan dan pemanfaatan informasi strategis.

Ketujuh strategi ini sepenuhnya konsisten dengan Strategi Stop TB, didukung oleh USAID dan sejalan dengan strategi dari USAID¹³.

B. Pengalaman USAID dalam Program TB di Indonesia

USAID telah mendukung NTP sejak tahun 2000. Awalnya, dukungan USAID untuk NTP Indonesia disalurkan melalui proyek TBCTA (*Tuberculosis Coalition for Technical Assistance*), untuk melaksanakan DOTS pada tingkat perawatan kesehatan primer di sembilan provinsi. Pengendalian TB berkembang secara pesat di Indonesia antara tahun 2006 sampai 2010, menjangkau masyarakat lebih luas melalui fasilitas-fasilitas kesehatan yang diperluas (rumah sakit, klinik, dll.) dan pelayanan TB-HIV yang terpadu. Selanjutnya, USAID melalui Proyek TBCAP (*Tuberculosis Control Assistance Program*) melaksanakan peningkatan kapasitas, kualitas perawatan, penguatan sistem kesehatan, integrasi, koordinasi dan kesinambungan program pada tingkat kabupaten dan provinsi di 11 provinsi. Sejak tahun 2011 program tersebut dilanjutkan dengan program baru, TB CARE, dengan jangka waktu pelaksanaan lima tahun. TB CARE memberikan berbagai dukungan bagi NTP, termasuk: perawatan dan pengobatan TB (perluasan dan penguatan DOTS); perluasan PMDT; perawatan dan pengobatan TB/HIV; dan penguatan sistem layanan kesehatan.

Untuk memperkuat pendekatan yang telah diberikan saat ini terhadap bantuan TB di Indonesia, dan konsisten dengan Strategi Stop TB yang menekankan kemitraan masyarakat, USAID melalui proyek baru, CEPAT, akan melaksanakan kegiatan tersebut dengan melibatkan LSM-LSM Indonesia untuk memperkenalkan program TB USAID kepada komponen masyarakat setempat. Keterlibatan masyarakat dalam pengelolaan TB

¹² Untuk mengurangi prevalensi TB dari 235 per 100.000 penduduk menjadi 224 per 100.000 penduduk.

¹³ Untuk memperoleh informasi yang lebih terperinci mengenai Strategi Stop TB dapat ditemukan di website WHO TB: <http://www.who.int/tb/en/>

diharapkan dapat membangun rasa kepemilikan dari masyarakat tersebut atas program TB, mengurangi beban kerja pada sistem layanan kesehatan, serta menjangkau mereka yang terinfeksi TB namun belum diobati.

C. Kerangka Kerja Strategis USAID Saat Ini

Tuberkulosis di Indonesia merupakan prioritas bagi USAID karena penduduk Indonesia berjumlah besar, adanya kesenjangan dalam indikator-indikator kesehatan, dan beban TB yang tinggi. Prakarsa Kesehatan Global (*Global Health Initiative/GHI*) dari Pemerintahan Obama tahun 2009 mencerminkan komitmennya yang kuat terhadap kesehatan global. Prioritas-prioritas utama dalam GHI termasuk peningkatan perhatian terhadap pembangunan sistem layanan kesehatan, keterlibatan pihak swasta, memastikan adanya kepemimpinan dari pemerintah serta mendukung program nasional. Untuk TB, GHI juga mencakup target yang ambisius dalam meningkatkan jumlah pasien TB untuk memperoleh pengobatan serta jumlah pasien mengidap MDR-TB untuk dapat didiagnosis dan memperoleh pengobatan.

Selain itu, Pemerintah Amerika Serikat tetap merupakan salah satu pendukung terbesar dari Dana Global untuk Memerangi AIDS, Tuberkulosis, dan Malaria (*Global Fund to Fight AIDS, Tuberculosis and Malaria/GFATM*). Amerika Serikat menyumbang sepertiga dari seluruh pendanaan GFATM dimana Indonesia salah satu penerima dana GFATM yang besar untuk ketiga jenis penyakit tersebut.

Secara keseluruhan, tujuan Program TB USAID adalah untuk membantu Indonesia membuat kemajuan yang cukup berarti dalam mencapai Tujuan Pembangunan Milenium Memerangi AIDS, Malaria dan penyakit-penyakit lainnya (termasuk **tuberkulosis**) paling lambat tahun 2015. Program-program USAID akan mendukung pengurangan tingkat infeksi TB pada masyarakat yang paling berisiko dan menghasilkan akses yang lebih luas/universal kepada masyarakat untuk mendapatkan perawatan TB yang berkualitas dari semua pihak penyedia perawatan kesehatan. Proyek CEPAT memiliki fokus pada memobilisasi masyarakat untuk mencapai tujuan ini.

III. URAIAN PROGRAM

Proyek CEPAT mempunyai dua komponen utama:

1. Memobilisasi masyarakat untuk mendukung perbaikan perawatan TB
2. Memberikan advokasi untuk meningkatkan sumber daya perbaikan pelayanan TB

Kegiatan-kegiatan Proyek CEPAT menargetkan perbaikan akses dan pelayanan perawatan TB bagi masyarakat yang paling rentan termasuk orang yang tinggal di bagian kumuh perkotaan, pulau-pulau terpencil, kelompok rawan gizi, miskin, dan kelompok yang mempunyai kontak dengan para pasien TB. Kerjasama dengan kelompok-kelompok

masyarakat yang merasakan akibat dari TB, merupakan unsur penting dalam keseluruhan kegiatan pengendalian TB di Indonesia.

Untuk mendukung proyek ini, USAID akan meningkatkan kapasitas LSM penerima dana hibah. Kegiatan peningkatan kapasitas yang diberikan oleh USAID bersifat khusus untuk setiap LSM, disesuaikan dengan kebutuhan LSM yang bersangkutan.

Komponen Program 1: Memobilisasi masyarakat untuk mendukung perbaikan perawatan TB

Komponen pertama Proyek ini adalah memobilisasi dukungan masyarakat untuk pencegahan, pendeteksian dan pengobatan TB. Masyarakat dapat berperan penting dalam menjangkau populasi yang paling rentan dan membantu mereka untuk mengakses pelayanan TB yang berkualitas. Masyarakat juga mempunyai peran yang penting dalam pencegahan dan menemukan TB melalui peningkatan pengetahuan dan kesadaran, pelayanan penjangkauan, melokalisasi kontak dengan penderita TB, mendorong masyarakat untuk mencari pengobatan dini atau melakukan penjarangan dini, dan memberikan dukungan bagi para pasien TB.

Proyek CEPAT akan mengembangkan dan memperluas model-model berbasis masyarakat untuk mencapai akses yang universal terhadap pengobatan TB, khususnya di kalangan masyarakat yang paling rentan (misalnya daerah kumuh perkotaan, daerah-daerah terpencil, miskin, mempunyai kontak dengan para pasien TB, orang yang hidup dengan HIV/AIDS, dan kelompok rawan gizi). Proyek CEPAT akan menggunakan sarana dan sumber daya yang telah dikembangkan untuk mobilisasi masyarakat, memberi dukungan kepada pasien TB, memperluas penjangkauan layanan dari petugas kesehatan masyarakat dan memberikan advokasi kepada pemerintah daerah setempat. Terkait dengan program tersebut dapat dilihat pada situs berikut ini:

- Stop TB Partnership Resources for Advocacy, Communication and Social Mobilization
http://www.stoptb.org/resources/publications/acsm_docs.asp
- World Health Organization
 - <http://www.who.int/tb/publications/en/index.html> (publikasi umum)
 - <http://www.searo.who.int/en/Section10/Section2097/Section2105.htm> (publikasi di Wilayah Asia Tenggara)
- USAID--MITRA (Membangun Integrasi Program TB di Republik Indonesia):
Evaluasi Akhir Proyek yang disampaikan kepada USAID (terlampir)

Bentuk kegiatan pada Komponen 1 yang akan dilaksanakan oleh LSM selaku Pihak Pelaksana Program adalah sebagaimana yang diuraikan dibawah ini. Kegiatan lain dapat ditambahkan untuk mencapai tujuan dari Komponen 1 ini.

- **Melakukan Identifikasi Pasien:** Masyarakat dapat melakukan identifikasi orang-orang yang menderita penyakit TB aktif, membantu petugas kesehatan menemukan pasien TB, dan memperluas jangkauan untuk menjangkau orang-orang yang memiliki tanda-tanda dan gejala-gejala TB di masyarakat.
- **Memberikan Dukungan kepada Pasien:** Para *outreach worker* akan memberikan bantuan bagi pasien dan keluarganya, seperti bantuan biayatransportasi untuk pengobatan, layanan psikososial, makanan tambahan, rumah penampungan sementara, *patient support groups*, melacak para pasien TB yang putus berobat, penanganan efek sampingan dari obat, dan pelayanan-pelayanan lainnya yang diperlukan. Karena tingkat keberhasilan pengobatan di Indonesia telah tinggi, maka kegiatan dukungan terhadap pasien TB ini harus difokuskan kepada masyarakat yang rentan terhadap TB, serta orang-orang yang mengidap MDR-TB, dan TB/HIV.
- **Meningkatkan kesadaran dan pengetahuan masyarakat:** meningkatkan kesadaran masyarakat terhadap tanda-tanda dan gejala-gejala TB serta pengetahuan tentang pelayanan TB yang tersedia sehingga dapat mengurangi stigma, meningkatkan penemuan kasus lebih dini, dan meningkatkan kebutuhan pelayanan yang lebih berkualitas.
- **Mengubah Perilaku dalam Pencarian Layanan Kesehatan:** Setelah masyarakat mengenali tanda-tanda dan gejala-gejala TB, mereka harus mencari layanan kesehatan untuk perawatan dan pengobatan. Masyarakat perlu memahami pelayanan apa yang mereka harus harapkan, menuntut pelayanan yang berkualitas dan lebih awal mendatangi fasilitas pelayanan kesehatan tersebut.
- **Peran pengawasan masyarakat:** Masyarakat dan organisasi-organisasi lokal dapat memantau kualitas dan konsistensi pelayanan TB yang diberikan (oleh Puskesmas, rumah sakit, dokter praktek swasta, dokter spesialis, laboratorium, apoteker). Pengawasan oleh masyarakat tersebut akan melengkapi pendekatan NTP untuk perbaikan regulasi dalam memastikan kualitas perawatan pasien TB.
- **Menghimpun *Best Practices*:** Kegiatan-kegiatan penjangkauan masyarakat seringkali tidak mampu menunjukkan hasil-hasil kuantitatif terkait dengan kontribusi mereka terhadap NTP. Proyek CEPAT harus menghimpun *best practices yang ada di* masyarakat guna meningkatkan kinerja program dan perluasan kegiatan. Proyek CEPAT akan menghimpun kontribusi dari upaya-upaya mobilisasi masyarakat dalam menurunkan tingkat TB; efisiensi biaya intervensi; peningkatan penemuan kasus diantara kelompok-kelompok yang rentan serta pendekatan yang paling efektif dalam mencapai kelompok-kelompok yang rentan (khususnya perempuan).

Kegiatan-kegiatan dalam Komponen 1 akan menghasilkan sebagai berikut:

- (a) Perbaikan dalam penemuan kasus;
- (b) Perluasan akses terhadap pemberian pelayanan kesehatan;
- (c) Perbaikan perilaku masyarakat dalam pencarian pelayanan kesehatan TB yang berkualitas;
- (d) Peningkatan pengetahuan dan kesadaran akan informasi penting mengenai TB;
- (e) Peningkatan dalam pelacakan kontak para pasien TB;
- (f) Perbaikan dan perluasan sistem dukungan sosial masyarakat bagi para pasien selama pengobatan.

Program Komponen 2: Memberikan advokasi untuk meningkatkan sumber daya perbaikan pelayanan TB pada instansi Dinas Kesehatan Kabupaten dan Provinsi

Komponen kedua akan difokuskan pada pemberian advokasi untuk pengobatan TB kepada para pasien TB di tingkat lokal. LSM diharapkan dapat memberikan advokasi kepada pemerintah setempat untuk meningkatkan pendanaan dan kualitas pelayanan TB yang lebih baik. LSM harus mempunyai pemahaman akan permasalahan TB yang ada, anggaran pemerintah daerah setempat, para mitra yang potensial, dan anggota masyarakat untuk dapat melakukan advokasi dengan baik. LSM yang dilibatkan tersebut dapat mendorong pemerintah daerah setempat, masyarakat dan para penyedia pelayanan kesehatan untuk berperan lebih banyak dalam pengendalian TB.

Bentuk kegiatan yang akan dilaksanakan oleh LSM untuk mendukung Komponen 2 sebagaimana diuraikan dibawah ini. Kegiatan lain juga dapat diusulkan untuk mencapai tujuan dari Komponen 2 ini.

- **Melibatkan para Kepala Dinas kesehatan tingkat propinsi dan kabupaten:** Pemerintah daerah propinsi dan kabupaten perlu mengetahui isu-isu seputar TB dan pentingnya dukungan program yang konsisten dan berkualitas.
- **Memberikan Advokasi dalam peningkatan sumber daya untuk TB:** Di sejumlah daerah, pemerintah setempat mengurangi pendanaan program TB mereka. Proyek CEPAT akan mengadvokasi pemerintah daerah setempat agar mengalokasikan dana sumber daya manusia untuk membangun secara berkelanjutan guna mendukung program TB di masa yang akan datang. Kegiatan ini dapat dimasukkan sebagai usulan penting pada akhir proyek CEPAT(*exit strategy*) dari Calon Pelaksana (LSM).
- **Perbaikan Bidang Hukum dan Peraturan Daerah Setempat untuk TB:** Ditemukan di beberapa daerah adanya peraturan perundang-undangan daerah (Perda Kabupaten/Kota) yang tidak sejalan dengan pedoman NTP. Peraturan tersebut seringkali menjadi hambatan dalam penanganan medis para pasien TB.

Proyek CEPAT akan memberikan advokasi untuk perubahan atas peraturan-peraturan yang tidak sejalan tersebut.

Kegiatan-kegiatan pada Komponen 2 akan menghasilkan:

- (a) Peningkatan anggaran kabupaten/kota dan sumber daya yang dialokasikan untuk TB;
- (b) Peningkatan advokasi di tingkat lokal untuk pelayanan dan sarana penunjang program TB;
- (c) Peningkatan pemahaman tentang TB bagi para pemimpin kabupaten dan para pemangku kepentingan lainnya;
- (d) Berkurangnya kebijakan lokal yang tidak konsisten dengan pedoman nasional NTP

IV. Lain-lain

1. Para peminat untuk Bantuan Hibah yang dicari oleh USAID Indonesia adalah organisasi-organisasi non pemerintah di Indonesia.
2. Organisasi yang dipersyaratkan tersebut termasuk LSM-LSM, yayasan, organisasi kemasyarakatan berada di bawah lembaga keagamaan, organisasi berbasis komunitas, organisasi swasta yang berafiliasi dengan lembaga pendidikan dan LSM internasional, organisasi yang berada di bawah lembaga perguruan tinggi, asosiasi atau konsorsium profesi tersebut di atas. Untuk konsorsium dimaksud, peminat harus menjelaskan hubungan dan tanggung jawab masing-masing anggota, dan tanggung jawab masing-masing anggota untuk pelaksanaan dan keberhasilan atas program bantuan hibah yang akan dilaksanakan.
3. Para Peminat dibatasi hanya untuk organisasi-organisasi di Indonesia sebagai mitra utama. Namun demikian, para peminat tersebut dimungkinkan untuk bekerjasama dengan lembaga atau organisasi yang telah berpengalaman, dari Amerika Serikat atau dari Negara maju lainnya, dalam suatu hubungan kerja langsung atau *joint-venture* dalam meningkatkan kemampuan peminat Indonesia dimaksud. Tujuan utama dari kerjasama dimaksud adalah untuk membangun kemampuan dan akuntabilitas dari mitra utama tersebut. Bentuk dari kerjasama antara mitra utama dengan lembaga atau organisasi tersebut harus dicantumkan dan dijelaskan di dalam dokumen permohonan. Salah satu faktor dalam evaluasi atas permohonan dari para peminat adalah dalam menunjukkan dan membuktikan kemampuan dari lembaga atau organisasi yang berasal dari luar Indonesia dimaksud dalam kemampuan teknis dan administrasi terkini yang mereka miliki

[Akhir dari Bagian ini]

**BAGIAN B - URAIAN PROGRAM
(LANJUTAN DARI URAIAN PROGRAM PADA BAGIAN A DIATAS)
HANYA DIBUAT UNTUK FULL APPLICATIONS
COMMUNITY EMPOWERMENT OF PEOPLE AGAINST TUBERCULOSIS
(CEPAT)**

Catatan: Informasi dibawah ini adalah lanjutan dari Bagian A dan hanya dibuat bila Anda diminta untuk menyerahkan Full Applications.

III. Uraian Program – lanjutan dari Bagian A diatas.

A. Peningkatan Kapasitas Kelembagaan Organisasi Lokal

Meningkatkan kapasitas LSM untuk mendukung upaya-upaya pengendalian TB di Indonesia merupakan landasan yang penting dalam pelaksanaan Proyek CEPAT. USAID akan mengambil pendekatan sistematis untuk meningkatkan kapasitas LSM. LSM diminta mengajukan rencana peningkatan kapasitas bagi organisasi mereka berdasarkan penilaian yang dilakukan sendiri¹⁴. USAID akan memberikan dukungan bagi LSM yang terpilih agar LSM tersebut dapat melaksanakan kegiatan proyek yang dibutuhkan dengan lebih baik. Bidang manajemen yang spesifik, kapasitas organisasi, dan isu-isu teknis TB harus ditekankan dalam perencanaan tersebut. Dukungan ini akan didanai secara terpisah dan tidak termasuk dalam anggaran Proyek CEPAT.

Rincian di bawah ini merupakan contoh kegiatan yang mungkin dilaksanakan oleh USAID bersama LSM dalam meningkatkan kapasitas LSM. Kegiatan-kegiatan lainnya, berdasarkan penilaian kebutuhan masing-masing organisasi dapat ditambahkan.

- Meningkatkan kapasitas teknis TB
- Meningkatkan kapasitas pengelolaan, kepemimpinan dan perencanaan strategis
- Meningkatkan kapasitas pemantauan dan evaluasi
- Meningkatkan kapasitas pengembangan sumber daya manusia
- Meningkatkan kapasitas pengelolaan keuangan
- Meningkatkan kapasitas dalam koordinasi kegiatan dengan pihak terkait.

Melalui proyek CEPAT, USAID mengharapkan tercapainya hasil-hasil sebagai berikut:

- (a) Meningkatnya kapasitas LSM dalam mengatasi atau menangani isu-isu teknis TB;
- (b) Meningkatnya koordinasi di antara LSM-LSM yang ada dengan NTP;
- (c) Meningkatnya kapasitas LSM dalam pengelolaan, kepemimpinan dan

¹⁴ Kerangka kerja Pengembangan Kelembagaan LSM diberikan sebagai alat untuk digunakan dalam menilai berbagai aspek dari LSM, dan mengembangkan rencana untuk menangannya.

- perencanaan strategis;
- (d) Meningkatnya kemampuan LSM untuk mematuhi ketentuan-ketentuan dan peraturan-peraturan dari donor;
- (e) Meningkatnya kapasitas LSM dalam melakukan pemantauan dan evaluasi; dan
- (f) Meningkatnya kuantitas dan kualitas keterampilan sumber daya manusia yang terampil .

B. Pendekatan Teknis

Proyek CEPAT menuntut keahlian dalam perawatan TB dan mobilisasi masyarakat. LSM-LSM lokal akan menggunakan jejaring masyarakat yang ada, sistem rujukan, pemahaman situasi setempat dan sumber daya untuk melaksanakan kegiatan TB berbasis komunitas. Pemerintah daerah setempat akan memetik manfaat dari bantuan teknis LSM dengan meningkatnya kapasitas mereka untuk mengadvokasi program TB yang komprehensif, inovatif dan dapat dipertanggungjawabkan. LSM-LSM akan memberikan arahan strategis teknis awal dan yang terus berjalan, serta kapasitas organisasi dan pengelolaan proyek. CEPAT akan mengisi celah-celah yang masih ada dalam rencana strategis NTP, melengkapi proyek-proyek TB lainnya yang dilaksanakan di Indonesia, dan meningkatkan secara substansial kapasitas pengelolaan, teknis dan organisasi dari LSM setempat.

USAID berharap bahwa proyek ini dapat mencakup sebuah konsorsium dari organisasi-organisasi kecil hingga menengah yang meliputi LSM, organisasi berbasis masyarakat, dan universitas-universitas di Indonesia. Jika suatu perjanjian kemitraan diusulkan, para Calon Pelaksana harus secara jelas menguraikan peran dan tanggung jawab dari setiap mitra dan bagaimana kemitraan tersebut akan dikelola.

Proyek CEPAT akan mengidentifikasi dan melaksanakan strategi-strategi yang akan meningkatkan pencegahan, penemuan kasus dan pengobatan TB di tingkat masyarakat. Strategi-strategi yang diusulkan harus mencakup: kerjasama tingkat komunitas dengan pemerintah daerah setempat, penjangkauan masyarakat, penemuan kasus dan dukungan pengobatan, pendekatan advokasi baru, dan pendekatan-pendekatan yang berpusat pada pasien.

LSM penerima bantuan hibah CEPAT dapat membuat sub-kontrak kepada organisasi-organisasi lainnya untuk melaksanakan kegiatan proyek khusus, atau untuk menjangkau kelompok tertentu, sub-populasi, atau daerah geografis tambahan. LSM penerima bantuan hibah Proyek CEPAT akan bertanggung jawab terhadap bantuan hibah dan pengelolaan sub-kontrak yang dibuat, dengan keterlibatan USAID sebagaimana yang dijelaskan dalam Bagian VI – *Substantial Involvement*.

Para Calon Pelaksana harus dengan rinci menjelaskan *exit strategy* untuk kegiatan-kegiatan mereka. Keberlanjutan proyek sangat penting bagi NTP dan USAID; semua investasi proyek yang telah dilakukan bertujuan untuk mendukung strategi dan program pemerintah.

Kegiatan-kegiatan proyek CEPAT harus dikoordinasikan dengan NTP dan mendukung program-program NTP yang ada untuk memastikan sebanyak mungkin keberhasilan yang telah dicapai dapat berlanjut meskipun proyek telah selesai dilaksanakan.

C. Fokus Geografis

TB merupakan masalah nasional dan cakupan kegiatan dari proyek ini akan dilakukan pada wilayah dimana risiko penularan TB paling tinggi, dengan masyarakat yang paling rentan, dan kegiatan-kegiatan tersebut akan memberikan kontribusi terhadap Rencana TB Nasional Indonesia. Diharapkan bahwa kegiatan-kegiatan CEPAT akan berfokus di 6-8 propinsi sasaran dengan beban TB yang paling tinggi. Saat ini, propinsi-propinsi tersebut termasuk DKI Jakarta, Sumatera Utara, Sumatera Barat, Banten, Jawa Barat, Jawa Tengah, Jawa Timur, Sulawesi Selatan, Papua Barat dan Papua.

Calon Pelaksana tidak diwajibkan bekerja di semua propinsi sasaran tersebut diatas. Calon Pelaksana diharapkan untuk bekerja di propinsi-propinsi dimana mereka sekarang sedang melaksanakan kegiatannya.

D. Indikator Ilustratif dan Perencanaan Pemantauan dan Evaluasi

Calon Pelaksana diminta memberikan informasi tentang pemantauan program yang konsisten dengan indikator-indikator NTP. Ukuran penting dalam bidang-bidang kegiatan yang didukung oleh USAID termasuk (sebagaimana yang diuraikan dalam Bagian A-Struktur Program):

- Meningkatkan penemuan kasus;
- Meningkatkan akses terhadap pemberian pelayanan;
- Perbaikan perilaku pencarian layanan kesehatan TB yang berkualitas;
- Meningkatkan pengetahuan dan kepedulian akan informasi kunci tentang TB;
- Meningkatkan *contact tracing* pada pasien TB;
- Membaiknya dan meluasnya dukungan sistem sosial masyarakat bagi para pasien selama pengobatan.
- Meningkatkan anggaran kabupaten dan sumber daya yang dialokasikan untuk TB;
- Meningkatkan advokasi di tingkat lokal untuk pelayanan dan sumber daya TB;
- Meningkatkan pengetahuan tentang TB di antara para pemimpin kabupaten dan para pemangku kepentingan lainnya;

IV. KEY PERSONNEL

Calon Pelaksana memberikan informasi tentang *Key Personnel*, staf penuh-waktu dan semua staf lainnya yang bekerja pada proyek CEPAT. *Key Personnel* dianggap sangat penting untuk pekerjaan yang sedang dilakukan. Posisi *Key Personnel* adalah sebagai berikut:

1. *Chief of Party*

2. *Grants Manager* (posisi ini diajukan hanya jika Calon Pelaksana (LSM) mempunyai sub-kontrak)
3. *TB Technical Advisor*
4. *Community Organization Development (COD) Expert*

Berikut ini posisi-posisi selain *Key Personnel* yang termasuk sebagai staf dalam pelaksanaan proyek ini:

- *Monitoring and Evaluation Officer*,
- *Financial Officer*,
- *Advocacy Advisor*, dan
- Staf Teknis TB lainnya.

Cooperative Agreement(s) akan mencakup klausul "*Key Personnel*" dengan kualifikasi-kualifikasi dari personel yang diusulkan untuk dipertimbangkan selama evaluasi pemberian bantuan hibah. USAID/Indonesia memberikan kesempatan agar posisi *Key Personnel* dipegang oleh warga negara Indonesia. USAID/Indonesia berhak untuk memeriksa referensi dari semua personel yang diusulkan untuk kegiatan ini. USAID/Indonesia juga dapat menggunakan sumber-sumber informasi lainnya untuk menelaah referensi, seperti dari personel USAID yang bekerja dengan calon-calon yang diidentifikasi di proyek-proyek lainnya.

Chief of Party: Bertanggung jawab terhadap *inputs* proyek, strategi program, menjadi perwakilan untuk koordinasi dengan mitra proyek, USAID, Pemerintah Indonesia, donor-donor lainnya dalam sektor dan program lainnya sebagaimana diperlukan. *Chief of Party* bertanggung jawab mematuhi hasil kesepakatan dan pengawasan kegiatan-kegiatan proyek untuk memenuhi tujuan-tujuan proyek telah ditentukan. *Chief of Party* yang diajukan harus memenuhi persyaratan minimum sebagai berikut:

- Setidaknya mempunyai pengalaman selama 12 tahun dalam mengelola proyek dengan ukuran dan kompleksitas yang serupa;
- Lebih disukai jika berpengalaman dalam mengelola program kesehatan dengan dana dari donor internasional;
- Setidaknya mempunyai pengalaman 10 tahun bekerja di tingkat komunitas dan/atau dengan LSM-LSM;
- Dapat menunjukkan bukti pengalaman bekerja dengan kemitraan-kemitraan dan pemerintah-pemerintah daerah.

Grants Manager: Bertanggung jawab terhadap pengelolaan semua bantuan hibah yang terkait dengan proyek tersebut. Manager Hibah bertanggung jawab untuk mematuhi pedoman dan peraturan pengadaan USAID. Manajer Hibah yang diusulkan harus memenuhi persyaratan-persyaratan minimum sebagai berikut:

- Setidaknya mempunyai pengalaman selama 7 tahun dalam mengelola berbagai

bantuan hibah dengan berbagai ukuran dan kompleksitas;

- Setidaknya mempunyai pengalaman minimal 5 tahun dalam mengelola program bantuan hibah yang berbasis komunitas di negara-negara berkembang dan memiliki pengetahuan tentang ketentuan dan peraturan sub-hibah/sub-kontrak untuk dana berasal dari USAID atau donor lainnya;
- Menunjukkan bukti pengalaman bekerja dengan kemitraan-kemitraan dan pemerintah daerah

TB Technical Advisor: Bertanggung jawab untuk memberikan saran teknis dan dukungan kepada para penerima bantuan hibah dan terhadap proyek secara keseluruhan. Juga bertanggung jawab untuk mengidentifikasi persyaratan-persyaratan bantuan teknis TB lainnya untuk proyek dan untuk para penerima bantuan hibah. Penasihat Teknis TB yang diusulkan harus memenuhi persyaratan-persyaratan minimum sebagai berikut:

- Setidaknya mempunyai pengalaman selama 10 tahun dalam memberikan bantuan teknis TB, mempunyai pemahaman yang terkini tentang konsep-konsep dan pendekatan-pendekatan program pengendalian TB
- Setidaknya mempunyai gelar Master dalam bidang penyakit menular atau bidang yang terkait lainnya.

Community Organization Development (COD) Expert: Bertanggung jawab terhadap pengembangan dan peningkatan kapasitas organisasi lokal secara sistematis dan berkelanjutan. Ahli Pengembangan Organisasi Masyarakat (COD) yang diusulkan harus memenuhi persyaratan-persyaratan minimum sebagai berikut:

- Setidaknya mempunyai pengalaman selama 10 tahun dalam bidang pengembangan organisasi masyarakat;
- Menunjukkan pengalaman bekerja dengan kemitraan-kemitraan dan pemerintah-pemerintah daerah setempat di Indonesia.

Apabila dalam suatu waktu *Key Personnel* mengundurkan diri pada waktu antara memasukan dokumen penawaran/usulan kegiatan hingga penetapan pelaksana kegiatan, maka LSM Calon Pelaksana diharuskan untuk segera menghubungi *USAID Agreement Officer/AO*.

V. Rencana Pemantauan Kinerja (PMP)

Usulan kegiatan dari Calon Penerima Bantuan Hibah akan mencakup rencana-rencana yang spesifik, terperinci untuk memantau dan mendokumentasikan kinerja program pada Rencana Pemantauan Kinerja (*Performance Monitoring Plan/PMP*)-nya. USAID/Indonesia akan menilai kemajuan terhadap indikator-indikator kinerja yang dipilih (sebagaimana yang tercantum dalam Bagian VII.B Indikator-indikator Ilustratif dan Perencanaan Pemantauan dan Evaluasi) yang mengukur hasil pencapaian tujuan program, sebagaimana ditentukan dalam Uraian Program ini. Rencana Pemantauan Kinerja dari

Penerima Bantuan Hibah akan mencantumkan dengan jelas bagaimana kegiatan-kegiatan dimaksud berkaitan dengan tujuan program yang diajukan dan bagaimana data akan dapat dilacak, dikumpulkan, diverifikasi serta dilaporkan sebagai document atas kemajuan dalam mencapai sasaran dari proyek. Sebagai bagian dari PMP, Penerima Bantuan Hibah setelah berkonsultasi dengan *Agreement Officer's Technical Representative (AOTR)*, harus meninjau kembali indikator-indikator dan sasaran-sasaran yang berlaku setiap tahun dan selama berlangsungnya proyek. Penerima Bantuan Hibah harus bersedia melakukan perbaikan dan penyesuaian indikator program yang disyaratkan atas dasar penilaian USAID terhadap hasil reformasi yang aktual selama jangka waktu berlangsungnya bantuan hibah tersebut.

VI. KETERLIBATAN SECARA SUBSTANSIAL

USAID/Indonesia mengharapkan kemitraan kerja yang erat dan keterlibatan secara substansial dengan para Penerima Bantuan Hibah. Bentuk keterlibatan yang substansial dari USAID dalam program akan berlaku terhadap hal-hal khususnya sebagaimana dijelaskan di bawah ini:

- (a) Persetujuan oleh AOTR mengenai rencana kerja tahunan dan perubahan-perubahan yang menguraikan kegiatan-kegiatan spesifik yang harus dilakukan berdasarkan perjanjian tersebut;
- (b) Persetujuan oleh AOTR mengenai Rencana-rencana Pengelolaan Kinerja, termasuk indikator-indikator.
- (c) Persetujuan oleh AOTR dalam penugasan *Key Personnels* yang ditentukan, dan setiap perubahan terhadap *Key Personnel* harus sebelumnya mendapat persetujuan tertulis dari *Agreement Officer (AO)*.
- (d) Persetujuan oleh AO mengenai pemilihan penerima sub-hibah bahwa Penerima sub-hibah yang akan terlibat di dalam proyek tunduk pada peninjauan kembali dan persetujuan dari AOTR. AOTR akan secara *substansial* terlibat (*substantial involvement*) sebagai berikut:
 - i) Berpartisipasi dalam penyusunan dokumen-dokumen penawaran (atau permintaan-permintaan yang berkenaan dengan proposal atau permohonan/aplikasi) termasuk topik-topik, uraian program, persyaratan-persyaratan kesesuaian, kriteria seleksi dan tingkat pendanaan untuk permohonan-permohonan bantuan, dan
 - ii) Berpartisipasi pada panel-panel tinjauan teknis untuk sub-hibah dan sub-kontrak, dan dalam proses seleksi dalam penentuan daftar penerima dana.

VII. PERSYARATAN PELAPORAN¹⁵

A. Rencana Kerja Tahunan

Dalam jangka waktu 60 hari dari waktu penetapan penerima hibah, Penerima Bantuan Hibah akan menyerahkan rencana kerja Tahun Pertama. Rencana kerja tersebut harus mendapat persetujuan tertulis oleh AOTR. Sebagai bagian dari rencana kerja tersebut, Pelamar akan mengidentifikasi:

- Lokasi kabupaten-kabupaten sasaran proyek,
- Kriteria pemilihan kabupaten sasaran, dan
- Intervensi-intervensi program yang spesifik per lokasi geografis.

Rencana kerja Tahunan tersebut juga akan mencakup suatu perencanaan peningkatan kapasitas berdasarkan penilaian lembaga/organisasi itu sendiri atas kapasitasnya. Penerima Bantuan Hibah dianjurkan untuk menggunakan *the Institutional Development Framework (IDF)* sebagaimana yang terlampir pada dokumen ini. IDF dimaksudkan sebagai suatu alat untuk menilai aspek pengawasan, pengelolaan, sumber daya manusia, sumber daya keuangan dan aspek teknis yang penting serta spesifik dari organisasi/lembaga tersebut.

Untuk setiap tahun berikutnya, Penerima Bantuan Hibah akan menyerahkan rencana kerja 12 bulan pada 30 hari sebelum berakhirnya tahun program tersebut untuk memberikan waktu yang memadai dalam mencermati, berkonsultasi dan menyetujui rencana kerja yang baru, sebelum dimulainya pelaksanaan tahun rencana kerja tersebut.

B. Indikator-Indikator Ilustratif dan Perencanaan Pemantauan dan Evaluasi

Penerima Bantuan Hibah, bersama-sama dengan USAID, akan mengembangkan cara pengukuran kinerja yang spesifik untuk memenuhi sasaran strategis dari USAID/Indonesia. Indikator-indikator yang dilaporkan oleh Penerima Bantuan Hibah akan dimasukkan dalam Rencana Operasional USAID/Indonesia. Penerima Bantuan Hibah harus menerima persetujuan AOTR atas Rencana Pemantauan Kinerja (PMP) dan melaksanakan Rencana tersebut dalam jangka waktu tiga bulan dari pemberian Perjanjian.

C. Laporan Kemajuan Tiga Bulanan

Penerima Bantuan Hibah akan menyerahkan tiga laporan kinerja tiga bulanan dan sebuah laporan tahunan pada triwulan keempat untuk setiap tahun fiskal. Laporan-laporan ini akan mencakup tabel data untuk indikator-indikator dan menunjukkan kemajuan yang telah dicapai terhadap tolok ukur, menyoroti hasil-hasil dan pencapaian yang penting, mengidentifikasi setiap masalah yang dihadapi dalam melaksanakan serta mengusulkan tindakan perbaikan secara tepat. Terlepas dari tanggal dimulainya proyek, semua pelaporan didasarkan pada tahun fiskal dan triwulan pada Pemerintah Amerika Serikat (AS). Laporan

¹⁵ Persyaratan-persyaratan ini akan didiskusikan sepenuhnya pada briefing pasca pemberian, suatu pertemuan satu demi satu dengan staf USAID/Indonesia dan para pemohon yang berhasil.

kemajuan harus diberikan paling lambat 30 hari setelah berakhirnya setiap triwulan dalam tahun fiskal.

Laporan tahunan akan mencakup kemajuan terhadap proyeksi-proyeksi rencana kerja. Laporan tahunan akan diserahkan 30 hari setelah berakhirnya tahun fiskal Pemerintah Amerika Serikat (bulan Oktober sampai September). Setiap laporan tahunan akan mencakup kegiatan-kegiatan yang diselesaikan selama jangka waktu 12 bulan sebelumnya dan akan diserahkan kepada AOTR. Laporan tahunan akan mencakup data yang dikumpulkan untuk mengukur kemajuan terhadap Rencana Pemantauan Kinerja (PMP).

Semua pelaporan harus didasarkan pada kalender tahun fiskal Pemerintah AS (bulan Oktober sampai September), dan harus mencakup tujuan strategis yang relevan dan indikator-indikator hasil antara (*Intermediate Result*) sebagaimana yang dimaksud dalam Strategi USAID/Indonesia.

D. Laporan Keuangan

Penerima Bantuan Hibah harus menyampaikan laporan keuangan kepada *Agreement Officer's Technical Representative* (AOTR) sebagai berikut:

- a) Laporan Pengeluaran - dalam jangka waktu 7 (tujuh) hari setelah setiap akhir bulan. Laporan dimaksud meliputi pengeluaran yang masih harus dibayar dan perkiraan atas pembiayaan untuk tiga bulan ke depan
- b) Analisa Aliran Dana (*Pipeline*) - setiap triwulan. Analisa ini termasuk jumlah dana yang telah disepakatai saat ini, biaya sesungguhnya telah dibayarkan sampai saat ini, dan perkiraan pengeluaran sampai batas akhir, serta dana yang masih tersisa dari perjanjian kerja.
- c) Laporan Kewajiban Pembayaran (*Accrual Report*) - paling lambat pada setiap tanggal 20 bulan Maret, Juni, September, dan Desember untuk setiap tahun, mencakup periode sampai dengan akhir laporan triwulan.
- d) *SF 1043* untuk Permbayaran - Penerima Bantuan Hibah harus menyampikan kepada Pengawas Keuangan, *Controlle,r* di USAID Indonesia lembaran asli beserta dua salinan dari *SF 1034 Public Voucher for Purchases and Services Other Than Personal* dan *SF 1034A "Continuation of SF 1034* setiap bulan, dan untuk keadaan tertentu paling lambat setiap triwulan. Masing-masing tanda-terima atau kwitansi harus diberi nomor identifikasi berdasarkan nomor dari perjanjian dan harus mencantumkan jumlah biaya untuk pembayaran yang telah diajukan

E. Laporan Akhir

Dalam jangka waktu 90 hari setelah berakhirnya masa Perjanjian tersebut, Penerima Bantuan Hibah harus menyampaikan suatu laporan akhir pelaksanaan kegiatan. Laporan akhir tersebut akan memuat ringkasan dan pembahasan mengenai semua kegiatan yang dilakukan berdasarkan *Cooperative Agreement* ini; pengukuran secara terperinci mengenai hasil yang dicapai yang diukur terhadap indikator-indikator dalam *Performance Monitoring Plan* (PMP), dan penilaian dampak dari pelaksanaan program terhadap sasaran keseluruhan program.

VIII. PERTIMBANGAN atas JENDER

Kegiatan-kegiatan yang dilaksanakan dalam proyek ini harus responsif terhadap pertimbangan-pertimbangan atas jender yang berkaitan dengan TB. Pertimbangan dapat meliputi pemeriksaan tentang bagaimana peran jender dalam keluarga mempengaruhi pencapaian hasil-hasil TB (misalnya, wanita mungkin menanggung beban dari seorang anggota keluarganya yang sakit dengan memiliki tanggung jawab untuk perawatan tambahan yang diperlukan), dan bagaimana bias jender di kalangan para penyedia layanan kesehatan dapat menghambat kualitas layanan.

Proyek CEPAT mencantumkan pendekatan yang telah digariskan untuk pengintegrasian jender ke dalam proyek ini, karena diharapkan akan ada masa eksplorasi, analisis dan konsultasi sebelum penentuan akhir yang akan menjadi pendekatan paling tepat. Dalam jangka waktu lima tahun pelaksanaan proyek, CEPAT diharapkan mendokumentasikan apa yang telah dilakukan untuk mempromosikan kesetaraan jender.

Umumnya, pelaporan kasus TB yang lebih rendah pada wanita menunjukkan bahwa mereka mungkin berada pada risiko TB yang rendah dibandingkan dengan pria. Dengan mempertimbangkan fakta bahwa banyak wanita menghadapi hambatan-hambatan ketika mengakses perawatan kesehatan di seluruh dunia, perlu kiranya ditelaah lebih jauh apakah perempuan benar-benar berada pada risiko yang rendah untuk tertular TB, atau dikarenakan mereka lebih kecil peluangnya untuk mendapat diagnosis. Selain itu, feminisasi yang terus meningkat atas epidemi HIV berpotensi meningkatkan jumlah perempuan yang turut terinfeksi HIV/TB¹⁶.

Tidak satupun kegiatan yang boleh diusulkan untuk proyek CEPAT ini apabila kegiatan tersebut dapat menghambat peran aktif baik bagi perempuan maupun laki-laki. Jika laki-laki dan perempuan harus diperlakukan sebagai mitra yang sejajar dalam kedudukan mereka sebagai klien layanan kesehatan dan sebagai para mitra dengan USAID, maka setiap program harus memperhitungkan peran yang berbeda, namun saling melengkapi dari laki-laki dan perempuan. Hal ini terutama berkaitan erat di negara yang luas dan beragam seperti Indonesia. Dengan demikian, pertanyaan-pertanyaan mengenai hak dan kesempatan

¹⁶ WHO 2009 Tuberculosis: Wanita dan TB

bagi laki-laki dan perempuan, hubungan kekuasaan, akses serta kendali atas sumber daya sebagaimana mereka berkaitan dengan penyakit TB harus digunakan sebagai panduan untuk memulai pertimbangan jender dalam perencanaan program TB, serta pertimbangan lainnya untuk menjadi bahan penelitian lebih lanjut.

IX. *Initial Environmental Examination (IEE)*

IEE harus dibuat dan mendapat persetujuan sesuai dengan 22 CFR 216.2 (c) (2) (i) untuk pendidikan, bantuan teknis atau program pelatihan dan sesuai dengan 22 CFR 216.2 (c) (2) (iii) untuk analisis, studi, lokakarya akademis atau lokakarya penelitian dan kegiatan-kegiatan pertemuan Proyek CEPAT. Proyek CEPAT diperkirakan tidak memiliki dampak buruk secara langsung atau tidak langsung yang signifikan terhadap lingkungan alam atau fisik sehingga memenuhi syarat untuk pengecualian secara kategori (*categorical exclusion*).

[Akhir dari Bagian ini]