



USAID | KYRGYZ REPUBLIC

Issue Date: February 13, 2019
Deadline for Questions: February 22, 2019 09:00 a.m. Almaty time
Application Due Date: March 15, 2019 09:00 a.m. Almaty time
Subject: Notice of Funding Opportunity Number: 72011519RFA000003
Program Title: USAID/Kyrgyz Republic Tuberculosis (TB) Control Program

Dear Prospective Applicants:

The United States Agency for International Development (USAID) is seeking applications from qualified US and Non-U.S. organizations to fund a new Cooperative Agreement for the TB Program in the Kyrgyz Republic. Eligibility standards for this award are provided in Section C of this Notice of Funding Opportunity (NFO).

USAID hereby requests applications, submitted in compliance with the instructions in Section D of this NFO. USAID will review applications, and, subject to the availability of funds, an award will be made to the responsible Applicant(s) whose application(s) best meets the objectives of this funding opportunity and the selection criteria contained herein. While one award is anticipated as a result of this NFO, USAID reserves the right to fund any or none of the applications submitted.

For the purposes of this NFO the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer". Eligible organizations interested in submitting an application are encouraged to read this funding opportunity thoroughly to understand the type of program sought, submission requirements, and evaluation process.

This funding opportunity is posted on www.grants.gov, and may be amended. Potential Applicants should regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. It is the responsibility of the Applicant to ensure that the entire NFO has been received from the internet in its entirety and USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

The successful Applicant will be responsible for ensuring the achievement of the program objectives. Please read each section of the NFO thoroughly. Please send any questions to the

point(s) of contact identified in Section D. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential Applicants through an amendment to this notice posted to www.grants.gov.

Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the Applicant. All preparation and submission costs are at the Applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jonathan Chappell', with a long horizontal flourish extending to the right.

Jonathan Chappell
Agreement Officer

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SECTION A: FUNDING OPPERTUNITY DESCRIPTION

A. PURPOSE

To reduce the burden of drug-resistant (DR) TB in the Kyrgyz Republic.

B. PROGRAM SUB-PURPOSES

SP1: Increased DR TB case detection

SSP 1.1: Strengthened laboratory services and diagnostic networks

SSP 1.2: Primary health care and community-based detection and contact tracing expanded

SP2: More patients cured of DR TB

SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs

SSP 2.2: Treatment completion rate increased

SP3: Prevention of DR TB Infections

SSP 3.1: Improved infection control in health facilities and laboratories

SSP 3.2: Treatment completion rate increased

SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

SP4: Improved enabling environment

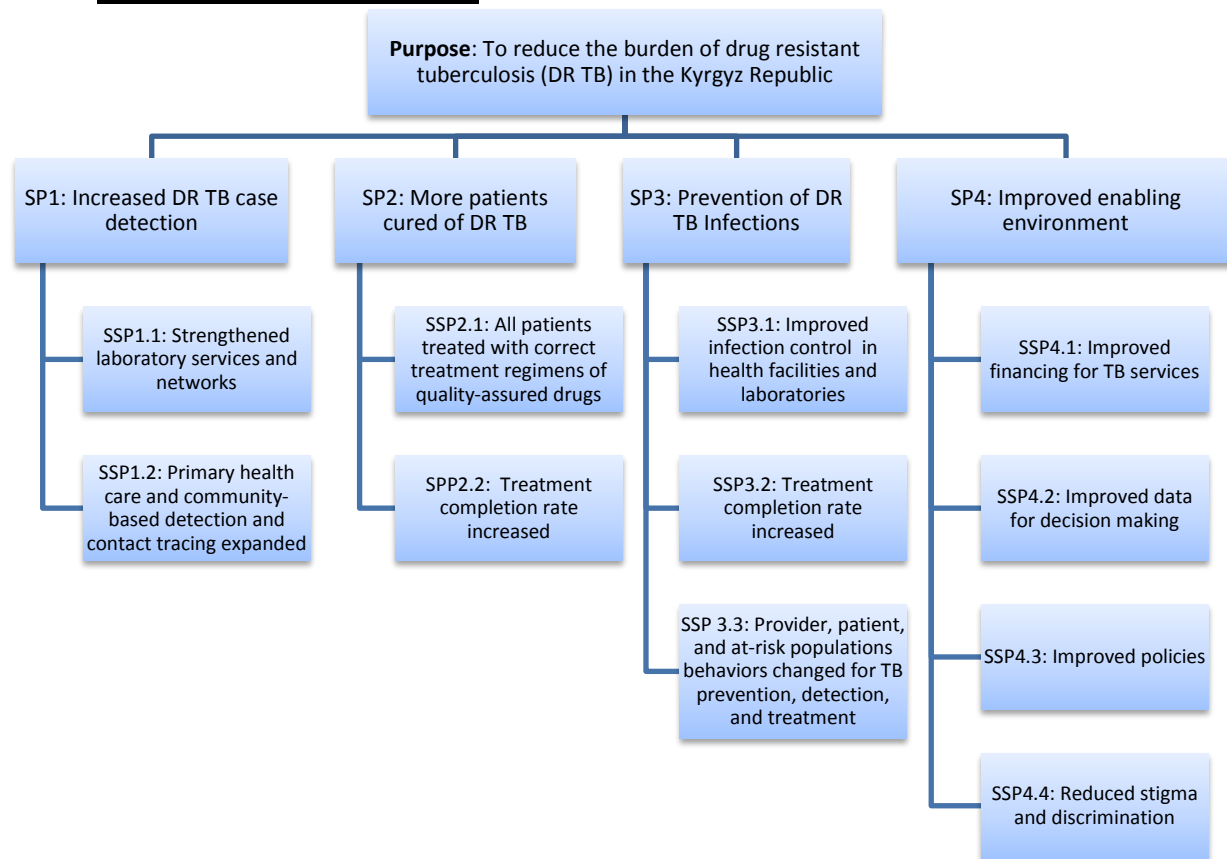
SSP 4.1: Improved financing for TB services

SSP 4.2: Improved data for decision making

SSP 4.3: Improved policies

SSP 4.4: Reduced stigma and discrimination

C. LOGICAL FRAMEWORK



D. BACKGROUND

The overarching goal USAID/Kyrgyz Republic Tuberculosis (TB) Control Program is to reduce the burden of drug-resistant (DR) TB in the Kyrgyz Republic. USAID TB activities in the Kyrgyz Republic historically have focused on the introduction and expansion of directly observed treatment of TB (DOTs), building the capacity of National TB Program (NTP), and improving access to quality TB diagnosis and treatment. Such interventions led to measurable decreases in TB incidence (from 167/100,000 population to 91/100,000) and mortality (from 27/100,000 population to 5.6/100,000) between 2001 and 2017.

However, the number of DR TB cases has significantly increased. According to the 2017 Global Tuberculosis Report, the Kyrgyz Republic has the highest incidence rate of multi-drug resistant (MDR) tuberculosis in the world at 80 cases/100,000 population. This is a direct result of the outdated, ineffective, and costly inpatient treatment currently in use in a number of former Soviet Republics. DR TB is much more difficult and costly to treat, with treatment regimens of 24 months or more for DR and extensively drug-resistant TB (XDR TB).

The Government of the Kyrgyz Republic (GOKR) has demonstrated its commitment and strong political will to address TB. The country is a leader in the region by its fast adoption of progressive reforms aimed at improving and optimizing the TB system. From its close partnership with USAID TB programs, the GOKR has begun to procure first-line TB drugs and adopted a ten-year plan to restructure and optimize the national TB system. The restructured

system will close a number of TB hospitals around the country, and primary health care (PHC) facilities will adopt modern, outpatient TB treatment and care approaches. The plan has already produced savings for the GOKR, which has reinvested the savings to improve TB testing, ambulatory treatment outcomes, and other priority interventions.

However, great challenges remain. Inadequate detection of DR TB cases, low rates of treatment completion, and lack of adequate prevention measures have fueled the high rates of DR TB in the country. The overarching cultural, political, and institutional environment underpin these weaknesses and prevents the swift adoption of the measures needed to control this serious epidemic.

Low Detection of DR TB

Case finding at the primary health care (PHC) level is weak, with low numbers of patients identified. Screening of at-risk populations does not take place systematically. Contact tracing of TB patients is not widely implemented, though it is an efficient and effective way to identify undiagnosed cases of TB. Furthermore, laboratory services and networks are weak, so even if someone is identified as having TB, the diagnosis of DR TB and putting patients on their proper drug regimen is often missed or greatly delayed. The country currently has 24 GeneXpert MTB/RIF machines that can quickly identify DR TB, but transportation of specimens, weak laboratory networks, and the subsequent laboratory follow up needed for DR TB patients is lacking. Culture and drug sensitivity testing is only available in Bishkek city at the National Reference Lab (NRL). Osh Reference lab lacks the ability to conduct quality laboratory diagnostics and requires engineering and administrative improvements.

Low treatment completion of DR TB patients in the country.

Approximately 27% of new TB cases and 60% of previously treated cases are DR TB. According to the National TB Program (NTP), the treatment success rate in 2016 for MDR TB was only 56% and 10% for extensively drug-resistant TB (XDR TB). The high number of previously treated cases of TB is indicative of poor clinical management of TB and poor infection control in TB hospitals, with possible reinfection. The high default rate for treatment is due to the very long treatment for these complex forms of the disease, and a lack of friendly, people-centered approaches to their care. Ambulatory treatment, which allows the patient to continue their treatment at home when they are no longer contagious, is a proven way to increase treatment success rates, but there is strong resistance to effective outpatient treatment by health care providers and the general public. New drugs and shorter treatments, such as Bedaquiline and Delamanid, can also improve treatment outcomes, but a weak supply of quality-assured TB drugs can undermine efforts to ensure adequate treatment of DR TB.

Continued new transmission of DR TB

Ongoing transmission of TB and DR TB is closely linked to TB treatment disruption and inadequate treatment of DR TB result in. People infected with uncomplicated TB can develop DR TB if they do not complete their treatment since the bacteria can evolve to become resistant to TB drugs if the disease is not completely cleared from their system. These patients can then

infect others with DR TB in their communities. Another major factor is poor infection control in hospitals, where DR TB patients can infect other patients and health care workers if the proper environmental and patient isolation controls are not in place. Furthermore, the cultural norms and behaviors of health care workers, patients, and populations at risk of TB keep the cycle of infection going because prevention measures are not widely practiced. Transmission also occurs in the community and public settings from undiagnosed people living with the disease and patients on improper treatment regimens.

Enabling Environment:

The National TB Strategy and Reforms, known as the Tuberculosis 5 Control Program 2017-2021, is currently being implemented. There are several factors hindering its full implementation in the Kyrgyz Republic, including but not limited to the following:

- Frequent changes in leadership at the Ministry of Health (MOH);
- Imprecise data for decision making;
- Inefficient financing of TB services;
- Provider, patient, and community behaviors that hinder TB diagnosis, treatment, and prevention;
- Stigma and discrimination associated with the disease among health care workers, patients, their families, and communities;
- Outdated policies on TB control.

During several meetings and discussions, the MOH stated the importance of continued collaboration with USAID in TB system reforms. The MOH requested technical assistance from USAID for the following activities:

- Operationalization of the TB Management Information System (MIS) electronic database;
- Further execution of reforms to optimize the TB system;
- Implementation of TB financing reforms both at the hospital and PHC levels;
- Improve access to timely and quality TB diagnosis;
- Develop people-centered approaches with further expansion for TB outpatient treatment and care.

In line with USAID's TB strategy, the proposed activity's goal is to reduce the burden of DR TB in the Kyrgyz Republic.

E. LINK TO THE U.S. STRATEGIC FRAMEWORK FOR FOREIGN ASSISTANCE

This activity will coordinate and align with USAID's new TB business model, the "**Global Accelerator to End Tuberculosis**," which was announced by USAID Administrator Mark Green at the High-level Meeting on TB of the United Nations General Assembly in New York on September 2018. The Accelerator is a new business model designed to increase investments from the public and private sectors to end the TB epidemic, while simultaneously building local self-reliance and responsibility. It will leverage additional resources from countries, private sector partners, and other local organizations in order to meet the UN target of treating 40 million people by 2022. It will focus on the countries with high burdens of TB in which USAID

already has existing partnerships, and where the Agency could reprogram funds to better align with local communities and partners to deliver performance-based results towards the global target. This is a change in approach to ensure USAID is fighting to end TB effectively and efficiently.

Alignment with the USAID/ Kyrgyz Republic Country Development Cooperation Strategy (CDCS):

The activity will contribute to the CDCS DO 2: Improved Service Delivery and Policies for all citizens, and the Intermediate results (IR) 2.2: Increased utilization of public services (health and education) for all citizens. Specifically, this activity will contribute to sub-IR 2.2.2: Increased access to, and demand for, improved health services. By supporting increased access to timely diagnosis and quality TB and DR TB treatment, the DR TB epidemic will be mitigated in the Kyrgyz Republic. Further, this activity will also strengthen the TB system and improve the overall policy environment to ensure that current and future activities are sustained.

F. USAID AND OTHER DONOR RELATED ACTIVITIES

USAID Health Activities

- **USAID’s Defeat TB Activity** is a five-year endeavor designed to reduce the burden of tuberculosis (TB) in the Kyrgyz Republic. Its implementation limits the development of drug-resistant strains of the disease, supports equitable access to quality health care for vulnerable groups, and strengthens the national healthcare system. This program continues through August 2019.
- **USAID Challenge TB Activity** supports the introduction of new drugs (Bedaquiline and Delamanid) and new treatment regimens to reduce the M/XDR-TB burden in the Kyrgyz Republic. The program assists the country to implement nationwide short course and individualized treatment regimens for MDR-TB and improves clinicians’ skills in diagnosis and case management. The program continues through September 2019.
- **Regional TB Control Program** supports a broader regional response for improved TB-related outcomes in the region. This implementer performs a coordinating and information exchange role across Central Asian countries and Russia, and facilitates intergovernmental dialogue, planning and decision-making around TB in labor migrants. The program continues through September 2019.
- **USAID HIV Flagship Activity** works in three Central Asian countries with target communities to identify new HIV cases using evidence-based strategies and support them to ensure that they use high-quality HIV prevention, testing, treatment, adherence, and care services. The key populations targeted by the program are people who inject drugs, men who have sex with men, people living with HIV, and their sexual partners. All people living with HIV reached by the program are screened for tuberculosis and escorted to treatment if necessary. The program continues through 2020.

- **HIV React Program** aims to reduce HIV transmission in the Kyrgyz Republic among key populations in detention and post-detention settings. The activity supports the Penal Medical Service to promote HIV testing services among prisoners who inject drugs and creates a favorable environment for prisoners with HIV to start treatment and maintain adherence.
- **LEADER for People Living with HIV (PLHIV)** Activity strengthens the organizational and leadership capacity of the Central Asia Republics Association of People Living with HIV (a local NGO), its Secretariat, and its member organizations in Kazakhstan, Kyrgyz Republic, and Tajikistan to more effectively address stigma and discrimination; advocate for equitable access to comprehensive prevention, treatment, and care; and address human rights issues affecting PLHIV.
- **Health Policy Plus** provides technical assistance to the MOH to develop and introduce social contracting in the health system. Social contracting will cover five health areas: HIV, tuberculosis, mental health, and palliative care. This activity continues through 2020.
- **TB Union Adviser to MOH** provides support to effectively utilize Global Fund TB grant resources and coordinate USAID TB activities with the MOH and key TB stakeholders.

Other donors and partners supporting TB control efforts in the Kyrgyz Republic:

- **Global Fund to Fight AIDS, TB and Malaria** currently provide over \$12 million in funding to the MOH for the period January 2018- December 2020 through the United Nations Development Program (UNDP) as the principal recipient. The Global Fund grant procures second-line TB drugs, strengthens laboratories, provides patient support, and implements drug resistance surveillance.
- **Medecins San Frontieres** supports the Ministry of Health in Kara Suu to provide outpatient treatment, comprehensive care to DR-TB patients, and the introduction of new drugs.
- **German KfW Entwicklungsbank (KfW)** supports the construction of a city TB hospital in Bishkek.
- **International Committee of the Red Cross (ICRC)** supports TB and DR-TB patients in prison #31, including patient support, service providers' capacity building, and infrastructure development.
- **WHO/EUROPE** supports the Tuberculosis Regional Eastern European and Central Asian Project (TB REP), which developed an "A people-centered model of tuberculosis care" for Central Asian countries.

G. PROGRAM DESCRIPTION COMPONENTS

Sub Purpose 1: Increased DR TB case detection

- Sub-sub Purpose (SSP) 1.1: Strengthened laboratory services and diagnostic networks;

- SSP 1.2: Primary health care and community-based detection and contact tracing expanded.

Early diagnosis helps to break the chain of DR-TB transmission, yet the region continues to suffer from delayed diagnosis, inappropriate and incomplete treatment, and inadequate infection control measures. Bacteriological confirmation of TB diagnosis is underutilized, with continued overreliance on chest X-ray imaging. The overall laboratory systems for TB must be strengthened so that the current and future laboratory specialists have adequate knowledge, resources, and mentoring to conduct TB diagnostic services at international standards. Transportation of laboratory specimens must be sustainably improved for timely bacteriologic confirmation and drug sensitivity testing.

Not enough TB patients are diagnosed at the PHC level, and there are many missed opportunities to increase TB detection. PHC doctors and nurses can significantly increase TB detection rates by tracing and testing contacts of TB patients. Additionally, strengthening linkages between patients, PHC, and secondary and tertiary levels of care will ensure that confirmatory testing and drug sensitivity testing (DST) is completed, which will allow patients to receive the spectrum of care they need and are informed of their TB status and treatment. These priority interventions can be bolstered by increasing community knowledge and awareness of TB.

Vulnerable and high-risk groups such as prisoners, migrants, and socially disadvantaged persons continue to be underserved by TB services. Limited access to TB diagnosis and care, insufficient infection control measures, poor nutrition, and high-density living conditions put prisoners at higher risk of TB infection. TB patients who are released from the penitentiary system are often not linked with health services in the civilian sector, leading to reduced adherence or cessation of TB treatment, which contributes to the development of DR-TB. Many migrants are undocumented and less likely to seek TB diagnosis and treatment due to the fear of deportation from the countries in which they work. Internal migrants face difficulty receiving the necessary consistent treatment and support they require because they move between health service catchment areas as they move throughout the country.

Illustrative activities (may include but are not limited to):

- SSP 1.1: Strengthened laboratory services and diagnostic networks

Illustrative activities:

- Support the MOH to promote the rational use and maintenance of current and innovative diagnosis technologies for improved DR-TB outcomes;
- Support the MOH to expand bacteriological confirmation and DST coverage across the country;
- Provide TA to strengthen and rollout of diagnostic technologies;
- Support the TB National Reference Laboratory to conduct TB whole genome sequencing and analysis;
- Strengthen logistics management, forecasting of laboratory supplies and expendables, and planning for routine equipment servicing;

- Training and certification of national laboratory engineers to repair and calibrate lab equipment;
 - Train national lab experts to mentor new and rotating lab staff in use of rapid diagnostic and other lab equipment;
 - Support the NTP and the NRL on sustaining rational sputum transport systems to ensure faster, more reliable specimen transportation to laboratories;
 - Develop or update SOPs and protocols for laboratories at all levels of the laboratory system to conform to international standards;
 - Facilitate engagement between private labs and health facilities for timely diagnostic services.
- SSP 1.2: Primary health care and community-based detection and contact tracing expanded

Illustrative activities:

- Strengthen the capacity of PHC to timely diagnose TB, conduct comprehensive contact tracing, and testing of contacts;
- Strengthen community knowledge and awareness of TB through Village Health Committees (VHCs), civil society organizations (CSOs), and community leaders (including religious leaders) in order to increase TB and DR-TB case detection rates;
- Strengthen collaboration between PHC and secondary and tertiary TB services to ensure that confirmatory tests are completed and results are received by PHC;
- Provide outreach services to suspected TB patients to ensure that they complete their confirmatory test and are linked to appropriate care.

Sub Purpose 2: More patients cured of DR TB

- SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs
- SSP 2.2: Treatment completion rate increased

While the GOKR has shown significant political will by procuring first-line drugs (FLD) using domestic resources, additional technical support is needed to ensure that these drugs are WHO-prequalified to ensure their efficacy and safety. TB programs cannot function without quality-assured drugs in the right place, at the right time, and in adequate quantities. A robust nationwide drug management and supply chain system is needed to successfully select, forecast, procure, assess quality, distribute, and monitor TB drugs and supplies for adequate stock and use.

The new WHO treatment guidelines will be released in December 2018 and will replace all previous WHO recommendations on the treatment of DR TB. To implement these changes, graduate and postgraduate program curriculums will need to be revised, DR TB clinical protocols should be updated, and DR TB consiliums will need additional training and supervision.

People-centered care puts the individual at the center of all activities and strives to meet his or her specific needs. It requires an ongoing and in-depth partnership between healthcare providers, the patient, and his or her family and community to identify and address a full range of individual needs and preferences. The provision of people-centered support enables patients to overcome the difficulties of coping with a diagnosis of TB or DR TB, manage treatment side effects, and the emotional, social, and economic hardships that can interfere with treatment adherence. Many DR TB patients experience significant hardships which affect their continued treatment. Case management activities help keep patients adherent to their treatment for the full duration, by supporting their holistic needs. There are several models for case management of DR TB patient currently being implemented in the country. The Mandatory Health Insurance Fund (MHIF) has recently started incentivizing PHC staff with additional payments once a patient has been cured so that PHC workers provide higher quality, people-centered care. There is a strategic opportunity to expand this results-based intervention.

Illustrative activities (may include but are not limited to):

- *SSP 2.1: All patients treated with appropriate treatment regimens of quality-assured drugs*

Illustrative activities:

- Support the MOH to revise clinical protocols on DR TB individual and short course regimens in accordance with new WHO recommendations;
- Support the MOH to update the curriculum for DR TB treatment management at the graduate and the post-graduate levels;
- Strengthen national and regional level DR TB consiliums on new treatment regimens and enhance their capacities and effectiveness on patient clinical monitoring;
- Support advocacy efforts of the MOH and other stakeholders to procure quality assured TB drugs (WHO pre-qualified);
- Strengthen supply chain management of TB drugs and supplies.
- Support further nationwide scale-up of pharmacovigilance and active drug safety monitoring systems in the country, including training, and supportive supervision.

- *SSP 2.2: Treatment completion rate increased*

Illustrative activities:

- Train health care providers on people-centered TB services;
- Refine and implement innovative models for outpatient TB and DR-TB treatment with the provision of comprehensive case management services through PHC, CSOs, VHC, and communities to encourage treatment adherence;
- Support the development and rollout of a social behavior change strategy (SBC) and SBC national guidelines that enhance outpatient and case management models;

- Support PHC providers and treatment supporters to improve the quality and consistency of DOTs and its implementation during the entire course of outpatient treatment and care;
- Continue to develop and expand the implementation of all aspects of programmatic management of drug-resistant TB (PMDT), including diagnostics, treatment, follow-up, monitoring of drug side effects, and auxiliary drugs;
- Strengthen the capacity of national and regional DR-TB consiliums to ensure they provide quality services compliant with the recent WHO recommendations for DR TB treatment;
- Strengthen collaboration between TB services and PHC for an improved continuum of treatment and care of DR TB patients.
- Support the GOKR to create an incentivized, results-based payment system for health care workers.

Sub Purpose 3: Prevention of DR TB Infections

- SSP 3.1: Improved infection control in health facilities and laboratories
- SSP 3.2: Treatment completion rate increased (same as SSP 2.2)
- SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

Support to the Kyrgyz government to further expand on outpatient treatment and care models for patients with TB and DR TB will help to both reduce nosocomial infections and improve treatment completion.

The Kyrgyz Republic is in the process of transitioning from an outdated model of long-term inpatient hospital treatment for TB and DR-TB patients to a modern, outpatient TB treatment and care model. However, improved infection control (IC) is a concern for both inpatient and outpatient settings. Expansion of outpatient treatment to the PHC level requires adequate IC measures at PHC and community facilities, including environmental and patient isolation controls. Hospitalization in TB treatment facilities, along with the high levels of drug resistance and the period needed for DST, increase opportunities for transmission of DR TB to other patients. Infection control measures will prevent and contain the transmission of TB and DR TB and protect patients, DOTs providers, and health care workers involved in outpatient care.

As noted in Sub Purpose 2, the provision of people-centered support enables patients to overcome the difficulties of coping with a diagnosis of TB or DR TB, manage treatment side effects, and the emotional, social, and economic hardships that can interfere with treatment adherence. Many DR TB patients experience significant hardships which affect their continued treatment. Case management activities help keep patients adherent to their treatment for the full duration, by supporting their holistic needs. The MHIF has recently started incentivizing PHC staff with additional payments once a patient has been cured so that PHC workers provide higher quality, people-centered care. There is a strategic opportunity to expand this results-based intervention.

Social and cultural norms dictate the behaviors of patients, populations at risk, and healthcare providers. This contributes significantly to the TB transmission chain because of a lack of knowledge and fear keep people from practicing health behaviors and TB prevention measures. Various community groups have been involved in behavior and knowledge change related to TB, yet a more systematic approach to social behavior change (SBC) is needed. Targeted SBC interventions for different age groups, children, TB/HIV co-infected people, ex-prisoners, migrants, and other vulnerable groups is a priority need.

Illustrative activities (may include but are not limited to):

- SSP 3.1: Improved infection control in health facilities and laboratories

Illustrative activities:

- Review and revise infection control (IC) protocols for PHC and TB treatment facilities;
- Provide refresher training for health providers and develop an IC plan for routine monitoring;
- Strengthen IC measures in DR TB treatment facilities.

- SSP 3.2: Treatment completion rate increased (same as SSP 2.2)

Illustrative activities:

- Train health care providers on people-centered TB services;
- Refine and implement innovative models for outpatient TB and DR-TB treatment with the provision of comprehensive case management services through PHC, CSOs, VHC, and communities to encourage treatment adherence;
- Support the development and rollout of a social behavior change strategy (SBC) and SBC national guidelines that enhance outpatient and case management models;
- Support PHC providers and treatment supporters to improve the quality and consistency of DOTs and its implementation during the entire course of outpatient treatment and care;
- Continue to develop and expand the implementation of all aspects of programmatic management of drug-resistant TB (PMDT), including diagnostics, treatment, follow-up, monitoring of drug side effects, and auxiliary drugs;
- Strengthen the capacity of national and regional DR-TB consiliums to ensure they provide quality services compliant with the recent WHO recommendations for DR TB treatment;
- Strengthen collaboration between TB services and PHC for an improved continuum of treatment and care of DR TB patients.
- Support the GOKR to create an incentivized, results-based payment system for health care workers.

- SSP 3.3: Provider, patient, and at-risk populations behaviors changed for TB prevention, detection, and treatment

Illustrative activities:

- Develop, implement, and evaluate an SBC strategy for TB;
- Strengthen community knowledge and awareness of TB through CSOs and VHC to increase TB and DR-TB case detection rates and reduce stigma and discrimination against TB patients;
- Conduct extensive outreach on TB and TB/HIV to at-risk populations, including migrants, people who inject drugs, PLHIV, ex-prisoners, and homeless;
- Empower former TB patients to become role models and engage them in peer outreach with the support of CSOs.

Sub Purpose 4: Improved enabling environment

- SSP 4.1: Improved financing for TB services
- SSP 4.2: Improved data for decision making
- SSP 4.3: Improved policies
- SSP 4.4: Reduced stigma and discrimination

Supporting an enabling environment at the national and oblast levels for improved access to quality TB diagnosis and treatment requires advocacy to redirect national efforts toward more productive and effective program interventions and practices, as delineated in policies and strategic guidelines. Policies, regulations, and guidelines will strengthen the enabling environment to pilot, implement, and institutionalize internationally accepted practices for DR-TB control and support universal access to TB diagnosis and treatment. The GOKR has shown strong continuous commitment for TB prevention and control, and openness to the introduction and implementation of new policies and guidelines based on international standards. Domestic funding covers about 50% of overall TB financing (WHO, 2017), and substantial financial dependency remains. Financing by development partners for TB is decreasing overall, and the forecast is unstable. Additional domestic funding needs to be mobilized, as do private sector engagement and capital.

Further implementation of the ten-year roadmap to restructure the national system for the treatment and control of TB in the Kyrgyz Republic can solidify needed reforms that are in the process of implementation. The roadmap has already produced savings for the GOKR, which has been re-invested into TB services. Continued implementation will produce even more savings, but the prioritization of TB investments needs to be further elaborated. For example, the procurement of second-line drugs is urgently needed. In collaboration with other donors and international and local partners involved in DR-TB treatment reform scale-up, advocacy efforts must be implemented at the national level to promote innovative solutions for drug financing and procurement to ensure an uninterrupted supply of quality TB drugs. Working with the Global Fund to support a more effective Country Coordinating Mechanism (CCM) can improve the Global Fund TB program implementation.

A strong evidence base for monitoring and evaluating program performance is a core function of a national TB program. Quality data needs to be available for analysis and use at all levels,

particularly at the facility level where they are collected. Data should be disaggregated by gender and age for a greater understanding of TB trends and epidemiology. The current TB MIS being used in the Kyrgyz Republic is primarily a surveillance system focused on TB case detection. Without a laboratory or drug component, it is difficult to forecast drugs and implement case management. Improvements to the overall data system will result in more strategic decision making by the National TB Program.

Stigma and discrimination of TB patients, including self-stigma and negative attitudes by providers, present a major barrier to TB diagnosis and treatment. Although statistics show that men are disproportionately infected by TB, women are less likely to seek early TB diagnosis due to stigma and cultural restrictions. Many patients fear social isolation and abandonment by their families and communities from this disease. Health care workers may provide poor quality of care because they fear the disease and do not want to care for TB patients. Vulnerable populations, including those co-infected with HIV and TB, often face additional stigma and discrimination at access points, further discouraging their chances of receiving a timely diagnosis, treatment, and support. As part of a national SBC strategy (SSP 3.3), SBC activities should be conducted to properly inform the public on TB and to change discriminatory attitudes that present a barrier to care.

Illustrative activities (may include but are not limited to):

- *SSP 4.1: Improved financing for TB services*

Illustrative activities:

- Support further implementation of TB system optimization reforms;
- Support GOKR reforms of TB financing at TB facility and PHC levels.

- *SSP 4.2: Improved data for decision making*

Illustrative activities:

- Facilitate consensus among stakeholders to either improve the comprehensiveness of the current electronic TB MIS, ensuring inclusion of drug and lab management systems; or to develop and introduce a new TB MIS to provide timely, accurate data to program managers and decision makers at national and oblast levels;
- Support regular implementation of data quality assessment (DQA) activities and strengthen NTP staff capacity at central and oblast levels;
- Evaluate the current drug resistance surveillance system to ensure that all retreatment and new TB cases are evaluated for drug resistance;
- Assess TB strategic information (SI) needs and develop tools and procedures to improve the SI capacity at the NTP;
- Enhance NTP capacity at the central and oblast levels on data collection, reporting, and analysis of TB data, including disaggregates;
- Facilitate data sharing among stakeholders;
- Document and disseminate best practices from the Kyrgyz Republic to other countries in the region.

- *SSP 4.3: Improved policies*

Illustrative activities:

- Support the development of policies and guidelines supporting DR TB control efforts;
- Collaborate with NTP, Ministry of Health, Ministry of Social Protection, and CSOs to implement social procurement in collaboration with other development activities.

- *SSP 4.4: Reduced stigma and discrimination*

Illustrative activities:

- Strengthen community knowledge and awareness on TB to reduce stigma and discrimination against TB patients;
- Conduct outreach activities to health care providers as a target audience to reduce their stigma against TB patients.

I. OTHER CONSIDERATIONS

- a. **Gender:** The 2018 USAID TB Gender Analysis provided a number of recommendations for TB programs, including, but not limited to, strengthening case management counseling skills, employing different approaches for counseling men and women, delivering accessible accurate information from the point of view of the patient, and strengthening healthcare provider education. The Recipient should incorporate gender analysis findings in its activities and ensure that they will identify and address gender gaps and barriers.
- b. **Self-Reliance and Sustainability:** USAID is realigning and reorienting its policies, strategy, and program practices to improve how it supports each country on the Journey to Self-Reliance- a country's ability to plan, finance, and implement solutions to address its own development challenges. The recipient's activities will strengthen the Kyrgyz Republic's capacity to plan, design, implement, monitor, and maintain DR-TB activities through technical and organizational capacity building of the NTP, MOH, and CSOs for improved program outcomes and sustainability. Progressively assumed ownership and responsibility for planning, funding, and implementation by the NTP over the five years will be a key determinant of sustainability.
- c. **Coordination and Linkages:** The principal stakeholders and potential partners who are critical to the program's success include the Ministries of Health (MOH), NTP, WHO, the Global Fund for AIDS, TB, and Malaria, civil society (CSO), parastatals, and other development partners, such as KfW, Medecins sans Frontieres (MSF), ICRC, and sector wide approach (SWAP) partners. Implementation of the program will be undertaken in close coordination with the MOH and NTP staff who provide leadership and management, and hold critical decision-making power over the national TB response. USAID will also

cooperate with WHO, recognized as a neutral advisor to the MOH and highly committed to the quality implementation of the STOP TB Strategy in the region, as well as with the Global Fund, and a necessary partner in influencing governments to adopt priority interventions. Increasing linkages between NTP and PHC, HIV and CSOs will be essential for achieving desired outputs under this program. Opportunities for linkages with the private sector will be explored to increase the potential impact and sustainability of the program.

- d. **Outreach and Communication:** Outreach and communication will play a vital role in the activity's success, ensuring that the Kyrgyz public supports and is aware of the activity. In addition, the *USAID Kyrgyz Republic Outreach and Communication Strategy* has a number of objectives, including that the Kyrgyzstani public knows what USAID is, is familiar with its work, and has a favorable opinion of it. The development of Outreach and Communications materials also plays a role in providing transparency to the U.S. public and policymakers funding the activity. As such, it is expected that the recipient will incorporate outreach and communication into its activity and partner with USAID in these efforts. In particular, joint efforts should support informing audiences about the project's main goals, activities, and achievements. The recipient will need to develop and implement appropriate and robust outreach and communication strategies and tools. These may include using social media, developing approaches for content creation or acquisition (photo, video, illustration, etc.), staffing or contracting to ensure outreach and communication, technical capacity, and/or limited targets and indicators to assess the extent to which outreach efforts are successful.
- e. **Technical Expertise:** Management and implementation of the planned activities will require strong expertise in core technical areas related to the program, including but not limited to TB program management, infection control, drug and laboratory management, civil society engagement and outreach, electronic TB management information systems, M&E, and financial management.
- f. **Operational Research:** Two focused cost-effectiveness assessments should be conducted:
 - People-centered outpatient treatment for MDR-TB;
 - Rapid diagnosis technology utilization.
- g. **Geographic Coverage:** The program will focus on country-level activities.
- h. **Third Party Performance Evaluation:** USAID intends to carry out an external mid-term performance evaluation during year three to assess the program's progress towards its goal and outputs and to redirect the focus or direction of activities over the remaining two years if necessary. The performance evaluation will specifically consider gender-disaggregated data collected and if necessary, make recommendations for revised or more appropriate interventions for the

remaining years of the program. It is expected that the Recipient will collaborate with all external evaluation efforts.

[END OF SECTION A]

SECTION B: FEDERAL AWARD INFORMATION

1. Estimate of Funds Available and Number of Awards Contemplated

Subject to funding availability, USAID intends to provide up to \$18,500,000 in total USAID funding over a five year period. The ceiling for this program is \$18,500,000. Actual funding amounts are subject to availability of funds.

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity.

USAID reserves the right to fund any one or none of the applications submitted.

2. Start Date and Period of Performance for Federal Awards

The period of performance anticipated herein is five years. The estimated start date will be determined at the time of the award.

3. Substantial Involvement

a. Approval of the Recipient's Annual Work Plans: The initial draft Work Plan and subsequent work plans must be submitted to and approved by the Agreement Officer's Representative (AOR) per the section F.3(b)(i), "Annual Work Plans" with the application. The draft Work Plan must be finalized no later than 45 days after the award is made.

b. Approval of Specified Key Personnel: For this Program the Applicant shall propose Key Personnel positions for USAID approval.

c. Agency and Recipient Collaboration as follows:

i. Approval of subawards:

Pursuant to 2 CFR 200.308(c)(iv), prior approval from the Agreement Officer is required for the sub-award, transfer, or contracting-out of any work hereunder, (other than the purchase of supplies, material, equipment, or general support services), unless, it was described in the Recipient's application and funded in the approved budget of the award. In seeking approval, the Recipient must, at a minimum, identify the subrecipient, the amount, and the purpose of the award in accordance with 2 CFR 200. In addition, please note the additional requirements of ADS 303.3.21.a "Subawards to PIOs and Partner Government Entities" will apply to this award.

ii. Approval of Monitoring, Evaluation, and Learning (MELP):

The awardee will a MELP that will follow the format and requirements of the activity MELP that is provided in Section F.

iii. USAID monitoring to permit direction and redirection because of interrelationships with other projects.

d. Halt Construction: The AO may immediately halt a construction activity if identified specifications are not met. In addition, please note that per standard provision “Limiting Construction Activities (August 2013)” Construction is not eligible for reimbursement under this award.

4. Title to Property

Property title under the resultant agreement vest with the Recipient in accordance with the Requirements of the Standard Provisions for Non-U.S. Nongovernmental Organizations.

5. Authorized Geographic Code

The geographic code for this program is Code 937 (the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source) and 110 (the United States, the independent states of the former Soviet Union, or a developing country, but excluding any country that is a prohibited source).

6. Purpose of the Award

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the “USAID/Kyrgyz Republic Tuberculosis (TB) Control Program” which is authorized by Federal statute. The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

[END OF SECTION B]

SECTION C: ELIGIBILITY INFORMATION

1. Eligible Applicants

Qualified U.S. and non-US organizations and Public International Organizations (PIO) may participate under this NFO.

An applicant will be considered a local entity for purposes of this RFA when they meet the following criteria:

- (1) Is legally organized under the laws of the Kyrgyz Republic
- (2) Has as its principal place of business or operations in The Kyrgyz Republic
- (3) Is majority owned by individuals who are citizens or lawful permanent residents of the Kyrgyz Republic; and
- (4) Is managed by a governing body the majority of who are citizens or lawful permanent residents of the Kyrgyz Republic.

2. Cost Sharing or Matching

As prime applicants, cost sharing of 5% for international non-governmental organizations and 0% for local non-governmental organizations is anticipated under this award. Proposed cost share must be in accordance with 2 CFR 200.306

[END OF SECTION C]

SECTION D: APPLICATION AND SUBMISSION INFORMATION

1. Agency Point of Contact

Primary: Ms. Aliya Baioralova
Acquisition and Assistance Specialist

Secondary: Mr. Brian LeCuyer
Agreement Officer

Address: USAID/Central Asia
41 Kazibek Bi Street
050010 Almaty, Kazakhstan

Email: AlmatyAASolicitations@usaid.gov

Questions and Answers:

All questions regarding this NFO should be submitted in writing to AlmatyAASolicitations@usaid.gov no later than the date and time specified on the cover letter of this NFO, to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this notice of funding opportunity.

Any information given to a prospective Applicant concerning this NFO will be furnished promptly to all other prospective Applicants as an amendment to this NFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

2. Content and Form of Application Submission

Applicants are expected to review, understand and comply with all aspects of the NFO. Applications must be submitted in accordance with the instructions below.

Electronic. Application and modifications thereof must be submitted in two separate volumes (electronically): (a) technical and (b) cost applications. Email submission must include the following in the subject line:

- a. “Technical application under #72011519RFA00003, submitted by: [name of Applicant organization]. Part X of X”
- b. “Cost application under #72011519RFA00003, submitted by: [name of Applicant organization]. Part X of X”

If your technical or cost application is being sent in more than one email, please highlight the desired sequence of multiple emails. For example, if an Applicant is sending three emails with cost information, include “Part 1 of 3” on the first cost application email submitted.

Our preference is that the technical application and the cost application be submitted as single email attachments, e.g. that you consolidate the various parts of a technical application into a single document before sending them. If this is not possible, please provide instructions on how to collate the attachments. USAID will not be responsible for errors in compiling electronic applications if no instructions are provided or are unclear.

3. Preparation of Applications:

Each Applicant must furnish the information required by this NFO.

Any erasures or other changes to the application must be initiated by the person signing the application. Applications signed by an agent on behalf of the Applicant must be accompanied by evidence of that agent's authority unless that evidence has been previously furnished to the issuing office.

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

“This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, a grant 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 grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers} and, mark each sheet of data it wished 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.”

Applicants should retain for their records one (1) copy of the application and all enclosures which accompany it.

4. Application Submission Procedures

Each submission must be emailed to AlmatyAASolicitations@usaid.gov.

Fax: Faxed applications will not be accepted.

All applications received by the submission deadline will be reviewed for responsiveness to the NFO and the application format. No additions or modifications will be accepted after the submission date. Late or incomplete applications will not be considered. Applicants are expected to review, understand, and comply with all aspects of the NFO.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time. After you have sent your applications electronically, immediately check your own email to confirm that the attachments you intended to send were indeed sent. If you discover an error in your transmission, please send the material again and note in the subject line of the email or indicate in the file name if submitted via grants.gov that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

5. Technical Application Format

The technical application will be the most important factor for consideration in selection for award of the proposed Cooperative Agreement. The technical application should be specific, complete and presented concisely. The application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this program. The application should take into account the requirements of the program and evaluation criteria found in this NFO.

The Technical Application should be in English and submitted in a Microsoft Word (.docx) format. The technical application must not exceed 25 (twenty-five) pages, utilizing Times New Roman 12-font size, single-spaced, typed in standard 8 ½" x11" on letter size paper with one-inch margins both right and left, and each page numbered consecutively. Cover letter, dividers, table of contents, and annexes will not count toward the page limit (e.g. draft initial work plan, performance monitoring, and evaluation plan; personnel resumes; applicant past performance reports short-form, certificates; forms; acronym list etc.) Any pages that exceed the page limitation will not be furnished to the Selection Committee.

The technical application should demonstrate the Applicant's capabilities and expertise with respect to achieving the goals of this activity. 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. The proposed technical approach should clearly demonstrate how it will be operationalized in Kyrgyzstan specific environment, as well as how the applicant will foster local ownership, sustainability and assist the country on its journey to self-reliance.

The following documents are not included in the page limitation.

- Cover page
- Executive Summary
- Table of contents
- Dividers

The following documents should be provided as annexes and are not included in the page limitation:

- Staffing Organogram
- Key Personnel CVs and Letters of Commitment

- Institutional Capacity and References
- Branding Implementation Plan and Marking Plan

Any pages that exceed the page limitation will not be furnished to the Evaluation Committee. There is no page limit on attachments or cost application. No material may be incorporated in the proposal by reference, attachment, appendix, etc. to circumvent the page limitation.

The technical application must include the following sections:

a. Cover Page (not included in 25-page limit)

The Cover Page should include the following:

1. Program title and NFO number;
2. Name of organization (s) applying for the agreement (Lead or Primary Applicant clearly identified);
3. Any proposed partnerships (subgrantees or implementing partners) clearly identified;
4. Contact person for Prime Applicant: (telephone number, email address, address, and types name(s) and title(s) of person(s) who prepared the application, and corresponding signatures). State whether the contact person is the person with authority to contract for the Applicant, and if not, that person should also be listed with contact information; and
5. DUNS number of the Applicant.

b. Table of contents (not included in 25-page limit)

The table of contents must list all parts of the technical application, with page numbers and attachments.

c. Executive Summary (not included in 25 page limit; not to exceed 2 pages)

Briefly describe a) the proposed goals, b) the key activities and anticipated results, and c) managerial resources of the Applicant, and how the overall project will be managed.

d. Technical Approach (included in 25-page limit)

In this section, applicants are not to merely repeat what is already described in this NFO. Applicants should focus on describing how they propose to achieve the project objective(s) and how the project will make a significant contribution towards achieving the strategic objectives and areas for action identified in the project description. Applicants will elaborate in their technical approach the most effective way to develop and realize the objectives of this project including the reasonable course of action and tasks that are relevant to the current needs of the Kyrgyz Republic. Applicants should present a convincing and compelling articulation of their technical approach. They should also ensure that the “other considerations” provided in this NFO are incorporated into the approach.

The Technical Approach should describe the Applicant's approach to achieving the results and sub-results as specified in this NFO.

- Describe the Applicant's strategic approach for the achievement of project results, along with the proposed scale of impacts by the end of the award.
- Include a succinct description of major challenges and possible solutions for each objective;
- Demonstrate how the applicant will build local capacity and assist with the country's journey to self-reliance.
- Explain how programming will take into account differences in addressing TB/MDR-TB control among men and women.

e) Management Structure and Staffing (included in 25-page limit):

The application should include a description of proposed management and administrative structure, policies, and practices for overall implementation of the program including personnel, financial and logistical support; realistic strategies for cost-containment; and a realistic plan for monitoring the technical and financial activities and the reporting of sub-recipients and grantees. It must present a clear, complete and effective proposed organizational structure with clear lines of authority. Illustrate how this approach is responsive to multiple client needs and a changing environment.

The application must include a description of proposed sub-grantees, and a plan for dividing responsibilities and funding among partners to manage and implement activities (if applicable). In addition, the applicant must describe a division of labor that makes use of partnerships, and/or grants, as necessary, to result in the most efficient and effective implementation of activities to achieve results. This includes highlighting the strengths that the prime and each sub-grantee bring. The Applicant should submit a one-page letter of commitment from proposed sub-grantees or major partners and present a clear description for how the Applicant will coordinate with local partners, the private sector, other USAID programs, and other implementing organizations to complement efforts, prevent duplication, and maximize results.

Applicants will propose not more than four key personnel positions. The Applicant must provide specific individuals for these key management or technical positions necessary for the effective implementation of the proposed technical approach and achievement of the goals and objectives as detailed in this NFO. Proposed key personnel must demonstrate proven experience and effectiveness in similar positions and projects in developing countries. Offerors must detail the individual's qualifications and experience relevant to this NFO.

Qualifications collectively by the key personnel are included in Section F.

f) Implementation and Monitoring (included in 25-page limit):

- The Applicant must include a 5-Year Implementation Plan as follows:
 - The Implementation Plan must present an implementation plan for the five year period, including activities organized by each of the three objectives outlined.

- The 5-Year implementation plan must contain the initial annual work plan which shows proposed year one and two activities detailed by month.
 - Years three and four activities must be shown by quarter.
 - Year five should demonstrate institutionalization of project results and transition of major deliverables to the Government of Kyrgyz Republic.
 - The implementation plan must specify a timetable for the implementation of all planned activities, reflecting major tasks, milestones, deliverables, and institutional responsibilities. Includes a proposed approach for ensuring that program elements are sustainable by the end of the award.
- The Applicant must include a draft Activity Monitoring, Evaluation, and Learning Plan (MELP or MEL Plan) as follows:
 - The MEL that will describe how the project's performance will be monitored and how indicators will be measured. The MEL must include both USAID standard indicators (<http://f.state.sbu/Pages/Indicators.aspx>) and custom indicators, targets for each objective.
 - The MEL should be based on the program goal, purpose, objectives and indicators. The MEL should specify methodologies that will be used to monitor the progress of program activities toward achieving the expected outputs and, outcomes and results. Indicators should be disaggregated by gender and where appropriate by age, occupation, and residence. Indicators should be included that will track gender differentials in access and use of services and the sustainability of program activities.
 - The MEL should also include data sources, the frequency of data collection, collection methods, responsible parties of data collection, baseline information or plan for immediate baseline data collection, and benchmarks for each proposed indicator.
 - The Applicant should include an M&E narrative detailing how the collection, analysis, and reporting of performance data will be managed under the project, how gender will be incorporated into the M&E methodology and analysis, and how data will be shared and used to inform programming.
 - Either baseline information or a plan for the immediate collection of baseline data at the start of the program should be included. Activities undertaken to improve the electronic TB MIS should include a plan for ensuring the collection of gender-disaggregated data for TB at the national level. Annual national indicators for case notification and treatment success rate will be gathered from the NTP and the World Health Organization's annual global report on TB. The program will report progress quarterly in a standardized format.

Annexes:

a) Staffing organogram: The applicant must provide an organogram illustrating its management and staffing structure.

b) Key Personnel CVs and Letters of Commitment: The applicant must provide a CV/resume for each key personnel in its application. Each CV/resume will be accompanied by a signed letter of commitment from each individual indicating her/his: (a) present position and availability for

deployment on the Project, and (b) agreement to the compensation levels as set forth in the Cost Proposal. USAID neither requests nor desires exclusivity agreements between Applicants and proposed individuals. Offerors will also submit not less than three (3) references of professional contacts, with current contact information including email addresses and telephone numbers for each proposed key personnel. The CV, letters of commitment and references must not exceed 3 pages for each applicant. CVs must also highlight key personnel's role (if any) on the activities submitted as institutional past performance.

c) Institutional Capacity and References: In a one-page narrative, the applicant must provide the following information:

- A brief description of organizational history and experience in implementing similar projects.
- Examples of accomplishments in developing and implementing similar projects.
- Relevant experience with proposed approaches.
- Institutional strength as represented by the breadth and depth of experienced personnel in project relevant disciplines and areas.

In addition, applicants must include the following information for up to 5 activities of similar scale and scope. This information must be provided in the annex using the applicant Past Performance Information Short-Form (see Section G):

- Name, address, current telephone number and email address of responsible representative(s) from the organization for which the work was performed;
- Contract/grant name and number, if any, annual amount received for each of the last three years and beginning and end dates;
- Brief description of the project/assistance activity.

USAID may use the Contractor Performance Assessment Retrieval System (CPARS) and the Past Performance Information Retrieval System (PPIRS) if there is information available on the recipient in these systems if and when the Agreement Officer finds the existing databases to be insufficient for evaluating an Applicant's performance.

d) Branding Strategy and Marking Plan

Pursuant to ADS 320.3.1.2, the apparently successful applicant will be requested to submit a Branding Strategy and Marking Plan that will be negotiated for the award. The Branding Implementation and Marking Plan will not be a part of the technical evaluation, will not be evaluated as part of Merit Review, and will not count towards the page limitation of the technical proposal. Offerors must include estimated costs associated with both Branding Strategy and Marking plans, if any, in the Cost Volume. These plans must be prepared in accordance with the guidance in ADS 320.3.1.2, 2 CFR 700, and the references therein. Please also review the Marking and Branding Templates provided as attachments to this NFO.

6. Cost Application Format

Cost application must be prepared in Excel which details the breakdown of each line item captured in the SF-424A. The Excel worksheets must not contain passwords, locked cells, hidden spreadsheets or references to calculations not provided elsewhere in the application and all calculations and formulas must be visible. It must contain:

- The breakdown of all costs associated with the activity according to costs of, if applicable, headquarters, regional and/or country offices.
- The breakdown of all costs according to each partner organization involved in the activity.
- A breakdown of all costs according to each sub-awardee involved in the.
- The budget must provide a breakdown of the financial and in-kind leverage, converted to dollar value, of all organizations involved in implementing this activity. Please indicate clearly if the resource contributions will be in-kind or cash in the budget and budget narrative, as appropriate.

The Budget must include the following worksheets or tabs, and contents, at a minimum:

- Summary Budget, inclusive of all program costs (federal and non-federal), broken out by major budget categories and by year for activities implemented by the Applicant and any potential sub-applicants for the entire period of the activity.
- Detailed Budget, including a breakdown by year, sufficient to allow the Agency to determine that the costs represent a realistic and efficient use of funding to implement the Applicant's activity and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-award, for all federal funding and cost share, broken out by budget categories and by year, for the entire implementation period of the activity.

The budget must have an accompanying detailed budget narrative and justification that provides a detailed explanation regarding each proposed cost. The budget narrative should provide information regarding the basis of estimate for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization's policy, payroll document, market research, and vendor quotes, etc.). Detail must be adequate for USAID to evaluate the necessity, reasonableness, and allocability of each cost element in accordance with applicable cost principles. Cost-share resources should be distinguished from other resource contributions, including private sector resource contributions, if applicable, and have the same degree of information in the budget narrative as USAID-funded costs.

The Detailed Budget must contain the following budget categories as shown on the SF-424A and information, at a minimum:

a. Salary and Allowances

Direct salaries and wages must be proposed in accordance with the Applicant's personnel policies and must include the position title, salary rate, level of effort, and salary escalation factors. Allowances, when proposed, should be broken down by specific type and by a person. Allowances should be in accordance with the Applicant's policies and the applicable regulations and policies. Explain assumptions in the Budget Narrative. If the organization has standing

policies across all projects for annual salary escalations that exceed current inflation rates, those policies and the effective date of those policies must be provided with the application. The Applicant must also confirm that the policy applies to all staff across all projects.

b. Fringe Benefits (if applicable)

If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

c. Travel and Transportation

The Applicant must provide details to explain the purpose of the trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the Applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

d. Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property

The Applicant must include information on estimated types of equipment, models, supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the equipment and supplies and the basis for the estimates. The Budget Narrative must support the necessity of any rental costs and reasonableness in light of such factors as rental costs of comparable property, if any; market conditions in the area; alternatives available; and the type, life expectancy, condition, and value of the property leased.

e. Contract / Sub-awards

Specify the budget for the portion of the activity to be passed through to any contractors or sub-awardees. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is a sub-recipient or contractor. The sub-award budgets must align with the same requirements as the Applicant's budget, including those related to the fringe and indirect costs.

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

work under the award and do not meet the above definition of a sub-awardee are eligible for profit/fee.

f. Outreach and Communications Costs

Costs associated with outreach and communications may be represented separately or incorporated in other direct cost categories. The budget narrative must include a brief description of how the estimated costs for outreach and communication activities are represented in the cost proposal. More specifically, the budget will include information about events (such as press tours, activity launch, handovers, representation, community outreach, etc.), content creation (such as photography, video, illustration, graphic design, animation, infographics, etc.), message and content distribution (such as television, radio, magazine, social media, flyers, posters, billboards, etc.) and any costs associated with monitoring the efficacy of these efforts in terms of the activity's outreach and communication goals.

f. Other Direct Costs

This may include other costs not elsewhere specified, such as report preparation costs, passports and visas fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the activity proposed by the Applicant. The Applicant should indicate the subject, venue, and duration of any proposed conferences and seminars, and their relationship to the objectives of the activity, along with estimates of costs. Otherwise, the narrative should be minimal.

g. Indirect Costs

An applicant and/or major Sub-Applicant that have a Negotiated Indirect Cost Rate Agreement or the equivalent with USAID or another federal agency should include indirect costs per the terms of their agreement. The Applicant must indicate whether they are proposing indirect costs or will charge all costs directly. The application must identify which approach they are requesting and provide the applicable supporting information.

The Applicant and/or Major Sub-Applicant must submit a Negotiated Indirect Cost Rate Agreement NICRA if the organization has such an agreement with an agency or department of the U.S. Government. If no NICRA the Applicant should submit the following:

Reviewed Financial Statements Report: a report issued by a Certified Public Account (CPA) documenting the review of the financial statements was performed in accordance with Statements on Standards for Accounting and Review Services; that management is responsible for the preparation and fair presentation of the financial statements in accordance with the applicable financial reporting framework and for designing, implementing and maintaining internal control relevant to the preparation. The account must also state he or she is not aware of any material modifications that should be made to the financial statements; or

Audited Financial Statements Report: An auditor issues a report documenting the audit was conducted in accordance with Generally Accepted Auditing Standards (GAAS), the financial statements are the responsibility of management, provides an opinion that the financial statements present fairly in all material respects the financial position of the company and the results of operations are in conformity with the applicable financial reporting framework (or issues a qualified opinion if the financial statements are not in conformity with the applicable financial reporting framework).

h. Cost Share Component – Required but not scored

It is required that a minimum of 5% for international organizations and 0% for local NGOs of the proposed budget will be generated from non-USG funding or in-kind support for the proposed program. The cost share may be a combination of cash and in-kind. The Applicant must demonstrate the ability to raise the match proposed. Actual and/or expected sources and amounts of the cost-share amount from all sources (other donors, community members, businesses, etc.) must be stipulated.

Funds received by the Applicant directly from the U.S. Government or USAID intermediaries or foreign governments are not allowable elements of the cost share but should be identified as sources in the overall budget if they are critical to the program.

Applications should identify all critical sources of support for the program, including private and public cash receipts recorded in the organization's accounts and in-kind contributions of goods and services and other contributions not recorded in the organization's accounts but directly supporting its grant program activities. Criteria for acceptance and allowability for the non-U.S. federal contributions are set forth in 2 CFR 200.306.

i. Other Information.

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.

j. Representations and Certifications.

Representations and certifications should be included with the cost application. Complete copies of these Certifications, Assurances, and Other Statements may be found at <https://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf>.

Please include information on the organization's financial status and management, including:

- (a) Audited financial statements for the past three years,
- (b) Organization chart, by-laws, constitution, and articles of incorporation, if applicable,

(c) Copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel accounting management and procurement policies.

The application should include information that substantiates that the Applicant:

- (a) Has adequate financial resources or the ability to obtain such resources as required during the performance of the Agreement.
- (b) Has the ability to comply with the Agreement conditions, taking into account all existing and currently prospective commitments of the Applicant, non-governmental and governmental.
- (c) Has a satisfactory record of performance. In the absence of evidence to the contrary or circumstances properly beyond the control of the Applicant, Applicants who are or have been deficient in current or recent performance (when the number of grants, contracts, and Cooperative Agreements, and the extent of any deficiency of each, are considered) must be presumed to be unable to meet this requirement. Past unsatisfactory performance will ordinarily be sufficient to justify a determination of non-responsibility unless there is clear evidence of subsequent satisfactory performance. The Agreement Officer will collect and evaluate data on past performance of Applicants.
- (d) Has a satisfactory record of integrity and business ethics.
- (e) Is otherwise qualified and eligible to receive a Cooperative Agreement under applicable laws and regulations (e.g., EEO).

Applicants may submit any additional evidence of responsibility considered necessary in order for the Agreement Officer to make a determination of responsibility. Please note that a positive responsibility determination is a requirement for the award, and all organization must be subject to a pre-award survey to verify the information provided and substantiate the determination.

k. Dun and Bradstreet and SAM.gov Requirements

All Applicants [unless the Applicant is exempted under 2 CFR 25.110(b) or (c), or has an exception approved by USAID under 2 CFR 25.110(d)] is required to:

- (i) Be registered in SAM before submitting its application. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient;
- (ii) Provide a valid unique entity identifier in its application;
- (iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency; and
- (iv) Provide Affirmation of Certifications (please refer to ADS 303mad, Affirmation of Certifications).

USAID may not make a Federal award to an Applicant until the Applicant has complied with all applicable DUNS and SAM requirements and, if an Applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the

Applicant is not qualified to receive an award and use that determination as a basis for making an award to another Applicant.

It is the Applicant's responsibility to ensure that all necessary documentation is complete and received on time.

1. Funding Restrictions

1. USAID policy is not to award profit under assistance instruments. However, all reasonable, allocable and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principle under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.
2. Construction under this award is not eligible for reimbursement.
3. Sub-awards to government organizations are not eligible for reimbursement.

[END OF SECTION D]

SECTION E: APPLICATION REVIEW INFORMATION

1. Criteria

The criteria presented below have been tailored to the requirements of the award. The Applicant should note that these criteria serve to: (a) identify the significant matters which Applicant should address in the application and (b) set the standard against which the application will be evaluated.

Recognizing that various approaches may have merit, the award seeks a Recipient that, on the basis of its experience, can propose cost-effective ways of implementing this program. USAID may reject the application if it does not sufficiently respond to the requirements in the RFA. e.

An award will be made according to the evaluation criteria below. The application will be evaluated in accordance with the evaluation criteria set forth below in descending order of importance:

- Technical Approach
- Management Structure and Staffing
- Implementation and Monitoring
- Institutional Capacity

2. Review and Selection Process

a. Technical Evaluation

USAID will conduct a merit-based review of all applications received that comply with the instructions in this NFO. Applications will be reviewed and evaluated in accordance with the following criteria shown in descending order of importance:

Criterion	Description
Technical Approach	The Technical Approach will be evaluated on the degree to which the Applicant describes an approach that achieves all the project's purpose and sub-purposes identified in this RFA.
Management Structure and Staffing	Management will be evaluated with regards to the extent to which the Applicant's key personnel, management structure, and staffing plan convincingly demonstrate the ability to achievement of activity objectives and sound project administration.

Implementation and Monitoring	Implementation and Monitoring will be evaluated with regards to the extent to which the draft monitoring, evaluation, and learning plan, and the draft implementation plan demonstrate the ability to implement, monitor, and evaluate activities.
Institutional Capacity	The extent to which the Applicant and its teaming partners, if any, demonstrate that they have the institutional capacity to achieve results detailed in the Technical Approach.

b. Cost Evaluation

Cost is less important than technical and is not weighted; however, the cost applications of the apparently successful technical application will be evaluated for cost effectiveness including the level of proposed cost share. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability to be measured for a responsibility determination.

Costs included in the proposed budget will be reviewed to ensure that they are allowable, allocable, and reasonable. Proposed budgets will also be subject to cost realism analysis. The cost realism analysis will verify the applicant’s understanding of requirements, assess cost effectiveness and the degree to which the cost application reflects approaches the technical solution, and the degree to which included costs included accurately represent the programmatic requirements set forth in the technical application.

If costs included in the application are determined to be unrealistic it may risk not being considered for award.

[END OF SECTION E]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

A notice of award signed by the AO is the authorizing document for the award resulting from this NFO. USAID will provide it electronically to the authorized individual identified by the Recipient in the application.

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

2. Administrative & National Policy Requirements

The award will be administered as follows:

Agreement Office:
Acquisition and Assistance Office
USAID/Central Asia
41, Kazibek Bi Street
050000 Almaty, Republic of Kazakhstan

Technical Office:
Health and Education Office
USAID/Kyrgyz Republic
171, Prospekt Mira
720016 Bishkek, Kyrgyz Republic

For U.S. organizations, 2 CFR 200, 2 CFR 700 will apply, and ADS 303maa, Standard Provisions for U.S. Non-governmental Organizations are applicable.

For non-U.S. organizations, ADS 303mab, and Standard Provisions for Non-U.S. Non-governmental Organizations will apply.

Full copies of the 2 CFR 200 and 2 CFR 700 are incorporated hereby by reference. Please refer to ADS 303.4 and 303.5 for guidance. However, the applicable standard provisions will be attached to the final award document.

3. Reporting Requirements.

The Recipient must provide the following reports to the Agreement Officer's Representative (AOR) and to the Agreement Officer at AlmatyAAReporting@usaid.gov, as specified below, in accordance with 2 CFR 200.328 and 200.327 and the Substantial Involvement provisions.

a. Financial Reporting:

The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis within 30 calendar days after the end of each USG fiscal quarter (i.e. October 30, January 30, April 30, July 30) via electronic format to the USAID/CA Office of Financial Management at CARInvoices@usaid.gov, and to the Agreement Officer at AlmatyAAReporting@usaid.gov and the Agreement Officer's Representative (AOR).

The Recipient must submit the original and two copies of all final financial reports to USAID/CA/FMO, the Agreement Officer, and the AOR. The Recipient must submit the final financial report no later than 90 calendar days from the end of the agreement.

Electronic copies of the SF-425 can be found at: www.grants.gov.

b. Performance Reporting:

i. Annual Work Plans (AWP):

Within forty-five days (45) of the award of the Cooperative Agreement, the Recipient must develop and submit the first annual work plan to the AOR. Work plans may be submitted electronically. Upon acceptance of the work plan by the AOR, any substantial revisions to the plan must require the written approval of the AOR. Annual work plans for subsequent years are due to the AOR 30 days prior to the end of the USG's fiscal year or approximately August 31st. Regardless of the start date of this award, work plans will be adjusted to the fiscal calendar of October 1-September 30.

The Recipient must ensure that the AWP appropriately reflects activity objectives and the program description. The AWP should detail the work to be accomplished during the upcoming year. All work plan activities must be within the description of the program. The AWP will serve as a guide for activity implementation—a demonstration of links between interventions and objectives in accordance with the Monitoring, Evaluation, and Learning (MEL) Plan. The AWP must outline key activities and the expected results to be accomplished for that year and will be negotiated and shared with key stakeholders for comments as appropriate.

Outreach and communication events or activities will also be detailed in the AWP. A brief narrative will accompany the AWP to explain how the proposed outreach and communication events or activities contribute to the broader outreach and communication goals that are being pursued. Communication and outreach components that may be incorporated into the work plan include, but need not be limited to: objectives, performance benchmarks, audiences, content production targets, content acquisition options, content distribution models, social media goals, press engagement, etc.

The AWP will also serve as a basis for budget estimates for that year of program implementation. A budget with sufficient detail to allow the AOR to judge the efficiency of the implementation plan should be included. The AWP should delineate an overall budget by line item and a budget per objective and activity. The AWP may be revised on an occasional basis in the course of implementation, as needed, to reflect changes on the ground with the concurrence of the AOR.

ii. Quarterly/Annual Performance Reports:

The Recipient will use the standard form Performance Progress Report (SF-PPR) to report performance progress for the program under the award. Reports may be submitted electronically. Regardless of the start date of the cooperative agreement, all reporting will be adjusted to the USG fiscal year calendar.

Quarterly Reports: The Recipient must submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan and agreed-upon performance indicators. A format for the quarterly report must be approved by the AOR on an annual basis. The Recipient must submit quarterly reports within thirty (30) calendar days of the end of each quarter. The following quarter end dates must be used to determine the date of submission of the quarterly reports: 3/31, 6/30, 9/30, or 12/31. The fourth quarter report must be drafted as an annual report and must cover activities of the quarter as well as overall assessment of performance and progress for the prior 12 months of the program (See Annual Reports below).

The quarterly report must describe and assess the overall progress to date based upon agreed performance indicators. The reports must also describe the accomplishments of the Recipient and the progress made during the past quarter and will include information on key activities, both ongoing and completed during the quarter (e.g. meetings, training, workshops, significant events, subcontracts, and grants). The quarterly report should include targets and results for each indicator agreed upon in the MEL Plan. The quarterly report provides the opportunity to discuss the impacts of learning on the program; for example, how has implementation evolved as the result of information gathered over the course of the quarter. Also, notification must be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award or which may have an impact on the development hypothesis or theory of change for the activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification must include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. Lastly, the quarterly report will outline how the project has collaborated with host country governments and other USG and other-donor funded projects and efforts. The quarterly reports must utilize photos, maps, tables and other graphical elements useful in communicating performance data and activity implementation and include at least one success story. Any outreach or press reporting about the activity must also be included.

Quarterly reports must include as an annex an updated Performance Indicator Tracking Table, and if requested, an updated site location reporting form. USAID may require that this data be submitted through an online platform.

As Part of Quarterly Performance reporting, the Recipient will address the following:

Marking and Branding: Throughout the project implementation, (the implementing partner) will provide the following to the USAID AOR and the USAID Development Outreach and Communication (DOC) Specialist:

- a) An updated monthly calendar of planned public events to be organized by the project during the coming months, including approximate date, location, and audience using USAID standard template. The project will coordinate with USAID about all planned events with press participation, press activities, press releases, as well as the inclusion of USAID promotional materials for the participants, the participation of USAID/USG representatives.
- b) Quarterly reports of project media coverage in a format specified by USAID Mission in the Kyrgyz Republic.
- c) At least 2 success stories per year demonstrating notable outcome level project achievements. The stories are to be written in English, Russian and Kyrgyz using standard USAID template.
- d) At least 2 copies of all public communications materials produced by the project. In addition, the recipient shall submit one electronic and/or one hard copy of all final documents to USAID's Development Experience Clearinghouse (www.dec.usaid.gov).
- e) The implementing partner will obtain permission from USAID before setting up a social media account or creating a website for the project.
- f) Updated project Fact Sheet on a specified USAID template at least once a year or at the request of USAID (on special occasions).

Participant Training: The Recipient will collect training data on technical training (i.e., conferences and workshops) provided for beneficiaries that were held in the United States, third countries, or in-country under this Cooperative Agreement. The training data will be entered into TraiNET and submitted to the AOR quarterly no later than 30 days following the end of each fiscal quarter measured from October 1, as relevant. The Participant Training report for the final quarter of the final year of the agreement will be due 30 days prior to the end date of the award. The Recipient will follow ADS 252 policy, which provides detailed information regarding visa compliance guidelines, and ADS 253, which provides guidance on how to implement USAID funded training programs.

Annual Reports: The Recipient must submit annual reports that include narratives of achievements, and progress against the work plan and agreed-upon performance indicators. A format for the annual report must be approved by the AOR on an annual basis. The Recipient must submit annual reports within thirty (30) calendar days of the end of each U.S. Government fiscal year. Annual reports should contain content appropriate for public dissemination. In addition to content summarizing performance from the preceding quarter (See Quarterly Report above), the Annual Report must include a section that summarizes performance from the preceding year. The annual summary must concentrate on outcome and impact based on agreed-upon performance indicators. It will report on annual achievements against targets and will account for any shortfalls. The analysis in the annual section must not be limited to performance measures – it will also summarize progress during the previous year in a qualitative fashion. To this end, the Annual Report must also utilize photos, maps, tables, and other graphical elements

useful in summarizing project performance from the past year. In addition, the annual report must include a professionally formatted, four-to eight-page annual summary of achievements, noteworthy activities, lessons learned, changes in the environment, etc. The summary must be formatted to function as a stand-alone, externally shareable document, designed to keep key project stakeholders (such as USG agencies, other donors, and other USG implementers) up to date on progress. The summary must include photos, maps, tables, and other graphical elements as relevant. The annual summary must not directly recycle text, photos or other elements from quarterly summaries.

iii. Participant Training

TraiNet and USAID Sponsored J-1 Visas: All host country nationals being funded fully, partially, directly, or indirectly by USAID must enter the U.S. on a J-1 Visa, regardless of the type or duration of the activity. In order to secure a J-1 visa, each participant must first secure a DS-2019 form (Certificate of Eligibility for Exchange Visitor J-1 Status). TraiNet is the only means of obtaining a DS-2019 for USAID funded Exchange Visitors.

USAID/Kyrgyz Republic delegates the TraiNet data entry, verification, and reporting responsibilities to its implementing partner who is responsible for data entry (the R1 role) and verification (the R2 role) of all training programs and participants that are funded by USAID. USAID/Kyrgyz Republic/SPO is responsible for approval (the R3 role) and the COR/AOR and Program Managers are responsible for working with their implementing partners to obtain the data needed by the R3. USAID/Washington is responsible for submission of the data (the R4 role) to SEVIS.

The DS-2019 approval process is as follows:

Data is entered into TraiNet by the implementing partner's Data Entry Initiator (R1);

- The R1 submits the information to the Visa Compliance System (VCS);
- The designated Verifier (R2) verifies the accuracy of the data in the VCS, uploads documents, and either submits the information to the R3 if all is correct, or rejects the file if there are errors in the data;
- A designated United States citizen in the Central Asia Mission – the Approver (R3) – reviews the electronic versions of documents and either approves or rejects the files (for missing data or other concerns based on a review of the files) sending them back to the R1 with comments;
- When the R3 approves a file, the information is electronically transferred to the Responsible Officer (R4) in USAID/Washington who provides the final approval before the information is submitted to the Department of Homeland Security SEVIS database;
- The DS-2019 form is created, printed and mailed to the R3;
- The R3 gives the form to the USAID AOR who provides it to the implementing partner. The implementing partner is responsible for delivering the form to the participant so that he/she can present it to the Consular Officer during their appointment for a J-1 visa at the U.S. Embassy consular section, or designated Consulate. Exchange visitors apply online at the U.S. State Department's website in each respective CAR countries. When asked to

enter a “Program Number”, applications should enter USAID’s Exchange Visitor Program Number G-2-00263.”

Gender Reporting: The Recipient will report any activities implemented during the period, with progress and results that contributed towards the promotion of Gender Equality and Female Empowerment. As part of its regular reports, the Recipient must collect, analyze and submit sex-disaggregated data and propose actions that will address any gender-related challenges that might arise from that data. The Recipient will report any challenges to the AOR who, in turn, will work with the USAID/Kyrgyz Republic Mission’s gender specialist to find reasonable solutions.

iv. Final Report:

The Recipient must submit a final report that summarizes achievements, and progress against the work plan and agreed-upon performance indicators over the life of the project. The Recipient must submit the Final Report within ninety (90) calendar days after the expiration of the award. The Final Report must contain content appropriate for public dissemination. The Final Report must contain the following information:

1. An executive summary of the accomplishments and results achieved;
2. An in-depth analysis of progress and results that synthesizes achievements that contributed to program objectives. This section must clearly describe activities, major accomplishments, and results achieved, including results for all of the activities under the Cooperative Agreement;
3. Describe the reasons why targets were not achieved or were surpassed and why activities were delayed or not carried out, if appropriate;
4. A summary of the problems/obstacles encountered during the implementation, and how those obstacles were addressed and overcome, if appropriate;
5. Success stories, including examples of synergy and collaboration with partners;
6. Lessons learned, best practices, and other findings, along with recommendations for future programming in this sector;
7. A summary of progress made in achieving indicator targets during the activity implementation (based on valid data collection and analysis and credible baseline) including final data, compared to baseline data, for all indicators included in the monitoring and evaluation plan. This section should include disaggregated data by gender, historically disenfranchised groups, and other relevant groups identified;
8. A comparison of actual expenditures with budget estimates, including an analysis and explanation of cost overruns or high unit costs, as relevant;
9. Other pertinent information, including recommendations with-in depth- analysis and lessons learned, related to the overall activity results;
10. The Final Report must also contain an index of all reports and information products produced under the award; and
11. The Final Report must include a professionally formatted, four-to eight-page annual summary of achievements, noteworthy activities, lessons learned, changes in the environment, etc. The Report must be formatted to function as a stand-alone, externally shareable document, designed to keep key project stakeholders (such as USG agencies, other donors, and other USG implementers) up to date on progress. The Final Report must include photos, maps, tables, and other graphical elements as relevant. The Final Report must not directly recycle text, photos or other elements from Annual Reports.

4. Development Experience Clearinghouse Requirements

Consistent with ADS 540, the Recipient must prepare and submit a copy of semi-annual and final performance reports, results of assessments and operational research, if any, required by this award to the USAID Development Experience Clearinghouse (DEC) at:

Online: <https://dec.usaid.gov/dec/content/submit.aspx>;

By Mail:

USAID Development Experience Clearinghouse
M/CIO/ITSD/KM/DEC
RRB M.01-010
Washington, DC 20523-6100

Essential bibliographic information must accompany submissions, whenever it is available. The submission page on the DEC identifies the minimum required fields to submit. For questions on DEC submissions, contact:

Email: ksc@usaid.gov

Telephone: +1 202-712-0579

*Note: Mail sent to USAID via the US Postal Service undergoes security and irradiation processing. To send sensitive items, like CDs or DVDs, please contact the DEC team at ksc@usaid.gov to arrange delivery.

5. Program Income

Pursuant to 2 CFR 200.400(g), Recipients may not earn profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the cooperative agreement program and are in accordance with 2 CFR 200 Subpart E - Cost Principles may be paid under the award.

USAID does not anticipate any program income under the award.

6. Key Personnel:

The following positions are key personnel for the award:

TBD

The Recipient's key personnel team collectively must meet the following requirements:

- Technical experience designing, implementing and managing public health activities;
- Demonstrated experience in the management of complex programs;
- Demonstrated experience with project leadership including a positive professional reputation, strong interpersonal, writing, and oral presentation skills;

- Ability to effectively coordinate, collaborate and partner with government, donors, civil society and private business to leverage resources;
- Experience working with National TB Programs in the former Soviet Union;
- Demonstrated experience in monitoring, evaluation, and learning of public health programs;
- Demonstrated experience in financial management;
- Fluency in English;
- Fluency in Russian;

7. Environmental Compliance

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment is considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Part 204 (<https://www.usaid.gov/sites/default/files/documents/1865/204.pdf>) which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities.

The offeror's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA. In addition to complying with the obligations below, the offeror must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between the host country and USAID regulations, the latter shall govern.

No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO).

A Programmatic Health IEE (PIEE) was approved by the ANE Bureau Environmental Officer on 9/28/2011 (DCN: Asia 12-213) and Amendment #1 (DCN: Asia 14-101) to PIEE, approved by Asia BEO on 5/5/2014 for all Health activities in Central Asia and valid through FY2020. It establishes environmental compliance screening, mitigation, monitoring, and reporting requirements and applies to activities qualifying for a Categorical Exclusion (CE) listed in paragraph 22 CFR Part 216.2(c)(2) (no effect on the natural or physical environment) and Negative Determination with conditions (NDC). In addition to P-IEE and Amendment #1 to PIEE, MTF-3 to Asia 14-101 was approved by BEO on 10/31/2018, which extends the Environmental Compliance requirements of P-IEE and Amendment #1 to PIEE through June 2024. USAID Kyrgyz Republic is in the process of preparing a further amendment to this IEE, which will extend the applicable dates through the end of the life of the activity. Until this amendment is approved, no programmatic activities may take place beyond June 2024.

Amendment #1 to PIEE and MTF-3 to IEE Asia 14-101 are included as an Annexes 2 and 3. The activities and grants planned under this program include Medical education, technical assistance, and training programs except to the extent such programs include activities directly affecting the environment (such as the construction of facilities, etc.); analyses, studies, academic or research workshops and meetings; and document and information transfers. Therefore they qualify for a CE and are excluded from further environmental review. It is anticipated that the proportion of KR TB Activity will be subject to NDC threshold determination (such as procurement of electric and electronic equipment, printing of educational materials or small renovation activities); when such activity has been approved, then the implementing partner will screen, mitigate, monitor and report to USAID in accordance with terms established in the PIEE, amendment #1 to PIEE and MTF-3 Asia 14-101.

If the implementing partner plans any new activities outside the scope of PIEE, Amendment# 1 to PIEE and MTF-3 to Asia 14-101, it shall assist the Contracting Officer's Representative to prepare a PIEE amendment for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of the amendment.

Climate Risk Screening: most of the activity components are rated as Low Climate Risk as they are not expected to materially affect the implementation or outcomes of the activity. The recipient is encouraged to evaluate climate-related risks and vulnerabilities for activities with Negative Determination with Conditions threshold determination and adjust them based on a relevant analysis. To do that the offeror may use sources referenced in the Central Asia Climate Change Risk Profile at <https://www.climatelinks.org>.

As part of its initial Work Plan, and all Annual Work Plans thereafter, the successful applicant, in collaboration with the Agreement Officer's Representative (AOR) and the Mission Environmental Officer (MEO), shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved PIEE, IEE Amendment #1 and MTF-3 Asia 14-101. If the successful applicant plans any new activities outside the scope of these documents, it shall assist the AOR to prepare an IEE amendment for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of the amendment.

8. Monitoring, Evaluation and Learning (MEL)

Within 45 days of award, the Recipient must submit for approval an Activity Monitoring, Evaluation, and Learning Plan (MELP or MEL

Plan) for the life of the activity. The MELP must satisfy USAID's ADS 201 requirements, as well as the following:

- The MEL Plan must include a narrative that clearly articulates the activity's theory of change, describing the causal and logical relationships between different levels of results, along with the associated interventions, indicators and other performance data, and critical assumptions under each result. The MEL Plan should also present a visually represented logic model that illustrates these results, the causal and logical relationships between them, and the indicator and other performance data required to measure each.

- The MEL Plan must identify and describe the activity’s learning approach. This should include: learning objectives with corresponding information needs; plans for external collaboration in pursuing the learning agenda; strategic opportunities to “pause and reflect” on evidence; plans for documenting and disseminating gained knowledge; resources (financial and human resources as well as tools) needed to implement learning approaches; and, references to planned points of programmatic adaptation as a result of this learning.
- If the activity incorporates specific steps to address identified inequalities in participation or achievement, the MEL Plan should describe the approach to assessing whether the root causes of inequalities and the proposed approach to mitigating them are appropriately identified and effectively pursued.
- The MEL Plan must include an appropriate set of quantitative and/or qualitative indicators, which maximizes validity, reliability, integrity, precision, timeliness, and cost-effectiveness. The MEL Plan should contain only indicators with a clear use in management decision-making or reporting. No non-mandatory indicator should be proposed without a clear analytic or communication purpose. USAID will provide a list of required indicators for reporting. Preference should be given to all relevant standard indicators (<https://www.state.gov/f/indicators/>) before proposing custom indicators. For each indicator, the MEL Plan must include a Performance Indicator Reference Sheet (PIRS) whose content and format follows a template to be provided by USAID. PIRS for required indicators will also be provided.
- The MEL Plan must also include, in consultation with USAID, agreed-upon planned internal and external evaluations and evaluation questions that are salient to the implementation, adaptation or review of the activity in line with the USAID Evaluation Policy. The MEL Plan should demonstrate how the timing and of evaluations and content of evaluation questions is appropriate.
- The MEL Plan must include a narrative description of how data collection will be managed, including the planned staffing structure and resources needed to carry out the MEL Plan.
- The MEL Plan should also include a Performance Indicator Tracking Table (PITT) template, an Excel-based file that tracks all quantitative performance data, including: baseline figures, quarterly and/or annual performance figures, quarterly and/or annual targets, life of project totals, and life of project targets, disaggregated as appropriate. USAID may provide a specific reporting format for the PITT.
- Proposed indicators must, at a minimum, include these disaggregates: sex disaggregates for all people level indicators, numerators, and denominators for all ratios and percentages, and geographic locations. Sex and ratio disaggregates must be included in the PITT. For geographic disaggregation, all indicators associated with a discrete project site must be disaggregated by the decimal GPS coordinate associated with that site. All indicators associated with an area-wide activity must be disaggregated by province and district name. Geographic disaggregates should not be included in the PITT unless otherwise directed.

9. Non-Federal Audits

In accordance with 22 CFR Part 226.26 Recipients and Subrecipients are subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, “Audits of States, Local Governments, and Non-Profit Organizations.” Recipients and Subrecipients must use an independent, non-Federal auditor or audit organization which meets the general standards specified in generally accepted government auditing standards (GAGAS) to fulfill these requirements.

10. Electronic Payments System

I. Definitions:

a. “Cash Payment System” means a payment system that generates any transfer of funds through a transaction originated by cash, check, or similar paper instrument. This includes electronic payments to a financial institution or clearing house that subsequently issues cash, check, or similar paper instrument to the designated payee.

b. “Electronic Payment System” means a payment system that generates any transfer of funds, other than a transaction originated by cash, check, or similar paper instrument, that is initiated through an electronic terminal, telephone, mobile phone, computer, or magnetic tape, for the purpose of ordering, instructing or authorizing a financial institution to debit or credit an account. The term includes debit cards, wire transfers, transfers made at automatic teller machines, and point-of-sale terminals.

III. The Recipient agrees to use an electronic payment system for any payments under this award to beneficiaries, subrecipients, or contractors.

IV. Exceptions. Recipients are allowed the following exceptions, provided the Recipient documents its files with the appropriate justification:

- a. Cash payments made while establishing electronic payment systems, provided that this exception is not used for more than six months from the effective date of this award.
- b. Cash payments made to payees where the Recipient does not expect to make payments to the same payee on a regular, recurring basis, and payment through an electronic payment system is not reasonably available.
- c. Cash payments to vendors below \$3000, when payment through an electronic payment system is not reasonably available.
- d. The Recipient has received a written exception from the Agreement Officer that a specific payment or all cash payments are authorized based on the Recipient’s written justification, which provides a basis and cost analysis for the requested exception.

IV. More information about how to establish, implement, and manage electronic payment methods is available to Recipients at <http://solutionscenter.nethope.org/programs/c2e-toolkit>.

11. Police and Prisons

Under this award, assistance may not be used to provide training, advice, or any financial support for police, prisons, or other law enforcement forces.

12. Salary Supplemental for Host Government Employees

Any payments by the Recipient to any host government's employee at any level is subject to the USAID policy guidance on criteria for payment of salary supplements for host government employees dated April 1988 (or as amended). When this issue arises during the life of the cooperative agreement, the Recipient must consult with the AO on any questions regarding the applicability of the policy.

[END OF SECTION F]

SECTION G: OTHER INFORMATION

ANNEXES:

1. Annex 1 - Past Performance Information
2. Annex 2 - HEALTH IEE amendment 1 Asia 14-101
3. Annex 3 - Asia-14-101-MTF-3
4. Annex 4- Branding Strategy and Marking Plan