



# USAID | MOZAMBIQUE

FROM THE AMERICAN PEOPLE

**Issue Date:** May 24, 2019  
**Pre-proposal Conference Date:** June 6, 2019 at 14:00 pm (Maputo Time)  
**Deadline for Questions:** June 10, 2018 at 17:00 pm (Maputo Time)  
**Closing Date:** June 27, 2019 at 10:00 am (Maputo Time)

**Subject:** Notice of Funding Opportunity (NOFO)  
Request For Application (RFA) Number: 72065619RFA00006

**Program Title:** Mozambique Local Tuberculosis (TB) Response

Catalog of Federal Domestic Assistance (CFDA) Number: 98.001

Ladies/Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement Mozambique Local Tuberculosis (TB) Response activities in Sofala, Tete, Nampula and Zambezia Provinces.

**Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined below:**

**“To be considered a “local” organization, an entity must:**

- (1) Be organized under the laws of the recipient country;**
- (2) Have its principal place of business in the recipient country;**
- (3) Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country; and/or**
- (4) Be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country.**

Please see **Section D** of the RFA for additional information.

USAID intends to make an award to the applicant who best meets the objectives of this funding opportunity based on the merit review criteria described in this RFA subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this RFA thoroughly to understand the type of program sought, application submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this RFA and meet eligibility standards in Section C of this RFA. This funding opportunity is posted on [www.grants.gov](http://www.grants.gov), and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the RFA has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on [www.grants.gov](http://www.grants.gov) or accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

USAID will hold a pre-proposal conference on the date shown above at the following address:

USAID/Mozambique  
JAT Complex  
Rua 1231, Nr. 41  
Maputo  
Mozambique

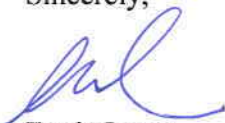
Should you intend to participate in the aforementioned conference, please provide the names of the individuals that will represent your organization to the points of contact identified in Section D by not later than June 3, 2019 at 17:00pm (Maputo Time).

Please also send any questions to the points 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](http://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,



Eyole Luma  
Agreement Officer

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## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ADR	Adverse Drug Reaction
AOR	Agreement Officer Representative
APE	Polivalent Elementary Agent ( <i>Agente Polivalente Elementar</i> )
ART	Anti- Retroviral Treatment
BDQ	Bedaquiline
CB-DOTS	Community Based Directly Observed Treatment Strategy
CA	Cooperative Agreement
CCS	Center for Collaboration in Health ( <i>Centro de Colaboração em Saúde</i> )
CDC	The U.S. Center for Disease Control
CDCS	USAID/Mozambique Country Development Cooperation Strategy
CHASS	Clinical and Community HIV and AIDS Services Strengthening
CI	Contact Investigation
CLA	Collaborating, Learning and Adapting
CSO	Community Social Organization
CTB	Challenge TB Project
DATIM	The Global Data For Accountability, Transparency and Impact
DO	Development Objective
DOT	Directly Observed Treatment
DPS	Provincial Directorate of Health ( <i>Direcção Provincial de Saúde</i> )
DST	Drug Susceptibility Testing
DQA	Data Quality Assessment
ECG	Electrocardiogram
EMMP	Environmental Monitoring and Mitigation Plan
FAST	Finding TB cases Actively, Separating safely and treating effectively
FDC	Communities Development Foundation
FFR	Federal Financial Reporting Form
FGH	Friends in Global Health- Vanderbilt University
JHPIEGO	John Hopkins Program International for Education Gynecology and Obstetrics
GFATM	The Global Fund for AIDS, Tuberculosis and Malaria
GLI	Global Laboratory Initiative
GRM	Government of the Republic of Mozambique
HF	Health Facility
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting ( <i>United Nations Head of States Meeting</i> )
INS	The National Institute of Health
INSIDA	National HIV/AIDS Survey ( <i>Inquerito Nacional de HIV/SIDA</i> )
IPT	Isoniazid Prophylaxis Treatment
IR	Intermediate Result
ITR	Individualized Treatment Regimen
LPA	Line Probe Assay
MDR-TB	Multidrug Resistant TB
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MER	Monitoring and Evaluation Report
MOH	Ministry of Health
ND&R	New Drugs and Regimens

NGO	Nong Government Organization
NHS	The National Health Service
NSP	National Strategic Plan
NTP	National Tuberculosis Control Program
NTRL	National TB Reference Laboratory
OP	Operational Plan
PCA	Patient Centered Approach
PEPFAR	The U.S. President's Emergency Plan For AIDS Relief
PD	Program Description
PEN	National HIV/AIDS Strategic Plan
PESS	Mozambique Health Sector Strategic Plan
PLHA	People Living with HIV and AIDS
PMDT	Program Management of Drug Resistant TB
KNCT	The Netherland Anti- TB Association
SADC	Southern Africa Development Community
SATBHSS	WB's Southern African Tuberculosis and Health System Strengthening Project
STIP	Science, Technology, Innovation and Partnership
TA	Technical Assistance
TB	Tuberculosis
TO	Technical Officer
TOT	Training of Trainers
TPT	Tuberculosis Preventive Therapy
TWG	Technical Working Group
UPS	Uninterruptible Power Supply
USAID	United States Agency for International Development
VDOT	Video Direct Observed treatment
XDR-TB	Extensively Drug Resistant TB
WB	The World Bank
WHO	The World Health Organization

## SECTION A: PROGRAM DESCRIPTION

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID’s supplement, 2 CFR 700, as well as the additional requirements found in Section F.

### A. INTRODUCTION

USAID/Mozambique intends to award a USD20 million, five-year Cooperative Agreement (CA) to support the Government of the Republic of Mozambique (GRM) to improve **Tuberculosis (TB) Epidemic response in Mozambique’s high burden provinces, Sofala, Tete, Zambezia and Nampula.**

The Other Health Operational Plan (OP) has supported the Government of Mozambique Ministry of Health National Tuberculosis Program (NTP) in combating Tuberculosis (TB) epidemic. Currently USAID OP is working to support the new 5 year National Tuberculosis Strategy to achieve epidemic control.

According to WHO Stop TB Global Report 2018, Mozambique is one of the world’s 30 countries with high burden of TB. The estimated TB incidence rate in Mozambique is 551 per 100,000 people. In 2017, only 73,470 TB cases were notified out of an estimated 159,000 incident cases; 85,530 (54%) TB cases missed were missed last year. Additionally, an estimated 22,000 Mozambicans died of TB in 2017, not including those who died with TB/HIV co-infection. The number of estimated MDR/RR-TB cases among notified pulmonary TB cases is 3,400 and only 868 cases were notified, implying that 2532 (72%) are still not being diagnosed and effectively treated. The overall burden of MDR-TB is estimated to be 7600 cases and Mozambique has the second highest estimated burden among SADC countries. Forty percent of TB cases are estimated to be co-infected with HIV in Mozambique, where general HIV prevalence is around 13.2%. While the indicators for HIV testing among confirmed TB cases (> 96%) and enrollment on ART of those found to be HIV positive (>92%) are impressively high, management of TB among PLHA enrolled in care and treatment needs to be strengthened, with low uptake of IPT/TPT among all those eligible (<60%/<40%) and low rates of TB treatment among those found to have confirmed TB (<5%).

USAID has supported the National TB Program through TB CAP (2005-2009), TB CARE (2010-2014) and most recently through the Challenge TB (CTB) mechanism (2015 until present), with the goal of supporting the Government of the Republic of Mozambique to eliminate TB as a public health problem by 2035 in line with the END TB Strategy targets. CTB covers 56% of the country’s population and 51% of the reported TB cases in four high burden provinces selected in collaboration with the National TB Program (Nampula, Zambezia, Sofala, and Tete). The project implementation strategy is tailored to address province and district-specific challenges through Community Based-Directly Observed Treatment Strategy (CB-DOTS) as a core activity in each province. This mechanism is scheduled to end September 2019.

Throughout the life of the project, CTB has focused on increasing demand for quality TB services by implementing community based TB screening, referrals for symptomatic individuals, treatment support such as household visits or TB guardians (“padrinhos”) and planned cough days, which contributed in 15% to 25% of national TB case notification, including in actual treatment success rates of above 90% and improving children contact tracing and IPT of patients positive TB. These activities are complemented at health facility level by enhanced active case finding, such as the FAST (Find Active Separate and Treat TB) strategy using cough and case management officers, coordinating with CB DOTS (Community Based Direct Observed Treatment Strategy) partners to support clinical services needed for cough days. The project also supported introduction and scaling up of the GeneXpert platform for TB diagnosis, placing the line probe assay at the National Reference Laboratory (NRL) in Maputo and Regional Reference Laboratory (RRL) in Nampula and piloting TB specimen transport model to improve access to this diagnostic method, since sample referral is an ongoing challenge. CTB has also invested in the development of training modules for priority interventions such as collaborative TB/HIV services, pediatric TB diagnosis and treatment and how to introduce community TB interventions at district level and bring them to scale.

Some of these strategies have been replicated by local NGOs under the direction of Global Fund principal recipients (CCS and FDC), including scaling up of TB/HIV training tools and CB-DOTS best practices. Through the TB task and technical working groups, CTB has also collaborated with key TB stakeholders, promoting the working group platform between GFATM, World Bank, PEPFAR (through the FGH and CHASS projects) and other partners such as MSF to leverage synergies among the efforts to eliminate TB. Additionally, CTB is providing ongoing technical assistance to the National TB Prevalence survey in close coordination with GFATM through the prime CTB partner, KNCV, who is providing technical leadership in all areas from planning and implementation to data management and analysis.

Although there have been some notable advances in controlling TB, Mozambique still faces the challenge of low TB case detection, weak diagnosis and treatment of MDR-TB, insufficient use of existing new diagnosis technologies, overall weak laboratory network/infrastructure and sub-optimal implementation of TB/HIV collaborative activities. Therefore, this activity is envisioned to be delivered through a new Cooperative Agreement and with an overall goal to reduce the burden of TB and related morbidity/mortality by increasing TB and DR-TB case detection and quality of care through an evidence based, patient centered approach. The award will also build local capacity to implement TB services at high quality, international standard to sustain a long term response, promote innovation, ensure utilization and optimization of new technology and prepare the other local organization to become a potential direct recipient of USAID funding in the future projects, in line with USAID’s support for the journey to self-reliance.

## **B. ACTIVITY DESCRIPTION**

### **B.1: Activity goals:**

The overall goal of this activity is to reduce the burden of TB and DR-TB in Mozambique. This goal will be accomplished through the following objective: Improve the TB and DR-TB epidemic response in Mozambique.

The activity will aim to meet the following intermediate results (IRs):

- 1) Improved active case detection
- 2) Improved quality of care for drug sensitive and drug resistant TB
- 3) Improve surveillance platform and programmatic response for drug resistant TB
- 4) Improved capacity of local entities to implement the National TB Strategic Plan

The recipient of this award will work at central and provincial level to support the GRM response to the TB epidemic in Mozambique, including DR-TB. While the specific provinces previously mentioned in the document were determined in collaboration with the National TB Program, the activity will focus on those areas with the highest presumed burden of TB and those where vulnerable/at-risk populations are located.

The overall goal of this activity is to support the GRM's efforts to reduce the burden of TB in Mozambique, as articulated in the forthcoming National Strategy Plan. All activities must align with existing operational plans and guidelines of the National TB Program and the Ministry of Health. The National TB Program will develop a new National Strategic Plan in 2019; This activity will need to anticipate the need to align with the priorities identified in the new NSP. The activity will be rigorously results driven, utilizing the Results Framework described in Section B.6.

## **B.2: Background and Problem Analysis:**

### **B.2.a: Country context:**

Mozambique has a population of around 28,9 million inhabitants. The country is divided into 11 provinces and 128 districts, with 68% of the population living in rural areas. Despite steady economic growth in recent years, Mozambique continues to rank low on the Human Development Index, falling within the bottom twenty countries in the world. Due to the high prevalence of HIV/AIDS, malaria, tuberculosis (TB), and other infectious diseases, as well as high maternal and newborn mortality, life expectancy for Mozambicans is just 59 years. TB is the third leading cause of morbidity and mortality among adults, after HIV/AIDS and malaria, and it is the number one killer of adults with HIV in the country. According to the World Health Organization (WHO), the country is among 30 high burden countries globally with high rates of TB, TB/HIV and DR-TB. The TB prevalence rate has increased from 544 per 100,000 in 2011 inhabitants to 551 per 100,000 inhabitants in 2017. Treatment coverage rate is 52%, indicating a large percentage of incident TB cases that are either undiagnosed or not notified to the NTP. Among those on treatment, the treatment success rate is 86.6%.

An estimated 13.5 % or 1.5 million Mozambicans are infected with HIV (INSIDA report); the burden of HIV/AIDS is high by any measure. A recent mortality survey conducted in Mozambique identified HIV as the number one cause of mortality in Mozambicans over the age of five, accounting for 53% of all deaths. The country is ranked fifth highest in terms of the burden of TB/HIV co-infection, with an HIV co-infection rate of close to 40% among notified TB cases. With TB widely recognized as the number one cause of death among HIV infected adults, it is clear these devastatingly symbiotic epidemics must be tackled together. Mozambique has also the second highest estimated burden of DR-TB in the SADC region, current estimates are that 3.7% of all new cases and 20% of retreatment cases are resistant to rifampicin. In 2017, there were an estimated 8,800 RR-TB cases. Additionally, some XDR-TB cases already reported and the relatively high burden of DR-TB overall brings the concern of a high burden of XDR-TB. All DR-TB estimates are modelled with input from the drug resistance survey conducted in 2007 and recent estimates of overall TB burden and DR-TB

among notified cases; with the anticipated DRS to be conducted in 2019/2020, the estimated burden may shift.

In terms of the burden of pediatric TB, WHO estimates that there were 23,000 incident cases among those age 0 to 14 in 2017. Out of 85,376 notified new and relapse TB cases, 11,101 were 0-14 years old, indicating that almost half of estimated pediatric TB cases are not diagnosed or notified to the NTP. While pediatric formulations of TB drugs are now available, diagnosis continues to be an ongoing challenge in Mozambique and other countries in the region, exacerbated by the presumably high rate of HIV co-infection among children.

**B.2.b: Geographic Focus and Operations:**

The geographic focus of Mozambique Local TB response activity is focused in the central and northern Provinces of Mozambique. As previously mentioned in the document potential awardee is expected to focus at central level with the Ministry of Health and implement activities in Sofala, Tete, Zambezia and Nampula provinces which were jointly identified by the Ministry of Health's National Tuberculosis Program. The selected geographic area focus is equivalent to 56% of the country's total national population and 51% of the TB burden.

**B.2.c: Health system and community interventions Context:**

Mozambique faces significant challenges in providing quality health services at a high level of coverage. The National Health Service (NHS) operates in a decentralized structure with 11 provinces, 128 districts and 30 urban municipalities and several sub-district health facilities. The administrative and public health delivery system consists of a national level responsible for health sector policy and strategic direction, and a provincial level providing technical and policy oversight to the district operational level. The health service delivery system consists of four levels. Level One is made up of health posts and health centers at the community level; at least 40% of all health services are delivered at this level and it is typically the first (and often only) point of contact with the health system for the population. These facilities have very basic resources and are staffed by clinical officers, nurses, and medical technicians. Level Two consists of district hospitals that offer basic diagnostic, surgical, and obstetric services and include general medical doctors and surgical technicians on staff. Level Three is comprised of provincial hospitals, which offer diagnostic and curative services, and training centers. Finally, Level Four includes the country's three referral hospitals in Maputo, Beira, and Nampula, serving the southern, central, and northern regions, respectively. Health sector interventions at community level are provided by programs such as the MOH operated Community Health Workers Program (APEs), and the national health system relies heavily on community organizations to deliver the bulk of activities implemented at community level and that complement health services at facility level.

“Agente Polivalente Elementar (APE)”, a community health worker, is an official health cadre and serves as an extension of the primary health care facility to the community. APEs provide much of the preventive care in rural communities including community talks on priority diseases and health conditions such as HIV, malaria, pneumonia and diarrhea, counselling on family planning methods, promoting deliveries within health facilities, linking to nutrition programs, and overall improved health-seeking behaviors. APEs link the community to the National Health System (NHS) as the first step in the referral system.

The link between any community cadre, including those noted above, and the APE is that of referral and linkages. In communities where an APE is present, the community health worker refers to the APE as the first entry point from the community and then to the health facility. In

communities where health committees are present, the community health workers and APEs coordinate in a structured manner and have stronger linkages.

Despite these structures and the presence of various cadres of community health workers, strong linkages, engagement, and referrals to ensure a continuum of care are often lacking between health facilities and communities. The engagement of communities in supporting prevention, care, and treatment services is critical, and they play an important role in the linkage between individuals and health facilities to improve access to quality facility-level services and retention of patients in care. Metrics for monitoring these linkages and measuring impact are also a critical gap.

Civil society organizations (CSOs) are recognized under the recently developed HIV/AIDS National Acceleration Plan and the current NTP national strategic plan as important actors in the national response to HIV and TB due to their ability to work at community level, mobilize communities and change sociocultural and behavioral norms that create the main barriers to patients accessing care and treatment for both diseases. However, CSOs in Mozambique have traditionally been more involved in the response to HIV through supporting prevention, social behavior change, home-based Care, reduction of risk and vulnerability and impact mitigation interventions, marked by very weak linkage between the community services and health systems. With the exception of the local partners engaged through CTB, CSOs have not played as prominent a role in the response to TB.

Additionally, CSOs in Mozambique have tended to be organizationally weak, with challenges in coordination, leadership and governance, and monitoring and evaluation of activities and use of information for decision making. Full integration and participation of CSOs in planning forums is also a challenge and civil society has limited power to influence decisions. Community-based organizations have especially little influence on policy formulation or implementation, as they are more focused on basic service provision and they lack the technical or analytical skills to participate in many forums at all levels. On the other hand, CSOs have been more involved in advocacy issues and social mobilization activities and are valued partners in these efforts, for example, in their role in defending women and children's rights in the HIV national response.

Donor investments have helped many Mozambican CSOs strengthen their capacity in strategic planning, financial management, technical implementation, and resource mobilization; however this support has been largely fragmented. Declining and unpredictable donor funding, and a tendency of donors to support short-term project, undermines CSOs' capacity to retain staff and sustain their organizations, and results in the organizations implementing donor driven rather than national priorities. Many donors have also focused support to a few strong, Maputo-based CSOs, neglecting the majority of organizations that are small and based at province and district level and that are actually responsible for direct service delivery.

Actions are already being implemented to address these challenges. Drawing on past experiences and programs of implementing partners, training packages for sub-recipients are being established to build and strengthen their managerial and technical skills in areas such as information systems management, information flow and monitoring on critical indicators that they should report on, including establishing a regular and periodic information and data sharing and reporting back to the project main implementers. This project will be expected to build on these existing efforts to promote a robust community level response in support of the overall response to TB in Mozambique.

### **B.2.d: Socio-cultural barriers, gender inequities and high risk sub-populations**

Mozambique ranked relatively high (29th out of 136) in the Global Gender Gap Index of 2017, indicating more gender equality than other countries in the region. The Government of Mozambique is committed to protecting human rights and reducing gender inequalities. There is a political and legal framework in place which provides solid guidelines for interventions, particularly in the areas of gender-based violence and encouraging women's literacy and empowerment.

However, important gender inequalities still exist which negatively impact public health interventions in Mozambique. For example, cultural norms in a context where socio-economic norms dictate male dominance may impede women's access to health services if women's decision making power is compromised. Traditional gender roles and economic and employment disparities contribute to a low access to health services, educational opportunities and high power status positions, leaving young girls and women vulnerable.

One major barrier to care is the limited availability of services in geographically isolated locations-in some cases, access to health services is compromised because of long distances between health facilities, and the cost of travel from home to clinic is prohibitive.

Additionally, there are social and cultural factors which negatively affect health seeking behavior, including marginalization and stigmatization among some populations and for some illnesses or symptoms, including TB.

Certain populations are considered at higher risk of TB, including prison populations, health workers, migrant workers, miners, and refugees. Of these groups recognized in the national response plans, prison populations are the primary focus.

Prison populations in Mozambique, as in other countries in the region, are at high risk of TB infection due to overcrowding, high levels of HIV infection, delayed or lack of diagnosis and treatment services. They also lack access to information on HIV and TB counselling and testing services, condom provision. Health services are provided only intermittently and treatment regimens are frequently disrupted when patients are released without proper referral. An estimated 24% of inmates of Mozambican prisons are infected with HIV, and around 18.5% of prison staff is HIV infected. In a recent survey, TB prevalence was found to be high in this population (1.5% among inmates and 0% among staff), but was almost certainly underestimated due to challenges obtaining samples from eligible study participants. In 2013, 966 prisoners were diagnosed and reported with TB disease, out of a population of 58,175, which translates to a very high notification rate of 1,660/100,000. National TB and HIV plans include interventions to increase health literacy among prison populations, mobilize them for early case finding and cough hygiene, address human rights issues, and increase access to and consistency of health services.

There is a substantial labor migration to the mines in South Africa, predominantly from the Southern provinces. These workers have poor living and working conditions and are at high risk of silicosis, HIV and TB infection. The SADC initiative has recently expanded into Mozambique and is providing services to this population (World Bank funding). New economic investments such as open pit coal mines in the Northern and Central part of Mozambique are also attracting migrant workers (miners, sex workers, and others) from other provinces as well as neighboring countries, with a high risk of fueling the HIV and TB epidemic.

Surveillance of TB and HIV among health workers is not well established as a routine activity. In spite of this, in 2013 NTP notified 193 health workers with TB disease, of whom 3 had

MDR-TB, and two of these health care workers died. JHPIEGO and TB CARE I initiated a training program on TB infection control in hospitals and health centers to address this challenge. JHPIEGO also has started implementing a voluntary screening program for health staff, which is progressing slowly due to stigma concerns.

### **B.2.e: Tuberculosis Problem analyses**

Mozambique is included in the WHO list of 30 high burden TB countries; TB is a serious health and development issue for the country. The TB incidence rate has remained steady at 551 per 100,000 people since 2012, and the gap between estimated and notified cases has historically been one of the highest in the world. The NTP has made significant achievements in improving case detection since 2015, with a 23 percent increase in cases detected from 2015-2016 and another 19 percent increase from 2016-2017. Much of this improvement is due to the engagement of community based organizations who implement TB education, screening and referral. Despite these achievements, the gap in notifications remains high at almost 50 percent and the percentage of laboratory confirmed TB cases has declined by 10 percent from 2015 to 2017, indicating that the TB diagnostic network has not achieved high enough coverage to provide quality diagnosis services.

Mozambique has the second highest number of estimated drug resistant TB cases in the SADC region, after South Africa. In 2017, the total estimated number of DR-TB cases was 8800, with 4100 estimated among all notified pulmonary cases. Only 892 cases were notified in the same year, implying that only about 10 percent are detected. Although 938 individuals began second line treatment in 2017 (including confirmed and non-confirmed cases), treatment success rate among DR-TB cases remains low at 48% for the 2015 cohort, and the death and loss to follow up rates remain unacceptably high at 26% and 11%, respectively. Mozambique participates in the USAID-Janssen bedaquiline (BDQ) donation program, which provides access to a new medication that is considerably less toxic than the standard second line drugs. Additionally, the NTP has begun to introduce shorter treatment regimens to improve retention and outcomes. In 2017, the NTP reported that 24 individuals started treatment with a regimen that included BDQ.

Mozambique is also a high TB/HIV burden country, with an estimated 40 percent of all TB cases co-infected, and an overall HIV prevalence of 13.2 percent. TB/HIV collaborative activities are well implemented in terms of ensuring that all confirmed TB cases receive an HIV test and if positive, they are referred for antiretroviral therapy (ART). In 2017, 98 percent of confirmed TB cases were tested, and 40 percent had a positive result. Of those, 95 percent started ART. On the other hand, screening for TB disease and referral for TB treatment and TB preventive therapy remains suboptimal to prevent TB morbidity and mortality among PLHA. Around 50 percent of those currently enrolled in ART received screening for active TB at their last clinical visit, and 162,000 PLHA started IPT or TPT. Thus, ongoing efforts are needed to strengthen TB services for PLHA.

In sum, Mozambique faces the challenges of low TB case detection, weak diagnosis and treatment of MDR-TB compounding by insufficient use of diagnostic technologies and sub-optimal implementation of TB/HIV collaborative activities, although there have been notable advances in the national response to the TB epidemic.

### **B.2.f: Government Response**

The NTP is a priority program in the Ministry of Health, and the Government of Mozambique has demonstrated strong commitment towards ensuring high coverage of high quality, people

centered TB services, most recently at the HLM in September 2018. This commitment is grounded in historical acknowledgement of TB as an urgent public health issue. More than ten years ago, in March 2006, TB was declared a national emergency and the 2007 TB plan of action included priority activities to address this emergency, including: improvement of quality diagnosis and treatment services, expanded access to DOTS to people living in underserved areas, implementation of community based interventions and intensified TB/HIV collaborative activities.

The National Health Strategy 2014 – 2019 (PESS) is the guiding policy document for the MoH, including for HIV and TB programs. The PESS has adopted primary health care as the foundation for equitable health service delivery.

The HIV response in Mozambique had been guided by the National HIV Strategic Plans- PEN I (2000-2004), PEN II (2005-2009), and currently by PEN III (2010-2014). While planning is underway for the development of PEN IV to cover 2015-2019, the objectives, strategies, targets, and implementation guidance specific to the national HIV response are already contained in more recent strategic documents include the HIV Acceleration Plan 2013-2015 (ref annex) and the Plan for Elimination of Vertical Transmission of HIV (Ref annex) (which responds to the Global Initiative for Elimination of Vertical Transmission of HIV). These newer strategy documents shift the HIV response to evidence-based, high impact programming and emphasize geographically prioritized action in the areas that will most effectively optimize the use of scarce resources to rapidly advance towards an AIDS free generation. The Acceleration Plan for HIV Response 2013-2015 has been modified and extended to cover the period 2015-2017 and provides guidance to the HIV response while Pen IV is in development.

***The HIV Acceleration Plan*** proposes to:

1. Attain universal ART coverage for adults and children by 2017 (80% in AP 2013-2015, expanded in AP 2015-17)
2. Reduce the number of new infections by 50% by 2017
3. Reduce vertical transmission of HIV to less than 5% by 2017
4. Reduce HIV related mortality by 30% by 2017
5. Create a culture free of stigma and discrimination for those living with HIV and TB

***The TB response in Mozambique*** is guided by ***the National Strategic Plan for TB, 2014-2018 (NSP-TB)***. **The overall goals of the plan are to:**

1. Reduce the incidence of TB from 544/100.000 persons in 2011 to 390/100.000 by 2018 (corresponding to a 28% reduction)
2. Reduce the mortality of TB from 49/100.000 in 2011 to 37/100.000 in 2018 (corresponding to a 24% reduction)

The plan sets out to achieve these goals by focusing on the following strategic targets: 1) increase in case notifications of all forms of TB by an additional of 6-12% /year, from 214/100.000 in 2012 to 343 cases /100.000 in 2018 (70% of expected cases); 2) expansion of access of eligible TB patients to ART to 90% in 2015 and 100% in 2018; 3) increase in the number of MDR-TB patients diagnosed and enrolled in care from 214 patients in 2012 to 1,194 in 2016 (50- 75% a year increase) and 1,648 in 2018 (30-15% a year increase); 4) improvement of the cure rate of MDR-TB from 30% in 2012 (2010 cohort) to 65% in 2018 (2016 cohort).

During November 1st to 15th, 2018, the country performed the first integrated review of the national HIV, TB and hepatitis programs. This review was led by the World Health Organization and, with the following objectives:

1. Analyze the major progress of programs implemented in response to HIV and AIDS and Tuberculosis Control to achieve the goals of the respective Strategic Plans;
2. Assess the quality and effectiveness of both HIV/AIDS and TB services provided by the various intervenient at various levels;
3. Identify the major gaps, challenges and constraints that negatively impact the achievement of Targets settled in the strategic plans for HIV and TB;
4. Check the level of multi-sectoral integration, decentralization, and involvement of the various Intervenient involved in TB control and the national response to HIV;
5. Make concrete recommendations to improve performance in TB control and the response to HIV and AIDS to achieve the goals set out in the respective Strategic Plans;
6. Identify assumptions for the design of the next Strategic Plan for TB and HIV. It consisted of a desk review of progress of the response to HIV and TB in Mozambique, field visits to six Provinces (Greater Maputo, Gaza, Tete, Zambézia, Niassa and Nampula), and a baseline assessment. The findings and recommendations from this review on TB component will help to develop the new 5 years National TB Strategy, 2019 to 2023.

### **B.3: USAID/Mozambique Country Development Cooperation Strategy (CDCS)**

The U.S. Government development response in Mozambique is focus in improving the quality of life for all Mozambicans, targeting specifically the poor, underserved, and marginalized. To reach this development efforts the USG close collaborate with other donors, the private sector, and the GRM for overarching goal of the USAID CDCS 2014 – 2019 that benefit Mozambicans to leverage emerging opportunities to achieve inclusive socio-economic development .

As an important component of the USAID CDCS, Health contributes as one of the four developments Objectives (DO 4) within the Mission strategy: Health Status of Target Populations Improved. This objective is supported by three intermediate results (IRs): IR 4.1 Increased coverage of high impact health and nutrition services, IR 4.2 Increased adoption of positive health and nutrition behaviors; and IR 4.3 Strengthened systems to deliver health, nutrition, and social services. Given the current challenges of the NTP and status of the TB epidemic response in Mozambique, achievement of the program goal of reducing the burden of TB an DR-TB in Mozambique requires investment to improve TB and DR-TB country's epidemic response by improving active case detection, the access of quality of care for TB and DR-TB and its surveillance platform, including the capacity of local partner to implement the National TB Strategy. The project emphasizes the important of access and quality, using health care facilities, community based integrated interventions and the links between these actors, as noted in the sub-intermediate results to be pursued:

- 4.1.1 increased utilization of quality facility –level services
- 4.1.2 increased utilization of quality community-based services
- 4.1.3 improved referral system between community-and facility-based services

### **B.4: Summary of Relevant USG and Donor Activities**

Despite insufficient resources, the Ministry of Health is trying to maximize the donor support. The national TB and TB/HIV responses have been led by the GRM, although significant support for the financing of the response has been from bilateral donors and multilateral agencies. The primary donors include the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank's Regional Project for Controlling TB in Mining workers, U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and USAID-CTB. In 2015, only 9% of the national budget was allocated to health, and external resources and donor support accounted for 25% of the total national health budget.

The key TB services activities areas supported by relevant donors in various Provinces of Mozambique are the following:

**GFATM** has allocated funds to bolster the scarce health human resources in Mozambique; improve the quality of health facilities, laboratory and warehouses, including the management, procurement and supply system of drugs and commodities; and address critical logistical interventions. In addition, GFATM funding supports the improvement and management of the national data collection and reporting system. In coordination with Ministry of Health, six Provinces have been identified that will implement CB DOTS intervention packages, namely, Cabo-Delgado, Niassa, Manica, Inhambane, Maputo Cidade and Maputo Province. Centro de Colaboração em Saúde (CCS) is the primary recipient who manages these GFATM CB-DOTS activities. Finally, on December 15th, 2017, the national TB prevalence survey was launched by the Minister of Health in Xai-Xai District, Gaza Province, and is currently ongoing nationwide and expected to complete data collection by June of 2019. GFATM provides financing for the procurement, logistical and human resources components of the survey, complemented by USAID's investment in technical assistance in the planning and monitoring of the survey and analysis of survey data following fieldwork.

**World Bank (WB)**- The Southern African TB and Health Systems Support Project (SATBHSS), is a World Bank Project aimed at mining communities in Southern Africa. In Mozambique, the project aims to: (i) improve coverage and quality of key TB control and occupational lung disease services in the provinces of Maputo, Gaza, Inhambane, Manica, Tete and Zambézia; and (ii) strengthen regional capacity to manage the burden of TB and occupational diseases. The project will benefit ex- and mine workers, their relatives and communities, health workers, transport corridors, cross border zones, and women at miners' communities (particularly small-scale mining industry). The SATBHSS project has three components:

**Innovative Prevention, Detection and Treatment of TB.** The main activities comprise active case finding, systematic and integrated screening for mine workers at the border entry point in Ressano Garcia, sample referral and psychosocial support. The integrated screening approach includes audiometric, visual, TB, (Xpert, classic X-Ray/digital X-Ray), and HIV/AIDS testing.

**Regional Capacity for Disease Surveillance, Diagnostics, and Management of TB and Occupational Lung Diseases.** It comprises strengthening laboratory network (increase microscopy and GeneXpert network, the number of laboratories and train Laboratory Staff); enhancing the capability of the TB Reference Laboratory for improving MDR and PMDT in Beira and Nampula, which is within the miner's target group and establishment of cross border committees between Mozambique and neighboring countries to manage outbreaks including cross border TB patients referrals.

Regional Learning and Innovation, and Project Management. The main activity is to establish a TB Center of Excellence for MDR and Child TB at Machava TB Hospital, Dondo and Nampula.

WB is also working on establishing an optimal coordination mechanism between the Ministries of Health and Labor, TB stakeholders, Mining Companies, and Mining Associations in order to provide quality health care services for this targeted group, including establishing systems for Monitoring and Evaluation and patient tracking.

**PEPFAR** Implementing partners: Through clinical implementing partners PEPFAR is building capacity to sustain high standards of TB and HIV Care and treatment services. The primary focus of activities intends to significantly increase the TB case notification rates and strengthen the implementation of TB/HIV collaborative activities in HIV settings (3Is), improve the management of TB, TB/HIV and MDR-TB in adults and children, including access to laboratory and new diagnosis technologies including GeneXpert and LED microscopy. The strategies to achieve the results are increasing TB, TB/HIV and MDR-TB case notification rate through implementation of the One Stop Model (OSM); introduction of cough and Infection control officers; contact tracing and evaluation of household contacts of confirmed or suspect TB and HIV index cases, workplace, community, and high risk groups; and strengthening the management of Pediatric TB Conduct training(s) for clinical mentors and key provincial health staff on pediatric TB diagnosis and management.

The major areas supported by PEPFAR (in close collaboration with Challenge TB) are:

- Strengthening TB diagnosis capacity:
  - Expanding cough officers and FAST strategy,
  - Supporting minor renovations for laboratories, implementation of lab biosafety packages, and sample referral systems to support expansion of LPA, culture
  - Accreditation and additional staff for TB referral laboratories.
  - Technical support for second line drug sensitivity testing in all regional reference labs
  - Digital X-ray machines
- Implementing routine household TB contact tracing
- Expanding one stop model to improve ART initiation in TB/HIV patients
- Supporting implementation of TB, TB/HIV, MDR-TB, APSS/nutrition packages
- Supporting [Serviço Nacional Penitenciário](#) (SERNAP) in elaboration and Implementation of minimum package of activities in supported prison health facilities, including HIV/TB Counseling/Testing, screening and linkage to care and treatment, infection control, and follow up after release
- Supporting KAP study for adjusting educational messages, including qualitative research to help the development appropriate messages to reduce stigma and increase community level understanding and support for TB and HIV treatment through Centro de investigação de Saúde de Manhiça (CISM).

**USAID/Challenge TB (CTB)** is working in four target provinces of Mozambique: Nampula, Zambézia, Sofala and Tete, covering 68 districts, 764 health clinics and 202 labs, (about 63% of the total population). CTB is being implemented in 68 Districts across 4 Provinces, which represent 56% of national TB burden. In an effort to address programmatic gaps, CTB manages 8 sub-awards, targeting mostly the general population, but specifically targeting some key populations, namely contacts of TB index cases, prisoners, health care workers and PLHIV. Some of the comparative advantages of CTB intervention areas includes community support on TB prevention, treatment and care, by involving community health workers, who

perform contact investigations, particularly for children under 5 years of age and sample referral to health facilities. CTB continues to provide technical assistance from the national down to the district level in all TB areas, offering training and support; supervision/mentorship and coaching; M&E (DQA, M&E new tools implementation, migration to electronic database, etc.); creation of IEC material; implementation of innovative approaches, such as FAST; Infection control at health facilities and community; HCW screening; and screening of TB in prisons in CTB's focus provinces. CTB additionally supports laboratory interventions such as new technologies, allocating TB personnel at National Reference Laboratories (NRL) and minor rehabilitations, including three Gene Xpert Equipment. These activities contributed to 15% - 25% of national TB case notification, including in actual treatment success rates of above 90% and improving children contact tracing and IPT of patients positive TB.

CTB and Clinical and Community HIV/AIDS Services Strengthening (CHASS), another FHI-360 project, are coordinating efforts to leverage resources and support each other, especially on HIV/TB collaborative activities to increase yield. The common areas of interest include: increasing screening of TB in PLHIV, implementing an integrated specimen transportation system using existing opportunities to benefit the two projects equally, supporting patient referral system to link patients between the TB and HIV programs, ensuring smooth functioning of the One-stop-shop model, following-up HIV/TB treatment, referring and linking HIV positive patients initiated on IPT to CB-DOTS community volunteers for prophylaxis treatment support, and referring families of TB patients to community counselling and testing services provided by CHASS. Under the FHI 360, there is also a space of collaborating with Co Vida project for Orphans children and PASSOs with Key Populations. CTB is also providing technical assistance for the National TB Prevalence Survey (which is being financed by GFATM) and the National Program Review, (which is coordinated by WHO).

### **B.5: Lessons Learned**

- Quality improvement is a critical next step in supporting M&E and supervision efforts; monitoring and evaluation should incorporate ongoing QI to ensure the availability of quality TB diagnosis and treatment services
- Long term technical assistance at provincial level and ongoing support to provincial and district level TB managers is needed to roll out interventions; there are limitations to technical assistance efforts exclusively aimed at central level.
- Active case detection models, including CB DOTS and FAST, have shown promising results and clearly contribute to case finding. At the same time, there is a need to identify and/or scale up additional strategies to complement these approaches and fine tune current activities to ensure the most effective elements are expanded.
- CB DOTS should be implemented by local “activistas” who have the trust of the community and health facility staff.
- Specimen transport can be effective in improving TB diagnosis, yet there are many questions to be answered in order to take this intervention to scale, for example, which models work best in rural vs. urban areas and where the benefits of integrated specimen transport can be maximized.
- Programmatic management of drug resistant TB requires real time, accurate data so that individual cases and cohorts of DR-TB patients are managed appropriately. The benefits of programs such as the bedaquiline donation program are limited without improvements in the routine DR-TB program data. Pharmacovigilance and routine data systems should focus on the minimum variables needed to guide programmatic

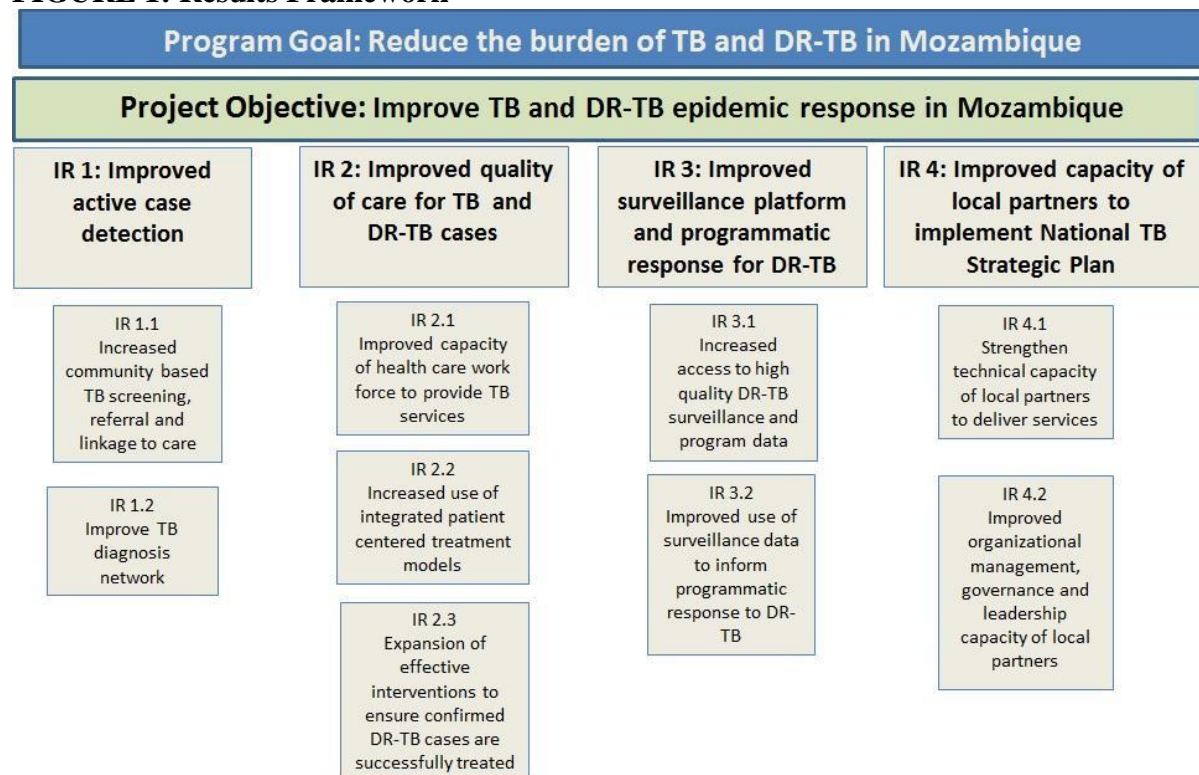
decision making; too much detailed data can overwhelm and distract from the essentials needed to support the overall program.

### **B.6: Results/Logical Framework and Intended Results**

The overall goal of the Mozambique Local TB Response on activity is to reduce the burden of TB and DR-TB in Mozambique. This activity will be undertaken at central and provincial levels, with provinces selected by USAID in consultation with GRM and in line with the National TB Strategic Plan and recommendations of the November 2018 National TB Program Review. For year one, the priority provinces are likely to be Nampula, Sofala and Zambezia based on assumed burden and other partner/donor presence in the other provinces. Priority districts within each province will be identified in consultation with NTP and will be informed by current partner presence in order to avoid duplication of effort and leverage other USG and donor investments. The activity will track results at district level and will ensure that priority interventions are institutionalized, challenges and bottlenecks are identified and documented, and course corrections are made as necessary.

The goal of this activity will be accomplished by the following objective: Improve TB and DR-TB epidemic response in Mozambique. The draft IRs and sub-IRs are reflected in Figure below on Results Framework. These may be modified or adjusted by the applicant.

**FIGURE 1: Results Framework**



### **Intermediate results, sub-intermediate results, illustrative activities and indicators**

Each IR will be supported by sub-IRs and a list of illustrative activities and indicators. It is important to note that activities and indicators are neither restrictive nor comprehensive; thus, the applicant is expected to propose additional innovative to reach the expected results.

#### **IR1: Improved active case detection**

IR1.1: Increased community based TB screening, referral and linkage to care

## IR1.2: Improve TB diagnostic network

The National TB Program has made great strides to improve case detection since 2015 and can build on the activities that contributed to this achievement to reach the HLM target of 660,000 cases from 2018-2022. It is evident that community based DOTS activities, including education, house-holding and cough days screening and referral, have contributed to the improvements in case detection. The contribution of contact tracing is less clear yet this activity remains important, particularly for identifying children at risk of active TB and ensuring they receive TPT.

In this context of improvements in CB DOTS, the diagnostic network to support quality services for those referred and evaluated for TB has not kept pace with the increased demand. The observed increase in case notification over the last three years coincided with a decrease in bacteriological confirmation of TB, indicating that diagnostic services remain weak. Use of the Xpert platform for TB diagnosis is sub-optimal, and there are gaps in specimen retrieval, transport, processing and reporting results. The role of chest X-ray is not yet clear and data needed for management of suspected TB are often not available on a timely basis or used for clinical decision making.

Thus, the activity will need to build on the successes of CB DOTS and ensure long term quality control and sustainability of these activities, working with the NTP and provincial health directorates to incorporate these services into the revised NSP and ensure funding for the local organizations that will provide these services over the long term. It will also need to address the diagnostic network challenge, building on current efforts to test specimen transport models and optimize the use of the Xpert platform. Additionally, the activity will need to work with the NTP to analyze the overall cascade of TB diagnosis services and identify strategies for filling gaps. By supporting quality improvement in TB service delivery in project provinces, it is expected that specific services for vulnerable groups such as PLHA and children will improve. Likewise, an optimized diagnostic network will result in improved DR-TB diagnosis, which is critical to ensuring that individuals with DR-TB are properly evaluated and begin treatment as soon as possible in order to limit morbidity, mortality and ongoing transmission.

It is expected that a number of partners and donors (including PEPFAR implementing mechanisms) may provide support to project provinces to establish or scale up similar services, particularly in the areas of specimen transport and Xpert optimization. Likewise, infrastructure investments needed to support these activities (ex, laboratory renovations) will be covered by the World Bank and/or Global Fund, and activities such as the FAST strategy will be shifted to other partners. The activity will need to coordinate with these partners on the ground to avoid duplication of effort and achieve efficiencies.

### Illustrative activities:

- Assess current TB diagnosis cascade and identify gaps in service delivery
- Support scale up of effective specimen transport strategies and use of the WHO recommended rapid diagnostics (ex, Xpert MTB/RIF)
- Strengthen quality assurance activities for laboratory services

### Illustrative indicators:

- Percentage of notified TB cases that were screened and referred through CB DOTS efforts

- % of presumptive TB cases with Xpert test result
- % notified TB cases with bacteriological confirmation
- % of all notified TB cases that are 0-14 years old

## **IR2: Improved quality of care for DS- and DR-TB cases**

IR2.1 Improved capacity of healthcare workforce to provide TB services

IR2.2 Increase use of patient centered treatment model (PCA- Patient Centered Approach)

IR2.3 Expansion of effective interventions to ensure DR-TB cases are successfully treated

Since the introduction and expansion of the DOTS strategy throughout Mozambique, the NTP has maintained high treatment success rates for DS-TB and has taken up innovations such as fixed dose combinations and community based treatment support to reduce the burden of treatment on patients. For example, over the last ten years, TB patients have had the option to receive facility or community based treatment delivery in some provinces, a model that has expanded over time. “*Activistas*” have been trained to provide support to individuals to complete treatment, including pick up of TB medications and delivery to patients; however this intervention is not yet fully scaled up. As case notification improves and the annual cohort of patients grows, it may prove difficult to sustain this progress without additional scale up of the community based interventions, including ongoing supervision to ensure quality implementation and follow up of patients, including promising interventions with a growing evidence base, such as Video Direct Observed treatment (VDOT) which is currently being piloted in the Philippines and Uganda. VDOT could be prioritized for DR-TB patients before launch and scale up in Mozambique. The activity will build on current successes and work with the NTP and local partners to ensure that patient centered care remains a priority and is flexible to meet the needs of those on treatment and accommodate evolving treatment guidelines over time. It is expected that this activity will need to coordinate with HIV implementing partners working at community level to avoid stand alone services and maximize the coverage of community based care.

There is an urgent need to improve treatment outcomes for those with DR-TB (all forms, including RR, MDR and XDR-TB), especially as the capacity to diagnose DR-TB expands and the treatment cohorts grow larger. Although the treatment success rate has increased from 28% to 48% since 2012, outcomes are still unacceptable with 11% lost to follow up and 25% death rate in the 2015 cohort. This activity is expected to support the NTP and provincial TB programs to improve the quality of care for DR-TB patients across the cascade of care, coordinating with partners who also work in this area. Illustrative activities:

- Identify innovative patient centered treatment models, including convenient drug delivery strategies
- Provide linkages to patient support services (nutrition, psychosocial, social protection)
- Implement contact tracing to identify <5 in need of TB preventive treatment
- Assess cascade of services for DR-TB patients and identify strategies to address gaps in care

Illustrative indicators:

- % DR-TB patients receiving CB DOTS services
- % eligible <5 contacts receiving TPT
- % DR-TB patients retained in care at 6 months

## **IR3: Improved surveillance platform and programmatic response to DR-TB**

IR3.1: Increased access to high quality DR-TB surveillance and program data

### IR3.2: Improved use of surveillance data to information programmatic response to DR-TB

Timely, accurate and complete data on DR-TB screening, diagnosis and treatment is critical to managing the response to DR-TB at all levels of the health system - from clinical management to second line drug forecasting to patient retention. While DR-TB diagnosis is improving in Mozambique, particularly with the scale up of the Xpert platform, there are still gaps between diagnosis and treatment, as well as poor treatment outcomes. This IR complements IR2 in that it focuses on the need for high quality data to ensure a patient centered and improved approach to treating DR-TB patients.

The August 2018 rapid communication from WHO regarding shorter DR-TB treatment regimens, the USAID/Janssen Bedaquiline donation program, introduction of delamind and other developments present opportunities to improve quality of care and outcomes for people with DR-TB. At the same time, these activities require ongoing assessment and adaptation of service delivery models and data collection and analysis (including pharmacovigilance) in order to provide care that is in line with the most up-to-date guidelines. Global recommendations around management of DR-TB are quickly evolving as more information becomes available on different regimens, it will be challenging to make rapid changes in the epidemic response without ongoing, rigorous analysis of DR-TB program data. Additionally, a planned drug resistance survey in 2019/2020 is likely to provide more insight on the burden of DR-TB; thus, the activity should remain flexible to accommodate programmatic shifts informed by this new information.

As with activities undertaken in support of IR2, there are already partners working in this specific area related to DR-TB. This activity will be expected to strategically assess the current landscape of partners and activities and determine how best to coordinate and leverage existing investments.

#### Illustrative activities:

- Conduct landscape analysis of DR-TB program data, including comprehensive description of existing data sources and gaps
- Support adaptation, piloting and scale up of DR-TB reporting tools
- Implement quarterly review of DR-TB surveillance data at national and provincial level

#### Illustrative indicators:

- Number of DR-TB service providers trained on pharmacovigilance
- % eligible DR-TB patients receiving BDQ or a shorter regimen
- Number of DR-TB reporting any serious adverse event

### **IR4: Improved capacity of local entities to implement National TB Strategic Plan**

IR4.1 Strengthen technical capacity of entities to deliver services

IR4.2 Improved organizational, management, governance and leadership capacity of local entities

Under the USAID Global Accelerator to End TB, the agency is investing in efforts to ensure self-reliance of local partners, including government, NGO, civil society and faith-based organizations. This activity will incorporate capacity building for local partners who support the response to the TB epidemic in Mozambique. As a result of their collaboration on this project, these partners should be positioned to receive donor funding (for example, through a transition award) and provide technical leadership to implement the revised National Strategic

Plan, expected to be available in late 2019. Local partners have already undertaken successful work, for example, under Challenge TB, and this activity will support the full integration and scale up of local partner involvement in Mozambique's TB service delivery platform. The activity should support local partners in advocating for their role in the NSP, including the technical areas where they are best suited to assist the NTP in achieving their goals.

Illustrative activities:

- Develop and implement training packages in strategic technical areas of NSP implementation
- Mentor and supervise cadre of master trainers through local entities
- Training and supervision of local entities to prepare for increase local ownership and resilience of the TB response

Illustrative indicators:

- Number of master trainers leading capacity building efforts from local entities
- Number of training events facilitated by local entities master trainers
- Number of local entities newly engaged within the TB response

### **B.7: Technical Approach**

In developing the application, Applicants are expected to take the below technical guidance into account.

USAID/Mozambique's investment in TB is focused on leveraging the investment of the Global Fund and carrying forward the legacy of strong programming under previous projects, particularly the successes of CB DOTS activities. Core areas of support include strengthening active case detection efforts (including the diagnostic network); patient centered care for DS- and DR-TB; improving collection, analysis and use of DR-TB data to inform the ongoing programmatic response; and building capacity of local partners to participate in the long term response to the TB epidemic. Priority activities undertaken by this activity will include the following (not an exhaustive list):

- **Capacity building of NTP staff at national and subnational level to improve patient centered care:** The NTP has developed numerous guidelines, tools, job aids, etc but they are not widely in use throughout the country. The activity will work with the NTP and partners to develop a training package for essential services targeted by the TB resources that have been developed but not consistently implemented.
- **Expansion and integration of community based DOTS:** The activity will work with the NTP and partners to identify the most successful approaches that have been piloted and expanded and consolidate CB DOTS guidance, including protocols for ongoing supervision of local partners and individuals implementing this work.
- **Diagnostic network:** There is an urgent need to improve the diagnostic network for TB in Mozambique. The activity should prioritize development of a strategy for working in this space, including an analysis of what aspects of the network are functioning well and should be expanded, as well as the most important gaps in services and how these can be addressed. This may include Xpert optimization and digital health interventions.

- **Patient centered care:** Alternative models of service delivery for TB treatment can improve the quality of life for TB patients, ensure completion of treatment and reduce the economic and social burden of TB on individuals and households. The activity will work with the NTP to identify innovative ways that the program can support those on TB treatment to successfully complete and achieve cure. The activity includes a specific focus on including services for those with DR-TB, which requires more intensive approaches and specialized interventions such as monitoring of adverse events. This activity will also need to coordinate with other partners, for example, those who provide nutritional support to TB patients, to ensure a comprehensive package of care. Innovative approaches to patient centered care may include technology solutions such as VDOT.
- **Surveillance and data use:** The response to the overall TB epidemic and specifically, the burden of DR-TB is limited by gaps in data collection, analysis and use of key indicators to inform programming. While some progress has been made in recent years to improve TB data, the efforts are somewhat fragmented and there is a need for better coordination and consistent review of TB data. This activity will use existing structures such as the NTP technical working groups to advocate for improvements to data platforms, and strengthen provincial and district level data collection, analysis and use to improve programming and better understand the DR-TB cascade. This may include seconded staff to NTP or provincial offices to provide day to day support for TB data platforms.
- **Support for local partners:** As a key component of USAID's Global Accelerator to End TB, capacity development of local partners is a priority for this activity. The project should draw on the expertise of leadership development and/or management capacity building partners who may not have traditionally worked in the global TB space but who can support local partners to develop these critical capacities. Training, mentoring and supervision of local partners will be a key activity to ensure that the TB epidemic response in Mozambique is met with a robust national response that is in line with the journey towards self-reliance - working in full partnership with the MOH at the central, provincial and district and local levels to strengthen systems to provide quality health services which are safe, effective, timely, efficient, equitable and people-centered.
- **Self-reliance:** Potential bidders are expected and encouraged to demonstrate innovative evidence based forms of private sector engagement with the overall goal of promoting long term sustainability and contributing to TB epidemic control. Private sector engagement and collaboration is a core Agency priority and it is integrated to USAID's new development model. As a result, USAID/Mozambique will encourage through this award to collaborate with private sector to find transformational solutions to development challenges.

## C. STRATEGIC CONSIDERATIONS

### C.1. Gender Analysis

Numerous population based prevalence surveys in neighboring countries confirm that bacteriologically confirmed TB is more common among men than women, and that men have a larger prevalence to notification gap than women and thus, are less likely to be diagnosed and reported as having TB. In the context of the TB program, attention to gender issues must

include strategies to address the specific needs of men, while also ensuring that approaches for women and children are tailored appropriately.

The applicant is required to conduct a gender analysis to inform the activity design. The gender analysis should identify relevant gaps in the status and participation of men and women that could hinder overall project outcomes; differences in the status of men and women that could be closed as a result of the project; and possible differential effects the project might have on men and women. Descriptive statistics should be used and domains of analysis include:

1. Laws, policies, and institutional practices that influence the context in which men and women make decisions;
2. Cultural norms and beliefs;
3. Gender roles and responsibilities and time used;
4. Access to and control over assets and resources; and
5. Patterns of power and decision making.

The gender analysis should influence activity design to ensure that it explicitly addresses and disparities and actions to reduce the inequalities that are revealed and be reflected in the work plan, deliverables, monitoring and evaluation procedures and reporting. For example, the gender analysis is vital when designing interventions targeted to those that are high-risk for TB infection when creating an enabling environment to increase uptake of services. Please refer to ADS Chapter 205 for further information on this requirement

### **C.2: Local Systems**

The activity will focus on strengthening and institutionalizing systems for quality improvement at the Central, Provincial, District, and local levels—working to build strong and enduring local systems across all levels. Memoranda of Understanding should be established at the Central and Provincial levels to ensure close partnership and accountability between the activity and local institutions

The selected institution must involve the GRM, other local institutions (including civil society organizations) and Mozambican nationals in key roles to support the implementation of activities. Knowledge, skills and capacity transferred to local institutions and personnel is essential to ensuring that effective health service delivery continues beyond the life of this activity. In addition the selected Institution must take necessary steps to ensure: a) maximum transfer of program elements including skills, tools, and methods to the GRM, local institutions and Mozambican professionals in these institutions; and b) Maximize employment opportunity for Mozambican citizens at all levels (from senior management and technical positions to unskilled labor). USAID attempts to support GRM goals for staff retention. In order to achieve this, efforts must align with and support the priorities of local actors, leverage local resources, and increase local implementation over time to sustain positive changes. Fundamental aspects of supporting local systems are described in the USAID document, *Local Systems: A Framework for Supporting Sustained Development*.<sup>1</sup>

### **C.3: Self-Reliance and Sustainability**

In alignment with GRM health sector plans and in coordination with GRM, donors, NGOs and civil society, the new TB Activity will implement activities that respond to the immediate needs for achieving epidemic control in accordance with the National Tuberculosis Program

<sup>1</sup> <https://www.usaid.gov/sites/default/files/documents/1870/LocalSystemsFramework.pdf>

plan of action. The new TB Activity must prioritize interventions that create stability; incentivize reform and innovation; strengthen in-country capacity; and mobilize domestic resources, including private capital.

A central tenet of the activity is to assist Mozambique's journey to self-reliance by supporting the GRM's efforts to develop sustainable systems for improved TB management activity and this will include: Sub-grants (which may include providing funds directly or furnishing in-kind assistance) to sub-national government entities, institutions, and/or parastatals at the provincial, district and facility levels are anticipated under the activity, to support the achievement of objectives directly related to the activity and to enable the GRM to take up increasing responsibility and leadership in implementing components supported by the activity. In this respect, the GRM is envisioned as an active partner in implementation, with aspects of the workplan to be carried out by the GRM. Sub-awards to the GRM not only achieve workplan objectives, but should be structured to build GRM capacity to carry activities forward with GRM resources in the future.

#### **C.4: Youth/Adolescent**

Youth is a key focus group for USAID and Tuberculosis in Mozambique's high fertility rate has led to a significant "youth bulge," meaning a large share of the population are children or young adults. Nearly half of Mozambique's population is below the age of 18. The combined impact of poverty and the growing TB related epidemic poses major challenges for the future of this population. The Community-based HIV Activity in the targeted Provinces will implement interventions that are tailored for specific age groups (i.e young men 18-24, adolescent girls, young women (15- 29), children under five). For TB and HIV positive youth, Mozambique's Local TB Response Activity activity in Sofala, Tete, Zambezia and Nampula will ensure that their specific needs are met, and that, as they transition from childhood to adolescence, they understand their TB status, and are able to adequately care for themselves.

#### **C.5: Climate Change Integration**

Climate change is a cross cutting issue that can have significant impacts on regional, national, and local development efforts in all sectors. The current Executive Order (EO) 13677 requires all U.S. Government agencies to factor climate change into their foreign assistance planning and manage the associated climate risks. Therefore, the implementer will be required to identify expected climate change impacts over the life of Mozambique's Local TB Response activity in Sofala, Tete, Zambezia and Nampula, and to demonstrate how those risks will be reduced in order to ensure sustainability by completing a Climate Risk Management (CRM) plan before implementation of the activity.

#### **C.6: Science, Technology, Innovation and Partnerships (STIP)**

USAID/Mozambique is one of 20 Missions recognized as a "Lead Mission" in applying Science, Technology, Innovation and Partnership (STIP) to enhance its development impact. Where feasible, the Recipient must integrate science, technology, innovation and establish strategic partnerships to improve program performance, cost-effectiveness and to advance the achievement of Local TB Response Activity objectives. For additional information, consult the U.S. Global development lab website.

#### **C.7: Transparency and Accountability**

Fostering transparency and accountability is an important focus for the U.S. Mission in Mozambique and of paramount importance to Other Health Operational Plan, and in particular to TB. All data (as appropriate) generated from Mozambique's Local TB Response Activity in

Sofala, Tete, Zambezia and Nampula will be made broadly available to the public, government and civil society stakeholders. This data should be easily accessible, reusable, complete, and timely.

### **C.8: Environmental Compliance Considerations**

The Design Team reviewed the Health Service Deliver (SD) Initial Environmental Examination (IEE) that addresses the portfolio of activities anticipated under this PD. IRs as mentioned in the respective section of this Program Description (PD) document and were found to be covered under this IEE. The SD IEE recommends i) Categorical Exclusion; ii) Negative determination with the conditions; and ii) Deferral. The Applicant will be required to develop an Environmental Monitoring and Mitigation Plan (EMMP) along with the Year 1 Work plan for submission to the AOR. A format for the EMMP will be provided upon award.

### **C.9: Host Government, Donor, and other Counterpart Collaboration**

The applicant must ensure strong engagement with the GRM on policy issues, alignment with national priorities, joint planning (work plan development), share implementation and performance reports and data, regular coordination, communication with counterparts, and strategic discussion to develop a shared vision for successful implementation of this activity. The applicant must also collaborate with other TB and PEPFAR funded program activities to develop synergies to maximize expected outcomes. Such activities include but are not limited to other USAID-funded programs and other programs funded by USG agencies, such as CDC, the Department of Defense, Peace Corps, and the Department of State, as well as with other donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Health Partners' Group members, United Nations agencies, and other large non-governmental organizations (NGOs) as appropriate.

### **C.10. Sub-Awards**

The local prime is encouraged to propose its team of sub-awardees as a consortium. The mechanism for a proposed sub-awardee (*consortium of Local and/or International partners*) can be with an international NGO, local national NGO or a private company. If a consortium is formed, the majority of the budget must be executed by the local prime Recipient. Any sub-award to local entities should include a capacity building plan, in line with USAID's support for the country's journey to Self-Reliance. For any International organization sub award, a phase-out plan should be included in the application.

Grants under Grants are also acceptable and should be structured and targeted with two goals in mind:

(1) foster district and provincial-level ownership by empowering government authorities to take charge of managing and monitoring their systems to improve the quality of TB services; and (2) strategically target GUGs towards "trigger points" of the health system which offer the highest potential to catalyze lasting improvements in TB service delivery, including civil society or private sector opportunities. The grants program should be strategically structured to evolve as the capacity of the GRM and other grantees grows. For example, as local planning and budgeting for routine and basic needs improves, the grants could evolve to focus more on further innovations and performance incentives. Illustrative sub-grant activities include: training of APEs and activists in quality improvement for TB services and monitoring of TB services.

TB will provide critical financial, technical, and managerial oversight for these sub-awards to minimize risk, maintain quality programming, and strengthen financial management capacity for long-term implementation.

The grants program should be strategically structured to evolve as the capacity of the GRM grows—i.e., as local planning and budgeting for routine and basic needs improves, the grants could evolve to focus more on further innovations and performance incentives. The Recipient will implement a system for managing grants, including establishing a set of criteria to determine the eligibility of each level of applicant. The Recipient’s workplan should explicitly identify activities that are executed by grant recipients, and propose benchmarks for how to transfer capacity and measure that transfer of capacity over the life of the project.

The local lead applicant or local prime recipient will function as a direct implementer as well as technical assistance provider and will consider provision of grants to Provincial and District *government* entities, as well as local NGOs, community-based organizations (CBOs), Faith Based Organization (FBO), educational institutions, small and medium enterprises, etc.

Note that USAID must comply with the requirements of ADS 303.3.21 prior to the Recipient executing any grant sub-award that provides funds (excluding "in-kind" grants, technical assistance or other activities provided to or on behalf of the partner government entities) to a partner government entity. Such requirements may include the preparation by USAID of a Determination & Finding. The Recipient will be expected to furnish information to USAID on proposed partner government entities and perform other activities to facilitate USAID’s compliance with such requirements.

As follows are additional details regarding the grants/sub-grants program:

The recipient must submit a Grants Manual, no later than 30 days after award, detailing the process for identifying, evaluating, vetting, awarding, and monitoring grant activities. The Grants Manual will be approved by the Agreement Officer.

- The Recipient must comply in all material respects with USAID’s Automated Directives System (ADS) Chapter 303 (including mandatory and supplementary references) in awarding and administering grants.
- USAID retains the ability to terminate the grant activities unilaterally in extraordinary circumstances.
- Construction activities are not allowed under grants. The definition of construction is available here: <http://inside.usaid.gov/ADS/300/303maw.pdf>.
- All grants are expected to be completed within six months prior to the end of the project.

#### **D. COLLABORATING, LEARNING AND ADAPTING (CLA)**

This activity is expected to contribute to USAID/Mozambique’s commitment to a multi-faceted Collaborating, Learning and Adapting (CLA) approach to development. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative, test promising, new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies, and build on what works and eliminate what doesn’t. CLA creates the conditions for fostering broader development success by:

- Collaborating: Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development; e.g. enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other
- USG- or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities (to reduce the collective cost while enhancing shared results faster); programs that are complementary to this activity;
- Learning: Generating and feeding new learning, innovations, and performance information back into the system to inform program management, design, USG-GoM policy dialogue opportunities and funding allocations; (e.g. creating pauses for reflection within the activity implementation scheme, engaging stakeholders for shared ‘learning moments’, conducting analytical review of existing and/or new evidence that may support or contradict common understanding);
- Adapting: Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions and game changers, into strategic and programmatic adjustments. (e.g. adjusting work plans to account for contextual shifts or tacit learning from a team’s experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

## **E. MONITORING, EVALUATION, AND LEARNING**

The MEL plan will include a logic model to demonstrate the hierarchy of results to be achieved under the project, along with the inclusion of appropriate outcome, output, and input-level indicators and targets to characterize progress with work plan implementation and related achievements over time. Contextual information, including critical assumptions for the geoprioritization of activities and formulation of site and district-level targets, should also be highlighted in the MEL Plan. The MEL Plan should also describe how the implementer will use sex-disaggregated and gender-specific indicators to monitor progress toward results. Lastly, the MEL plan should also specify any plans for evaluation under the activity, including any planned performance mid-term or end-term evaluations, and highlight any expected baseline data collection or outcome indicator results reporting to be derived from special studies (Please see USAID ADS 201, <https://www.usaid.gov/sites/default/files/documents/1870/201.pdf> for further guidance). The selection of indicators for the MEL plan should also be in alignment with PEPFAR Monitoring and Reporting (MER) requirements (for all relevant MER-reported indicators), and allow for the reporting of activity-specific custom indicators into DEVResults. The Recipient will work with and share information as directed by USAID with a third party contractor, hired by USAID. All monitoring, evaluation, and assessment data including raw data sets, generating during the life of this award will be shared with USAID in machine-readable format as described in ADS 579 and the Executive Order on Open and Machine Readable Data. Please see <https://www.pepfar.gov/reports/guidance/index.htm>

## I. Reporting Requirements

### A. Program Reporting

1. **Annual Work Plan:** Based on this PD, the recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the Activity MEL Plan), as well as the associated costs. The recipient shall ensure a collaborative process in workplan development, consulting beneficiaries, partners, USAID and other relevant stakeholders in preparing the annual work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and workplan adjustments going forward.
  
2. **Quarterly Reports:** The Recipient shall submit quarterly reports that include narratives of quarterly achievements, progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g. meetings, trainings, workshops, significant events, subcontracts, and grants).  
 The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. Recipients shall notify USAID of developments that have a significant impact on the award-supported activities. The quarterly report provides the opportunity to discuss the impact of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall 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 shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The Recipient shall also prepare quarterly financial reports showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Mozambique.
  
3. **Final Report:** A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. It shall cover the entire period of the award and include

the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

- 4. Monthly briefings:** The recipient must provide monthly in-person or telephonic briefings for the AOR that discuss (i) Major activities and (ii) Priority issues. The monthly briefing notes must be submitted electronically to the USAID AOR in English for approval prior to distribution.

## **B. Financial Reporting**

**Quarterly Financial Report:** In accordance with 22 CFR 226.52 the Federal Financial Reporting Form (FFR) will be required on a quarterly basis. FFR 425 must be submitted to USAID within 30 days after the end of each reporting period. They shall be disaggregated by cost elements defined in the cooperative agreement and will contain, at a minimum:

- i. Total funds received to date from USAID;
- ii. Total funds previously reported as expended by Recipient by main line items by USAID funding stream;
- iii. Total funds expended in the current quarter by the recipient by main line items by USAID funding stream;
- iv. Total unliquidated obligations by main line items by USAID funding stream; and
- v. Unobligated balance of USAID funds by USAID funding stream.

**Other Quarterly Financial Reports:** The purpose of this clause is to enable USAID to implement the tax provisions of the bilateral agreement with the GRM. To comply with this clause, the Recipient shall maintain records of all taxes paid to GRM with U.S. government funds as well as other financial information as may be required by USAID. The Recipient shall furnish this information to USAID in accordance with guidance circulated by the Agreement Officer, as amended from time to time.

## **C. PEPFAR Reporting**

All applicants should refer to PEPFAR's Monitoring, Evaluation and Reporting (MER) Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each specific indicator. Applicants should propose notional output targets for each indicator of the proposed planned activities. Successful applicants will finalize the final set of indicators during the negotiation phase of the award process, and may be adjusted based on USG strategic direction. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. The recipient will be expected to report relevant program and financial data directly into PEPFAR's DATIM online MER reporting system. Please see <https://www.pepfar.gov/reports/guidance/index.htm> for more details.

## **II Key Personnel**

The applicant is expected to develop a comprehensive program management plan that enables achievement of all intermediate results under the activity. The professional staff proposed should possess complementary experience that reflects a combination of strong management skills as well as specific technical expertise and competencies. Key personnel under this activity include: Chief of Party (COP); Technical Director; Monitoring and Evaluation Advisor and Administrative and Financial Manager. Each will be one full-time equivalent, and the activity should make an effort to hire qualified staff as key personnel.

### **Chief of Party**

The COP is responsible and has authority and oversight for the entire program. The COP provides managerial and technical support throughout the implementation of the project, including management of sub-partners. The COP is responsible for providing input to USAID Mozambique for the development and submission when applicable and as required of the Other Health Operational Plans and PEPFAR Country Operational Plan (COP) technical and budget documents.

Annual Program Report (APR) and Semi-Annual Program Reports (S/APR), in collaboration with the M&E Specialist, and develops requests for supplemental funding. S/he will have the main responsibility for representation of the project to the United States Government (USG). The COP bears ultimate responsibility for ensuring that grantees and sub-grantees meet USAID, Health, PEPFAR and program requirements.

### **Technical Director**

The Technical Director is responsible for overseeing all programming, including ensuring the technical aspects of the project. This position oversees the development and execution of the action plans, monitors the implementation of the work plans and supports coordination with local government and other key partners. Technical Director should have demonstrated experience related to the management and implementation of relevant public health programs.

### **Monitoring and Evaluation Advisor**

The Monitoring and Evaluation Advisor (M&E Advisor) is responsible for all monitoring, evaluation and reporting activities under this award. S/he will lead the development of and manages the Monitoring and Evaluation and Learning Plan (MEL Plan). The M&E Advisor should develop and maintain systems to collect and analyze information on inputs, outputs, outcomes and impact of the program. She/he conducts supportive supervisory visits to districts and district supervisors to observe, monitor, guide, and provide feedback on the use of data and indicators; analyze monthly data, and support training of M&E personnel in quality assurance methods.

### **Financial and Administrative Director**

The Financial and Administrative Director is responsible for overseeing project finances and other operational and administrative duties. He will supervise all grant and contract management and reporting on contract and grant performance as well as provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports..

**II.a Other Staff**

In addition to the Key Personnel, the Applicant is expected to design a staffing pattern to include core team members and individuals available for short-, medium -, and long-term technical assistance assignments. These individuals should bring technical expertise, innovation, and the capacity to build and maintain successful partnerships. Staff should have extensive experience in the areas of public health, policy development, training, partnership development, capacity building, implementation research, and other related areas. The team proposed, overall, must demonstrate a strong understanding of, and experience in, the Mozambican context.

**II.b Project Leadership Framework**

Given the diverse activities of this project, USAID envisions that the recipient of this cooperative agreement will assemble a coalition of partners with specific skill sets that can contribute to the accomplishment of the activity objective by achieving all results. Partners should have expertise in working with public and private organizations in the target geographic areas listed in this announcement. This coalition would be coordinated by a central leadership structure with the management skills, resources and experience necessary to successfully lead this project. Local Partners are strongly desirable, and the proposed approach should demonstrate a strong focus on further developing and building local capacity – not only of the host-country systems and staff, but also of local partners.

Note: The term “program” as used in 2 CFR 200 and this RFA is typically considered by USAID to be an Activity supporting one or more Project(s) pursuant to specific Development Objectives. Please see 2 CFR 700 for the USAID specific definitions of the terms “Activity” and “Project” as used in the USAID context for purposes of planning, design, and implementation of USAID development assistance.

**NOTE: USAID reserves the right to determine relevance of education and experience proposed.**

**[END OF SECTION A]**

## **SECTION B: FEDERAL AWARD INFORMATION**

### **1. Estimate of Funds Available and Number of Awards Contemplated**

USAID intends to award one Cooperative Agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide approximately \$20 million in total USAID funding over a 5 (five) year period.

### **2. Start Date and Period of Performance for Federal Awards**

The anticipated period of performance is 5 (five) years. The estimated start date will be upon the signature of the award, on or about, or other effective date determined by the Agreement Officer.

### **3. Substantial Involvement**

#### **a. Approval of the Recipient's Implementation Plans**

The Recipient shall obtain the Agreement Officer's written approval for its implementation plan. The implementation plan includes the following: annual work plans, subawards, required reports, MEL plan, and knowledge management plans. Any change to the activity description or the approved budget requires Agreement Officer's approval. If at the time of award, the program description does not establish a timeline in sufficient detail for the planned achievement of milestones or outputs, USAID may delay approval of the recipient's implementation plan for a later date. USAID must not require approval of implementation plans more often than annually. If the AO has delegated authority to the AOR to approve implementation plans, the AOR must review the agreement's terms and conditions to ensure that changes to the terms and conditions are not inadvertently approved by the AOR.

#### **b. Approval of Specified Key Personnel**

All Key Personnel shall be employees of the prime recipient, not a sub-recipient. Before removing, replacing or diverting responsibilities from any of the listed or specified Key Personnel, the Recipient shall 1) notify the Agreement Officer reasonably in advance and 2) submit justification, including proposed substitutions in sufficient detail to permit evaluation of the individual and the impact on this agreement. Unless specified in writing by the Agreement Officer, no replacement of Key Personnel shall be made by the Recipient without the written approval of the Agreement Officer.

#### **c. Agency and Recipient Collaboration or Joint Participation**

When the recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge, the AO may authorize the collaboration or joint participation of USAID and the recipient on the program. There should be sufficient reason for Agency involvement and the involvement should be specifically tailored to support identified elements in the program description. When these conditions are met, the AO may include appropriate levels of substantial involvement such as the following:

- (1) Collaborative involvement in selection of advisory committee members, if the program will establish an advisory committee that provides advice to the

recipient. USAID may participate as a member of this committee as well. Advisory committees must only deal with programmatic or technical issues and not routine administrative matters.

- (2) Concurrence on the substantive provisions of sub-awards. 2 CFR 200.308 already requires the recipient to obtain the AO's prior approval for the subaward, transfer, or contracting out of any work under an award. This is generally limited to approving work by a third party under the agreement. If USAID wishes to reserve any further approval rights for sub-awards or contracts, it must clearly spell out such Agency involvement in the substantial involvement provision of the agreement.
- (3) Approval of the recipient's monitoring and evaluation plans.
- (4) Monitor to authorize specified kinds of direction or redirection because of interrelationships with other projects. All such activities must be included in the program description, negotiated in the budget, and made a part of the award.

**4. Authorized Geographic Code**

The geographic code for the procurement of commodities and services under this program is **935** (any area or country including the recipient country, but excluding any country that is a prohibited source).

**5. Nature of the Relationship between USAID and the Recipient**

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 Mozambique Local TB Response activities in Sofala, Tete, Zambezia and Nampula, which is authorized by Federal statute.

The 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.

**[END OF SECTION B]**

## SECTION C: ELIGIBILITY INFORMATION

### 1. **Eligible Applicants**

Eligibility for this RFA is restricted to Local Mozambican Organizations (Local Entities) as defined

“To be considered a “local” organization, USAID defines an entity that must:

- (1) Be organized under the laws of the recipient country;
- (2) Have its principal place of business in the recipient country;
- (3) Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country; and/or
- (4) Be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country
- (5) Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.

The term “controlled by” means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority of the organization’s governing body by any means, e.g., ownership, contract, or operation of law. “Foreign entity” means an organization that fails to meet any part of the “local organization” definition.

Government controlled and government owned organizations in which the recipient government owns a majority interest or in which the majority of a governing body are government employees, are included in the above definition of local organization.

These eligibility requirements apply to only the principal Applicant.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

### 2. **Cost Sharing or Matching**

There is no cost sharing requirement for the recipient of the award.

[END OF SECTION C]

## SECTION D: APPLICATION AND SUBMISSION INFORMATION

### 1. Agency Points of Contact

Antonieta Manhica  
Acquisition and Assistance Specialist  
USAID/Mozambique  
E-Mail: [amanhica@usaid.gov](mailto:amanhica@usaid.gov)

### 2. Questions and Answers

All questions regarding this RFA should be submitted to Antonieta Manhica [amanhica@usaid.gov](mailto:amanhica@usaid.gov) with a cc copy to [eluma@usaid.gov](mailto:eluma@usaid.gov) no later than the date and time indicated on the cover letter, as amended. Any information given to a prospective Applicant concerning this RFA will be furnished promptly to all other prospective Applicants as an amendment to this RFA, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective Applicant.

### 3. Content and Form of Application Submission

Preparation of Applications:

Each Applicant must furnish the information required by this RFA. Applications must be submitted in two separate parts: the Technical Application and the Business (Cost) Application. This subsection addresses general content requirements applying to the Application. Please see subsections 5 and 6, below, for information on the content specific to the Technical and Business (Cost) applications. The Technical application must address technical aspects only while the Business (Cost) Application must present the costs and address risk and other related issues.

Both the Technical and Business (Cost) Applications must include a cover page containing the following information:

- Name of the organization(s) submitting the application;
- Identification and signature of the primary contact person (by name, title, organization, mailing address, telephone number and email address) and the identification of the alternate contact person (by name, title, organization, mailing address, telephone number and email address);
- Program name
- Notice of Funding Opportunity number /RFA
- Name of any proposed sub-recipients or partnerships (identify if any of the organizations are local organizations, per USAID's definition of 'local entity' under ADS 303).

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 may choose to submit a cover letter in addition to the cover pages, but it will serve only as a transmittal letter to the Agreement Officer. The cover letter will not be reviewed as part of the merit review criteria.

Applications must comply with the following:

- USAID will not review any pages in excess of the page limits noted in the subsequent sections. Please ensure that applications comply with the page limitations.
- Written in English.
- 12 font size, Times New Roman Font, single spaced, typed in standard 8.5 x 11 paper size with one-inch margins both right and left and each page numbered consecutively, date of submission, and Applicant's name.
- 10 point font can be used for graphs and charts. Tables however, must comply with the 12 point Times New Roman requirement.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this RFA must be used in the cost application.
- The technical application must be searchable and editable Word or PDF format as appropriate.
- The Cost Schedule must include an Excel spreadsheet with all cells unlocked and no hidden formulas or sheets. A PDF version of the Excel spreadsheet may be submitted in addition to the Excel version at the Applicant's discretion, however, the official cost application submission is the unlocked Excel version.

Applicants must review, understand and comply with all aspects of this RFA. Failure to do so may be considered as being non-responsive and may be evaluated accordingly. Applicants should retain a copy of the application and all enclosures for their records.

#### **4. Application Submission Procedures**

Applications in response to this RFA must be submitted no later than the closing date and time indicated on the cover letter, as amended. Late applications will not be reviewed nor considered. Applicants must retain proof of timely delivery in the form of system generated documentation of delivery receipt date and time/confirmation from the receiving office/certified mail receipt.

Electronic (e-mail) is the media for submitting the application. Please submit application to Antonieta Manhica at [amanhica@usaid.gov](mailto:amanhica@usaid.gov) with a cc copy to [eluma@usaid.gov](mailto:eluma@usaid.gov).

Email submissions must include the RFA number and applicant's name in the subject line heading. In addition, for an application sent by multiple emails, the subject line must also indicate whether the email relates to the technical or cost application, and the desired sequence of the emails and their attachments (e.g. "No. 1 of 4", etc.). For example, if your cost application is being sent in two emails, the first email should have a subject line that states: "[RFA number], [Applicant Organization Name], Cost Application, Part 1 of 2".

USAID's preference is that the technical application and the cost application submitted as single and separate 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. The application, if submitted by the submission deadline, will be reviewed for responsiveness to the RFA and the application format. No additions or modifications will be accepted after the submission date.

After submitting an application electronically, applicants should immediately check their own email to confirm that the attachments were indeed sent. If an applicant discovers an error in 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.

Applicants are reminded that e-mail is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the application in sufficient time ahead of the deadline. For this RFA, the initial point of entry to the government infrastructure is the USAID mail server.

There may be a problem with the receipt of \*.zip files due to anti-virus software. Therefore, applicants are discouraged from sending files in this format as USAID/Mozambique/OAA cannot guarantee their acceptance by the internet server. File size must not exceed 8MB per email.

## **5. Technical Application Format**

The Technical Application should be specific, complete, and presented concisely. The Application must 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 merit review criteria found in this RFA.

The Technical Application narrative section **must not exceed 25 single-spaced typed pages**.

To facilitate the competitive review of the applications, USAID will consider only applications conforming to the prescribed format and page limitations. Any other information submitted will not be provided to the Selection Committee and will not be reviewed. Letters of support are not requested and will not be provided to the Selection Committee.

The following will be counted as part of the 25-page limitation:

- Executive Summary;
- Technical Excellence;
- Management Approach; and
- Institutional Capacity

The following will NOT be counted as part of the 25-page limitation:

- Title Page (not counted against the page limit);
- Cover Page (not counted against the page limit);
- Table of Contents (not counted against the page limit).
- Annexes

**Annexes:** Annexes to the Technical Application should be provided as part of the technical submission. Promotional literature and materials regarding the applicant must not be submitted as part of the annexes. The following items submitted as an annex are not subject to the 25-page limitation and will not be counted.

- Relevant Tables, Charts and Graphs.
- Resumes/Curriculum Vitae for Key Personnel and long-term professional staff, proposed position descriptions and signed letters of commitment from Key Personnel, no more than three (3) pages in length ;
- Partner letters of commitment, maximum 1-2 pages;
- Charts providing information on management structure, matrixes demonstrating staff skills, and organizational chart(s);
- First Year draft Work Plan; and
- Monitoring, Evaluation and Learning Plan.

All other items not listed as an annex will count towards the page limitation. Please number pages as “Page x of xx Pages” where a page number combined with a letter indicates a page that is exempt from the 25-page limitation.

Annexes can be numbered separately and should be numbered as “Annex 1: 1 of X, Annex 2: 2 of X”, etcetera. Pages should be numbered at the bottom.

The Technical Application should confirm or propose modifications to the objectives, activities and indicators described in the Program Description. It should also contain a description of key strategies, activities and approaches, as well as the synergies among them that the proposed partner will pursue in order to accomplish the desired results described in this Activity Description, as well as the rationale for selecting them. Gender and youth issues should also be addressed. Interested applicants must provide a detailed technical application and demonstrate how it will achieve the overall goal, program objectives and results as previously described.

The Technical Application will be the most important part of consideration in selection for award of the proposed activity. It must take into account and be arranged in the order of the merit review criteria found in Section E—for ease of reviewing by the Selection Committee (SC):

**Title Page:** The Applicant must include the following basic information in the title page: Proposed project title; NOFO/RFA number; Name of organization(s) submitting the application; Address of organization(s) submitting the application; Point of contact (POC) at organization; and POC’s title, telephone number, and email address.

**Cover Page:** Describe the names of the organizations/institutions involved in the proposed application. In the case of a group, please indicate the lead or primary applicant clearly; followed by any proposed sub-grantees and/or contractors (hereafter referred to as “subs”), including a brief narrative describing the unique capacities/skills being brought to the program by each institution. A summary table should be included that lists the Prime Applicant and all partner organizations as well as the percentage of overall program activities that each partner will contribute. The Cover Page must be signed by the organization’s official with authority to negotiate/sign on such an application with USAID.

**Table of Contents:** The Table of Contents should list all parts of the technical application, with page numbers and attachments.

**Executive Summary:** A two page, brief description of proposed activities, goals, and anticipated results (both quantitative and qualitative). Briefly describe technical and managerial resources of your organization. Describe how the overall program will be managed. State the bottom line funding request from USAID and the bottom line funding secured from other sources (state sources and amounts) for the proposed Activity. The Executive Summary shall summarize the key elements of the applicant’s technical application.

**Program Description:** The Technical Application Narrative as revised during negotiations will become the Program Description of any resulting Cooperative Agreement. It must include a clear description of the conceptual approach and the general strategy (i.e. methodology and techniques) being proposed. It must outline specific, focused activities; identify how and where (e.g. geographic locations and level: local, district, province, etc.) those activities will be implemented; explain how the approach is expected to achieve the proposed objectives; and describe a plan that will enable the activities to continue after the Activity has been completed.

In developing the application, Applicants are expected to take the RFA Program Description technical guidance into account. Applicants should demonstrate that they have researched other USG, GOM and donor activities in the region on which they are bidding, and suggest solutions to ensure continuity of service and meet known gaps. The Applicant must articulate which key public and private sector stakeholders it intends to coordinate and engage with to advance the project’s goal and objective, to amplify the funding and/or contributions and to achieve scale that would not be possible only through USAID funds. The Applicant must also explain why those stakeholders are vital to the approach. The Applicant must identify its existing relationship or work history with those organizations. Applicants must describe how they will coordinate and engage with the stakeholders, especially USG clinical partners and PEPFAR initiatives, to ensure ownership, maximize synergy and resources, minimize overlap, and achieve the project’s goal and objective.

**Criterion 1: Technical Excellence:** The technical excellence must address the following four areas as described below. Use clear logic to describe the links between the context analysis, program hypothesis, the objectives, methods and anticipated results.

- 1.1 Technical Approach:** The technical approach must address how the Applicant will achieve the results outlined in the RFA. The Applicants must demonstrate an understanding of the context and challenges in Mozambique and clearly outline

feasible, innovative, technically appropriate, gender- and adolescent/youth-sensitive strategies and approaches to address challenges and to successfully achieve all results;

- 1.2 *Builds Local Systems:*** The degree to which the Applicant’s approach aligns with GRM priorities and strategies, builds the capacity of local staff, institutions, systems and processes, presents a robust and strategic plan for sub-awards and integrates youth, gender and male engagement in this activity;
- 1.3 *Private Sector Engagement:*** The extent to which the Applicant’s approach demonstrates a realistic and effective approach for engaging the Private Sector and other relevant stakeholders through available public private partnerships platforms aimed at promoting self-reliance and sustainability while contributing to the overall goal of this activity; and
- 1.4 *Monitoring, Evaluation and Learning (MEL) and Collaboration, Learning and Adapting (CLA):*** The degree to which the Applicant’s approach proposes a systematic application of CLA approaches, a MEL Plan with a logical theory of change (TOC) that clearly demonstrates how progress against objectives will be tracked, approaches will be evaluated and learning/evidence will guide implementation share the data with the Government and other stakeholders.

**Criterion 2: Management Approach:** The degree to which the Applicant’s approach proposes a staffing plan including key personnel, aligned with the proposed activity goals and approaches to successfully manage the technical and administrative aspects of the Program Description (PD). The project management approach and implementation plan must address the following:

### **Key Personnel**

The Applicant must include an organizational chart and specify the composition and organizational context of the entire project team (including corporate office support and any sub-recipients/partners). Through the chart and accompanying narrative, the Applicant must specify clear lines of supervision, accountability, decision making and responsibility among staff. The Applicant must explain the management structure presented in the organizational chart with relationships among the individual positions described; logistical support; personnel management of staff; procurement arrangements for goods and services; and lines of authority and communication between organizations and staff.

The Applicant must include a complete staffing plan for all activities. It is not necessary to name specific candidates for non-Key Personnel positions in the staffing plan. The Applicant must provide the name of the position, location of the position, the number of personnel per the position, organization of the position (Applicant or sub-recipient), individual staff level of effort per year and their roles and responsibilities.

Quality of Key Personnel: Applicants are requested to develop a comprehensive staffing plan that will enable achievement of results and that demonstrates an appropriate balance of skills, accountability, and efficiency, including levels of effort and brief position descriptions. The staffing pattern will include a critical number of highly experienced technical and managerial staff sufficient to manage activities under this award. It is critical for applicants to show how the following qualifications are met by the staff proposed, taken as a whole, and how the

staffing pattern is conducive to achieving results. The key qualifications for the proposed staff include skills and experience in:

- Management and administration of USG assistance instruments such as grants and cooperative agreements;
- Proven technical knowledge in a range of TB mitigation and other related infectious diseases interventions/approaches in Africa;
- Partnerships with governments, donors and local organizations;
- Monitoring and evaluation and research methods for measuring program impact;
- Ability to transfer knowledge and strengthened through technical assistance and mentoring to build capacity;
- Ability to interact professionally in both English and Portuguese;
- Ability to address gender throughout the project cycle; and
- Excellent teamwork, interpersonal and cross-cultural skills.

The applicant is expected to develop a comprehensive program management plan that enables achievement of all intermediate results under the activity. The professional staff proposed should possess complementary experience that reflects a combination of strong management skills as well as specific technical expertise and competencies. Key personnel under this activity include: Chief of Party (COP); Technical Director; Monitoring and Evaluation Advisor and Administrative and Financial Manager. Each will be one full-time equivalent, and the activity should make an effort to hire qualified Mozambican staff as key personnel

#### **Chief of Party (100 percent LOE)**

**Role:** The COP is responsible and has authority and oversight for the entire program. The COP provides managerial and technical support throughout the implementation of the project, including management of sub-partners. The COP is responsible for providing input to USAID Mozambique for the development and submission when applicable and as required of the Other Health Operational Plans and PEPFAR Country Operating Plan (COP) technical and budget documents. Annual Program Reports (APR) and Semi-Annual Program Reports (S/APR), in collaboration with the M&E Specialist, and develops requests for supplemental funding. S/he will have main responsibility for representation of the project to the United States Government (USG). The COP bears ultimate responsibility for ensuring that grantees and sub-grantees meet USAID, Health, PEPFAR and program requirements.

#### **Required Qualifications:**

- A Master's degree in public health, social sciences, or a related degree, and at least 7 years of senior-level management experience in managing large and complex projects; or a Bachelor's degree in public health, social sciences, or a related degree, and at least 10 years of senior-level management experience in managing large, complex Community-based TB care and support projects;
- At least 7 years of supervision experience; At least 5 years of experience living or working in a developing country;
- Experience in implementing Development, Health, TB-related programs, including at least 3 years of experience working with HIV programs;
- Demonstrated skills and experience managing similar programs. Working with public health programs in developing and transitioning countries;
- Excellent communication skills, demonstrated leadership, and the ability to work collaboratively across technical disciplines;

- Excellent representational and communication skills, written and oral proficiency in English;
- Excellent past performance references; and
- Demonstrated experience in gender and/or integrating and mainstreaming gender issues into interventions for optimal results.

**Preferred Qualifications:**

- Strong skills and experience in all aspects of program cycle management – design and development, implementation, and monitoring and evaluation;
- Proven coaching, facilitation, and communication skills;
- Outstanding English-language skills, both spoken and written;
- Excellent knowledge of U.S. Government approaches and regulations;
- An excellent team player with good skills in team work and consultative approach to decision making;
- Understanding of U.S. government development assistance mission, values, and principles;
- Minimum of three years of Chief of Party (COP), or equivalent, experience in Community-based TB Care and Support Programs, preferably in Africa;
- Ability to navigate politically sensitive terrain and maintain constructive relationships with a diverse set of key stakeholders;
- Minimum of 5 years management experience on large, complex, and multifaceted donor-funded projects; and
- Knowledge of Other Health Operational Plan and PEPFAR programming and reporting preferred.

**Technical Director (100 percent LOE)**

**Role:** The Technical Director is responsible for overseeing all programming, including ensuring the technical aspects of the project. This position oversees the development and execution of the action plans, monitors the implementation of the work plans and supports coordination with local government and other key partners. Technical Director should have demonstrated experience related to the management and implementation of relevant public health programs.

**Required Qualifications:**

- Degree in public health, social sciences, or other related degree;
- At least 5 years of experience managing TB and Community based TB/HIV/AIDS care and support projects;
- Experience in designing and implementing key population focused TB prevention, care and treatment projects;
- Strong knowledge of TB epidemic context and dynamics;
- Experience in working and supervising field teams;
- Experience in collaborating with government institutions, specifically with Health provincial, district directorates and health facility managers; and
- Demonstrated experience in gender and/or integrating and mainstreaming gender issues into interventions for optimal results.
- Demonstrated ability to ensure gender integration in project design, implementation and M&E; and
- Fluency in English and Portuguese.

**Preferred Qualifications:**

- Demonstrated strong managerial, communications and interpersonal skills;
- Excellent knowledge of U.S. Government approaches and regulations; and
- An excellent team player with good skills in team work and consultative approach to decision making.

**Monitoring and Evaluation Advisor (100 percent LOE)**

**Role:** The Monitoring and Evaluation Advisor (M&E Advisor) is responsible for all monitoring, evaluation and reporting activities under this award. S/he will lead the development of and manages the Monitoring and Evaluation and Learning Plan (MEL Plan). The M&E Advisor should develop and maintain systems to collect and analyze information on inputs, outputs, outcomes and impact of the program. She/he conducts supportive supervisory visits to districts and district supervisors to observe, monitor, guide, and provide feedback on the use of data and indicators; analyze monthly data, and support training of M&E personnel in quality assurance methods.

**Required Qualifications:**

- Master's degree in a public health field, social science, economics, or relevant discipline. Significant study in fields relevant to TB, Community-based TB/HIV care and support project, international development and/or program monitoring and evaluation;
- Strong background or formal training in evaluating international development programs such as but not limited to, Social Protection, Community development and TB;
- At least 5 years of experience related to monitoring, evaluating and reporting on programs related to Community development, TB Care and Support or international development in developing countries;
- Demonstrated statistical analysis skills and use of relevant software; and
- Fluency in English and Portuguese.

**Preferred Qualifications**

- Experience in the design and implementation of M&E systems in the Community development and TB programs in Africa; and
- Demonstrated knowledge of host country management information systems. Proven leadership to support the strengthening of the M&E systems within a host country's Ministry of Health and other International Organizations to improve the availability and use of data for decision making.

**Financial and Administrative Director (100 percent LOE)**

**Role:** The Financial and Administrative Director is responsible for overseeing project finances and other operational and administrative duties. He will supervise all grant and contract management and reporting on contract and grant performance as well as provide financial and technical management to ensure best use of resources by preparing sound budgets, monitoring project expenses, and ensuring timely preparation of USAID financial reports.

**Required Qualifications:**

- Degree in Finance, Business, Administration, Accounting or a related area;
- Demonstrated expertise in administrative and financial management in development assistance projects;

- Strong financial and operational management experience with proven management skills; and
- Experience in developing and managing a donor funded grants program.
- Preferred Qualifications:
- Strong financial and operational management experience with proven management skills;
- Strong interpersonal and team-building skills with significant experience building strong host country national team;
- Knowledge of U.S. Government financial management rules and regulations is an advantage;
- Extensive experience in developing and managing a donor funded grants program; and
- Proven ability to work with a wide range of local organizations and people.

Applicants should explain how the key personnel positions, as well as other proposed positions, provide a complete set of skills listed above. The staffing level and pattern may be increased or modified over time if needed to provide effective support to field programs as they evolve, rather than from the onset.

In an annex to the technical application, Applicants must provide resumes and proposed position descriptions for the candidates proposed for all key personnel and long-term professional positions. The resumes should indicate the names of the proposed personnel, and demonstrate that the proposed key personnel and long-term professional staff possess the skills and knowledge to effectively carry out their proposed responsibilities.

Resumes must be no more than three (3) pages in length for each proposed individual and must be presented in chronological order starting with the most recent experience. For Key Personnel, each resume must be accompanied by a SIGNED letter of commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after award; (b) intention to serve for a stated term of the service; and (c) agreement to the compensation levels which correspond to the levels set forth in the cost application. References may be checked for all proposed key personnel and long-term personnel. Applicants must provide current contact information, phone and email address for at least three (3) references for each proposed Key Personnel.

***Criteria 3: Institutional Capacity:*** Institutional capacity must include the degree to which the Applicant and any proposed partners demonstrate clear capacity and experience to accomplish the range of technical interventions of similar type as outlined in the PD, including management of sub-recipients, coordination with other partners, and strengthening host government systems as well as finance and management systems in place, including cost control, business relations, and management of key personnel.

Note that: (1) Past Performance information will be requested from the apparently successful applicant(s). It will be used for both risk assessment and greatest value decision

by USAID. Also note that USAID may use past performance information obtained from other than the sources identified by the Applicant; and (2) Past Performance should only be provided for the Prime. The Prime is expected to perform a Past performance review of any sub awards.

**6. Business (Cost) Application Format**

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the cost application, Applicants are encouraged to be as concise as possible while still providing the necessary details. The business (cost) application must illustrate the entire period of performance, using the budget format shown in the SF-424A.

Prior to award, Applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to assess the Applicant’s risk in accordance with 2 CFR 200.205. Applicants should not submit any additional information with their initial application.

The Cost Application must contain the following sections (which are further elaborated below this listing with the letters for each requirement):

- a) **Cover Page** (See Section D.3 above for requirements)
- b) **SF 424 Form(s)**

The Applicant must sign and submit the cost application using the SF-424 series. Standard Forms can be accessed electronically at [www.grants.gov](http://www.grants.gov) or using the following links:

<b>Instructions for SF-424</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html</a>
<b>Application for Federal Assistance (SF-424)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>
<b>Instructions for SF-424A</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html</a>
<b>Budget Information (SF-424A)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>
<b>Instructions for SF-424B</b>	<a href="http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html">http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html</a>
<b>Assurances (SF-424B)</b>	<a href="https://www.grants.gov/web/grants/forms/sf-424-family.html">https://www.grants.gov/web/grants/forms/sf-424-family.html</a>

Failure to accurately complete these forms could result in the rejection of the application.

**c) Required Certifications and Assurances**

The applicant must complete the following documents and submit a signed copy with their application:

- (1) “Certifications, Assurances, Representations, and Other Statements of the Recipient” document found at <http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf>
- (2) Assurances for Non-Construction Programs (SF-424B)
- (3) Certificate of Compliance: Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

#### **d) Budget and Budget Narrative**

The Budget must be submitted as one unprotected Excel file (MS Office 2000 or later versions) with visible formulas and references and must be broken out by project year, including an itemization of the federal and non-federal (cost share) amount. Files must not contain any hidden or otherwise inaccessible cells. Budgets with hidden cells lengthen the cost analysis time required to make award, and may result in a rejection of the cost application.

The Budget Narrative must contain sufficient detail to allow USAID to understand the proposed costs. The Applicant must ensure the budgeted costs address any additional requirements identified in Section F, such as Branding and Marking. The Budget Narrative must be thorough, including sources for costs to support USAID’s determination that the proposed costs are fair and reasonable.

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 category and by year for activities implemented by the Applicant and any potential sub-applicants for the entire period of the program. See Section H, Annex 1 for Summary Budget Template and Annex 3 NOFO Website Links Budget Format.
- 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 program and are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.
- Detailed Budgets for each sub-recipient, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

The Detailed Budget must contain the following budget categories and information, at a minimum:

- 1) Salaries and Allowances – Must be proposed consistent with 2 CFR 200.430 Compensation - Personal Services. The Applicant’s budget must include position title, salary rate, level of effort, and salary escalation factors for each position. Allowances, when proposed, must be broken down by specific type and by position. Applicants must explain all assumptions in the Budget Narrative. The Budget Narrative must demonstrate that the proposed compensation is reasonable for the services rendered and consistent with what is paid for similar work in other activities of the applicant. Applicants must provide their established written policies on personnel compensation. If the Applicant’s written policies do not address a specific element of compensation that is being proposed, the Budget Narrative must describe the rationale used and supporting market research.
- 2) 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.

- 3) Travel and Transportation – Provide details to explain the purpose of the trip, 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.
- 4) Procurement or Rental of Goods (Equipment & Supplies), Services, and Real Property – 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.
- 5) Subawards – Specify the budget for the portion of the program to be passed through to any subrecipients. See 2 CFR 200.330 for assistance in determining whether the sub-tier entity is a subrecipient or contractor. The subrecipient budgets must align with the same requirements as the Applicant’s budget, including those related to fringe and indirect costs.
- 6) Construction - NOT Applicable
- 7) Other Direct Costs – This may include other costs not elsewhere specified, such as report preparation costs, passports and visa fees, medical exams and inoculations, as well as any other miscellaneous costs which directly benefit the program 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 program, along with estimates of costs. Otherwise, the narrative should be minimal.
- 8) Indirect Costs – Applicants must indicate whether they are proposing indirect costs or will charge all costs directly. In order to better understand indirect costs please see Subpart E of 2 CFR 200.414. The application must identify which approach they are requesting and provide the applicable supporting information. Below are the most commonly used Indirect Cost Rate methods:

Method 1 - Negotiated Indirect Cost Rate Agreement (NICRA)

If the applicant has a current NICRA, submit your approved NICRA and the associated disclosed practices. If your NICRA was issued by an Agency other than USAID, provide the contact information for the approving Agency. Additionally, at the Agency’s discretion, a provisional rate may be set forth in the award subject to audit and finalization. See [USAID’s Indirect Cost Rate Guide for Non Profit Organizations](#) for further guidance.

Method 2 – De minimis rate of 10% of modified total direct costs (MTDC)

Costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate an indirect rate, which the non-Federal entity may apply to do at any time. The applicant must describe which cost elements it charges indirectly vs. directly. See 2 CFR 200.414(f) for further information.

If the applicant does not have an approved NICRA and does not elect to utilize the 10% de minimis rate, the Agreement Officer will provide further instructions and may request additional supporting information, including financial statements and audits, should the application still be under consideration after the merit review. USAID is under no obligation to approve the applicant's requested method.

**e) Prior Approvals in accordance with 2 CFR 200.407**

Inclusion of an item of cost in the detailed application budget does not satisfy any requirements for prior approval by the Agency. If the applicant would like the award to reflect approval of any cost elements for which prior written approval is specifically required for allowability, the Applicant must specify and justify that cost. See 2 CFR 200.407 for information regarding which cost elements require prior written approval.

**f) Approval of Subawards**

The Applicant must submit information for all subawards that it wishes to have approved at the time of award. For each proposed subaward the Applicant must provide the following:

- Name of organization
- DUNS Number
- Confirmation that the subrecipient does not appear on the Treasury Department's Office of Foreign Assets Control (OFAC) list
- Confirmation that the subrecipient does not have active exclusions in the System for Award Management (SAM)
- Confirmation that the subrecipient is not listed in the United Nations Security designation list
- Confirmation that the subrecipient is not suspended or debarred
- Confirmation that the applicant has completed a risk assessment of the subrecipient, in accordance with 2 CFR 200.331(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

**g) Dun and Bradstreet and SAM Requirements**

**Please note that DUNS and SAM registration is not required to submit an Application. DUNS and SAM Registration will only be required by the successful applicant prior to award.**

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier (DUNS number) and System for Award Management (SAM) requirements. Each applicant (unless the applicant is an individual or Federal awarding agency that is exempted from requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

1. Provide a valid DUNS number for the Applicant and all proposed sub-recipients;

2. Be registered in SAM before receiving an award. 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 ([www.sam.gov](http://www.sam.gov)).
3. 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.

The registration process may take many weeks to complete. Therefore, Applicants are encouraged to begin the process as soon as notified by USAID.

DUNS number: <http://fedgov.dnb.com/webform>

SAM registration: <http://www.sam.gov>

Non-U.S. applicants can find additional resources for registering in SAM, including a Quick Start Guide and a video on how to obtain an NCAGE code, on [www.sam.gov](http://www.sam.gov), navigate to Help, then to International Registrants.

#### **h) Branding Strategy & Marketing Plan**

The apparently successful applicant will be asked to provide a Branding Strategy and Marketing Plan to be evaluated and approved by the Agreement Officer and incorporated into any resulting award.

#### **1. Branding Strategy – Assistance (June 2012)**

a. Applicants recommended for an assistance award must submit and negotiate a "Branding Strategy," describing how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens.

b. The request for a Branding Strategy, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.

c. Failure to submit and negotiate a Branding Strategy within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.

d. The applicant must include all estimated costs associated with branding and marketing USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.

e. The Branding Strategy must include, at a minimum, all of the following:

(1) All estimated costs associated with branding and marketing USAID programs, such as plaques, stickers, banners, press events, materials, and so forth.

(2) The intended name of the program, project, or activity.

(i) USAID requires the applicant to use the "USAID Identity," comprised of the USAID logo and brand mark, with the tagline "from the American people" as found

on the USAID Web site at <http://www.usaid.gov/branding>, unless Section VI of the RFA or APS states that the USAID Administrator has approved the use of an additional or substitute logo, seal, or tagline.

(ii) USAID prefers local language translations of the phrase “made possible by (or with) the generous support of the American People” next to the USAID Identity when acknowledging contributions.

(iii) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.

(iv) If branding in the above manner is inappropriate or not possible, the applicant must explain how USAID's involvement will be showcased during publicity for the program or project.

(v) USAID prefers to fund projects that do not have a separate logo or identity that competes with the USAID Identity. If there is a plan to develop a separate logo to consistently identify this program, the applicant must attach a copy of the proposed logos. The RFA will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.

(3) The intended primary and secondary audiences for this project or program, including direct beneficiaries and any special target segments.

(4) Planned communication or program materials used to explain or market the program to beneficiaries.

(i) Describe the main program message.

(ii) Provide plans for training materials, posters, pamphlets, public service announcements, billboards, Web sites, and so forth, as appropriate.

(iii) Provide any plans to announce and promote publicly this program or project to host country citizens, such as media releases, press conferences, public events, and so forth. Applicant must incorporate the USAID Identity and the message, “USAID is from the American People.”

(iv) Provide any additional ideas to increase awareness that the American people support this project or program.

(5) Information on any direct involvement from host-country government or ministry, including any planned acknowledgement of the host-country government.

(6) Any other groups whose logo or identity the applicant will use on program materials and related materials. Indicate if they are a donor or why they will be visibly acknowledged, and if they will receive the same prominence as USAID.

f. The Agreement Officer will review the Branding Strategy to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.

g. If the applicant receives an assistance award, the Branding Strategy will be included in and made a part of the resulting grant or cooperative agreement.

(END OF PRE-AWARD TERM)

**2. Marking Plan – Assistance (June 2012)**

- a. Applicants recommended for an assistance award must submit and negotiate a “Marking Plan,” detailing the public communications, commodities, and program materials, and other items that will visibly bear the “USAID Identity,” which comprises of the USAID logo and brand mark, with the tagline “from the American people.” The USAID Identity is the official marking for the Agency, and is found on the USAID Web site at <http://www.usaid.gov/branding>. The RFA will state if an Administrator approved the use of an additional or substitute logo, seal, or tagline.
- b. The request for a Marking Plan, by the Agreement Officer from the applicant, confers no rights to the applicant and constitutes no USAID commitment to an award.
- c. Failure to submit and negotiate a Marking Plan within the time frame specified by the Agreement Officer will make the applicant ineligible for an award.
- d. The applicant must include all estimated costs associated with branding and marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the application. These costs are subject to the revision and negotiation with the Agreement Officer and will be incorporated into the Total Estimated Amount of the grant, cooperative agreement or other assistance instrument.
- e. The Marking Plan must include all of the following:
  - (1) A description of the public communications, commodities, and program materials that the applicant plans to produce and which will bear the USAID Identity as part of the award, including:
    - (i) Program, project, or activity sites funded by USAID, including visible infrastructure projects or other sites physical in nature;
    - (ii) Technical assistance, studies, reports, papers, publications, audiovisual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
    - (iii) Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and 5;
    - (iv) It is acceptable to cobrand the title with the USAID Identity and the applicant's identity.
    - (v) Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the recipient is encouraged to otherwise acknowledge USAID and the support of the American people.
  - (2) A table on the program deliverables with the following details:
    - (i) The program deliverables that the applicant plans to mark with the USAID Identity;

- (ii) The type of marking and what materials the applicant will use to mark the program deliverables;
  - (iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking;
  - (iv) What program deliverables the applicant does not plan to mark with the USAID Identity; and
  - (v) The rationale for not marking program deliverables.
- (3) Any requests for an exemption from USAID marking requirements, and an explanation of why the exemption would apply. The applicant may request an exemption if USAID marking requirements would:
- (i) Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. The applicant must identify the USAID Development Objective, Interim Result, or program goals furthered by an appearance of neutrality, or state why an aspect of the award is presumptively neutral. Identify by category or deliverable item, examples of material for which an exemption is sought.
  - (ii) Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent. The applicant must explain why each particular deliverable must be seen as credible.
  - (iii) Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications. The applicant must explain why each particular item or product is better positioned as host-country government item or product.
  - (iv) Impair the functionality of an item. The applicant must explain how marking the item or commodity would impair its functionality.
  - (v) Incur substantial costs or be impractical. The applicant must explain why marking would not be cost beneficial or practical.
  - (vi) Offend local cultural or social norms, or be considered inappropriate. The applicant must identify the relevant norm, and explain why marking would violate that norm or otherwise be inappropriate.
  - (vii) Conflict with international law. The applicant must identify the applicable international law violated by the marking.
- f. The Agreement Officer will consider the Marking Plan's adequacy and reasonableness and will approve or disapprove any exemption requests. The Marking Plan will be reviewed to ensure the above information is adequately included and consistent with the stated objectives of the award, the applicant's cost data submissions, and the performance plan.
- g. If the applicant receives an assistance award, the Marking Plan, including any approved exemptions, will be included in and made a part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

(END OF PRE-AWARD TERM)

### **i) Funding Restrictions**

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.330 for assistance in determining whether a sub-tier entity is a subrecipient or contractor.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

Except as may be specifically approved in advance by the AO, all commodities and services that will be reimbursed by USAID under this award must be from the authorized geographic code specified in Section B.4 of this NOFO and must meet the source and nationality requirements set forth in 22 CFR 228.

### **j) Conscience Clause**

#### **CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) – PRE-AWARD TERM (February 2012)**

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

1) Shall not be required, as a condition of receiving such assistance—

- (i) to endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
- (ii) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a)(1) above.

(b) An applicant who believes that this solicitation contains provisions or requirements that would require it to endorse or use an approach or participate in an activity to which it has a religious or moral objection must so notify the cognizant Agreement Officer in accordance with the Mandatory Standard Provision titled “notices” as soon as possible, and in any event not later than 15 calendar days before the deadline for submission of applications under this solicitation. The applicant must advise which activity(ies) it could not implement and the nature of the religious or moral objection.

(c) In responding to the solicitation, an applicant with a religious or moral objection may compete for any funding opportunity as a prime partner, or as a leader or member of a consortium that comes together to compete for an award. Alternatively, such applicant may limit its application to those activities it can undertake and must indicate in its submission the activity(ies) it has excluded based on religious or moral objection. The offeror’s proposal will be evaluated based on the activities for which a proposal is submitted, and will not be evaluated favorably or unfavorably due to the absence of a proposal addressing the activity(ies) to which it objected and which it thus omitted. In addition to the notification in

paragraph (b) above, the applicant must meet the submission date provided for in the solicitation.

(END OF PRE-AWARD TERM)

**[END OF SECTION D]**

## SECTION E: APPLICATION REVIEW INFORMATION

### 1. Evaluation

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

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the ratings described in this section.

### 2. Review and Selection Process

#### a) Ratings

Rating	Rating Description
<b>Exceptional</b>	An <b>Exceptional</b> application has the following characteristics: <ul style="list-style-type: none"> <li>• A comprehensive and thorough application of exceptional merit.</li> <li>• Application meets and fully exceeds the Government expectations or exceeds NFO objectives and presents very low risk or <b>no</b> overall degree of risk of unsuccessful performance.</li> <li>• Strengths <b>significantly outweigh</b> any weaknesses that may exist.</li> </ul>
<b>Very Good</b>	A <b>Very Good</b> application has the following characteristics: <ul style="list-style-type: none"> <li>• An application demonstrating a <b>strong</b> grasp of the objectives.</li> <li>• Application meets NFO objectives and presents a <b>low</b> overall degree of risk of unsuccessful project performance.</li> <li>• <b>Strengths significantly outweigh any weaknesses that exist.</b></li> </ul>
<b>Satisfactory</b>	A <b>Satisfactory</b> application has the following characteristics: <ul style="list-style-type: none"> <li>• An application demonstrating a reasonably sound response and a <b>good</b> grasp of the objectives.</li> <li>• Application meets NFO objectives and presents a <b>moderate</b> overall degree of risk of unsuccessful project performance.</li> <li>• <b>Strengths outweigh weaknesses.</b></li> </ul>
<b>Marginal</b>	A <b>Marginal</b> application has the following characteristics: <ul style="list-style-type: none"> <li>• The application shows a <b>limited</b> understanding of the objectives.</li> <li>• Application meets some or most of the NFO objectives, but presents a <b>significant</b> overall degree of risk of unsuccessful project performance.</li> <li>• Weaknesses <b>equal or outweigh</b> any strength that exists.</li> </ul>
<b>Unsatisfactory</b>	An <b>Unsatisfactory</b> application has the following characteristics: <ul style="list-style-type: none"> <li>• The Application <b>does not meet</b> the NFO objectives or requires a major rewrite of the application.</li> <li>• Presents an <b>unacceptable</b> degree of risk of unsuccessful project performance.</li> <li>• Weaknesses demonstrate a <b>lack of understanding</b> of the Government's needs.</li> <li>• Weaknesses <b>significantly outweigh</b> any strength that exists.</li> </ul>

Technical and other factors will be evaluated relative to each other, as described here and prescribed by the Technical Application Format. The Technical Application will be scored by a Selection Committee (SC) using the ratings described below:

### b) Merit Review Criteria

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

Evaluation factors are weighted according to the order listed below: Technical Excellence, Management Approach and Institutional Capacity. Sub-factors within these categories are of equal importance.

	CRITERION NAME
Criterion 1	Technical Excellence
Sub Criterion 1.1	<p><b>Technical Approach:</b> The degree to which the Applicant's approach:</p> <ul style="list-style-type: none"> <li>• Demonstrates an understanding of the context and challenges in Mozambique and clearly outlines feasible, innovative, technically appropriate, gender- and adolescent/youth-sensitive strategies and approaches to address challenges and to successfully achieve all results.</li> </ul>
Sub Criterion 1.2	<p><b>Builds Local Systems:</b> The degree to which the Applicant's approach:</p> <ul style="list-style-type: none"> <li>• Aligns with GRM priorities and strategic, builds the capacity of local staff, institutions, systems and processes, presents a robust and strategic plan for sub-awards and integrates youth, gender and male engagement in this activity.</li> </ul>
Sub Criterion 1.3	<p><b>Private Sector Engagement:</b> The extent to which the Applicant's approach:</p> <ul style="list-style-type: none"> <li>• Demonstrates a realistic and effective approach for engaging the Private Sector and other relevant stakeholders through available public private partnerships platforms aimed at promoting self-reliance and sustainability while contributing to the overall goal of this activity.</li> </ul>
Sub Criterion 1.4	<p><b>Monitoring, Evaluation and Learning (MEL) and Collaboration, Learning and Adapting (CLA):</b> The degree to which the Applicant's approach:</p> <ul style="list-style-type: none"> <li>• Proposes a systematic application of CLA approaches, a MEL Plan with a logical theory of change (TOC) that clearly demonstrates how progress against objectives will be tracked, approaches will be evaluated and learning/evidence will guide</li> </ul>

	implementation share the data with the Government and other stakeholders.
<b>Criterion 2</b>	<b>Management Approach</b>
<b>2.1</b>	The degree to which the Applicant's approach: Proposes a staffing plan including key personnel, aligned with the proposed activity goals and approaches to successfully manage the technical and administrative aspects of the Program Description (PD).
<b>Criterion 3</b>	<b>Institutional Capacity</b>
<b>3.1</b>	The degree to which the Applicant and any proposed partners: <ul style="list-style-type: none"> <li>demonstrate clear capacity and experience to accomplish the range of technical interventions of similar type as outlined in the PD, including management of sub-recipients, coordination with other partners, and strengthening host government systems as well as finance and management systems in place, including cost control, business relations, and management of key personnel.</li> </ul>

The table below outlines the Evaluation factors and criteria names and their order of importance:

<b>1</b>	<b>CRITERION NAME:</b>	<i>Technical Excellence</i>	<b>IMPORTANCE:</b>	1
<b>2</b>	<b>CRITERION NAME:</b>	<i>Management Approach</i>	<b>IMPORTANCE:</b>	2
<b>3</b>	<b>CRITERION NAME:</b>	<i>Institutional Capacity</i>	<b>IMPORTANCE:</b>	3

### c) Business Review

The Agency will evaluate the cost application of the applicant(s) under consideration for an award as a result of the merit criteria review to determine whether the costs are allowable in accordance with the cost principles found in 2 CFR 200 Subpart E.

The Agency will also consider (1) the extent of the applicant's understanding of the financial aspects of the program and the applicant's ability to perform the activities within the amount requested; (2) whether the applicant's plans will achieve the program objectives with reasonable economy and efficiency; and (3) whether any special conditions relating to costs should be included in the award.

The AO will perform a risk assessment (2 CFR 200.205). The AO may determine that a pre-award survey is required to inform the risk assessment in determining whether the prospective recipient has the necessary organizational, experience, accounting and operational controls,

financial resources, and technical skills – or ability to obtain them – in order to achieve the objectives of the program and comply with the terms and conditions of the award. Depending on the result of the risk assessment, the AO will decide to execute the award, not execute the award, or award with “specific conditions” (2 CFR 200.207).

**[END OF SECTION E]**

## SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

### 1. Federal Award Notices

Award of the agreement contemplated by this RFA cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for the award.

### 2. Administrative & National Policy Requirements

The resulting award from this RFA will be administered in accordance with the following policies and regulations.

[Standard Provisions for Non-U.S. Non-governmental Organizations.](#)

See Annex 2, for a list of the Standard Provisions that will be applicable to any awards resulting from this RFA.

### 3. Reporting Requirements

Reports/Deliverables		Due Date	Deliver to
Annual Workplan	1 <sup>st</sup> Draft	60 calendar days after award date for the first fiscal year and by August 1 for the following fiscal years	AOR
	Final workplan	90 calendar days after award date for the first fiscal year and by August 30 for the following fiscal years.	
Activity Monitoring, Evaluation and Learning Plan	1 <sup>st</sup> Draft	60 calendar days after award date	AOR
	Final MEL Plan	90 calendar days after award date	
Environmental Mitigation & Monitoring Plan and Status Report		60 calendar days after award date	AOR

Quarterly Progress Report	1 <sup>st</sup> Draft	30 calendar days after the end of each fiscal year quarter	AOR
	Final Report	45 calendar days after the end of each fiscal year quarter	
Annual Performance Report (the last quarterly report of the fiscal year may be included in the annual report)	1 <sup>st</sup> Draft	45 calendar days after the end of the fiscal year	AOR
	Final Report	60 calendar days after the end of the fiscal year	AOR
Quarterly Financial & Pipeline Analysis Report (Including Accruals)		30 calendar days after the end of each fiscal quarter	AOR and OFM
Other Tax Report		30 calendar days after the end of each fiscal quarter	AOR and OFM
Ad Hoc Reporting		Mutually-agreed time, when required	AOR
Short-term Consultant reports		30 calendar days after completion of duties of each consultant	AOR
Close-out and Disposition Plan		180 calendar days prior to completion date of award	AO & AOR
Final Close-Out Report	1 <sup>st</sup> Draft	60 calendar days after project closeout	AO & AOR
	Final Report	90 calendar days after project closeout	

All reports listed below shall be submitted by the specified due dates for approval by the USAID AOR unless otherwise agreed upon with the AOR. Recipients will consult the AOR on the format and expected content of reports prior to submission.

## A. Program Reporting

- (i) **Annual Work Plan:** Based on this PD, the recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities and timelines and anticipated progress in the achievement of the activity results (consistent with the Activity MEL Plan), as well as the associated costs. The recipient shall ensure a collaborative process in workplan development, consulting beneficiaries, partners, USAID and other relevant stakeholders in preparing the annual work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and workplan adjustments going forward.
- (ii) **Quarterly Reports:** The Recipient shall submit quarterly reports that include narratives of quarterly achievements, progress against the work plan, and agreed upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g. meetings, trainings, workshops, significant events, subcontracts, and grants).  
The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. Recipients shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss the impact of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall 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 shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The Recipient shall also prepare quarterly financial reports showing the amount of funding and level of effort spent and accrued during the quarter, cumulative spending, and estimates for the next quarter. The quarterly activity and financial reports are to be submitted within 30 days after the end of each fiscal quarter to the AOR at USAID/Mozambique.

- (iii) **Final Report:** A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. In addition, the report should specifically address how the activity addressed gaps between males and females were closed; what new opportunities for men and women were created; what differential negative impacts on males/females were addressed or avoided; and what needs and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.
- (iv) **Monthly briefings:** The recipient must provide monthly in-person or telephonic briefings for the AOR that discuss (i) Major activities and (ii) Priority issues. The monthly briefing notes must be submitted electronically to the USAID AOR in English for approval prior to distribution.

## B. Financial Reporting

- (i) **Quarterly Financial Report:** In accordance with 22 CFR 226.52 the Federal Financial Reporting Form (FFR) will be required on a quarterly basis. FFR 425 must be submitted to USAID within 30 days after the end of each reporting period. They shall be disaggregated by cost elements defined in the cooperative agreement and will contain, at a minimum:
  - i. Total funds received to date from USAID;
  - ii. Total funds previously reported as expended by Recipient by main line items by USAID funding stream;
  - iii. Total funds expended in the current quarter by the recipient by main line items by USAID funding stream;
  - iv. Total unliquidated obligations by main line items by USAID funding stream; and
  - v. Unobligated balance of USAID funds by USAID funding stream.
- (ii) **Other Quarterly Financial Reports:** The purpose of this clause is to enable USAID to implement the tax provisions of its bilateral agreement with the GRM. To comply with this clause, the Recipient shall maintain records of all taxes paid to GRM with U.S. government funds as well as other financial information as may be required by USAID. The Recipient shall furnish this information to USAID in accordance with guidance circulated by the Agreement Officer, as amended from time to time.

### **C. PEPFAR Reporting**

All applicants should refer to PEPFAR's Monitoring, Evaluation and Reporting (MER) Operational Guidance and Indicator Reference Guide to ensure they are meeting the minimum standards for each specific indicator. Applicants should propose notional output targets for each indicator of the proposed planned activities. Successful applicants will finalize the final set of indicators during the negotiation phase of the award process, and may be adjusted based on USG strategic direction. The USG also strongly encourages all recipients to provide relevant data to their local, district, provincial and national government counterparts. The recipient will be expected to report relevant program and financial data directly into PEPFAR's DATIM online MER reporting system. Please see <https://www.pepfar.gov/reports/guidance/index.htm> for more details.

### **D. Activity Monitoring, Evaluation and Learning Plan**

The activity MEL plan is a management tool that enables the Applicant and USAID to track whether desired results are being achieved and project implementation is being adapted to changing conditions. This plan should define critical performance indicators, data collection methods and the Recipient's plans for analyzing utilizing and sharing information for reporting, accountability, learning and adaptation. The activity MEL plan is a required document, due within 90 days of the award.

### **E. Environmental Monitoring and Mitigation Plan**

This will be developed by the Applicant and approved by USAID prior to the launch of each activity having a potential adverse impact on physical and natural environment. For any activity implemented under an IEE that has a Positive Determination (PD) or a Negative Determination with Conditions, contractors and grantees must develop EMMPs to implement these conditions. If a project contains no sub grants and all project activities are known in advance, the EMMP shall be included in the work plan and/or submitted with the work plan at the onset of the project (an annotated EMMP template can be found at <http://www.usaidgems.org>). If a project contains sub grants, subcontracts, or any activities that are not known at the time of the preparation of the work plan, subproject Environmental Reviews with EMMPs signed by the AOR and the MEO are necessary prior to the approval of a sub grant or sub activity. Signed Environmental Review Forms (ERFs) and Environmental Review Reports (ERRs) will be kept in USAID's official files. Formats for ERF and ERR can be found at the following website: <http://www.usaidgems.org>

### **F. Gender Analysis**

Gender analysis is a tool for examining the differences between the roles that women and men play in communities and societies, the different levels of power they hold, their differing needs, constraints and opportunities, and the impact of these differences on their lives. The Recipient should plan to conduct a Gender Analysis within the first six months of activity implementation, and to develop a corresponding Gender Action Plan to guide implementation of recommended actions in the context of activity implementation.

The gender analysis should identify root causes of existing gender inequalities or obstacles to female empowerment in the context of the activity, so that the applicant can seek out opportunities to promote women's leadership and participation. The gender analysis should also identify potential adverse impacts and/or risks of gender-based exclusion that could result from planned activities, including: (a) Displacing women from access to resources or assets; (b) Increasing the unpaid work or caregiver burden of females relative to males; (c)

Conditions that restrict the participation of women or men in project activities and benefits based on pregnancy, maternity/paternity leave, or marital status; (d) Increasing the risk of gender -based violence, including sexual exploitation or human trafficking, sexually transmitted diseases, and HIV/AIDS; and (e) Marginalizing or excluding women in political and governance processes.

Because males and females are not homogenous groups, the gender analysis should also to the extent possible disaggregate by income, region, caste, race, ethnicity, disability, and other relevant social characteristics and explicitly recognize the specific needs of young girls and boys, adolescent girls and boys, adult women and men, and older women and men.

#### Branding & Marking

Applicants must submit a final Branding & Marketing plan in English. (See the provision entitled “Marking and Public Communications Under USAID-Funded Assistance” in ADS 303maa).

**[END OF SECTION F]**

## **SECTION G: FEDERAL AWARDING AGENCY CONTACTS**

The points of contact (POC) for questions on this funding opportunity are the following:

Antonieta Manhica  
Acquisition and Assistance Specialist  
USAID/Mozambique  
E-mail: [amanhica@usaid.gov](mailto:amanhica@usaid.gov) with cc copy to [eluma@usaid.gov](mailto:eluma@usaid.gov) .

**[END OF SECTION G]**

## **SECTION H: OTHER INFORMATION**

USAID reserves the right to fund any or none of the applications submitted. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

### Applications with Proprietary Data

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

“This application includes data that must not be disclosed duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. 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}.”

Additionally, the Applicant must mark each sheet of data it wishes to restrict with the following:

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

**[END OF SECTION H]**

**ANNEX 1 - SUMMARY BUDGET TEMPLATE**

Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Salaries						
Fringe Benefits						
Allowances						
Travel and Transportation						
Equipment						
Supplies						
Other Direct Costs						
Sub Total						
Indirect Costs						
Total						

**ANNEX 2 - STANDARD PROVISIONS**

(Note: the full text of these provisions may be found at: <https://www.usaid.gov/ads/policy/300/303mab>). The actual Standard Provisions included in the award will be dependent on the organization that is selected. The award will include the latest Mandatory Provisions for non-U.S. Nongovernmental organizations. The award will also contain the following “required as applicable” Standard Provisions:

**REQUIRED AS APPLICABLE STANDARD PROVISIONS FOR NON-U.S. NONGOVERNMENTAL ORGANIZATIONS**

Required	Not Required	Standard Provision
TBD		RAA1. ADVANCE PAYMENT AND REFUNDS (DECEMBER 2014)
		RAA2. REIMBURSEMENT PAYMENT AND REFUNDS (DECEMBER 2014)
TBD		RAA3. INDIRECT COSTS – NEGOTIATED INDIRECT COST RATE AGREEMENT (NICRA) (DECEMBER 2014)
		RAA4. INDIRECT COSTS – CHARGED AS A FIXED AMOUNT (NONPROFIT) (JUNE 2012)
X		RAA5. UNIVERSAL IDENTIFIER AND SYSTEM OF AWARD MANAGEMENT (July 2015)
X		RAA6. REPORTING SUBAWARDS AND EXECUTIVE COMPENSATION (DECEMBER 2014)
X		RAA7. SUBAWARDS (DECEMBER 2014)
X		RAA8. TRAVEL AND INTERNATIONAL AIR TRANSPORTATION (DECEMBER 2014)
	X	RAA9. OCEAN SHIPMENT OF GOODS (JUNE 2012)
X		RAA10. REPORTING HOST GOVERNMENT TAXES (JUNE 2012)
X		RAA11. PATENT RIGHTS (JUNE 2012)
X		RAA12. EXCHANGE VISITORS AND PARTICIPANT TRAINING (JUNE 2012)
	X	RAA13. INVESTMENT PROMOTION (NOVEMBER 2003)
	X	RAA 14. COST SHARE (JUNE 2012)
	X	RAA15. PROGRAM INCOME (DECEMBER 2014)

X		RAA16. FOREIGN GOVERNMENT DELEGATIONS TO INTERNATIONAL CONFERENCES (JUNE 2012)
	X	RAA17. STANDARDS FOR ACCESSIBILITY FOR THE DISABLED IN USAID ASSISTANCE AWARDS INVOLVING CONSTRUCTION (SEPTEMBER 2004)
X		RAA18. PROTECTION OF HUMAN RESEARCH SUBJECTS (JUNE 2012)
X		RAA19. STATEMENT FOR IMPLEMENTERS OF ANTI-TRAFFICKING ACTIVITIES ON LACK OF SUPPORT FOR PROSTITUTION (JUNE 2012)
X		RAA20. ELIGIBILITY OF SUBRECIPIENTS OF ANTI-TRAFFICKING FUNDS (JUNE 2012)
X		RAA21. PROHIBITION ON THE USE OF ANTI-TRAFFICKING FUNDS TO PROMOTE, SUPPORT, OR ADVOCATE FOR THE LEGALIZATION OR PRACTICE OF PROSTITUTION (JUNE 2012)
X		RAA22. VOLUNTARY POPULATION PLANNING ACTIVITIES – SUPPLEMENTAL REQUIREMENTS (JANUARY 2009)
X		RAA23. CONSCIENCE CLAUSE IMPLEMENTATION (ASSISTANCE) (FEBRUARY 2012)
X		RAA24. CONDOMS (ASSISTANCE) (SEPTEMBER 2014)
X		RAA25. PROHIBITION ON THE PROMOTION OR ADVOCACY OF THE LEGALIZATION OR PRACTICE OF PROSTITUTION OR SEX TRAFFICKING(ASSISTANCE) (SEPTEMBER 2014)
	X	RAA26. LIMITATION ON SUBAWARDS TO NON-LOCAL ENTITIES (JULY 2014)
	X	RAA27. CONTRACT PROVISION FOR DBA INSURANCE UNDER RECIPIENT PROCUREMENTS (DECEMBER 2014)
X		RAA28. CONTRACT AWARD TERM AND CONDITION FOR RECIPIENT INTEGRITY AND PERFORMANCE MATTERS (April 2016)
X		RAA29. PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE (MAY 2017)

### **ANNEX 3 -NOFO WEBSITE LINKS**

The following documents are located at the URLs provided below:

- MEL Plan Template

[https://www.usaid.gov/sites/default/files/documents/1861/DRAFT\\_Activity\\_MEL\\_Plan\\_Template\\_Nov\\_17\\_2017.docx](https://www.usaid.gov/sites/default/files/documents/1861/DRAFT_Activity_MEL_Plan_Template_Nov_17_2017.docx)

- Budget Format

<https://www.usaid.gov/documents/1866/sample-detailed-budget>

- Work Plan Template

<https://www.usaid.gov/documents/1864/attachment-f-work-plan-template>

- USAID Mozambique Country Development and Cooperation Strategy (CDCS)

<https://www.usaid.gov/mozambique/cdcs>

- RMNCAH Investment Case for Mozambique

<https://www.globalfinancingfacility.org/investment-case-republic-mozambique>

- English version: Multi-sectoral Action Plan for the Reduction of Chronic Undernutrition in Mozambique 2011-2014 (2020):

[http://www.who.int/nutrition/landscape\\_analysis/MozambiqueNationalstrategyreductionstunting.pdf](http://www.who.int/nutrition/landscape_analysis/MozambiqueNationalstrategyreductionstunting.pdf)

- USAID Gender Equality and Women's Empowerment Policy

[https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy\\_0.pdf](https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf)