USAID | SOUTHERN AFRICA
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Issue Date:	**September 21, 2022**
Deadline for Questions:	**October 07, 2022; 09:00am Pretoria Local Time**
Closing Date:	**November 21, 2022; 09:00 am Pretoria Local Time**
Subject:	**Notice of Funding Opportunity Number: 72067422RFA00009**
Program Title:	**Accelerate Tuberculosis Elimination and Program Resilience Activity (ACCELERATE 1- High Burden Areas)**

Ladies and Gentlemen:

The United States Agency for International Development (USAID) is seeking applications for a Cooperative Agreement from qualified entities to implement the Accelerate Tuberculosis Elimination and Program Resilience Activity (ACCELERATE), the flagship tuberculosis (TB) project which comprises two separate activities. **This Notice of Funding Opportunity (NOFO) seeks applications for ACCELERATE 1 only.** Applications for ACCELERATE 2 will be sought through a separate NOFO. Eligibility for this award is restricted to local entities only.

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 NOFO subject to a risk assessment. Eligible parties interested in submitting an application are encouraged to read this NOFO 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 NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on 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 NOFO 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 or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

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USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier and System for Award Management (SAM) requirements detailed in Section D.8. The registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process using the Registering to Work with USAID: Main Step-by-Step Guide available on https://www.usaid.gov/work-usaid/get-grant-or-contract/trainings-how-work-usaid/registering-workwork-usaid-main-step-by-step-guide.

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

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

Thank you for your interest in USAID programs.

Sincerely,

Kerry West
Regional Agreement Officer

Table of Contents

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.1 SUMMARY

USAID Southern Africa (USAID/SA) and the Government of South Africa (GoSA) signed the TB Partnership Statement in 2019 committing to enhanced collaboration towards achieving the United Nations High Level Meeting (UNHLM) targets and ending tuberculosis (TB) in South Africa by 2035. The purpose of the Accelerate TB Elimination and Program Resilience Activity (ACCELERATE) - is to support South Africa's efforts to achieve TB elimination through early detection, appropriate treatment and care, and prevention among vulnerable populations, particularly those infected with TB, drug resistant TB (DR-TB), or TB/HIV co-infection. **ACCELERATE** is the flagship USAID/SA TB project which comprises two separate activities. *ACCELERATE 1* targets technical support and interventions at the national level, the provincial level and in high TB burden districts. *ACCELERATE 2* targets technical support and interventions at the provincial level and in lower TB burden districts. The two activities will collaborate and partner together to support the achievement of TB elimination in South Africa.

ACCELERATE 1, hereinafter referred to as the Activity, aims to implement targeted technical support at the ***national level*** and tailored technical support at the ***provincial and district levels*** within communities and respective health care facilities where the TB burden is high, namely **Gauteng (**Tshwane and Sedibeng districts), **KwaZulu Natal (**Uthukela and Amajuba districts), and **Eastern Cape** (Nelson Mandela Bay, Joe Gqabi and Sarah Baartman districts). Technical support to strengthen health systems at the national, provincial and district levels, while advancing TB elimination, should aim to sustainably strengthen the delivery of public health services, building resilience against and mitigate the negative impacts of acute infectious disease epidemic in support of South Africa's goal to eliminate TB. Through ACCELERATE 1, technical support at the national level would focus on policy and strategy development; capacity building and addressing human resource needs for specific TB program areas; research and innovations to inform TB policy and technical guidelines; improving TB health information systems; and developing new tools for diagnosis and treatment to methods of engaging and supporting patients.

A.2 BACKGROUND

A.2.1 TB Epidemiology and TB Burden in South Africa

South Africa faces the dual epidemics of TB and HIV and is among the eight countries that account for two-thirds of the global TB cases. South Africa continues to make progress to end TB with an incidence rate of 554/100,000 in 2020 - a decline from 615/100,000 reported in 2019. A total of 208,032 TB cases were notified in 2020, a decline from 222,350 reported in 2019; and a reduction in mortality from 62 to 61/100,000 among HIV co-infected patients. However, South Africa's fight to end TB still has challenges, with the TB mortality rate among HIV negative TB patients increasing from 38/100,000 in 2019 to 42/100,000 in 2020.

South Africa also remains among countries with a high drug-resistant TB (DR-TB) burden. Despite the decline in 2020 due to the emergence of the COVID-19 pandemic, the country still reports above 7,000 laboratory confirmed cases. Furthermore, the treatment initiation rate for Rifampicin Resistance/Multidrug Resistant (RR/MDR TB) increased to above 100% compared to 67.2% in 2018. Treatment success rates for drug susceptible TB (DS-TB) increased from 71% in 2018 to 77% in 2019 whilst for RR/MDR-TB success rates are at 65% for the 2018 cohort.

In 2018, South Africa[1] conducted its first TB prevalence survey, which highlighted the following findings: 1) TB prevalence is higher in those aged 35- 44 years (1,107 per 100, 000) and the elderly aged 65 years and older (1,104 per 100,000); 2) TB prevalence is higher in males compared to females, with a prevalence almost 1.6 times that of females. The disproportionately high TB prevalence of TB among men has previously been associated with delays in seeking care and access barriers. This emphasizes the need to scale up male focused and friendly TB services in and out of the facility; 3) The estimated number of TB cases was more than the cases notified in the same year. This is an important finding implying risk for ongoing transmission; and 4) The largest prevalence to notification gap was in the youth aged 15-24 years and in those 65 years and older. To effectively deal with the TB epidemic, this gap needs to be closed.

The nexus between the South Africa HIV epidemic and the TB epidemic continues to drive high morbidity and mortality in the country, with the legacy of apartheid and significant income inequality posing additional challenges to the TB and HIV response. Effectively addressing TB is an important element of the U.S. Government's (USG) and USAID/SA's efforts to improve global health and reduce poverty.

A.2.2 COVID-19 Impact on TB programming in South Africa

The COVID-19 pandemic has reversed years of progress toward TB elimination. The first confirmed case of COVID-19 in South Africa was reported on March 5, 2020. In mid-March social distancing measures, including restrictions on international travel, mass gatherings and school closures, were instituted to slow transmission of SARS-CoV-2 and prepare the health care system. A Level 5 national lockdown, which confined all but essential workers to their dwellings and imposed severe restrictions on all non-essential movement, commenced on March 27, 2021. The implementation of Level 5 restrictions resulted in a sudden and dramatic drop in laboratory investigations for TB across all South Africa's provinces. In September 2020, a report from the National Institute of Communicable Diseases (NICD) estimated that 308,000 fewer TB GeneXpert tests were conducted, and 17,700 fewer positive samples detected, between the beginning of April and end of July because of COVID-19. The timing and scale of the decrease in

[1] The survey was conducted jointly by the South African National Department of Health TB Programme; the South African Medical Research Council; the Human Sciences Research Council; the National Institute for Communicable Diseases; and the World Health Organization.

testing volumes were consistent across provinces and preceded the rapid rise in COVID-19 cases[2]. The sustained declines are likely the result of reduced access to health services resulting from lockdown conditions. The increase in the GeneXpert positivity rate suggests that people with mild TB symptoms delayed seeking care. COVID-19 will continue to negatively impact TB detection and care and treatment for years to come.[3]

A.3 SOUTH AFRICA'S NATIONAL RESPONSE TO END TB

South Africa, as one of the United Nations member states, has committed to fulfilling the UN key targets by 2022. The Global Plan to End TB - the Paradigm Shift (2018-2022) is intended to support the achievement of the United Nations High Level Meeting (UNHLM) commitment set for 2022. The country has aligned their South Africa National Strategic Plan (NSP) for HIV, TB and STIs (2017-2022) and National TB Program (NTP) Strategic Plan (2017-2021) to achieve the UNHLM targets and end TB by 2035, reducing TB incidence and mortality rates by 90% and 95%, respectively, compared to 2015. The following TB targets are outlined in the NSP: 1) Reduce TB incidence by at least 30%, from 834/100,000 population in 2015 to less than 584/100,000 by 2022; 2) Identify 90% of all TB cases and place them on appropriate treatment; 3) Identify at least 90% of TB cases among key populations, including people living with HIV (PLHIV) and members of under-served populations; and 4) Provide successful treatment to at least 90% of those diagnosed with drug-susceptible TB and 75% with drug-resistant TB[4]. In addition to the NSP, the NTP Strategic Plan aims to use a combination-intervention approach informed by modeling of high impact interventions as the approach for fast-tracking progress in TB control. The *Midterm Review of the National Strategic Plan for HIV, TB, and STIs 2017-2022* details South Africa's progress towards TB elimination.

Table 1: Progress and targets toward core TB indicators in South Africa

#	Name	2015	2016	2017	2018	2019	2020	2021*	2022**
REACH: Increased DS-and DR-TB case notification									
1	TB Detection	287,224	237,045	220,163	227,999	209,545	208,032	194,900	178,300
2	Bacteriological Diagnosis Coverage (Pulmonary TB)	60%	67%	65%	70%	74%	62%	****	****
3	Childhood TB Notification	29,137	20,546	15,628	17,561	16,461	14,562	21,100	21,100

[2] COVID-19 Special Public Health Bulletin. Volume 18. Supplementary Issue 4. Center for Tuberculosis, National Institute for Communicable Diseases.
[3] Ibid.
[4] South Africa National TB Program Strategic Plan (2017-2021).

#	Name	2015	2016	2017	2018	2019	2020	2021*	2022**
4	Drug-Resistant TB Notification	20,637	20,040	16,733	13,752	13,411	7,517	12,100	11,100
5	Private Sector TB Notification	***	***	***	***	***	***	****	****
6	Contact Investigation Coverage	***	***	***	***	***	***	****	****
CURE: High treatment success rate in DS- and DR-TB									
7	TB Treatment Success Rate	81%	82%	77%	71%	79%	***	90%	90%
8	Drug-Resistant TB Treatment Success Rate (newest data for cohort 2018)	55%	54%	60%	65%	***	***	75%	75%
PREVENT: Prevent TB transmission and development									
9	TPT Coverage (<+PLHIV)	***	***	407,754	478,506	1,042,213	***	627,600	499,300
SELF-RELIANCE: Commitment and sustainability									
10	Proportion of Domestic Financing for TB	91%	88%	90%	92%	87%	77%	72%	****

*Represents the 2021 target. Data for 2021 will be available in the *WHO Global TB Report* in October 2022.
** Targets set by UNGA and the National TB Program
*** Data not available.
**** No targets set

A.4 UNITED STATES GOVERNMENT (USG) RESPONSE

USAID leads the global TB efforts of the U.S. Government, working with partners and stakeholders around the world to achieve global TB targets. USAID's work at the global level contributes to the goals of diagnosing and treating a cumulative 40 million people by 2022 through both public and private-sector health services—including 3.5 million children and 1.5 million people with drug-resistant TB; and reach a cumulative 80 million people by 2022 through both public and private-sector health services—including 9 million children exposed to TB with preventative treatment. USAID support also contributes to achieving the USG National Action Plan for Combating Multidrug-Resistant Tuberculosis (MDR-TB), which aims to: (1) strengthen domestic capacity to combat MDR-TB; (2) improve international capacity and collaboration to combat MDR-TB; and (3) accelerate basic and applied research and development to combat MDR-TB. Further information on USAID's efforts to combat TB are detailed in USAID's most recent report to the U.S. Congress Building Commitment and Capacity to End TB. A comprehensive review of progress toward global targets is planned for a high-level meeting on TB in 2023.

In South Africa, USAID/SA aims to support the GoSA to decrease new TB infections and increase the number of patients on treatment in order to end the TB epidemic by 2035, in accordance with the WHO END TB Strategy. Previous and current USAID/SA-supported activities have focused on reducing TB infections; reducing TB disease transmission and progression; increasing sustainability of effective TB response systems; improving care and treatment of vulnerable populations; improving access to high-quality, person-centered TB, DR-TB, and TB/HIV services; strengthening TB service delivery platforms; and accelerating TB research and innovations for improved impact on program implementation. Building capacity of the health workforce has been a fundamental cornerstone of all USAID/SA support to date. With previous USAID/SA support, the country has made significant progress specifically towards improving treatment success rates for RR/MDR TB patients (65 per cent) and expanding access to improved TB diagnostics. For more information, please refer to the most recent USAID South Africa TB Roadmap.

The U.S. President's Emergency Plan for AIDS Relief, commonly known as PEPFAR, focuses resources and efforts to achieve a greater impact globally on the HIV epidemic. PEPFAR embraces reaching the "95-95-95" targets and places a strong emphasis on linkages in program planning between prevention and treatment at both the community and facility levels. In 2014, PEPFAR launched the DREAMS Initiative – "Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe: Preventing HIV in Adolescent Girls and Young Women (AGYW)" – to aggressively target PEPFAR resources to reduce new HIV infections among AGYW. In South Africa, PEPFAR implements a broad portfolio of activities toward the goal of HIV epidemic control in specific geographic target areas and includes HIV/TB co-infection interventions. Geographically, PEPFAR activities and interventions are implemented in the highest HIV burden districts in South Africa, encompassing 82 percent of PLHIV in South Africa. Given the high rate of HIV/TB co-infection, both HIV and TB programming in South Africa need to be well coordinated. For further information on the USG PEPFAR support to South Africa, refer to the most recent U.S. Government PEPFAR South Africa Country Operational Plan 2021.

A.5 GOAL, OBJECTIVES AND RESULTS

USAID aims to partner with an entity to support South Africa's efforts to achieve national targets and end TB by 2030, in line with the Sustainable Development Goals. Through this NOFO, USAID invites prospective Applicants to present approaches and innovations that will advance sustainable progress to diagnose, treat and prevent TB infections, including drug resistant TB. The Activity aims to accelerate TB elimination efforts in selected districts[5] and bolster the resilience of South Africa's national TB program. The Activity contributes to achieving Development Objective 3 of the USAID/SA Regional Development Cooperation Strategy (2020-2025), which is to *improve equitable provision of quality health services through increased capacity to effectively manage infectious diseases*.

USAID seeks applications that propose a combination of tailored technical support and targeted direct service delivery at the national level, within provinces, districts, facilities and communities with the highest burdens of TB, DR-TB and TB/HIV co-infection.

The Activity's objectives and intended results are, as follows:

Accelerate TB Elimination and Program Resilience in South Africa (ACCELERATE)	
Objective 1: Improve Diagnosis of TB	• IR 1.1 Quality of TB screening improved • IR 1.2 Diagnostic delays reduced • IR 1.3 Active TB case finding improved • IR 1.4 Targeted community-based active TB case finding strengthened
Objective 2: Increase Treatment Coverage and Success	• IR 2.1 Timely Treatment of Drug Susceptible (DS) TB increased • IR 2.2 Diagnosis and treatment of Drug-Resistant (DR) TB improved • IR 2.3 Health care worker capacity to provide and monitor TB treatment out of the facility improved • IR 2.4 Comprehensive TB/HIV co-infection management improved • IR 2.5 Tailored interventions for successful treatment of TB vulnerable populations strengthened
Objective 3: Reduce TB Transmission and Prevent Development of TB Disease	• IR 3.1 TB infection prevention and control (IPC) measures improved • IR 3.2 Capacity to test and treat latent tuberculosis infection (LTBI) increased • IR 3.3 Intensive TB contact tracing and management improved
Objective 4: Sustain TB response systems	• IR4.1 Management of the TB supply chain strengthened • IR4.2 Use of TB health management information systems (HMIS) improved • IR4.3 Pharmacovigilance reporting systems for management of clients on second line TB treatment improved

District-level interventions will work with District Health Management Teams (DHMT), supported by TB Coordinators, to ensure implementation of TB control activities at *health facilities* in accordance with the national policies and guidelines and collect and report data on TB program indicators to the province. The Activity will support the DHMT and facility staff to implement tailored approaches in line with the GoSA policies and improve TB prevention and care. Working with clinical and data staff at health facilities, the Activity will increase the availability and use of quality patient-level data by strengthening TB information systems, which may include introducing technologies or innovations for improved data collection, analysis, and reporting. Facility interventions will introduce and institutionalize continuous quality improvement processes that enable health facilities to improve patients' clinical outcomes and experiences with TB services; and reduce per capita costs for TB and other health services. Using public

[5] See Section E for details on geographic coverage and target populations.

health best practices for mitigating COVID-19 and other pandemic threats on the health system, the Activity will also support districts and health facilities to develop strategies to ensure the continuity of TB services in line with GoSA guidance and the WHO COVID-19 Considerations for Tuberculosis (TB) Care. Interventions may include, for instance, strategies that promote virtual care, digital health and community monitoring of TB patients.

Provincial-level interventions will support the Provincial TB Directorate to ensure the implementation of national policies and guidelines and coordination of the TB response within districts. Interventions will also strengthen the capacity of the TB Directorate to monitor TB activities and program reporting to the NTP. The Activity will provide technical assistance to provinces to rapidly scale-up new policy, guidelines and evidence-based interventions to improve the quality of TB prevention and care using quality improvement approaches. The Activity will also work to strengthen availability and use of quality TB information, which may include institutionalizing processes such as TB mortality audits and TB service gap analysis. As many provinces continue to adapt public health systems to mitigate the COVID-19 impact, the Activity will provide technical support to promote policy and innovative service models that promote the continuity of services, which could include community-based care and digital health technologies.

National-level interventions will comprise targeted support, including human resource capacity, to strengthen management of the national response and support policy development. Technical assistance will be provided to improve national level access to timely and quality TB data and support the national TB Think Tank, which advises the NTP and promotes evidence-informed policy development. The Activity will, furthermore, promote innovations and support research to inform TB policy and technical guidelines. The Activity will advance improved policy, management and implementation of the health system to respond to TB in line with national guidelines and development strategies. Continued improvements in TB control requires new tools ranging from technologies for diagnosis and treatment to methods of engaging and supporting patients. To further increase awareness among the general public or specific population groups about TB, and empower vulnerable populations to take action, the Activity will support Advocacy, Communication and Social Mobilization (ACSM) interventions.

The Activity's objectives and intended results are further described below:

OBJECTIVE 1: IMPROVE DIAGNOSIS OF TB

Detecting TB cases early is critical to break the cycle of transmission. South Africa possesses advanced TB diagnostics and is an early adopter of new rapid molecular tests. However, the country experiences a high burden of undiagnosed disease due to various factors, including poor health-seeking behavior by affected populations, as well as limited access to and poor quality of TB services. The focus of this objective is to support the National TB program to find TB cases early and roll-out new rapid molecular diagnostics based on WHO recommendations.
This objective aims to achieve the following performance targets by the end of the implementation period:

1. Increase TB case detection rate to 90% in supported districts

2. Annually increase childhood TB notifications by 5% in supported districts compared to 2019 baseline (pre-COVID period).
3. Annually increase laboratory confirmed drug resistant TB cases by 5% in supported districts annually compared to 2019 baseline (pre-COVID period).

IR1.1*: *Quality of TB screening improved

Effective screening increases the early detection of active TB disease allowing for earlier treatment, reduced risk of poor treatment outcomes including death, and lower rates of transmission through shortened periods of infectiousness. Nationally, only 62% of notified TB cases in 2020 were bacteriologically confirmed. While lower rates of bacteriologic confirmation can be due to paucibacillary or extrapulmonary TB, other contributing factors should be addressed as optimal antitubercular therapy requires bacteriologic confirmation and resistance testing. In high prevalence settings such as South Africa, large numbers of active TB cases can be detected through quality screening at medical facilities with diagnostic testing done for those whose screening results indicate an increased risk of TB.

The Activity will collaborate with the national and sub-national departments of health to increase access to quality TB screening and testing, particularly for high-risk populations. Interventions will include promoting targeted universal testing for TB (TUTT) among high-risk groups presenting in public health facilities, including PLHIV, contacts of individuals with active disease, and individuals with a TB diagnosis in the previous two years, in accordance with national policy and guidelines. The Activity will also introduce and implement proven interventions to improve the quality of TB diagnostic services and bi-directional screening and testing for TB and COVID-19.

IR 1.2: Diagnostic delays reduced

Diagnostic delays occur because of three primary issues: (1) people with presumptive TB delay seeking care due to the common perception that TB symptoms are benign; (2) delayed TB test results; and (3) patient loss between diagnostic testing and initiation of treatment, particularly for RR/MDR TB, of which nearly a third of diagnosed patients fail to start treatment.

However, these delays can be reduced by diagnostic tools and interventions that already exist within the health system, if implemented with increased fidelity. For instance, high quality diagnostics, such as GeneXpert testing can rapidly confirm TB infection and indicate rifampin (drug)-resistant TB in a matter of hours rather than weeks. The lateral flow urine lipoarabinomannan assay (LF-LAM) has demonstrated ability to lower TB mortality through earlier TB diagnosis in severely immunocompromised HIV-coinfected patients. Additionally, digital chest X-rays have enhanced the health system's ability to identify pulmonary TB and can increase diagnosis, especially in those who have limited sputum production.

The Activity will support the NTP to conduct a laboratory diagnostic network assessment to identify and remediate bottlenecks in the diagnostic network and improve early diagnosis and linkages within the healthcare system. This will ensure timely initiation of patients on treatment. In particular, the Activity will develop new and strengthen existing referral pathways between hospitals and primary health care facilities and support roll out of new rapid molecular diagnostics. It will also support facilities to build efficient patient-centered diagnostic networks to ensure that all presumptive TB patients, particularly those at high risk, can be tested with available diagnostics. Additionally, the Activity will work with stakeholders throughout the health system to promote accurate information and TB education that encourages robust health-seeking behaviors, particularly amongst high-risk populations.

IR 1.3: Active TB case finding improved

Active TB case-finding is a critical intervention for finding missing TB patients, which reduces diagnosis and treatment delays and prevents the spread of the disease. Since 2018, the NTP has implemented a "finding the missing TB patients" strategy and led Continuous Quality Improvement (CQI) at hospitals and primary health care facilities to strengthen TB active case finding nationally. Despite the intensified focus on TB screening and case finding in the national CQI model, WHO estimates suggest that in 2020, South Africa diagnosed and notified 119,968 less TB cases compared to the estimated total incidence of 328,000[6]. Finding the missing TB patients requires a coordinated case finding approach between private and public health facilities and intensified focus on improving TB case finding in hospitals. This is still an area for improvement for the NTP. Over the years, the NTP has implemented public-private partnership (PPP) models however scaling up any of these models has been challenging. USAID has supported these efforts since 2016 using public-private partnership models to optimize the yield of TB case detection in different settings through tailored and targeted screening approaches, such as the Find TB cases Actively, Separate safely, and Treat effectively (FAST) strategy. The FAST strategy is an effective model to fully integrate TB case finding in hospitals and reduce missed opportunities.

The Activity will continue to support FAST implementation in hospitals; and train public and private health providers on TB case finding approaches including the diagnostic algorithm. The Activity will also engage non-NTP providers through roundtable discussions and training to increase the index of suspicion for TB in the private sector, improve compliance with the TB diagnostic algorithm, improve referral pathways between non-NTP providers and public health facilities and scale-up stool based GeneXpert testing for children. Additionally, the Activity will also provide technical assistance to improve reporting of TB cases diagnosed in private health facilities.

IR 1.4 Targeted community-based active TB case finding strengthened

Community-based active TB case finding can find additional TB cases and reduce diagnostic delays effectively if targeted at high-risk groups and communities with access barriers in high prevalence settings. The National TB Program supports active case finding in community settings to improve TB case finding among targeted populations, such as household contacts of TB patients, prisoners, health care workers, and residents of informal settlements. Coordination of community TB case finding activities; ensuring that it is targeted in areas and populations with the highest TB diagnostic yield; and implementing a patient centered approach which includes sputum collection in the community remains challenging.

The Activity will introduce and scale-up innovative approaches that mobilize community structures (e.g. non-governmental, faith-based organizations) and community health care workers to improve active case finding and contact tracing in the community. Interventions will employ community-based models to scale-up critical interventions such as sputum collection at community level; referrals to treatment for clients diagnosed in the community; and integration of TB case finding into other community health services. The Activity will also implement a comprehensive active case-finding strategy that establishes

[6] World Health Organization TB Country Profiles, 2021.

and sustains formal partnerships between community-based institutions and health facilities.

OBJECTIVE 2: INCREASE TB TREATMENT COVERAGE AND SUCCESS

WHO guidelines prioritize integrated, patient-centered care with tailored packages of services to meet clients' needs as a critical factor for expanding TB treatment coverage and success. The South African Department of Health has made significant strides to institutionalize patient centered care for TB and other conditions through the adoption of an Integrated Clinical Services Management (ICSM) model. Furthermore, over the past two years, out of facility care for TB and HIV has become critical to continuing delivery of health services during facility closures due to COVID-19 related lockdowns and outbreaks amongst health workers. Despite this progress, the TB cascade analysis, which was recently revised based on 2018 data, indicates that of all estimated TB cases, ultimately only 46%[7] are successfully treated with losses occurring at each stage of the cascade, from identification, to being placed on treatment, to losses during treatment. In addition, the TB treatment coverage also remains low at 58%.

Over the past several years, USAID support has expanded access to high-quality, patient-centered care and treatment for individuals with active TB and those most at risk of developing active TB. The Activity will build on these efforts, by bringing these approaches to scale for drug susceptible and drug resistant TB. The Activity will achieve the following performance targets:

1. Initiate 100% diagnosed DS-TB cases on treatment annually in supported districts
2. Initiate 100% laboratory diagnosed DR-TB cases on appropriate treatment annually in supported districts
3. Increase treatment success rate to 90% in supported districts for DS-TB by the end of the Activity
4. Increase treatment success rate to 75% for RR/MDR-TB in supported districts by the end of the Activity
5. 100% TB patients should have a documented HIV status annually in supported districts
6. Achieve 100% ART coverage for all registered TB cases who are co-infected with HIV annually in supported districts

IR 2.1: Timely Treatment of Drug Susceptible (DS) TB increased

Current recommended treatment regimens for DS-TB in South Africa are effective and affordable, with an individual success rate of more than 85 percent when administered correctly and completely. However, when treatment is not initiated promptly and completed appropriately, transmission of infection continues and drug resistance can develop, making cases more difficult and costly to treat.

The Activity will increase timely initiation of treatment for TB patients by supporting the Department of Health to optimize health systems to speed-up facility responses to positive TB test results, including household outreach to patients with positive test results to facilitate return to the facility to initiate treatment. The Activity will also optimize approaches that enable facilities to provide TB treatment to patients in their households and communities from initiation through treatment completion, including

[7] Naidoo, Pren & Theron, Grant & Rangaka, Molebogeng & Chihota, Violet & Vaughan, Louise & Brey, Zameer & Pillay, Yogan. (2017). The South African Tuberculosis Care Cascade: Estimated Losses and Methodological Challenges. The Journal of Infectious Diseases. 7. 10.1093/infdis/jix335.

interventions that provide medication through external pick-up points. Within facilities, the Activity will introduce approaches that improve the management of TB patients, including systems for completed referrals between hospitals and primary healthcare facilities and technology or other innovations for treatment reminders and notifications. The Activity will also advance approaches tailored to pediatric patients, including support for the roll-out of child-friendly treatment formulations and optimizing facility processes to improve enrollment and treatment success of pediatric populations. The WHO rapid communication on treatment of DS-TB recommends the addition of the four (4) month regimen into the NTP's' standard regimens. This Activity will provide technical support to scale up this regimen in line with NDoH policy.

IR 2.2 Diagnosis and treatment of Drug-Resistant (DR) TB improved

To reduce disease transmission, people with DR-TB should be started on appropriate treatment as soon as possible. Non-adherence to treatment can lead to even greater drug resistance, failure of treatment, and continued transmission of TB. Access to TB services can be limited, in particular, due to geography. Additional challenges include limited availability of drugs to treat various forms of DR-TB (including limited access to and barriers to use of new TB drugs), and limited capacity to treat DR-TB. The Department of Health has made significant progress in the decentralization of DR-TB treatment including community-based care. The number of sites initiating MDR TB treatment has steadily increased, and a continuum of care has been established. However, treatment success rates remain below 75%. More worryingly, due to diagnostic and therapeutic challenges, there is an increasing number of patients with treatment failure who are developing extensively drug-resistant TB.

In close collaboration with the NDoH, the Activity will improve the quality of DR-TB care provided at centers of excellence and decentralized DR-TB units (facilities responsible for the initiation and management of DR-TB patients in a defined geographical area), by promoting interventions that intensify screening of DR-TB household contacts; further decentralize treatment through training clinicians on DR-TB management and virtual mentoring sessions; improve implementation of pharmacovigilance and Active Drug Safety and Monitoring (aDSM) protocols; rapidly scale-up the use of shorter treatment regimens and improve treatment adherence through Video Directly Observed Therapy (VDOT) and adherence promoting strategies. The Activity will also support interventions that increase the availability of essential data required to enhance TB treatment, including mortality audits to identify and address contributory factors to high mortality; and improve the quality of information captured and data reported through the country's Electronic Drug-Resistant Tuberculosis Register (EDRWeb).

IR 2.3 Health care worker capacity to provide and monitor TB treatment out of the facility improved

The effects of the COVID-19 pandemic in South Africa emphasized the importance of community health systems, as the availability of facility-based services plummeted due to facility closures and extensive lockdowns. In September 2021, the Stop TB partnership recommended public health system adaptations to ensure uninterrupted TB treatment amidst the COVID-19 pandemic. The National Department of Health (NDoH) subsequently adapted its own policies, with the most substantial policy change permitting TB treatment provision through external pick-up points, as per new national standard operating procedures (SOPs).

The Activity will provide technical assistance to health care workers and facility Operational Managers to implement the SOP on provision of TB treatment out of the facility and rapidly increase the number of eligible clients who receive treatment in external pick-up points. The Activity will also coordinate with external pick-up points to ensure timely communication on clients who have missed their appointment. In collaboration with the Department of Health, the Activity will train clinicians to provide high-quality care to clients receiving treatment outside the facility; improve documentation and reporting of information on clients receiving treatment in external pick-up points; and leverage community structures to trace lost patients within the community.

IR 2.4 Comprehensive TB/HIV co-infection management improved
Co-infection with TB and HIV is associated with greater morbidity and mortality despite highly effective treatments from both diseases. Despite health system efforts and progress to integrate TB and HIV services, in 2020, only 66% of patients with TB had a documented HIV status and 89% of co-infected patients were on antiretroviral therapy. Contributing factors include fragmentation of TB and HIV clinical services and gaps in documenting HIV information in the TB patient file. Integrated management of services for both infections in a unified clinical care package will improve outcomes and requires health providers with adequate skills and competencies to effectively manage both diseases; service delivery protocols that integrate HIV and TB services; and the availability of appropriate diagnostic and therapeutic interventions.

This Activity will support implementation of a package of services that comprehensively delivers integrated HIV and TB care to co-infected patients. The Activity will work with the Department of Health to improve routine HIV testing of TB diagnosed patients and prompt antiretroviral therapy initiation, when eligible. It will also train clinicians on TB/HIV management and promote facility-based clinical management teams to employ continuous quality improvement approaches for effective management of co-infected patients. Additionally, the Activity will strengthen timely and accurate capturing and reporting of TB/HIV data.

IR 2.5 Tailored interventions for successful treatment of vulnerable populations strengthened
In South Africa, there is an increasing focus on addressing the barriers to care for men, who have a TB prevalence almost 1.6 times higher than that of women. Men also experience poor uptake of TB testing and treatment, and worse outcomes for smear conversion and successful treatment completion compared to women. Other priority populations include HIV-infected populations, people living in informal settlements and inmate populations, where the highest incidence rate of TB disease is observed.

The National TB Program identifies three categories of populations that are at elevated risk of TB disease or poor TB outcomes (see Table 2 Key populations for TB):

- People who have increased exposure to TB due to where they live or work;
- People who have limited access to quality TB services; and
- People at increased risk of TB because of biological or behavioral factors that compromise immune function.

Table 2: Key Populations for TB

People who have **INCREASED EXPOSURE** to TB due to where they live or work	Prisoners, sex workers, miners, hospital visitors, healthcare workers and community health workers	
	PEOPLE WHO: ● Live in urban slums ● Live in poorly ventilated or dusty conditions ● Are contacts of TB patients, including children ● Work in environments that are overcrowded ● Work in hospitals or are healthcare professionals	
People who have **LIMITED ACCESS TO QUALITY TB SERVICES**	Migrant workers, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants	
	PEOPLE WHO: ● Are from tribal populations or indigenous groups ● Are homeless ● Live in hard-to-reach areas ● Live in homes for the elderly ● Have mental or physical disabilities ● Face legal barriers to access care ● Are lesbian, gay, bisexual or transgender	
People at **INCREASED RISK** of TB because of **biological or behavioral factors** that compromise immune function	PEOPLE WHO: ● Live with HIV ● Have diabetes or silicosis ● Undergo immunosuppressive therapy ● Are undernourished ● Use tobacco ● Suffer from alcohol-use disorders ● Inject drugs	

Source: *South Africa National TB Program Strategic Plan (2017-2021)*

The National TB Strategic Plan 2017-2021 prioritizes active TB case-finding among select key populations and as a result, the country has begun to implement active case finding in prisons and mining communities. However, there is still limited access to TB diagnosis and treatment for vulnerable populations.

The Activity will work at the national and provincial levels to improve policy and guidelines that ensure improved accessibility of diagnostic, treatment and support services tailored to specific needs of TB key populations. The Activity will also engage key populations in developing models for service delivery (including community-based and on-site treatment and TB management); and interventions to create demand for health services and promote healthy and health-seeking behaviors. Developing effective services for key populations also requires the use of data specific to each population. The Activity will work at national, provincial and district level to improve the use of data, such as disease burden, population size, access to services and health barriers of TB vulnerable populations, to inform the deployment of services and public health policy.

OBJECTIVE 3: REDUCE TB TRANSMISSION AND PREVENT DEVELOPMENT OF TB DISEASE

Preventing the spread of TB and MDR-TB in congregate settings is a major concern in South Africa. The high infection rate among health providers is evidence of the need to strengthen infection prevention and control (IPC) practices in health settings. Additionally, there have been limited efforts to support IPC implementation in congregate settings, such as prisons, shelters, congested urban environments and other community settings. Furthermore, South Africa has one of the highest burdens of latent TB infection (LTBI) in the world, especially in high-risk populations such as young children, adolescents, household contacts of TB patients, people living with HIV, miners, inmates, immunocompromised individuals, people suffering from silicosis and health care workers, with reported rates of infection ranging from 26% up to 89%[8].

USAID support contributes to national TB prevention efforts by increasing TB screening; improving follow-up support systems for TB patients identified as presumptive TB cases; implementing infection prevention and control strategies in health facilities; and increasing public awareness about TB prevention. Additional efforts include developing and improving systems for the clinical implementation of TB preventive treatment (TPT); supporting the review, development, and improvement of recording and reporting systems for key indicators to track the progress of TPT scale-up; introducing new regimens for TPT among TB contacts (e.g., 3RH); increasing coverage of TPT among household contacts; and introducing and scaling-up interferon-gamma release assays (IGRA) and other infection testing technologies to provide solutions in diagnosing TB infection and determining disease progression to active TB. The Activity will achieve the following performance targets:

1. Screen for TB and provide TB preventive treatment to 90% eligible contacts <5 years in supported districts by the end of the Activity
2. Screen for TB and provide TB preventive treatment (TPT) to 90% eligible PLHIV and other priority populations annually in supported districts throughout the Activity performance period
3. Increase the TPT completion rate to 85% in supported districts by the end of the implementation period
4. Increase contact investigation rate to 90% in supported districts by the end of the implementation period

IR 3.1 TB infection prevention and control (IPC) measures improved

The WHO guidelines on TB infection prevention and control (2019) continue to recommend a hierarchy of control elements- administrative controls, environmental controls and respiratory protection for health care and congregate settings. South Africa's National Prevention and Control Guidelines for TB, MDR-TB, and XDR-TB (2015) include a series of managerial and operational steps for each of these three elements of IPC and serve as a framework for ensuring adequate IPC in health care and other high-risk settings. Although progress has been made in implementing these guidelines, gaps still exist in ensuring that TB IPC measures are comprehensively implemented and monitored at primary health care and community health care facilities.

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[8] Draft South Africa TPT guidelines, 2020.

The Activity will provide technical assistance to the NTP to update the 2015 TB IPC guidelines in line with the latest WHO recommendations. Related interventions may include conducting TB facility IPC risk assessments; developing, updating, and implementing facility TB IPC plans; training healthcare workers on IPC and appropriate use of personal protective equipment (PPE); and developing a national dashboard to monitor facility performance on IPC.

IR 3.2 Capacity to test and treat latent tuberculosis infection (LTBI) increased

The draft South Africa TB Preventive Treatment guidelines (2019) call for LTBI management for PLHIV and for HIV-uninfected persons who are household contacts or have conditions lowering their resistance to the development of TB disease. The guidelines include the specific preventive treatment regimens approved for subgroups within these groups. Although TPT for PLHIV is well implemented, TPT provision among other high-risk groups remains suboptimal.

To increase testing and treatment of LTBI, the Activity will collaborate with the Department of Health to support health facilities to integrate LTBI management within universal testing and treatment for PLHIV, in whom active TB has been excluded. The Activity will support health facilities to ensure that TB contact tracing efforts result in treatment for latent TB infection for people with no active TB disease. This includes household contacts, PLHIV, health care providers, and other high-risk groups. Finally, the Activity will support the Department of Health to implement the updated TB Preventive Treatment guidelines once approved through training clinicians, providing job aids and monitoring compliance to the guidelines during supportive supervision visits.

IR 3.3 Intensive TB contact tracing and management improved

TB contact tracing and investigation can yield high numbers of TB cases, especially when focused on contacts of bacteriologically confirmed cases. Some of the barriers to systematic household contact tracing and investigation include stigma, limited knowledge about TB and importance of screening and testing among contacts and mistrust of health workers by household contacts. Furthermore, monitoring of contact tracing activities is limited because contact-tracing data are not yet reported routinely as part of TB program indicators.

The Activity will address the primary barriers and institutionalize contact tracing and management as part of the package of care for newly diagnosed TB patients. These services will also serve as an entry point for treatment of LTBI. The Activity will target facility and community levels to increase awareness about TB contact tracing and management in communities and among health care workers and integrate contact tracing and management into mobile and community-based services. The Activity will also work with facilities to provide treatment for LTBI in household contacts with no active TB disease and link household contacts with confirmed TB to treatment. The Activity will furthermore improve the skills and competencies of community health workers and ward-based outreach teams to establish and optimize existing referral and feedback mechanisms between health facilities and community structures.

OBJECTIVE 4: SUSTAIN TB RESPONSE SYSTEMS

The success and sustainability of TB control interventions depend on the capacity of the health system within which they are delivered. The South African health system is made up of the NDoH and departments in the nine provinces. The NDoH is responsible for policy development and coordination and the provincial departments are responsible for implementation of health services in the provinces. The health system is further divided into the public and private sector. The Activity will strengthen TB response systems at national, provincial and district levels and build on previous investments to sustain South Africa's response systems and achieve the following performance targets:

1. 0% of facilities ordering any anti-TB drug when its stock in hand is already below the minimum level to prevent stock-out in supported districts by the end of the Activity.
2. 0% of facilities with a backlog of non-captured TB data of more than 5 days since the presumptive/TB patient visited the facility in supported districts by the end of the Activity.
3. Increase the proportion of health facilities reporting on adverse drug reactions (ADRs) by 10% annually compared to 2021 (baseline period) in supported districts.

IR 4.1 Management of the TB supply chain strengthened

Stockouts of TB medicines could present a critical obstacle to TB control in South Africa. These could be due to inaccurate quantification and weaknesses in order management. USAID/South Africa through the USAID Global Health Supply Chain (GHSC) program supports consistent utilization of the Stock Visibility System (SVS) in all provinces for antiretroviral drugs and antituberculosis drugs in primary health care facilities. In community health centers and hospitals, the Rx solution system is used for stock management. Progress has been made in improving stock management and reporting to minimize stock outs, however not all facilities are reporting timely and accurately as per the national policy.

This Activity will provide training to health care workers to increase the proportion of facilities reporting accurately and timely into the stock management systems. It will also work with facilities to implement processes that ensure routine and accurate facility-level anti-TB drugs quantification and proper stock management to mitigate stockouts.

IR4.2 Use of TB health management information systems (HMIS) improved

South Africa has made many gains in establishing and integrating health management information systems (HMIS) for TB and HIV, however critical challenges which affect the quality of data still exist. These include incomplete documentation in TB patient records and case identification register; inconsistent use of system generated TB reports and line lists; and delayed access to reports at provincial and national levels.

This Activity will support the NTP to improve timely capturing and use of data to improve national TB care and prevention outcomes. In particular, it will improve the collection, analysis and use of quality-assured data at the facility and district levels and promote timely capturing of quality TB data in Tier.NET or Department of Health approved systems. The Activity will also support routine TB surveillance at all levels; and work with District Health Management Teams and Provincial Departments of Health to conduct TB data quality audits (DQAs), monthly data verification, and support data review meetings with facility staff and District TB managers.

IR4.3 Pharmacovigilance reporting systems for management of clients on second line TB treatment improved

The World Health Organization (WHO) recommends that countries introducing new drugs and treatment regimens for MDR TB should develop and implement a system for active pharmacovigilance (PV) allowing for detection, reporting and management of adverse drug reactions (ADRs). Programs that actively monitor and manage ADRs are more likely to achieve better treatment outcomes. To this end, WHO recommends the use of a standardized electronic active surveillance system to ensure systematic data collection and to simplify the analysis of drug safety information. USAID is currently supporting the NDoH to integrate the electronic pharmacovigilance monitoring system (PViMS) tool into EDRWeb and improve reporting of adverse events (AEs). Building on this support, this Activity will continue training the users of PViMS to improve reporting of AEs; provide feedback to facilities and institutionalize the use of reports on AEs; support facilities to use data from PViMS to follow up on management of ADRs; and provide periodic updates and training on the upgrades made on PViMS. These interventions will be implemented in collaboration with the National Affordable Medicines Directorate.

A.6 GEOGRAPHIC COVERAGE AND PROGRAM BENEFICIARIES

The Activity will build upon technical assistance provided by USAID/SA through previous and current Activities. The geographic target area of the Activity includes the provinces and districts listed below as well as targeted support to the national level:

1. High burden provinces:
    - **Gauteng -** Tshwane and Sedibeng districts
    - **KwaZulu Natal -** Uthukela and Amajuba districts
    - **Eastern Cape -** Nelson Mandela Bay, Joe Gqabi and Sarah Baartman districts
2. National Level technical assistance to the GoSA and NTP

USAID/SA reserves the right to change geographic areas supported based on changes in the TB burden, NDoH priorities and performance towards achieving the NDoH and END TB strategy targets. The Applicant will tailor interventions as required to be able to reach different populations based on the need, including but not limited to: public health managers at national and sub-national levels; adult populations; infants; children; adolescents and youth under 25 years; pregnant and breastfeeding women; men; and specific age groups across sexes, addressing their unique needs, contexts and health seeking behaviors. The Applicant will incorporate specific strategies to support populations that are hard to reach by health services.

A.7 GENDER CONSIDERATIONS

The USAID Gender Equality and Female Empowerment Policy advances equality between women and men, boys, and girls, and empowers women and girls to participate fully in and benefit from development activities, through the integration of gender in the entire project cycle from project design and implementation to monitoring and evaluation.

In South Africa, men have a TB prevalence almost 1.6 times higher than that of women because men often prioritize work over seeking and engaging in healthcare, because of social norms related to masculinity. Additionally, once on treatment, men are more likely to interrupt or stop care due to isolation and limited access to social networks and have lower treatment success rates compared to women.[9] However, efforts to address this disparity in TB services have been limited. For instance, TB messages have largely been excluded from the national MINA campaign, which aims to encourage men living with HIV to start and stay on treatment.

Interventions supported through this Activity will implement a program model that addresses gender inequities in TB service delivery in order to reduce gender disparities in the access of TB diagnosis, treatment, and prevention services. The Activity will use evidence-based interventions informed by gender analyses that explore the underlying reasons for gender-based differences throughout the entire patient pathway. The Activity will integrate interventions throughout the program that promote early care seeking behavior, and access to TB services equitably between men and women. Furthermore, interventions will also uphold the right of all individuals - men, women, and transgender people to quality TB services.

A.8 MANAGEMENT & KEY PERSONNEL

The Applicant must have the necessary mix of staff and requisite levels of professional expertise to implement the Activity and must identify, recruit, hire, and support appropriate personnel. The Applicant must have a combination of core staff to efficiently and cost effectively manage the implementation of the Activity and achieve results. The Applicant must also commit to gender equality and social inclusion and must consider equitable balance in staffing and staff requirements; personnel systems, hiring, and management; and capacity development principles and approaches. Additionally, the Applicant should include local, South African technical, program and support staff, and if proposing partners (e.g. sub-awards), maximize use of local South African organizations to implement components of the activity for which they have expertise and experience. Accordingly, the Applicant must establish an effective quality control program to assure that deliverables and other products meet professional standards and comply with requirements. The Applicant must maintain an office in South Africa and have an organizational structure that adequately meets management needs to implement the Activity.

The Applicant should propose five (5) Key Personnel to successfully implement the Activity and achieve results. The following skills and expertise should be largely found, collectively, within the Key Personnel:

- Experience in leading public health projects
- Experience in managing and/or leading local or international donor funded projects
- Technical expertise in the area of drug susceptible TB (DS-TB)
- Technical expertise in the area of drug resistant TB (DR-TB)
- Demonstrated ability to develop and manage relationships with a wide range of stakeholders including NGO partners and Government Institutions of South Africa at all levels

[9] The First National TB Prevalence Survey, South Africa, 2018

- Understanding of the South Africa health care delivery system

Note: The term "program" as used in 2 CFR 200 and this NOFO 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.

[END OF SECTION A]

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SECTION B: FEDERAL AWARD INFORMATION

B.1 Estimate of Funds Available and Number of Awards Contemplated

USAID intends to make one (1) award pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $47 million in total USAID funding over a five (5) year period.

This Activity will be incrementally funded over the life of the Activity, subject to the availability of funds.

B.2 Start Date and Period of Performance for Federal Awards

The anticipated period of performance for the award is five years. The estimated start date is April 2023.

B.3 Substantial Involvement

USAID plans to award a Cooperative Agreement pursuant to this NOFO. A Cooperative Agreement allows USAID to exercise 'substantial involvement'. USAID anticipates that it will be substantially involved in the following areas:

1. Approval of the Recipient's Annual Implementation Plans
2. Approval of Specified Key Personnel
3. Approval of sub-awards
4. Agency and Recipient Collaboration or Joint Participation - Approval of the recipient's monitoring and evaluation plans (annually)

B.4 Authorized Geographic Code

The authorized geographic code for this program is 935.

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

The principal purpose of the relationship with the Recipient under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the "Accelerate TB Elimination and Program Resilience (ACCELERATE)" Activity, which is authorized by Federal statute.

The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award. The Recipient using its own unique combination of staff, facilities, and experience, has the primary responsibility for employing whatever form of sound organization and management techniques may be necessary in order to assure proper and efficient administration of the resulting award.

B.6 Title to Property

Property title under the resultant agreement shall be in accordance with the Mandatory Standard Provision for non-U.S. Nongovernmental Organizations “M.7 Title to and Use of Property (December 2014)”.

[END OF SECTION B]

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SECTION C: ELIGIBILITY INFORMATION

C.1 Eligible Applicants

Eligibility is restricted to local entities. For purposes of consistency and reporting, the definition of "local entity" means an individual, a corporation, a nonprofit organization, or another body of persons that:

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

For purposes of this definition, 'majority owned' and 'managed by' include, without limitation, beneficiary interests and 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.

USAID welcomes applications from eligible organizations which have not previously received financial assistance from USAID. International or U.S. organizations are not eligible to submit an application for an award as a prime applicant under this request for applications.

Applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations. The successful applicant(s) may be subject to a responsibility determination assessment (Pre-award Survey) by the Agreement Officer (AO).

The Recipient must be a responsible entity. The AO may determine a pre-award survey is required to conduct an examination that will determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, 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.

C.2 Cost Sharing or Matching

Cost sharing is an important element of the USAID-recipient relationship. In addition to USAID funds, applicants are required to contribute resources from their own, or other sources for the implementation of this Activity.

USAID has established a required cost share contribution of at least ten percent (10%) of the USAID funding amount. Such funds may be mobilized from the recipient; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses. For guidance on cost sharing in cooperative agreements, please consult 2 CFR 200 (US Organizations) or Cost Share Standard Provision (Non-US Organizations).

[END OF SECTION C]

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SECTION D: APPLICATION AND SUBMISSION INFORMATION

D.1 Agency Point(s) of Contact

Name:	Nompumelelo Mangqalaza, A&A Specialist Kerry West, Agreement Officer
Email:	pretoriaapplications@usaid.gov

D.2 Questions and Answers

Questions regarding this NOFO should be submitted in writing to: pretoriaapplications@usaid.gov, stating the NOFO number in the subject line no later than the date and time indicated on the cover letter. This is intended to provide sufficient time to address the questions and incorporate the questions and answers as an amendment to this solicitation. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

D.3 General Content and Form of Application

D.3.1 Preparation of Applications:

Each applicant must furnish the information required by this NOFO. 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 full 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
- 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.

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.
- Use standard 8 ½" x 11", single sided, 1.15 line spaced, 12 point Times New Roman font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, 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 and PDF formats, except budget files which must be submitted in Microsoft Excel.
- The estimated start date identified in Section B of this NOFO must be used in the cost application.
- The technical application must be a 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 NOFO. 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.

D.3.2 Application Submission Procedures

Applications in response to this NOFO 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.

Applications must be submitted by email to: pretoriaapplications@usaid.gov.

Email submissions must include the NOFO 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: "[NOFO number], [organization name], Cost Application, Email 1 of 2".

The technical application and the cost application **must <u>each be submitted as two separate consolidated email attachments</u>**, e.g. that you compile the various parts of the technical application into a single document before sending it; and do the same for the cost application.

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 NOFO, 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/South Africa cannot guarantee their acceptance by the internet server.

D.4 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 NOFO.

The Technical Application must not exceed 25 pages and must be structured in the following format:

A. Cover Page
B. Table of Contents
C. Acronym List
D. Executive Summary
E. Technical Approach
F. Management and Staffing Approach
G. Institutional Capacity
H. Technical Annexes (The only annexes to be evaluated are listed hereunder and do not count towards the Technical Application 25-page limit.)

The Technical Application must contain the following content:

A. Cover Page
    - See Section D.3.1 above for requirements.

B. Table of Contents

    - Include the page numbers for the main section of the Technical Application, including: the Acronym List, the Executive Summary, the Technical Approach, Management and Staffing Approach, Institutional Capability, and Technical Annexes. The specific headings for each of the Technical Annexes must be listed.

C. Acronym List

- Spell out any acronyms that are utilized in the Technical Application. A table format is acceptable.

D. Executive Summary

- A brief description of the proposed activities, goals, purposes, and anticipated results, technical and managerial resources of the applicant's organization and sub-awards, and how the overall Activity will be managed. This should give the reader of the application a "snapshot" of what is contained in the application.

E. Technical Approach:

This section shall include an overall technical approach to achieve the requirements contained in Section A, including sound theories of change that illustrate how the proposed interventions and technical support will lead to the desired outputs, outcomes, and results. The information detailed in the Technical Approach should be subdivided by the Activity's objectives and intermediate results. Information on the Technical Approach for any proposed sub-recipients/sub-awardees should also be articulated in this section.

This section shall address the following: how will the Applicant engage with the Department of Health and other stakeholders at all levels to implement the program; how will the Applicant scale up evidence based interventions described in South Africa's National Response to End TB; which innovations will be tested and/or scaled up to achieve the desired results; how will the Applicant tailor interventions as required to be able to reach specific target populations based on the need and specific strategies to support populations that are hard to reach by health services; and how will the Applicant ensure sustainability.

The plan for meeting the minimum ten percent cost share requirement to maximize sustainability, as outlined in Section C.2 of the NOFO.

F. Management and Staffing Approach

This section shall describe how the proposed management and staffing approach will lead to effective and efficient implementation of the proposed program, achieve the Activity's purpose and results and allow flexibility to be responsive to the South Africa context. This section shall also describe the proposed management and administrative structure, including important partnership relationships and proposed sub-recipients/sub-awardees.

This section shall address the following: is the proposed key personnel together with their proposed levels of effort appropriate to achieve the desired results; and is the proposed staffing

responsive to the management, administration and technical requirements of the Applicant's technical approach, with an optimal configuration for cost containment.
How will the Applicant mobilize for rapid start-up, including the steps it will take to initiate all activities, such as hiring staff, renting office space, liaising with sub-awardees, engaging national, provincial and district counterparts, etc, in order to begin achieving results expeditiously.

G. Institutional Capacity

Applicants must describe their capacity, expertise, and directly related experience to implement ACCELERATE 1, including unique or speciality areas of technical expertise, including those of its proposed partners/sub-awardees.

H. Technical Annexes (The only annexes to be evaluated are listed hereunder and do not count towards the Technical Application 25-page limit.)
    - Annex A – Draft Year 1 Work Plan in a Gantt chart format (up to 4 pages): This section will include a draft first year work plan which includes national, provincial, district and facility activities. Please note that the work plan will be finalized within 30 days after the effective date of the anticipated award.
    - Annex B – Monitoring, Evaluation and Learning Plan (up to 3 pages): This section will include a draft five-year Monitoring, Evaluation and Learning (MEL) Plan. A table format is acceptable. Please note that the MEL Plan will be finalized within 30 days after the effective date of the anticipated award.
    - Annex C – Proposed Key Personnel CVs and Letters of Commitment: Applicants are required to submit the following documents: current resume (maximum 4 pages per key personnel), listing chronologically the candidates' education and work experience and describing his/her responsibilities for each position; names and contact information of three professional references for each candidate; and signed letter of commitment.

D.5 Business (Cost) Application Format

The Business (Cost) Application must be submitted separately from the Technical Application. While no page limit exists for the full 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 200.206. 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):

D.5.1 Cover Page (See Section D.3.1 above for requirements)

D.5.2 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 or using the following links:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
Application for Federal Assistance (SF-424)	https://www.grants.gov/web/grants/forms/sf-424-family.html
Instructions for SF-424A	http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html
Assurances (SF-424B)	https://www.grants.gov/web/grants/forms/sf-424-family.html

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

D.5.3 Required Certifications and Assurances

The applicant must complete the following documents and submit a signed copy upon request by the AO:

(1) "Certifications, Assurances, Representations, and Other Statements of the Recipient" ADS 303mav 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.5.4 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 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 exchange rate for budget preparation is US$1 to R16.00. The Budget Narrative must be thorough, including sources for costs to support USAID's determination that the proposed costs are allocable, allowable 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
- 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 trips, the number of trips, the origin and destination, the number of individuals traveling, and the duration of the trips. Per Diem and associated travel costs must be based on the applicant's normal travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

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 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 visas 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. 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 - Direct Charge Only
   Eligibility: Any applicant
   Initial Application Requirements: See above on direct costs.

   Method 2 - Negotiated Indirect Cost Rate Agreement (NICRA)
   Eligibility: Any applicant with a NICRA issued by a USG Agency must use that NICRA
   Initial Application Requirements: 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 3 - De minimis rate of 10% of modified total direct costs (MTDC)
   Eligibility: Any applicant that does not have a current NICRA
   Initial Application Requirements: 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 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.

Cost Sharing – USAID has established a required cost share of ten percent (10%) of the Award's projected value for the recipient of the award. The Applicant must propose cost share resources to fulfill this requirement and estimate the amount of cost-sharing to be mobilized over the life of the agreement as well as specify the sources of such resources, and the basis of calculation in the budget narrative. USAID shall make the final determination and assess whether or not the Applicant's cost share contributions (e.g. categories or items) meet the standards set in 2 CFR 200 (US Organizations) or Cost Share Standard Provision (Non-US Organizations).

Other Supporting Documentation - If the Applicant has established a consortium or legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties.

In the case of an application where the entity receiving the award is a joint venture, partnership or some other type of group where the proposed applicant is not a legal entity, the Cost/Business Application must include a copy of the legal relationship between the prime applicant and its partners. The application document should include a full discussion of the relationship between the applicant and its partners, including identification of the applicant with which USAID will directly engage for purposes of Agreement administration, the identity of the applicant which will have accounting responsibility, how Agreement effort will be allocated and the express Agreement of the principals thereof to be held jointly and severally liable for the acts or omissions of the other.

The cost/business application must include letters of commitments from proposed partners which state that the organization is committed to implementing the activities for which it is being proposed and the proposed costs have been discussed.

The Applicant must submit a Negotiated Indirect Cost Rate Agreement (NICRA) if the organization has such an agreement with an agency or department of the U.S. Government. If the organization does not have a current NICRA, the Applicant may be requested to submit the following:

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

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

D.6 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.

D.7 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
- UEI 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 200.332(b)
- Any negative findings as a result of the risk assessment and the applicant's plan for mitigation.

D.8 Unique Entity Identifier (UEI) and SAM Requirements

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifier 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 UEI number for the applicant and all proposed sub-recipients;
2. **Be registered in SAM before submitting its application**. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient (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 early. If an applicant has not fully complied with the requirements above by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

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, navigate to Help, then to International Registrants.
Additional information on working with USAID can be found on: https://www.usaid.gov/work-usaid.

D.9 History of Performance

USAID reserves the right to obtain relevant information concerning an applicant's history of performance from any sources and may consider such information in its review of the applicant's risk. The Agency may request additional information and conduct a pre-award survey if it determines that it is necessary to inform the risk assessment.
The AO will perform a risk assessment (2 CFR 200.206) and 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 200.208).

D.10 Branding Strategy & Marking Plan

a) Branding and Marking

It is a federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961, as amended, and 2 CFR 700.16) that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or subaward must be marked appropriately overseas with the USAID Identity. In addition, the apparently successful applicant will be required to comply with USAID policy on marking and branding.

USAID will request and evaluate a branding strategy and marking plan from the apparently successful Applicant, except in cases where an existing waiver applies; this evaluation will not be part of the competitive evaluation set forth in this section. The apparently successful applicant's proposed Marking Plan may include a request for approval of one or more exceptions to marking requirements. The Agreement Officer is responsible for evaluating and approving the Branding Strategy and a Marking Plan (including any request for exceptions) of the apparently successful applicant(s), consistent with the provisions ``Branding Strategy," and USAID policy on branding and marking. Please note that in contrast to "exceptions' ' to marking requirements, waivers based on circumstances in the host country must be approved by Mission Directors or other USAID Principal Officers.

NGO applicants are required to comply with 2 CFR 700.16 and USAID Automated Directive System (ADS) Chapter 320, Branding and Marking available at https://www.usaid.gov/sites/default/files/documents/1868/320.pdf.

No award will be made without USAID approved Branding Strategy and Marking Plan.
The following provisions apply under this RFA:

b) 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 marking USAID programs, such as plaques, stickers, banners, press events, materials, and so forth, in the budget portion of the [Application/Proposal]. 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 marking 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. Section VI of the RFA or APS 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. Applicants 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 the 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.

e. 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.

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

c) 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. Section VI of the RFA or APS 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/Proposal]. 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, audio-visual 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

(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 and Identity cannot be displayed, the [Contractor/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 goal 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 a 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 part of the resulting grant or cooperative agreement, and will apply for the term of the award unless provided otherwise.

D.11 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)

D.12 CONFLICT OF INTEREST PRE-AWARD TERM (August 2018)

a. Personal Conflict of Interest

1. An actual or appearance of a conflict of interest exists when an applicant organization or an employee of the organization has a relationship with an Agency official involved in the competitive award decision-making process that could affect that Agency official's impartiality. The term "conflict of interest" includes situations in which financial or other personal considerations may compromise, or have the appearance of compromising, the obligations and duties of a USAID employee or recipient employee.
2. The applicant must provide conflict of interest disclosures when it submits an SF-424. Should the applicant discover a previously undisclosed conflict of interest after submitting the application, the applicant must disclose the conflict of interest to the AO no later than ten (10) calendar days following discovery.

b. Organizational Conflict of Interest

The applicant must notify USAID of any actual or potential conflict of interest that they are aware of that may provide the applicant with an unfair competitive advantage in competing for this financial assistance award. Examples of an unfair competitive advantage include but are not limited to situations in which an applicant or the applicant's employee gained access to non-public information regarding a federal assistance funding opportunity, or an applicant or applicant's employee was substantially involved in the preparation of a federal assistance funding opportunity. USAID will promptly take appropriate action upon receiving any such notification from the applicant.

(END OF PRE-AWARD TERM) [END OF SECTION D]

D.13 FUNDING RESTRICTIONS

Profit is not allowable for recipients or subrecipients under this award. See 2 CFR 200.331 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.

[END OF SECTION D]

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SECTION E: APPLICATION REVIEW INFORMATION

USAID intends to award a single Cooperative Agreement from this Notice of Funding Opportunity (NOFO). However, USAID reserves the right to make more than one award or no award if determined to be in the best interest of the Government. Each application submitted compliant with the terms of this NOFO will be reviewed according to the process set forth below. USAID/Southern Africa intends to evaluate the applications and award an agreement without discussions with the Applicants. However, USAID reserves the right to conduct discussions if the latter is determined by the Agreement Officer to be necessary. Therefore, the initial application will contain the applicant's best terms from a Technical and Cost/Price standpoint.

E.1 MERIT REVIEW CRITERIA

The merit review criteria presented below have been tailored to the requirements of this particular NOFO. Applicants should note that these criteria serve to:

(a) identify the significant matters which applicants should address in their applications; and

(b) set the standard against which all applications shall be evaluated.

To facilitate the review of application, the applicant must organize its application per the guidance provided under NOFO Section D.

The criteria set forth below will be used by the technical review committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

Criteria
1. Technical Approach
2. Management and Staffing Approach
3. Institutional Capacity

E.2 REVIEW AND SELECTION PROCESS

As per ADS 303.3.6.3(a), USAID will appoint a Selection Committee (SC) to review the application using the review criteria under NOFO Sections E.3 below. Further, per ADS 303.3.6.3(b), the appointed "committee members possess the requisite technical knowledge or expertise to review the programmatic merits of the applications."

Prior to negotiating an actual award, the Agreement Officer will review the apparently successful applicant's budget to ensure that costs, including cost sharing (if applicable), are in compliance with USAID's policies. The costs proposed must be determined to be reasonable, based on the Cost Application and other information before award can be made.

Award will be made to the responsible applicant whose application is determined to be the best based on technical and cost factors specified in this NOFO. The Agreement Officer must also evaluate the risk of the apparently successful applicant and is charged with the final determination of whether to make an award to the apparently successful applicant.

Authority to obligate the Government: The Agreement Officer is the only individual who may legally commit the U.S. Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either an Agreement signed by the Agreement Officer or a specific, written authorization from the Agreement Officer.

E.3 APPLICATION MERIT REVIEW

As per 303.3.6.3, USAID will conduct a merit review of the application submitted in response to this NOFO.

Applications will be evaluated using an adjectival evaluation scale (exceptional, very good, satisfactory, marginal, and unsatisfactory) as described in table below.

Ratings

Exceptional	An **Exceptional** application has the following characteristics: ● A comprehensive and thorough application of exceptional merit ● Application meets and fully exceeds the Government expectations or exceeds NOFO purpose and presents very low risk or no overall degree of risk of unsuccessful performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Very Good	**A Very Good** application has the following characteristics: ● Demonstrates a strong grasp of the objectives. ● Application meets NOFO purpose and presents a **moderate** overall degree of risk of unsuccessful project performance. ● Strengths **significantly outweigh** any weaknesses that may exist.
Satisfactory	A **Satisfactory** application has the following characteristics: ● An application demonstrating a **reasonably sound** response and a good

	grasp of the objectives. ● Application meets the NOFO purpose and presents a moderate overall degree of risk of unsuccessful project performance. ● Strengths **outweigh** weaknesses.
Marginal	A **Marginal** application has the following characteristics: ● The applications show a **limited** understanding of the objectives. ● Application meets some of more of the NOFO purpose but presents a **significant** overall degree of risk of unsuccessful project performance. ● Weaknesses **equal or outweigh** any strength that exists.
Unsatisfactory	An **Unsatisfactory** application has the following characteristics: ● The application **does not meet** the NOFO purpose or requires a major rewrite of the application. ● Presents an **unacceptable** degree of risk of unsuccessful project performance. ● Weaknesses demonstrate a **lack of understanding** of the Government's needs. ● Weaknesses **significantly outweigh** any strength that exists.

The criteria set forth below will be used by the technical review committee to evaluate all applications submitted in response to this NOFO. The criteria are listed in descending order of importance:

1. Technical Approach
2. Management and Staffing Approach
3. Institutional Capacity

E.3.1 Criteria 1 - Technical Approach

USAID will evaluate the extent to which the proposed theory of change and technical approach will achieve the stated outcomes and objectives in Section A. USAID will also evaluate the appropriateness of the proposed approach to the operating context; existing platforms, stakeholder engagement, and alignment to South Africa's National Response to End TB; policy support and technical assistance at the national level; innovation and evidence based interventions; and gender integration and sustainability.

E.3.2 Criteria 2- Management and Staffing Approach

USAID will evaluate the extent to which the proposed management and staffing approach, including the proposed partnerships and key personnel convincingly demonstrate the Applicant's ability to efficiently and effectively implement the Program Description. The Applicant should demonstrate a clear understanding of the South African operating environment, including applicable laws and regulations, in order to rapidly mobilize. USAID will also evaluate the extent to which the proposed management and staffing approach answers the following questions: (i) which technical and managerial skills set is required at the Applicant's national, provincial and district levels to achieve stated outcomes and objectives in Section A; and (ii) what is the team composition at facility and community levels.

E.3.3 Criteria 3. Institutional Capacity

USAID will evaluate the extent to which the Applicant convincingly demonstrates capacity and experience relevant to implementing TB control activities of similar type and complexity in South Africa; experience working with U.S. Government or other donors; and experience in working with the Department of Health at various levels.

E.3.4 Business Review

The Agency will evaluate the cost application of the applicant 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.

While cost is not weighted, the cost applications of the apparently successful technical applications will be evaluated for cost effectiveness. Other considerations are the completeness of the application, adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured for a responsibility determination.

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.

Proposed cost share, if provided, will be reviewed for compliance with the standards set forth in 2 CFR 200.306, 2 CFR 700.10, and the Standard Provision "Cost Sharing (Matching)" for U.S. entities, or the Standard Provision "Cost Share" for non-U.S. entities.

[END OF SECTION E]

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SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

F.1 Federal Award Notices

The Agreement Officer is the only individual authorized to commit the U.S. Government to the expenditure of public funds. The Agreement Officer will notify successful applicant(s) of its selection for an award or a cooperative agreement(s). USAID will provide this notification electronically to the person designated to receive this information in the application. Notification will also be made electronically to unsuccessful applicants.

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

F.2 Administrative & National Policy Requirements

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

For Non US organizations: Standard Provisions for Non-U.S. Non-governmental Organizations

For US organizations (as sub-recipients): ADS 303, 2 CFR 700, 2 CFR 200, and Standard Provisions for U.S. Non-governmental organizations.

F.3 Reporting Requirements

The following reports and related requirements will be included in the Cooperative Agreement(s) issued as a result of this NOFO. Applicants are reminded to budget prudent and adequate resources for completing the required reporting. All reports shall be in the English language, unless otherwise specified by the AOR. Electronic submissions will be preferred. It is not necessary to submit any of these documents with the application, but submission will be required under any resultant cooperative agreement(s).

The reporting formats, a detailed timeline, and instructions for the monitoring and evaluation plan, annual work plan, progress reports, success stories and any other USAID related reporting requirements will be provided to the Recipient upon award.

F.4 Financial Reporting

Financial reporting requirements will be in accordance with the Standard Provisions for Non-U.S Organizations. The recipient must submit an electronic version of the SF 425 Financial Report to the Agreement Officer's Representative (AOR) on a quarterly basis. Electronic copies of the SF-425 can be found at: https://www.whitehouse.gov/omb/grants_forms

In addition, the Recipient must submit quarterly financial reports to USAID/SA within 30 days after the end of each quarter of the fiscal year during the performance period. Copies of all required financial reports will be submitted to the USAID/Southern Africa Agreement Officer's Representative (AOR).

F.5 Performance Reporting

The Activity is a five-year activity starting from the date of award. The implementation of the Activity will follow the annual implementation cycle of October 1 through September 31. The first-year implementation time frame may differ depending upon the award date. The following are the required reports. USAID may at any time during the agreement performance period add additional reporting requirements within reason that serve the purpose of Activity oversight, administration and results reporting.

No	Reporting Requirement	Submission Date
1.	Annual Work Plan	USAID will provide the Recipient with an format and guidance to develop the Annual Work Plan. The first-year work plan is due within 15 days of award date and will cover the time period from award through to the following September. Subsequent annual work plans should be submitted as follows: July 30- draft work plan submitted for review and comment. August 30 - final work plan submitted for October 1 through September 30 implementation period.
2	Quarters 1, 2 and 3 Performance Reports	Due 30 days at the end of each quarter (January 31, April 30, and July 31). The due date of the ***first*** quarterly report will be determined by USAID based on the award date.
3	Monitoring, Evaluation and Learning (MEL) plan	Due 30 days after the award date
4	Environmental Mitigation Monitoring Plan & Environmental Mitigation Monitoring Report	EMMP due as an attachment to the Annual Work Plan; EMMR due as an attachment to the Annual Report.
5	Quarterly Financial Reports	Due 30 days at the end of each quarter (October 31, January 31, April 30, and July 31).

No	Reporting Requirement	Submission Date
6	Annual Performance Report	Due annually by October 31.
7	Branding Implementation and Marking Plans	Due within 60 days of the award date. Updates to be completed whenever there are revisions to guidelines.
8	Annual Report on Non-Expendable Property	Due annually by October 31.
9	Disposition of Assets and Closeout Plan	Due 120 days before the end date of the cooperative agreement.
9	Final Report	Due 30 days after the end date of the cooperative agreement.
10	Memorandum of Understanding(s)	Due 90 days of the award date.

F.6 Performance Indicators and Monitoring, Evaluation and Learning (MEL) Plan

The Recipient will establish a rigorous performance monitoring and results reporting system to monitor performance and measure quantifiable results demonstrating the achievement of the Activity results. This includes establishing information systems for routine data collection and analytics and developing a comprehensive set of input, output and outcome indicators to adequately measure performance.

The Recipient will be responsible for all aspects of data collection, analysis, and performance reporting per USAID's quarterly and annual results reporting cycles. The Recipient will be expected to conduct routine data quality assessments in collaboration with USAID and take corrective actions as needed to improve data quality. Data will be used to evaluate performance, drive decisions, guide course corrections as needed, and determine future funding. All indicators below should be included in the Applicant's MEL plan to be submitted with the application.

Indicator	Frequency
TB case finding	
● Number notified DS-TB cases	Quarterly
● Number notified DR-TB cases	Quarterly
● Childhood TB notifications	Quarterly
● Private sector TB notifications	Annually
● Incidence of DS-TB and DR-TB	Quarterly
● Bacteriological diagnosis coverage (pulmonary TB)	Annually
● Number/percent GeneXpert tests (for presumptive DS-TB, presumptive RR-TB and new pulmonary TB cases)	Quarterly

Indicator	Frequency
• Contact investigation coverage • Number/percent DS-TB and DR-TB cases notified through contact investigation • TB case detection rate or treatment coverage	Quarterly Quarterly Annually
Linkage to treatment	
• Treatment initiation rate DS-TB • Laboratory diagnosed DR-TB cases initiated on appropriate treatment	Quarterly Quarterly
Treatment success	
• Treatment success rate and cure rate for DS-TB • Treatment success rate and cure rate for DR-TB	Quarterly Quarterly
TB/HIV co-infection management	
• Percent HIV testing for TB/documented HIV status among DS-TB and DR-TB patients • Percent co-infected TB patients on ART	Quarterly Quarterly
Drug resistant TB care	
• Number/percent Second Line Probe Assay (SL LPA) tests for RR patients • Number specimens referred for GeneXpert, Culture/DST, and SL LPA • Number/percent DR-TB (RR, XDR-TB) patients treated using Short Treatment Regimen (STR) • Number/percent DR-TB (RR, XDR-TB) patients treated using New Drugs	Quarterly Quarterly Quarterly Quarterly
Treatment of Latent TB Infection/TB preventive treatment	
• Number/percent of under-5 contacts initiated on TPT	Quarterly

Indicator	Frequency
• Number/percent of adult household contacts and people with immunity lowering conditions initiated on TPT • Number/percent of PLHIV and other priority populations initiated on TPT • Number/percent completion of patients initiated on TPT	Quarterly Quarterly Semi-annually
TB mortality	
• TB related mortality rate	Annually
TB financing	
• Proportion of TB financing from domestic resources	Annually
Health systems strengthening	
• Number of healthcare workers trained on components of the WHO and National Department of Health guidelines • Proportion of facilities ordering any anti-TB drug when its stock in hand is already below the minimum level to prevent stock-out • Proportion of facilities with backlog of non-captured TB data of more than 5 days since the Presumptive/TB patient visited the facility • Proportion of health facilities reporting on adverse drug reactions (ADRs)	Quarterly Quarterly Quarterly Quarterly

F.7 Annual Work Plan

Annual Work Plan

USAID will provide a specific format for the Annual Work Plan. The Annual Work Plan will detail the interventions and technical support to be completed during each year of the Activity. The Annual Work Plan will include Activity Location Data in a format prescribed by USAID.

The first year Work Plan should include the mobilization plan which details tasks related to mobilizing program management and operations (i.e., establishing headquarters, hiring of staff, and operationalizing service delivery systems and service delivery partners (as required) under the award).

F.8 Environmental Mitigation Monitoring Plan (EMMP) & Environmental Mitigation Monitoring Report (EMMR)

Environmental Mitigation and Monitoring Plans (EMMPs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity (e.g., the Initial Environmental Examination (IEE)) imposes mitigation measures related to an intervention(s) to be implemented under the Activity. EMMPs ensure that the USAID ADS 204.3 requirements for incorporating and monitoring appropriate mitigative measures into project or activity design. The Recipient will prepare an EMMP and submit it with the first annual work plan. Annually, thereafter, the Recipient will update the EMMP and submit it with each subsequent annual work plan. A template will be provided by USAID/SA.

Environmental Mitigation and Monitoring Reports (EMMRs) are required for USAID-funded activities when the 22 CFR 216 documentation governing the activity impose conditions on at least one intervention implemented under the activity. EMMRs ensure that the ADS 204.3.3 requirements for reporting on environmental compliance are met. The Recipient will complete an EMMR annually, submitting it with the annual performance report. A template will be provided by USAID/SA.

F.9 Quarterly Financial Reports

The Quarterly Financial Reports shall be based on the three-month periods:
Quarter 1: October 1-December 31
Quarter 2: January 1-March 31
Quarter 3: April 1-June 30
Quarter 4: July 1-September 30

The time frame covered by the first quarterly report will be determined by USAID/SA based on the cooperative agreement award date. All subsequent reports will adhere to the three-month time frames listed above. The first quarterly financial report may not have a full quarter of financial expenditures due to the actual award date. All subsequent quarterly financial reports should reflect a full three months of expenditures and other related financial data.

The report format will be provided by USAID/SA upon award of the cooperative agreement. The report will contain at a minimum the following information:

- Total funds committed to date by USAID;
- Total funds disbursed to the Recipient to date (including a breakdown to the Budget categories provided in the awardee's cost proposal);
- Total funds vouchered but not yet disbursed;
- Total funds expended but not yet vouchered (accrual amount);
- Pipeline amount (committed funds minus expended funds);
- Anticipated expenditure rate for the upcoming quarter;
- Anticipated number of months of operation with current pipeline; and
- Budget estimate for the upcoming quarter.

F.10 Annual Performance Report

The Annual Report will be a comprehensive summary of the performance and results achieved for the annual reporting period divided by province and district. USAID/SA will provide a format and more details on the content for the annual performance report within six months prior to the end of the annual reporting period.

F.11 Program Income

If program income is anticipated to be generated under the award, income earned during the Activity's period of performance must be added to the total program amount and used to further eligible objectives for the Activity. If program income is applicable under this Activity, it will be implemented in accordance with the standard provision RAA16. Program Income (AUGUST 2020).

F.12 Branding Implementation and Marking Plan

The Recipient will submit a Branding Implementation and Marking Plan within 30 days of the award.

F.13 Annual Report on Non-Expendable Property

The Recipient will provide an Annual Report on Non-Expendable Property on the last working day of October in accordance with AIDAR 752.245-70. The report must contain an updated list of equipment purchased with USAID funds to include description, quantity, unit price, total price, acquisition date, location, and condition of each item.

F.14 Disposition of Assets and Closeout Plan

Close-out and disposition plan in accordance with 2 CFR 200.343 and 2 CFR 200.313 will be submitted six months before the activity end date for USAID approval. The Disposition of Assets and Closeout Plan must include, at a minimum, an illustrative property disposition plan addressing all requirements under the award and local law for the transfer of property; a plan for the phase out of in-country operations; a delivery schedule for all reports or other deliverables required under the award; a timeline for all required audits after closeout of the award; and a timeline for completing all required actions in the Disposition of Assets and Closeout Plan.

F.15 Final Report

The Final Report must include no less than the following information. USAID/SA will provide a format and more details on the content for the final report six months prior to the end of the agreement.

a) Summary of results achieved by geographic target area.
b) Summary of transition of interventions to stakeholders and Government of South Africa counterparts to promote sustainability.

F.16 Memorandum of Understanding(s) (MOU)

The MOU(s) articulates partnership principles and strategic objectives and capitalizes on the commonalities between objectives and approaches to establish a basis for ongoing dialogue and cooperation between the USAID implementing partner and the GoSA entity (i.e., Provincial Department of Health). As identified and as needed, the Recipient will establish an MOU(s) with GoSA entities, as agreed upon in collaboration with USAID/SA. The Recipient will not establish an MOU(s) without USAID's involvement and collaboration.

F.16 Development Experience Clearinghouse Requirements

The Recipient must submit reports in accordance with Mandatory Standard Provision M.8 Submissions to the Development Experience Clearinghouse and Data Rights (JUNE 2012). Specific instructions will be shared in the resulting award.

[END OF SECTION F]

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SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

G.1 USAID/Southern Africa Contacts for this NOFO and award are:

USAID/Southern Africa Regional Office of Acquisition and Assistance (USAID/Southern Africa – ROAA)

G.2 Acquisition and Assistance Ombudsman

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman
The A&A Ombudsman may be contacted via:Ombudsman@usaid.gov

[END OF SECTION G]

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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.

H.1 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 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."

H.2 M29. Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (July 2022)

a. In accordance with the cost principles in 2 CFR § 200.471, obligating or expending costs for covered telecommunications and video surveillance services or equipment or services as described in 2 CFR 200.216 are unallowable. Recipients and subrecipients are prohibited from using award funds, including direct and indirect costs, cost share and program income, for such covered telecommunications and video surveillance services or equipment. This provision implements temporary waivers granted to USAID under Section 889(d)(2) that allow the recipient to use award funds for:

(1) All costs for covered telecommunications and video surveillance services or equipment incurred through September 30, 2022; and

(2) Costs for covered telecommunications and video surveillance services or equipment incurred on or after October 1, 2022, through September 30, 2028, only if the recipient has determined that there is no available alternate eligible source for the covered telecommunications and video surveillance services or equipment.

b. After September 30, 2028, in accordance with 2 CFR § 200.471 costs of all covered telecommunications and video surveillance services or equipment as specified in 2 CFR § 200.216 will be unallowable.

c. The Recipient must include this provision in all subawards and contracts issued under this award.

[END OF PROVISION]

[END OF SECTION H]

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ANNEX 1 - SUMMARY BUDGET TEMPLATE

Applicants are required to provide the following items:
SF-424 and SF-424A - The Applicant must sign and submit the cost application standard form number SF-424 and SF-424A. Standard Forms can be accessed electronically at: www.grants.gov
A template is included to facilitate budget preparation. At a minimum, the budget must include the items listed in Section D.5.4 above.

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ANNEX 2 - STANDARD PROVISIONS

(Note: the full text of these provisions may be found at: https://www.usaid.gov/ads/policy/300/303maa and 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 either U.S. or non-U.S. Nongovernmental organizations**.** The award will also contain the following "required as applicable" Standard Provisions:

Please note that the resulting award will include all standard provisions (both mandatory and required as applicable) in full text.

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ANNEX 3 - ABBREVIATIONS AND ACRONYMS

AO	Agreement Officer
ACCELERATE	Accelerating TB Program Resilience and Elimination Activity 2022 -2027
ADSM	Active Drug Safety Monitoring
ADR	Adverse Drug Reaction
AEs	Adverse Events
AGYW	Adolescent Girls and Young Women
AMR	Antimicrobial Resistance
APS	Annual Program Statement
AOR	Agreement Officer Representative
ART	Antiretroviral Therapy
DHMT	District Health Management Team
DQA	Data Quality Audit
DR-TB	Drug resistant Tuberculosis
EMMP	Environmental Mitigation and Monitoring Plan
EDRWeb	Electronic Drug Resistant TB Web based System/Register
FAST	Find Cases Actively Separate and Treat
GHSC	Global Health Supply Chain
GoSA	Government of South Africa
HAST	HIV/AIDS, Sexually Transmitted Infections and Tuberculosis
HIV	Human Immunodeficiency Virus
IEE	Initial Environmental Examination
IGRA	Interferon Gamma Release Assay
IRs	Intermediate Results
LTBI	Latent TB Infection
MEL	Monitoring, Evaluation and Learning Plan

MDR-TB	Multidrug Resistant TB
NAP	National Action Plan for Combatting MDR-TB
NICD	National Institute of Communicable Diseases
NDoH	National Department of Health
NOFO	Notice of Funding Opportunity
NSP	National Strategic Plan
NTP	National TB Program
PEPFAR	The United States President's Emergency Plan For AIDS Relief
PLHIV	People Living with HIV
PViMS	PharmacoVigilance Monitoring System
RFA	Request for Applications
RR/MDR TB	Rifampicin Resistance/Multidrug Resistant
STI	Sexually Transmitted Infections
SDGs	Sustainable Development Goals
SVS	Stock Visibility Solution
TB	Tuberculosis
TB/HIV	Tuberculosis and Human Immunodeficiency Virus
TPT	Tuberculosis Preventive Treatment
UN	United Nations
UNHLM	United Nations High-Level Meeting
USAID	United States Agency for International Development
USAID/SA	United States Agency for International Development Southern Africa
USG	United States Government
WHO	World Health Organization
XDR-TB	Extensively drug-resistant TB

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