

**USAID Integrated Delivery of
TB Services (iDOTS)
Program Description**

February 2024

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1. INTRODUCTION

The purpose of the USAID/Nigeria integrated Delivery of TB Services (iDOTS) Activity is to reach every person with TB, cure those in need of treatment, prevent new infections and progression to active disease, while scaling-up innovations in detection, care, and treatment, and fostering local ownership to sustain TB programs that contribute to integrated primary health care services and pandemic preparedness in supported states. The activity will seek to increase the number of TB cases that are detected, treated, and notified to a cumulative number of 830,387 TB patients over the life of the project.

Expected key achievements are:

- Enhanced services for the prevention, detection, and treatment of all forms of TB.
- Strengthened TB and public health service delivery systems through an integrated patient-centered approach.
- Strengthened private sector engagement for the delivery of quality public health services.
- Enhanced quality of care for all persons with TB.
- Improved and expanded data use and communications to advance TB control efforts.

The iDOTS activity will be implemented in 18 states in Nigeria, organized into two regions. One award will cover Region 1 (eight states in the northern region), and the other will cover Region 2 (ten states in the southern region) of Nigeria with flexibility to shift geographic coverage at the workplan level as need arises.

- iDOTS region 1: Bauchi, Benue, Kaduna, Kano, Katsina, Nasarawa, Plateau and Taraba;
- iDOTS region 2: Akwa Ibom, Anambra, Cross River, Delta, Imo, Lagos, Ogun, Osun, Oyo and Rivers.

The USAID/Nigeria iDOTS Activity will focus on locally generated solutions to provide TB prevention, screening, diagnosis, care and treatment services, while addressing stigma and discrimination. The iDOTS - Nigeria activity will expand provision of and increase access to TB services among formal and informal health providers by engaging the NTBLCP platforms, private sector, umbrella and local chapters of health and allied professional organizations, faith-based institutions, communities and civil society. This new iDOTS Activity will help achieve USAID/Nigeria's development objective of a healthier, more educated population in targeted states through utilization of quality health services in target areas and population groups.

The proposed activity aligns with and supports:

- The National Strategic Plan (2021 - 2026) for TB to ensure universal access to high quality, patient centered-TB prevention, diagnosis, and treatment services for Nigerians.
- The 2023-2026 Strategic Vision for the Nigerian Health Sector.
- The USAID/Nigeria's Country Development Cooperation Strategy (CDCS) 2020 - 2025, with the mission CDCS Development Objective (DO 2).

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- The USAID’s Global TB strategy (2023 - 2030), and shared Vision for a TB-free World by 2030.
- USAID’s new business model “Global Accelerator to End TB Plus” which deepens support for local governments, civil society, and communities while leveraging and fortifying existing capabilities and resources, scaling up and institutionalizing effective high impact practices, measuring success, and prioritizing governance and leadership, to help countries achieve sustainable self-reliance for improved health outcomes for their people.

2. BACKGROUND AND PROBLEM ANALYSIS

2.1. Country Context

Nigeria is the most populous country in Africa, with an estimated population of 223 million in 2023.¹ It has an area of 923,768 square kilometers and the population density in 2023 is approximately 242.27 people per square kilometer.² Currently, 53.9 % of the population of Nigeria is urban (120,696,717 people in 2023), and according to the World Bank Group, as of 2022, the poverty rate in Nigeria is 40.1% based on the national monetary poverty line, and 63% are multidimensionally poor.³

Nigeria’s immense human development potential remains unfulfilled, and its most vulnerable people continue to suffer critical levels of food insecurity and malnutrition, driven by persistent conflict, organized violence, recurrent climate shocks and broad exposure to the impact of climate change. Gender disparities exist in the social indicators, with only 49.7% of adult female’s literate compared to 69.2% of males.⁴ The relative employment of women in the formal sector is low; only 36% of Nigerian women are in the adult workforce. Overall, Nigeria ranks 152 out of 188 countries on the gender-related development index.⁴

The official language of Nigeria is English, although there are more than 250 ethnic groups with diverse languages and religious faiths. Although Nigeria is relatively stable, intergroup violence fueled by a complex mix of religious, ethnic, political, and economic tensions remains a major concern for the country. Along with other fundamental health systems challenges, the civil unrest affects the ability of the health system to function effectively. Administratively, the country operates a three-tiered federal system of governance, comprising the Federal, 36 States and the FCT, and 774 Local Government Areas (LGAs). The LGAs are further divided into 9,565 political wards, which are the focus of PHC revitalization to achieve Universal Health Coverage

¹ UNFPA-World Population Dashboard Nigeria. <https://www.unfpa.org/data/world-population/NG>

² United Nations World Population Prospects (2023).

https://www.unodc.org/documents/nigeria/Common_Country_Analysis_2022_Nigeria.pdf

³ The World Bank Group- Nigeria Poverty Assessment (2022) A Better Future for All Nigerians.

<https://documents1.worldbank.org/curated/en/099730003152232753/pdf/P17630107476630fa09c990da780535511c.pdf>

⁴ United Nations Development Programme (2016). National Human Development Report:

http://hdr.undp.org/sites/default/files/2016_national_human_development_report_for_nigeria.pdf

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(UHC). For political and administrative purposes, the country is divided into 6 geopolitical zones (Northeast, Northwest, North Central, Southeast, Southwest and South South).

Despite Nigeria's huge resource endowments, development shortfalls remain pervasive as evidenced by low per capita income, poor social indicators, and significant disparities by income, gender, health and education. Furthermore, poverty is found to be predominant in the rural areas compared with the urban areas.

2.1.1. Health Context:

Nigeria runs a pluralistic health care system with public and private sectors, modern and traditional systems providing health care. Public sector healthcare is concurrently the responsibility of the three tiers of government. The Local Government Authorities (LGAs) have responsibility for PHC services, State Governments provide secondary level care while the Federal Government provides tertiary level care.⁵

In addition to tertiary health care provision, the Federal Ministry of Health (FMOH) leads the development and implementation of specific public health programmes, e.g. National Tuberculosis and Leprosy Control Programme (NTBLCP), National AIDS Coordinating Agency (NACA), National AIDS and STDs Control Programme (NASCP) and National Malaria Elimination Programme (NMEP). The Federal and State Health Ministries, Departments and Agencies (MDAs) manage the implementation of these programmes at all levels.

The FMOH has prioritized strengthening its Primary Health Care (PHC) system in order to achieve Universal Health Coverage (UHC). As articulated in the National Health Act and the National Health Policy (NHP), primary health care is the bedrock of Nigeria's health care delivery system.⁶ The FMOH aims to have at least one functional primary health center (PHC) in each political ward with involvement of the Ward Development Committee (WDC) comprising selected community members to ensure community participation and accountability. In addition, community-based health care services are provided by various cadres of Volunteer Health Workers (VHWs) who are engaged by different public health programmes. The Community Health Influencers and Promoters of Services (CHIPS) initiative aims to harmonize Community Health Workers (CHWs) and to better define their roles and coordination. In addition, Community Health Extension Workers (CHEWs) are expected to spend at least 60% of their time on community-based health care service delivery.

Nigeria has a growing private health sector which provides 60% of the health care services through 30% of the country's conventional health facilities – this includes not-for-profit services provided by faith-based and non-governmental organizations; and private-for-profit providers. The broader private health sector also includes traditional medicine providers, patent and

⁵Federal Republic of Nigeria (2018) National Strategic Health Development Plan (NSHDP II 2018-2022). Federal Ministry of Health. Abuja, Nigeria.

⁶Federal Republic of Nigeria. National Health Act, 2014. Official gazette No.145 vol.101

proprietary medicine vendors (PPMVs), drug shops and complementary and alternative health practitioners.

According to the 2019 Global Burden of Disease Study, while Nigeria is undergoing an epidemiological transition, communicable diseases still constitute the bulk of disease burden, with TB ranking 9th in causing the most deaths.⁷ The Second National Strategic Health Development Plan (NSHDP II 2018-2022) of the Federal Ministry of Health had as its fifth priority area Communicable Diseases (Malaria, TB, Leprosy) and Neglected Tropical Diseases (NTDs), with the goal to improve prevention, case detection and coordinated response for the prevention, control, and management of communicable diseases and NTDs. Key lessons learned from the implementation of the previous NSHDP include that while some progress had been made, achievements were lower than expected and targets were largely unmet for most indicators. The plans focused on strengthening health systems to the exclusion of services, perhaps because the evidence used to inform the strategy development was inadequate resulting in key priority areas not receiving the needed attention.⁸

In 2023, the Coordinating Minister of the FMOH, Nigeria announced a four (4) point agenda that would ensure that the sector delivered improved healthcare to Nigerians. The agenda included:

1. **Improve governance** - improve the quality of governance, leadership, and accountability, including cross-functional coordination and effective partnerships to drive service delivery.
2. **Improve population health outcomes** – Improve disease prevention through strengthened PHC and community health care, including efficient, equitable and quality health systems with increased focus on vaccine-preventable diseases, and maternal and child health.
3. **Unlocking healthcare value chain** – medical industrialization for Nigeria through clinical research and development, local production of health products, strengthened supply chain systems.
4. **Provide health security for all Nigerians** – improved preparedness during epidemics, and capacity to effectively respond to the outbreaks, pandemics, and humanitarian crises.

To actualize this agenda, the FMOH prioritizes digitalization of health systems, data-backed decision making, improved health financing, effectiveness in health spending, alignment of spending with strategic priorities; strengthening capabilities and promoting a performance-based culture within the FMOH. The ultimate goal of the Nigeria four-point agenda for health is to save lives, reduce both physical and financial pain and produce health for

⁷ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019). <https://ghdx.healthdata.org/gbd-2019>

⁸ Federal Republic of Nigeria (2018-2022) National Strategic Health Development Plan (NSHDPII). Federal Ministry of Health. Abuja, Nigeria.

all Nigerians. This is operationalised through the 2024-2026 [Health Sector Renewal Investment Initiative](#) (NHSRII) and its associated Sector Wide Approach (SWAp).

2.1.2. TB Context:

According to the World Health Organization (WHO), Nigeria has the highest TB burden in Africa, ranks sixth globally and is a high burden country for TB-HIV Co-Infection and Multidrug Resistant TB (MDR-TB). In addition, the WHO estimates that there were 219 new episodes of TB per 100,000 population (0.2%) annually in Nigeria equivalent to an estimated 479,000 incident TB cases in 2022.⁹ Following the United Nations high level meeting (UNHLM) in September 2023, Nigeria committed to the new targets including reaching 90% of people with TB prevention and care services, using a WHO-recommended rapid test as the first method of diagnosing TB; providing social benefit packages to all people with TB; licensing at least one new TB vaccine; and closing funding gaps for TB implementation and research by 2027.¹⁰

In Nigeria, at the end of 2022, TB treatment coverage rate was 59%, notifying 282,184 new and relapse TB cases, a significant stride from 24% in 2018.¹¹ The goal of the Mission TB Strategy is to help Nigeria make significant strides to accomplish these targets and meet the WHO goals of ending the global TB epidemic by 2035. The estimated burden of TB in Nigeria in 2022 is shown below:

Estimates of TB burden*, 2022

	Number	(Rate per 100 000 population)
Total TB incidence	479 000 (312 000-680 000)	219 (143-311)
HIV-positive TB incidence	27 000 (18 000-39 000)	13 (8.2-18)
MDR/RR-TB incidence**	12 000 (7 100-17 000)	5.6 (3.2-7.9)
HIV-negative TB mortality	88 000 (52 000-132 000)	40 (24-60)
HIV-positive TB mortality	10 000 (6 700-15 000)	4.7 (3.1-6.6)

Estimated proportion of TB cases with MDR/RR-TB*, 2022

New cases	2.1% (2-2.1)
Previously treated cases	14% (1.8-39)

Figure 1: Estimates of TB burden in 2022¹²

⁹ Nigeria Profile, WHO Global TB Report 2023

¹⁰ WHO 2023. World leaders commit to new targets to end TB. United Nations high level meeting (UNHLM) in September 2023.

<https://www.who.int/news/item/22-09-2023-world-leaders-commit-to-new-targets-to-end-tb>

¹¹ WHO Global TB Report 2023

¹² WHO Global TB Report 2023

In 2022, Nigeria crossed a TB treatment coverage rate of 50% for the first time and closed case finding in the year with an annual treatment coverage rate of 59% . This is attributed to the concerted effort of the National TB programme and partners as a total of 282,184 cases were notified for the year.¹³ Despite the progress achieved so far, TB is still a major public health problem in Nigeria. Though the National TB and Leprosy Control Program (NTBLCP) has continued to increase the total cases detected over the years, the rate of increase is yet to catch up with the estimated incidence. This is why the National Tuberculosis programme, in a bid to find all missing TB cases in Nigeria, has set an ambitious target in the 2021-2026 NSP for TB control in Nigeria, and the target is such that by 2026 about 75% of the estimated TB burden in Nigeria would have been identified. The graph below depicts the trend of TB incidence and notified cases over the past 10 years and the closing gap between the incidence and notified cases.

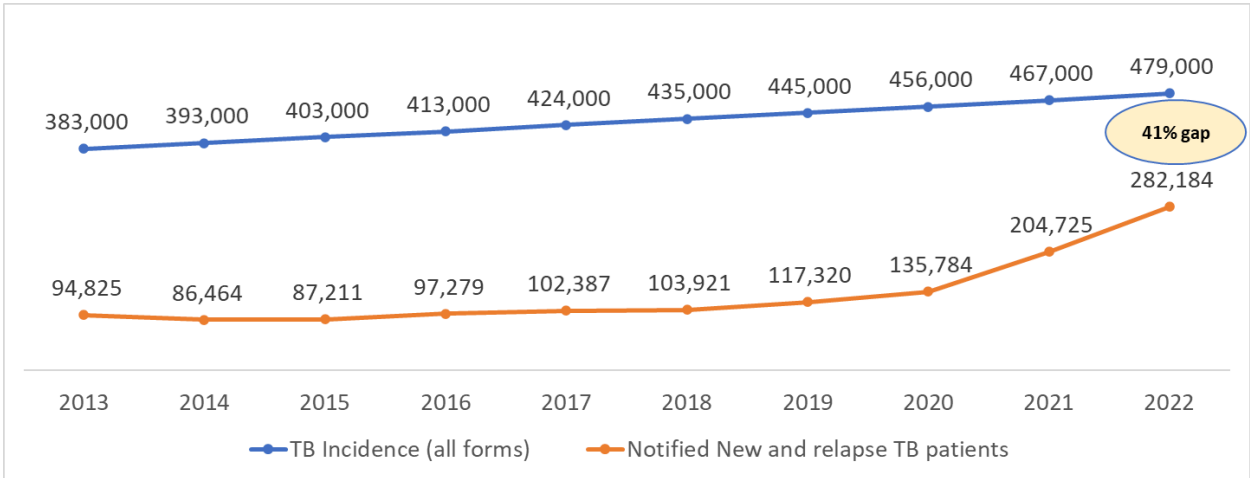


Figure 2: Trend of case notification against burden, showing gap of missing cases.

The NTBLCP is performing quite well in ensuring that TB patients placed on treatment have a favorable outcome at the end of treatment. The proportion of new and relapsed TB patients who were successfully treated has consistently remained above 90 percent and above over the past three years. The treatment outcomes for all forms of TB cases reported in 2022 (for 2021 cohort) revealed a 91% treatment success rate (TSR).. Figure 3 shows the TSR disaggregated by gender, age, HIV status and the figure below showcases the disaggregation for 2022.

¹³ Federal Ministry of Health National Strategic Plan for Tuberculosis Control (2021 – 2025)

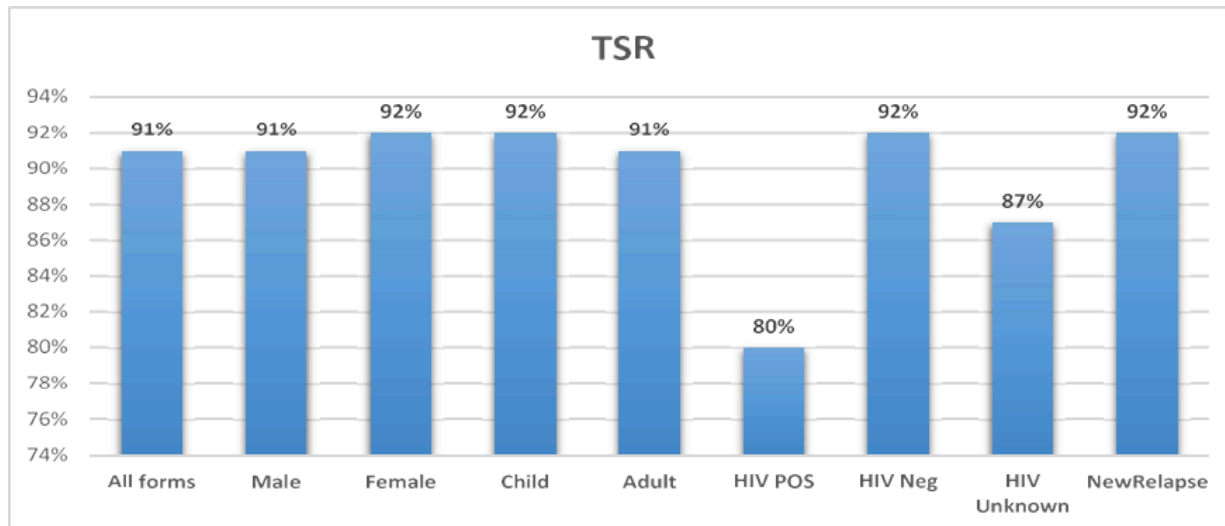


Figure 3: Disaggregated TB Treatment Success Rates

Nigeria is among the WHO 10 highest burden countries for DR-TB, representing 70% of the global DR-TB burden globally.¹⁴

It is estimated that 2.1% of the new TB cases and 14% of the previously treated TB cases have MDR/RR-TB.¹⁵ The MDR/RR-TB notification has been on consistent increase in the last three years after a decline in 2020. A 32% increase in MDR/RR-TB notification was recorded from 2,975 MDR/RR-TB cases in 2021 to 3932 MDR/RR-TB/pre-XDR-TB/XDR cases in 2022 (see figure below). The case notification in 2022 only represents 33% of the estimated MDR/RR-TB cases, with a huge case finding gap of 67%. The missed cases could potentially sustain transmission of drug resistant strains in the community. It is worth noting that through the support of USAID, the Nigerian TB program will conduct a National Drug Resistance Survey in 2024 to ascertain the true burden of DR TB in Nigeria, since the last survey was completed in 2012. In addition to finding DR-TB cases, the program struggles with initiating persons diagnosed with DR-TB on treatment, with a sustained treatment gap of around 18% annually (figure 4). Pre-treatment loss to follow-up is therefore of particular concern and novel approaches will be needed to close this gap moving forward.

¹⁴ Monedero-Recuero et al (2021). Situational analysis of 10 countries with a high burden of drug-resistant tuberculosis 2 years post-UNHLM declaration: progress and setbacks in a changing landscape. *International Journal of Infectious Diseases*, July 2021.

¹⁵ FMOH National Health Facility Survey 2016

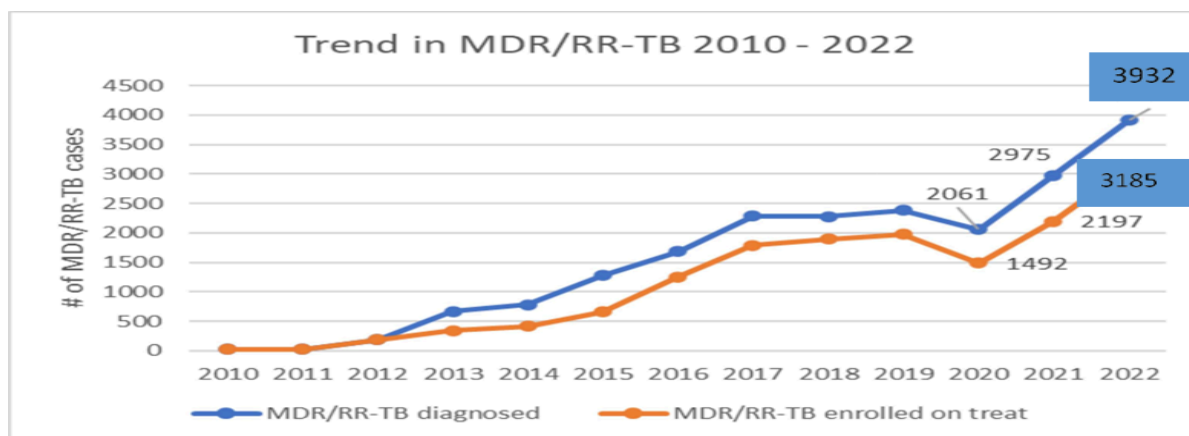


Figure 4: Trend of DR-TB cases diagnosed and enrolled 2010 to 2022

2.2. Challenges and Opportunities for TB Programming in Nigeria

In close partnership with the NTBLCP and collaboration with other partners and donors, USAID/Nigeria seeks to address, and close critical program gaps outlined below which serve as deterrents to finding TB patients in Nigeria.

- Low TB notification rates – only 59% of estimated TB patients were notified in 2022.
- Low coverage of TB screening, diagnostic and treatment services for drug sensitive and drug resistant TB, childhood TB in public and private health services in Nigeria. The coverage of health facilities by Directly Observed Therapy Services (DOTS) in Nigeria is still suboptimal as DOTS services are currently provided in about 50% of health facilities in the country.¹⁶
- Suboptimal integration of TB services with other relevant sectors and appropriate application of relevant policies.
- Limited involvement of health professionals’ including physicians, nurses, pharmacists and laboratory personnel not directly engaged with the national/state TB programs in TB control activities.
- Low engagement of private and informal healthcare providers with only 5% of private for-profit health facilities, stand-alone laboratories, and 1% of PMVs and community pharmacists and 56% of faith-based health facilities engaged in TB services.
- Low/near absence of notification of TB patients from both public and private facilities not engaged/affiliated with the NTBLCP.
- Sub-optimal access to molecular diagnostic tests (the initial diagnostic test for TB).
- Challenged health system infrastructure and diagnostic networks resulting in sub-optimal access to molecular diagnosis.
- Challenged infection prevention and control systems including medical waste management.

¹⁶ Nigeria/Institute of Health Metrics and Evaluation : <https://www.healthdata.org/research-analysis/health-by-location/profiles/nigeria>

- Lack of real time surveillance systems, absence of sub- national burden estimates to inform targeting of limited resources.
- Challenged multi-tier manual data systems, slow transition to electronic/real time data systems.
- Limited involvement of professional bodies in the TB response at sub-national levels.
- Limited involvement of umbrella bodies of religious institutions
- Limited coverage of provider payment mechanisms/health insurance coverage – less than 5% of Nigerians have health insurance.¹³
- Low consideration for gender and human rights in TB control.
- Inadequate government funding of TB services at all levels.

USAID expects that the combination of effort from its TB implementing partners will continue to deliver effective innovations that will contribute towards tackling these challenges, especially by maximally leveraging clinical and community platforms and applying proven medical protocols and behavior change methods to find cases, screen, diagnose, treat and cure TB patients.

2.3. Government of Nigeria (GON) Response to TB

The National TB and Leprosy Control Program’s (NTBLCP) strategic plan for TB Control 2021 – 2026 describes the goals, objectives, strategies and interventions of the NTBLCP and is consistent with the goals and targets in the WHO end TB strategy. The overall goal of the NTBLCP Strategic Plan 2021–2026 is to accelerate efforts at ending the TB epidemic in Nigeria by ensuring access to comprehensive and high-quality patient centered and community-owned services for all Nigerians. The strategic approaches that the National Strategic Plan for TB (NSP-TB) has prioritized to move towards universal access include the following:

- Improve active case finding among key populations (HIV infected individuals, contact active TB cases, nomads, migrants and IDPs, prisoners, slum dwellers, children, miners, inmates of police cells, diabetes mellitus).
- Scale up TB services to all health facilities and strengthen and scale up OPD screening for TB.
- Improved human resource and capacity development of TB laboratory personnel at all levels of laboratory services.
- Strengthen and scale up TB diagnosis at all levels.
- Ensure Treatment Success Rate (TSR) among TB patients supported is $\geq 90\%$.
- Care and Support for TB Patients.
- Align treatment capacity scale-up with increased diagnostic capacity to reach a treatment success rate of 90% in children by 2025.
- Strengthen the referral system between the peripheral facilities and tertiary/secondary institutions to improve case management of complications and more severe forms of TB in children.

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2.4. USAID Investments in TB in Nigeria

USAID/Nigeria works in partnership with the NTBLCP and its partners, including the Global Fund, to identify and provide high-quality, patient-centered care and treatment to individuals with active TB and those most at risk of developing active TB. USAID works closely with the NTBLCP to develop, implement, and track the success of comprehensive, sustainable national TB strategies and programs. This support includes technical assistance to identify and address gaps in TB programs and adopt new, evidence-based practices and policies. Key activities include raising awareness of the disease, finding missing TB cases, ensuring patients start and complete treatment, providing TB preventive therapies to prevent progression to active TB disease and finding a better and shorter course of treatment for multidrug resistant TB (DR-TB) with less side effects.

Consistent with the national TB strategy, USAID Global TB Strategy and WHO's End TB Strategy, USAID Nigeria aims to:

- Improve access to high-quality, patient-centered TB, DR-TB, and TB/HIV services.
- Prevent TB transmission and disease progression.
- Strengthen TB service delivery platforms.
- Accelerate research and innovation.

Over the next year USAID Nigeria will be transitioning to new implementation mechanisms in accordance with the graphic below. iDOTS - Nigeria is a follow-on activity to the USAID/Nigeria Tuberculosis Local Organization Network (TB LON) project and will contribute to the actualization of USAID's shared Vision for a TB-free World by 2030. The iDOTS activity will continue to build on the gains of the TB LON, including comprehensive TB case finding, care and treatment in the public and private health sector for the USAID TB portfolio. This activity will be complemented by other projects in the USAID TB portfolio that provide technical assistance to the NTBLCP to strengthen guidelines and policy formulation; surveillance; advocacy and domestic resource mobilization; social and behavioral change; data management, and commodity and drug logistics management. The iDOTS Activity will work in close collaboration with FMOH, SMOH, The Global Fund and PEPFAR funded comprehensive HIV care and treatment partners who will be implementing HIV/TB activities such as TB preventive therapy and intensified TB case finding among people living with HIV.

Based on lessons learned from the COVID-19 pandemic, iDOTS will also provide the platform for potential integrated health programming that accommodates all aspects of public health services including addressing potential health security shocks like another pandemic. The previous project demonstrated the potential to pivot such an Activity to provide integrated facility and community based services from a patient centered approach by leveraging resources and existing structures.

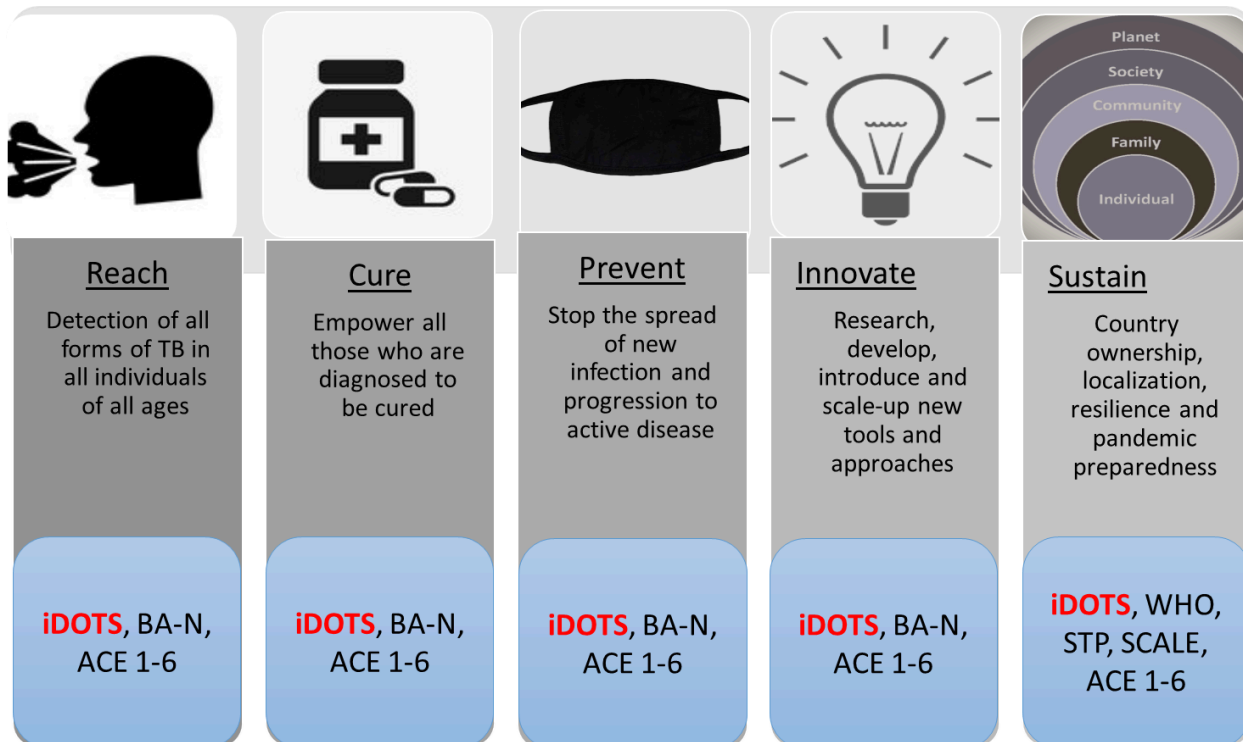


Figure 6: Where iDOTS fits into the USAID Nigeria’s TB Portfolio: Accelerating Control of the HIV Epidemic (ACE 1-6) - these activities focus on detection and treatment of HIV/TB co-infection; Breakthrough Action-Nigeria (BA-N) focuses on social behavior change; Stop TB partnership (STP) focuses on Advocacy and Coordination for TB multi sector engagement and CSOs and survivors; SCALE focus on advocacy, governance and accountability and World Health Organization (WHO) focuses on TB Technical Assistance;

2.4.1. Lessons Learned

To identify opportunities for improvements in future TB strategic interventions, USAID Nigeria conducted a mid-term evaluation (MTE) of the current TB LON activity as well as extensive stakeholder engagement to document lessons learned for future programming. These lessons will be incorporated into the design of the iDOTS activity. Both the MTE and stakeholder engagement processes examined how the current TB LON interventions were implemented in the different regional contexts, what worked well and what didn’t, and determined recommendations for scale up and replication in the iDOTS – Nigeria as a follow-on activity.

Key lessons emanating from these processes that will be addressed by this activity in collaboration with other stakeholders include:

- The need for longer term solutions to HRH challenges (capacity building, attrition, remuneration, etc) for the TB health workforce.
- Strengthening sustainability plans, including improved domestic resources for TB programs.

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- Intentionally engaging existing formal and informal community health actors such as Ward Development Committees, CHIPS (where they are active) and other cadres and structures as appropriate to improve knowledge and awareness and contribute to demand creation for TB services
- Continuing to support the expansion and deployment of sustainable diagnostic tools and services at sub-national levels to boost access to diagnostic services and reduce TATs.
- Continuing to build the capacity of more informal and private health sector providers in TB services provision.
- Continuing to promote integrated and harmonized health service delivery practices and guidelines.
- Expanding platforms for reaching people with TB-related comorbidities by adopting a person-centered approach that intentionally integrates TB services with other appropriate programs or settings
- Addressing TB stigma, and other discriminatory practices by raising awareness about TB signs and symptoms, and demystifying treatment and prevention services.
- Building sustainable systems to identify eligible persons for prompt TPT initiation, and ensure sufficient availability of TPT regimens, especially shorter course regimens.
- Promoting local ownership on the use of all diagnostic technologies in use.
- Eliminating the catastrophic cost suffered by 70% of TB patients by leveraging on available social protection initiatives for persons living with TB.
- Strengthening monitoring and evaluation systems through intense capacity building, and establishment of an appropriate technology for real time data collection, and institution of internal M&E review systems for program learning.
- Strengthening multi-sectoral partnerships for TB (Leverage from lessons learned from the successful multi-stakeholder COVID-19 response in Nigeria).
- Strengthening infection prevention and control including medical waste management as an approach to TB control as well as to strengthening global health security prevention and response capabilities.

3. PROGRAM DESCRIPTION

3.1. Technical Approach

The purpose of the iDOTS Activity is to increase the number of persons with TB that are diagnosed, successfully treated, and notified and the number of persons at risk of developing TB disease who are started on and complete TB preventive treatment in Nigeria. The Activity will be a partnership of local stakeholders implementing locally generated solutions and global best practices focusing on empowerment and accountability to improve TB services and leverage additional resources in Nigeria. The iDOTS activity will build on the capacity and available resources of local institutions to achieve self-reliance of the national TB program. iDOTS will maximize the catalytic impact of USAID resources to make sustainable improvements in TB services by shifting accountability and ownership to local stakeholders.

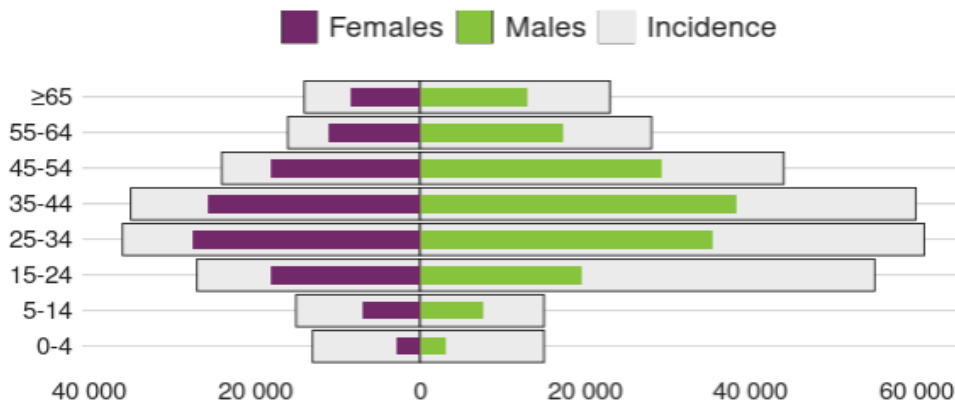
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The primary focus of iDOTS is to assist the country to find, treat and notify TB patients, including drug resistant TB cases, and prevent the progression of TB infection to TB disease among persons at high risk of TB disease. The major strategies are to:

1. Identify high risk groups and geographic locations that constitute hotspots for the spread of TB to provide targeted screening and treatment services;
2. Partner with federal and state ministries of health and other relevant government agencies as well as the formal and informal private health sector, to expand and strengthen services to screen, diagnose, treat, and notify TB patients.
3. Promote the integration of TB services with other relevant health services including screening for non-communicable diseases, particularly comorbidities that affect treatment outcomes, by deploying a patient-centered approach during the implementation of community and facility based interventions, in collaboration with relevant state and non-state actors.
4. Support the Nigerian government’s health sector reform strategies as they pertain to ensuring quality services are provided to targeted beneficiaries, as well as adopting a preemptive approach to ensuring that the health system in supported states is resilient and able to handle any outbreak of infectious diseases.
5. Adopt a flexible approach to programming that is responsive to the social determinants of health, environment and climate issues as they affect transmission and treatment of TB.
6. Adopt an evidence-based and data-driven approach to planning and implementation of all interventions while building on lessons learned from previous investments but also introducing context relevant innovations through research and implementation science.
7. Be intentional about closing case notification gaps among priority populations and age groups as depicted in the figure 6 below.

Incidence, Notified cases by age group and sex, 2022

(Number)



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Figure 6: 2022 WHO Global TB report incidence by age categories

The iDOTS awards will improve the capacity of the national and state TB programs to conduct real time surveillance for TB patients and establish links to quality care and treatment programs. Public private partnerships and alliances will be strengthened with health and related professional organizations including faith-based associations to influence their constituencies and communities to engage in TB control interventions. These organizations will serve as platforms to expand TB care, treatment, preventive and notification services to additional public and private health facilities in USAID supported states. By the end of the activity, USAID supported states would have established multi-sectoral platforms to respond to the TB epidemic. It is expected that there will be increased community awareness about TB, health and related professional organizations will be engaged in the TB response, real time surveillance and robust data systems will be used in mapping out sub-national distribution of resources and, as a result, at least 95% of identified TB patients will have been notified. Furthermore, this will result in at least 70% of health facilities in USAID supported states providing quality TB care and treatment services. It is also expected that the intentional focus on innovation and implementation science and research will generate evidence that in addition to informing strategies and interventions for USAID programs, will contribute to national and global resources that shape policies and innovations in TB control efforts.

The iDOTS Activity is expected to work with the public and private sectors, both formal and informal; faith-based organizations, professional associations, civil society and other key local stakeholders to engage effectively in the TB response in Nigeria. The Activity is also expected to leverage other development programs or sectors (including non health sectors) whose areas of focus have a direct or indirect impact on the burden of TB such as Nutrition, WASH, Human Rights and Gender, Housing, Social Welfare, etc. to address and/or mitigate factors that influence TB transmission and outcomes. Additionally, the awards will be intentional about strengthening service provision for people who have been displaced as a result of conflict or environmental issues and are now more at risk of contracting opportunistic infections like TB as well as marginalized sub-populations such as People Living with Disabilities. USAID expects sustainable achievements that will far outlast the period and level of USAID investment.

The proposed five-year iDOTS Activity will find TB patients in 18 states, selected based on epidemiological parameters, which include TB and HIV burden, USAID investments and investments by other donor agencies. The activity will collaborate with and complement other components of USAID investments in the TB response like awareness and demand creation; social behavior change; policy development; and health systems strengthening. It will pioneer and scale up proven tools, diagnostics, and medicines to reach TB epidemic control. This includes productive collaborations (including bi-directional screening) with other disease programs to ensure efficient and effective referral procedures.

The iDOTS Activity is predicated on the assumption that if people of all ages in Nigeria with TB infection or active TB disease are identified and tested, treated successfully, then TB transmission can be halted and TB can be eliminated as a major cause of morbidity and mortality in Nigeria.

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3.2. Geographic Focus

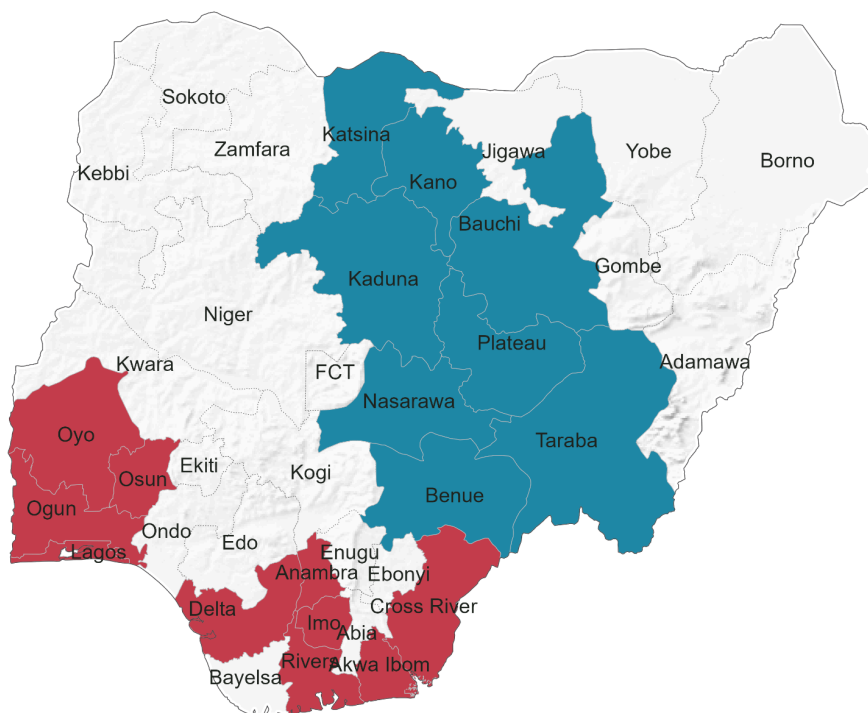
USAID intends to support two awards in the iDOTS Activity to cover each of the following clusters of states, subject to available funding:

- iDOTS region 1: Bauchi, Benue, Kaduna, Kano, Katsina, Nasarawa, Plateau and Taraba;
- iDOTS region 2: Akwa Ibom, Anambra, Cross River, Delta, Imo, Lagos, Ogun, Osun, Oyo and Rivers.

Unforeseeable changes in geographic focus based on the latest epidemic evidence and ongoing TB priorities as well as alignment negotiations with GON or other donors may occur. Interventions are expected to address the programming principles and all result areas identified below. Geographic considerations are dynamic and may change as the epidemic evolves and the Nigeria security situation changes. As such, awards may be amended to reflect programmatic and strategic shifts, which may include expansion to geographic locations throughout the country. The IP(s) is required to be responsive to these changes in order to achieve the award's objectives." **Applicants must demonstrate the capacity to flexibly shift geographic priorities as needed over the course of the activity.**

Figure 8: iDOTS Regions

Region 1 Region 2



iDOTS - Nigeria Regions and Illustrative Targets

Mechanism	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	Total
iDOTS Region 1	56,883	80,294	91,177	95,849	100,634	424,837
iDOTS Region 2	49,470	73,027	86,084	94,167	102,802	405,550
Total	153,321	177,261	190,016	203,436	213,336	830,387

USAID expects iDOTS activities to emphasize consistent and effective utilization of data for purposes of design, adaptation, quality assurance, research and context-appropriate scaling contributing to the National TB Strategic Plan with particular attention to improving transparency, access to data, and application of evidence-based practices. USAID seeks to realize success in both the public and private sectors as well as among targeted and key populations. A strong emphasis is expected for ‘outside of the box thinking’, adopting innovations from other health and non-health sectors, and translating these into successful TB operations.

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3.3. Results/Logical Framework and Intended Results

This Activity falls under USAID/Nigeria's Development Objective 2 (DO2), which aims for a healthier, more educated population in targeted locations, and four (4) intermediate results (IRs) under DO2,

- IR 1: Improved access to high-quality, person-centered TB diagnosis, treatment, DR-TB, and TB/HIV services for a cumulative number of at least 830,387 persons for the life of activity;
- IR 2: Strengthened systems and structures for TB detection, treatment and notification;
- IR 3: TB disease transmission and progression reduced; and
- IR 4: TB research and innovations accelerated with improved impact on program implementation.

The Applicant will formulate a plan to ensure monitoring, evaluation and learning through a set of activities throughout the life of the Activity that measure progress towards, and achievement of the Activity results.

Result 1(IR 1): Improved access to high-quality, person-centered TB diagnosis, treatment, DR-TB, and TB/HIV services for a cumulative number of at least 830,387 persons for the life of activity.

This result looks at a person-centered approach that is focused on meeting the individual needs of each person so that they can access timely, quality diagnosis, care, and treatment in a supportive environment. It requires an on-going and in-depth partnership between healthcare providers and individuals and their families and communities to identify and address the full range of individual needs and preferences. TB care and treatment services should also include access and referral to supportive services such as counseling, social services, nutrition, and income-generating activities. Applicants are encouraged to work with state and local government TB control programs to provide comprehensive, person-centered TB services across the full cascade of care from screening to notification and treatment in project states with an emphasis on hotspot communities. Applicants are also encouraged to identify and pursue opportunities to collaborate with or leverage on multi-sectoral (and non-traditional) actors with influence over the social determinants of TB.

IR 1.1 Enabling environment:

Improved access will be achieved through interventions to support an enabling environment that promotes the identification of all individuals with TB.

Illustrative outcomes for IR 1.1 include (but are not limited to):

- Community hotspots mapped with the use of data (including geographic information system- GIS) to identify local high-risk groups for TB for targeted innovative community case finding.
- Increased community awareness about TB.

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- TB services tailored to the needs of individuals and their communities, ensuring access to timely, quality diagnosis, care, and treatment.
- Improved demand for TB services and patient knowledge in supported communities.
- Improved interpersonal and psychosocial support during care that will reduce stigma, increase patient satisfaction, improve treatment adherence and assure a positive treatment outcome.

IR 1.2 Enhanced services for the prevention, detection, and treatment of MDR-TB:

Focused attention is needed to improve the diagnosis and treatment of all forms of MDR-TB since unlike DS-TB, the gap between the estimated incidence and detection isn't being closed at the same rate. USAID is committed to ensuring that in addition to detection, quality and appropriate ambulatory treatment models with palliative care and private sector involvement are improved and scaled up in Nigeria. Applicants are encouraged to propose interventions that ensure an effective public health response.

Illustrative outcomes for IR 1.2 include (but are not limited to):

- Increased access to quality diagnosis and drug sensitivity testing for all eligible persons.
- Improved rapid, accurate evaluation and diagnosis of TB (including universal Drug Susceptibility Testing (DST) and early initiation and successful completion of optimal TB treatment.
- Intensified scale up of interventions that are specifically intended to identify, diagnose and treat MDR-TB that are commensurate with the estimated burden in supported states.
- Improved quality and appropriate delivery of ambulatory treatment models scaled up including engagement of the private sector.
- Rapid scale-up of shorter regimens.
- Increased decentralization of DR TB care and treatment services.
- Improved social support for DR TB patients

Result 2 (IR2): Strengthened systems and structures for TB detection, treatment and notification.

USAID's efforts focus on strengthening existing as well as establishing new platforms for TB service delivery. The iDOTS Activity will support the government's efforts to improve the health settings in which TB patients seek care including the private sector, formal and informal community settings. This will require a multi-sectoral approach and engagement of a range of partners and actors, including not only traditional government health agencies, but also affected communities, community organizations, and the private sector – for-profit and nonprofit. It will also require alignment with and leveraging of the health sector reforms being rolled out by the government at all levels.

IR 2.1 Strengthened TB response and service delivery systems:

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A strong backbone of core systems, including strong laboratory networks, must be in place to support the overall TB program, including a comprehensive and functional supply chain for quality drugs and other commodities– with no stock-outs; a monitoring and evaluation system for quality data; strong institutional, health care worker and lay worker capacity building and finally a strong supportive supervisory mechanism. These outcomes might not all be a direct responsibility of this Activity but it is expected that iDOTS will contribute to the process by making sure that data generated from activities will be correctly transmitted in a timely manner to be used for decision making.

Illustrative outcomes for IR 2.1 include (but are not limited to):

- Improved intensified case finding activities coverage in all supported public health facilities.
- Enhanced innovative active case finding activities in supported communities.
- Strengthened supply chain processes for both drugs and laboratory commodities.
- Strengthened data collection, processing and use for decision making in supported states.
- Strengthened coordination between service delivery and other cross cutting activities and stakeholders that directly or indirectly contribute to TB outcomes.
- Strengthened facility and community structures for TB service delivery, that include climate adaptation strategies (e.g. continuity of services for clients affected by climate change).
- Improved utilization of efficient TB diagnostic services in public and private health facilities, including private laboratories
- Increased capacity and engagement of formal and informal health care workers in the provision of TB control services
- Improved supervisory mechanisms along the TB cascade of care including screening, diagnosis, treatment, prevention and notification.
- Improved provision of TB services to sub-population groups who are most at risk of developing TB such as migrant and displaced populations, incarcerated people, miners, etc while leveraging on existing systems or establishing new ones.

IR 2.2 Engaging the private health sector:

Through the iDOTS Activity, USAID seeks to partner with the private sector and affected communities to expand engagement in the delivery of TB services. USAID seeks to enhance its engagement and alliances/partnerships with formal and informal private health service providers (hospitals, clinics, pharmacists patent medicine vendors etc) professional associations, and umbrella faith-based organizations at state and LGA level to provide screening, diagnostic, treatment, preventive and notification services for TB patients.

Applicants are encouraged to seek innovative private sector engagement (professional bodies) mapping, capacity building, negotiated business model, improved data systems, and adequate M&E systems to monitor services in these sectors.

Illustrative outcomes for IR 2.2 include (but are not limited to):

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- Improved capacity for and provision of TB diagnostic, care, and treatment services in private health facilities including laboratories in TB hotspots.
- All private facilities in TB hotspots actively notify diagnosed TB patients.
- Enhanced engagement of informal private care providers for service provision along the full continuum of care.

Result 3 (IR3) : TB disease transmission and progression reduced

Access to early diagnosis and quality treatment is one of the best ways to prevent the transmission of active TB disease, as well as the development of drug-resistant TB. In addition, TB Preventive Treatment (TPT) is a critical intervention for preventing the development of TB disease particularly for contacts of individuals with active TB disease and People Living with HIV (PLHIV).

Applicants are encouraged to include TB contact investigation in the minimum package of services. All eligible contacts of index TB cases should be given TPT. All contacts of TB patients should be screened and linked to treatment if diagnosed with TB. Applicants are expected to use tracing of contacts of index TB patients to track and map out the epidemic in hotspots. Applicants are also encouraged to explore opportunities to promote social protection as a vaccine by leveraging multi sectoral engagement strategies to identify and link contacts or most at risk populations to programs that seek to address inequities in social determinants of health.

IR 3.1 Expanded access to prevention services:

Until a vaccine that prevents infection and/or progression to active disease is available, early and effective TB diagnosis and treatment remains a primary focus of TB prevention efforts.

Illustrative outcomes for IR 3.1 include (but are not limited to):

- Improved early and effective TB diagnosis and treatment.
- Increased TPT among eligible contacts of index TB cases.
- Improved mapping of the TB epidemic in hot spots by tracking contacts of index patients.
- Increased access to social support for TB patients and their families.

Result 4 (IR4): TB research and innovations accelerated with improved impact on program implementation.

Improved analysis of routine program data for decision-making is critical to ensure effective and efficient program implementation. This counts for all tiers of the health services and may require different models.

The Applicant will formulate a plan to ensure monitoring, evaluation and learning through a set of activities throughout the life of the Activity that measure progress towards, achievement of activity results, and generation of evidence to inform decision and policy making.

IR 4.1 Improved and expanded data use and communications:

The iDOTS Activity will assist the national and state TB control programs to strengthen/design and implement evidence based real time surveillance systems with linkages to TB care and treatment. iDOTS will support technical assistance and support to health facilities, local government, state and national TB control programs to strengthen and expand electronic data collection systems. The Applicant is expected to use digital solutions for all aspects of data collection across the TB service cascade from screening to notification and treatment outcome. This includes the use of mobile digital applications to increase notification and simplify data recording and reporting for public and private health care providers.

Illustrative outcomes for IR 4.1 include (but are not limited to):

- Enhanced real time surveillance systems.
- Improved analysis of routine program data for decision-making to ensure effective and efficient program implementation across all tiers of the health services.
- Expanded use of electronic data collection systems including mobile applications across communities, public and private health facilities, local government, and state national TB control programs.

IR 4.2 Accelerated TB Research and Innovations:

Applicants are encouraged to innovate through translating research knowledge into action, including the roll-out of new diagnostic tools that improve the performance and public health impact of country-level TB detection, care, and treatment programs while preventing ongoing TB transmission and mitigating the risks of drug resistance. Priority will be given to research and innovation that has the potential to change policy and practice.

Applicants will focus on advancing the most relevant technologies and science to tackle difficult TB program barriers, particularly those facing the most vulnerable and at-risk individuals. Adoption of new tools and approaches will be people-centered, less labor intensive for health care workers, more cost-effective, and can be delivered close to communities to minimize burden and improve access.

4. STRATEGIC CONSIDERATIONS

4.1. Social Protection

Social protection is a key element of the multi-sectoral and patient-centered approach required to End TB as articulated in the WHO End TB Strategy. One of the impact indicators of the END TB Strategy is that no tuberculosis (TB) patients or their households face catastrophic costs (including direct medical expenditures, non-medical expenditures and income losses) because of TB disease. Full social protection is complementary to Universal Health Coverage (UHC) and essential for achieving public health goals since they remove or reduce people's exposure to

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important risk factors and promote their access to quality health services. Despite Nigeria's struggles to fund basic health care and assure universal coverage in the past, the SWAP initiative seeks to reduce the physical and financial pain of Nigerians and will therefore be putting measures in place for integrated health and social policies that will provide a social-safety net for vulnerable Nigerians. The social and economic consequences of TB are often catastrophic, and can pose significant barriers to care, lead to loss of income, and further impoverishment of families affected and even contribute to poor medical outcomes.

Interventions such as food support, transport support, or cash transfers may reduce the financial burden incurred by families. The iDOTS Activity will explore modalities to help TB patients navigate existing social safety net systems or provide linkage services, where appropriate, in order to prevent affected families from incurring catastrophic costs and other social consequences including stigma. Applicants are expected to demonstrate intentional efforts to support marginalized individuals (persons with disabilities, isolated/indigenous communities, etc.) who may experience added difficulty in accessing social support services. Applicants are encouraged to explore cost implications for people accessing care for TB within their contexts and suggest ways to mitigate the cost drivers, e.g, through partnerships with other partners, NGOs and MOH.

The iDOTS Activity will address TB associated risks for women; including higher HIV prevalence, higher rates of malnutrition, and related to their role as caregivers at home and in the health workforce. Their lower socio-economic status may contribute to delays in seeking care, which has a deleterious effect on their health, adverse impact on their children and families, as well as predisposes them to more stigma and discrimination.

4.2. Primary Impact

The Government of Nigeria (GON) acknowledges that Primary Health Care is central to the attainment of Universal Health Coverage and Sustainable Development Goals (SDG). Thus, the country has committed to revitalizing Primary Health Care (PHC) through the Ward Health System (WHS), which seeks to ensure a functional PHC facility in each ward (One PHC per Ward), where an essential package of primary health care services is delivered. The health leadership in Nigeria is progressively recommitting to primary health care. It continues to make policies to reverse the impact of the COVID-19 pandemic on essential services and to tackle other drivers of poor health services, such as poor human resource for health, infrastructure, commodities, and supplies. In May 2023, the Federal Ministry of Health, in collaboration with the National Primary Health Care Development Agency (NPHCDA), launched the "Strategy for PHC Transformation in Nigeria" policy document. This document follows the 2022 PHC Summit, "Re-imagining Primary Health Care in Nigeria," and is one of several post-summit actions. This policy document outlines a critical set of primary healthcare programmatic interventions and investments, on which the government of Nigeria and its partners are aligned and committed to implementing as the core strategy for advancing progress towards the sustainable development goals on health and strengthening the resilience of Nigeria's PHC system. The strategy encompasses a 10-year plan based on a 4-point transformation agenda to improve PHC service delivery, and a resource mobilization drive to achieve minimum standards for PHC practice.

USAID Nigeria intends to adopt a new approach of intentional program integration at sub-national level involving President Malaria Initiative (PMI), President's Emergency Plan for AIDS Relief (PEPFAR), TB, Maternal Child Health (MCH) and Family Planning (FP) programs. This integration effort will direct more attention to the most vulnerable subpopulations including children under 5 and pregnant women. It will adopt a beneficiary-centered approach, utilizing existing platforms and opportunities that support and coordinate access to services across multiple delivery systems in the same geographic location irrespective of the funding source. At implementation level, partners will seek opportunities to integrate services where appropriate and it will be informed by the outcome of a mapping exercise. In addition, Primary Impact (PI) will explore ways to optimize and leverage existing PHC and community health related programs and structures such as the Basic Health Care Provision Fund (BHCPF), Community Health Influencers and Promoters Services (CHIPS) program, and the Ward Development Committees (WDC).

The iDOTS Activity will build on the integrated approaches and structures that were established by the TB LON awards in response to COVID-19 and optimize engagement with the aforementioned programs to strengthen the patient-centered integrated delivery of services that will support the government's efforts in revitalizing Primary Health Care and making it more resilient. This can be easily achieved through an alignment with the strategic priorities of the GoN's Four (4) point agenda, as the following opportunities have been identified with current activities:

1. Access & Service delivery through PHC revitalization (**efficient, equitable, and quality health systems**)
 - 66% of TB service delivery points are in PHC facilities where capacity of HRH and processes are strengthened to provide quality services.
 - New diagnostic tools have been introduced and will be scaled up if resources permit.
 - Advocacy and partnership with the private sector to upgrade infrastructure.

2. Health Promotion & Demand Stimulation (**Improve population health outcomes**)
 - Build the capacity of CHIPs to provide quality community-based services.
 - Use of CHIPS for active case finding in the community while strengthening linkages to facilities for diagnosis and treatment.
 - Invest in intentional social and behavior change strategies.

3. Program Delivery (**health security**)
 - Strengthen the ability of community and facility based formal and informal health care providers to contribute to integrated healthcare delivery.

- Improve infection prevention and control and waste management practices.
4. Enablers (**improve governance**) - Health Financing, Information and Data Management, Partnerships, Technology Systems, Governance and Performance Management.
- Capacity building of State TB Program Officers focused on Public Financial Mgt processes, using data for decision making.
 - Support to develop state operational plans.

4.3. Nutrition

USAID improves nutrition to save lives, enhance cognitive and physical development, build resilience, increase economic productivity, and advance development. Nigeria is a Nutrition priority country for USAID, which supports investments in multisectoral nutrition in the country, with a focus on learning and increased engagement, towards achieving optimal nutrition outcomes. In Nigeria, 33% of children under five years suffer from chronic malnutrition (stunting), 12% of children experience acute malnutrition, 25% of children under five years old are underweight and 14% of women aged 15 - 49 are underweight.¹⁷¹⁷

The factors associated with malnutrition in Nigeria are multifaceted and include multidimensional poverty, inadequate year-round diets, poor infant and young child feeding practices, high rates of illness, lack of access to health care, water, sanitation, and hygiene; armed conflict, particularly in the north, irregular rainfall and high unemployment.¹⁷ Although chronic and seasonal food insecurity occurs throughout the country, and is exacerbated by volatile and rising food prices, the impact of a weakened economy, conflict and other shocks have resulted in acute levels of food insecurity. The association between TB and malnutrition is bi-directional, TB leads the patient to malnutrition, and malnutrition increases the risk of developing active TB by 6 to 10 times.¹⁸

Improving the nutrition of individuals greatly reduces the progression of tuberculosis infection to active disease and improves treatment outcomes for TB patients on treatment. The Nigerian National Multi-sectoral Plan of Action for Food and Nutrition (NMPFAN) has 8 objectives;

1. To improve food security at the national, states, LGA, community, and household levels.
2. To reduce undernutrition in infants, children, adolescents, and women of reproductive age.
3. To significantly reduce micronutrient deficiency disorders, especially among the vulnerable.

¹⁷ Nigeria Federal Ministry of Health, Family Health Department. 2014. Health Sector Component of National Food and Nutrition Policy: National Strategic Plan of Action for Nutrition. Abuja, Nigeria: Nigeria Federal Ministry of Health.

¹⁸ Feleke BE, Feleke TE, Biadglegne F. Nutritional status of tuberculosis patients, a comparative cross-sectional study. BMC Pulm Med. 2019 Oct 21;19(1):182. doi: 10.1186/s12890-019-0953-0. PMID: 31638950; PMCID: PMC6802320.

4. To ensure incorporation of nutrition education into formal and informal trainings.
5. To promote optimum nutrition for people in especially difficult circumstances, including people living with HIV/AIDS (PLWHA).
6. To prevent and control chronic nutrition-related non-communicable diseases.
7. To incorporate food and nutrition considerations into the federal, state, and local sectoral development plans.
8. To strengthen systems for providing early warning information on the food and nutrition situation.

All eight (8) objectives if achieved will have a positive impact on TB control efforts. The iDOTS Activity in Nigeria will work to increase the awareness about the association between malnutrition and TB across all intervention areas including screening for TB among malnourished adults and children. The project will leverage multi-sectoral efforts to address malnutrition nationally and at state levels to improve TB treatment outcomes and as a key element to prevent the progression of latent TB to active TB. Linking TB patients to existing programs for support can also serve as the aforementioned social safety net.

4.4. Gender, Diversity, Equity, Inclusion and Accessibility

Promoting gender equality and advancing the status of women and girls is vital to achieving USAID's development objectives. It is USAID policy that all Applicants must mainstream and integrate gender into their interventions. Therefore, the Applicant will be expected to demonstrate compliance with USAID Policy Automated Directive System (ADS) 205 and should explicitly state how this Activity supports the gender policies and strategies of the United States and the Government of Nigeria.

This may include some of the following approaches:

- Procedures to integrate gender in recruitment of Activity staff (with prioritization to senior leadership and management positions) and training plans among both the government and technical assistance providers.
- Where appropriate, gender considerations will be integrated into the Activity to ensure quality, demand, and access of support to both men and women.

The 2023 USAID Nigeria Health offices gender analysis revealed that "All target groups, male and female, young and old face unique barriers to health-seeking arising from their diverse realities imposed largely by cross-cutting factors such as poverty and the concomitant high cost of transportation, the exasperating long-wait time especially in the public health facilities coupled with the hostile attitude of health personnel in public facilities". Poor service quality at primary health care levels and issues of stigma have caused men and women to bypass services at the nearest health facility.

The Activity will conduct a more in-depth gender analysis within the first six months after award to jointly design interventions with health care providers and managers (and with community input) that can be piloted, tested, and disseminated for replicability across targeted health

facilities. Through the analysis findings, the Activity will work collaboratively to address and monitor progress regarding gender in the following areas:

- Male engagement for men (including youth) to access TB services.
- Women and girls to access TB services.
- IP (prime, consortium and subgrantees) leadership and management positions within operational and programmatic structures, including senior levels.
- Community engagement and redefining norms, e.g., decision making, health-seeking behavior.
- Health workforce, including facility management.

4.5. Localization, Self-Reliance and Sustainability

USAID's definition of sustainability is "the capacity of a host country entity to achieve long-term success and stability and to serve its clients and consumers without interruption and without reducing the quality of services after external assistance ends." An activity contributes to sustainability when it fortifies the local system's ability to produce valued results as well as its ability to be both resilient and adaptive in the face of changing circumstances. In this case, an intervention is considered successful if it can be incorporated into and sustained by the NTBLCP and at lower levels of the health system.

Technical approaches must be designed to maximize the institutionalization and sustainability of all its interventions. When designing interventions, the activity must carefully consider how all aspects of the activity e.g., program design, capacity building and administrative support will be sustained at the end of the activity. The implementing partner should plan its exit strategy as part of program design including how it will transition its interventions to counterparts. The applicant should carefully consider what public, private or community institutions that will be engaged throughout the life of the activity so that by 2030, TB detection, prevention, treatment and care interventions will continue. Equally important will be a process to constantly monitor and evaluate for sustainability. The activity will be expected to develop a sustainability plan at the outset of the award.

Ensuring sustainability of the Activity's results will be monitored throughout the entire period of the Activity's implementation and will constitute one of the focal points of its midterm and final evaluations. The Recipient must develop a comprehensive plan that includes cost-effective, sustainable interventions and put together a plan that measures the cost of each proposed intervention at sub-national or health facility level. The Recipient should plan to engage in cost-effectiveness analysis on all proposed interventions throughout the activity to inform its retooling of interventions towards maximum results. This Recipient will also outline an exit strategy per sub-national unit (including all health facilities) for finalization with local health authorities and health facility leadership to be implemented and completed by Year 4 of the Activity. The Recipient will develop these plans by the end of Year 1 and will share these plans to USAID for review/feedback prior to agreement signature. With this plan, the Activity will focus Year 5 on refinement of investments through technical support where additional enhancement

is needed. Illustrative approaches to sustainability may include the following types of interventions:

- Using locally available, cost-effective and appropriate technologies and talent that can be supported by local authorities.
- Strengthening the capacity of targeted health facilities, state ministries of health, local government health authorities, other government counterparts, or local organizations to self-assess internal processes and generate solutions that increase their ability to address quality service delivery for TB priorities.

Applicants are strongly encouraged to create partnerships with local entities with emphasis on USAID's aim to identify new, underutilized, and non-traditional partners who can contribute new design thinking, analysis and documentation to the core focus of this Activity, including the private sector. Such targeted focus for high capacity, productive partnerships with local entities within the Recipient consortium, as well as with subgrantees who will implement critical QI areas, will help to sustain activity gains and local ownership.

All interventions will be conducted in close cooperation and partnership with local counterparts to ensure full local ownership and transition, future sustainability, and growth of health sector investment and commitment. The assistance must—whenever possible—be designed to favor short, medium, and/or long-term solutions that could be performed by or later taken over by existing Nigerian institutions and organizations. Particular attention must be given to activities that support interconnected sets of actors—governments, civil society, the private sector, universities, individual citizens, and others—that jointly can produce outcomes related to strong quality of care, efficiency, and accountability of the affected Nigerian healthcare system.

USAID/Nigeria iDOTS Activity focuses on establishing and strengthening systems and structures for TB detection, treatment and notification in the public and private health systems using existing GoN NTBLCP service structures. The Activity will work to ensure NTBLCP at federal, state, and LGA levels, own the standardization of services, provision of these services as per the standard and use existing monitoring mechanisms to ensure that they are adhered to.

This Activity will support a stronger coordination among TB services and other units in the health facilities to ensure better integration, ownership and sustained results. These approaches address the major problem of coordination and local accountability that has been identified as a major area of concern in NTBLCP NSP (2021-2026).

The Activity will also support innovative and locally led interventions like the CHIPS approach and utilize Private Health facilities network and associations to enroll private health facilities for this Activity.

4.6. Climate Change Integration

Executive Order 13677 on "Climate-Resilient International Development" requires USAID to assess and address climate risk across all its investments. In tandem with the iDOTS Initial Environmental Examination (IEE), a climate risk analysis has been conducted for all activities

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under the HAT Office. The climate risk analysis established that climate risks were low for all project elements including the USAID iDOTS. Accordingly, no further environmental analyses or climate risk assessment is required for the USAID iDOTS Activity. At the same time, program approaches will reflect an awareness of the impact of climate change on access to TB services and propose adaptations that ensure continuity of services for communities and clients affected by climate change.

4.7. Environmental Compliance

The Recipient must adhere to the conditions set forth in the Mission's IEE and any other environmental documents developed and approved by USAID prior to the initiation of or during the implementation of the award. The IEE for USAID Nigeria's Office of HIV/AIDS and TB was updated as of July 2021, and covers the iDOTS Activity and expires in FY26 after which it will be updated. Please see [Tab 6](#) for attached IEE for detailed environmental considerations related to this Activity.

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered, and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations, 22 CFR 216(<https://www.ecfr.gov/cgi-bin/text->) and in USAID's Automated Directives System (ADS) Parts 201.5.10g and 204 (<http://www.usaid.gov/policy/ads/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA.

In addition, the Recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern. No activity funded under this Cooperative Agreement must be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation."). As part of its initial Implementation Plan, and all Annual Plans thereafter, the Recipient, in collaboration with the USAID Agreement Officer's Representative (AOR) and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, must review all ongoing and planned interventions under this Cooperative Agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

At the start of each activity, the implementing partner, in consultation with the AOR, will formulate an Environmental Mitigation and Monitoring Plans (EMMP). The implementing partner will validate the plan's consistency with Ministry of Health and USAID guidelines as well as with internationally accepted standards for medical waste disposal. As appropriate, the implementing partner will work with facility, local, regional and/or national officials to

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implement and apply appropriate best management practices which incorporate appropriate health and safety measures and environmental safeguards, including proper disposal of medical waste. The management of potential health and environmental hazards from health service delivery and health systems management may include ensuring LGUs are aware of and adhere to local standards of medical waste disposal.

Implementing partners may require selected medical facilities to complete a Healthcare Waste Management Minimum Program Checklist and Action Plan (see http://www.usaidgems.org/Documents/SectorGuidelines/Healthcare%20Waste%20Guideline%20Final_w_GCC_Addition_May11.pdf) as part of monitoring.

a. Conditions on the use/disposal of medical equipment and supplies;

- Implementing partner(s) should ensure and provide the AOR with evidence that equipment is procured from certified retailers and include environmental safety and quality certificates that conform to national and/or international standards. The recipient of the equipment should be provided with information on the proper use of and instructions on proper disposal of electronic waste. The recipient should also be provided with a list of Government of Nigeria-accredited recyclers for proper disposal of the equipment after its useful life.

b. Conditions on the use and disposal of small electric and electronic equipment, such as cellular phones, netbooks and tablets;

- No special mitigation measures are needed. Normal good practices will be used. The proposed action is that the implementer should provide evidence that equipment is procured from certified retailers and include environmental safety and quality certificates that conform to national and/or international standards. The recipient of the equipment should follow all applicable national and international laws to ensure that it is used in an environmentally sound and safe manner. Equipment should be properly disposed of (when applicable) at the end of its useful life in a manner consistent with best management practices according to USG, European Union or equivalent standards acceptable to USAID.

c. Conditions and best practices for general classes of interventions involving healthcare waste;

- All interventions shall be conducted following principles for environmentally sound development, as provided in the USAID Sector Environmental Guidelines—Healthcare Waste. This document can be found at <http://www.usaidgems.org/Sectors/healthcareWaste.htm>
- An EMMP shall be developed that includes the principles of the guidelines.
- Each intervention that has healthcare waste should have a sound healthcare waste management plan and system to minimize adverse health and environmental impacts caused by their wastes. A program to manage healthcare waste includes the minimum elements: (a) written plan; (b) clear responsibilities; (c) written internal rules; (d) staff training; (e) protective clothing; (f) good hygiene practices; (g) vaccinated workers; (h) designated storage locations; (i)

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waste minimization; (j) waste segregation; (k) waste treatment; (l) final disposal site; and (m) periodic reviews. The format and guidance of this report will be provided by the AOR and should include the qualities of the Minimal Program Checklist and Action Plan from the abovementioned environmental guidelines.

- With interventions involving health commodities, the implementing partner should have a written plan to ensure appropriate procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs and nutritional supplements such as established adequate procedures and capacities in place to properly manage and dispose of such commodities. The checklist found at the following website should be used for monitoring:

<http://www.usaidgems.org/Documents/VisualFieldGuides/medwastJan2010.p df>

d. Conditions and best practices for general classes of interventions involving Healthcare Facilities;

- All interventions shall be conducted following the principles for environmentally sound development, as provided in the USAID Sector Environmental Guidelines—Health Facilities. This document could be found at: <http://www.usaidgems.org/Sectors/healthcareFacilities.htm>.
- Design for waste management.
- Ensure sufficient water supply and sanitary management capacity.
- Support provided to interventions that include healthcare waste should have a sound healthcare waste management plan and system to minimize adverse health and environmental impacts caused by their waste. See healthcare waste management guidelines found at: <http://www.usaidgems.org/Sectors/healthcareWaste.htm>.
- An EMMP shall be developed that includes the principles of the aforementioned guidelines.
- The checklist found at the following website can be used for monitoring: <http://www.usaidgems.org/Documents/VisualFieldGuides/medwastJan2010.pdf>

Contingency Provision. Construction is not among the current planned actions under the Activity. Prior approval from the USAID Agreement Officer is required before any construction activities are planned or implemented. Should the need for construction arise during the period covered by this IEE, USAID will take into consideration the conditions listed below.

e. Conditions and best practices for general classes of interventions involving Small- Scale Health Facility Construction:

- All construction interventions shall be conducted following the principles for environmentally sound construction, as provided in the USAID Sector
- Environmental Guidelines – Small Scale Construction, which can be found at: <http://www.usaidgems.org/Sectors/construction.htm>.
- For the rehabilitation of existing facilities and for construction of facilities in which the total surface area disturbed is less than 10,000 square feet, the

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implementing partner shall conduct and prepare a supplemental Environmental Review Checklist (ERC) documenting a site-specific environmental review. A link to the ERC template is below. The ERC should include an EMMP. Construction will not begin until such review and report is completed and approved by the AOR in consultation with the Mission Environment Officer.

- For the construction of any facilities in which the total surface area disturbed exceeds 10,000 square feet (1,000 square meters) or is considered to have a significant effect on the environment, the IEE must be amended and may need an Environmental Analysis.
- The implementing partner should design interventions to minimize vulnerability of facilities to climate change.
- A USAID Engineer is available to review all construction design.
- A template for the ERC can be found under the Asia section at the following website: <http://www.usaidgems.org/compliance.htm>. The checklist at http://www.usaidgems.org/Documents/VisualFieldGuides/ENCAP_VsIFldGuide--Construction_22Dec2011.pdf should be used to monitor activities.

USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise. Respondents to the RFA should therefore include as part of their application, their approach to achieving **environmental compliance and management** to include:

1. The respondent's approach to developing and implementing an EMMP or M&E plan.
2. The respondent's approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar interventions.
3. The respondent's illustrative budget for implementing the environmental compliance interventions. For the purposes of this solicitation, applicants should reflect illustrative costs for environmental compliance implementation

4.8. Science, Technology, and Innovation

This Activity will be implemented in urban and peri-urban settings with good access to technology. The Activity will ensure innovative approaches to improve data use for improving quality of care at facility level, and will utilize digitized systems to capture client feedback and real time performance of TB services to ensure accountability. The Activity will also support digital systems to improve referral networks between facilities and communities to avoid any breakdowns of the referral system, a critical area of improving quality across the health service delivery units.

4.9. Host Government, Donor and other Counterpart Collaboration

USAID envisions that the iDOTS Activity will be implemented in close coordination with the MOH particularly at the state level. The Activity will also leverage other activities supported by

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PEPFAR through USAID and the Global Fund. Creativity in identifying opportunities for coordination and collaboration with other USAID programs is highly desired.

The Activity is expected to collaborate and coordinate with the formal and informal private sector. Throughout implementation the Activity is expected to mitigate non-strategic duplication of efforts among key stakeholders and to maximize the impact of this investment to the extent possible.

Each recipient of an iDOTS award (in each of the two regions) will coordinate closely with the other recipients, all of which have the same goal and objectives but implemented in different states. Collaboration with other USAID Nigeria TB activities is also expected. This coordination and collaboration will be reflected in quarterly reporting to USAID.

4.10. Conflict Sensitivity

Some of the States where this Activity will be implemented may be designated as high threat locations. Applicants are expected to propose steps to be responsive to shifting security challenges. Applicants are advised that there are occasional reports of robberies and car jacking, some involving armed gunmen, on urban and rural road networks. The U.S. State Department travel advisory for Nigeria regularly issues information regarding risks of travel to those states because of the risks of terror attack, robbery and other armed attacks in these areas. The advisory also provides information about violent crime committed throughout the country by individuals and gangs, including by persons wearing police and military uniforms.

The Applicant is encouraged to leverage training on conflict negotiation and mitigation from the USAID/Nigeria Office of Peace and Democratic Governance; as well as to conduct conflict assessments in potentially dangerous areas where critically indicated, while exploring safe passages to “no go areas.” The Applicant is encouraged to establish a comprehensive and dynamic safety and security plan pertaining to all aspects of its activities and the activities of its employees in the performance of all work related to this Activity. USAID recognizes the inherent security challenges in working within conflict affected areas. Hence, contingency plans must be developed to assist staff and beneficiaries in the event that conflict occurs in the process of implementing activities related to TB and related service delivery. Applicants must propose emergency response systems that are ready to respond as needed.

The Applicant will be responsible for its own security during the implementation of this Activity and must propose a security profile that is cost-effective. The Applicant is responsible for maintaining the security of its personnel, materials, and equipment commensurate with the circumstances involved. All employees working on this Activity must meet the requirements of their worksite which may include background checks, security/restricted area clearance, drug-free workplace, safety training and/or other inspections/requirements. USAID Nigeria currently provides technical assistance to implementing partners on safety and security through a third party provider. USAID anticipates provision of these services to the iDOTS recipient.

4.11. Transparency and Accountability

The Activity has accountability as an element subsumed under the Sub IR 4.1 Improved and expanded data use and communications. The Activity will support accountability systems, management skills and processes in the communities, health facilities and subnational units it supports in order to ensure a self-sustaining, evidence-based quality improvement culture is institutionalized. This would include improved availability of real time data for decision making not only on coverage of the services but on the performance of the standard contents of each service package. The Activity will leverage on the existing NTBLCP recording and reporting systems, and periodic review meetings to promote transparency and accountability of Activity results.

5. GUIDING PRINCIPLES

USAID suggests consideration of the following guiding principles in developing Activity approaches. The foregoing core principles will guide programming under the iDOTS Activity:

1. Programming must consider gender and age issues relevant to service delivery to address any barriers experienced due to gender and age.
2. The rights of women and children will be respected and promoted.
3. Programs will be evidence-based and informed by continuous learning to improve results.
4. Activities must be sensitive to cultural and religious values. They must reinforce or include positive community norms that support service access.
5. Joint, integrated programming has the greatest impact, so identifying and coordinating multi-sectoral responses are essential. Planning together with clinics and communities is vital.
6. Additional principles will include promoting local leadership, utilization of local assets and building upon what has worked, and the identification of opportunities to be more cost-efficient and effective.

Applicants for the iDOTS Activity may recommend modifying and/or expanding these principles.

6. COLLABORATING, LEARNING AND ADAPTING

USAID has integrated Collaborating, Learning and Adapting (CLA) into all aspects of its operations and programming to achieve better development outcomes. This Activity is expected to contribute to USAID/Nigeria's commitment to a multi-faceted CLA approach to development, which is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative. USAID seeks to promote learning across stakeholders involved in the implementation of this Activity through CLA). CLA creates the conditions for fostering broader development success by:

- **Collaborating:** Facilitating collaboration internally and with external stakeholders to promote increasingly national-led socio-economic development. This will include enhancing existing stakeholder engagement into learning platforms, substantially coordinating with other USG- or other complementary activities to ensure complementarity and reduce overlap, while also facilitating learning among activities; and programs that are complementary to this Activity.
- **Learning:** Generating and feeding new learning, innovations, and performance information back to USAID and key stakeholders to inform program management, design, USG- GON policy dialogue opportunities and funding allocations (e.g. creating pauses for reflection within the Activity implementation scheme, engaging stakeholders for shared ‘learning moments’, conducting analytical review of existing and/or new evidence that may support or contradict common understanding). CLA guides performance management planning by setting learning and information priorities. The approach helps in assessing the theory of change; identifies critical learning gaps important for successful program implementation; reviews the validity of assumptions; and monitors the risks.
- **Adapting:** Translating learning (from within the implementation experience or external sources) and considering changing conditions, along the lines of the risks, assumptions, and game changers, into strategic and programmatic adjustments (e.g., adjusting work plans to account for contextual shifts or tacit learning from a team’s experience, while clearly and explicitly capturing and sharing the rationale for adjustments along the way).

6.1. Monitoring

The iDOTS Activity will support strengthening of evidence generation and utilization efforts of the health system to ensure better quality of care (QoC) in TB services using routine data systems as well as specific operational research. The Activity will leverage the efforts of actors supporting the routine health information system to inculcate QoC data points and indicators to institutionalize evidence generation and utilization for QoC in TB service provision and accountability systems.

The Activity should utilize a systematic process of collecting and analysis of performance data and other information such as qualitative insights. The Activity should use data collection on a more in-depth exploration into the achievement of results in addition to the systematic approaches to ensure better context awareness. The Activity’s monitoring approach should demonstrate the “what, how, and when” the Recipient measures and analyzes data to inform judgments about the outputs and outcomes of the intervention as a basis to improve effectiveness (including cost-effectiveness) and/or inform decisions.

Monitoring will also include programmatic assumptions and the operational context of the Activity in order to recognize trends and shifts in external factors that might affect the Activity's performance. It is also critical to demonstrate monitoring efforts that will be used to identify any gender gaps. The monitoring plan should also explain how the Recipient plans to ensure data quality is fit-for-purpose. The Recipient will develop a monitoring plan that includes performance indicators; description of each indicator including baseline data; targets; and Performance Indicator Reference Sheets (PIRS).

The Activity recipient will clearly state any required indicators that the Activity must include in its AMELP, sector-specific Performance Plan and Report (PPR) indicators, Performance Based Monitoring and Evaluation Framework (PBMEF) indicators and/or CDCS indicators that the Activity should track. An Activity Monitoring, Evaluation and Learning Plan (AMELP) will be developed to outline a process for monitoring, evaluating, and reporting progress toward achieving project results. The AMELP will specify performance indicators and benchmarks to be tracked, data collection and quality assurance methods, and processes for using data to improve performance. The AMELP must emphasize the systematic process of collecting and analyzing performance data and other information to track the progress towards achieving planned results. Progress at the minimum should be tracked within each IR by tracking the performance indicators aligned with the IR and sub-IRs. The indicators must be up-to-date and of sufficient quality for the purposes of learning and managing adaptively and monitor output, outcomes, and impact of the interventions for each technical objective. The AMELP will include the following information, at the minimum:

- Monitoring, Evaluation and Learning approach including the activity's learning agenda.
- Fully defined performance indicators using the appropriate PBMEF project level indicators.
- Performance Indicator Reference Sheet template.
- Baseline values, annual targets and end-of-project targets for outputs, outcome, and impact indicators, as well as targets for gender integration and institutionalization and sustainability.
- Objectively measurable benchmarks or milestones for performance that cannot be measured via standard performance indicators.
- Data collection methods and frequency of data collection for each indicator.
- Proposed plan and tools for conduct of data quality assessments.
- Planned evaluation, learning and adaptation activities.

The USAID Management Team will also monitor both financial and technical performance on an ongoing basis and will carry out periodic reviews of specific aspects of performance. Feedback on awardee performance will be collected from key stakeholders and will be shared with the awardee to improve performance. Performance data will be analyzed to compare actual results achieved against the expected results and targets set at the activity level. Periodic reports will be expected based on the agreed upon frequency for specific activities at the time the award is made including reporting high frequency reporting into the HAT office Automated Program Performance Reporting (APPR) platform. Standard USAID reporting requirements of quarterly

monitoring reports (technical and financial) will be adhered to and should include a detailed performance analysis.

In order to achieve the targets, in coordination with USAID, the activity will conduct detailed work planning with the NTBLCP, Global Fund Principal Recipient and other implementing partners to clearly delineate technical interventions and activities by geographic area (States and or LGA level). The activity recipient will be expected to collaborate in monitoring efforts with other USAID implementing partners, MOH and other donor/partner programs, to ensure that monitoring and evaluation systems are cost-effective and do not create parallel systems. The methodologies for collection and actual data collected may need to be harmonized for ease of aggregation or other specialized reporting needs.

6.2. Evaluation

In accordance with the USAID evaluation policy, impact evaluations may be considered in the case of innovative development interventions. The evaluation team will include appropriate methodological and subject-matter experts. The evaluation approaches will include explicit evaluation questions and hypotheses and well-documented research methods that include both quantitative and qualitative approaches and data sensitive to gender, disaggregated by sex wherever feasible.

USAID may commission an independent performance evaluation during the activity implementation. This may include a midterm process and final performance evaluation of this Activity. The iDOTS Activity will work closely with the evaluators to ensure successful implementation, including the identification of appropriate baseline indicators, type of evaluation (performance or outcome/impact); purpose and expected use, possible evaluation questions, estimated budget, planned start and end dates, and expected level of USAID involvement, such as reviewing an evaluation statement of work (SOW) or a draft report. Results of the performance evaluation may lead to modifications in the implementation of the mechanism and will be shared in a public report.

6.3. PBMEF

A key component of the Global Accelerator to End TB Plus is ensuring accountability of TB investments at the global, regional, and country levels. The [USAID Performance Based Monitoring and Evaluation Framework \(PBMEF\)](#) was designed to address this need and to help with the standardization, analysis, and use of information across USAID TB priority countries. The framework streamlines and prioritizes indicators for monitoring progress toward reaching global TB milestones and targets in USAID TB priority countries and strengthens the use of data for decision making by the national programs. The iDOTS Activity will adopt USAID's strategic M&E framework to achieve global targets and utilize the appropriate project level indicators in the PBMEF to report how the activity is contributing to the national objectives.

6.4. Work Plan and Reporting Requirements

Based on this Position Description, the Recipient shall prepare and submit a detailed annual work plan to guide the implementation process with a breakdown of activities, timelines, and anticipated progress in the achievement of the Activity results (consistent with the Activity AMELP), as well as the associated costs. The Recipient shall ensure a collaborative process in work plan development, consulting beneficiaries, partners, USAID, and other relevant stakeholders in preparing the annual work plan to ensure complementarity and shared ownership. In addition, the AOR may work with the Recipient to define particularly relevant sections of the work plan that would enhance implementation, such as key assumptions and risks (as well as plans to mitigate and update these), lessons learned and work plan adjustments going forward. The Recipient must submit the Initial Work Plan that covers the timeframe from award date to September 30 within 60 calendar days of signing the award. Subsequent annual work plans will cover the full USG fiscal year (October 1 – September 30) and shall be submitted within 45 days before the end of the preceding fiscal year, respectively. The AOR will review and approve the work plans within 20 working days after receipt of the draft plan.

At a minimum, the Annual Work Plan must include,

- Proposed accomplishments and expected progress towards achieving results and performance measures tied to indicators agreed upon within the Activity AMELP.
- Any new interventions or activities planned and their justification for each year.
- Timeline for implementation of the year’s proposed activities, including target completion dates and details on implementations.
- Cost projections, including results from cost-effective analysis, for proposed interventions to be continued for implementation.
- Personnel requirements to achieve expected outcomes.
- Major commodities or equipment to be procured, including an explanation of the intended use, source, and origin of each item.
- Details of collaboration with other major partners, including how activities will be coordinated with other USAID Implementing Partners and other donors.
- Detailed budget, which aligns with the approved Cooperative Agreement budget; and international travel, including projected Short Term Technical Assistance , planned for the year.

6.4.1. BIWEEKLY UPDATES

The Recipient will provide a brief, maximum one-page bulleted biweekly update on activities that highlights major events or accomplishments including data on preselected indicators that will be monitored during the bi-weekly performance monitoring meetings. The update will identify current and upcoming consultations/visitors, key activities and events of the previous two-week period, and upcoming activities and events. Biweekly updates are due the second and fourth Wednesday of every month.

6.4.2. QUARTERLY REPORTS

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The Recipient shall submit quarterly reports that include narratives of quarterly achievements, and progress against the work plan and agreed-upon performance indicators. A format for the quarterly report shall be approved by the AOR. The quarterly report shall describe and assess the overall progress to date based upon agreed performance indicators. The reports shall also describe the accomplishments of the Recipient and the progress made during the past quarter; include information on key activities, both ongoing and completed during the quarter (e.g., meetings, trainings, workshops, significant events, subcontracts, and grants).

The quarterly reports should provide information on the extent to which gaps between males and females were closed; what new opportunities for men and women were created, including personnel recruitment processes for senior-level leadership and management positions; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. The Recipient shall notify USAID of developments that have a significant impact on the award-supported activities.

The quarterly report provides the opportunity to discuss impacts of learning on the program, updates in key assumptions and the underlying development hypotheses. Also, notification shall be given in the case of problems, delays, or adverse conditions which materially impair the ability to meet the objectives of the award, or which may have an impact on the development hypothesis or theory of change for the Activity, and/or other activities (USG-funded or not) which might be informed by such learning. This notification shall include a statement of the action taken or contemplated, and any assistance needed to resolve the situation. The due date for the first quarterly report will be agreed upon between the Recipient and USAID. Subsequent quarterly reports shall be due within 30 calendar days after the end of each quarter based on the USG fiscal year, i.e., on 30th of January, April, July and October, of each year to the AOR at USAID/Nigeria.

6.4.3. ANNUAL PERFORMANCE REPORTS

Annual performance reports on the Activity and progress against indicators are the responsibility of the Recipient and are needed by USAID/Nigeria to provide timely input to the USG's Operational Plan. To the extent possible, the annual performance report should cover activities and results through the end of the fiscal year, and should review the cumulative experience, learning, adaptations, and the implications of these for the year. The draft annual performance reports must be received by USAID within 30 Days after the end of the fiscal year. In addition to copies sent to the AOR and AO, one copy will be sent to the USAID Development Experience Clearinghouse as above. Annual Performance Reports shall contain the following information:

- A comparison of actual accomplishments by program component against goals established for the period in the AMELP (activities completed, benchmarks achieved, and performance standards completed since the last annual report).
- Reasons why activities were delayed, or established goals were not met, if applicable.
- Cost projections, including results from cost-effective analysis, for proposed interventions to continue for implementation.

- Quantitative Monitoring and Evaluation data, including information on progress towards targets, and explanations of any issues related to data quality.
- Information on the status of finances, including expenditure data (based on the Cooperative Agreement budget) and accruals; and, when appropriate, analysis and explanation of cost overruns or high unit costs.
- Information on management issues, including administrative problems.
- Lessons learned and success stories.
- Documentation of best practices that can be taken to scale.
- Information on major challenges and constraints faced during the performance period.
- Prospects for next year's performance

6.4.4. HIGH FREQUENCY REPORTING (HFR)

The Activity may also be required to collect, analyze, and report on performance data and other information on a more ad-hoc basis, like on a weekly, bi-weekly or monthly basis, besides quarterly reporting through the HAT office reporting platform known as the APPR. High Frequency Reporting (HFR) of a minimum set of required indicators may be reported to the AOR. These HFR data do not have to be final and may differ from what is entered into the USAID Development Information Solution (DIS) system. HFR data will be used to track the Recipient's progress to meeting targets; DIS remains the official reporting system of record.

6.4.5. FINAL REPORT

A draft final report should be submitted to the AOR no later than 30 calendar days after the completion of the Activity. The final report is due 90 calendar days after the end of the award. Three copies should be submitted to the AOR. The report shall summarize the accomplishments of the agreement, methods of work used, and recommendations regarding unfinished work and/or program continuation, as well as key learnings from the total implementation experience. The Recipient must submit the Final Report to USAID no later than 90 days after the completion date of the Cooperative Agreement. The Final Report must include:

- theory of change.
- interventions and approaches.
- inputs, outputs, and processes.
- final performance indicator data with sample size.
- number of people and communities benefited, by each separate component and by multiple components (integration), compared to targets, and for how long; and
- cost, including summary results from cost-effective analysis from interventions implemented over life of the activity.

The report should provide an overall assessment of progress made toward accomplishing the Goal, Results and Expected Outcomes, any important research findings, a description of major products or tools, eg. training and educational materials, M&E tools, and a fiscal report that describes how the Recipient's funds were used. See 2 CFR 200.328 for additional information.

In addition, the report should specifically address how the Activity addressed gaps between males and females were closed; what new opportunities for men and women were created, including personnel recruitment processes for senior-level leadership and management positions; what differential negative impacts on males/females were addressed or avoided; and what needs, and gender inequalities emerged or remained. It shall cover the entire period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories (or challenges), and detailed financial information. It should be grounded in evidence and data. The final/completion report shall also contain an index of all reports and information products produced under the award.

6.4.6. FINANCIAL REPORTING

Financial Reports must accord with 2 CFR 200.327. In accordance with 2 CFR 200.327, the SF-425 will be required as follows:

- The Recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (<http://www.dpm.psc.gov>). The Recipient must submit a copy at the same time to the AO, AOR, and the USAID/Nigeria Controller. These reports shall be submitted within 30 calendar days from the end of each quarter, except that the final report shall be submitted within 90 calendar days from the estimated completion date of this Agreement.
- The Recipient must submit the electronic copies of all final financial reports to USAID/Washington, M/CFO/CMPLOC Unit, the AO, the AOR, and the USAID/Nigeria Controller.
- The Recipient must submit the electronic copy of quarterly accruals report to the AOR, AO and the USAID/Nigeria.
- The Recipient shall maintain records of all taxes paid to GoN with U.S. government funds as well as other financial information as may be required by USAID. The Recipient must submit the VAT reimbursement request along with the original invoices to the Tax Authorities office after approval of USAID/Nigeria.