USAID | KENYA AND EAST AFRICA
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REQUEST FOR INFORMATION (RFI)

Reference:	**Request for Information No. 72061518RFI000001**
Issue Date:	**March 13, 2018**
Response Due Date:	**March 27, 2018 at 4.00 pm, Nairobi Time**
Program Title:	**Kenya Tuberculosis Support Program**

USAID Kenya and East Africa (USAID/KEA) has developed a DRAFT Program Description framework for the purpose of providing industry and stakeholders an opportunity to review, comment, suggest areas of enhancement in the PD. It is anticipated that this draft Program Description framework will result in a formal Notice of Funding Opportunity (NOFO). USAID/KEA intends to host a **pre-solicitation conference on March 23 at the US Embassy in Nairobi. Interested parties must email the points of contact indicated under "Instructions" by COB on March 20, 2018.** USAID/KEA anticipates issuing one (1) award from the resultant solicitation. The potential period of performance is five (5) years with an estimated total award amount of **US$35 million**. The Draft PD is provided in the following pages as Attachment I.

DISCLAIMER

THIS IS A REQUEST FOR INFORMATION ONLY. It is not a Request for Applications (RFA), or a Solicitation and is not to be construed as a commitment by the U.S. Government or USAID to issue any solicitation or Notice of Funding Opportunity, or ultimately award a contract or assistance agreement on the basis of this RFI. The RFI is an attempt to reach out to the market in an effort to determine the scope of industry capabilities and interest and will be treated as information only. Responses to this notice are not applications and cannot be accepted by the Government to form a binding agreement. Responses to this RFI are strictly voluntary and USAID will not pay respondents for the information provided in response to this RFI. Responses to this RFI will not be returned and respondents will not be notified of the result of the review. If a Solicitation is issued, it will be announced on the Grants.Gov website http://www.Grants.gov at a later date; all interested parties must respond to that Solicitation announcement separately from any response to this announcement. This RFI does not restrict the Government's approach on a future solicitation.

INSTRUCTIONS

Responses (comments, suggestions, and enhancements) to this RFI are due to USAID/KEA's Office of Acquisition and Assistance identified below by **March 27, 2018 at 4.00 pm, Nairobi time**. Interested parties shall provide one (1) electronic copy of their response; electronic submissions, in Microsoft Word or Adobe Acrobat formats are acceptable. Please **email responses to** Caroline Munene, Acquisition and Assistance Specialist, at cmunene@usaid.gov

with a copy to Nya Kwai Boayue, Agreement Officer, at nboayue@usaid.gov with the subject title, **"Response to Kenya Tuberculosis Support Program – RFI # 72061518RFI000001**".

Eligibility: USAID is restricting eligibility for any resultant opportunity to local entities. 'Local entity' means an individual, a corporation, a nonprofit organization, or another body of persons that:

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

The terms 'majority owned' and 'managed by' include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.

Thank you for your interest in USAID programs.

Sincerely,

Nya Kwai Boayue
Agreement Officer

Attachment: Draft Program Description

ATTACHMENT I

DRAFT PROGRAM DESCRIPTION

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CDC	Centers for Disease Control
CDCS	Country Development Cooperation Strategy
AOR	Agreement Officer's Representative
CRL	Central Reference Laboratory
CSH	Child Survival and Health Programs Fund
DA	Development Assistance
DLTLD	Division of Leprosy, Tuberculosis and Lung Diseases
DOTS	The internationally recommended strategy for the control of TB
DTLC	District Tuberculosis and Leprosy Coordinator
PMDT	Programmatic Management of Drug Resistant TB
GDF	Global Drug Facility
GF	Global Fund to Fight AIDS, TB, and Malaria
GoK	Government of Kenya
HIV	Human immunodeficiency virus
JICA	Japan International Cooperation Agency
KEMSA	Kenya Medical Supplies Authority
MOH	Ministry of Health
MDR-TB	Multi-drug Resistant TB
NACC	National AIDS Control Council
NASCOP	National AIDS & STIs Control Programme
NGO	Non-Governmental Organization
NICRA	Negotiated Indirect Cost Rate Agreement
NTLP	National TB and Lung Disease Program
OAA	Office of Acquisition and Assistance
OR	Operations Research
PEPFAR	President's Emergency Plan for HIV/AIDS Relief
PTLC	Provincial TB and Leprosy Coordinator
PVO	Private and Voluntary Organizations
SO	Strategic Objective
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organisation

1. Introduction

The proposed activity (program) is expected to support the Government of Kenya (GOK) in its tuberculosis (TB) control efforts. The proposed program is expected to align with the USAID/Kenya and East Africa (USAID/KEA) Country Development Cooperation Strategy (CDCS), Development Objective 2: Health and Human Capacity Strengthened, specifically: intermediate result 2.1 "Increased Kenyan ownership of health, education and social systems" and intermediate result 2.2 "Increased use of health and education services." Subject to the availability of funds, USAID intends to provide approximately $35 million in total to carry out this activity over a five-year period.

USAID/KEA has been a strong development partner in Kenya, supporting health programs for over 30 years. USAID/KEA has continued to provide support to the health sector through various mechanisms in collaboration with the GOK at both the national and county level. Over the past five years, USAID/KEA has invested $40 million in TB control and TB-HIV activities in Kenya.

USAID leverages its investments across the health sector and other development sectors in support of enhanced TB, multi-drug resistant (MDR) TB, and TB-HIV control. The proposed activity is expected to be the Mission's flagship TB control activity and is expected to provide input to and coordinate with several other USAID-funded activities. These activities include: HIV Service Delivery Support Activity (HSDSA) Clusters, Health IT/University of Nairobi, Health Communication and Marketing (HCM), Human Resources for Health (HRH) Kenya, Afya Ugavi, KEMSA Medical Commodities Program (MCP) and other USAID-funded activities. It is critical that the proposed activity collaborates with all Global Fund TB investments (https://www.theglobalfund.org/en/portfolio/country/?loc=KEN&k=013e944b-94da-41e1-90d1-b22b4f87f1cc).

This activity is expected to contribute to USAID's three strategic priorities[1]: Preventing Child and Maternal Deaths, Controlling the HIV/AIDS Epidemic, and Combating Infectious Diseases.

2. Context/Situational Analysis

TB is a major cause of morbidity and mortality throughout the world; in Kenya, it is a leading cause of death and particularly impacts people living with HIV and AIDS. Kenya is among the 30 high burden countries for TB and has the 5th highest burden of TB in Africa. According to the Kenya Tuberculosis Prevalence Survey 2016, prevalence rates vary widely by geography and among different sub-populations; it is estimated that prevalence in men is twice as high as that in women (809 per 100,000 males compared to 359 per 100,000 females), and TB was found to be higher among young men aged between 25 and 34 years, urban dwellers, people without HIV and women over the age of 65. Kenya lacks survey data on the TB burden in children; however, it is likely that children under 15 years of age represent at least 10% of all TB cases. There are an estimated 75,898 adults (≥15 years) infected with TB in Kenya, and yet current symptom screening and microscopy testing practices are not adequately identifying patients. The

[1] https://www.usaid.gov/what-we-do/global-health

prevalence to case notification ratio is 3.5:1, leaving an estimated 40% of cases undetected and untreated each year. Recent estimates show a treatment success rate of 87%. Despite this, multi-drug resistant TB (MDR-TB) remains a critical issue for TB control in Kenya. The National TB Drug Resistance Survey 2014-2015 found that 5.5% of new cases and 1.5% of retreatment cases were resistant to rifampicin and isoniazid (multidrug-resistant tuberculosis). Factors contributing to MDR-TB in Kenya include increasing cross-border migration across the East African region, isolated reporting of MDR-TB emergence, and patient adherence to treatment.

3. **TB-HIV Co-infection**

Kenya has scaled up near universal HIV testing and counseling for TB patients, along with antiretroviral treatment and co-trimoxazole and isoniazid preventive therapy. In 2016, 96% of diagnosed TB patients received HIV testing and counseling (Ministry of Health, 2015). The National Tuberculosis Prevalence Survey 2016 found a decline in HIV associated TB, with a 16.7% co-infection rate in surveyed TB cases. This estimate is lower than the 31% co-infection rate that was reported among notified TB cases in 2015 (Kenya Ministry of Health), likely the result of effective implementation of HIV interventions including the Test and Treat Strategy introduced in July 2016. The United States Government (USG) continues to support the Ministry of Health's strategies to prevent TB and maintain universal TB screening in HIV infected patients through PEPFAR, and following the recent prevalence survey, is providing technical assistance to examine case finding strategies among the large burden of TB that exists in the HIV uninfected population.

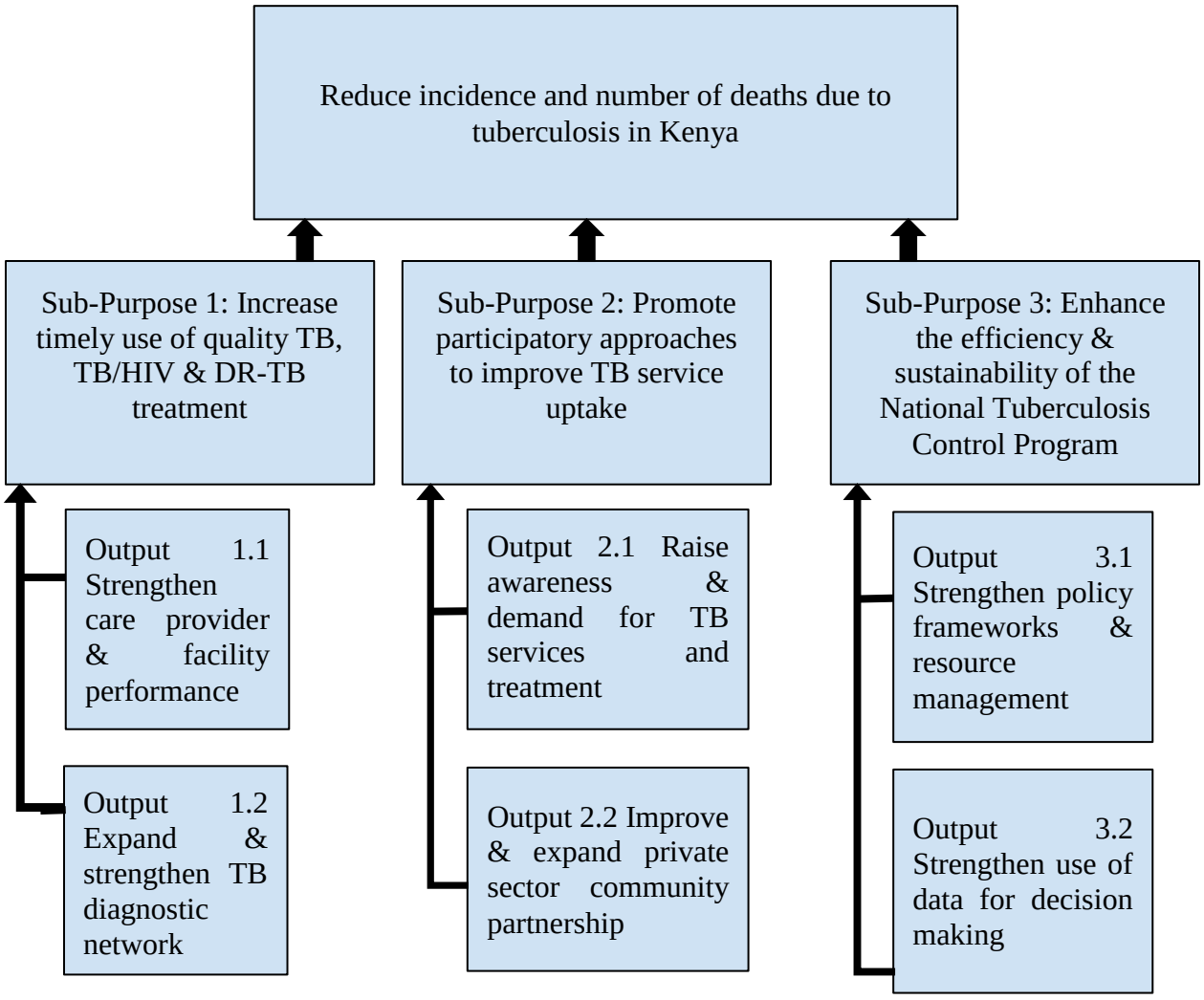
4. National Strategies Aimed at Ending the Tuberculosis Epidemic

Findings from the National Tuberculosis Prevalence Survey 2016 are already being used to inform Kenya's three pillars for TB control: 1. integrated patient centered care and prevention; 2. bold policies and supportive systems to end TB; and 3. intensified research and innovation. To achieve the first pillar – **Integrated Patient Centered Care and Prevention** – Kenya is scaling up GeneXpert as the first line diagnostic test in the primary referral facility in every county. Today it is the priority diagnostic tool used for routine screening of prisoners, people living with HIV, health care workers, and refugees. In addition, shorter regimens were rolled out in July 2017, and Kenya was the first country globally to introduce child friendly treatment formulations. Kenya has also made leading strides in achieving the second pillar – introducing **Bold Policies and Supportive Systems to End TB**. The country has promoted human rights by decriminalizing TB patients who default on treatment, and universal treatment is available for all drug resistant TB patients under the National Health Insurance Fund (NHIF). The National Tuberculosis and Leprosy Program (NTLP) collaborates closely with civil society partners and private providers to further improve its national policies and their implementation.

There are further advances to achieve the Third Pillar – **Intensified Research and Innovation**. Kenya uses a national electronic data system, TIBU, to track the progress of all TB patients. The NTLP further investigated the prevalence of drug resistant TB through a national survey conducted in 2014-2015, as part of the first national TB prevalence survey since the country's independence. The NTLP continues to support operational research to better identify and treat TB cases.

Reducing the high burden of TB in Kenya remains a significant public health challenge. Kenya faces the daunting task of harnessing adequate resources to effectively reduce TB morbidity and mortality and facilitate a sustainable public health response by: improving case identification and expanding treatment coverage; expanding domestic financing of the TB response and counties' contribution to resourcing the response; growing its human resources for health; strengthening supply and laboratory network systems; improving service delivery capacity; and harmonizing health management information systems. These challenges present a unique opportunity for USAID/KEA, using its comparative advantage in innovative development to bridge existing service access gaps and address key financial, system, and coordination challenges, while promoting greater responsibility for the TB and TB-HIV response at county levels towards achieving the goal of Combating Infectious Disease Threats, of which TB is a major component. This contributes and adheres to the USG Global Tuberculosis Strategy (2015-2019), which shares the vision and goals set forth in the World Health Assembly's Post-2015 Global TB Strategy, the corresponding WHO "End TB" Strategy, the Stop TB Partnership's Global Plan to End TB 2016-2020, and the agenda of Sustainable Development Goal (SDG) 3: "Ensure healthy lives and promote well-being for all ages" to reduce TB prevalence, incidence, and mortality. The USG supports the GOK to implement services across the continuum of TB case identification and treatment and to strengthen the health system to deliver high quality services. USAID/KEA's Office of Health, Population and Nutrition strives to achieve sustainable control of the TB epidemic through a data-driven approach that strategically targets geographic areas and populations where we can achieve the greatest impact for our investments.

5. **Results Framework**



Purpose: Reduce incidence and number of deaths due to tuberculosis in Kenya

The purpose of this activity is to reduce tuberculosis incidence and the number of deaths due to tuberculosis across all counties in Kenya. This should be achieved by building on the existing national treatment platform and working to further increase the timely use of quality TB treatment services. While strengthening services to accommodate a larger number of patients, the activity should simultaneously work to increase case identification of TB, TB/HIV, and DR-TB. The USG is committed to supporting the structure and function of the Kenya National Tuberculosis Program, and thus the activity should enhance the efficiency and sustainability of the NTLP.

Sub-Purpose 1: Increase timely use of quality TB, TB/HIV and DR-TB treatment

The best strategy to prevent TB is through early and accurate diagnosis and effective treatment. Innovative strategies are necessary to screen and evaluate individuals who are at high risk

(including young men and older women) for TB, including contacts of persons with infectious TB; and those living in social circumstances in which there is a high prevalence of TB. Systematic screening of individuals in these groups can improve early detection of TB, early initiation of TB treatment, and the likelihood of successful treatment, all of which will decrease transmission to others and ultimately lower TB incidence, prevalence, and mortality rates. Systematic screening, when accompanied by prompt diagnosis and treatment, leads to reduced TB transmission by shortening the period during which an individual with TB is infectious – treatment as prevention. Such services should be made widely available in a variety of settings, including urban slums, workplaces, markets, schools, mines, and prisons, and be provided free of charge or at a cost that does not cause unnecessary financial burden to the user. Successful applicants will propose solutions that work with the national government, counties, communities and facilities to increase the availability and strengthen the quality of TB service delivery platforms to reach, treat, and cure more people with TB and prevent new cases through these interventions.

Output 1.1 - Strengthen care provider and facility performance

One of the most important components of the National TB Program is the recruitment, development, and retention of qualified and skilled personnel. The development and management of human resources is critical to providing high-quality, patient-centered TB care. Kenya's ability to meet its TB control goals depends largely on the knowledge, skills, motivation, dedication, and appropriate deployment of the workers responsible for organizing and delivering TB prevention and treatment services. However, Kenya still lacks sufficient numbers of appropriately trained human resources to deliver TB services due to a variety of reasons including mismatched skills and needs at the facility level and demographic disparities.

Working through NTLP, USAID aims to support a program which provides technical assistance to personnel carrying out expanded TB control activities via 3,500 health facilities and 2,170 laboratories and across all 47 counties of Kenya. This includes the 300 existing field-based and leprosy coordinators (SCTLCs). Successful programs are expected to increase the capacity and performance of formal and non-formal, public sector and private sector health providers (see also Output 3.2). All health care providers should have the skills and resources to screen, identify, and refer suspected cases to registered service outlets. This will include service providers and facilities where TB is integrated within other clinics, including maternal and child health settings and TB screening and TB infection control in the scale-up of lifelong treatment for people living with HIV.

Illustrative interventions:

- Strengthen pre-and in-service training and professional development of human resources, including laboratory personnel (see Output 2.1), in specializations including how to appropriately: identify, diagnose, and refer suspected TB cases; collect and transport sputum; detect and manage smear negative and extra-pulmonary TB; control TB infection; counsel patients in adhering to and completing treatment regimens; and carry out contact and defaulter tracing.
- Integrate disease management across facility service providers and facilitate routine supervision by SCTLCs.

- Strengthen targeted screening for TB among high-risk individuals and groups.

Output 1.2 - Expand and strengthen TB diagnostic network

Universal access to TB care is dependent upon the existence of a comprehensive and high-quality TB diagnostic network that includes microscopy, culture, drug susceptibility testing, and the use of molecular and radiological assessments at appropriate, accessible points of care.

- Kenya's TB laboratory network is well established for basic TB case detection with 1,580 laboratories capable of smear microscopy.
- Sputum samples are transported by courier to reference facilities.
- The NTLP supports expanding use of GeneXpert as the initial diagnostic tool of choice for people living with HIV, children, and those with presumed drug resistance.
- New technologies have been introduced in the central reference laboratory (CRL), and culture can now be done in three sites throughout the country. LED microscopy has been introduced in high volume laboratories, but it still needs to be introduced in additional laboratories.

USAID support to the national TB lab network has resulted in more consistent and quality diagnostics and accurate diagnosis has increased through this support; however, the recent prevalence survey indicates that there are still cases of TB that are misdiagnosed due to poor laboratory smear microscopy. This contributes to the 40% of missed TB cases that remain undetected and untreated in the country.

Successful applicants will demonstrate a strategy to intensify support for laboratory accreditation as one means of assuring high-quality TB diagnostic services. Efficient and effective utilization of TB diagnostic tools should be guided by appropriate diagnostic algorithms for TB and DR-TB that are adaptable as new tools become available. Laboratory sites should be strategically linked to treatment facilities to enable timely and effective treatment, minimize patient discomfort, reduce stigma and discrimination, optimize utilization, and prevent attrition.

Illustrative interventions:

- Support the national External Quality Assurance System to improve the quality of lab services.
- Strengthen the diagnostic network to ensure appropriate specimen collection and transport.
- Increase access to diagnostics where patients seek care (taking into consideration difference preferences based on gender), particularly focused on high-risk individuals and individuals from high-risk contexts
- Maintain GeneXpert as the primary diagnostic test for all presumed TB cases and expand the use of chest X-ray to as a screening tool, in particular for presumed latent TB infection.
- Introduce LED microscopy in additional laboratories beyond the high volume laboratories in order to improve quality TB diagnostics.
- Support the NTLP to identify and enable laboratory sites to screen for drug resistance in high-risk new cases such as people living with HIV and children and among all retreatment cases.

- Conduct operational research to evaluate the effectiveness of new diagnostic algorithms.
- Integrate all public and private laboratories into a quality-assured system (see also Output 3.2).
- Improve diagnosis for TB in children.

Sub-purpose 2:- Promote participatory approaches to improve TB service uptake

The NTLP and USAID believe that we must involve affected communities and actively partner with civil society organizations and private stakeholders if we are to reach our common goals of reduced TB incidence and transmission. Every individual deserves high-quality TB, DR-TB, and TB-HIV care and treatment that optimizes his or her health outcome. USAID supports the provision of TB services tailored to the needs of specific populations/communities to address the epidemic. Accordingly, the Applicant should support national and local partnerships and coordination bodies that ensure appropriate representation and capacity or ability to strengthen the National TB program.

Output 2.1 - Raise awareness and demand for TB services and treatment completion

Findings from the Kenya Tuberculosis Prevalence Survey 2016 indicate that there is a need to increase care seeking among people with TB symptoms and to increase adherence to treatment and prophylactic regimens. The survey also showed that there is a need to improve the timeliness of treatment among people infected with TB. Individuals with symptoms of are not seeking care appropriately, primarily because they did not perceive their symptoms to be serious. The majority of those who did not seek care for their symptoms were men. When people with TB symptoms do seek health care, they often begin at either public or private health facilities, including pharmacies. The activity should therefore strive to increase demand for TB services and treatment completion among patients, in particular among men and those in urban settings. In addition, the activity should scale activities targeting children under fifteen years of age to ensure comprehensive management of pediatric TB.

Illustrative interventions:

- Facility community outreach, including tailored advocacy and communication efforts to promote infection control recommendations and screening and treatment service uptake.
- Integrate individuals with TB and their families to participate in the design and implementation of care and treatment services in order to identify, avoid, and remove barriers to service uptake.

Output 2.2: Improve and expand private sector and community partnership

USAID supports the National TB Program in its outreach to affected communities, civil society, and private sector stakeholders. While the activity works to support the NTLP to strengthen public sector screening, diagnosis and treatment, it is critical that the activity also support the private sector to ensure consistent adherence to national TB treatment guidelines, and to ensure that the public and private sectors have a shared vision and common goals for TB control. Accordingly, the Applicant should propose a set of approaches to facilitate partnership and greater coordination with private and social sectors and affected communities to develop a robust

response to the TB epidemic. Partnerships with a range of organizations should be actively explored to ensure strong country-led approaches. Efforts should be made to fully utilize the unique skills and capabilities of civil society and other local organizations so that the National TB Program may incorporate and harness their dynamism, especially in their work to reach vulnerable and high-risk populations; mobilize communities; channel information in accessible and user- friendly formats; create demand for high-quality, patient-centered TB services; frame effective delivery models; and address the primary determinants of the TB epidemic.

Illustrative interventions:

- Collaborate closely with national and county governments, Global Fund, CDC and JICA, including stakeholders supporting the national diagnostic network (see Output 2.1).
- Establish and facilitate quarterly and bi-annual stakeholder planning and partner coordination fora such as the formation of a national Stop TB Partnership.
- Support the World Health Organization Public-Private Mix (PPM) for TB prevention and care guidelines.

Sub-Purpose 3: Enhance the efficiency and sustainability of the National Tuberculosis Program

Scaling up sustainable interventions for TB care and treatment requires high-level political commitment and adequate financial resources. Ongoing coordination under the NTLP's stewardship is essential, even as it continues to devolve responsibilities to the county level. With its strong programmatic foundation, the NTLP is well positioned to address new challenges, such as drug-resistant TB (DR-TB), as well as to explore new technical areas for which technological and/or policy advances have enabled action, such as the management of TB in children, the introduction of new diagnostic technologies, and improved infection control in health facilities.

Output 3.1 - Strengthen policy frameworks and resource management

The Applicant should propose how it will contribute to Government of Kenya-led structures and processes to combat TB, taking into consideration the country's epidemic and its health system structure and functions, including regulatory policies, resource availability, and private sector and community engagement. The Applicant should demonstrate its approach to supporting country-led governance, management, and implementation of the current National TB Strategic Plan and how it will support the NTLP with developing its subsequent Strategy. To assist with the rapid and successful introduction of new programmatic areas, the Applicant should demonstrate how it will assist the NTLP with the rapid and successful introduction of programmatic approaches to TB challenges in line with the current TB National Strategic Plan and guidance based on the recent prevalence Survey. The Applicant should also demonstrate how it will use technical and programmatic expertise to support the Ministry of Health to reinforce successful implementation of and future applications for Global Fund TB grants.

Illustrative interventions:

- Support the National Tuberculosis Program as the country continues devolving responsibilities to the 47 counties to optimally define and coordinate across new administrative structures

- Strengthen core NTLP management/office functioning.
- Provide technical assistance to support strategy formation for the next governmental 5-year planning cycle.
- Strengthen operational budgeting, resource allocation, and resource management at all levels to enable smooth program functioning, including coordination with other USAID domestic resource mobilization activities
- Support the development of a robust strategy to roll-out new pediatric TB guidelines and engage appropriate stakeholders in the detection of pediatric TB.
- Support the development of new DR-TB treatment guidelines, including pharmacovigilance, and corresponding training, introduction, and expansion plans.
- Work with National TB Program, NASCOP, and NACC to determine which latent TB infection strategies should be prioritized, based on local epidemiology, high-risk populations, and care settings, and foster the development of appropriate national policy on latent TB infection adherence and management.
- Support the NTLP to coordinate with and integrate relevant insurance programs as well as social protection and poverty alleviation strategies.

Output 3.2 - Strengthen use of data for decision making

TB surveillance systems to track notifications and deaths, coupled with a strong monitoring and evaluation system to gauge progress and identify areas for improvement, are critical components of the National TB Program. USAID has supported the development and use of an electronic, cloud-based data management system specifically for TB, called Treatment Information from Basic Unit, or TIBU ("to cure" in Kiswahili). TIBU enhances efficient TB data collection, analysis, and use and makes high quality, real-time TB data accessible in order to have an accurate picture of TB in the country. Currently, the lowest level at which TIBU operates is the county level.

The Applicant should propose a set of approaches and interventions to strengthen TB case notification and vital registration systems, including integration of case management and surveillance systems, improvements in the use of data for decision-making and in monitoring and evaluation, and in the introduction and expansion of regulatory enforcement. As appropriate and as needed in line with the NTLP, the Applicant should also propose how it would invest in national and sub-national surveys and other data gathering to improve TB prevalence estimates and inform program policies.

Illustrative interventions:

- Support routine TB surveillance at all levels
- Identify individual and community-level risk factors and socioeconomic determinants that need to be addressed to prevent TB transmission in a specific population.
- Support the collection, analysis, and use of quality-assured data and technologies, such as mobile devices and geographic information services, to ascertain the best locations for new care and treatment sites and/or existing sites that should be strengthened so that appropriate services are widely and easily accessible.
- Provide clinical and programming expertise to guide system improvements and expansion coordinating with other USAID funded activities and stakeholders.

- Coordinate with other USAID funded activities to support the expansion TIBU to the facility level for real time TB case notification and upgrade relevant surveillance systems to better monitor progress towards NTLP targets.

6. **Monitoring, Evaluation and Learning**

USAID-supported programs must contribute to the advancement of learning and research, and programs must expand the tracking of quality, outcomes, cost-effectiveness, innovation and impact in both the short and long- term.

USAID/KEA will work with the implementing partner to develop a monitoring, evaluation and learning plan with set indicators. The plan will outline the framework for monitoring activities, data quality management, data collection, analysis, reporting and data use. The applicant should clarify the indicators and targets that will be used as a basis for measuring the activity's performance, and clearly define how it will measure progress. For each indicator, the plan should provide interim and final targets and data sources. The plan should ensure required data for periodic reporting (quarterly, semi-annual and annual reports) is available.

The activities will ensure that indicators are aligned with the Mission's development objectives, contributing to CDCS Development Objective (DO2): Health and Human Capacity Strengthened, IR 2.1 "Increased Kenyan ownership of health, education and social systems" and 2.2 "Increased use of health and education services" to feed into the USAID/KEA annual Performance Plan and Report and PEPFAR reporting.

Reporting Requirements

PEPFAR requires the TB monitoring, evaluation and reporting (MER Version 2.0 - 2016) indicators to be reported on at least a semi-annual basis through the Data for Accountability Transparency and Impact (DATIM) system. Whenever PEPFAR and GoK reporting requirements change, the activities will be expected to conform to the new reporting requirements.

The applicant is encouraged to submit a stakeholder matrix detailing other TB investments in Kenya and how, if successful, it would coordinate with these investments.