April 1, 2015

Key Information and Dates

Funding Opportunity Title	Tuberculosis Health Action Learning Initiative (THALI)
Funding Opportunity Number	RFA-386-15-000001
Issuance Date	April 1, 2015
Question Submission Deadline	April 10, 2015 at 4:00 pm New Delhi time
Concept Paper Deadline*	May 1, 2015 at 4:00 pm New Delhi time

*Late submissions will not be accepted.

Dear Applicants,

Pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended, the United States Government, represented by the U.S. Agency for International Development, India Mission (USAID/India) is inviting local Indian organizations (see definition of local organization under Section III – Applicant Eligibility) to submit concept papers for the Tuberculosis Health Learning Initiative (THALI). THALI will be an important part of a new USAID/India Initiative, the "Championing a Tuberculosis-free India" (CHAMPION) Program.

THALI is designed to improve TB control, and improve, in particular, private sector delivery of TB services, across three different city sizes, and to share the resulting knowledge of what works broadly. Up to three awards may be made across three groupings of cities based on population (see Appendix D):

Pool 1 (Award up to $9.5 million): Cities with populations over 8.5 million
Pool 2 (Award up to $7.5 million): Cities with populations between 4.5 million and 8.5 million
Pool 3 (Award up to $5.5 million): Cities with populations less than 4.5 million but not less than 1 million

Applicants may apply under multiple pools, and may propose the same approach across multiple pools or different approaches in each pool or city.

This Request for Applications (RFA) utilizes a two-step process:

(1) Concept papers are sought from Applicants.
(2) After merit review by USAID of the concept papers, full applications will be requested from those Applicants with the most highly reviewed concept papers. Up to three cooperative agreements may be awarded to the successful Applicants.

At this time, Applicants are invited to submit a concept paper that addresses all requirements of this RFA. All correspondence regarding this RFA shall be submitted to IndiaRCO@usaid.gov.

Pursuant to 2 CFR 200.400(g) and USAID Standard Provisions for Non-U.S. NGOs, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the project and are in accordance with applicable cost standards may be paid under the award.

For the purposes of this project, this RFA is being issued and consists of this cover letter and the following:

1. Section I – Program Description
2. Section II – Federal Award Information
3. Section III – Eligibility Information
4. Section IV – Application and Submission Information
5. Section V – Application Review Information
6. Section VI – Federal Award and Administration Overview
7. Section VII – Federal Awarding Agency Contacts
8. Section VIII – Other Information

The preferred method of distribution of this RFA is via the Internet. This RFA and any future amendments can be downloaded from www.grants.gov. Applicants who are not able to retrieve the RFA from the Internet can request a copy by contacting IndiaRCO@usaid.gov.

In the event of any inconsistency between the sections comprising this RFA, it shall be resolved by the following order of precedence:

(a) Section V – Application Review Information
(b) Section IV – Application and Submission Information
(c) Section I – Program Description
(d) This Cover Letter

The issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of a concept paper or application. In addition, awards cannot be made until funds have been appropriated, allocated, and committed through internal USAID procedures. Applicants are hereby notified that all awards are subject to the availability of funds and agreement of the parties, and USAID reserves the right to make no awards. All preparation and submission costs incurred are at the Applicant's expense. USAID/India may amend this RFA as necessary (e.g., to revise deadlines or update information). Amendments will be posted to www.grants.gov.

Sincerely,

Charles S. Pope
Director
Regional Office of Acquisition and Assistance
USAID/India

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Section I – Program Description

USAID/India seeks to improve the lives of people who live at the base of the economic pyramid (BOP) in India by supporting innovations at the interface of tuberculosis (TB) detection and treatment in urban communities.

The TB Health Action Learning Initiative (THALI) will work with the Revised National TB Control Program (RNTCP), municipal governments, and private providers to improve TB control across three classifications of cities, grouped based on population. The successful Applicant(s) will be expected to help identify, apply, and scale up successful innovative approaches to addressing TB, especially among under- or inadequately-served urban slum dwellers and other low-income populations.

Key elements of THALI are the:
1. Identifying and accelerating scale up of innovative approaches to improve the quality of private sector diagnosis, referral, and treatment of TB, through adherence to the recently released "Standards for TB Care in India". (Outputs 1 and 4)
2. Strengthening the utilization of TB resources of the respective municipalities. (Output 2)
3. Testing of technological innovations. (Output 3)
4. Improving data for evidence-based decision making. (Output 5)

With an emphasis on learning, improved data and the rigorous scientific testing of approaches, USAID/India expects THALI to generate documentation on lessons learned regarding the barriers to quality private sector TB services, and fundamentals for successful scale up. USAID/India anticipates that in the later years of THALI, it may be appropriate to augment learning and the sharing of information with other countries through global transfer (i.e. knowledge exchanges of best practices between countries), if deemed appropriate for other countries to enhance their TB control efforts.

Background

The scope of TB as a disease in India is both wide and complex. Every day 31,500 persons are examined for TB and 6,000 are initiated on treatment. Since 1998, 60 million people were tested for TB and 16 million were treated. While an estimated 2.8 million lives have been saved during the past 15 years, India has the highest TB burden in the world (approximately 2.2 million new cases each year), accounting for 25% of the global incidence of an estimated 8.6 million. In 2012, India's health providers detected and initiated treatment for 1.3 million TB cases – 59% of the estimated case burden for the country. International and national surveys[1] estimate that there are nearly one million cases of TB each year in India that are either undetected and untreated, or diagnosed and treated by private healthcare providers[2] with potentially sub-standard drugs and treatment regimens. These drugs and treatment regimens not only fail to fully eliminate the TB

[1] For example, the National Tuberculosis Institute in Bangalore and World Health Organization's STOP TB unit periodically conduct estimate studies.

[2] Private sector healthcare providers include fully-qualified allopathic providers trained in pharmacology, also referred to as practitioners and sometimes "medical doctors," as well as non-allopathic providers, also referred to as AYUSH - Ayurveda, Yoga, Unani, Siddha, and Homoeopathy providers, and finally, less-than-fully-qualified providers, often referred to as "quacks."

bacteria, but they also contribute to an increasing incidence of drug resistant TB (DR-TB), including both multi-drug resistant TB (MDR-TB), and extensively resistant TB (XDR-TB).[3]

In addition, gender disparities in care seeking behavior, disease prevalence, and access to health care services, stigma, and treatment adherence contribute to the complexity of India's TB burden. TB is the third leading cause of death among women of reproductive age (15-44 years). It disproportionately affects pregnant women, and the poor. Some of the greatest challenges to reducing TB rates include the following:

- Reaching urban populations.
- Measuring TB incidence and treatment with confidence.
- Engaging private health providers.
- Stemming/Curtailing Multi-Drug Resistant TB (MDR-TB).
- Engaging all health-providers, including private health providers and non-traditional partners, in TB advocacy.

USAID's Strategic Direction

The following is supplemental information on USAID's strategic direction in India. Approaches and partnerships in the full application must align with USAID's strategic direction.

- USAID/India sees itself as a "knowledge partner" with the Government of India, private sector and civil society to ensure that effective health solutions are identified, demonstrated and scaled. Through its partnership and learning approach, USAID provides technical assistance to the Government of India, private, philanthropic, and non-profit sectors to serve as a catalyst to use India's considerable human and financial resources to end AIDS, tuberculosis, and preventable child and maternal deaths.
- USAID/India's health portfolio employs a "venture capital" approach to development, where USAID provide seed funding to test creative local, low-cost, and innovative approaches to identify solutions for key development issues.
- USAID funds innovative business models to engage private providers of primary care, pioneer new distribution channels for key health products, and promote social franchising and marketing. We also fund innovation, especially the use of technology, for example to promote adherence to treatment for TB, care during pregnancy and birth, and services in response to gender based violence.

Engaging Private Healthcare Providers

In India approximately 80% of all persons visit a non-public sector provider when they first feel ill.[4] TB is no exception: data indicates that over-the-counter drugs prescribed by private healthcare providers account for at least half of all anti-TB drugs sold in the country.[5] RNTCP

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[3] See later in Section 1 for an explanation of drug resistance.
[2] Davies PD, The role of DOTS in tuberculosis treatment and control, Am J Respir Med. 2003;2(3):203-9.
[4] International Institute for Population Sciences (IIPS) and Macro International National Family Health Survey (NFHS-3), 2005-6: India: Volume 1. Mumbai: IIPS; 2007.
[5] Wells WA, Ge CF, Patel N, Oh T, Gardiner E, Kimerling ME. Size and usage patterns of private TB drug markets in the high burden countries. PLoS One. 2011; 6(5):e18964.

engages with the private sector at state and district levels by working with formal and informal providers, the Indian Medical Association, and faith-based organizations. To engage the private sector systematically, RNTCP developed schemes to attract the private sector and coalesce their efforts for TB control. By 2013, RNTCP had established 2,569 NGO partnerships and 13,150 collaborations with private practitioners and other private sector entities.[6] Despite these efforts, gaps remain and newer methodologies and strategies are required to engage all stakeholders to enable an effective TB control effort. The GOI has recently disseminated the Standards for TB Care in India, which will help the private healthcare providers standardize their diagnosis and treatment regimens. Currently, the RNTCP has not been able to get the full range of private healthcare providers to adopt international standards of TB care.[7]

The two major tools for working with the private sector are regulation and collaboration. The first step for regulating TB treatment is to make TB a notifiable disease. This has been done. However, issuing regulation is not sufficient: there also needs to be mechanisms for private providers to report, an enforcement mechanism to ensure that all TB cases are notified, as well as a practical business model that will provide the necessary incentives to private providers to comply with case notification. The reporting mechanism for TB in India has just been introduced under the Nikshay system.

For collaboration, the challenge has been in taking implementation to scale. Incentives may be enough for a pilot public-private mix (PPM) scheme to work, but these schemes still shy away from business structures that would encourage real expansion. Incentives and structures are designed from a public sector perspective and may not fully accommodate the needs and desires of private providers and clients. Indeed, typically these schemes rely on an already overstretched public sector to administer standards, distribute incentives, and recruit participating providers, and most TB clients are still expected to transfer to the public sector for treatment.

Collaboration requires an organizing unit to oversee the process. An organizing unit can be a public hospital, prison, or military structure. For private sector engagement, it is feasible to engage with private hospitals but far more challenging to engage with hundreds or thousands of individual private practitioners, for example drug sellers, pharmacists, informal doctors, and qualified doctors. The Private Provider Interface Agency (PPIA) model promoted by the GOI is one attempt to solve this problem, in which a specific agency or organization is tasked with being the intermediary between the public sector and the thousands of private providers. The PPIA also introduces the concept of "pay for performance" in which the agency can devise its own methods to reach certain targets.

The PPIA model is still designed primarily from a public sector point of view. Other attempts have been made to start more from a private, business point of view. The Initiative for Promoting Affordable and Quality Tests (IPAQT) has focused initially on replacing ineffective diagnostics with the World Health Organization (WHO) recommended diagnostics in the private sector. They have successfully used concessionary prices for the new diagnostics as a lure for

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[6] TB India 2014, Revised National TB Control Program Annual Status Report, Page 27.

[7] DOTS works in public sector because identified manpower does that job. The private sector is bereft of such personnel; hence one of the causal factors in its inability to perform DOTS as prescribed.

laboratories to participate, although the link to treatment is still a work in progress. Meanwhile, Interactive Research and Development (IRD) has used TB REACH and UNITAID funding to conduct mass screenings in the private sector that address first TB and now more broadly lung health, and other public health initiatives. This work has been very successful in Pakistan and is now starting in Bangladesh and Indonesia. It is being designed as a social business in which non-TB activities help subsidize operations. Eventually, such efforts could take on the appearance of managed care (i.e., a network with standardized fees), but the focus would remain on priority public health issues and low-income populations. Unlike some franchises, these would not become general clinics or hospitals. The appeal of these models is that they start from the perspective of the business and its clients. But despite initial successes, and continued growth, there are multiple questions facing such initiatives, many of which can be explored in THALI.

Engaging all Health Providers, including Private Health Providers and Non-Traditional Partners

TB control services have been managed through the Central TB Division (CTD) of the Indian Ministry of Health and Family Welfare (MoHFW), GOI. Partners and stakeholders have mostly come from the public sector and donors have supported the public health infrastructure through their traditional foreign bilateral entities (like the World Bank, Global Fund, DFID and USAID). The WHO and the U.S. Centers for Disease Control (CDC) have provided long-term technical assistance to the CTD with USAID support for the past 17 years. Strengthening of public health services to absorb and implement the consultancy network of WHO and CDC has been conspicuous by its absence, leading to a dependence, rather than an independence of the system. Similarly, grants through WHO have not led to a GOI funding system, in contrast to the Network of Indian Institutions for HIV/AIDS Research (NIHAR) platform created by the GOI's Department of AIDS control to fund projects on HIV and AIDS.

Engagement of the private sector has remained elusive, and there has been a lack of standards among private healthcare providers for diagnosis and treatment. TB services could greatly benefit from private provider adherence to TB standards and larger private sector interest and investment, increased civil society engagement, and technical assistance, and program implementation from local non-governmental organizations (NGOs). There are also several examples of models developed and tested that could be the basis of a proposed approach to an effective integration of informal private sector providers (e.g. Novartis Model-Arogya Parivar model, approaches from the USAID-funded Market-based Partnerships for Health/SHOPS, and others).

USAID/India's Engagement with TB in India

Historically, USAID/India started funding TB programs in 1998, with $1.5 million in support of the RNTCP Consultant Network for much needed technical assistance to state and district-level TB control officers. As funding has steadily increased across the past 16 years (to a high of $14 million in FY 2011 and now $10.5 million in FY 2014), the USAID TB portfolio has provided critical long-term technical assistance through WHO and the U.S. Centers for Disease Control (CDC) to improve TB services according to RNTCP strategies and priorities. USAID/India's TB investment decisions to date have been intrinsic to the success in fortifying the RNTCP.

USAID CHAMPION

USAID/India is commissioning a new TB program, *Championing a Tuberculosis-Free India* (CHAMPION). CHAMPION will focus on supporting innovation and partnership, rather than the provision of traditional technical assistance. CHAMPION will emphasize development innovations that affect people at the bottom of the pyramid. The poor, especially the urban poor, are one of the groups most likely to become infected with TB, fail to be identified or treated properly, and bankrupt themselves trying to receive care from the private sector.

CHAMPION proposes to address the above challenges with the following Components:

Component 1: The first component of the CHAMPION Program is an urban TB control initiative, THALI (described in this RFA), which establishes a holistic approach to TB control efforts in three major cities. As detailed in the outcomes of the Logical Framework in Appendix E, THALI will strengthen urban TB control by:

1.1. Generating increased investment in urban TB control programs from government, private citizens, foundations, and other private groups;
1.2. Improving municipal management of resources, i.e. human, financial and technical;
1.3. Increasing the identification and testing of innovations for urban TB control;
1.4. Improving private sector delivery of TB services; and
1.5. Promoting evidence-based decision making.

Component 2: The second component of the CHAMPION Program is a separate activity, entitled The TB Call to Action (TBC2A). This project will leverage Indian intellectual, financial, and material resources to support TB control. TBC2A will increase participation and investment in the national TB control program by:

2.1 Promoting national leadership and outreach to leverage Indian intellectual, financial, and material resources to support TB control.
2.2 Advancing public understanding of TB, and reducing social stigma associated with TB.
2.3 Targeting forward-looking expertise.

It will be critical that both components of CHAMPION collaborate and look for opportunities to provide mutual knowledge sharing, identification of needs to be addressed, and remain calibrated to optimize performance and results.

Relationship of THALI to U.S. and Indian Policies and Strategies

The proposed THALI project dovetails with the long-term vision of a "TB-Free India" in India's National Strategic Plan (NSP) 2012-2017. The RNTCP developed the NSP with the central goal of universal access to quality TB diagnosis and treatment for all TB patients, by building on India's achievements to date, identifying TB cases before those infected can infect others, and developing more effective treatment adherence strategies to prevent the further spread of MDR-TB. The NSP places importance on improving the involvement of private healthcare providers in TB diagnosis and treatment, a key element of the USAID CHAMPION Program.

The five-year NSP delineates activities in every area of TB control that will lead India towards "universal access." An excerpt from the NSP highlights the activities:

- Ensuring early and improved diagnosis of all TB patients, through improving outreach, vigorously expanding case-finding efforts among vulnerable populations, deploying better diagnostics, and by extending services to patients diagnosed and treated in the private sector.
- Improving patient-friendly access to high-quality treatment for all diagnosed cases of TB, including scaling-up treatment for MDR-TB nationwide.
- Re-engineering program systems for optimal alignment with NORM [*sic*] at block level, and human resource development for all health staff.
- Involvement of the private sector at a scale commensurate with their dominant presence in healthcare in India. New and innovative approaches for involvement of sectors not involved in RNTCP will be piloted and successful models will be scaled up in order to move towards universal access to TB cure and control.
- Enhancing supervision, monitoring, surveillance, and program operations for continuous quality improvement and accountability for each TB case, with program-based research for development, and incorporation of innovations into effective program practice.

If the RNTCP is successful at achieving its objectives by the end of five years, modeling has indicated that compared to today, TB incidence should decline by 40% over the next 15 years and MDR-TB should be reduced by 50%. This translates to between 750,000 and 1.7 million Indian lives saved over 15 years, and 100,000 MDR-TB cases averted.

THALI Project Framework

The successful Applicant(s) will design and implement an urban TB control initiative that:

- Develops and implements strategies to engage non-traditional partners (i.e., the private sector, commercial entities, associations, etc.) in investing in TB control. (Output 1)
- Accelerates the scale up of proven solutions and develops innovative strategies to address specific issues that can help transform TB control efforts in India. (Output 2)
- Identifies and tests innovative interventions to address challenges in case finding and treatment adherence in urban populations, and seeks ways to prevent and treat MDR-TB. THALI will generate important operations research questions for either project partners or other research platforms and organizations to undertake. THALI may also be used as the setting to test key new technology innovations developed through the IKP Knowledge Park Grand Challenges for TB control or other innovation partnerships. (Output 3)
- Fosters the generation of new ideas and the formation of new approaches to improve private sector delivery of urban TB services. (Output 4)
- Provides rigorous scientific evidence for the GOI to improve its quality and learning as it scales up key urban TB innovative interventions. THALI will implement communications efforts, compliant with USAID branding and marking guidelines and rules[8], which may include products such as a website, fact sheets, brochures, activity briefs, media advisories and press releases, speeches, newsletters, presentations, photos and graphics, maps and geospatial data. (Output 5)

[8] Graphic Standards Manual for the U.S. Agency for International Development (USAID) is available at http://www.usaid.gov/branding/gsm

Note: The role of THALI is not to support basic TB control services, for example, recruitment of lab technicians or DOT providers, direct service delivery to beneficiaries or provision of TB commodities.

Illustrative interventions under THALI may include:

- Identify key challenges in urban TB control.
- Rapidly generate a strong evidence base of innovations for key challenges in urban settings.
- Perform rigorous collection of data to support the evidence base.
- Perform a full landscape analysis of TB services, providers, community-based and civil organizations, traditional and non-traditional partners.
- Form a consortium of stakeholders to serve as an advisory group to evaluate innovations, brainstorm around new ideas, and provide technical on-the-ground expertise.
- Develop effective schemes to engage with the full array of private providers of products and services in urban settings to diagnose and treat TB cases.
- Identify challenges and solutions to case detection and treatment adherence.
- Seek private sector resource partners.
- Generate a list of operational and implementation research questions, with a focus on women's and girls' access to early and appropriate diagnosis and treatment.
- Transfer knowledge, innovations, and proven approaches to RNTCP and through private healthcare providers for use in the larger Indian context of TB services (urban and rural).
- Develop practical solutions to common, critical challenges in the implementation of TB services.
- Explore partnerships with local research platforms (e.g. Biotechnology Industry Research Assistance Council), and determine best options.
- Determine issues or problems to study and frame research questions.
- Monitor project implementation, and establish and maintain data management and quality controls.
- Explore together with stakeholders, the implications and recommendations from research findings.
- Develop a dissemination plan for research findings and implement it.
- Document changes in policy and/or guidelines resulting from the research.
- Incorporate gender into all capacity building, research and evaluation undertaken, and training and technical assistance for partners.
- Facilitate a consultative process to bring partners together to share experiences on addressing gender in health and to integrate gender into their activities

Anticipated results include:

- Landscape of partners in identified geographies and baseline data of planned interventions obtained.
- Increased utilization of the Standards for TB Care in India that enables case notification and treatment outcomes (decreased treatment default and relapse).
- Increased city MDR-TB detection and treatment success rates.
- Improved program processes and data quality.
- Improved access to efficacious and innovative interventions against TB.

- Private and other non-RNTCP health providers incorporated into RNTCP TB control efforts.
- Effective strategies are developed for vulnerable populations, including urban slum dwellers and women.
- Increased resources are provided from the municipality, non-public, and non-traditional partners.
- Defined list of possible new innovations and technologies, including from the IKP Knowledge Park activities under the Grand Challenges for TB Control.
- Implementation of new innovations and technologies.
- Changes in RNTCP policy around specific TB service issues.
- New RNTCP policies in TB services supporting TB control among urban or other vulnerable populations, private sector engagement, and MDR-TB treatment, among others.

The successful Applicant will be responsible for achieving stated results in collaboration with the municipal corporations, anticipated private sector and civil society partners, and other donors. See Appendix E, Logical Framework, at the end of this RFA for additional results information.

THALI's Geographic Target Area
THALI shall focus on urban populations in three classifications of cities. Appendix D contains India's 54 largest cities.

Pool 1 (Cities with populations over 8.5 million)
Pool 2 (Cities with populations between 4.5 and 8.5 million)
Pool 3 (Cities with populations less than 4.5 million but not less than 1 million)

Within each Pool, it is anticipated that the Applicants will work with between one and three cities, as detailed in each Applicant's technical approach. Any proposed activities in cities with existing international donor-funded TB projects must be collaborative and complementary to the existing projects being undertaken by those organizations. Regardless of the city where the activities are being proposed, Applicants must demonstrate how they are collaborating with and complementing existing TB activities and partners in these cities. Applicants may propose to work in one, two or three cities within the defined Pool.

Authority
USAID is authorized to initiate this project pursuant to the authority granted in the Foreign Assistance Act of 1961, as amended.

Section II – Federal Award Information

A. Estimated Total Amount

Through this RFA, USAID anticipates making one award in each Pool for a total of three awards at the following amounts:

Pool 1: Award maximum of $9.5 million
Pool 2: Award maximum of $7.5 million
Pool 3: Award maximum of $5.5 million

As discussed later in Section III, cost share is required as USAID expects Recipients and sub-recipients to leverage their own financial and in-kind resources, as well as those from India public and private sector stakeholders, the media, etc.

B. Period of Performance

The period of performance will be for four (4) years from the date of award. For purposes of estimating resources, Applicants shall assume an award date of October 1, 2015.

C. Type of Award

USAID intends to award up to three cooperative agreements as a result of this RFA, one in each Pool. If an Applicant is deemed the successful Applicant in more than one Pool, the awards for those specific Pools may be combined. The number of awards is subject to change. Accordingly, USAID reserves the right to award none, one or multiple cooperative agreements as a result of its review of concept papers and subsequent full applications.

D. Substantial Involvement

USAID's substantial involvement during the implementation of the project will be limited to approval of the elements listed below:

1. Annual Implementation/Workplans, including planned activities for the following year and any subsequent revisions, international travel plans, planned expenditures, knowledge management plans, event planning/management, research studies/protocols, international meeting preparation and changes to any activities, locations, or beneficiary population under the cooperative agreement.
2. Key Personnel - Approval of proposed key personnel and any changes to the following positions:
    a. Project Director
    b. Deputy Project Director
    c. Senior Medical Consultant (with TB expertise)
    d. Monitoring and Evaluation Advisor
    e. Senior Finance and Administration Manager

3. Monitoring and Reporting - USAID involvement in monitoring progress toward the achievement of project objectives during the performance of the project, including written guidelines for the content of annual reports and final evaluations in accordance with 2 CFR 200.328.
4. Subawards - All subawards not included and approved in the original cooperative agreement require Agreement Officer approval, per 2 CFR 200.308, to ensure they comply with the requirements of provision RAA7, Subawards (December 2014), in USAID's Standard Provisions for Non-U.S. NGOs.

Section III – Eligibility Information

A. Eligible Entities

Eligibility is restricted to local Indian organizations. Local Indian organizations can be private, non-profit organizations, including private voluntary organizations, universities, research organizations, professional associations, and relevant special interest associations. Local Indian for-profit companies are eligible provided they are willing to forego profit under the award. Foreign entities are not eligible to apply as a prime, but may be used as sub-applicants to a local Indian organization, so long as condition c) below is met. A consortium may also apply so long as the lead organization of the consortium meets the following requirements.

a) "Local Indian organization" is defined as one that:
    i. is organized under the laws of India;
    ii. has its principal place of business in India;
    iii. is majority owned by individuals who are citizens or lawful permanent residents of India or is managed by a governing body, the majority of whom are citizens or lawful permanent residents of India; and
    iv. is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of India.
        1. The term "controlled by" means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract, or operation of law.
        2. "Foreign entity" means an organization that fails to meet any part of the "local organization" definition.
b) Government-controlled and government-owned organizations in which the Indian government owns a majority interest or in which the majority of a governing body are Indian government employees, are included in the above definition of local organization.
c) Per Inclusion of the Standard Provision, RAA26, the local Indian Applicant agrees that at least 50% of the cost of award performance incurred for personnel must be expended for employees of the prime/local entity.
d) Applicants proposing non-local Indian sub-applicants must verify that the organization has established a plan to transfer money outside of India and that compliance will be maintained with local Indian tax requirements.

B. Required FCRA Registration for Charitable Organizations

If an organization is a charitable organization, the government of India requires that the organization have registration that complies with the Foreign Contribution Regulation Act (FCRA). USAID/India will not be able to disburse funds to a charitable organization without a valid FCRA.

C. Cost Share

To be eligible, Applicants must propose a minimum cost share of 10% of the projected USAID funded amount. Such funds may be mobilized from the recipient; sub-recipients; other multilateral, bilateral, and foundation donors; host governments; and local organizations, communities and private businesses that contribute financially and in-kind to the implementation of activities. For guidance on cost sharing in grants and cooperative agreements, please see 2 CFR 200.306 and the USAID Standard Provision for Non-U.S. NGOs, RAA14 Cost Share (June 2012).

Applicants must comply with required cost share application instructions detailed in Section IV, Application and Submission Information. Per Section V, Application Review Information, cost share will be reviewed as part of USAID's cost analysis.

D. Limitations on Submissions

Each Applicant is limited to one single concept paper submission as the prime in each of the Pools. Thus, one Applicant may not submit more than one concept paper for Pool 1, one concept paper for Pool 2 and one concept paper for Pool 3. The Applicant may also be a proposed sub-recipient as part of the submissions of other Applicants. Each concept paper for a Pool must be a standalone concept paper, even if the proposed approach is the same.

E. Multi-Tiered Review

As mentioned in the Cover Letter, this RFA utilizes a two-step review process:

(1) Concept papers are sought from Applicants. USAID will then conduct a merit review of the concept papers based on the merit review criteria provided in Section V.

(2) After review of the concept papers, full applications will be requested from those Applicants with the most highly reviewed concept papers. Concept papers not advancing to full application will be provided brief explanation letters detailing USAID's rationale. For the convenience of all Applicants, Section IV, Application and Submission Information, and Section V, Application Review Information, include full application instructions and merit review criteria. All Applicants are encouraged to review these sections to ensure their ability to meet USAID's requirements if their concept papers are selected.

Section IV – Application and Submission Information

A. RFA Package Distribution

The preferred method of distribution of USAID assistance information is via the Internet. This RFA contains all necessary information, web links, and materials to submit a complete concept paper and if invited, a full application. Any additional information regarding this RFA will be furnished through amendments and will be communicated through Grants.gov. This RFA and any future amendments can be downloaded from www.grants.gov. For instructions on how to register for Grants.gov, see Appendix A.

All inquiries and communication, including questions on this RFA, must be submitted to IndiaRCO@usaid.gov and must include the RFA Name "THALI" in the subject line of the email.

B. Submission Dates and Times

Please refer to the Key Information and Dates on the Cover Page. Concept papers shall be submitted electronically to IndiaRCO@usaid.gov before the due date and time on the Cover Page. Late submissions will NOT be accepted. Hard copies, whether hand delivered or by postal mail, will NOT be accepted. The email subject line must include the RFA name "THALI" and the Pool for which the concept paper is being submitted. If an Applicant submits concept papers under more than one Pool, each concept paper shall be submitted via a separate email.

C. Content and Format of Application Submission

Content and format instructions must be followed, or Applicants risk being found non-compliant and eliminated from the merit review. Regardless of concept paper or full application, the following requirements apply for documents submitted for this RFA, with the exception of Government-issued forms:

- Page layout of 8.5"x11" with 1" margins.
- Written in English.
- 12-point Times New Roman font for all narrative and tables.
- Graphics/charts may use 10-point Times New Roman font.
- Submitted via Microsoft Word or PDF formats, except budget files which must be submitted in Microsoft Excel.
- Budget summaries must show US Dollars (USD) and Indian Rupees (INR) and use a $1 to 60 INR exchange rate.

C.1 Concept Paper Required Content and Instructions

Concept papers are limited to 7 total pages, excluding the cover page and estimated cost summary. Concept papers must follow the required content and format below.

Cover Page (not included in the 7-page limit)

- RFA Title;
- RFA Number;
- Pool Number;
- Name and address of the Applicant organization;
- Confirm that the Applicant is an Indian organization, and cite which eligibility criteria the organization fulfills, per Section III., Eligibility Criteria.
- Type of organization (such as for-profit, non-profit, university, network, etc.);
- Contact point (name, telephone, and e-mail);
- Names of major sub-recipients and types of organizations, including noting local India organization sub-recipients (if any); and
- Signature of authorized representative of the Applicant.

1. Technical Approach
   - Discuss how the proposed solution aligns with the Program Description requirements and with USAID development objectives and the CHAMPION program.
   - Within the Pool, identify the cities that will be targeted, and discuss how the cities were selected. Selection criteria must address areas such as the ability to leverage the private sector, gaps in existing TB programs, the Applicant's knowledge of and connections with the city(ies).
   - Describe the proposed approach/methodologies for achieving the Program Description requirements, and a proposed timeline for implementing the approach.
   - Describe the approach for significant private sector engagement with a focus on innovative and practical approaches to use such resources, and highlight the usefulness, innovativeness and likelihood that partnerships will contribute to project sustainability beyond the performance period and funding received from USAID. Identify specific private sector partners within the city(ies) that will be a focus of the project.

2. Organizational Capacity
   - Describe the capacity, roles and responsibilities and integration of the prime Applicant and any proposed sub-applicants.
   - Detail the organizational experience of the prime Applicant and any proposed sub-applicants with regard to projects that align with the THALI Project Framework detailed in Section II, Program Description. Note: While projects should describe TB-relevant work, technical assistance is less relevant than experience providing the type of support requested in the Program Description.

3. Estimated Cost Summary (not included in the 7-page limit)
   - Applicants must submit an estimated cost summary in the format below, containing all of the anticipated elements in the full cost application (see C.2.b below), but only showing a summary of the costs rather than cost details. Note: While USAID/India understands that the cost summary in the concept phase may differ somewhat from the full cost/business application, it expects Applicants to present a realistic and reasonable cost summary that will align closely with the full cost application, if requested. By doing so, the Applicant will have demonstrated a thoughtful, achievable approach for the concept paper within the available funding.

Cost Element	Y1	Y2	Y3	Y4	Total
Personnel					
Salaries					
Fringe Benefits					
Consultants					
Travel					
International Travel					
Domestic/Local Travel					
Equipment (non-expendable)					
Supplies (expendable)					
Sub-Awards					
Sub-Award #1					
Sub-Award #2, etc.					
Other Direct Costs					
Indirect Costs					
Total Cost Contribution Requested from USAID					
Cost Share					
Total Cost					

- Include a narrative that describes the sources for the estimated cost share proposed by the Applicant and sub-applicants.

C.2.a Full Technical Application Instructions

If an Applicant is successful at the concept paper stage, USAID will request the Applicant to submit a full application in line with the format described below and any additional instructions from the Agreement Officer. Applicants may not submit a full application unless requested to do so by the Agreement Officer. Instructions from the Agreement Officer will include a deadline for the submission of the full application.

Excluding the cover page, table of contents, past performance references and annexes, Technical Applications must not exceed 20 pages. The Applicant must number the pages (except for the cover page) at the bottom of each page.

1. Cover page (not included in 20-page limit)
   - Include the same elements as those required in the concept paper stage
2. Table of Contents (not included in 20-page limit)
3. Executive Summary (not included in 20-page limit, but limited to two pages)

1. Technical Understanding and Approach (maximum of 12 pages)

i. Demonstrate its understanding of the health sector in India, particularly related to TB, and of successes and failures of past TB control interventions and private sector engagement activities.
ii. Articulate how its proposed project will achieve the results in the Program Description. Specifically, the Applicant must describe its proposed approach/methodologies and "theory of change" for achieving the Program Description requirements. Simply put, a theory of change is a hypothesis that outlines an if-then statement underlying the proposed intervention. It states the expected (changed) result that will follow from a particular set of actions.
iii. Identify potential risks related to its proposed project activities and ways to mitigate those risks.
iv. Describe the approach for significant private sector engagement, with a focus on innovative and practical approaches to use such resources, and highlight the usefulness, innovativeness and likelihood that partnerships will contribute to project sustainability beyond the performance period and funding received from USAID.
v. Implementation Schedule - The Applicant must include an implementation schedule indicating when project activities will occur. The chart must be broken down into 3-month quarters and cover all four years of the project.

2. Institutional Capacity – (maximum of four pages)

i. Describe the roles, responsibilities, and contributions of the proposed organization(s) who will deliver the project.
ii. Describe the systems, policies, procedures, and technical expertise of the organization(s) to manage and implement the proposed project and to comply with award terms.
iii. Provide a summary of the staffing plan that describes the types of technical positions and the level of effort of those positions on an annual basis in relation to the Applicant's approach.

3. Key Personnel (maximum of four pages)

The Applicant must describe its Key Personnel proposed for the project. Applicants must include a Project Director, Deputy Project Director, Senior Medical Consultant with TB expertise, Monitoring and Evaluation Adviser, and a Senior Finance and Administration Manager. The Applicant must include brief descriptions of the positions, roles, and responsibilities for each Key Personnel position (other than Project Director and Deputy Project Director, which are defined below), and articulate how the qualifications and abilities of the selected individuals meet the descriptions and the needs of the project. At least one Key Personnel must have a medical degree.

Project Director and Deputy Project Director Requirements

a. Ten years of professional experience in fields related to the project results, particularly advocacy and engaging the private sector.
b. A Master's Degree in management, public health degree, communications, or appropriate related field.

c. Proven exceptional leadership in the design, management, implementation, monitoring, and evaluation of similar-size international-donor supported programs.
d. Skills and experience in strategic planning, management, supervision, and budgeting, managing complex activities, coordinating with multiple program partner institutions.
e. Ability to develop and communicate a common vision among diverse partners (government, NGOs, development partners, private sector, and other stakeholders) and the ability to lead a diverse and multi-disciplinary team in translating policy and vision into action.
f. Strong communication and influencing skills, both interpersonal and written, to fulfill the diverse technical and managerial requirements of the project.
g. Knowledge of USAID program management policies and procedures.

D. Annexes (not included in page count but limited to no more than 30 pages total across annexes)

Annex A - Past Performance References (Must be Submitted in Microsoft Word) – Using the template in Appendix B, the Applicant must provide three past performance references for itself that are recent and relevant. Recent is defined as the last three years. Relevant is defined as projects in India and the surrounding region of similar size and scope funded by international donors. Past performance references shall be for contracts, grants, and cooperative agreements for recent and relevant projects carried out by the Applicant.

If sub-recipients are anticipated, one past performance reference is required for each proposed sub-awardee. Sub-recipient past performance references do not count as part of the three required past performances for the Applicant. If any past performances have completed Contractor Performance Assessment Reporting System (CPARS), please note that on the past performance form.

Annex B – CVs and Letters of Commitment of Key Personnel – The Applicant must provide CVs of all proposed key personnel. Though USAID/India is not imposing a page limit, the Applicant is encouraged to limit each CV to two pages maximum. The Applicant must also provide contact information for up to three references per Key Personnel. The Applicant must all submit signed letters of commitment from the proposed Key Personnel.

Annex C – Sub-Recipient Letters of Intent – The Applicant must provide a signed letter of intent from each sub-recipient proposed (if any). The letter must commit the organization to participation in the project, and briefly state that the sub-recipient understands its role on the project. Though USAID/India is not imposing a page limit, the Applicant is encouraged to limit each letter to one page maximum.

Annex D – Completed Logical Framework – The Applicant must complete the Logical Framework by inserting the inputs that complete the design and adding indicators, means of verification and assumptions to support the inputs. The Applicant may also add indicators and assumptions to the Output section as necessary to support its proposed project.

Annex E – Monitoring and Evaluation (M&E) – The Applicant must provide a project specific monitoring and evaluation plan that articulates how it will monitor and manage the project. The plan must align with the Logical Framework demonstrating linkages to project objectives results, indicators, data sources, and data gathering methods, as well as estimated baseline data and indicator targets. The Applicant must also explain how it will use lessons learned during implementation to make needed adjustments to the project in order to maximize impact. Monitoring and evaluation methods must be specific, measurable, realistic, and applicable to the project objectives and results. Plans must also include gender sensitive indicators and sex-disaggregated data as appropriate.

C.2.b Full Cost Application Instructions

While no page limit exists for the full cost application, Applicants are encouraged to be as concise as possible, but still provide the necessary details. The cost application must illustrate the four-year period of performance, using the budget format shown in the SF-424A.

The Cost Application must contain the following sections:

1) Cover Page
2) SF 424 Forms
3) Budget
4) Budget Narrative
5) Evidence of Dun and Bradstreet and SAM.gov Registration
6) Funding Restrictions
7) Certifications, Assurances and Other Statements of the Applicant
8) Statement regarding local tax compliance if non-local sub-awardees are anticipated

1. Cover Page

The Cost Application Cover Page must contain the same information as the Technical Application Cover Page.

2. SF 424 Form(s)

The Applicant shall submit the application using the SF-424 series:

Instructions for SF-424	http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html
SF-424	http://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf
Instructions for SF-424A	http://www.grants.gov/assets/InstructionsSF424A.pdf
SF 424A	http://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
Instructions for SF-424B	http://www.grants.gov/assets/InstructionsSF424B.pdf
SF 424B	http://apply07.grants.gov/apply/forms/sample/SF424B-V1.1.pdf

Failure to accurately complete these forms could result in elimination from consideration.

1. Budget

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

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

a) Summary Budget, inclusive of all project costs (federal and non-federal), broken out by major budget category and by year for activities implemented by the Applicant for the entire period of the project.
b) Detailed Budget, including a breakdown by year, by budget category and budget line items for all federal funding (core and field support) and cost share for the entire implementation period of the project.
c) Detailed Budgets for each sub-applicant, for all federal funding and cost share, broken out by budget category and by year, for the entire implementation period of the project.

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

   Personnel must be proposed in accordance with the Applicant's personnel policies and must include as much as possible information about the personnel's name, position, status, salary rate, level of effort and salary escalation factors. Explain assumptions in the Budget Narrative. If the organization has standing policies across all projects for annual salary escalations that exceed current inflation rates, those policies and the effective date of those policies must be provided with the application. The Applicant must also certify that the policy applies to all staff across all projects.

   Fringe Benefits, if applicable, must be applied to the salaries and wages in a manner that allows the USAID cost analyst to ensure proper application of the fringe benefits. Please provide adequate justification for the proposed rate. If the Applicant has a fringe benefit rate approved by an agency of the U.S. Government, the Applicant must use such rate and provide evidence of its approval. If an Applicant does not have a fringe benefit rate approved, the Applicant must propose a rate and explain how the Applicant determined the rate. In this case, the Budget Narrative must include a detailed breakdown comprised of all items of fringe benefits (e.g., superannuation, gratuity, etc.) and the costs of each, expressed in U.S. dollars and as a percentage of salaries.

   Consultants, if used by the prime Applicant, must contain a line item for each consultant that will be used, including daily or hourly rates as appropriate. The Budget Narrative must detail why the consultant is being used, proposed hours, proposed rate and totals.

   Travel must be separated into international and domestic travel. Within each category, details must be provided to explain the purpose of the trips, the number of trips, the departure and arrival cities, the number of travelers, and the duration of the trips. Per Diem must be based

on the applicant's travel policies. When appropriate please provide supporting documentation as an attachment, such as company travel policy, and explain assumptions in the Budget Narrative.

Equipment must include information on estimated types of equipment, models and the cost per unit and quantity. The Budget Narrative must include the purpose of the supplies and the basis for the estimates.

Supplies must include information on estimated types of supplies and the cost per unit and quantity. The Budget Narrative must include the purpose of the supplies and the basis for the estimates.

Contractual must specify the services or goods provided by the sub-applicants. The sub-applicants must prepare similar Detailed Budgets and Budget Narratives that align with the same requirements as the Applicant. If using a U.S. sub-recipient, the sub-recipient must provide its USAID NICRA or an approved letter from a cognizant U.S. Federal audit agency to substantiate fringe or indirect rates. If none exists, the U.S. organization must provide two years of audited financial data and a narrative that supports how the fringe and indirect rates were calculated. U.S. organizations must also include a cost element for Allowances, if any are expected.

Other Direct Costs must include programmatic costs not included under any other cost element. This may include meeting costs, training sessions, advertisements, etc. The Budget Narrative must detail the number of meetings/trainings, training/meeting costs such as facility rental, audio visual rental, meals, local travel for participants, etc. Meals and local travel must not be duplicated for the Applicant's staff in travel and transportation, but must only cover non-Applicant or non-sub-applicant employees attending the meetings/trainings. It must also include items such as: office rent, utilities, communication equipment service costs, report preparation costs, insurance (other than insurance included in the Applicant's indirect rates), etc. The Budget Narrative must support the unit number and price and reason for all other direct costs.

Indirect Costs must be supported with information to substantiate the calculation of the indirect cost. If the Applicant has received one of the following, it must provide it to substantiate the indirect cost: a letter from a cognizant U.S. Federal audit agency or a Negotiated Indirect Cost Agreement (NICRA). Otherwise, a narrative explanation of the calculation and application of indirect costs is required.

4. Budget Narrative

The cost elements provided in the Detailed Budget must also be provided in the Budget Narrative, but with text that explains the rationale for the choices and costs. As noted throughout the cost categories above, the Budget Narrative must contain sufficient detail so that USAID can read the document while reviewing the Detailed Budget and understand the costs. The Budget Narrative must be thorough, including sources for costs to more quickly enable USAID to determine the cost as fair and reasonable.

5. Dun and Bradstreet and SAM.gov Requirements

All Applicants are required to:

(i) Be registered in the System for Award Management (SAM) before submitting its application (www.sam.gov);
(ii) Provide a valid DUNS number in its application; and
(iii) Continue to maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by a Federal awarding agency.

USAID may not make a Federal award to an Applicant until the Applicant has complied with all applicable DUNS and SAM requirements. Registration must occur before submission of the full applications.

6. Funding Restrictions

Construction is not permitted under this RFA.

7. Required Certifications, Assurances, and Solicitation Provisions

Applicants must complete the Certifications, Assurances, and Representations and include a PDF with the full application submission:
http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf

Note: Past performance references are not required to be completed in this document since they are provided in the technical application.

8. Local Tax Statement

As discussed in Section III, local organizations making awards to non-local sub-applicants must include a narrative detailing how money will be transferred to non-local partners and how compliance will be maintained with local tax requirements.

Section V – Application Review Information

The USAID Selection Committee (SC) will conduct a merit review of all Applications (both concept papers and full applications) received in response to this RFA in accordance with the merit review criteria detailed below.

After a careful and thorough review of all concept papers received by the due date, Applicants whose concept papers are most advantageous to the Government, considering both technical and cost criteria, will be invited to submit full applications.

After a careful and thorough review of all full applications by the USAID SC, the Agreement Officer will make the final determination and an award may be made to the Applicant whose full application offers the best solution, considering both technical and cost criteria. Award may be made without additional discussions.

The merit review criteria can help Applicants identify the significant matters that they must address in concept papers/applications, as the same criteria will be the standard against which all applications will be reviewed.

Relative Importance of Merit Review Criteria and Review Plan
The merit review criteria (1, 2, 3, etc.) are listed below in descending order of importance. The sub-criteria (a, b, c, etc.) have equal importance, unless indicated otherwise. Ratings will only be provided at the criteria level.

A. Merit Review Criteria for Concept Papers

1. Technical Approach
   - The concept paper clearly addresses the Program Description requirements, and is aligned with USAID's development objectives and the CHAMPION program.
   - The rationale for the city selection is logical, meets unfilled needs and is reasonable for the proposed approach and funding level.
   - The proposed approach/methodologies, theory of change and timeline are practical and feasible from a technical perspective and in terms of achieving the Program Description requirements.
   - The proposed approach for significant private sector engagement is feasible and includes an appropriate focus on innovative and practical approaches to use such resources, and highlights the usefulness, innovativeness and likelihood that partnerships will contribute to project sustainability beyond the performance period and funding received from USAID.

2. Organizational Capacity
   - The Applicant and sub-applicants are well organized and bring resources and expertise to successfully conduct and manage the project.
   - The Applicant and any proposed sub-applicants have demonstrated organizational experience that aligns with the THALI Project Framework detailed in the Program Description.

3. Estimated Cost Summary
    - Costs are within the estimated total amount of USAID funding (see Section II) and feasible for the proposed approach, including cost share, and how the Applicant will achieve the proposed cost share.

B. Merit Review Criteria for the Full Application

If selected and invited to submit a full application, Applicants must organize the application in accordance with the detailed guidelines found in Section IV.

1. Technical Understanding and Approach

The Technical Understanding and Approach section of Applications will be reviewed against the following sub-criteria and elements:

a. In-depth understanding guides the approach:

- Demonstrated understanding of the health sector in India, particularly related to TB, and of the successes and failures of past TB control interventions and private sector engagement activities.

b. Proven yet innovative approach achieves Program Description requirements:

- The proposed approach/methodologies and "theory of change" employed will result in achievement of the Program Description requirements, harnessing successes of previous efforts while avoiding the pitfalls and overcoming challenges that caused failures on past TB control interventions.
- The Applicant presents a feasible approach for significant private sector engagement, with a focus on innovative and practical approaches to use such resources, and highlight the usefulness, innovativeness and likelihood that partnerships will contribute to project sustainability beyond the performance period and funding received from USAID.
- The implementation schedule is feasible and aligns with the proposed approach.
- The Logical Framework and Monitoring and Evaluation Plan are clear and actionable, and include the use of appropriate gender sensitive indicators and sex-disaggregated data.

2. Institutional Capacity

The Institutional Capacity section of Applications will be reviewed against the following elements:

- Roles, responsibilities and contributions of the proposed organizations are clear, align with the proposed approach, pose low risk to the government and minimize overhead/non-programmatic costs.
- The Applicant's organization demonstrates defined/mature systems, processes and procedures that facilitate coordinated and quality efforts among partners for complex

health programming in developing contexts, and demonstrates continuous improvement techniques and learning to improve performance of its efforts.

- Proposed staffing provides needed technical and management expertise, experience working on TB issues and with key Indian stakeholders, and the appropriate mix of support and level of effort to accomplish the proposed technical approach.

3. Key Personnel

The Key Personnel section of Applications will be reviewed against the narrative, CVs, references and commitment letters and how those documents demonstrate that proposed key personnel have requisite experience and expertise to meet or exceed the attributes specified in the RFA, and breadth and depth in technical expertise in the selected technical area, and experience in management, design and implementation of complex programs; and individually and collectively, strong leadership skills and ability to build collaborative relationships.

4. Cost Effectiveness and Cost Realism

Once the technical review of the full applications is completed, USAID will review the cost application of the apparently successful Applicant for effectiveness and realism.

Cost sharing is an important element of the USAID-recipient relationship and Applicant's compliance with Section III will be a consideration for award. The cost application must clearly demonstrate the Applicant's plan for providing 10% cost share. The proposed contributions must meet the standards in the "Cost Share" Standard Provision for Non-U.S NGOs "Cost Share".

Section VI – Federal Award and Administration Overview

A. Federal Award Notices

1. Applicants will be notified in writing via email of their application status (successful or unsuccessful) upon completion of the review process.

2. Applicants notified of a successful application status will be requested to provide a Branding and Marking Plan. Notification of successful application status is ***not*** an authorization to begin performing proposed activities or performance in general.

3. Applicants notified of an unsuccessful application, either at the concept paper stage or the full application stage, will not be considered for award under this RFA. Applicants who are notified that their full application was unsuccessful are able to request additional information within 10 working days following receipt of the notice. The unsuccessful Applicant may send a written request for additional information to IndiaRCO@usaid.gov.

B. Authority to Obligate the Government

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed Agreement or a specific, written authorization from the Agreement Officer.

C. Mandatory Standard Provisions

If awarded a cooperative agreement under this RFA, the Recipient shall adhere to and govern itself under the Mandatory Standard Provisions for Non-U.S. NGOs. A link to these Standard Provisions can be found in Section VIII, Other Information.

D. Required As Applicable (RAA) Standard Provisions

In addition to the Mandatory Standard Provisions, mentioned above, the following RAA standard provisions shall also apply and are therefore incorporated by reference into the resulting cooperative agreement.

RAA Number	Title
RAA5	Central Contractor Registration and Universal Identified (December 2014)
RAA6	Reporting Subawards and Executive Compensation (December 2014)
RAA7	Subawards (December 2014)
RAA8	Travel and International Air Transportation (December 2014)
RAA10	Reporting Host Government Taxes (June 2012)
RAA14	Cost Share (June 2012)
RAA15	Program Income (December 2014)

RAA Number	Title
RAA16	Foreign Government Delegations to International Conferences (June 2012)
RAA26	Limitation on Subawards to Non-Local Entities (July 2014)

E. Reporting Requirements

1. Annual Reports: to be submitted 90 calendar days after the award year which is in accordance with 2 CFR 200.328(b).

2. Final Report: to be submitted 90 calendar days after the expiration or termination of the award which is in accordance with 2 CFR 200.328(b).

3. Financial Reporting: in accordance with 2 CFR 200.327, the SF-425 and SF-272 will be required on a quarterly basis.

F. Program Income

Any program income generated under the award will be treated in accordance with RAA15, Program Income (December 2014) from USAID's Standard Provisions for Non-U.S. NGOs.

G. Environmental Compliance

An Initial Environmental Examination (IEE) has been approved for this activity (see Appendix C). The IEE covers activities expected to be implemented under a cooperative agreement awarded under this RFA. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this RFA.

1. As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient, in collaboration with the USAID Cognizant Technical Officer and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under the cooperative agreement to determine if they are within the scope of the approved Regulation 216 environmental documentation.

2. If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3. Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4. When the approved Regulation 216 documentation is (1) an IEE that contains one or more Negative Determinations with conditions and/or (2) an EA, the recipient shall:

   a) Unless the approved Regulation 216 documentation contains a complete environmental mitigation and monitoring plan (EMMP) or a project mitigation and monitoring (M&M) plan, the recipient shall prepare an EMMP or M&M Plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness.

   b) Integrate a completed EMMP or M&M Plan into the initial work plan.

   c) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

(END OF PROVISION)

Section VII – Federal Awarding Agency Contacts

All inquiries and correspondence shall be sent to IndiaRCO@usaid.gov.

Section VIII – Other Information

A. USAID Rights and Funding

USAID may (a) reject any or all concept papers/applications; (b) accept other than the lowest cost application, and (c) waive informalities and minor irregularities in the concept papers/applications received.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and/or submission of a concept paper/application. Applicants who come under consideration for an award that have never received USAID funding will be subject to a pre-award audit to determine fiscal responsibility, ensure adequacy of financial controls, and establish an indirect cost rate (if applicable).

B. Regulations and References

2 CFR 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

USAID Policies and Procedures

Mandatory Standard Provisions for Non-U.S. Nongovernmental Recipients

See the following Appendices:

- Appendix A – Grants.gov Instructions
- Appendix B – Past Performance Form
- Appendix C – Initial Environmental Examination
- Appendix D – India Cities by Population
- Appendix E – Logical Framework

Appendix A: Grants.gov Registration Process

Before submitting an application under this RFA, it is highly recommended that applicants read the entire Section IV, Application and Submission Information in this RFA. Reviewing these sections thoroughly will assist an Applicant in submitting a complete, full application.

Register Online at Grants.gov

New Applicants Applying to Grants.gov:

It is **strongly encouraged** that new organizations immediately begin the 5-step Grants.gov registration process (listed below), while simultaneously completing the application package. The registration process may take up to two weeks to complete. USAID understands that delays in the registration process may be beyond your control. If an organization has begun the registration process but experiences delays that make it difficult for to meet the application deadline, contact the RFA POC(s) who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in the RFA as soon as possible.

Register as an organization on Grants.gov if you are not already registered. All organizations must register. See below for a brief overview of the registration steps. Grants.gov is also available to lead you through the process.

STEP 1: Obtain a Data Universal Number (DUNS)

The Data Universal Number System **(DUNS)** number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed. Most large organizations, libraries, colleges and research universities already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization's DUNS number or search online by using the DUNS search.

If your organization does *not* have an existing DUNS number, you will need to request one. You can request a DUNS Number here.

STEP 2: Register Your Organization with the System for Awards Management (SAM)

You must also register with SAM. SAM is the primary registrant database for the U.S. Federal Government. SAM collects, validates, stores and disseminates data about the federal government's trading partners in support of the contract award, grants and the electronic payment processes.

STEP 3: Username and Password

If your organization's E-Business Point of Contact (E-Biz POC) has assigned you AOR rights, you are authorized to submit grant applications on behalf of your organization. AORs must create

a username and password to serve as their "electronic signature" when submitting an application on behalf of their organization. To register as an AOR and create a username and password, go to: https://apply07.grants.gov/apply/OrcRegister

STEP 4: AOR Authorization

Your E-Biz POC must then login to Grants.gov (using the organization's DUNS number for the username and the "MPIN" password obtained in Step 2) and approve the AOR, thereby giving permission to submit applications. When an E-Biz POC approves an AOR, Grants.gov will send the AOR a confirmation email that includes the requesting AOR's name, e-mail address and phone number. In some cases the E-Biz POC can also be the AOR for an organization. If the E- Biz POC wishes to submit applications on behalf of their organization, he or she must also complete a separate AOR profile with username and password (Step 3 of the registration process) using a different email than the one used for their E-Biz POC registration.

STEP 5: Track AOR Status

To verify that your organization's E-Biz POC has approved you as an AOR, please track your status. You cannot apply for grants without E-Biz POC approval.

For questions, please consult:

- Organization Registration User Guide
- Organization Registration Checklist
- Grants.gov Contact Center: 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week.

If you are concerned that you will not finish your SAM registration in time to meet the overall application deadline, contact the USAID POC(s) listed in Section VII who will work with you to find a solution. If an organization is having difficulties, contact the Agency POC(s) listed in Section VII above as soon as possible.

Appendix B – Past Performance Summary Form

PAST PERFORMANCE SUMMARY
1. Information Provided in Response to RFA No:
2.Applicant:
PART I: Award Information
3. Awarding Organization:
4. Reference Name and Title: (individual completing this questionnaire)
5. Award Number:
6. Award Appears in the U.S. Government's CPARS (Yes or No – only for contracts):
7. Award Type:
8. Award Value:
9. Description of Work/Services:
10. Problems: (if problems encountered on this award, explain corrective action taken)

Appendix C – Initial Environmental Examination

See the following pages for information on the IEE.

- TB Health Action Lab Initiative (THALI); and
- TB Call to Action for a TB-Free India by 2035

Recommended Threshold Decisions

a. Categorical Exclusion

Pursuant to 22 CFR 216.2(c) (3), the originator of the activities (USAID/India Health Office) has determined that "core" program activities under all components, which include technical cooperation, alliance building, training programs, capacity building, knowledge management and communication, and other similar types of environmentally neutral actions, consist of types of interventions entirely within the categories listed in 216.2(c)(2) and are therefore recommended to be categorically excluded. Specifically, these activities, as currently planned, fall into the following classes of actions:

- Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)};
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly effecting the environment {22 CFR.2(c)(2)(xiv)}.

b. Negative Determination with Conditions

A Negative Determination with Conditions threshold determination is recommended for actions that include:

- Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples).
- Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements;
- Issuing of sub-grants

For these actions, specified mitigation and monitoring actions are required.

1. BACKGROUND AND ACTIVITY DESCRIPTION

1.1 Purpose and Scope of the IEE

The purpose of this document, in accordance with Title 22, Code of Federal Regulations, Part 216 (22CFR216), is to provide a preliminary review of the reasonably foreseeable effects on the environment, as well as recommended Threshold Decisions, for the activities detailed below. This document provides a brief statement of the factual basis for a Threshold Decision as to whether an Environmental Assessment or an Environmental Impact Statement is required for the activities managed under the scope of this document.

3. EVALUATION OF ENVIRONMENTAL IMPACT POTENTIAL

While development activities are intended to provide benefits for targeted recipients, when managed ineffectively they may cause adverse impacts that can offset or eliminate these intended benefits. Impacts can be direct, indirect, or cumulative. They can also be beneficial or negative. The USAID Sector environmental guidelines are good resources in finding more information on potential impacts for various sectors.

The following link is to all sector guidelines: http://www.usaidgems.org/sectorGuidelines.htm

The majority of activities under this program will not have direct adverse environmental impacts, as they focus on community mobilization, planning, management, training, and technical assistance for scaling up the national and provincial capacities for prevention and response. However, some activities do have potential impacts.

The following are summaries of potential environmental impacts for respective sector(s) that are related to the scope of this IEE.

- Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents—viruses, bacteria, parasites or fungi—will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed, or being transmitted by a vector organism.
- Chemical and pharmaceutical wastes, especially large quantities, can be a threat to the environment and human health. Since hazardous chemical wastes may be toxic, corrosive, flammable, reactive, and/or explosive, they can harm people who touch, inhale or are in close proximity to them. If burned, they may explode or produce toxic fumes. Some pharmaceuticals are toxic as well.

4. RECOMMENDED THRESHOLD DECISIONS AND MITIGATION ACTIONS

4.1

a) Categorical Exclusion

Pursuant to 22 CFR 216.2(c) (3), the originator of the activities (USAID/India Health Office) has determined that "core" program activities under all components, which include technical cooperation, alliance building, training programs, capacity building, knowledge management and communication, and other similar types of environmentally neutral actions, consist of types of interventions entirely within the categories listed in 216.2(c)(2), and are therefore recommended to be categorically excluded. Specifically, these activities, as currently planned, fall into the following classes of actions:

- Education, technical assistance, or training programs except to the extent such programs include activities directly affecting the environment {22 CFR 216.2(c)(2)(i)};
- Analyses, studies, academic or research workshops and meetings {22 CFR 216.2(c)(2)(iii)};
- Document and information transfer {22 CFR 216.2(c)(v)};
- Studies, projects or programs intended to develop the capability of recipient countries and their institutions to engage in development planning, except to the extent designed to result in activities directly effecting the environment {22 CFR.2(c)(2)(xiv)}.

b) Negative Determination with Conditions

A Negative Determination with Conditions threshold determination is recommended for actions that include:

- Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples).
- Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements;
- Issuing of sub-grants

When implemented ineffectively, these activities may cause adverse impacts that can offset or eliminate the intended benefits. Mitigating environmental impacts with these activities requires a participatory approach to activity/program design and management. Strong technical design of the projects is also critical. The following are specific conditions to mitigate the potential negative impacts for the respective type of action:

Generation, storage and disposal of hazardous or highly hazardous medical waste (e.g., TB screening, urine or stool specimens and other biological samples):

- Activities 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 Environmental Monitoring and Mitigation Plan (EMMP) shall be developed that includes the principles of the guidelines.
- Each activity that has healthcare waste should have a sound healthcare waste management program and system to minimize adverse health and environmental impacts caused by their wastes. A program to manage healthcare wastes includes the minimum elements: 1. Written plan; 2. Clear responsibilities; 3. Written, internal rules; 4. Staff training; 5. Protective clothing; 6. Good hygiene practices; 7. Vaccinated workers; 8. Designated storage locations; 9. Waste minimization; 10. Waste segregation; 11. Waste Treatment; 12. Final disposal site; 13. Periodic reviews. The format and guidance of this report will be provided by the A/COR and should include the qualities of "MINIMAL PROGRAM CHECKLIST AND ACTION PLAN" section, starting on page 20 of the above mentioned sector environmental guideline.

The checklist found at the following website can be used for monitoring:

- http://www.usaidgems.org/Documents/VisualFieldGuides/medwastJan2010.pdf

Procurement, storage, management and/or disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements::

- The USAID health team must work with its implementing partners and collaborating agencies to ensure that the medical facilities and operations involved have adequate procedures and capacities in place to properly manage and dispose of such commodities.

- Consignees for any pharmaceutical drugs procured under this funding will be advised to store the product according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). These are

supplied by the manufacturer, and can also be found on the internet by using the active ingredient and MSDS as search terms. If disposal of any of these pharmaceutical drugs is required, due to expiration date or any other reason, the consignee will be advised that the preferred method of disposal is to return to the manufacturer. If this is not possible (for example if the expired or spoiled pharmaceuticals are considered hazardous and as such, if transferred across frontiers, become regulated and subject to the Basel Convention on the transfrontier shipment of hazardous wastes) then follow the guidelines in the WHO document *Guidelines for Safe Disposal of Unwanted Pharmaceuticals During and After Emergencies*, found at www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf.

- The implementing partner will facilitate the proper disposal of expired drugs.

- Implementing partners will work with the Ministry of Health (MOH) and/ or health clinics on all aspects of essential medicine supply chain management, including estimating demand, distribution, and storage issues of time and temperature.

- Packaging and disposal of all other public health commodities will be treated using the guidelines provided in Sector Environmental Guidelines: Solid Waste (http://www.usaidgems.org/Sectors/solidWaste.htm)

- The implementer should also provide evidence that all equipment, commodities, and materials are procured from certified retailers conforming to national standards. The equipment and materials are to be used and disposed of in an environmentally sound and safe manner, consistent with national standards and best management practices.

Issuing of sub-grants

- The implementing partners will conduct a screening on all sub-grants, using an Environmental Screening Form (ESF) to be approved by Contracting/Agreement Officer Representative (COR/AOR) before issuing the sub-award. The C/AOR may provide guidance on the format and content of the form. The ESF should include an Environmental Monitoring and Mitigation Plan (EMMP) for sub-awards that include activities that are negative determination with conditions.

4.2 Mitigation, Monitoring and Evaluation

In addition to the specific conditions enumerated in the Negative with Conditions section, the threshold determinations recommended are contingent on full implementation of the following general monitoring and implementation requirements:

1. **Environmental compliance actions and results in USAID solicitations and awards.** The Contract/Agreement Officer shall include language and reference to this IEE in appropriate solicitations and awards. Suggested language for use in solicitation and awards can be found at the following link: http://www.usaid.gov/ads/policy/200/204sac

2. **Implementing Partner (IP) Briefings on Environmental Compliance Responsibilities.** The Contract/Agreement Officer Representative (C/AOR) shall provide the IP with a copy of this IEE; the IP shall be briefed on their environmental compliance responsibilities by their C/AOR. During this briefing, the IEE conditions applicable to the IP's activities will be identified.

3. **Development of Environmental Mitigation and Monitoring Plan (EMMP).** For activities that are subject to one or more conditions set out in the "Recommended Threshold Decision" section of this IEE, the IP shall

develop and provide an EMMP for USAID C/AOR review and approval, documenting how their project will implement and verify all IEE conditions that apply to their activities.

The EMMP shall also identify how the IP shall assure that IEE conditions that apply to activities supported under subcontracts and sub-grants are implemented. (In the case of large sub-grants or subcontracts, the IP may elect to require the sub-grantee/subcontractor to develop their own EMMP.)

4. **Integration and implementation of EMMP.** The IP shall integrate the EMMP into their project work plan and budgets, implement the EMMP, and report on its implementation as an element of regular project performance reporting, such as quarterly and final reports.

   The IP shall assure that sub-contractors and sub-grantees integrate implementation of IEE conditions, where applicable, into their own project work plans and budgets and report on their implementation as an element of sub-contract or grant performance reporting.

5. **Integration of environmental compliance responsibilities in sub-contracts and grant agreements.** The IP shall assure that sub-contracts and sub-grant agreements reference and require compliance with relevant elements of the IEE and any attendant conditions.

6. **Assurance of sub-grantee and sub-contractor capacity and compliance.** The IP shall assure that sub-grantees and subcontractors have the capability to implement the relevant requirements of this IEE. The IP shall, as and if appropriate, provide training to sub-grantees and subcontractors in their environmental compliance responsibilities and in environmentally sound design and management (ESDM) of their activities.

7. **Implementing Team monitoring responsibility.** As required by ADS 204.3.4, USAID will actively monitor and evaluate whether there are new or unforeseen consequences arising during implementation that were not identified and reviewed in accordance with 22 CFR 216. USAID shall also monitor the need for additional review. If additional activities not described in this document are added to this program, an amended environmental examination must be prepared and approved.

8. **New or modified activities.** As part of its initial Work Plan, and all Annual Work Plans thereafter, the IP, in collaboration with their C/AOR, shall review all planned and ongoing activities to determine if they are within the scope of this IEE.

   If any IP activities are planned that would be outside the scope of this IEE, an amendment to this IEE addressing these activities shall be prepared for USAID review and approval. No such new activities shall be undertaken prior to formal approval of this amendment.

   Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID. This includes activities that were previously within the scope of the IEE, but were substantively modified in such a way that they move outside of the scope.

9. **Compliance with Host Country Requirements.** Nothing in this IEE substitutes for or supersedes IP, sub-grantee and subcontractor responsibility for compliance with all applicable host country laws and regulations for all host countries in which activities will be conducted under the USAID activity.

   The IP, sub-grantees and subcontractor must comply with each host country's environmental regulations unless otherwise directed in writing by USAID. However, in case of conflict between host country and USAID regulations, the latter shall govern.

4.3 Limitations of the IEE

This IEE does not cover activities involving:

- Assistance for the procurement, use or recommendation for use of pesticides;
- Development Credit Authority (DCA);
- Construction / rehabilitation of infrastructure.

Any of these actions would require an IEE amendment to be approved by the Bureau Environmental Officer.

4.4 Revisions

If during implementation, project activities are considered outside of those described in this document, an amendment shall be submitted. Pursuant to 22 CFR 216.3(a) (9), if new information becomes available which indicates that activities to be funded by the projects under the TB Portfolio might be "major" and their effects "significant," this determination will be reviewed and revised by USAID/India and submitted to the Bureau Environmental Officer (BEO) for approval, and, if appropriate, an environmental assessment will be prepared in accordance with the procedures stipulated in 22 CFR 216.

APPROVAL OF ENVIRONMENT ACTION RECOMMENDED

Clearances:

Deputy Mission Environmental Officer — Chandan Samal — Date: Nov. 28, 2014

Regional Environmental Adviser for Asia (Acting) — Concurred by Email — Aaron Brownell — Date: Nov. 28, 2014

Regional Legal Advisor: — Paul Kim — Date: 12/2/14

Deputy Mission Director: — Kathryn D. Stevens — Date: 12/3/14

Approval:

Mission Director: — John A. Beed — Date: 12/3/14

Concurrence:

Bureau Environmental Officer: — William Gibson — Date: Dec 9, 2014

Cc: project file, MEO tracking, OAA, RLA

Appendix D – India Cities by Population

(only cities with a population of over one million will be considered for this RFA)

Rank	City/Urban Area	State/Territory	Population (2011)
Pool 1			
1	Mumbai	Maharashtra	18,394,912
2	Delhi	Delhi	16,787,941
3	Kolkata	West Bengal	14,057,991
4	Chennai	Tamil Nadu	8,653,521
Pool 2			
5	Bangalore	Karnataka	8,520,435
6	Hyderabad	Andhra Pradesh	7,667,018
7	Ahmedabad	Gujarat	6,357,693
8	Pune	Maharashtra	5,057,709
9	Surat	Gujarat	4,591,246
Pool 3			
10	Jaipur	Rajasthan	3,046,163
11	Kanpur	Uttar Pradesh	2,920,496
12	Lucknow	Uttar Pradesh	2,902,920
13	Nagpur	Maharashtra	2,497,870
14	Ghaziabad	Uttar Pradesh	2,375,820
15	Indore	Madhya Pradesh	2,170,295
16	Coimbatore	Tamil Nadu	2,136,916
17	Kochi	Kerala	2,119,724
18	Patna	Bihar	2,049,156
19	Kozhikode	Kerala	2,028,399
20	Bhopal	Madhya Pradesh	1,886,100
21	Thrissur	Kerala	1,861,269
22	Vadodara	Gujarat	1,822,221
23	Agra	Uttar Pradesh	1,760,285
24	Visakhapatnam	Andhra Pradesh	1,728,128
25	Malappuram	Kerala	1,699,060
26	Thiruvananthapuram	Kerala	1,679,754

Rank	City/Urban Area	State/Territory	Population (2011)
27	Kannur	Kerala	1,640,986
28	Ludhiana	Punjab	1,618,879
29	Nashik	Maharashtra	1,561,809
30	Vijayawada	Andhra Pradesh	1,476,931
31	Madurai	Tamil Nadu	1,465,625
32	Varanasi	Uttar Pradesh	1,432,280
33	Meerut	Uttar Pradesh	1,420,902
34	Rajkot	Gujarat	1,390,640
35	Faridabad	Haryana	1,414,050
36	Jamshedpur	Jharkhand	1,339,438
37	Srinagar	Jammu and Kashmir	1,264,202
38	Jabalpur	Madhya Pradesh	1,268,848
39	Asansol	West Bengal	1,243,414
40	Allahabad	Uttar Pradesh	1,212,395
41	Dhanbad	Jharkhand	1,196,214
42	Vasai-Virar	Maharashtra	1,222,390
43	Solapur	Maharashtra	1,202,951
44	Aurangabad	Maharashtra	1,193,167
45	Amritsar	Punjab	1,183,549
46	Jodhpur	Rajasthan	1,138,300
47	Ranchi	Jharkhand	1,120,374
48	Raipur	Chhattisgarh	1,123,558
49	Kollam	Kerala	1,110,668
50	Gwalior	Madhya Pradesh	1,117,740
51	Durg-Bhilainagar	Chhattisgarh	1,064,222
52	Chandigarh	Chandigarh	1,026,459
53	Tiruchirappalli	Tamil Nadu	1,022,518
54	Kota	Rajasthan	1,001,694

Appendix E: Logical Framework

(The contents are only indicative, based on the Program Description Framework, to provide direction, and are by no means comprehensive. The Applicant is expected to provide inputs and outputs as deemed appropriate.)

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Goal: Improved TB Control	1. National case detection rates (10% improvement from 2014 to 2019[9]). 2. National case treatment success rates (does not fall below 85% even with increases in numbers detected and patients initiated on treatment).	• GOI Annual TB Reports	• TB remains priority for GOI with commensurate budgets. • Treatment can keep up with improved detection • USAID project funding levels realized
Project Activity 1	**THALI**		
Objective 1: Improved Urban TB Control in Selected Cities	1. City case detection rates (10% increase from baseline). 2. City private practitioner case notification (20% increase in number of cases notified). 3. City treatment success rates (do not fall below 85% even with increases in numbers of cases detected and patients initiated on treatment). 4. Number MDR-TB cases diagnosed (30% increase). 5. MDR Treatment Success Rate (50%). 6. TB patients with known HIV status (90%).	• TB India Annual Reports • City records • Project data • NIKSHAY records	• City specific data available, by gender • Selected cities remain engaged in TB control • City and local partners buy-in to the project
Outputs			
O1. Increased investment in urban TB control	1. City TB control budgets (10% annual increase). 2. Leverage private sector financial investment and co-funding from other donors and international	• City records • Project data	• City and private groups are willing and able to invest more in TB control

	organizations for urban TB control ($19 million from Pool1, $15 million from Pool 2 and $ 11 million from Pool 3) 3. Private sector organizations participating substantially in urban TB control e.g. corporations, foundations, and associations including interested companies engaged in the laboratory and pharmaceutical space (25/city).		• Central government continues to support urban TB control in selected cities
O2. Improved city management of resources (human, financial, technical)	1. Percent of key RNTCP city staff trained and in position (80%). 2. Improvement in disbursement to private sector (final indicator TBD). 3. Newer technical approaches introduced and scaled up (no less than 4/city). 4. Improved integration of data analytic systems in city TB management decisions (final indicator TBD).	• RNTCP records • Project data • City records	• Non-GOI Actors able to influence employment levels in cities
O3. Innovations for urban TB control catalyzed	1. Number of innovations identified (No less than 4/city). 2. Number of innovations tested (No less than 3/city). 3. Number of innovations and proven effective (No less than 1/city) 4. Evidence base of proven solutions shared with the GOI, other municipalities, and key private health care providers.	• Project data	• Targets for scaling receptive to ultimate findings • Effective sharing mechanisms across GOI, cities, and private sector exist • Regulatory environment conducive to TB innovations
O4. Improved Private sector delivery of urban TB services	1. Percent of formal providers practicing “Standards for TB Care in India” and notification (30% in each city). 2. Percent of informal providers practicing “Standards for TB Care in India” and notification (10% in each city).	• Project data • Surveys • Nikshay data	Requirement of best practices and research in identified geographies

	3. Number of DR-TB chest symptomatic tested (10% increase in each city). 4. Day Delays in diagnosis and initiation of treatment for all forms of TB (50% reduction).		
O5. Increased evidence-based decision making	1. Routine data collection and reporting on private sector TB activities (quarterly/annual reports). 2. Strategies developed for vulnerable populations, including urban slum inhabitants, women and children. 3. Presentations or briefings on data findings to public and private sector. 4. Increased use of data in city policy and program decisions (30%).	• RNTCP records • Project data	
Inputs			
<<Inputs to be completed by Applicants>>			