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Subject: Notice of Funding Opportunity (NFO) Number RFA-617-17-000004: "Defeat TB" **Amendment 01**

Dear Potential Applicants:

The purpose of Amendment 01 to the referenced Notice of Funding Opportunity (NFO) is to (1) make changes to the NFO and (2) answer questions asked by potential applicants.

All other information, terms and conditions as indicated in the NFO remain unchanged.

Sincerely,

Jennifer L. Crow Yang
Supervisory Agreement Officer

(1) Changes to the NFO:

On page 23, section D.2 “Content and Form of Application Submission”, the following is hereby deleted in its entirety:

> **NOTE:** Electronic Submission of Applications via E-mail is required compatible with MS WORD, MS Excel or PDF (Portable Document File) format in Microsoft Windows. Applicants must provide applications in compatible MS Word (or PDF with Optical Character Recognition) and budgets as text accessible, Excel spreadsheets.

And is replaced in lieu thereof with:

> **NOTE:** Electronic Submission of Applications via E-mail is required compatible with MS WORD, MS Excel **and** PDF (Portable Document File) format in Microsoft Windows. Applicants must provide applications in compatible MS Word (or PDF with Optical Character Recognition) and budgets as text accessible, Excel spreadsheets.

On page 25, section D.4 “Technical Application Format”, the following is hereby deleted in its entirety:

> The Technical Application should be in English, Times New Roman, 11 pt., Single Spacing, MS Word or pdf (Adobe Acrobat) versions on standard 8 1/2" x 11" paper (210 mm by 297 mm paper), each page numbered consecutively and no less than 1” margins on all sides.

And is replaced in lieu thereof with:

> The Technical Application should be in English, Times New Roman, 11 pt., Single Spacing, MS Word **and** pdf (Adobe Acrobat) versions on standard 8 1/2" x 11" paper (210 mm by 297 mm paper), each page numbered consecutively and no less than 1” margins on all sides.

On page 43, section F.4 **“**Reporting Requirements and Compliance”, the following is hereby deleted in its entirety:

> 5. **Financial Reporting:** Financial reporting requirements will be in accordance with 2 CFR 200.327. The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The recipient must also submit a copy of the Federal Financial Report (FFR) to the Agreement Officer’s Representative (AOR).

And is replaced in lieu thereof with:

> 5. **Financial Reporting:** Financial reporting requirements will be in accordance with 2 CFR 200.327. The recipient must submit the Federal Financial Form (SF-425) on a quarterly basis via electronic format to the U.S. Department of Health and Human Services (http://www.dpm.psc.gov). The recipient must also submit a copy of the Federal Financial Report (FFR) to the Agreement Officer’s Representative (AOR). The Recipient must budget and account for expenditures and results for each funding source as required (e.g. PEPFAR, TB, etc.) while providing an integrated package of high impact services.

On page 47, Section H "Other Information", the following is hereby deleted in its entirety:

> **Special Note:** USAID anticipates the release of a new Mexico City Policy clause shortly. This NFO will be amended to include the new clause as soon as it becomes available.

And is replaced in lieu thereof with:

> **Special Note**: A new Standard Provision "Mexico City Policy (March 2017)" has been released (located at https://www.usaid.gov/sites/default/files/documents/1868/303maa.pdf). At this time it is only applicable towards that include family planning funds. Currently, Defeat TB does not have family planning funds, but this may change in the future.

On page 48, Section I "Attachments", the following is added in its entirety

Attachment I	USAID/Uganda CDCS 2.0 https://www.usaid.gov/uganda/cdcs

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(2) Questions asked by potential offerors

Technical Questions:

Question 1: Could USAID please supply the word(s) that have been inadvertently omitted on page RFA 8 under Sub-purpose 1 in this sentence: "These approaches should take into consideration the local context, findings of the TB prevalence survey to identify key target groups and adapted to geographically focus activities where they will have the highest impact on case finding i.e. (community, facility, urban, rural, and other target areas).

Answer 1: This sentence should read as follows: "These approaches should take into consideration the local context, findings of the TB prevalence survey to identify key target groups. Proposed approaches should be adapted to epidemiology and geographic prioritization to ensure the highest impact on case finding i.e. (community, facility, urban, rural, and other target areas).

Question 2: On page 10, the RFA refers to the PEPFAR MER 2.0 indicators. Are bidders expected to include all the PEPFAR 2.0 MER indicators in the AMELP?

Answer 2: Bidders are expected to include PEPFAR MER 2.0 indicators relevant to TB/HIV.

Question 3: The RFA indicates that the geographic focus for direct implementation is Kampala District and all national and regional referral hospitals. The RFA also includes the following statement on page 11: "In alignment and coordination with NTLP, the geographic focus for national technical assistance includes all districts in Uganda." In the guidance for development of the AMELP on page 43, the RFA indicates that bidders will be required to track data by district. Can you confirm that targets in the AMELP should only include numbers for regional referral hospitals outside Kampala and not the other districts that will be the focus of the technical assistance of Defeat TB?

Answer 3: Defeat TB is directly responsible for reporting on TB and MDR indicators in Kampala and Regional Referral Hospitals. As a flagship USAID TB and TB/HIV mechanism, Defeat TB will routinely track, analyze, and report the National TB data to USAID. The mechanism will be informed by data to regularly advise USAID and MoH on key policy, strategic and programmatic shifts required to improve TB control in Uganda.

Question 4: Nineteen districts are mentioned as part of the geographical focus. What are these districts by name? Kampala is mentioned as part of the geographical focus. Is this Kampala district or metropolitan Kampala (which includes Wakiso, Mukono, and Entebbe as neighboring districts)? National and regional referral hospitals are mentioned. In terms of activity implementation, which activities are expected at this level? Are they only MDR-TB or all TB and TB/HIV activities?

Answer 4: Assuming this question refers to the 19 districts mentioned on page 11 of the NFO: These 19 districts were formally priority districts under the CDCS 1.0 and are not specific to Defeat TB. Under the recently approved CDCS 2.0 USAID Uganda identified six priority corridors as focus areas for intensified integration and collaboration with stakeholders to improve development results (CDC 2.0 page 92-94). Applicants are not expected to work in all 19 focus districts from CDCS 1.0, however, applicants are expected to identify possibilities for collaboration and to align their proposed with CDCS 2.0.

Wakiso, Mukono and Entebbe (i.e. metropolitan Kampala) are not mentioned as geographic focus for Defeat TB direct implementation. However, Defeat TB will provide TA to these districts as part of national TA role depending on specific TB and TB/HIV challenges in these districts as part of National TA.

- Defeat TB direct support to Kampala will include MDR-TB, TB and TB/HIV
- Defeat TB direct support to other Regional Referral Hospitals: TB and MDR/TB.

Question 5: Also concerning RFA p. 11: "The geographic focus for direct implementation is Kampala District and all national and regional referral hospitals. In alignment and coordination with NTLP, the geographic focus for national technical assistance includes all districts in Uganda.

Answer 5: The statement under Questions 5 is accurate. Please refer to our response to Questions 3 and Questions 4 for further clarification.

Question 6: In alignment and coordination with NTLP, the geographic focus for national technical assistance includes all districts in Uganda. The activity will seek to show evidence of collaboration, coordination and strengthening district systems and frameworks which support sustainability. The Activity will coordinate partners' participation in district TB and TB/HIV quarterly meetings, and provide supporting data and information as needed. Senior representation will be expected at some quarterly meetings."

Answer 6: Please refer to our response for Questions 3 and Questions 4.

Question 7: Technically there will be both direct implementation and technical assistance for capacity building. Is Defeat TB supposed to report on all indicators for the two categories of assistance, or only on those related to direct implementation?

Answer 7: Defeat TB will report on both.

Question 8: For the CLA component, a point of clarification: Is it correct that the AMELP *will include how* the awardee will implement CLA, but *will not include a formal CLA plan?* Could USAID please confirm that the successful applicant will develop a formal CLA plan in line with ADS guidance?

Answer 8: Applicants must submit a CLA plan in addition to the AMELP. USAID/Uganda is authorizing an additional annex (Annex 6) entitled "Collaborating, Learning, and Adapting". This annex is exclusive of the 25 pages for the technical application and may not exceed 1 page.

Question 9: The RFA Implementation Approach indicates that the geographic for direct implementation for the project will be Kampala District and national and regional referral hospitals. It also mentions that technical assistance is to be provided to all districts in the country. Please clarify the following:

a. whether the project is expected to work in all regional referral hospitals in the country

b. whether general hospitals are to be included (these are separate from district Health Centers IV and III)

Answer 9: Health Center IV and district hospitals will be included for direct TA if they are MDR-TB treatment initiation sites. Currently only Iganga district hospital (which will remain under RHITES-EC) is an MDR-TB initiation site. The applicant will work with USAID and MoH on feasibility of further expanding MDR TB initiation sites. If there is a decision by MoH for further expansion of MDR-TB treatment initiation sites, Defeat TB will be responsible for providing direct TA to those sites.

Question 10: The RFA refers to grants for local organizations. Please clarify whether as part of the effort to develop sustainable TB management systems, grants are also allowed for districts and for hospitals (National and regional referral hospitals)

Answer 10: No.

Question 11: The RFA refers to transitioning and increasing responsibility for planning, funding and implementing the program's activities as a key determinant of sustainability. Please clarify whether the NTLP will be eligible for grants to facilitate planning and implementation of the program's activities

Answer 11: No.

Question 12: One of the expected outcomes of sub purpose/objective 4 is increased HRH allocation at the NTLP. Please clarify whether the activity will directly support the allocation of additional HRH at the NTLP.

Answer 12: Yes. Applicants are expected to propose key positions that will be seconded to NTLP to ensure successful Defeat TB implementation.

Question 13: The RFA highlights the gaps in funding for TB control activities which in turn contributes to the shortage of supplies for diagnosis and successful treatment of DS & DR-TB. The activity is expected to contribute towards increasing availability of commodities for diagnosis and successful treatment of all forms of Tuberculosis. Please clarify whether the activity will directly provide for the

increased commodity requirements for facility and community led TB control interventions, within the National supply system.

Answer 13: The activity will not be responsible for direct procurement of TB commodities, but will be expected to work closely with the UHSC, NMS, JMS, MAUL, QPPU, NTLP and the Global Fund to ensure accurate forecasting, quantification, procurement, distribution, utilization and management or TB commodities.

Question 14: Applicants are required to include a sustainability plan in the application (RFA p. 44). Could USAID please clarify whether this plan is to be included in the list of authorized annexes?

Answer 14: USAID/Uganda is authorizing an additional annex (Annex 7) entitled "Sustainability Plan". This annex is exclusive of the 25 pages for the technical application and may not exceed 2 pages.

Question 15: The application review information (RFA page 33) refers to a draft first year work plan. This plan is not included in the list of authorized annexes on page 27, however. Would USAID please clarify on this matter?

Answer 15: USAID/Uganda is authorizing an additional annex (Annex 8) entitled "Draft Year 1 Work Plan". This annex is exclusive of the 25 pages for the technical application and may not exceed 5 pages.

Question 16: Since construction activities are not allowed under grants (RFA page 14), we assume that the inclusion of construction in the job description of the Director, Financial Management and Operations on page 17, is an error. Please confirm.

Answer 16: Page 14 refers to construction in the sub-grants that the Defeat TB project will administer. Applicants may propose minor renovations improve TB infection control under the prime award, as such the inclusion of construction in the job description remains.

Question 17: In Attachment C: Budget Template, in the Summary Budget worksheet in cell M15, USAID has included $4,500,000 under the Total USAID Amount for Construction. Has this construction amount been included in error? If not, then is this amount excluded from the $20 million funding amount and is this work that the applicant is expected to lead?

Answer 17: The amount of $4,500,000 included under construction was an error. Applicants are should provide their own estimate. Please note, any estimate will be inclusive of the funding levels indicated in the NFO.

Question 18: The RFA on page 10 requires the following in the Draft Activity Monitoring and Evaluation Plan (AMELP): "The AMELP will describe the M&E and learning approach for ensuring effective implementation and achievement of desired results. Learning will be used to make mid-course adjustments to the choice of interventions and/or how they are implemented. At a minimum, the draft AMELP will identify appropriate activity indicators for each level of the results framework/log-frame, show data sources and describe how data will be collected, collated, and/or acquired to regularly inform performance. The proposed plan will provide preliminary five-year performance indicator targets, which will be reviewed and possibly revised during pre-implementation discussions.

A section of the AMELP will be dedicated to show how the awardee will implement USAID's CLA concept, including the development and implementation of a learning agenda. Implementation science, which may include operations research and impact evaluation, will be used to assess the effectiveness of proposed approaches in achieving desired outcomes, be used to adapt approaches to improve efficiency and effectiveness and document the contribution of each approach to health outcomes. The proposed AMLEP will include indicators and targets for measuring quality improvement processes and outcome. Applicant will also propose gender specific indicators and targets."

Given the five-page limit for the AMELP on RFA page 27, it will be difficult to cover all of these requirements. Would USAID consider allotting more pages for this annex?

Answer 18: No additional pages allotted to the AMELP. However, please reference Question 8 above. The CLA will now be a separate annex.

[End of Amendment 01]