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Subject: **NOTICE OF FUNDING OPPORTUNITY (NOFO) NUMBER: 72012119RFA00002**

Program Title: Support TB Control Efforts in Ukraine

Issuance Date:	April 5, 2019
Deadline for Questions:	April 12, 2019 by 16:00 Kyiv Local Time
Full Application Closing:	May 6, 2019 by 16:00 Kyiv Local Time

The United States Agency for International Development (USAID), through the Regional Contracting Office in Kyiv, Ukraine is seeking applications from qualified U.S. or Non-U.S. non-profit or for-profit Non-Governmental Organizations (NGOs), and other qualified non-USG organizations for funding of an activity entitled "Support TB Control Efforts in Ukraine."

Eligible organizations interested in submitting an application are encouraged to read this NOFO thoroughly to understand the type of project sought (Section I), the application submission requirements (Sections III and IV), and the evaluation process and review criteria (Section V). To be eligible for award, the applicant must provide all information required in this NOFO, and meet eligibility standards in Section III. Applications must be received by the date and time indicated at the top of this cover letter.

This funding opportunity is posted on www.grants.gov and may be amended. Any future amendments to this NOFO can be downloaded from www.grants.gov. Potential applicants should regularly check the website to ensure they have the latest information pertaining to this NOFO. Applicants will need to have available or download Adobe program to their computers in order to view and save the Adobe forms properly. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via mail at support@grants.gov for technical assistance.

Any questions concerning this NOFO should be submitted in writing to Ms. Larissa Lomonosova, Acquisition & Assistance Specialist, via email at llomonosova@usaid.gov with a copy to me at dharter@usaid.gov by the deadline stated above. Responses to the questions will be made available to all applicants through an amendment to this NOFO and posted on www.grants.gov.

Issuance of this NOFO does not constitute any commitment on the part of the U.S. Government nor does it commit the U.S. Government to pay for costs incurred in the preparation and submission of an application. Further, USAID reserves the right to reject any or all applications received. Final award cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. All preparation and submission costs are at the applicant's expense. Thank you for your interest in USAID programs.

Sincerely,

Daniel Harter
Regional Agreement Officer

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SECTION I – PROGRAM DESCRIPTION

Program Title: Support TB Control Efforts in Ukraine

1. Introduction

USAID has supported tuberculosis (TB) control efforts in Ukraine since 2000 and is the largest bilateral donor working on TB in the country. The overall goal of the five-year *Support TB Control Efforts in Ukraine* activity ("the Activity") is to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, drug-resistant tuberculosis (DR-TB) and TB/HIV. The Activity will be implemented at the primary health care level and in TB facilities initially in eleven oblasts of Ukraine with the highest TB, DR-TB and HIV/TB co-infection rates (Dnipro, Mykolayiv, Odesa, Kherson, Zaporizhzhia, Kirovohrad, Kyiv, Cherkasy, Chernihiv, Poltava, and Donetsk (in the Government of Ukraine controlled portion) and in training centers nationwide (in Lviv and Dnipro oblasts and in Kyiv city at the National TB institute).

The Activity will achieve the following four objectives:

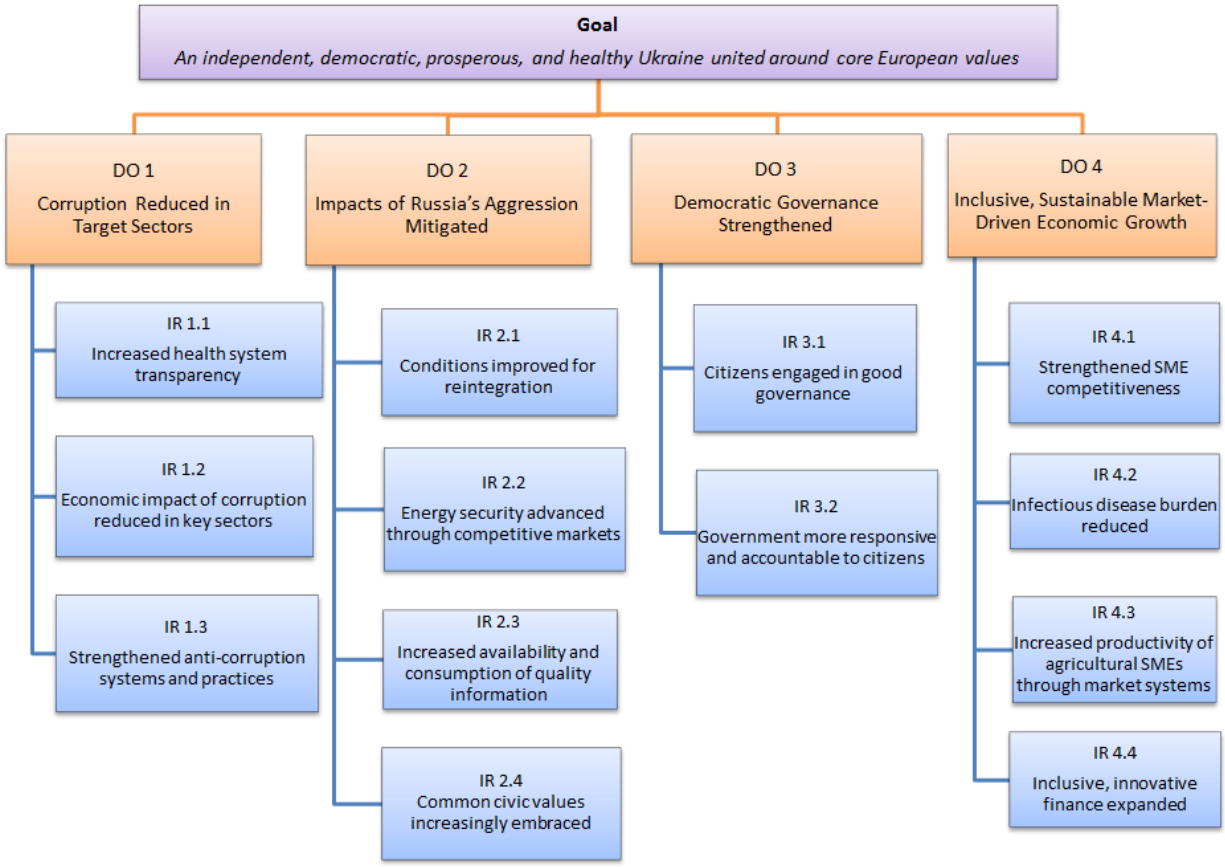
1. **Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide;**
2. **Early detection and diagnosis of TB cases improved;**
3. **Strengthen all components of the DR-TB treatment and management system;**
4. **Support civil society, TB advocacy, and stigma reduction.**

Additionally, this Activity will assist the Mission in achieving targets and milestones set in the National Action Plan for Combating Multidrug-resistant Tuberculosis[1].

1.1 Relationship to Mission Strategy

USAID/Ukraine is finalizing its five-year Country Development Cooperation Strategy (CDCS) for the 2018-2023 period (see the draft, not final CDCS below). It reflects U.S. Government (USG) strategic priorities to tackle corruption, strengthen democracy, and improve Ukraine's economic prospects. The strategy will support USAID/Ukraine's strategic goal of advancing an independent, democratic, prosperous, and healthy Ukraine united around core European values. To this end, the Activity will advance the USAID/Ukraine Development Objective (DO) 4, pending final approval of the Mission's strategy: Inclusive, sustainable market-driven economic growth and it will help achieve Intermediate Results (IR) 4.2 under DO4: Infectious disease burden reduced.

[1] https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/national_action_plan_for_tuberculosis_20151204_final.pdf



Specifically, the Activity will focus on improvement of early detection of active disease and initiation of treatment, treatment success rates; introduction novel approaches. Finally, the Activity will provide assistance to medical reforms including strengthening the institutional capacity.

2. Background

The section below describes the existing challenges and problems related to the provision of TB, DR-TB and TB/HIV, the current reform efforts made by the Government of Ukraine (GOU) to improve the situation, and the experience of previous USAID activities working in the Ukrainian TB sector.

2.1 Epidemiology

Ukraine is one of USAID's priority countries for TB control and is among the 10 priority countries under the National Action Plan for Combating Multi-Drug Resistant Tuberculosis (MDR-TB). Ukraine has the highest rates of DR-TB in the world. The prevalence of all forms of TB in Ukraine is unknown, as a TB prevalence survey has never been conducted in Ukraine.

In 2017, the WHO estimated Ukraine's TB incidence as 84 cases per 100,000 population, while the national routine surveillance system detected 63.9 new TB cases per 100,000 population. This discrepancy

suggests that 24% of TB cases are not being identified. The highest incidence of TB is registered in Odesa (127.9 cases per 100,000 population), Kherson (92.9), and Kiev (79.0) regions.

The TB epidemic in Ukraine is characterized by widespread DR-TB low treatment success rates, and increasing TB/HIV co-infection rates. Significant challenges in TB control are related to poor treatment outcomes for all categories of patients (particularly DR-TB and TB/HIV), weak TB/HIV service integration, and inefficiencies in the health system structure that decrease the impact of the TB response.

In Ukraine, there are vulnerable groups with risk factors and/or poor access to care; the Activity will focus on people who have close contact with patients with infectious TB (TB contacts), people living with HIV (PLHIV), health care workers in TB facilities, and children. Previous USAID-supported activities have succeeded in identifying additional active TB cases among contacts through the use of a structured contact investigation algorithm. PLHIV have an elevated risk of developing TB and increased risk for poor outcomes. In 2017, 21% of new and relapse TB cases were among PLHIV; higher-risk subgroups include socially marginalized populations including people who inject drugs (PWID), sex workers, and prison populations. Approximately 40% of AIDS deaths in Ukraine are associated with TB. Despite some improvement in recent years, healthcare workers in TB facilities continue to have an elevated risk of developing TB (169 cases per 100,000 health care workers (HCW) in TB facilities), with 38 cases registered in 2017, a rate two and a half times higher than the general population. Although increasing, children remain underrepresented among TB cases, comprising only 2.4% of new notifications in 2016, suggesting under-diagnosis. TB guidelines for children have not yet incorporated international best practices.

According to the WHO, 28% of newly detected TB cases and 48% of previously treated TB cases have rifampicin-resistant tuberculosis (RR-TB) or MDR-TB. These proportions would raise the number of new MDR-TB patients in need of treatment every year in the country to over 10,000 among the currently notified cases.

The national treatment success rate of cases with drug-sensitive TB (new and relapse) is 76% with some gradual improvement in the last several years. However, this rate still lags behind the WHO target of 85%. The prevalence of drug resistance, combined with high HIV prevalence and slow uptake of new anti-TB medications is preventing Ukraine from improving its treatment results.

In 2017, the treatment success rate for DR-TB patients was 51% for the cohort of 2015, which is significantly below WHO-recommended levels. While activities aimed at improved adherence to treatment have been piloted through international programs, treatment coverage and results are still unacceptable and contribute to the progressing DR-TB epidemic. The DR-TB Care Package activity was piloted in Ukraine through a USAID-supported activity and demonstrated improvement of the treatment success rate up to 72%. The main goal of the DR-TB Care Package activity was; this package needs to be replicated nationwide.

2.2 TB Diagnosis

In Ukraine, TB cases are primarily identified by passive case-finding, although limited activities at active case finding among contacts and other higher risk populations have been implemented with support of international donors and partners. GOU-supported attempts at active diagnosis still rely on mass screening of the population by X-ray with suspected cases identified in screening sent for clinical evaluation and sputum smear examination by direct microscopy. The limited specificity of X-ray screening results in a

low percentage of true-positive TB cases identified with a corresponding high rate of false-positive cases. This creates a major financial burden on the healthcare system while adding to the burden on under-resourced laboratories, leading to poorer-quality microscopy.

There is also some resistance to use modern methods of diagnostics, such as polymerase chain reaction (PCR). This may be partially related to conflicts of interest and competing priorities among certain decision-makers, and reflects a broader problem of corruption in Ukraine's healthcare system as a whole.

Another part of the problem is resistance and reluctance to change on the part of primary care providers who work in outpatient settings, including city and rural primary care facilities that are responsible for screening and referring suspected cases to TB specialized care.

These factors result in delays between detection and treatment, creating a gap during which some patients drop out of the system. Low case finding among drug-sensitive and especially drug-resistant cases prevents the country from achieving international targets. The recent United Nations (UN) General Assembly on TB in October 2018 called on countries to intensify TB detection and set new and ambitious targets to enroll 40 million new TB cases into care by 2022. Ukraine has committed to detect and put on treatment 135,000 TB cases by 2022, including 56,000 DR-TB cases.

2.3 TB Treatment

Adherence to treatment remains a significant problem. Only a few programmatic activities are implemented by the National TB Program (NTP) to support patients during treatment. Additionally, fixed-dose combinations are not used to rationalize the number of drugs taken. Even though the ambulatory model of treatment of TB has been introduced in Ukraine, the majority of patients are admitted to the hospital for the initial phase of treatment. Sputum smear-positive cases are still admitted for a period of 60–120 days during which drug intake is not always directly observed. Once discharged from the hospital, patients are referred either to the network of TB dispensaries and clinics or to the primary health system for the continuation of treatment. TB patients are deemed cured when they have a negative sputum smear examination, when X-ray cavities have closed (or are static) and when general clinical parameters are stable. Many Ukrainian TB practices vary from internationally recommended ones.

The implementation of new and shorter treatment regimens, especially in combination with new anti-TB drugs such as Bedaquiline (BDQ), Clofazimine, Linezolid, etc. has the potential to improve treatment results to 80%. However, uptake in Ukraine has been extremely low. As of October 2018, only 170 patients have been enrolled in BDQ-containing regimen and only 20 patients are on the shorter treatment regimen.

The WHO has published new Guidelines for the treatment of DR-TB on December 21, 2018, describing and proposing new treatment options and regimens for countries to implement. Among them are: all-oral treatment regimen (20-months in duration), shorter treatment regimen (STR) and modified STR without an injectable but with BDQ. This Activity will support NTP at national and regional levels to adapt international recommendations and assist with rapid scale up.

2.4 TB in Prisons

There are over 140 prisons in Ukraine, with male inmates making up approximately 90% of the prison population. According to national data, TB prevalence in prison settings greatly exceeds TB prevalence in

Ukraine in general. In 2017, 855 cases were registered in the prison sector and the number of detainees with drug-resistant TB is increasing. In 2017, USAID awarded the Serving Life activity. The overall goal of this activity is to reduce HIV, TB, and Hepatitis C (HCV) transmission through detection, care, and treatment of people living with HIV, TB, DR-TB and HCV in pre-trial detention centers, prisons, and post-prison settings in Ukraine.

2.5 Healthcare Reform Poses Promise (and Potential Peril) for TB Control

The Ministry of Health (MOH) has supported much needed health reforms which are driving a new system of financing and service delivery. As part of the reform, the GOU established the National Health Service of Ukraine (NHSU) in 2018 to be the single purchaser of healthcare services in Ukraine. This new structure is supporting a "money follows the patient" model of output based financing. Primary and secondary service delivery facilities will no longer be financed by fragmented regional level funding; rather they will be reimbursed through contracts directly with the NHSU. By 2020, TB treatment and care services are anticipated to be integrated into primary and secondary care facilities. These services will be covered under the new financial reimbursement system. The MOH acknowledges that TB requires special attention in the design of healthcare reforms. In the reform roll out, TB treatment protocols will need to be integrated into the proposed Program on Medical Guarantees (PMG), which will indicate the services that will be provided and reimbursed through NHSU. Also, strategies for financing ambulatory specialty services and in-patient hospital care are being developed at the MOH and are scheduled to be piloted in the summer of 2019 and institutionalized by 2020. In parallel, providers and administrators at primary care and secondary service delivery facilities will need to build their capacity to provide quality services to TB patients. Under the reforms, the GOU established the National Center for Public Health (NCPH) to provide improved stewardship of programs such as HIV, TB, and immunization. Currently, a comprehensive Law on Public Health on decentralization, governance and function is under review and is scheduled to be passed by summer 2019. Public Health functions such as TB surveillance and monitoring are anticipated to be the responsibility of the regional public health centers.

These reforms have also included improved and transparent procurement and increased funding for TB and HIV treatment. An international procurement law was approved at the beginning of 2016, and procurement done through international organizations has resulted in significant cost savings. USAID and other international donors fear that the rapid pace in the introduction of reforms increases the complex challenges of achieving a comprehensive overhaul of clinical care and improvement of MDR-TB services. There are also vested interests and an opposition to health reform which might remain strong in the years ahead, as well as a lack of political support towards TB service reforms despite strong evidence of inefficiency and ineffectiveness of the current TB system.

2.6 Related activities

It is envisioned that the Recipient of this Activity will build on the experience and lessons learned from the former USAID Strengthening TB Control in Ukraine and current Challenge TB activities that have supported TB services during the period of 2012-2019. USAID-supported activities have focused on expanding the availability and improving the quality of drug susceptible (DS) and DR-TB services for TB patients, while concurrently working at the policy level to create a service environment with fewer barriers to accessing high quality case detection and treatment.

In 2017, USAID launched the Safe, Affordable, and Effective Medicines for Ukrainians (SAFEMed) activity. The purpose of the SAFEMED activity is to strengthen the pharmaceutical system in Ukraine to ensure transparency and cost-efficiency for desired health outcomes.

In FY 2018, USAID began implementing the Serving Life activity. The overall goal of this five-year activity is to reduce HIV, TB and Hepatitis C (HCV) transmission in detention and post-detention settings in Ukraine by increasing case detection and enhancing linkage, retention in care and treatment of detainees, prisoners living with HIV, TB and HCV as well as released prisoners.

In 2018, USAID awarded the Health Reform Support activity to support broad healthcare reforms in Ukraine. The main focus of the activity is to provide technical and legal assistance to the MOH on healthcare financing, governance, medical education, e-health, and service delivery.
The current Global Fund grant incorporates the full spectrum of TB prevention and care issues, from starting earlier TB detection to the overall performance of TB control services and inter-sectoral approaches to TB, DR-TB and TB/HIV control with special attention to the needs of key populations most vulnerable to TB and promotion of people-centered approaches.

Ukraine has received PEPFAR funds since 2009, which have supported a number of activities aimed at the HIV and TB/HIV epidemic. PEPFAR aims to achieve 90-90-90 targets to increase detection, linkage to, and retention in prevention, care and treatment in high burden regions while also accelerating recently initiated critical reforms in the healthcare system which are needed for a sustainable epidemic response. As TB/HIV continues to be a major cause of morbidity and mortality for PLHIV, PEPFAR-Ukraine activities support improved linkages between vertical disease treatment programs and encourage early initiation of antiretroviral treatment (ART) for TB/HIV co-infected patients.

3. Activity Description and Intended Results

The overall goal of the five-year Support TB Control Efforts in Ukraine Activity is to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, DR-TB and HIV/TB. The Activity will increase case detection and improve diagnostics, treatment and care for patients living with TB, DR-TB and HIV/TB co-infection. The Activity will be implemented in close cooperation with, and in support of, the National Center for Public Health of the Ministry of Health (MOH) of Ukraine. The Activity will improve the system for TB, DR-TB case diagnosis, including contact tracing, treatment initiation, treatment completion, and improved data reporting, collection and analysis. The new Activity will support implementation of the USAID/Ukraine Development Objective (DO) 4: Inclusive, Sustainable Market-Driven Economic Growth. Particularly, it will help achieve Intermediate Result (IR) 4.2: Infectious disease burden reduced and Sub-IR 4.2.1: Increased enrollment and retention in HIV and TB services.

Through supporting improvement of the TB management system and human capacity for delivering TB clinical and public health services, the Activity will contribute to the following indicators:

1. Increase TB detection rate nationwide to 90%;
2. Detect 135,500 TB and DR-TB cases by 2022;
3. Detect and enroll in treatment 56,000 DR-TB cases by 2022;
4. Screen for TB and provide TB preventive treatment (TPT) for 109,700 people at risk by 2022;
5. Increase the treatment success rate to 85% for drug-susceptible cases and to at least 70% for MDR-TB cases;

6. Detect and enroll in appropriate treatment 7,500 pediatric TB cases by 2022;
7. Successfully initiate all confirmed DR-TB cases in appropriate treatment;
8. Increase ART coverage to 90% for all registered TB cases who are co-infected with HIV.

Intended results include:

1. Strengthened human and institutional capacity of the health system to manage TB, DR-TB, TB/HIV services;
2. Equitable access to quality TB preventive, diagnostic and treatment services;
3. Strategy or improved models for early detection and diagnosis of TB cases, especially for people at high risk for TB disease implemented;
4. Guidelines for TB preventive treatment (TPT) among people at high risk for latent TB infection (LTBI) developed and implemented;
5. Coverage among people at high risk for LTBI with TPT increased;
6. Improved coordination and linkage between TB services and other health services (Primary Health Care, AIDS centers);
7. Improved capacity of TB and PHC services to detect and manage TB, DR-TB and TB/HIV patients;
8. Improved access to early and rapid TB and DR-TB detection nationwide;
9. Improved quality of TB and DR-TB treatment;
10. Use by TB service providers and managers of TB management information system (e-TB manager) and of improved quality data for evidence-based decision making at all levels.

Summary of Activity Objectives and Expected Results

Goal: The overall goal of the five-year Support TB Control Efforts activity is to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, DR-TB and HIV/TB.

Objective	**Expected Results**
Objective 1: Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide	1.1: Regional training centers supported and enhanced training centers nationwide 1.2: TB management module used in all pre- and in-service training curricula for general practitioners 1.3: Quality of TB services across all levels of care enhanced 1.4: TB capacity and coordination at select Regional Centers of Public Health established and sustained 1.5: TB monitoring and evaluation (M&E) systems at the oblast level strengthened
Objective 2: Early detection and	2.1: Comprehensive system of active case finding developed and implemented

diagnosis of TB cases improved	2.2: Support to diagnostic network to improve TB detection and treatment provided 2.3: Innovative approaches to improve detection and diagnosis of TB cases by primary care providers developed 2.4: TB screening of health care providers improved 2.5: Preventive treatment of latent TB infection introduced 2.6: TB data collection, patient tracking, and reporting at the primary care level strengthened
Objective 3: DR-TB management system strengthened	3.1: Laboratory capacity to perform quality TB diagnostics especially assays for the rapid diagnosis of drug resistance (including Line Probe Assay (LPA), Drug Sensitivity Testing (DST) and others) strengthened 3.2. Quality of DR-TB treatment at all levels of care improved 3.3: Digital tools to manage TB and DR-TB cases introduced 3.4: Quality of managing DR-TB/HIV co-infected patients improved 3.5: DR-TB data collection and analysis capacity improved
Objective 4: Support civil society, TB advocacy, and stigma reduction	4.1: Support to local NGOs in assisting patients to adhere and complete TB and DR-TB treatment provided 4.2: TB-related stigma and discrimination reduced 4.3: Public information campaign and outreach activities supported 4.4: Activities aimed at increase of domestic resources and sustainability actions at oblast level supported

Objective 1: Build the capacity of medical, social service, and public health disease control staff to deliver and manage comprehensive TB services nationwide.

Despite the health reforms in the country and implementation of the ambulatory model of treatment, hospital-based practices continue to predominate in TB service provision, limiting opportunities for implementation of effective TB care. It is important to properly involve patient-centered approaches and strengthen TB systems to implement integrated care models, including those reaching vulnerable populations.

Using the foundation of previous USAID projects, the new Activity is expected to work on consistent improvement of quality TB services in all outpatient primary care facilities and TB specialized clinics in select oblasts of Ukraine.

Expected Result 1.1: Regional training centers supported and enhanced.

There are three training centers established and supported by the current USAID-funded Challenge TB activity: in Lviv and Dnipro oblasts and in Kyiv city at the National TB institute. By providing support to these training centers, the Recipient shall ensure quality implementation of best TB practices by training

and mentoring healthcare providers delivering services at the primary health care level, as well as to TB and infectious diseases specialists and epidemiologists. The Recipient will ensure that all training materials on key topics of TB, DR-TB, and TB/HIV case management are up-to-date. Curriculum review is another approach to ensure that new guidelines, and recommendations are included into all relevant materials and that scale-up of best practices is supported through training. The new Activity, together with the regional training centers and National Center for Public Health (CPH), will ensure that the existing web-based resource center, which serves as a database of the latest TB materials, is supported and regularly updated. The Recipient shall ensure that post-training reviews are conducted to examine the level of implementation of training concepts into practice by the trainees.

Expected Result 1.2: TB management module used in all pre- and in-service training curricula for general practitioners.

A critical feature to assure program continuity and greater public sector commitment is the integration of training on TB concepts and best practices into pre-service medical and nursing training institutions. The new Activity will need to target the cohort of new students entering medical education programs annually in the pilot areas. USAID has field-tested and widely introduced, at the facility level, modules for TB-specialized medical professionals including nurses. USAID envisions that the new Activity will expand this work.

Development and implementation of a core TB curriculum for medical and nursing students and general practitioners (both pre- and in-service training) is necessary to attain the goal of achieving early detection of TB in the primary care system. Previously trained TB professionals, who now have several years of practical experience in TB case management, can be a valuable resource for training of medical personnel to help them improve their skills. The Recipient shall ensure that developed core TB curriculum is integrated into the medical education reform activities.

Expected Result 1.3: Quality of TB services across all levels of care enhanced.

A critical component to ensure sustainability of TB programs is to improve the quality of TB screening, diagnosis, treatment and care services nationwide and especially in the selected oblasts. The new Activity will ensure that standards and guidelines for early TB detection and early treatment initiation are fully adopted in the selected oblasts, including guidelines and measurement of infection control. It also will assist the NTP in putting in place a nationwide system of supportive monitoring of TB activities. Collaboration with oblast AIDS centers should be improved to ensure coordinated care of TB-HIV patients.

Expected Result 1.4: TB capacity and coordination at select Regional Centers of Public Health established and sustained.

Ukraine is undergoing changes to its public health system including the development of regional centers of public health which are intended to oversee disease control programs including for TB. The Recipient should provide support to define roles and responsibilities of regional CPH regarding TB, including coordination with oblast and national health administrations; the Recipient should also support capacity building for data collection and analysis to guide TB disease control programming.

Expected Result 1.5: TB monitoring and evaluation (M&E) systems at the oblast level strengthened.

Monitoring implementation of each component of a TB program is important in providing quality data and enabling effective evaluation of program results. However, in Ukraine data quality is limited due to gaps in data entry. Currently e-TB manager is used as the recording and reporting system for TB. It is expected that the Recipient will improve data quality at the regional level by assessing the existing surveillance system and developing a system to improve data reporting and analysis.

In 2019, the NCPH in collaboration with the Ukrainian charitable organization 100% Life and the newly established e-Health State Owned Enterprise (SOE) will conduct an assessment of electronic systems in an effort to streamline current e-systems and/or consolidate existing disease registries, management information systems (MIS), and the reimbursement e-Health system. The Recipient should be aware of the upcoming shifts in electronic systems and how this may impact service delivery, data analysis, surveillance, and reporting.

Objective 2: Early detection and diagnosis of TB cases.

Ukraine has been implementing mostly passive case finding activities for TB and DR-TB cases so far, with the exception of donor-funded pilots in selected oblasts. As a result, at least 20% of patients are missed by the healthcare system and many cases are diagnosed as false-positive. While Ukraine has been added to the list of countries receiving additional support from the Global Fund to find missing DR-TB cases, progress towards set targets is unacceptably low to date. Also, as a National Action Plan for Combating MDR-TB (NAP) priority country, Ukraine has to find and enroll in treatment at least 50% of the total estimated incident DR-TB cases by 2020. Lastly, in response to the recent UN General Assembly call for countries to intensify TB detection and treatment, Ukraine has committed to detect and put on treatment 135,000 TB cases by 2022, including 56,000 DR-TB cases. TB diagnosis is still insufficient as point-of-care and rapid diagnostic methods are not used to the extent needed.

Expected Result 2.1: Comprehensive system of active case finding developed and implemented.

Improved early detection of active disease, which leads to early initiation of treatment and increases treatment success rates, is the main strategy of a comprehensive system of active case finding. Using the foundation laid by the Challenge TB activity, the new Activity is expected to work on the implementation of a close contact investigation (CI) algorithm in the selected oblasts of Ukraine, as well as to introduce new activities aimed at active case finding and early TB detection. Innovative cost-effective approaches to improving TB screening among other higher-risk groups should be developed and implemented.

Expected Result 2.2. Support to diagnostic network to improve TB detection and treatment provided.

Ukraine continues to have gaps in access to rapid tests to identify DR-TB and in the provision of more complete drug-sensitivity profiles to guide therapy. The WHO recommends the use of GeneXpert (GX) technology as a screening tool for TB suspects, however this practice has only been implemented on a limited basis in Ukraine. While the country has installed 74 instruments nationwide, these machines are largely not available for testing at the primary health care level where TB suspects are seen. Cost of cartridges is also a potential limiting consideration. The Implementer should actively work with other stakeholders to introduce novel approaches to rapid molecular testing methods, assist NTP and TB laboratories to scale up GX and LPA technologies and assist with expansion of rapid drug resistance tests. The Recipient should conduct other activities to improve access to rapid drug resistance testing including rationalization of testing equipment location, improvement of staff capacity, and specimen movement algorithms.

Expected Result 2.3: Innovative approaches to improve detection, diagnosis of TB cases by primary care providers developed.

Although the ambulatory model of treatment has been introduced, hospital-based practices continue to predominate in TB service provision, limiting opportunities for implementation of other more effective TB care models. In addition to training, the project is expected to find ways to encourage the use of these new skills by primary care providers. The Recipient should be actively identifying system factors that will help institutionalize TB detection into the daily practice of family doctors and other primary health level practitioners.

Expected Result 2.4: TB screening of health care providers improved.

Primary health care as well as TB service providers are at higher risk of contracting TB due to delayed TB detection among patients visiting their facility and insufficient infection control for suspected TB cases. Current TB screening relies on semiannual fluorography. Innovative models to improve screening for TB disease and initiate screening for LTBI should be developed.

Expected Results 2.5: Preventive treatment of latent TB introduced.

There is a proportion of people with LTBI who could develop active TB unless this risk is minimized through improved LTBI detection and treatment implementation. Currently Ukraine is developing an LTBI treatment protocol which is based on WHO recommendations. Further assistance in dissemination of this protocol is needed. Activities for LTBI detection and treatment should be augmented especially for high risk populations, including contacts, PLHIV, and health care providers.

Expected Result 2.6: TB data collection, patient tracking, and reporting at the primary care level strengthened.

Currently, no systematized data collection systems exist in primary care. In addition to mandatory reporting requirements, primary care providers need to be able to track the outcome of their patients who are TB suspects to monitor if they remain negative or become confirmed TB cases. Simple, user-friendly data systems should be developed and implemented to allow for these functions.

Objective 3: DR-TB management system strengthened.

According to the WHO, Ukraine is a high MDR-TB burden country. Twenty eight percent of new TB cases and 48% percent of re-treatment cases diagnosed in Ukraine have MDR-TB. At least 10,000 Ukrainians develop drug-resistant forms of TB every year (among TB notified cases), while only 6,564 were detected and 8,525 were enrolled in appropriate treatment in 2017.
While the country has scaled up uptake of GX technology and installed 74 instruments nationwide, only 19,937 patients received drug-susceptibility testing for first line medications and 8,651 for second-line anti-TB drugs.

Treatment success rate for DR-TB patients is 51% for the cohort of 2015, which is significantly below WHO-recommended levels. While activities aimed at improved adherence to treatment have been piloted through international programs, coverage and results are still unacceptable. USAID's DR-TB Care Package activity demonstrated improvement of treatment success rate up to 72% and should be replicated nationwide. Modern digital tools, such as video-observed treatment (VOT), application of apps and SMS

reminders could help healthcare workers to improve quality of care for TB patients and reduce high costs associated with TB and DR-TB treatment.

Expected Result 3.1: Laboratory capacity to perform quality TB diagnostics especially assays for the rapid diagnosis of drug resistance (including Line Probe Assay (LPA), Drug Sensitivity Testing (DST) and others) strengthened.

Ukraine has 74 GX instruments in the country, of which only half are in TB facilities. More instruments will be procured in 2018-2019 using Global Fund resources, however support would be needed in installation, training of staff, monitoring of utilization and quality of tests performed. WHO recommends to use GX technology as a screening tool for TB suspects, however, this has not been initiated in Ukraine. For quick and rapid detection of second-line drug resistance, only one molecular genetic assay (MTBDRsl) has been approved by the WHO; Ukraine has only three laboratories able to perform the test, which is insufficient for a country the size of Ukraine. As a result, many DR-TB patients are enrolled in treatment regimens empirically and, therefore, cannot be prescribed with either shorter treatment, or treatment with novel anti-TB drugs. These shorter or improved regimens could improve patient adherence and treatment effectiveness.

Expected Result 3.2: Quality of DR-TB treatment at all levels of care improved.

Treatment success rate for patients with MDR-TB and XDR-TB is unacceptably low in Ukraine and is the lowest among countries in Europe. In recent years, several donor-funded projects piloted activities aimed at adherence support, but it has never been achieved nationwide. USAID-funded Care Package was piloted in four countries, including Ukraine and has the potential to support patients who are finishing DR-TB care and reduce high costs associated with TB. Education of patients, families and healthcare providers, especially among PHC have demonstrated better treatment compliance and improved attention to the management of adverse drug reactions.

Expected Result 3.3: Digital tools to manage TB and DR-TB cases introduced.

Many innovative developments globally have been piloted to improve care for DR-TB patients, such as video-observed DOT, phone apps, artificial intelligence technologies, etc. which could help Ukraine NTP to achieve improvement in treatment results. While some of the technologies were piloted in 2018, many are still not available and need to be introduced. Technologies which have proven to be successful will require nationwide application with strong support and monitoring for quality.

Expected Result 3.4: Quality of managing DR-TB/HIV co-infected patients improved.

In addition to TB, Ukraine has a large HIV/AIDS epidemic and has been receiving donor support from USAID, Global Fund and PEPFAR to address it. However, it has paid limited attention to DR-TB/HIV co-infection. Development of new DR-TB drug regimens, in combination with new ART medications, opens the opportunity to improve both access and treatment results for patients affected by two diseases. Studies from South Africa demonstrate that patients with DR-TB/HIV can achieve as high as 80% treatment success rate, with mortality reduced significantly. It is expected that the Recipient will support the dissemination of new guidelines, standard operating procedures (SOPs) on screening and follow-up, and develop platforms for better reporting.

Expected Result 3.5: DR-TB data collection and analysis capacity improved.

Ukraine is a priority country for USAID under the NAP for combating MDR-TB as well as an implementer of TB Accelerator. New USAID business model for TB programming requires countries to strengthen recording and reporting systems, improve data collection and analysis and be able to demonstrate results and progress. It is expected that under ER 3.5, the Recipient will support the Ukrainian Public Health Center and selected oblasts to better collect, analyze and manage DR-TB data, as well as create tools for better data demonstration and visualization. The Recipient will assist UPHC to improve and strengthen existing TB databases, update it according to international requirements and needs, improve and refine TB indicators, and develop platforms for better reporting and visualization.

Objective 4: Civil society supported for TB advocacy and stigma reduction.

Patient groups, advocates, civil society and non-governmental organizations (NGOs) play a key role in addressing the TB epidemic globally. They help identify issues that are affecting patients and their families, advocate to the national government for policy changes, raise awareness among key players at domestic and international levels, and consolidate voices for urgent action.

Ukraine has a strong network of local and international NGOs working in the public health sector, as well as patient groups and advocates. However, it has a limited number of organizations with strong experience in TB. STOP TB Partnership/Ukraine is one example of strong coalition of 46 partners joining efforts together to bring TB issues to light and advocate for change and needed improvements.

Addressing stigma and discrimination is one of the key principles of USAID assistance in many countries globally and in Ukraine. Inclusion of all partners, affected families, underserved population and groups is one of USAID's focus interventions. Building capacity of local NGOs, patient groups and coalitions will result in addressing TB epidemic, supporting TB patients and families, better advocacy for increased domestic resources, and stigma reduction.

Expected Result 4.1: Support to local NGOs in assisting patients to adhere and complete TB and DR-TB treatment provided.

While Ukraine has a large NGO sector involved in HIV care and support, there are a limited number of active players involved in TB care. It has been demonstrated both globally and in Ukraine that NGOs can play a leading role in supporting TB patients and families with education, treatment support and adherence, provision of nutrition and addressing cost barriers to treatment. It is expected that under ER 4.1, the award Recipient will continue to support local NGOs, civil society organizations and patient groups directly engaging with patients and their families and providing support during their treatment. The Recipient will also create activities related to capacity building and development of new partners and organizations.

Expected Result 4.2: TB – related stigma and discrimination reduced.

Stigma is one of the key reasons to delay seeking health services which in turn prolongs the risk of transmission. It can also be a major barrier to treatment adherence. The public must be educated about the real risks of TB at various stages of treatment. This can potentially decrease fears of infection from individuals in the outpatient phase of treatment and can increase family and community awareness of the importance of emotional and societal support for persons undergoing treatment. Stigma reduction activities should be multi-pronged with the use of proven and novel tools, demonstration of TB successes and

results. In addition, peer-to-peer support and use of "TB champions" have proven to be effective in addressing stigma. Lastly, under ER 4.2, gender-related barriers have to be addressed, both at the TB detection and TB treatment stages.

Expected Result 4.3: Public information campaign and outreach activities supported.

It was proven that a well-informed society can change attitudes, be more receptive to TB in general, and can help implement activities aimed at active TB case finding and TB screening. There have been almost no national campaigns addressing TB in the country and just a few outreach activities so far. NGOs and civil society can bring innovative ways for TB information to be disseminated via social platforms, modern messaging tools, websites and phone apps. It is expected that under ER 4.3, the Recipient will support efforts for communities and the general public to have a better understanding of TB, be willing to proactively seek medical attention, and be more receptive to TB treatment.

Expected Result 4.4: Activities aimed at increasing domestic resources and sustainability actions at the oblast level supported.

International donors and partners have been supporting the TB response in Ukraine for decades. However, as economic growth increases, the country must move towards self-reliance and sustainability. The Recipient will work with national and oblast level governments, civil societies, patient groups and other partners to advocate for increased domestic funding, inclusion of other development sectors in the TB response, development of universal health coverage for TB-affected people and increased social protection.

Mandatory Cross-Cutting Considerations

The following cross-cutting considerations will be incorporated throughout this program.

Gender: USAID requires that all activities USAID fully address gender considerations, ensuring that both men and women benefit from USAID support and that gender awareness is a built-in component of project activities.

On April 2017, a Gender Analysis report for USAID/Ukraine was published, summarizing major observations and recommendations for technical support in Ukraine.[2] The Recipient will review the Report findings and conclusions, and use its recommendations in activity implementation as applicable.

Complex gender dynamics in Ukraine impact modes of transmission of TB as well as accessibility to TB prevention, treatment and care services. For men, unhealthy lifestyles, especially the abuse of alcohol, drugs and tobacco, may increase susceptibility and exposure to TB and may also interfere with treatment. According to the Report, in 2014 the TB incidence (registered new cases) for males was 89.2 per 100,000 as compared to 35.4 per 100,000 for females. Specific socio-demographic factors (age, sex and residence-whether urban or rural), are all associated with a later start for receiving TB treatment after entering a medical facility.

Though the Support TB Control Efforts in Ukraine Activity may not contain a stand-alone gender component, gender equality and gender dynamics should be promoted at all project levels. The Recipient

[2] http://pdf.usaid.gov/pdf_docs/pa00mq3k.pdf

will place considerable focus on the integration of gender considerations throughout the project portfolio, ensuring that men and women both benefit from project results and are treated without discrimination; gender awareness is a built-in component of all project activities; resources are fairly distributed, taking into account the different needs of incarcerated women and men.

The Recipient is required to address the recommendation of the Gender Analysis report, specifically, the Recipient must:

- engage local Ukrainian expert(s) as advisors on integrating gender equality and female empowerment components in activity implementation;
- identify how gender impacts access to TB services, and retention in care and treatment, and address those barriers through the activity implementation;
- disaggregate performance indicators data by sex, age and key population group as appropriate and feasible;
- clearly indicate the areas or aspects of the project in which gender is relevant and specifically show in the Work and Monitoring Evaluation and Learning Plan how gender issues will be addressed, how results will be determined taking gender into account; and what resources will be provided to do this;
- invite women's NGOs to participate in project events;
- work with program counterparts, stakeholders and beneficiaries to increase equal opportunities for women's decision-making about combatting the TB epidemic in Ukraine;
- develop partnerships with civil society organizations formed by women's and gender advocates; and
- strive for at least 30/70% women/men or men/women participation in all project activities (not less 30% and not more 70% of each sex) in all aspects.

USAID will monitor the implementation of the gender requirements.

Inclusive Development: The inclusion of Persons with Disabilities (PWDs), Internally Displaced Persons (IDPs), veterans, youth, the elderly, ethnic minorities, Lesbian, Gay, Bisexual, and Intersex people (LGBTI), and other vulnerable groups remains a challenge for Ukraine. Where legal protections do exist, implementation remains ad hoc or ineffective at protecting the rights of the most vulnerable. The Recipient should conduct interventions and approaches that apply USAID policies and visions on PWDs, LGBTI, and youth, as well as international best practices on inclusive development, towards achieving the stated objectives.

Additionally, applicants should demonstrate an understanding of and include attention to issues impacting conflict-affected populations in eastern Ukraine. Inclusion of conflict-affected populations will have both geographic and demographic dimensions, which will be refined and applied by the Recipient, in consultation with the USAID Agreement Officer's Representative, throughout the life of the program.

Journey to Self-Reliance (J2SR): USAID/Ukraine supports the Government of Ukraine in its Journey to Self-Reliance (J2SR) by helping to building sustainable health systems that will allow the GOU to plan, finance, and implement effective infectious disease control programs. As part of this, efforts are made to scale up and sustain best international models and practices through evidence-based policies and strategies for the provision of quality health care that meets the need of women and men. As such, the Recipient is

expected to identify key factors (both external and internal) that would influence positively and negatively on the sustainability of the Activity, from the technical and financial point of view, after it is completed. The Recipient is further required to describe how they would go about dealing with these factors to maximize the positive impacts and minimize the negative ones. It is expected that the Recipient will support local NGOs, civil society organizations, and patient groups, including creating activities related to capacity building and development of new partners and organizations. Finally, the Recipient is expected to describe activities that will be focused on achieving sustainability of the efforts and will demonstrate commitment of the Activity's beneficiaries for subsequent support of these activities to support Ukraine's Journey to Self-Reliance.

[END OF SECTION I]

SECTION II – FEDERAL AWARD INFORMATION

1. Estimated Total Funding Available and Number of Awards Contemplated

Subject to funding availability, USAID anticipates awarding one (1) Cooperative Agreement with a total estimated amount up to $19,500,000 over a 5-year period. The actual funding amount is subject to availability of funds.

2. Start Date and Period of Performance for Federal Awards

The estimated start date will be on or about September 30, 2019. The anticipated period of performance will be five (5) years from the effective date of the award.

3. Substantial Involvement

Through a Cooperative Agreement, USAID reserves the right of substantial involvement in assistance awards (including monitoring performance, reviewing reports, and/or providing approvals, in order to effectively support the achievement of the expected results, in addition to the standard prior approvals). USAID considers collaboration with the awardee crucial for the successful implementation of this program. Substantial involvement is deemed necessary and therefore is anticipated between USAID and the recipient during the performance of this activity.

Substantial involvement under the proposed award shall include the following:

- Review and approval of the Recipient's Initial Implementation Plan, Annual Implementation Plans (Work Plans), including the Monitoring, Evaluation and Learning (MEL) Plan. Any significant changes to the approved Implementation Plan and the MEL Plan will require additional approval;
- Review and approval of key personnel and any changes thereto; and
- Subawards (sub-contracts and sub-grants): Substantial involvement and approval of all subawards (sub-contracts and sub-grants) including any extensions thereto, in accordance with 2CFR200.308 (c)(6).

The above substantial involvement will be delegated to the Agreement Officer's Representative (AOR). The AOR will be responsible for oversight and technical guidance of the Recipient, both in writing and verbally. The Recipient will be expected to meet regularly (via phone, email or in person) with the AOR or his/her designee to review the status of activities, and should be prepared to make periodic briefings to USAID as appropriate.

4. Title to Property

Title to property will be vested with the Recipient in accordance with 2 CFR 200.311.

5. Authorized Geographic Code

The authorized Geographic Code for procurement of goods and services under this award is 110 and 937 as described in 22 CFR 228.

6. Purpose of the Award

The principal purpose of the relationship with the Recipient under the subject Activity is to transfer funds to accomplish a public purpose of support of the Support TB Control Efforts in Ukraine Activity described in the Program Description, in Section I of this NOFO.

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

[END OF SECTION II]

SECTION III - ELIGIBLITY INFORMATION

A. Types of Entities Eligible to Apply

USAID encourages applications from potential new partners. USAID will not accept applications from individuals. Applicants are encouraged to work in partnership and collaboration with local NGOs that have experience implementing TB.

To be eligible for award of a Cooperative Agreement, in addition to other conditions of this NOFO, organizations must have a commitment to non-discrimination with respect to beneficiaries and adherence to equal opportunity employment practices. Non-discrimination includes equal treatment without regard to race, religion, ethnicity, gender, and political affiliation.

The following types of entities are **eligible** to apply for funding under this RFA:

1. U.S. and Non-U.S. Non-Governmental Organizations (NGOs)

a) U.S. and Non-U.S. Non-Profit Organizations

U.S. and non-U.S. private non-profit organizations may apply for funding under this RFA.

b) U.S. and Non-U.S. For-Profit Organizations

U.S. and non-U.S. private for-profit organizations may apply for funding under this RFA. Potential for-profit applicants should note that, in accordance with 2 CFR 200.400(g), profit, which is any amount in excess of allowable direct and indirect costs, is not an allowable cost for recipients of USAID assistance awards, and cannot be part of the project budget. However, the prohibition against profit does not apply to procurement contracts made under the assistance instrument when the recipient procures goods and services in accordance with the Procurement Standards found in 2 CFR 200.317 to 326.

c) U.S. and Non-U.S. Colleges and Universities

U.S. and non-U.S. colleges and universities may apply for funding under this RFA. USAID generally treats colleges and universities as NGOs, rather than governmental organizations; hence, both public and private colleges and universities are eligible, except public colleges and universities in countries that are ineligible for assistance under the FAA or related appropriations acts. Please note, however, that this NOFO is focused on programming the implementation of activities and is not intended to fund academic research.

2. Public International Organizations (PIOs)

PIOs may apply for funding under this RFA. Please see ADS 308 for USAID policy on PIOs: http://www.usaid.gov/ads/policy/300/308

B. Registration as a Private Voluntary Organization (PVO)

NGOs that meet the definition of a Private Voluntary Organization (PVO) as defined in 22 CFR 203 http://www.gpo.gov/fdsys/pkg/CFR-2014-title22-vol1/xml/CFR-2014-title22-vol1-part203.xml are encouraged to register as a PVO with USAID. Applicants may find registration instructions here: http://www.usaid.gov/pvo.

C. New Partners

USAID encourages applications from new partners that have not previously received USG funding. However, resultant awards to these organizations may be delayed because USAID must conduct pre-award surveys of these organizations in order to make a risk assessment decision, in accordance with ADS 303.3.9 (for NGOs; ADS 308 for PIOs). Please refer to Section V of this NOFO, for additional information on pre-award surveys.

D. Number of Applications that May be Submitted

Any one entity may submit one application for funding in response to this NOFO. Multiple applications from the same entity are not allowed and USAID will only accept one final application from one entity.

E. Cost Sharing

ADS 303.3.10 Cost Share defines cost share as "the resources a recipient contributes to the total cost of an agreement. It is the portion of project or program costs not borne by the Federal Government." Although not required for this NOFO, USAID/Ukraine encourages the potential applicants to propose cost sharing since "it is critical that the activity continues after USAID assistance ends." These cost sharing requirements can ensure that the project establishes adequate alternate sources of funding, as well as give the applicant a financial stake in the success of the program. The applicants' proposed cost share may enable additional worthwhile activities to be undertaken which USAID funds could not support. Cost share may secure the programmatic and financial sustainability of the initiatives. USAID encourages applicants to propose for which activities and in which amount cost sharing will be applied. The exact level of cost share is left to applicants to propose per 303.3.10.1 (http://www.usaid.gov/policy/ads/300/303.pdf). For NGO recipient contributions to qualify as cost share, the cost share must be verifiable from the recipient's records; for U.S. organizations it is subject to the requirements of 2 CFR 200.306, and for non-U.S. organizations it is subject to the Standard Provision, "Cost Share"; and can be audited. If the recipient does not meet its cost sharing requirement, it can result in questioned costs. The USAID Mission Agreement Officer will determine whether any proposed cost share shall become a condition of the award. For PIO recipients, while the term "cost sharing" is not used in USAID grants and cooperative agreements with PIOs, the concept of cost sharing is manifested by the USAID requirement that USAID must have audit rights, and the recipient must comply with USAID's procurement requirements, if USAID will be the sole contributor to a trust fund established by a PIO.

Any proposed cost share will be reviewed for compliance with applicable regulations and policies describe above in this section.

F. Third Country Participant Training

Third-country training must **not** take place in countries that are:

- Considered unfriendly by the U.S. Department of State and to which travel by U.S. citizens is prohibited; or
- Identified as terrorist countries by the Department of State.

[END OF SECTION III]

SECTION IV – APPLICATION AND SUBMISSION INFORMATION

A. POINT OF CONTACT INFORMATION:

The point of contact for this NOFO is Ms. Larissa Lomonosova at llomonosova@usaid.gov, with a copy to Mr. Daniel Harter at dharter@usaid.gov. The point of contact will receive all questions related to this NOFO by the deadline specified in the cover letter. Responses to the questions will be made available to all potential applicants through an amendment to this NOFO and posted on www.grants.gov. The point of contact will also receive all applications related to this NOFO by the closing date specified on the cover letter.

Please e-mail Ms. Larissa Lomonosova at llomonosova@usaid.gov to verify your application has been received.

To be considered for this funding opportunity, all applicants must follow the procedures set out in this NOFO. USAID may exclude applicants from further consideration if any submission is not within these parameters. Applications and all supporting material must be submitted in English.

B. APPLICATION MATERIALS AND SUBMISSION INFORMATION:

Applications must be submitted electronically via e-mail to the point of contact for this NOFO, Ms. Larissa Lomonosova at llomonosova@usaid.gov, with a copy to Mr. Daniel Harter at dharter@usaid.gov. Note: Hard copy or faxed applications are not acceptable and will not be reviewed.

All applications received by the closing date and time indicated on the cover letter will be reviewed for responsiveness and programmatic merit in accordance with the specifications outlined in these guidelines and the application format. Section V. addresses the selection criteria and evaluation procedures for the applications.

Complete application packages must be received by USAID no later than the closing date and time indicated at the top of the NOFO cover letter at the place designated for receipt of applications. Failure to include all information or to organize the application in the manner prescribed may result in rejection of the application as being unacceptable. Applications which are received late or incomplete will not be considered unless the Agreement Officer determines it to be in the U.S. Government's interest.

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purposes should:

(i) Mark the title page with the following legend:

"This application includes data that shall not be disclosed outside the U.S. Government and shall not be duplicated, used, or disclosed - in whole or in part - for any purpose other than to evaluate this application. If, however, a grant is awarded to this applicant as a result of - or in connection with - the submission of this data, the U.S. Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting grant. This restriction does not limit the U.S. Government's right to use information contained in this data if it is

obtained from another source without restriction. The data subject to this restriction are contained in pages___."; and

(ii) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."

Applications shall be submitted in two separate parts: (a) Technical Application, and (b) Cost or Business Application. Both the technical and cost portions of the application shall have a cover page which includes the point of contact for the organization, including name, title, address, DUNS number, phone and fax numbers, and e-mail address. Applications should be submitted in **TWO** e-mails inclusive of attachments. The TWO e-mails inclusive of attachments should be labeled as follows:

1) ORGANIZATION NAME – SUPPORT TB CONTROL EFFORTS IN UKRAINE - TECHNICAL APPLICATION
2) ORGANIZATION NAME – SUPPORT TB CONTROL EFFORTS IN UKRAINE - COST APPLICATION

USAID will send confirmation e-mails when the electronic files are successfully received. If no email confirmation has been provided, then the electronic materials were not received. Applicants should retain for their records one copy of all enclosures which accompany their application.

Applications should be prepared according to the structural format set forth below. Technical applications should be specific, complete and presented concisely. **A lengthy application does not in and of itself constitute a well thought out proposal.** Applications shall demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Applications should take into account the merit review criteria found in Section V. of the NOFO.

C. FORMAT AND CONTENT OF APPLICATION

1. GENERAL APPLICATION FORMAT:

Technical Applications (electronic copy) **must be in MS Word or PDF** format, single spaced, utilizing **Times New Roman 12-font size**, typed on standard 8½"x11" sized paper with 1" margins on top, bottom, left and right, numbered consecutively, and **not exceed 30 pages.** The cover page, table of contents, acronyms list, executive summary, and any annexes will not count toward the page limitation of the Technical Application. Any pages that exceed the page limitation will not be considered by the review committee. All materials and supporting documentation must be submitted in English.

Applications will be evaluated on programmatic merit and subsequently on cost. As such, the Technical Application will have more significance than the Cost Application in the selection of a successful applicant. The Technical Application should demonstrate the applicant's capabilities and expertise with respect to achieving the goals of this program. Therefore, it should be specific, concise, and complete. It should take into account and be arranged in the order of the merit review criteria specified in Section V.

Each applicant shall furnish the information required by this NOFO. The applicant shall sign the application and certifications and print or type its name on the cover page of the technical and cost

applications. Applications signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

2. TECHNICAL APPLICATION FORMAT AND CONTENT:

The Technical Application will be the most important item of consideration in selection for award of the proposed Cooperative Agreement. Therefore, it should be specific, complete and concise. The Technical Application will consist of the sections presented below. For ease of review, please place a header at the beginning of each new section.

The following outlines the page limits for the application. Pages exceeding these page limits will not be evaluated. In addition, if the annexes contain information that relates to the technical application, they will not be scored (e.g. placing elements of technical understanding and proposed approaches in an annex is unacceptable). Elaborate art work and/or visual and other presentation aids are neither necessary nor wanted.

The substance of the Technical Application should be used to address those considerations in Section V, APPLICATION REVIEW INFORMATION. The cover page, table of contents, acronyms list, executive summary, and annexes are not included in the page limit of 30 pages, however the executive summary should not exceed 3 pages. The number of pages used for annexes should be reasonable and include only the information necessary.

There is a 20-page limit for the combination of the Technical Approach, the Implementation Plan, and the Staffing and Management Plan. These 20 pages, after any negotiated revisions, will be included in the resultant Cooperative Agreement. Additionally, there is a 5-page limit for the Monitoring, Evaluation and Learning (MEL) Plan. There is a 3-page limit for the Institutional Capability and a 2-page limit for Past Performance. The aggregate length of the technical application should not exceed 30 pages.

The Technical Application should be submitted in the following format:

a) Cover Page (not included in page limitations) -

The cover page must include at a minimum the following information:

- NOFO Number
- Project Title
- Name of the organization(s) submitting the proposal (the lead or primary applicant clearly identified)
- Contact person for the prime applicant, including this individual’s name (both typed and his/her signature), title or position with the organization/institution, address, telephone and fax numbers and e-mail address.
- Any proposed sub grantees (or implementing partners) should be listed separately

Applicants should also state clearly whether the identified contact person has the authority to negotiate on behalf of the applicant, or, if not, the contact information for the appropriate person with the authority to negotiate.

b) Table of Contents (not included in page limitations) -

This page shall list all sections of the Technical Application with page numbers and attachments.

c) Acronyms List (not included in page limitations) -

This page shall include the list of acronyms used by the applicant in the Technical Application.

d) Executive Summary (not included in page limitations; should not exceed 3 pages) -

This section shall briefly contain:

- a concise summary of the approach and core activities that will lead to anticipated results and stated objectives; and
- a concise summary of how the overall project will be managed and implemented.

e) Technical Approach (included in the 20 page limitation) -

In this section, the applicant is not to merely repeat what is already described in this NOFO. The applicant should present a program description that focuses on describing the program that the applicant will implement. In this description, the applicant should discuss how they propose to achieve the objectives and make a significant contribution toward achieving the strategic purpose and priorities identified in USAID's activity description. Applicants will present a convincing and compelling articulation of their program and technical approach and demonstrate why it is the most effective way to realize the objectives of this activity, including a reasonable course of action and tasks relevant to the current needs of Ukraine.

The technical approach must clearly describe, and with enough details, the conceptual approach, methodology and proposed activities for the implementation, accomplishment and evaluation of the objectives. The rationale for the appropriateness of the suggested approach in Ukraine should be provided. The applicant's program description must clearly demonstrate the application of state-of-the-art approaches, models, tools and lessons learned from other projects.

At a minimum, the applicant's program description should address the following:

- Discussion of the proposed intervention, and how each will ultimately lead to achievement of expected results;
- Results and interventions applicants believe should be prioritized and why;
- Discussion on using the lessons learned and experience of previous USAID-funded projects supporting improvement of TB, DR-TB services;
- Demonstration of the extent to which the overall strategy, proposed activities and implementation plan are evidence-based, innovative, efficient, scalable and sustainable, adaptable to a changing political and/or regulatory environment and consistent with all applicable USAID guidance;
- Discussion of relevant and meaningful indicators at each level - intervention, outcome, Expected Results (ER) - which should each be linked or flow from each level unto the next. For example, each intervention must correspond to an outcome and each outcome must correspond to an ER. The relationship should be clear and/or explained in the narrative;

- Discussion on coordination with other USAID activities, stakeholders and other donor activities. Applicants should provide specific examples on how they will capitalize on possible synergies with other implementing partners and other USAID activities in this area;
- Strategy for capitalizing on existing local capacity and building on it to position the sub-recipient(s) to effectively manage the project;
- Strategy for the phase-out and sustainability of activities and results;
- Implementation timelines schedule; and
- Proposed plan for effective rapid launch of activities.

Mandatory cross-cutting considerations: The following cross-cutting considerations need to be incorporated throughout the applicants' program (details are in Section I):

- Gender;
- Inclusive Development; and
- Journey to Self-Reliance.

f) Implementation Plan (included in the 20 page limitation) -

Applicants shall include a draft implementation plan that describes how and when specific core activities will be developed over the life of the activity. Applicants must present a detailed explanation for the first year, with illustrative *key* activities, benchmarks, and results for the remaining years. The implementation plan should clearly outline links between the proposed results, conceptual approach, performance milestones, and a realistic timeline for achieving the semi-annual, annual, and end-of-program results. The implementation plan serves several purposes including a guide to program implementation, a demonstration of links between activities, strategic objectives and intended results, a basis for budget estimates, and the foundation for the monitoring and evaluation plan.

The implementation plan, at a minimum, shall include:

- Brief situation analysis in the context of what other donors and implementing partners and host-country governments are contributing;
- Milestones (or benchmarks) toward achieving those results over the duration of the program;
- Partner involvement and contributions to achieving the results; and
- Timeline.

g) Staffing and Management Plan (should be included in the 20 page limitation) -

This section shall include the composition and organizational structure of the proposed team and a description of each team member's role, technical expertise, and estimated amount of time to be devoted to each relevant activity. The plan should include the applicant's approach to managing the operational aspects of the Activity and how that approach will ensure effective and efficient implementation of activities. The applicant should specify the structure of the entire program team, including home office support and implementing partners (i.e., sub-recipient(s)), and the applicant's overall approach to managing the program. The applicant should demonstrate how it will ensure effectiveness and efficiency, in order to achieve maximum benefits and results, and how it will utilize Ukrainian professionals for country staff, including how it will develop the skills of young Ukrainian professionals.

Applicants must propose key leadership positions which will be designated as Key Personnel under the resulting award. The plan should identify key personnel and long-term staff positions, including their technical and managerial roles and responsibilities and qualifications, experience in international technical assistance projects, and abilities of proposed key personnel relevant to successful implementation of the proposed technical approach.

A one-page organizational chart may be included as an Annex to supplement the plan and this annex will not count against the 20-page limit.

Applicants should include in the staffing plan the desired complement of local personnel, including position titles, qualifications, and how their inclusion would best achieve the results of this project. Other information that is required includes:

- Organizational chart (as an Annex) for the program team, including sub-awardee staff, if applicable;
- A plan which allows for early identification and proposed resolution of anticipated risks or problems the prime awardee encounters and provision of that related information to USAID; and
- If the applicant plans to collaborate with other organizations for the implementation of this activity, the services to be provided by each organization shall be described. [Note: indigenous organizations receiving sub-awards or technical assistance from the project would be considered recipients, and therefore should not be included in the proposal]

In an Annex to the Technical Application, applicants should provide résumés for the candidates proposed **for all Key Personnel positions listed in this NOFO.** The résumés should demonstrate that the proposed Key Personnel possess the qualifications, skills and knowledge to effectively carry out their proposed responsibilities. Résumés may not exceed three pages in length and shall be in chronological order starting with the most recent experience. The relevant experience listed in resumes must identify the specific month and year in which the candidate worked in the position so that the years of experience are clearly delineated and easy to tabulate. Each résumé shall be accompanied by a signed Letter of Commitment from each candidate indicating his/her: (a) availability to serve in the stated position, in terms of days after Award; (b) intention to serve for a stated term of the service; and, (c) agreement to the compensation levels corresponding to the Cost Application. References may be checked for all proposed key personnel; **a minimum of three references for each proposed key personnel is required.** There is no special format for the references. Applicants should provide current phone, e-mail address information for each reference contact.

Applicants are encouraged to maximize the use of local staff wherever possible.

Applicants must propose **five (5)** key leadership positions as described below that meet the minimum qualifications. Each of the following will be designated as Key Personnel under the resulting award:

Chief of Party: 100 percent LOE

The Chief of Party (COP) will be responsible for leading a high-quality, results-oriented activity to achieve the objectives and expected results. S/he will provide overall strategic and managerial leadership of the activity in collaboration with all major stakeholders. S/he will bring a strong perspective, vision and strategy on achieving the goals and objectives of the RFA. The COP's responsibilities shall include the

overall planning, technical leadership and coordination of all activities including the work of any sub-partners. S/he will oversee staff and sub-partners to ensure quality of activities and products developed under the project. The COP shall have regular communication with AOR and other USG officials.

The COP must meet or exceed the qualifications below:

Mandatory qualifications:

1. Advanced degree (Medical, Masters or PhD) in health or social sciences,
2. Up to ten (10) years of experience leading international donor assistance projects;
3. Demonstrated strategic vision and leadership skills, technical expertise, and strong management skills to effectively and efficiently implement complex and politically sensitive international health projects;
4. Demonstrated ability to develop and manage relationships with a wide range of stakeholders, including international organizations, NGO partners, Government Institutions of Ukraine, and U.S. Government (USG) Agencies; and
5. Professional English written and oral communication skills.

Desired qualifications:

1. Knowledge of and experience working with the USG;
2. A minimum of ten years of experience working in the health sector with demonstrated experience in implementing programs improving TB, DR-TB, TB/HIV; and
3. Ukrainian and/or Russian communication skills.

Deputy Chief of Party (DCOP):100 percent LOE

The DCOP will be responsible for being the technical team lead for the Activity and will provide TB technical leadership, strategic vision and technical guidance for the implementation team. S/he will oversee staff to ensure the quality of activities and products developed under the project. In collaboration with the COP, s/he will oversee all technical and programmatic aspects of the activity to ensure all objectives are met and all activities are responsive to the host country needs. In absence of COP, the DCOP shall have regular communication with the AOR and other USG officials.

The DCOP must meet or exceed the qualifications below:

Mandatory qualifications:

1. Advanced degree (Medical, Master’s or PhD) in public health or applied clinical research;
2. Experience leading technical activities related to TB case detection, TB and DR-TB treatment, TB/HIV activities;
3. Strong organizational and management skills including demonstrated effective personnel management, coordination, interpersonal and decision-making skills; and
4. Full professional proficiency in Ukrainian and/or Russian.

Desired qualifications

1. Knowledge of and experience working with the USG;
2. Up to eight (8) years of demonstrated experience in implementing programs improving TB, DR-TB, TB/HIV, and other health services at facilities. Demonstrated progressive, focused experience in the management, design, execution, and monitoring of tuberculosis activities and projects; and
3. Professional English written and oral communication skills.

Access to Care Advisor: 100% LOE

The Access to Care Advisor will lead the approach to develop evidence-based and patient-centered interventions to reach vulnerable and high-risk populations with tailored and appropriate activities. S/he will lead efforts to find and bring more patients to TB and DR-TB care, both adults and children. S/he will ensure that activities are technically sound and adhere to internationally endorsed and recognized guidance or have demonstrated proof of concept when supporting new interventions.
Mandatory qualifications:

- Advanced degree (Medical, Master's or PhD) in medicine, health/public health, sociology, or epidemiology;
- At least five (5) years of experience designing and implementing infectious disease outreach programs for vulnerable and high-risk populations, including but not limited to people living with HIV (PLWH), ex-prisoners, internally displaced people (IDP), persons who inject drugs (PWID), prisoners, migrant workers, refugees, elderly or children;
- Demonstrated understanding of health-seeking behavior and patient support needs;
- Experience successfully involving patients or key affected populations and civil society in project design and execution; and
- Full professional proficiency in Ukrainian and/or Russian.

Desired qualifications:

- Experience developing and implementing effective communication and community engagement programs;
- Strong organizational and management skills; and
- Professional English written and oral communication skills.

Laboratory and Diagnostics Advisor: 100 Percent LOE

The Laboratory and Diagnostics Advisor will provide relevant technical guidance and oversight for all activities related to the TB diagnostic network and laboratory services. S/he will ensure that activities are technically sound and adhere to internationally endorsed or recognized guidance or have demonstrated proof of concept when supporting new interventions. S/he will advise the relevant government programs and laboratories on best practices and provide capacity building support as needed.

Mandatory qualifications:

- A PhD or Master's degree in laboratory science, infectious diseases, or public health;

- Up to eight (8) years of experience working on projects related to strengthening diagnostic network/laboratory services, with at least four (4) of these years working on TB diagnostic network/laboratory services;
- Demonstrated capacity to function as a technical expert for new technologies within the TB diagnostic network/laboratory community;
- Demonstrated ability to work with multiple partners on collaborative projects; and
- Ability to communicate effectively in Ukrainian and/or Russian, both verbally and in writing.

Desired qualifications:

- Experience working in more than one country;
- Experience working in similar country contexts;
- Strong organizational and management skills; and
- Professional English written and oral communication skills.

Monitoring and Evaluation Specialist (M&E Specialist): 100% LOE

The M&E specialist shall have responsibilities for establishing and maintaining systems to compile, analyze and report the activity's data and for providing regular project reports to USAID. S/he shall conduct analysis of program data and identify methods to use the results for program improvement.

The M&E Specialist shall provide technical support in implementation, monitoring and evaluation of TB, TB/HIV services in the regions. S/he will have primary responsibility for: establishing and maintaining systems to measure, compile, analyze, and report activity data at all levels and across levels; ensuring that all activity interventions are designed with M&E plans and activities; comparing performance between USG-supported and non-USG sites; providing regular activity reports to USAID and developing special reports as needed; and producing analysis of program data.

S/he shall build host country capacity to collect and analyze data for program improvement.

Mandatory qualifications:

- A Master's or PhD in monitoring & evaluation, demography, biostatistics, statistics, or a related field;
- Minimum of eight (8) years of work experience in establishing/designing M&E systems and tools and managing data-intensive health programs including use of gender-disaggregated data for decision-making;
- Minimum four (4) years working on TB or other infectious disease programs;
- Experience with qualitative and quantitative M&E data collection and analysis methods, including tracking outcome indicators;
- Demonstrated ability to obtain, analyze, organize and interpret relevant data and use them to design or critique TB interventions;
- Experience in building capacity of teams and stakeholders to analyze and interpret relevant data to improve program implementation;

- Experience with collecting and analyzing TB data for strategic policy and program planning purposes;
- Demonstrated capacity to coordinate and execute evaluations and implementation/operations research, including experience developing terms of reference, recruiting, training, and managing a diverse team and analyzing and preparing data and final reports; and
- Professional English written and oral communication skills; full professional proficiency in Ukrainian and/or Russian.

h) Monitoring, Evaluation and Learning (MEL) Plan (not to exceed 5 pages) -

The Application shall contain an illustrative (draft) Monitoring, Evaluation and Learning (MEL) Plan. The MEL Plan should explain how the applicant proposes to monitor the program and assess performance and progress toward achieving program results.

The applicant shall draft an illustrative MEL Plan using the guidelines set forth in SECTION VI – AWARD AND ADMINISTRATION INFORMATION, REPORTING, *B. Monitoring, Evaluation and Learning (MEL) Plan*, of this NOFO.

In designing the overall MEL Plan, applicants should consider the human and financial resources necessary for its implementation. It is the applicant's responsibility to ensure that all costs related to the implementation of the MEL Plan are included in the Cost Application.

i) Institutional Capability (not to exceed 3 pages) -

Applicants must provide evidence of their technical and managerial resources and expertise (or their ability to obtain such) in program management, grants management, budget/financial management, technical assistance and capacity building provision, and training, as well as their experience in managing similar activities in the past. Specifically, applicants should discuss its relevant capabilities and experience in implementing TB programming, capacity building of local actors and their ability to provide provision of HIV and TB services in the future. Applicants should also discuss experience in managing activities of similar size and complexity and in working with and collaborating with external partners.

The applicant should provide similar information for major partnering organization(s) *(if proposed)* that will be directly involved in program implementation. Information in this section should include (but is not limited to) the following:

- Brief description of organizational history/expertise;
- Past experience and examples of developing and implementing similar activities, including:
    - Provision of technical assistance and organizational development and institutional capacity building in the area of health, TB, DR-TB, TB/HIV, health systems strengthening and health reform;
    - Collaborations with donors, host country governments, and other stakeholders including civil society; and
    - Partnering with government to reform and/or strengthen internal health systems including TB and HIV/AIDS sector.
- Relevant experience with proposed approaches; and
- Institutional strength as represented by breadth and depth of corporate experience in project relevant disciplines/areas.

j) Past Performance (not to exceed 2 pages) -

Past Performance information will only be reviewed as part of the Apparently Successful Applicant risk assessment and is not evaluated at the merit review stage.

Applicants must list all contracts, grants and cooperative agreements which the organization, both the primary applicant as well as any partnering organization(s) *(if proposed),* has implemented involving similar or related programs over the past five years.

Please include the following information under past performance information:

- Name, address, current telephone number and email address of responsible representative(s) from the organization for which the work was performed;
- Contract/grant name and number (if any), annual amount received for each of the last five years and beginning and end dates;
- Brief description of the project/assistance activity.

Past performance of the applicant and any major partnering organization(s) *(if proposed)* will be reviewed based on the implementation of programs or program elements of similar size and scope, and ability to achieve results. References may be asked to comment on both quality and timeliness of service, business relations, customer satisfaction with performance, effectiveness of key personnel, and effectiveness in quickly staffing a project and launching program activities.

k) Annexes (are not included in 30 pages) -

In the Annexes the applicant shall include resumes for all key personnel candidates (per the details above, prescribed in section Staffing and Management Plan). The applicant must also include an organizational chart in the Annexes as stated above.

Applicants shall also include signed letters of commitment for any major partnering organization(s) *(if proposed)* that will have significant role in the implementation of the program (excluding Ukrainian organizations that will receive assistance under this program).

3. COST/BUSINESS APPLICATION FORMAT AND CONTENT:

Cost is a required evaluation criterion and will be evaluated separately. Although the Cost Application will not be assigned points, it is an important evaluation criteria, although less significant than the technical merit criteria.

The Cost/Business Application is to be submitted under separate cover from the Technical Application. Budget spreadsheets **must be in U.S. Dollars**, **in unlocked Microsoft Excel** format, pages with signatures in Word or PDF format.

The budget should be for 5 years and for $19,500,000 and should reflect the cost necessary to implement the applicant's technical approach.

The following sections describe the documentation that applicants for an assistance award must submit to USAID prior to award. While there is no page limit for the cost application, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

- **Detailed Budget (no page limit),** which provides a breakdown by elements of cost (e.g. personnel, fringe benefits, travel, equipment, supplies, contractual, construction, other direct costs, indirect costs, cost sharing (if any)) for the total estimated amount of implementation of the project according to your organization's approach. The budget shall include costs associated with all programmatic activities during the project implementation. Budget must be in U.S. Dollars.

- **Budget Narrative**, which provides detailed budget explanations and supporting justification of each proposed budget line item. It must briefly describe programmatic relevance and clearly identify the basis of estimate (i.e. how the budget number was determined fair and reasonable) for each cost element, such as market surveys, price quotations, current salaries, historical experience, etc. The budget narrative should demonstrate how the budget supports and allocates sufficient and appropriate funding for all elements of the program activities described in Section I. Funding Opportunity Description (Program Description) of this NOFO.

The applicant must sign and submit the following MANDATORY standard forms as a part of the cost application:

- **(MANDATORY) SF-424 (Application for Federal Assistance):** This form is provided in Annex 3 of the NOFO, or applicants may also download the form from the Grants.gov website. Applicants need only complete the fields in the form that are marked with an asterisk(*), as applicable. The form must be signed and dated by an authorized representative of the applicant organization. Instructions on how to complete the form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424-instructions.html.

- **(MANDATORY) SF-424A (Budget Information – Non-Construction Programs):** This form is provided in Annex 4 of the NOFO, or applicants may also download the form from the Grants.gov website. Instructions for completing this form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424a-instructions.html.

- **(MANDATORY) SF-424B (Assurances – Non-Construction Programs):** This form is provided in Annex 5 of the NOFO, or applicants may also download the form from the Grants.gov website. Instructions for completing this form are available on the Grants.gov website at: http://www.grants.gov/web/grants/form-instructions/sf-424b-instructions.html

The cost application should contain the budget categories as shown on the SF-424A:

- ***Personnel/Labor:*** Direct salaries and wages should be proposed in accordance with the organization's personnel policies. Details on the basis of estimate for each proposed salary should be sufficiently addressed in the budget narratives for all positions [key, consultants, short term technical assistance and non-Key Personnel]. Any proposed salary increase must be sufficiently

justified and supported with the organization's personnel policies (to be provided as annex to the cost application).

Note: **Annual salary increase** and/or promotional increase may be granted in accordance with the applicant's established policies.

- ***Fringe Benefits:*** If accounted for as a separate item of cost, fringe benefits should be accounted in accordance with local labor law.

- ***Travel and Per Diem:*** The application budget and narrative should indicate the purpose of trip(s), number of trips, domestic and international, and the estimated unit cost of each. Specify the origin and destination for each proposed trip, duration of travel and number of individuals traveling. Proposed per diem rates must be in accordance with the applicant's established policies and practices that are uniformly applied to federally financed and other activities of the applicant.

- ***Equipment:*** The application should specify the procurement of any tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000. The application should indicate the quantity of the equipment to be purchased, the unit cost and the total price.

- ***Supplies:*** The application should specify the procurement of all tangible personal property other than those described in Equipment. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000, regardless of the length of its useful life. The application should indicate the quantity of the equipment to be purchased, the unit cost and the total price.

- ***Contractual****:* The application should include, if any, subaward(s). Applicants who intend to utilize other partnering organization(s) should indicate the extent intended and a complete cost breakdown, as well as all the information required herein for the applicant. **Major partnering organization(s) financial plans should follow the same cost format as submitted by the applicant.**

- ***Construction:*** Construction will not be funded by USAID under this program.

- ***Other Direct Costs (ODC):*** could include costs related to program activities described in the PD; communications, office rental, utilities, report preparation costs, other office operation costs, branding/marking costs, supplies, etc. The narrative should provide a complete breakdown and support for each item of other direct costs.

- ***Cost share****:* ADS 303.3.10 Cost Share defines cost share as "the resources a recipient contributes to the total cost of an agreement. It is the portion of project or program costs not borne by the Federal Government." Although not required for this RFA, it is encouraged.

The following information should be taken into consideration when developing the budget:

(1) Salaries and wages must be reflective of the "market value" for each position. Salaries and wages may not exceed the applicant's established written personnel policy and practice,

including the applicant's established pay scale for equivalent classifications of employees, which shall be certified by the applicant. Salaries for locally employed staff should not exceed the Local Compensation Plan for USAID/Ukraine.

The US Embassy/USAID local compensation plan is an objective benchmark for evaluation the reasonableness of proposed salaries of local employees. Ukrainian labor market conditions are the same for USAID-funded contracts or assistance agreements.

The maximum daily rate for senior locally hired specialists is $251 under USAID contracts. Applicants are expected to conduct their own market research for determining the salary scale for locally hired positions in Ukraine or rely on their previous work experience and other implementing partners' experience in the region.

(2) This USAID-funded project implemented under the anticipated cooperative agreement will be for an estimated period of performance of five (5) years; also referred to as the award period. Unless the applicant/Recipient demonstrates otherwise to the USAID Agreement Officer's satisfaction, Cooperating Country Nationals (CCNs) employed by the applicant/Recipient solely to work under the USAID-funded project under this agreement are considered by USAID as employed by the applicant/Recipient for a specified period not to exceed the agreement period.

(3) The name (if identified), annual salary, and expected level of effort of each candidate named or TBD and charged to the activity. Provide annual salary history for at least the three most recent years for all proposed key personnel.

(4) If applying fringe benefit rates, the applicant must provide information regarding how this rate is being applied for each category of employees and an explanation of the benefits included in the rate. Should the applicant have a negotiated indirect cost rate agreement (NICRA) with the U.S. Government, submission of their approved NICRA is all that is required.

(5) Travel, per diem and other transportation expenses detailed to include number of trips, expected itineraries, number of per diem days and per diem rates.

(6) All equipment proposed to be purchased.

(7) Applicants should include any estimated USAID branding and marking costs in their budget. It is the applicant's responsibility to ensure that all costs related to the implementation of the MEL Plan and Activity Location Data are included in the cost application. Applicants need to account for resources required for implementing and monitoring the environmental compliance activities in the technical application and in the budget and describe associated costs in detail to the degree possible in the budget narrative.

(8) Details regarding the level of cost share your organization is proposing for this activity **if any**. Cost sharing is desired but not required.

(9) Indirect Charges: The applicant and/or Major Partners must provide the organization's Negotiated Indirect Cost Rate Agreement (NICRA) if it has one.

D. RISK ASSESSMENT PRIOR TO ANY AWARD

The AO will make a risk determination as required by ADS 303.3.9 and 2 CFR 200.205 prior to making an award.

Specifically, applicants must submit the following information:

1. Indirect Cost Rate Agreement

The applicant must submit a Negotiated Indirect Cost Rate Agreement NICRA if the organization has such an agreement with an agency or department of the U.S. Government. If no NICRA the applicant should submit the following:

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

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

2. Certifications, Assurances and other Statements of the Applicant

Required assurance, certifications and representations: Applicants are required to complete Certifications, Assurances and other Statements of the Recipient. Please note that these certifications are required for both the applicant and all sub-grantees. Applicants may view the current Certifications, Assurances and Other Statements of the Recipient in ADS 303: http://www.usaid.gov/ads/policy/300/303mav (Parts I-V).

3. Additional Information

Applicants shall submit any additional evidence of financial responsibility deemed necessary for the Agreement Officer to make a positive risk assessment to manage USG funds. The information submitted should substantiate that the applicant:

- Has adequate financial, management and personnel resources and systems, or the ability to obtain such resources as required during the performance of the award;
- Has the ability to comply with the award terms and conditions, taking into account all existing and currently prospective commitments of the applicant, both nongovernmental and governmental;

- Has a satisfactory record of performance. Generally, relevant unsatisfactory performance in the past is enough to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance or the applicant has taken adequate corrective measures to assure that it will be able to perform its functions satisfactory;
- Has a satisfactory record of integrity and business ethics;
- Is otherwise qualified to receive an award under applicable laws and regulations.

4. **Certificate of Compliance**

Please submit a copy of your Certificate of Compliance if your organization's systems have been certified by USAID/Washington's Office of Acquisition and Assistance (M/OAA).

5. **Statutory and Regulation Certifications:**

The applicant shall complete the certifications in Required Certifications (see above) and sign and date in the signature space provided. The signed and dated printout must then be submitted with the application as an attachment to the cost application.

E. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT (SAM)

USAID may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time USAID is ready to make an award, USAID may determine that the applicant is not qualified to receive an award and use that determination as a basis for making an award to another applicant.

Each applicant (unless the applicant has an exception approved by the Federal awarding agency under 2 CFR 25.110(d)) is required to:

(i) Be registered in SAM (www.sam.gov) **before submitting its application**. SAM is streamlining processes, eliminating the need to enter the same data multiple times, and consolidating hosting to make the process of doing business with the government more efficient;
(ii) Provide a valid unique entity identifier 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 U.S. Government award or an application or plan under consideration by a U.S. Government awarding agency.

It is the applicant's responsibility to ensure that all necessary documentation is complete and received on time.

Prospective applicants who are not currently registered in SAM are advised to begin the registration process IMMEDIATELY. For assistance with registering in SAM, please contact the supporting Federal Service Desk (FSD) at https://www.fsd.gov/. To obtain a DUNS number, please visit http://fedgov.dnb.com/webform.

Quick reference guides for new grantee registration in SAM are provided in Annexes of this NOFO.

F. FUNDING RESTRICTIONS

Any resulting award will not allow for the reimbursement of pre-award costs.

USAID policy is not to award profit under assistance instruments to the Prime recipient. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the agreement program and are in accordance with applicable cost principles under 2 CFR 200 Subpart E. of the Uniform Administrative Requirements may be paid under the anticipated award.

G. POTENTIAL REQUEST FOR ADDITIONAL DOCUMENTATION

Upon consideration of award or during the negotiations leading to an award, applicants may be required to submit additional documentation deemed necessary for the Agreement Officer to make an affirmative determination of responsibility. **Applicants should not submit the information below with their applications.** The information in this section is provided so that applicants may become familiar with additional documentation that may be requested by the Agreement Officer.

The information submitted should substantiate:

- Bylaws, constitution, and articles of incorporation, if applicable.
- Whether the organizational travel, procurement, financial management, accounting manual and personnel policies and procedures, especially regarding salary, promotion, leave, differentials, etc., submitted under this section have been reviewed and approved by any agency of the Federal Government, and if so, provide the name, address, and phone number of the cognizant reviewing official. The applicant should provide copies of the same.

[END OF SECTION IV]

SECTION V – APPLICATION REVIEW INFORMATION

A. MERIT REVIEW CRITERIA

USAID will conduct merit reviews of all applications received that comply with the instructions in this NOFO. Technical Applications will be evaluated in accordance with the merit review criteria set forth below.

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

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

1. Technical Approach: Evaluation under this factor will focus on the soundness, clarity, realism, feasibility and sustainability in achieving the program objectives and results identified in this NOFO. In the evaluation of this factor the following will be considered:

- Extent to which the proposed program is well-conceived, clear, technically sound, innovative and ambitious, yet feasible in achieving all the objectives identified in this NOFO, with specific descriptions and illustrative examples of proposed interventions.
- Extent to which the proposed approach demonstrates an understanding of TB as a part of the public health challenges in Ukraine.
- Extent to which the program clearly capitalizes on Ukrainian capacity to implement activities related to the applicant's objectives and seeks to further develop that capacity beyond the life of the project.
- Extent to which the proposed approach demonstrates an understanding of, complements, and leverages related USAID- and other donor-funded programs, as well as Ukrainian governmental mechanisms and initiatives.
- Clarity, appropriateness, consistency and soundness of an *illustrative (draft) Monitoring, Evaluation and Learning (MEL) Plan* for measuring progress in achieving expected results of the program, including suggested performance indicators and a plan for collecting baseline and actual data.
- Extent to which the technical application demonstrates how the applicant will expand the engagement of civil society, including local NGOs, community leaders, volunteers and local government in selected regions and how the applicant will improve the capacity of these actors to support the proposed activities and ensure sustainability in Ukraine's journey to self-reliance.
- Appropriateness and clarity of an implementation plan for efficient start-up and meeting objectives during the project period.

2. **Management Approach and Staffing Plan:** Evaluation under this factor will focus on the quality and appropriateness of the proposed personnel, the applicant's management approach and staffing plan, the applicant's ability to operate independently and to timely deliver the results of the program proposed in the technical application, and the applicant's ability to utilize Ukrainian professionals for country staff, including how it will develop the skills of young Ukrainian professionals. In the evaluation of this factor the following will be considered:

    - **Key Personnel:** The extent to which the proposed Key Personnel are appropriate and meet the qualifications.

    - **Management**: Appropriateness of the management approach, composition, and organizational structure of the in-country project team and headquarters support to achieving the expected results. The extent to which the applicant demonstrates an ability to operate independently and effectively to deliver the results of the program. Relevant and demonstrated experience of proposed staff with successful similar programs, especially in the region. A clear and effective staffing plan with roles and responsibilities among different positions adequately delineated to demonstrate an efficient and effective use of human resources in meeting the objectives identified in this NOFO. The appropriateness of the approach to utilizing Ukrainian professionals and developing the skills of young professionals in country.

3. **Cross-Cutting Considerations:** The extent to which the applicant addresses the cross-cutting considerations identified in Section I, Program Description, including: gender, inclusive development, and the Journey to Self-Reliance. USAID will review the appropriateness of the proposed approach to these cross-cutting considerations, including the activities and staff proposed to integrate these considerations, as well as the applicant's innovative approaches to address these issues throughout program implementation.

4. **Institutional Capacity:** The extent to which the applicant's organizational capability and experience demonstrates its ability to manage technical and administrative aspects of similarly complex programs, achieve measurable results, and work effectively and efficiently with key stakeholders leveraging expertise to enhance impact.

B. COST REVIEW

Review of Proposed Award Budget

Cost is less important than programmatic merit and is not weighted. USAID will review the cost application of only the apparently successful applicant. Other considerations are the completeness of the application adequacy of budget detail and consistency with elements of the technical application. In addition, the organization must demonstrate adequate financial management capability, to be measured under a risk assessment.

If USAID does not successfully negotiate an award with the apparently successful applicant, based on programmatic merit, then USAID will consider the next highest ranked applicant and review its cost application.

Estimated costs should be in compliance with 2 CFR 200, USAID's and applicants' policies. Estimated costs will be evaluated for realism, reasonableness, allowability, allocability, and cost effectiveness. The applicant must justify in advance the proposed costs for each element of the program. The pre-award evaluation of cost effectiveness will include an examination of the application's budget detail to ensure it is a realistic financial expression of the proposed program and does not contain estimated costs which may be unallocable, unreasonable, or unallowable.

Proposed costs may be adjusted, for purposes of evaluation, based on results of the cost analysis and its assessment of reasonableness, completeness, and credibility.

To facilitate review of Cost Applications, please present your budget per SF-424A structure provided in the Annex of this NOFO.

C. PRE-AWARD SURVEYS

Prior to making an award under this competition, the USAID Agreement Officer may perform a pre-award survey of a prospective NGO recipient if he/she determines that any of the following criteria apply, in accordance with USAID ADS Chapter 303.3.9.1:

- USAID is uncertain about the prospective recipient's capacity to perform financially or programmatically.
- The prospective recipient has never had a USAID grant, cooperative agreement, or contract. This requirement does not apply to Fixed Amount Awards.
- The prospective recipient has not received an award from any Federal agency within the last five years. This requirement does not apply to Fixed Amount Awards.
- USAID has knowledge of deficiencies in the applicant's annual audit (Single Audit or equivalent).
- The USAID Agreement Officer determines it to be in the best interest of the U.S. Government.

Accounting systems, audit issues, and management capability questions may be reviewed as part of this process in order to determine whether the prospective recipient has the necessary organization, experience, accounting and operational controls, and technical skills in order to achieve the objectives of the program, or whether specific conditions will be needed. If notified by USAID that a pre-award survey is necessary, applicants must prepare in advance the required information and documents. A pre-award survey does not commit USAID to make an award to any organization.

[END OF SECTION V]

SECTION VI – AWARD AND ADMINISTRATION INFORMATION

A. Federal Award Notices

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

1. A written award mailed or otherwise furnished to the successful applicant within the application's validity time as specified either in the application or in this NOFO (whichever is later) shall result in a binding Cooperative Agreement without further action by either party. Before the application's specified validity expiration time, the Government may accept an application, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received by the applicant before award. Negotiations or discussions conducted after receipt of an application do not constitute a rejection or counteroffer by the Government.

2. Applicants must set forth full, accurate and complete information as required by this NOFO. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

3. Neither financial data submitted with an application nor representations concerning facilities or financing, will form a part of the resulting Cooperative Agreement unless explicitly stated otherwise in the agreement.

4. USAID reserves the right to perform a pre-award survey which may include, but is not limited to: (1) interviews with individuals to establish their ability to perform agreement duties under the project conditions; (2) a review of the prime recipient's financial condition, business and personnel procedures, etc.; and (3) site visits to the prime recipient's institution.

B. Award Administration

USAID/Ukraine Mission will be responsible for the negotiation and obligation, and subsequent management and administration, of award which develop from successful application. The Mission Agreement Officer will be responsible for conducting negotiations, making the awards, and obligating costs to recommended partner(s). He/she will only do so after making a positive risk assessment or responsibility determination that the applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID. The Agreement Officer will also designate an Agreement Officer Representative (AOR) to assist in the technical management and oversight of the award.

Resulting awards to **U.S. non-governmental organizations** will be administered in accordance with 2 CFR 700, 2 CFR 200, and Chapter 303 of USAID's Automated Directives System (ADS), including ADS

303maa, Standard Provisions for U.S. Nongovernmental Organizations. These policies and federal regulations are available at the following websites:

- 2 CFR 700:

http://www.ecfr.gov/cgi-bin/text-idx?SID=c51d0ac519854fd1da7a3c31f3b3f301&node=pt2.1.700&rgn=div5

- 2 CFR 200:

http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-subtitleA-chapII.xml

- ADS 303maa, Standard Provisions of U.S. Nongovernmental Organizations:

http://www.usaid.gov/ads/policy/300/303maa

- ADS Chapter 303:

http://www.usaid.gov/ads/policy/300/303

Resulting award to **non-U.S., non-governmental organizations** will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS), including ADS 303mab, Standard Provisions for Non-U.S. Nongovernmental Organizations. The Standard Provisions for Non-U.S. Nongovernmental organizations are available at http://www.usaid.gov/ads/policy/300/303mab. ADS Chapter 303 is available at http://www.usaid.gov/ads/policy/300/303.

Additional policies and federal regulations are available at the following websites:

- 2 CFR 700:

http://www.ecfr.gov/cgi-bin/text-idx?SID=c51d0ac519854fd1da7a3c31f3b3f301&node=pt2.1.700&rgn=div5

- 2 CFR 200:

http://www.gpo.gov/fdsys/pkg/CFR-2014-title2-vol1/xml/CFR-2014-title2-vol1-subtitleA-chapII.xml

Resulting awards to **public international organizations** will be administered in accordance with Chapter 308 of USAID's Automated Directives System (ADS), including the Standard Provisions set forth in ADS 308.3.14. ADS Chapter 308 is available at http://www.usaid.gov/ads/policy/300/308 .

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

REPORTING:

Program Reporting

The Recipient will provide the following documents to the USAID Agreement Officer (AO) and the Agreement Officer's Representative (AOR), as specified below and in the Substantial Involvement Provisions.

A. *Initial Implementation Plan:*

Within **45** days of the signing of Cooperative Agreement, the Recipient will present an Initial Implementation Plan to the USAID AOR for review and approval (electronic copy). The AOR must provide written comments on the draft Plan and when the Plan is finalized, the AOR will provide written approval.

The Initial Implementation Plan should include a list of tasks to be completed during the year, grouped under the objective that they seek to support. For each task, the Awardee should 1) explain in brief its connection to the objective; 2) define the necessary steps to complete the tasks; 3) assign responsibilities for completing those steps; 4) provide any quantitative or qualitative targets; and 5) a timeline for the implementation of the task.

The AOR will review the Plan and provide comments and recommendations for changes no later than 30 days after receipt of the draft. The Recipient shall incorporate AOR's comments and recommendations into the final version of the Initial Implementation Plan and submit it for AOR's written approval. All substantial changes in the Initial Implementation Plan require prior written approval of the AOR.

B. *Monitoring, Evaluation and Learning (MEL) Plan:*

Within the first **45** days of the signing the Cooperative Agreement and before major activity implementation actions begin, the Recipient shall submit an activity MEL Plan together with the Initial Implementation Plan to the USAID/AOR for review and approval.

The Recipient will develop a detailed MEL plan to monitor progress, ensure progress is made towards expected results understand the impact of new interventions on outcomes, and to use data to adapt activity implementation as necessary to achieve activity results.

This plan shall include standard Foreign Assistance Framework indicators such as HL.2 TB, among other indicators, as applicable. The performance indicators will be direct, objective, practical, adequate, and useful in managing results. MEL Plan data collection will be based on the US fiscal year (October 1-September 30). As appropriate, indicator data will be disaggregated by sex, age and other categories as required. Only those indicators that the Mission needs for activity management rather than the entire set of all indicators an implementer uses for its management purposes will be included in this MEL Plan. The final list of indicators will be confirmed in collaboration with USAID.

The AOR will review the plan and provide comments and recommendations for changes no later than **30** days after receipt of the draft. The Recipient shall incorporate AOR comments and recommendations into the final version of the MEL Plan and submit it for AOR written approval within **15** days. After the plan is finalized, the AOR will provide written approval. All substantial changes in the MEL Plan require prior written approval of the AOR.

The MEL Plan should include a comprehensive strategy for monitoring and reporting progress made towards activity goal and results.

The MEL Plan will include the following elements:

- activity purpose and results;
- performance indicators and their descriptions, unit of measure and disaggregation by sex and age as needed;
- baseline information (year and value) or timeline for collecting baseline information;
- annual targets for indicators or a timeline for developing targets;
- schedule for data collection;
- names of individuals responsible for data collection;
- detailed plans for data analysis, review and reporting to USAID;
- plan for regular periodic Data Quality Assessment (DQA); and
- learning section.

After award is made, the Performance Indicator Reference Sheets (PIRS) should be developed for each indicator and include the following information:

- Indicator name and precise definition
- Unit of measure
- Numerator/Denominator
- Method of data collection and frequency
- Source of Data
- Disaggregation by sex, age, geographic locality, type of assistance, etc. as needed
- Rationale for indicator and target
- Reporting level
- Data quality issues including actions taken or planned to address data limitations.

The MEL Plan for this Activity will also be consistent with the Mission's Performance Management Plan (PMP) and the Mission annual Performance Plan and Report (PPR).

According to USAID regulations, performance indicator data reported externally, including annual Performance Reports sent to USAID/Washington, must have a DQA. The purpose of the DQA is to ensure that managers are aware of the strengths and weaknesses of the data and the extent to which the data can be trusted to influence management decisions. DQA must be conducted within twelve months prior to reporting data to USAID for new indicators, and every three years thereafter. Conducting DQA on a rolling basis will reduce the burden of handling indicators all at once.

To be useful in managing for results and credible for reporting, the Recipient should ensure that the performance data meets the following five data quality standards: validity, reliability, timeliness, precision and integrity. If performance data do not fully meet all five standards, the known data limitations should be documented. The AOR can combine a random check of Recipient's data during a regularly scheduled site visit and include data quality items into site visit reports. This minimizes the costs associated with the DQA. When conducting a DQA, AOR will examine the data in light of the five quality standards noted above, reviewing the systems and approaches for collecting data and whether they are likely to produce data of an acceptable quality over time.

The Recipient, as part of the award, can conduct the DQA, provided that USAID staff review and verify DQAs. This may entail site visits to physically inspect records maintained by the activity implementing partner. The activity implementer will document DQA findings, including decisions concerning data quality problems and steps identified to address them. The activity implementer will share DQA findings and action plan to address data quality issues with the AOR. The AOR will follow up with the activity implementer to check progress on implementation of the action plan within the timeline outlined in the action plan against each action.

USAID reserves the right to propose an activity implementer to integrate into the MEL Plan a number of indicators including PEPFAR indicators to help USAID measure the immediate activity results.

USAID may elect to organize and carry out an independent performance evaluation of this activity. The activity implementer shall fully cooperate with USAID and the evaluation team to ensure that the evaluation accurately reflects activity results, outcomes, and/or impacts.

NOTE: The MEL Plan must be developed strictly in accordance with the criteria stipulated in ADS 201.

Collaborating, Learning and Adapting (CLA)

USAID/Ukraine is committed to obtaining stakeholder input into all activities, coordinating implementing partners' efforts for greater efficiency and effectiveness, and measuring high-level indicators in an effort to apply the following Monitoring, Evaluation, and Learning objectives: evaluate the level of collaboration with other USG and other donor-supported programs and improve synergies; use lessons learned to strengthen management systems and activity implementation; and provide recommendations and improvement to adapt current activities and follow-on programs.

The Activity is expected to contribute to USAID/Ukraine's commitment to a multi-faceted CLA approach to development. The CLA approach is based on the understanding that development efforts yield more effective results if they are coordinated and collaborative, test promising new approaches in a continuous yet also rapid, targeted search for generating improvements and efficiencies, and build on what works and eliminate what doesn't.

- **Collaborating**: To facilitate coordination, the Recipient will be a key member of the Donor Working Group. The Recipient will participate in other stakeholder meetings as convened by USAID/Ukraine which may include sharing of summary annual work plans, bi-annual progress reports, best practices, and challenges. Active outreach, knowledge sharing, and dissemination efforts are crucial for achievements of the Media Program's objectives and purpose.

  The Activity will coordinate with other USG partners, other donors, civil society, development partners, and the Government of Ukraine ***to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, drug-resistant tuberculosis (DR-TB) and TB/HIV.*** For the Activity to succeed, the Recipient will employ a collaborative approach with other relevant USAID projects and donors, other stakeholders, exchanging knowledge and ensuring complementarity rather than duplication of activities.

- **Learning**: The Activity will systematically and continuously review evidence from program implementation and external sources to inform program strategy, design and management; will

generate evidence through program performance data, monitoring visits, data analysis - documenting and sharing results with stakeholders.

- **Adapting**: The Activity will translate learning from the implementation experience and external sources, while also considering changing conditions that impact achievement of expected results into strategic and programmatic adjustments throughout the course of the activity. A key feature of the Activity will be its flexibility to rapidly adapt to effectively ***reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, drug-resistant tuberculosis (DR-TB) and TB/HIV.***

C. *Annual Implementation Plans:*

Annual implementation plans for subsequent years are due to the AOR **30** days after the end of the preceding award year (electronic copy). Annual Implementation Plans should include all the sections as the initial implementation plan discussed above. In addition, the subsequent annual Implementation Plans shall review the activities of the year that is ending, the activities that were implemented, the results achieved, and problems that existed and how they were resolved. These subsequent Annual Implementation Plans shall propose program adjustments to reflect any lessons learned.

The AOR will review the plan and provide comments and recommendations for changes no later than **15** days after receipt of the draft. The Recipient shall incorporate AOR comments and recommendations into the final version of the Annual Implementation Plan and submit it for AOR written approval within **15** days. After the Plan is finalized, the AOR will provide written approval. In addition, all substantial changes in Implementation Plan require prior written approval of the AOR.

D. *Quarterly Performance Reports*

The Recipient shall submit quarterly performance reports (an electronic copy only) to the USAID AOR to reflect results and activities of each preceding quarter. Quarterly performance reports are to be submitted to the AOR within 15 days of the end of each quarter.

These reports shall summarize the outcomes of the Recipient's activities during the particular reporting period, document any program accomplishments or progress towards results during the reporting period, compare those results to the planned tasks in the Implementation Plans and MEL Plan, and discuss any potential constraints that might prevent the Recipient from meeting agreed upon targets and benchmarks. Reports should also contain, as an attachment, a list of all subgrants issued under the award during the reporting period, and other relevant information. The list should contain the name and contact information for each subgrantee, the title and duration of the program, the amount of the award, and a brief description of the program.

The quantitative results should be presented in quarter as well as aggregated format to show the progress towards the annual targets. Quarterly reports should also include any additional qualitative information the Recipient would like to include to demonstrate the results achieved vis-à-vis the project's objectives during the reporting period.

Reports are to be submitted within 15 calendar days of the each quarter that is, "MONTH" (Quarter 1), "MONTH" (Quarter 2), and "MONTH" (Quarter 3) of each fiscal year of implementation. An annual report will be provided in lieu of the fourth yearly quarterly report.

Quarterly reports should contain, at a minimum:

- Current and cumulative progress (activities completed, benchmarks achieved, performance standards completed) since the last report by program area; reported against project objectives and by funding stream
- Problems encountered and whether they were resolved or are still outstanding;
- Proposed solutions to new or ongoing problems
- At least one success story which provides information that demonstrates the impact that the activity/program has had during the reporting period through materials such as narratives, quotes, photos and captions. These success stories shall also be submitted separately via the Agency's Telling Our Story website (http://www.usaid.gov/stories/). Note: the USAID/Ukraine Mission's Communications Officer can assist in editing stories prior to their posting on the website.
- Documentation of best practices that can be taken to scale
- List of upcoming events with dates
- Pipeline analysis (e.g. burn rate; accruals) broken down by funding stream

E. Annual Performance Reports:

The Recipient shall submit annual performance reports (an electronic copy) to the USAID AOR in lieu of the fourth yearly quarterly report for each project year. The Annual Report shall be due by (MONTH) of each year.

These reports must summarize the outcomes of the Recipient's activities during the particular reporting period, document any program accomplishments or progress towards results during the reporting period, compare those results to the planned tasks in the Implementation Plan and MEL Plan, and discuss any potential constraints that might prevent the Recipient from meeting agreed upon targets and benchmarks. Reports should also contain, as an attachment, a list of all sub-grants issued under the award during the reporting period. The list should contain the name and contact information for each sub-grantee, the title and duration of the project, the amount of the award, and a brief description of the project.

Additionally, the Recipient will be expected to gather and provide data for USAID's Annual Report, Operational Plan, and periodic portfolio reviews.

F. Geospatial Reporting Requirements:

Activity Location Data
The Recipient must submit Activity Location Data to indicate the geographic location or locations where the activity is implemented according to the following requirements:

I. Level of Geographic Detail
The activity location(s) must be recorded at the oblast level. When collected, latitude and longitude coordinates must be submitted in Decimal Degrees (hddd.ddddd) with at least five decimal places using the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984) spatial reference.

II. Data Submission Frequency

Activity Location Data must be submitted twice annually as part of the 2nd Quarterly Performance Report and the Annual Report. If the Activity Location Data has not changed since the previous data submission, it must be indicated when the data is submitted.

III. Data Submission Method
Activity Location Data shall be compiled in the "General Info & Locations" worksheet in the Geographic Location Report Template (GLR) and submitted electronically. If Activity Location Data exists in a Geographic Information Systems (GIS) format: 1) it must also be submitted in a Shapefile (.shp) or GeoJSON (.geojson) file format; 2) use the Geographic Coordinate System World Geodetic System 1984 (GCS WGS 1984) spatial reference; and 3) include metadata ISO 19115 using the ISO 19139 XML implementation schema.

G. *Final Report:*

A final performance report (two hard copies and one electronic) will be required under this award. The Final Report is due 90 days after the award's completion date. USAID will review and comment within 30 days of receipt. The Final Performance Report shall contain the following information:

- Overall description of the activities under the program during the period of this Cooperative Agreement, and the significance of these activities;
- Description of the methods of assistance used and the pros and cons of these methods;
- Life-of-project results towards achieving the project objectives and the performance indicators;
- Analysis of how the indicators illustrate the project's impact (impact data will be supplied as approved in the MEL Plan and will be measured against projections);
- Summary the program's accomplishments, as well as any unmet targets and the reasons for them;
- Summary of challenges, issues and problems that emerged during program implementation and the lessons learned in dealing with them;
- Comments and recommendations regarding unfinished work and/or future needs and directions for assistance in Ukraine;
- Recommendations for what issues no longer require donor assistance;
- Possible lessons learned;
- Sustainability of the project results.

The Recipient shall submit the original and one copy of the USAID approved Final Report to the AOR and Agreement Officer and one additional copy shall be submitted to the Bureau for Program and Policy Coordination, Development Experience Clearinghouse PPC/DEI.

E-Mail all documents via the web at: http://dec.usaid.gov. Paper copies or non-electronic materials should be sent to:

Development Experience Clearinghouse
M/CIO/KM
RRB M.01
U.S. Agency for International Development
Washington DC 20523

The title page of all reports forwarded to USAID must include a descriptive title, the author's name, grant number, the project number and title, the grantee's name, the name of the USAID office, and the publication or issuance date of the report.

BRANDING STRATEGY AND MARKING PLAN:

It is a federal statutory and regulatory requirement (see Section 641, Foreign Assistance Act of 1961, as amended and 2 CFR 700.16) that all USAID programs, projects, activities, public communications, and commodities that USAID partially or fully funds under a USAID grant or cooperative agreement or other assistance award or sub-award must be marked appropriately overseas with the USAID identity. In accordance with ADS 320.3.3 Branding and Marking Requirements for Assistance Awards USAID's policy is that programs, projects, activities, public communications, or commodities implemented or delivered under co-funded instruments – such as grants, cooperative agreements, or other assistance awards that usually require a cost share – generally are "co-branded and co-marked."

The Apparently Successful Applicant will be required to submit a branding strategy and marking plan for the Agreement Officer approval prior to award. The applicant may request a presumptive exemption to marking requirements established in 2 CFR 700.16. More information on Branding strategy and Marking plan are available at https://www.usaid.gov/branding/assistance-awards.

The branding strategy and marking plan will become a material element of the cooperative agreement. Information on USAID's branding "assistance" applies to this NOFO. ADS Chapter 320 sections concerning "acquisition" do not apply to this NOFO. ADS Chapter 320 can be found on USAID website: http://www.usaid.gov/policy/ads/300/320.pdf.

When requesting a Branding Strategy and Marking Plan, the Agreement Officer will establish a reasonable time frame for submittal, review, and negotiation. If the Apparently Successful Applicant(s) fail(s) to submit or negotiate an acceptable Branding Strategy within the time specified by the Agreement Officer, that/those applicant(s) become(s) ineligible for award.

The Agreement Officer will review the proposed Branding Strategy and Marking Plan for adequacy to ensure that it complies with the Agency branding and marking guidance that can be found at http://www.usaid.gov/branding/ and at http://www.usaid.gov/policy/ads/300/320.pdf .

Applicants need to include anticipated costs for branding strategy and marking plan in the budget and describe these costs in detail to the degree possible in the budget narrative. The Agreement Officer will ensure that any estimated costs associated with branding and marking are included in the Total Estimated Amount of the grant or cooperative agreement or other assistance award.

The Solicitation Standard Provisions for the Branding Strategy and Marking Plan are provided in Annex 2 of this NOFO.

ENVIRONMENTAL COMPLIANCE:

1) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This

mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) ADS 201 and ADS 204, which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Applicant's environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this NOFO.

2) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

3) No activity funded under this award will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in a Request for Categorical Exclusion (RCE), Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). (Hereinafter, such documents are described as "approved Regulation 216 environmental documentation.")

4) The Initial Environmental Examination (IEE) number **2019-UKR-032** (attached as ANNEX 1 of this NOFO) has been approved for the Program funding this NOFO and defines environmental compliance terms and conditions for the new award. It will cover program activities during the implementation period. USAID has determined that a **Negative Determination with conditions** applies to one or more of the proposed activities discussed in the Section I, Program Description, of this NOFO. 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 the new award.

5) As part of its initial Implementation Plan, and all Annual Implementation Plans thereafter, the Recipient, in collaboration with the USAID Agreement's Officer's Representative (AOR) and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this award to determine if they are within the scope of the approved Regulation 216 environmental documentation.

6) 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.

7) 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.

Applicants need to account for resources required for implementing and monitoring the environmental compliance activities in the technical application and in the budget and describe associated costs in detail to the degree possible in the budget narrative.

[END OF SECTION VI]

SECTION VII – AGENCY CONTACTS

Any prospective applicant desiring an explanation or interpretation of this NOFO must request it in writing by the deadline for questions specified in the cover letter to allow a reply to reach all prospective applicants before the submission of their applications. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment of this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicants.

Any questions or comments concerning this NOFO must be submitted in writing by emails to llomonosova@usaid.gov and dharter@usaid.gov by the deadline for questions indicated at the top of this NOFO's cover letter.

[END OF SECTION VII]

SECTION VIII – OTHER INFORMATION

USAID reserves the right to fund any or none of the applications submitted.

ANNEXES:

ANNEX 1 - Initial Environmental Examinations (IEE) **DCN: 2019-UKR-032** (ATTACHED)

ANNEX 2 – Solicitation Standard Provisions (ATTACHED)

ANNEX 3 – SF-424 (Application for Federal Assistance) (ATTACHED)

ANNEX 4 – SF-424A (Budget Information – Non-construction Programs) (ATTACHED)

ANNEX 5 – SF-424B (Assurances – Non-Construction Programs) (ATTACHED)

ANNEX 6 - Quick Start Guide for New Grantee Registration in SAM (in English) (ATTACHED)

ANNEX 7 - Quick Start Guide for New Foreign Registrations in SAM (in Ukrainian) (ATTACHED)

[END OF NOTICE OF FUNDING OPPORTUNITY]