

**U.S. GOVERNMENT MISSION TO SOUTH AFRICA
INTER-AGENCY ANNUAL PROGRAM STATEMENT
IN SUPPORT OF THE
U.S. PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF
(PEPFAR)
IN SOUTH AFRICA
APS 674-08-003**

I. PURPOSE

The purpose of this Annual Program Statement (APS) is to solicit applications for funding from prospective new partners to support implementation of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) in South Africa. This APS is an open competition.

The U.S. Government (USG) is requesting applications from prospective partners that support the PEPFAR initiative. The goals of the initiative are to:

- Prevent 7 million new HIV infections;
- Treat at least 2 million HIV-infected people; and
- Care for 10 million HIV-affected individuals and AIDS orphans and vulnerable children.

PEPFAR developed specific country-level targets for South Africa. Results generated under this APS are expected to contribute to achieving the following:

- Prevent 1.75 million new HIV infections;
- Treat at least 500,000 HIV-infected people; and
- Care for 2.5 million HIV-affected individuals and AIDS orphans and vulnerable children.

PEPFAR is a \$15 billion, five-year, unified government initiative, directed by the U.S. Office of the Global AIDS Coordinator (OGAC), and implemented in collaboration with the US Department of State, the US Agency for International Development (USAID), the Department of Health and Human Services (HHS) and other USG Agencies. PEPFAR funds projects that support the South Africa Government’s *HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011*, <http://www.doh.gov.za/docs/stratplan-f.html> and the *Comprehensive Plan for HIV and AIDS Care, Management and Treatment*, <http://www.info.gov.za/issues/hiv/careplan.htm>. Applications should support the initiatives and priorities of the South African national and/or provincial governments.

Fifteen focus countries have been selected to be part of the initiative based on high HIV burden, available country resources, and host government and civil society commitment to fighting the HIV epidemic. This APS seeks applications for activities to be conducted in South Africa only. Detailed information about the PEPFAR in South Africa and supplemental information concerning this APS is available at: <http://www.grants.gov> and

<http://southafrica.usembassy.gov/wwwhpepfar.html>. Interested applicants are encouraged to consult this website regularly as all modifications will be posted here.

Pending the availability of funding, approved Country Operational Plans (COP) and a reauthorization of PEPFAR, the USG Mission in South Africa anticipates awarding a limited number of grants or cooperative agreements (hereafter called agreements) to fund applications submitted in response to this APS. PEPFAR has not identified a targeted number of new projects or partners. The number of new partners will depend upon the quality of the proposals. The USG anticipates a significant number of applications and the review process will be highly competitive.

Applications will be accepted in the form of formal concept papers, followed by full proposals for those organizations invited to submit such proposals. Concept papers will be reviewed in three rounds. Concept papers received prior to cut-off dates will be reviewed in that round. PEPFAR reserves the right to re-review concept papers in subsequent rounds. Cut-off dates for review are:

- Round One Review: Concept papers should be received no later than Tuesday January 22, 2008 at 12:00 noon (South Africa time).
- Round Two Review: Concept papers should be received no later than Monday May 5, 2008 at 12:00 noon (South Africa time).

Agreements for the APS will be funded in two categories:

- Category 1: Not less than \$250,000 and not more than \$1 million in the initial year. Requests for funding in this category can be for up to five years of funding.
- Category 2: Not less than \$1 million and not more than \$25 million in the initial year. Requests for funding in this category can be for up to five years of funding.

Funding will be granted pending project success, availability of funds, and approval of Country Operational Plans. Once funding is available and approved, rapid project implementation will be expected.

Eligible applicants include organizations that have demonstrated technical skills, experience and the necessary management competence to plan and efficiently execute HIV and AIDS assistance programs using mutually agreed international standards of accountability. Eligible organizations could include, for example, registered South African organizations, U.S. and non-U.S. non-governmental organizations (NGOs), faith-based organizations (FBOs), community-based organizations (CBOs), multi-lateral organizations, foundations, private organizations affiliated with public academic institutions, professional associations, non-profit organizations and for-profit organizations willing to forego profit, and consortia of the above.

This APS is issued as a public notice to ensure that all interested parties have a fair opportunity to submit applications for funding. This APS does not commit the USG to award an agreement or to pay any costs incurred in the submission of applications or cost incurred in the preparation thereof, or to procure or contract for services or supplies. The USG reserves the right to reject any or all proposals, to negotiate with any applicant(s) considered qualified or to make award without further applicant negotiations. The current PEPFAR program is expected to conclude after Fiscal Year 2008, which ends on September 30, 2009.

Although it is likely that there will be a reauthorization of PEPFAR, there is no guarantee of continued funding after that time.

II. OBJECTIVES and APPROACHES

Targeted Program Areas:

- 1) Prevention of HIV transmission
- 2) Treatment of AIDS and associated conditions
- 3) Palliative Care for HIV-infected and affected individuals, including caring for Orphans and Vulnerable Children (OVC)

More specifically, this APS is targeted at programs that will provide services in any of the program areas listed below. More detailed example subject areas are included below. Please note that PEPFAR promotes service delivery.

COUNSELING AND TESTING (CT)

Counseling and testing—activities in which both HIV counseling and testing are provided for those who seek to know their HIV status including:

1. Community-level activities that address gaps in CT services for discordant couples and special populations such as clients of traditional healers, family members of persons infected with HIV, adolescents and small children;
2. Mobile vans supporting free-standing sites;
3. Training lay counselors who can learn to do finger pricking for testing;
4. Public-private partnerships which provide workplace initiatives;
5. Couple counseling for pre-test, discordant couples and secondary prevention;
6. Family-centered and home-based CT;
7. Youth facility based CT;
8. Secondary prevention strategies including access to condoms, post-test counseling, reduction of substance abuse, prevention plans for discordant couples, ART adherence, gender-based violence, linkages to palliative care, reproductive health, STI, TB and PMTCT services;
9. Activities which promote TB screening during CT and HIV testing for TB patients;
10. CT in high transmission areas;
11. CT for most-at-risk-people;
12. Traditional CT; and
13. Activities to reduce stigma.

* All CT activities must be linked to an ARV Treatment Service.

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)

PMTCT – activities aimed at preventing mother-to-child HIV transmission including:

1. Providing on-going assistance to national, provincial district health structures;
2. Assisting in policy formulation;
3. Supporting expansion of projects for early infant diagnosis and those that focus on strengthening linkages between antenatal care and HIV service delivery and social services;
4. Activities targeted at cultural attitudes to mixed feeding;
5. Increasing uptake to PMTCT;
6. Expanding efforts to offer HIV testing at 36 weeks gestation for pregnant women who tested negative during the first 20 weeks of pregnancy;

7. Expanding the role of community-based support groups to target men to engage in and understand the benefits of PMTC;
8. Capacity building for health care workers;
9. Strengthening support systems around PMTCT (logistics, management, information systems and quality assurance);
10. Expand counseling and testing for pregnant women;
11. Antiretroviral (ARV) prophylaxis for HIV-infected pregnant women and newborns;
12. Counseling and support for maternal nutrition and safe infant feeding practices;
13. Dual-therapy promotion;
14. Community outreach and support; and
15. Reducing stigma

* All PMTCT services must be linked to an ARV Treatment Service.

CARE

1. Strengthening the integration of the preventive care package and family-centered services across all care and treatment programs for adults and children living with HIV;
2. Implementation of the Basic Care Package for people living with HIV (PLHIV) that is linked to counseling and testing and ARV sites to ensure continuity of care services from diagnosis to end of life care ensuring involvement and participation of PLHIV in designing and delivering care services;
3. Building active referral systems between all levels of HIV and AIDS services i.e. facility, community, household;
4. Developing quality assurance mechanisms, including integration of supervision systems and standardization of services and training and the strengthening of monitoring and evaluation systems at all levels of care to ensure accountability of and tracking of quality HIV care services;
5. Integrating HIV pediatric care into existing infant/pediatric services, e.g. EPI and IMCI program at all levels (hospital, clinic, community/household);
6. Translating national policy, quality standards and guidelines into action;
7. Palliative care/basic health care and support throughout the continuum of illness by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections and other HIV and AIDS-related complications (including pharmaceuticals); and culturally-appropriate end-of-life care;
8. Integration of nutrition counseling and nutrition support that is linked to both clinical and community/household services in accordance with PEPFAR guidelines;
9. TB/HIV – exams, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings (including pharmaceuticals); as well as screening and referral for HIV testing, and clinical care related to TB clinical settings. Note: General TB treatment, prevention and related programming are not covered by this APS; and
10. Reducing stigma.

ORPHANS AND VULNERABLE CHILDREN (OVC)

The USG in South Africa expects that the emphasis of OVC program activities will be on strengthening families, households and communities to meet the needs of orphans and other vulnerable children affected by HIV and AIDS, supporting community based responses, helping children and adolescents to meet their own needs through meaningful

youth participation, and creating a supportive environment where children can grow and develop into productive members of society. Concept papers and full proposals should be responsive to the PEPFAR OVC indicators listed in the APS.

Specific areas for funding that are encouraged might include those listed below:

1. Programs that work with the South African Department of Social Development, Education and/or Health at both provincial and district levels to protect and reach the most vulnerable children and provide essential social services in a sustainable manner;
2. Programs that strengthen community structures that protect and promote healthy child development in a sustainable manner (e.g. child care forums, community child care committee, child protection committees etc.);
3. Programs and activities that support children at special risk (e.g. children living in child- or sibling-headed households, disabled children and children living with elderly and frail grandparents, etc.) and their caregivers in sustainable manner; interventions that support and reduce the burden of care on women and young girls who care for people living with HIV and AIDS and for vulnerable children; innovative interventions to provide protection for vulnerable households (e.g. households headed by children, the elderly etc.);
4. Programs that provide safe places for OVC, to receive life skills, HIV prevention and behavior change messages and address gender stereotypes;
5. Programs that ensure that OVC activities and programs are integrally linked to South African Government programs that work with HIV-infected parents (VCT, Palliative Care, ART, PMTCT, etc.); and interventions that strengthen referral networks to ensure adequate access to age-appropriate primary health care services and ensure that HIV-infected OVC have access to pediatric treatment and palliative care;
6. Programs that integrate gender into OVC programs – i.e. that support activities that reduce orphaned girls vulnerability to the sex trade, gender-based violence etc.; interventions that address the inequitable burden of care on women and girls to assume the responsibility of heading households; programs that engage men and boys in OVC care and support, address gender dynamics and roles, engage parents, guardians, heads of households and other role models in addressing youth gender appropriate behaviors and HIV prevention messages, etc.;
7. Programs that focus on strengthening the economic coping mechanisms of households that care for OVC. Economic security interventions should contribute to improved wellbeing of OVC and their caregivers. Economic strengthening activities should function as a social safety net to help vulnerable households cope with family stresses including sickness, death and other related stresses. Interventions should focus on building the qualitative aspect of the economic empowerment component for vulnerable households; and
8. Programs that support OVC and training in targeted schools to assist the Department of Education (DOE), in improving the lives of OVC and their caregivers; activities that offer services to OVC in schools and support the training of caregivers to mentor and support OVC. Key areas of emphasis should address amongst others gender issues, human capacity development, psychosocial support, and youth livelihood training to support OVC. The activities should also support the DOE strategy to use schools as full service centers for learning, teaching, prevention, care and support.

PREVENTION

Abstinence and Be Faithful (AB) activities will address two separate prevention components: (1) social mobilization with an emphasis on faithfulness and partner limitation for adults; and (2) youth prevention with a focus on abstinence and faithfulness. Emphasis should be placed on:

1. focusing on geographic localities currently served by PEPFAR Track 1.0 partners dealing with Abstinence and Behavior Change for Youth (ABY) activities in South Africa, since central funding for current partners is anticipated to end in 2009 and other areas with unmet needs in youth prevention;
2. engaging and building the capacity of partners to support sustainable prevention efforts targeting both adults and youth;
3. supporting NGOs, CBOs and FBOs to work at both the national and community level to generate public dialogue and to promote normative change relating to high rates of multiple and concurrent partnerships, sex partner turnover and casual sex;
4. supporting a coordinated, systematic effort to expand coverage of and intensify prevention education and services targeting migrants, mobile populations and their partners in both sending and receiving communities; and
5. giving priority to HIV prevention among orphans and other vulnerable children, who are at substantially increased risk of early sexual activity, pregnancy and HIV.

Other Prevention (OP)– activities aimed at improving the lives of orphans and other vulnerable children and families affected by HIV and AIDS including:

1. HIV and AIDS education and prevention among youth, women, professionals, prison populations, mobile workers, commercial sex workers, men who have sex with men, injection drug and alcohol using populations, others at high risk for infection, and most at risk populations;
2. HIV and AIDS prevention activities targeting older populations, and couples consisting of older men/younger women;
3. HIV and AIDS prevention activities targeting persons newly infected with HIV;
4. HIV and AIDS prevention programs through appropriate promotion of clinically performed male circumcision;
5. HIV and AIDS prevention programs in identified areas of high HIV prevalence, such as peri-urban areas and informal settlements;
6. Condom promotion and provision, especially in non-traditional settings;
7. Projects addressing the role of alcohol abuse in HIV prevention; and
8. Conducting new and innovative behavioral change campaigns in underserved areas.

TB

1. Support coordination between TB and HIV programs at all levels to ensure continuum of care for HIV-infected TB patients.
 - a. Promote the WHO DOTS Strategy for TB control by implementing South African National Department of Health TB guidelines as well as new diagnostic algorithms and procedures to diagnose smear negative, extrapulmonary and pediatric TB.
 - b. Develop systems for the management and monitoring of TB/HIV co-infected patients across multiple health care programs including the provision of cotrimoxazole preventive therapy for HIV-infected TB patients. The description should include plans for reporting of TB cases,

- case management, referrals between TB and HIV treatment settings, and referral monitoring.
- c. Develop plans to collaborate with provincial and district TB programs and laboratory services to promote interactions between HIV programs and primary care TB clinics.
 - d. Promote community and home-based care for TB/HIV patients.
 - e. Support joint capacity building to ensure coordination between TB and HIV programs.
 - f. Implement joint TB/HIV information, education, and communication (IEC) activities, (e.g. World TB Day, World AIDS Day).
 - g. Implement joint TB/HIV activity monitoring and evaluation.
2. Implement TB symptom screening for all newly identified HIV-infected persons (at ART, VCT, PMTCT sites) and routine TB symptom screening of HIV-infected persons in HIV care settings.
 - a. Support the development of guidelines/facility policies, screening tools/questions and recording systems necessary to screen HIV-infected persons for TB.
 - b. Develop and describe referral and training systems for access of HIV-infected TB suspects to laboratory diagnosis and treatment for TB. Consider “fast track” mechanisms for clients with TB symptoms for appropriate diagnostic tests in order to assure timely treatment and to reduce the risk of nosocomial transmission to susceptible clients receiving HIV care. This referral and training system should also include a “retrieval” or back-referral system to assure that TB patients continue to access HIV care.
 - c. For HIV patients, in whom TB disease has been ruled out, consider TB preventive therapy (Isoniazid preventive therapy).
 - d. Strengthen the HIV patient monitoring system (an example to consider is the use of WHO IMAI HIV care/ART patient monitoring system) to document and monitor TB screening, TB status, and TB treatment of HIV patients.
 3. Implement routine HIV counseling and testing in TB clinical settings and linkage/referral of HIV-infected TB patients to HIV care and treatment.
 - a. Support development of referral/tracking systems to HIV care or providing HIV treatment in TB clinics, human resources and supervision systems needed for implementation.
 - b. Procurement of HIV test kits and other materials necessary to expand on-site HIV testing in TB clinics.
 - c. Train providers to perform HIV testing and counseling in the TB clinic, and to ensure that persons who test HIV-positive access HIV care and treatment by their referral and follow up to HIV care settings.
 - d. Implement quality assurance programs of HIV counseling and testing conducted in TB clinics, in accordance with national QA programs.
 4. Monitor and evaluate progress of HIV testing and counseling and referral/linkage to HIV care and treatment.
 - a. Support data recording and reporting systems to measure and report on the new required PEPFAR TB/HIV indicator: “Number of registered TB

patients who received HIV counseling, testing, and their results at a USG supported TB site”. Please note that although TB suspects who receive HIV testing and counseling in USG supported TB sites are not counted under this indicator, USG should continue to support efforts to expand HIV testing and counseling in TB clinical settings to include both TB patients and TB suspects. Refer to PEPFAR Indicators Reference Guide for additional information on this new indicator (<http://www.pepfar.gov/guidance/c21628.htm>).

5. Strengthen laboratory services needed to implement TB/HIV program activities.
 - a. Strengthen TB diagnostic capabilities by strengthening existing sputum smear microscopy laboratory networks, including logistics, infrastructure, quality assurance programs, personnel, and training; and by strengthening national reference laboratories, for quality assurance, mycobacterial culture and TB drug-susceptibility testing, as well as implementation of new diagnostic algorithms and procedures to diagnose smear negative, extrapulmonary, and pediatric TB - as they become available.
 - b. Consider requesting technical assistance to assess biosafety of laboratories and provide recommendations for improvement.
6. Implement infection control to prevent TB transmission among HIV-infected persons and healthcare workers.
 - a. Collaborate with national and international partners to develop and implement an infection control training strategy.
 - b. Include TB infection control in plans to renovate infrastructure of health facilities to maximize TB infection control. Refer to the “Prevention of TB in Health Facilities in Resource-Limited Settings” and Addendum - “TB Infection Control in the Era of Expanding HIV Care and Treatment: http://www.who.int/tb/publications/who_tb_99_269/en/index.html http://www.cdc.gov/nchstp/od/gap/docs/6x9TB%20Booklet_1-4-07.pdf
 - c. Support development of policies and plans for annual TB infection control including training of health facility and laboratory staff.
7. Surveillance for and management of drug-resistant TB.
 - a. Collaborate with national and international partners to conduct drug resistance surveys to determine the level of drug resistance in South Africa.
 - b. Expand capacity for drug susceptibility testing to detect and manage patients with multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB.
 - c. Leverage support and technical assistance from WHO Green Light Committee (GLC) to improve treatment of patients with MDR/XDR TB.
8. Ensure that HIV-infected children are considered in all TB/HIV policies and programs.
9. Support the development and implementation of clinician consultation services or SA providers.

10. Collaborate with national and international partners to enhance electronic recording and recording systems for TB/HIV surveillance data.

TREATMENT

Treatment activities aimed at improving the lives of individuals living with HIV and AIDS by:

1. HIV/AIDS treatment/ARV drugs – including distribution, supply chain, logistics, pharmaceutical management and cost of ARV drugs.
2. HIV/AIDS treatment/ARV services – including infrastructure, human capacity building for health providers, building health systems capacity, clinical assessment and monitoring, related laboratory services and community-adherence activities.
 - a. Supporting the implementation of *The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011* (NSP) care and treatment goals;
 - b. Focusing on providing equitable access to HIV care and treatment at all levels of the healthcare system, including the non-public sector;
 - c. Providing comprehensive prevention, care and treatment services;
 - d. Integrating HIV care and treatment with PMTCT to ensure enrolment (if clinically appropriate) for pregnant women and infants;
 - e. Providing a basic package of care and prevention;
 - f. Ensuring access in underserved communities;
 - g. Promoting and facilitating quality of care; and
 - h. Focusing on patient retention to minimize loss to initiation, and loss to follow-up once in care and treatment

HUMAN CAPACITY DEVELOPMENT

Human Capacity Development (HCD) activities focus on task-shifting within primary health care settings and from specialized health workers to lay and community health workers to increase the pool of health workers providing HIV/AIDS services including:

1. Assessment of tasks performed by a variety of health care practitioners (doctors, nurses, pharmacists and lay or community workers) at primary health care levels comparing this with the current prescribed scope of practice for these categories and the need/demand within the health care system;
2. Plans for other categories/levels of health care workers with a prescribed scope of practice;
3. Links into pre-service training institutions and development/updates of pre-service medical and nursing curriculums focused on new cadres and preceptor programs;
4. Collaboration with the NDOH, provincial departments and the professional councils with a special focus on the nursing services since they bear the brunt of burden;
5. Development of job descriptions and job competency requirements for all cadres of health care workers in the health system that can feed into work at a national and provincial level with Human Resource Information Systems;
6. Outcomes of this work should feed into retention, incentives, recruitment and staffing agreements on job competencies between NDOH and NDOE and sharing of curricula to non-profit, government and private sector as well as increasing support for national strategies for HIV/AIDS, workforce planning and management; and
7. Strengthening leadership and policy around HIV/AIDS and HR management.

All activities must be consistent with the National Human Resource for Health Planning Framework available at <http://www.doh.gov.za/docs/misc/human06-f.html>.

A. Program Goal and Objectives

The **overarching goal** of the program is to expand access to HIV-related services to large numbers of South Africans, in support of the South African Government's *The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011* (NSP) and the *Comprehensive Plan for HIV and AIDS Care, Management and Treatment*. The objectives of the USG's HIV and AIDS program in South Africa are:

- 1) To prevent HIV transmission through one or more of the following activities: a) promote safe and healthy sexual behavior in HIV-infected and uninfected individuals; b) reduce mother to child HIV transmission; c) address unsafe medical practices and blood safety (*note that projects addressing safe medical practices and blood safety are not supported in this APS*); d) provide appropriate post-exposure services; and e) improve access to counseling and HIV testing;
- 2) To provide quality comprehensive evidence-based HIV disease management services for South Africans through private and/or public sector providers (these services may include, for example, the provision of ARV drugs, treatment counseling, laboratory support and other related services);
- 3) To improve the quality of life of HIV-infected individuals and their families, through the prevention and relief of suffering, pain and other physical, psycho-social and spiritual problems associated with life-threatening illness; and
- 4) To provide quality comprehensive and compassionate care for AIDS orphans and other vulnerable children to help assure they grow up to be healthy, educated and socially well-adjusted adults.

Additional important program objectives address USG priorities of sustainability, capacity building, institutional strengthening and improving equitable access in the public and private health sectors in South Africa. Applicants are encouraged to review the Five Year HIV and AIDS Strategic Plan for United States-South Africa Cooperation available at <http://pepfar.pretoria.usembassy.gov>. (Go to "PEPFAR@Work"/"News & Information"/"Reports".)

B. Strategic Approach

Because the overall goal of this APS is to support the provision of sustainable high-quality services in South Africa, proposed strategic approaches should address specific needs with practical, pragmatic business plans for implementation.

Public-Private Alliances

The formation of public-private alliances to address the objectives of this APS is allowed under this APS. A "public-private alliance" occurs when the application includes a commitment of material and significant non-USG resources that will allow the program to more fully address the challenges in South Africa as outlined in this solicitation. An example of an alliance relationship would be an application that included in its budget plan at least a

one-to-one matching of USG resources with non-governmental resources. Resources may be defined as cash or in-kind, and applicants submitting alliance applications are encouraged to be innovative. Such alliances are expected to bring together partners who will jointly define the problem, strategy and solution to capitalize on combined knowledge, skills, expertise and resources of the partners. Additional information on alliances can be found at: http://www.usaid.gov/our_work/global_partnerships/gda/.

New Partners and Formation of Consortia

Faith-based organizations (FBOs), community-based organizations (CBOs) and organizations serving rural underserved populations are eligible to apply. Applications may be submitted by consortia of service providers to achieve administrative resource efficiencies and beneficial associations. Organizations might apply for funds that would then be managed and disbursed to smaller “grass-roots” organizations to provide community-based services. An example of this would be a group of FBOs that submit a *single* application with centralized resource management to provide HIV and AIDS services through many providers. The budget for the consortia application must be within the scope of the APS.

Comprehensive Programming

Applications that address or demonstrate linkages with multiple program objectives, with an emphasis on linkages to treatment related programs are encouraged. For example, a responsive application might build on a program that provides home-based care and support to people living with HIV and AIDS, adding a component that addresses the needs of children of those who are ill as a result of HIV and AIDS.

Sustainability

Applicants should be aware that the PEPFAR is a five-year program designed to end after September 2009. There is no assurance of any continued program or funding for any particular applicant after that time. All applicants must describe their plans for sustainability of their projects after one year. Sustainability includes the development of technical competence, human capacity, management systems, infrastructure, relationships with government programs and financial independence.

Human Capacity Development

There is an urgent need to increase health sector human resources, especially skilled health workers such as physicians, nurses, pharmacists, and managers to address HIV and AIDS. The USG strongly encourages applications that address the shortage of trained health care providers, particularly in rural and public sector settings, through programs that (1) enhance the skills of existing implementers; (2) augment the number of skilled people; (3) address recruitment and retention issues; and (4) support improved practices through access to knowledge, updated policies, needed tools, and supportive management and information systems.

Quality of Care and Services

A key focus for the USG is ensuring quality of care in the services provided. Quality of care includes meeting the patient’s individual needs in a timely manner, providing services within the appropriate policies and guidelines, providing comprehensive care (which includes appropriate referrals), and ensuring that systems are in place to measure and evaluate the care provided.

Strategic Information

Strategic information is a cornerstone of the PEPFAR. All applicants must address how they will monitor and evaluate their program.

Scalability

Applicants should consider programs that if successful can be increased in size by replication or by expansion of the program to additional geographic regions.

These are only examples of responsive strategic approaches; applicants are encouraged to propose other innovative solutions to provide services to individuals affected by HIV and AIDS.

C. Example Subject Areas

Specific areas for funding might include those listed in Section II above. These are provided only as examples of the kinds of activities relevant to this APS and are not exhaustive, nor are they necessarily targeted for funding.

D. Program Indicators

All applications must include plans to document, monitor and evaluate program performance. The USG in South Africa will evaluate progress by monitoring selected indicators and assessing these in relation to the targets and overall objectives set by program staff.

A limited set of program monitoring indicators will be used to track the progress of key USG-funded activities, and are based on administrative records, project reports, and routine, logistical, and facility-based information systems. Applications for funding under this APS should clearly state how proposed activities relate to these program objectives and how data will be collected, verified and reported to document progress toward these objectives, including a staffing plan. Data quality is a critical component of this program, and all applicants must develop systems to ensure data quality and must be prepared for data quality audits. Applicants should be prepared for revisions in required program indicators and reporting requirements during the lifetime of the award and as part of project closeout processes.

Applicants must report on the required indicators relevant to their program area, as laid out by the Office of the Global AIDS Coordinator. These indicators are listed in the table below and are further discussed in the *South Africa Strategic Information (SASI) Manual* (<http://pepfar.pretoria.usembassy.gov/>) (Go to “PEPFAR@Work”/”M&E”).

INDICATORS FOR MONITORING PEPFAR

PREVENTION
Abstinence and Being Faithful
1.1 Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful (disaggregated by gender)
1.1A Number of individuals reached through community outreach that promotes HIV prevention through abstinence (disaggregated by gender) (subset of 1.1)
1.2 Number of individuals trained to promote HIV prevention programs through abstinence and/or being faithful
Condoms And Other Prevention

2.1	Number of targeted condom service outlets
2.2	Number of individuals reached through community outreach that promotes HIV prevention through other behavior change beyond abstinence and/or being faithful (disaggregated by gender)
2.3	Number of individuals trained to promote HIV prevention through other behavior change beyond abstinence and/or being faithful
Prevention Of Mother-To-Child Transmission	
4.1	Number of service outlets providing the minimum package of PMTCT services according to South African or international standards
4.2	Number of pregnant women that attended first antenatal care visit
4.3	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results
4.4	Number of pregnant women provided with a complete course of ARV prophylaxis
4.5	Number of infants receiving an ARV prophylaxis
4.6	Number of infants tested by PCR at 6-14 weeks
4.7	Number of infants tested at 12 months
4.8	Number of HIV-infected pregnant women receiving food and nutritional supplementation in a pmtct setting
4.9	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results (indirect)
4.10	Number of pregnant women provided with a complete course of ARV prophylaxis in a PMTCT setting (indirect)
4.11	Number of health workers trained in the provision of PMTCT services according to South African or international standards
Counseling And Testing	
5.1	Number of service outlets providing counseling and testing according to South African or international standards
5.2	Number of individuals who received pre-test counseling (disaggregated by gender)
5.3	Number of individuals who received counseling and testing and received their test results (disaggregated by gender; serostatus)
5.4	Number of newly identified HIV-infected individuals who were screened for tb
5.5	Number of TB patients counseled and tested and received test results (subset of 5.3)
5.6	Number of individuals who received counseling and testing and received their test results (indirect)
5.7	Number of individuals trained in counseling and testing according to South African or international standards
CARE	
Orphans And Vulnerable Children	
6.1	Number of OVC served (disaggregated by gender) (disaggregated by primary and supplementary support)
6.1A	Number of OVC receiving clinical nutritional interventions (subset of 6.1)
6.1B	Number of OVC receiving food and/or food parcels (subset of 6.1)
6.1C	Number of OVC receiving shelter interventions (subset of 6.1)
6.1D	Number of OVC receiving child protection interventions (i.e. Birth registration, identification and inheritance issues) (subset of 6.1)
6.1E	Number of OVC receiving general healthcare services (subset of 6.1)
6.1F	Number of OVC receiving healthcare support specifically for antiretroviral treatment (subset of 6.1)
6.1G	Number of OVC receiving HIV prevention education or interventions (subset of 6.1)
6.1H	Number of OVC receiving psychosocial care (subset of 6.1)
6.1I	Number of OVC general education (subset of 6.1)
6.1J	Number of OVC receiving vocational training (subset of 6.1)
6.1K	Number of OVC receiving economic opportunity or strengthening (i.e. Social grants) (subset of 6.1)
6.2	Number of OVC served (disaggregated by gender) (indirect)
6.3	Number of providers/caretakers trained in caring for OVC
Palliative Care: Basic Health Care And Support And TB/HIV Care	
7.1	Number of service outlets providing HIV-related palliative care (including TB)
7.1.A	Number of service outlets providing treatment for TB to HIV-infected individuals in a

palliative care setting (subset of palliative care outlets)
7.2 Number of individuals provided with HIV-related palliative care (including TB) (disaggregated by gender)
7.2.A Number of HIV-infected individuals provided with the basic care package (disaggregated by gender) (subset of 7.2)
7.2.B Number of HIV-infected individuals that received treatment for TB disease (disaggregated by gender) (subset of 7.2)
7.2.C Number of individuals that received post exposure prophylaxis (subset of 7.2)
7.2D Number of HIV-infected individuals that received cotrimoxazole prophylaxis (subset of 7.2)
7.3 Number of family members of HIV-infected individuals or OVC provided with HIV-related palliative care
7.4 Number of TB cases
7.5 Number of pulmonary TB
7.6 Number of new smear positives
7.7 Number of successfully treated TB
7.8 Number of individuals provided with HIV-related palliative care(including TB) (indirect)
7.8A Number of HIV-infected individuals who received treatment for TB disease (subset of 7.8)(indirect)
7.9 Number of individuals trained to provide HIV-related palliative care (including TB/HIV)
7.9A Number of individuals trained to provide treatment for TB to HIV-infected individuals (subset of 7.9)
Treatment
Direct ART Services – Indicators For The Quarterly Treatment Form Only
8.1A Number of service outlets providing HIV counseling and testing
8.1B Number of service outlets providing HIV-related palliative care (including TB)
8.1C Number of service outlets providing treatment for TB (subset of palliative care outlets)
8.1D Number of service outlets providing antiretroviral treatment
8.2 Number of individuals counseled and HIV tested and received test results (disaggregated by gender; serostatus)
8.2 a Number of TB patients counseled and tested and received test results (subset of above)
8.3 Number of newly identified HIV-infected individuals who were screened for TB
8.4 Number of HIV-infected individuals who completed pre-treatment training
8.5 Cumulative number enrolled in HIV care by the beginning of quarter (disaggregated by age, gender and pregnancy status)
8.6 New enrollees in HIV care during the quarter (disaggregated by age, gender)
8.7 Cumulative number enrolled in HIV care by the end of the quarter (disaggregated by age, gender)
8.8 Number who received HIV care during the reporting period (disaggregated by age, gender)
8.9 Number in HIV care during the quarter & eligible for art, but not started art by the end of the quarter
8.10 Number in HIV care that are receiving treatment for TB disease (disaggregated by gender)
8.11 Number of HIV-infected individuals receiving cotrimoxazole prophylaxis
8.12 Cumulative number started on art by the beginning of the quarter (disaggregated by age, gender and pregnancy status)
8.13 Number new on art during the quarter (disaggregated by age, gender and pregnancy status)
8.14 Number on art who transferred in during the quarter (disaggregated by age, gender and pregnancy status)
8.15 Number started on art program during the quarter (includes new and transfers) (disaggregated by age, gender and pregnancy status)
8.16 Cumulative number started on art by the end of the quarter (disaggregated by age, gender and pregnancy status)
8.17 Number on art at the end of the quarter (current) (disaggregated by age, gender and pregnancy status)
8.18 Number of individuals receiving art with evidence of sever malnutrition receiving food and nutritional supplementation
8.19 Number of health workers trained to deliver art services
8.20 Number of health workers trained to deliver HIV palliative care (non-art)

8.21a Number trained to provide TB treatment to HIV-infected individuals (subset of above)
8.21 Number of individuals in cohort (6 and 12 month cohorts)
8.22 Number in cohort who have CD4+ counts (6 and 12 month cohorts)
8.23 Number in cohort who received ARVs for entire time period (6 and 12 month cohorts)
8.24 median CD4+ count for cohort (6 and 12 month cohorts)
8.25 Number of patients on each regimen at the end of the quarter (by age)
8.26 Number of persons who started on ART at the facility in the PEPFAR program who were not on art at the end of the quarter
Activities In Support Of Art Services – Indicators On The Semi-Annual Progress Report Only
8.27 Number of service outlets providing antiretroviral treatment
8.28 Number of HIV-infected individuals provided with ARV treatment at the end of the reporting period (indirect)
8.29 Number of health workers trained to deliver ART services
10.4 Number of individuals trained in HIV-related institutional capacity building
10.5 Number of individuals trained in HIV-related stigma and discrimination reduction
10.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Information about minimum service packages for PMTCT and OVC programs are further discussed in the South Africa Strategic Information (SASI) Manual (<http://pepfar.pretoria.usembassy.gov/>) (Go to “PEPFAR@Work”/”M&E”).

Applicants may include plans to collect data on additional indicators to measure the effectiveness of a specific program; however, monitoring of additional indicators is *not required* of funded programs. All indicators are outlined in the *South Africa Strategic Information (SASI) Manual*.

Recipients of money in the area of ARV Treatment will be required to submit quarterly reports. All other program areas require only semi-annual reports. Reports will be submitted to the USG via a web-based data warehouse. The USG also strongly encourages all recipients to provide relevant data to their local, provincial and national government counterparts.

III. PARTNERSHIPS

South African Government and South African organizations:

Applicants are strongly encouraged to form, describe and document partnerships with the South African Government (at all levels). Prior to implementing activities, recipients are required to obtain approval from provincial authorities in each province in which they will conduct activities. (*Note that approvals are not required for concept papers, but evidence of government support is strongly encouraged. Letters of support will be required for full proposal applications.*) The USG also encourages non-South African organizations considering submitting applications to this APS to explore the potential of forming partnerships with South African organizations, including NGOs, civil society and other relevant groups.

IV. SUBSTANTIAL INVOLVEMENT

Should a cooperative agreement be awarded instead of a grant the USG may be substantially involved in the award in the following ways:

- 1) Approval of the recipient's implementation plan.
- 2) Approval of specified key personnel.
- 3) Approval of grant criteria proposed by recipient.

- 4) Approval of the recipient's performance monitoring and management plan.
- 5) Provision of technical direction for specific program interventions.
- 6) Approval of grantee/cooperative agreement annual Country Operational Plan submission.

Pre-award assessments (covering the recipient's financial and management capacity) will be required for grants and for cooperative agreements.

V. ELIGIBILITY

Eligible applicants include organizations that have demonstrated technical skills, experience and the necessary management competence to plan and efficiently execute HIV and AIDS assistance programs using mutually agreed international standards of accountability. Eligible organizations could include, for example, registered South African organizations, U.S. and non-U.S. non-governmental organizations, faith-based organizations, community-based organizations, multi-lateral organizations, foundations, private organizations affiliated with public academic institutions, professional associations, non-profit organizations and for-profit organizations willing to forego profit, and consortia of the above.

VI. TWO-TIERED REVIEW PROCESS

Applicants will participate in a two-tiered review process as detailed below. Tier 1 consists of the evaluation of concept papers. Tier 2 consists of a review of full applications that have been invited following a favorable Tier 1 review. Please note that a favorable review in Tier 1 or Tier 2 is not an indication that funding eventually will be awarded.

Specific submission instructions are outlined below. All concept paper submissions must include a completed cover page (Annex 1) and must be received before the stipulated closing date and time.

Electronic Submission:

No concept papers will be accepted via electronic submission.

Submission by hand or mail services:

Concept papers must be submitted in hard-copy form by hand or by mail service, and must include the following:

- One original
- Seven copies
- A CD containing the concept paper

Concept papers, copies and CD are due:

- Round One Review: Concept papers should be received no later than Tuesday January 22, 2008 at 12:00 noon (South Africa time).
- Round Two Review: Concept papers should be received no later than Monday May 5, 2008 at 12:00 noon (South Africa time).

Concept papers must be submitted in hard-copy form by hand or by mail service to the following address:

USAID (Hand delivered)
ATTN: Lyn Buckley
100 Totius Street
Groenkloof, Pretoria 0027
South Africa

NOTE: Please be sure to obtain a delivery receipt when delivering your package.

If an applicant is invited to submit a full proposal, full applications must be submitted by hand or by mail service to the above address and must include the following:

- One original of the technical proposal
- Seven copies of the technical proposal
- Any supporting documents to the technical proposal
- A CD containing the technical proposal and supporting documents
- One original of the Cost Application (please see Annex 4 for details)
- Seven copies of the Cost Application
- A separate CD containing the Cost Application

*Please note that some courier and overnight mail services do not deliver directly to the US Embassy, and consequently should not be relied upon for overnight services. Delivery by courier has in the past been delayed by up to one week and it is the responsibility of the applicant to take this delay into consideration. **We regret that we are unable to accept applications arriving after the deadline.***

Applicants are encouraged to check <http://www.grants.gov> and the PEPFAR South Africa website periodically for updated information related to the APS (<http://pepfar.pretoria.usembassy.gov>).

Applicants may submit queries *only by email* to pepfar_pretoria_usaid@usaid.gov through December 21, 2007 for Round One concept paper review and April 4, 2008 for Round Two concept paper review. Responses to queries and questions will be posted on the website. No requests for meetings or phone calls with any USG officials will be accepted during the application process.

Tier 1: Concept Paper and Summary Budget

All interested applicants must submit a concept paper to serve as an initial application. The concept paper must be written in English and must not exceed five (5) pages (not including the cover sheet, summary budget, or attachments), using A4 paper size and Times New Roman 11-point font, with 1-inch margins. This concept paper must include a completed cover page (Annex 1), an executive summary that describes how the proposed project will address directly one or more of the APS-defined objectives, what partnerships if any will be involved in the project, proposed strategies and activities for implementation, and a summary budget which specifies the maximum amount of funding required over a specified time period (see detailed budget instructions below). Organizations may submit more than one concept paper. *Any information submitted in addition to the five-page concept paper, summary budget and cover page will not be considered in the concept paper review process.*

Concept papers should be developed using the following format:

1. Summary of proposed activities, including geographic reach, target populations and explanation of how proposed activities contribute to the South African Government's Strategic and/or Comprehensive Plan.
2. Background (rationale/problem statement and activities implemented to date).
3. Description of strategy and activities, including partnerships (if applicable) and implementation plan for the duration of the project.
4. Summary monitoring and evaluation plan, including anticipated indicators/outcomes.
5. Description of sustainability plan.
6. Description of staff responsible for management and monitoring & evaluation.
7. Summary budget in US Dollars.

Concept papers should not include specific and detailed budgets, but should include the following major budget categories:

- Personnel/salaries
- Fringe benefits
- Travel (international and domestic)
- Equipment and supplies
- Monitoring and evaluation (recommended as 5-10% of total budget)
- Sub-grants
- Sub-contracts
- Other direct charges
- Indirect charges/administrative costs
- Cost share.

The summary budget also must reflect the following:

- For indirect costs, international NGOs should include an approved Negotiated Indirect Cost Rate Agreement (NICRA) with the U.S. Government. Local NGOs may submit a fixed administrative rate or direct charges in lieu of a NICRA.
- Budget must be submitted in US Dollars. For purposes of preparing concept papers and full applications, a Rand/Dollar exchange rate of \$1 = R6.5 should be used.

Concept papers meeting the following criteria will be reviewed:

- Written in English.
- Received by submission deadline.
- Five pages or less using A4 paper size and Times New Roman 11-point font. ***Please note that required cover page (Annex 1), summary budget and any attachments do not count toward the five page limit. Applicants are cautioned that submitting superfluous material as attachments will detract from their application.***
- Addresses APS-defined objectives.
- Includes brief description of monitoring and evaluation plan and indicators.
- Project has a duration of one year.
- Summary budget for Category One submissions should be not less than \$250,000 and not more than \$1 million for the initial one year period.
- Summary budget for Category Two submissions should be not less than \$ 1 million and not more than \$25 million for the initial one year period.
- Submitted by eligible entity.

A peer review committee will participate in the Tier 1 technical review. The criteria used to evaluate applications are included as Annex 2. Those submitting applications deemed to be

sufficiently responsive to this APS and meeting specific gaps within the current program will be invited to prepare and submit full applications. Applicants will be informed in writing about the outcome of the Tier 1 technical review once the review process is complete. The USG is unable to provide additional information regarding individual concept papers, the technical review, and the reasons why applicants are or are not invited to submit full applications.

Concept papers are due:

- Round One Review: Concept papers should be received no later than Tuesday January 22, 2008 at 12:00 noon (South Africa time).
- Round Two Review: Concept papers should be received no later than Monday May 5, 2008 at 12:00 noon (South Africa time).

Tier 2: Full Application and Detailed Budget

General guidelines for the preparation of full applications are included here as Annex 3. Detailed instructions will be provided to those invited to submit full applications, as an attachment to the letter of invitation.

VII. PRE-APPLICATION WORKSHOPS

Pre-application workshops will not be held.

Applicants may submit queries *only by email* to pepfar_pretoria_usaid@usaid.gov through December 21, 2007 for Round One concept paper review; April 4, 2008 for Round Two concept paper review. Responses to queries and questions will be posted on the website. No requests for meetings or phone calls with any USG officials will be accepted during the application process.

VIII. PREPARATION AND SUBMISSION OF CONCEPT PAPERS AND APPLICATIONS

NO assistance will be provided by any USG official to any organization in the preparation of concept papers or applications and NO fee is required for submission of concept papers or applications. The USG would like to inform all prospective applicants that NO individual has been appointed by the USG as representative to assist in the APS process. Prospective applicants are encouraged to respond to the APS in accordance with the guidelines provided.

IX. AWARD

Final negotiations and awards may be administered by any one of the USG Agencies participating in this program. Funding may be awarded directly or through an umbrella grants management organization that is directly funded by the USG Agency.

X. ADMINISTRATION OF AWARDS

Awards may be administered by any one of the USG Agencies participating in this program. Funding may be awarded directly or through an umbrella grants management organization that is directly funded by the USG Agency. For USAID, awards to U.S.-NGOs will be

administered in accordance with 22 Code of Federal Regulations (CFR) 226, Office of Management and Budget Circulars and the USAID Standard Provisions; awards to non-U.S. NGOs will be administered in accordance with applicable USAID Standard Provisions. These documents are available on the following websites: www.usaid.gov, <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl> and www.whitehouse.gov/omb/circulars/index.html. For CDC, awards will be administered in accordance with 45CFR74 and OMB Circulars. These documents are available on the CDC website (www.cdc.gov).

XI. AUTHORITY

This program is authorized in accordance with the Foreign Assistance Act of 1961 (as amended), and the United States Leadership against HIV and AIDS, Tuberculosis, and Malaria Act of 2003 (P.L. 108-25, May 27, 2003).

**U.S. GOVERNMENT MISSION TO SOUTH AFRICA
INTER-AGENCY ANNUAL PROGRAM STATEMENT
IN SUPPORT OF THE
U.S. PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
(PEPFAR)
IN SOUTH AFRICA
APS 674-08-003**

APS CONCEPT PAPER AND FULL APPLICATION COVER SHEET

Organization Name: _____

Project Name: _____

Contact Name: _____

Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Zip Code: _____

Telephone: _____

Fax Number: _____

E-mail Address: _____

Website (for organization): _____

Type of Organization: _____

Partner Organization(s): _____

Include name and organization type from list above, for each partner.

Funding Category

Please indicate with a check mark which funding category you are applying for funding in:

Category One (\$250,000-\$1 million): **Funding Requested Year 1: USD** _____

Category Two (\$1 million-\$25 million): **Funding Requested Year 1: USD** _____

Duration of project (in years): One Two Three Four Five

Project Type:

New Project

Scale-up of Existing Project

Other *Please describe:* _____

Province(s) where project will be implemented:

Please indicate with a check mark which provinces your project will work in:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Eastern Cape | <input type="checkbox"/> Free State |
| <input type="checkbox"/> Gauteng | <input type="checkbox"/> KwaZulu-Natal |
| <input type="checkbox"/> Mpumalanga | <input type="checkbox"/> North West |
| <input type="checkbox"/> Limpopo | <input type="checkbox"/> Northern Cape |
| <input type="checkbox"/> Western Cape | <input type="checkbox"/> National (Working at national level with Departments) |

Technical Areas:

Your proposal will address:

- HIV/TB
- PMTCT
- Prevention
- OVC
- HIV Counseling and Testing
- Palliative Care for HIV infected individuals and family members
- Treatment

Beneficiaries:

Target Population
<i>Example: Rural adult men and women</i>

Please include target populations for each technical area you propose to address.

APPLICATION EVALUATION CRITERIA

A peer review committee will evaluate both Tier 1 (concept papers) and Tier 2 (full applications), based on the following criteria. ***Note that evaluation criteria in italics will not be required or scored for Tier 1 concept papers.***

A: APPLICANT EXPERIENCE AND PROJECT MANAGEMENT

Total: 20 points

Applicant's Capacity, Technical Expertise and Experience (10 points)

- Capacity to manage (technically, administratively and financially) a project of similar size, type and complexity and to deliver the required results.
- Experience in operating similar projects in similar circumstances.
- Demonstrated clear understanding of HIV and AIDS issues.
- Experience in working collaboratively with diverse stakeholders from governmental and non-governmental sectors.
- Experience in working successfully with donor funding.
- If applicable, evidence that the applicant or primary implementer is a community-based or faith-based organization with the ability to provide services that will impact at a community level.
- *Full applications may include summaries of previous HIV and AIDS activities in South Africa or other PEPFAR-funded activities in other countries.*

Staffing and Management Plan (10 Points)

- Stream lined staffing structure.
- Staffing pattern maximizes use of qualified, diversified (ethnically) South African staff. In the spirit of sustainability and the development of local capacity, any expatriate involvement is limited to home office oversight, and implementation is to be carried out by South African organization(s) and South African staff.
- A dedicated Project Manager able to devote adequate time to the management of the activity proposed in the application. The Project Manager should have extensive experience in areas relevant to the successful implementation of the proposed activity.
- Financial management procedures and staff in place are knowledgeable about and experienced in managing donor funds.
- Monitoring and evaluation procedures and staff are in place and capable of producing accurate, timely reports.
- *Full applications describe clear management roles and responsibilities in order to promote efficiency and rapid start-up.*
- *Full applications contain adequate information on key personnel, including name, short description of experience and capacity relevant to proposed position to ensure rapid start-up and implementation success.*
- *Full applications may include as an attachment an organizational chart summarizing project management staff.*

B: TECHNICAL APPROACH
Total: 55 points

Ability to Reach Significant Numbers of South Africans (10 points)

- Activities directly support the PEPFAR goal of expanding service delivery to a significant number of South Africans.
- Application indicates an ability to reach a significant number of individuals with services within the 12 months of the program.
- Application demonstrates a low cost per intervention or results reached.
- Targets are realistic (in line with budget, staffing and implementation plan).

Overall Technical Approach (10 points)

- Activities directly contribute to the service delivery programs and will meet PEPFAR objectives as described in this APS.
- Activities are supportive and consistent with the South African Government's Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment.
- Activities encompass a comprehensive approach that appropriately integrates different interventions and coordinates among different levels of health service delivery.
- Activities can be increased in scale by replication of successful interventions or by expansion to additional geographic regions.

Ability to Monitor Results (10 points)

- Application includes effective monitoring and evaluation plan.
- Application demonstrates competence in developing and analyzing performance indicators and in managing performance indicator data to ensure audit-worthiness.
- *Full application monitoring and evaluation plan includes clear and appropriate milestones and expected accomplishments, with measurable output and performance indicators.*
- *Full application monitoring and evaluation plan specifies appropriate and feasible methods for data collection, tracking, verification, analysis and reporting, including attention to differential impacts by gender.*

Implementation Plan (10 points)

- Work plan includes proposed activities for the time frame indicated, and identifies partners for activities, where appropriate.
- One year work plan, inputs and outputs are realistic and achievable within proposed budget and timeframe, and reflect a grasp of necessary steps to ensure rapid, effective start-up and execution of program activities.
- *Full application work plans should be presented in a matrix format, with detailed interim objectives and milestones.*

Sustainability Plan (5 points)

- Sustainability plan addresses the likelihood that the program being supported will continue beyond and without USG funding, and proposes a feasible sustainability strategy.
- Activities will enhance the ability of South African personnel and institutions to address the challenges of HIV and AIDS on a long-term basis.
- Sustainability plan addresses technical expertise, management, staffing, relationship with South African Government and financial sustainability.

Gender, People Living with HIV and AIDS (PLHIV), Disadvantaged Groups (5 points)

- Activities are customized to appropriately address gender issues.
- Activities serve and involve PLWHA or disadvantaged groups.
- Project will measure and report progress on these issues.

Underserved Rural Areas or Underserved Provinces (5 points)

- Activities are directed at populations in rural areas or areas underserved by South Africa health system.
- Activities are conducted in South Africa provinces in need of additional HIV and AIDS programs.
- Activities are directed at areas with identified high HIV prevalence.

C: SOUTH AFRICA EXPERIENCE

Total: 15 points

South Africa Government Involvement or Support (10 points)

- The project is requested by or supported by the South African Government.
- *Full applications include letters of support or endorsement for the specific project from South African Government officials at the national, provincial and/or district level.*

South Africa Experience (5 points)

- Evidence that the applicant or primary implementer of the proposed project is a South African organization.
- Experience with and demonstrated understanding of HIV and AIDS issues in South Africa.
- Experience with related projects in South Africa.

D: COST EVALUATION

Total: 10 points

Cost Effectiveness (5 points)

- Cost effectiveness - the application demonstrates that proposed results will be achieved with the most efficient use of available resources.
- The application includes cost sharing, co-funding, in-kind contributions or other partnerships or alliances that increase the impact of PEPFAR funds or leverage other resources.

Cost Realism (5 points)

- The application's technical approach supports the costs proposed and the project is likely to achieve its projected results within the projected budget.

General Guidelines For Full Applications
Annual Program Statement (APS) 674-08-003

These general guidelines are provided for information only. Detailed guidance for applicants invited to submit full applications will be provided with the letter of invitation.

NOTE: These guidelines are NOT for use in preparation of Tier 1 concept papers. See the APS for instructions for submission of concept papers.

The full application must be in English, must **not exceed 25 pages**, printed on one side with one-inch margins, and must be submitted using A4 paper size and **Times New Roman 11-point font**. The 25-page maximum length is inclusive of title page, table of contents and executive summary, but excludes attachments (resumes, letters of support, documentation of partnerships and alliances, the cost application and other supporting documents). Attachments (annexes) should be lettered (e.g. Attachment A). Applicants are cautioned that submitting superfluous material as attachments will detract from their application.

The anticipated deadline for submission of the full applications are:

Round One full applications due March 31, 2008

Round Two full applications due June 9, 2008

Note: These dates are subject to change. At the time of invitation to submit full applications, instructions for full applications will be distributed.

Electronic Submission:

No full applications will be accepted via electronic submission.

Submission by hand or mail services:

If an applicant is invited to submit a full proposal, full applications must be submitted by hand or by mail service to:

USAID (Hand delivered)
ATTN: Lyn Buckley
100 Totius Street
Groenkloof, Pretoria 0027
South Africa

NOTE: Please be sure to obtain a delivery receipt when delivering your package.

*Please note that some courier and overnight mail services do not deliver directly to the USAID, and consequently should not be relied upon for overnight services. Delivery by courier has in the past been delayed by up to one week and it is the responsibility of the applicant to take this delay into consideration. **We regret that we are unable to accept applications arriving after the deadline.***

If an applicant is invited to submit a full proposal, full applications must be submitted by hand or by mail service to the above address and must include the following:

- One original of the technical proposal
- Seven copies of the technical proposal
- Any supporting documents to the technical proposal
- A CD containing the technical proposal and supporting documents
- One original of the Cost Application (please see Annex 4 for details)
- Seven copies of the Cost Application
- A separate CD containing the Cost Application

Applications must be received by noon 12:00 p.m. South Africa time by the deadline dates provided above.

Please note the following important requirements:

You are required to submit a pharmaceutical procurement plan if purchasing pharmaceuticals. The plan should include procurement, distribution and management.

Budgets must be submitted in the form of a cost application as outlined in Annex 4.

Structure and Content of Full Applications

Full applications including the following elements will be reviewed. Applicants are encouraged to address as many of the evaluation criteria (Annex 2) as possible within each of these sections.

- I. Cover Page
 - Specific elements will be provided with full instructions.
- II. Table of Contents listing all page numbers and all annexes/attachments
- III. Executive Summary, using the following format (one page):
 - Summary of proposed activities, including objectives to be addressed, geographic reach, target populations and explanation of how proposed activities contribute to the South African Government's Comprehensive Plan
 - Background (rationale/problem statement and activities implemented to date)
 - Description of Strategy and Activities, including partnerships (if any)
 - Anticipated results, including indicators/outcomes
- IV. Description of activities related to the objectives of this APS describing:
 - Rationale/problem statement
 - Description of strategy and activities
 - Objectives and anticipated outcomes
 - Ongoing activities to be scaled up, expanded or supplemented
 - Geographic focus areas and rationale
 - Impact on gender
 - Impact on beneficiaries

Applications must be consistent with current policies and guidelines provided at <http://www.grants.gov> and <http://pepfar.pretoria.usembassy.gov/> and at links specified at that site.

V. Include a Section on Project Management with the following information:

- Structure for managing implementation
- Information on key personnel, including for each key person a short description of experience and capacity relevant to the project description, an indication of level of effort each will be dedicating to the proposed activities and the roles and responsibilities of each
- Proposed implementing partner(s), key personnel of each partner organization and the roles and responsibilities of each organization

VI. Description of Applicant capacity, technical expertise and experience.

- Describe capacity to manage the project (technically, administratively and financially).
- Describe previous experience managing a project of similar size and complexity, including experience working collaboratively with diverse stakeholders and experience with donor funding.

VII. Technical Approach:

- Objectives addressed and results to be achieved, including:
 - Relation to the aim of this APS
 - Specific program results to be achieved by September 2008, March 2009, September 2009 and beyond
- Detailed Implementation Plan, describing the plan and methodology for implementation of each activity, including:
 - Timeframes and sequencing for implementing each activity
 - Outcome of each activity
 - Impact on gender
 - Impact on most-at-risk groups and underserved communities
 - Involvement of partners including roles and responsibilities
 - Sustainability plan
- Detailed monitoring and evaluation plan showing how:
 - Outcomes will be measured
 - Outcomes will contribute to results
 - Baseline information will be collected
 - Activities will be evaluated

Note: If purchasing pharmaceuticals, include a **Pharmaceutical Procurement Plan** in this section.

VIII. If the proposed activity(s) will be carried out in conjunction with the South African Government, or in public facilities, evidence of the South African Government concurrence with the activity(s) should be provided.

IX. Past Performance/Past Experience:

- Submit contact information of at least three (3) partners with whom applicants have worked in the past three (3) years in the implementation of a similar program.
- Reference information, including location, current telephone numbers, points of contact, award number if available, and a brief description of work performed. Please refer to Annex 6 for guidance on past performance.

X. Cost Application

Category One applications should be in the range of \$250,000 to \$1,000,000 for the initial one-year period.

Category Two applications should be in the range of \$1,000,000 to \$25,000,000 for the initial one-year period.

Please refer to the Cost Application Attachment, Annex 4 for additional information.

Note: Submit full budget in the specified format as an annex (budgets are not included in the 25 page restriction).

XI. Branding

Successful applicants who are assigned to USAID or an umbrella grant management organization under USAID will be required to submit a branding plan. Please see Annex 5 for additional details.

COST APPLICATION

(Note: For full application ONLY. Do not submit with concept paper).

The cost application should be in the form of an attachment and should detail all direct costs associated with the implementation and completion of activities, as well as any indirect costs and program costs such as those related to any sub-agreements and/or contracts as detailed below.

Category One applicants may request awards in the range of \$250,000 to \$1,000,000 million per year for the first year for a program of up to five years. Category Two applicants may request awards in the range of \$1,000,000 to \$25 million for the first year for a program of up to five years. These funding levels are subject to revision depending on availability of funds and Country Operational Plan approval.

The application should also provide evidence that the funds requested are reasonable and would be used in a cost-effective manner. The review committee will assess whether the overall costs are realistic for the work to be performed, whether the costs indicate that the applicant understands the requirements, and whether the costs are consistent with the technical application.

The Cost Application is to be submitted under separate cover from the technical application. Certain documents are required to be submitted by an applicant in order for the respective USG Agreement Officer to make a determination of responsibility. However, it is USG policy not to burden applicants with undue reporting requirements if that information is readily available through other sources.

The Cost Application should be prepared following the guidance provided below. All information should be included in the application in the manner and format described below. While there is no page limit for this portion, applicants are encouraged to be as concise as possible while providing the necessary details. **The Cost Application should be submitted as an original and seven copies.**

1. **Separateness:** The Cost application must be completely separate from the Applicant's technical application. The application must be submitted using Standard Form (SF) 424 and SF 424A "Application for Federal Assistance." These forms can be downloaded from the USAID web site:

<http://www.usaid.gov/forms/>

2. **Cost Information Submission:** The cost information submitted must include three distinct parts: a) the SF 424; b) the cost matrix; and c) budget notes.

a. SF 424:

The cost application should be for a period of 1 year using the budget format shown in the SF 424A. If there are any training costs to be charged to this Agreement, please identify them clearly.

b. Cost Matrix:

The Cost Application must also indicate the amount of funds to be spent by objective and activity. Applicants should include an overall summary budget and a detailed annual budget defined by program area, general program activities and specific activities consistent with the information requested below. Specifically, the budgets should demonstrate the allocation of resources necessary to achieve the objectives of this program.

The proposed budget shall also include:

- i. the breakdown of all costs according to each partner organization (if more than one organization is proposed in the consortium/network) involved in the program;
- ii. the costs associated with external, expatriate technical assistance and those associated with local in-country technical assistance;
- iii. the breakdown of the financial and in-kind contributions of all organizations involved in implementing this agreement;
- iv. potential contributions of non-USG or private commercial donors to this agreement;
- v. the procurement plan for commodities (note that contraceptives and other health commodities will be subject to specific approvals from the respective USG Agreements Officer).

c. Budget Notes:

To support the costs proposed, please provide detailed budget notes or a narrative explaining how all costs were derived. The combination of the cost data and breakdowns specified above and the cost notes must be sufficient to allow a determination of whether the costs estimated are reasonable and realistic. If the information described below is provided in the cost matrixes described above, then the information need not be included in the Budget Notes. The following is provided as guidance on issues involving specific types of costs:

- i. **Salary and Wages:** Direct salaries and wages should be proposed in accordance with the applicant's personnel policies.
- ii. **Fringe Benefits:** If the applicant has a fringe benefit rate that has been approved by an agency of the U.S. Government, such rate should be used and evidence of its approval should be provided. If a fringe benefit rate has not been approved, the application should propose a rate and explain how the rate was determined. If the latter is used, the narrative should include a detailed breakdown comprised of all items of fringe benefits (e.g., unemployment insurance, workers compensation, health and life insurance, retirement, FICA, etc.) and the costs of each, expressed in dollars and as a percentage of salaries.
- iii. **Travel and Transportation:** The application should indicate the number of trips, domestic and international, and the estimated costs per trip. Specify the origin and destination for each proposed trip, duration of travel, and number of individuals traveling. Per diem should be based on the applicant's normal travel policies. (Applicants may choose to refer to the Federal Standardized Travel Regulations for cost estimates).

- iv. **Equipment:** Specify all equipment to be purchased, including the type of equipment, the manufacturer, the unit cost, the number of units to be purchased and the expected geographic source.
- v. **Source and Origin Requirements -** Goods and services provided by the applicants under this USAID-financed award must have their source and origin in the United States (USAID Geographic Code 935). However, applicants may use Geographic Code 935 (worldwide) if they can provide justification in accordance with USAID policy, CIB 01-04, Expedited Acquisition and Assistance Procedures for the HIV/AIDS and Infectious Disease Initiatives. Procurement source and origin requirements under the agreement will be dependent upon the source of funding.
- vi. **Materials and Supplies:** Specify all materials and supplies expected to be purchased, including type, unit cost and units.
- vii. **Communications:** Specific information regarding the type of communication cost at issue (i.e. mail, telephone, cellular phones, internet etc.) must be included in order to allow an assessment of the realism and reasonableness of these costs.
- viii. **Subcontracts:** Information sufficient to determine the reasonableness of the cost of each specific subcontract expected to be implemented must be included.
- ix. **Consultants:** Information sufficient to determine the reasonableness of the cost of each specific consultant expected to be hired must be included. Similar information should be provided for all consultants as is provided under the category for personnel.
- x. **Allowances:** Allowances should be broken down by specific type and by person. Allowances should be in accordance with the applicant's policies and the applicable regulations and policies.
- xi. **Direct Facilities Costs:** Specific information regarding the cost of any facilities needed to perform program activities. The information provided should include the unit cost (rent), the time period the facilities are needed, and the number of facilities. Only facilities that directly benefit the program activities should be included in this category; all other facility costs should be included in the indirect cost category.
- xii. **Other Direct Costs:** This may include report preparation costs, passports and visas fees, medical exams and inoculations, insurance (other than insurance included in the applicant's fringe benefits, as well as any other miscellaneous costs which directly benefit the program proposed by the applicant. The narrative should provide a breakdown and support for all other direct costs. If seminars and conferences are included, the applicant should indicate the subject, venue and duration of proposed conferences and seminars, and their relationship to the objectives of the program, along with estimates of costs.
- xiii. **Indirect Costs:** The applicant should support the proposed indirect cost rate with a letter from a cognizant U.S. Government audit agency (i.e. its current Negotiated Indirect Cost Rate Agreement) or with sufficient information for USAID or CDC

to determine the reasonableness of the rates. For the latter, USAID and CDC would need: (1) copies of the applicant's financial reports for the previous 3-year period, which have been audited by a certified public accountant or other auditor satisfactory to USAID and CDC respectively; (2) projected budget, cash flow and organizational chart; (3) A copy of the organization's accounting manual.

3. **Cost-Sharing:** In addition to USG funds, Applicants are encouraged to contribute resources from their own, private or local sources for the implementation of this program. Contributions can be either cash or in-kind and can include contributions from the applicant, local counterpart organizations, project clients, the South African Government, and other donors (not other USG funding sources). Information regarding the proposed cost-share should be included in the SF 424 and the Cost Matrix as indicated on those documents. The cost-share should be discussed in the Budget Notes to the extent necessary to realistically access these sources and funds and the feasibility of the cost-sharing plan.
4. **Management Costs:** The proposed budget should provide estimates of the program based upon the total estimated costs for the agreement. Applicants should minimize their administrative and support costs for managing the project to maximize the funds available for project activities.
5. **Teaming:** If the applicant is a consortium, the Cost application must include documents reflecting the legal relationship between the parties. The documents should include a full discussion of the relationship between the applicants including the identity of the organization that will deal with USG in matters of agreement administration, the identity of the organization that will have accounting responsibility, how agreement effort will be allocated, and the express agreement of the principals thereto to be held jointly and severally liable for the acts or omissions of the other.

If no joint venture is involved, the Cost/ Business Application should include a complete discussion of the relationship between the applicant and its partner organizations, how work under the program will be allocated, how work will be organized and managed, and copies of any agreements between the partner organizations. In all cases of teaming, the cost information provided in part 2.b of this subsection should indicate the amounts committed to each member of the team. The Budget Notes described in part 2.c of this subsection should discuss which team member is bearing a particular cost where appropriate to justify and explain the cost in question.

6. **Financial Resources:** Information on the organization's financial status and management including:
 - a) Projected budget, cash flow and organizational chart.
 - b) If the applicant has made a certification to USAID that its personnel, procurement and travel policies are compliant with applicable OMB circulars and other applicable USAID and Federal regulations, a copy of the certification should be included with the application. If the certification has not been made to USAID/Washington, the applicant should submit a copy of its personnel (especially regarding salary and wage scales, merit increases, promotions, leave, differentials, etc.), travel and procurement policies, and indicate whether personnel and travel policies and procedures have been

reviewed and approved by any agency of the Federal Government. If so, provide the name, address, and phone number of the cognizant reviewing official.

- c) If applicable, approval of the organization's accounting system by a U.S. Government agency, including the name, address, and telephone number of the cognizant auditor.
- d) Applicants that have never received a grant, cooperative agreement or contract from the U.S. Government are required to submit a copy of their accounting manual. If a copy has already been submitted to the U.S. Government, the applicant should advise which Federal Office has a copy.

7. **Supporting Documentation:** The application should include detailed information for each component below that substantiates that the applicant:

- a) Has adequate financial resources or the ability to obtain such resources as required during the performance of the cooperative agreement.
- b) Has the ability to comply with the cooperative agreement conditions, taking into account all existing and currently prospective commitments of the applicant, nongovernmental and governmental.
- c) Has a satisfactory record of performance. Refer to Annex 6 for guidance on past performance.
- d) Has a satisfactory record of integrity and business ethics.
- e) Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., Equal Employment Opportunity laws).
- f) Applicants may submit any additional evidence of responsibility considered necessary in order for the Agreement Officer to make a determination of responsibility.

8. **Program Income (if applicable):**

For partners that are awarded to USAID, the recipient shall account for program income in accordance with 22 CFR 226.24(b)(1) and (b)(2). "In accordance with 22 CFR(b)(1), program income earned under this award shall be added to funds committed by USAID and the recipient to the project or program and used to further eligible project or program objectives. Additionally, in accordance with 22 CFR 226.24(b)(2), program income may be used to finance the non-Federal share of the project or objectives."

9. **Cost Evaluation Review Criteria:**

Evaluation points are not awarded for cost. The review of the cost proposal shall include primarily cost realism, allowability and reasonableness analyses. This will consist of a review of the cost portion of an applicant's application to determine if the overall costs proposed are realistic for the work performed, if the costs reflect the applicant's understanding of the requirements, and if the costs are consistent with the technical application. Evaluation of cost proposals will consider but not be limited to the following:

- Cost realism and completeness of cost proposal and supporting documentation.
- Overall cost control evidenced by the proposal (such as avoidance of excessive salaries, excessive home office staff visits and other costs in excess of reasonable requirements).
- Amount and type of cost share proposed.

Applicants are reminded that the Government is not obliged to award a negotiated agreement on the basis of lowest proposed cost, or the applicant with the highest technical evaluation score, but will make awards that represent the best value for the U.S. Government.

BRANDING REQUIREMENTS

All successful applicants who are assigned to USAID will be required to fulfill the branding requirements.

(1) All recipients must mark appropriately all overseas programs, projects, activities, public communications, and commodities partially or fully funded by a USAID grant or cooperative agreement or other assistance award or sub award with the USAID Identity, of a size and prominence equivalent to or greater than the recipient's, other donor's, or any other third party's identity or logo.

(2) The Recipient will mark all program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) with the USAID Identity. The Recipient should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the Recipient must install a permanent, durable sign, plaque or other marking.

(3) The Recipient will mark technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities and other promotional, informational, media, or communications products funded by USAID with the USAID Identity.

(4) The Recipient will appropriately mark events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities, with the USAID Identity. Unless directly prohibited and as appropriate to the surroundings, recipients should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the recipient is encouraged otherwise to acknowledge USAID and the American people's support.

(5) The Recipient will mark all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging with the USAID Identity.

(6) The Agreement Officer may require the USAID Identity to be larger and more prominent if it is the majority donor, or to require that a cooperating country government's identity be larger and more prominent if circumstances warrant, and as appropriate depending on the audience, program goals, and materials produced.

(7) The Agreement Officer may require marking with the USAID Identity in the event that the recipient does not choose to mark with its own identity or logo.

(8) The Agreement Officer may require a pre-production review of USAID-funded public communications and program materials for compliance with the approved Marking Plan.

(9) Subrecipients. To ensure that the marking requirements “flow down” to subrecipients of sub awards, recipients of USAID-funded grants and cooperative agreements or other assistance awards will include the USAID-approved marking provision in any USAID funded sub award, as follows:

“As a condition of receipt of this sub award, marking with the USAID Identity of a size and prominence equivalent to or greater than the recipient’s, subrecipient’s, other donor’s or third party’s is required. In the event the recipient chooses not to require marking with its own identity or logo by the subrecipient, USAID may, at its discretion, require marking by the subrecipient with the USAID Identity.”

(10) Any ‘public communications’, as defined in 22 C.F.R. 226.2, funded by USAID, in which the content has not been approved by USAID, must contain the following disclaimer:

“This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert recipient name] and do not necessarily reflect the views of USAID or the United States Government.”

(11) The recipient will provide the Cognizant Technical Officer (CTO) or other USAID personnel designated in the grant or cooperative agreement with two copies of all program and communications materials produced under the award. In addition, the recipient will submit one electronic or one hard copy of all final documents to USAID’s Development Experience Clearinghouse.

Implementation of marking requirements

(1) When the grant or cooperative agreement contains an approved Marking Plan, the recipient will implement the requirements of this provision following the approved Marking Plan.

(2) When the grant or cooperative agreement does not contain an approved Marking Plan, the recipient will propose and submit a plan for implementing the requirements of this provision within 10 working days after the effective date of this provision. The plan will include:

(i) A description of the program deliverables specified in paragraph (b) of this provision that the recipient will produce as a part of the grant or cooperative agreement and which will visibly bear the USAID Identity.

(ii) The type of marking and what materials the applicant uses to mark the program deliverables with the USAID Identity,

(iii) When in the performance period the applicant will mark the program deliverables, and where the applicant will place the marking,

(3) The recipient may request program deliverables not be marked with the USAID Identity by identifying the program deliverables and providing a rationale for not marking these program deliverables. Program deliverables may be exempted from USAID marking requirements when:

(i) USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials;

- (ii) USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent;
- (iii) USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official;
- (iv) USAID marking requirements would impair the functionality of an item;
- (v) USAID marking requirements would incur substantial costs or be impractical;
- (vi) USAID marking requirements would offend local cultural or social norms, or be considered inappropriate;
- (vii) USAID marking requirements would conflict with international law.

(4) The proposed plan for implementing the requirements of this provision, including any proposed exemptions, will be negotiated within the time specified by the Agreement Officer after receipt of the proposed plan. Failure to negotiate an approved plan with the time specified by the Agreement Officer may be considered as noncompliance with the requirements is provision.

Waivers

(1) The recipient may request a waiver of the Marking Plan or of the marking requirements of this provision, in whole or in part, for each program, project, activity, public communication or commodity, or, in exceptional circumstances, for a region or country, when USAID required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the cooperating country. The recipient will submit the request through the Cognizant Technical Officer. The Principal Officer is responsible for approvals or disapprovals of waiver requests.

(2) The request will describe the compelling political, safety, security concerns, or adverse impact that require a waiver, detail the circumstances and rationale for the waiver, detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or specific marking to be waived, and include a description of how program materials will be marked (if at all) if the USAID Identity is removed. The request should also provide a rationale for any use of recipient’s own identity/logo or that of a third party on materials that will be subject to the waiver.

(3) Approved waivers are not limited in duration but are subject to Principal Officer review at any time, due to changed circumstances.

(4) Approved waivers “flow down” to recipients of sub awards unless specified otherwise. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant.

(5) Determinations regarding waiver requests are subject to appeal to the Principal Officer’s cognizant Assistant Administrator. The recipient may appeal by submitting a written request to reconsider the Principal Officer’s waiver determination to the cognizant Assistant Administrator.

(e) Non-retroactivity. The requirements of this provision do apply to any materials, events, or commodities produced prior to January 2, 2006. The requirements of this provision do not

apply to program, project, or activity sites funded by USAID, including visible infrastructure projects (for example, roads, bridges, buildings) or other programs, projects, or activities that are physical in nature (for example, agriculture, forestry, water management) where the construction and implementation of these are complete prior to January 2, 2006 and the period of the grant does not extend past January 2, 2006.

For more information in the USAID branding policy, please see <http://www.usaid.gov/branding/>.

PAST PERFORMANCE**(To be added to supporting documents for full applications only)**

The applicant shall establish the relevance of past experience to this program and the basis for reliance upon that experience as an indicator of success on this program. The application must demonstrate success in providing similar implementation services on past awards, including production of meaningful outputs and significant results in accordance with required outputs and results. The applicant should describe their responsiveness to past clients regarding ability to adapt to the unique country settings and client priorities and client satisfaction. Applicants shall provide a list of all U.S. Government and/or privately funded contracts, grants, contracts, etc. performed by the organization and major implementing partners or sub-partners in the last five years involving programs similar to the program proposed in their application. Include the following for each award listed:

- Name of awarding organization or agency;
- Address of awarding organization or agency;
- Place of performance of services or program;
- Award number;
- Amount of award;
- Time period of award (begin and end dates of services/program);
- Current telephone number, fax numbers and internet/email address of a responsible technical representative of that organization or agency having significant knowledge of the applicant's performance;
- Brief description of the program.

Assessment of past performance will focus on the applicant's demonstrated:

- a) Quality of product or service, including how cooperative and effective the applicant was in fixing problems, and applicant's conformance to agreement specifications or professional performance standards;
- b) Cost control, including forecasting costs, as well as accuracy in financial reporting;
- c) Timeliness of performance, including adherence to agreement schedules and meeting delivery dates such as the submission of administrative documentation, timely delivery of short-term technical advisors, and effectiveness of home and field office management to make prompt decisions and ensure efficient operation of tasks;
- d) Customer satisfaction, including satisfactory business relationship with USAID and host country clients (where applicable), prompt and satisfactory correction of problems, and cooperative attitude in fixing problems; and
- e) Effectiveness of key personnel, including effectiveness and appropriateness of personnel for the job, and prompt and satisfactory changes in personnel when a need to replace personnel was identified.