Resilient and Responsive Health Systems (RRHS) Initiative

Announcement Type: New
Funding Opportunity Number: HRSA-17-007
Catalog of Federal Domestic Assistance (CFDA) No. 93.266

FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2017

Application Due Date: August 5, 2016

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov, may take up to one month to complete.

Issuance Date: June 6, 2016

Modified July 15, 2016 to reflect the postponement of the competition for South Sudan.

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EXECUTIVE SUMMARY

Supported through the President’s Emergency Plan for AIDS Relief (PEPFAR), the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2017 in support of the Resilient and Responsive Health Systems (RRHS) Initiative. The purpose of this initiative is to address fundamental health systems constraints that impede the availability of and access to quality health services related to HIV, other infectious diseases and priority health areas in the Democratic Republic of Congo (DRC), Liberia, Sierra Leone, and South Sudan. The initiative aims to support the implementation of countries’ national health strategies and recovery plans to respond to emerging epidemics, to prevent, manage, and control HIV and other diseases, and to improve population health outcomes.

IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Resilient and Responsive Health Systems (RRHS) Initiative</th>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-17- 007</td>
</tr>
<tr>
<td>Due Date for Applications:</td>
<td>August 5, 2016</td>
</tr>
<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>Year 1: $6,000,000 Year 3: $8,000,000 Year 5: $8,000,000 Year 2: $8,000,000 Year 4: $8,000,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to four (4) Cooperative Agreements</td>
</tr>
<tr>
<td>Estimated Award Amount:</td>
<td>Year 1: $1,500,000/country Year 3: $2,000,000/country Year 5: $2,000,000/country Year 2: $2,000,000/country Year 4: $2,000,000/country</td>
</tr>
<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
</tr>
<tr>
<td>Project Period:</td>
<td>Five (5) years; January 1, 2017 – December 31, 2022</td>
</tr>
<tr>
<td>Eligible Applicants:</td>
<td>Eligible applicants include domestic and foreign public and private nonprofit entities, including institutions of higher education, faith-based and community-based organizations, Tribes and tribal organizations, and for profit entities.</td>
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<tr>
<td></td>
<td>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</td>
</tr>
</tbody>
</table>

Application Guide

**Technical Assistance**

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar will be held on **June 16, 2016** from 10:30 AM – 12:30 PM Eastern Time. The call-in number for applicants located in the United States (U.S.) is 866-692-4541. Applicants outside of the U.S. should use the call in numbers from the table in Section VIII. The pass code for all callers (domestic and international) is 8029730. To join the webinar, the link is: [https://hrsa.connectsolutions.com/dtc1/](https://hrsa.connectsolutions.com/dtc1/).
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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Resilient and Responsive Health Systems (RRHS) Initiative, a five-year program to strengthen human resources for health (HRH) in order to address public health challenges like HIV/AIDS, malaria and tuberculosis in the Democratic Republic of Congo (DRC), Liberia, Sierra Leone, and South Sudan and to achieve health system resiliency. [IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.] This RRHS Initiative seeks to address fundamental health systems constraints that impede the availability of and access to quality health services by supporting the implementation of countries’ national health strategies and recovery plans to respond to emerging epidemics, prevent, manage and control HIV and other diseases, and improve population health outcomes.

The resilience of a health system is its capacity to respond and adapt to planned and unplanned needs, and the ability to absorb shocks, such as a disease outbreak, natural disaster, or conflict.\(^1\) Decades of experience in health systems development in fragile states have demonstrated a need to address weaknesses in HRH, policy, leadership, management capacity, service delivery, and data collection and evaluation through the World Health Organization’s health system building blocks framework,\(^2\) taking into consideration also the capacity, security situation, and state of health in each state.\(^3\) In fragile states, these core structural components of the health system are by definition weak and incomplete, often characterized by the inability to provide health services to a large proportion of the population; insufficient coordination, oversight and monitoring of health services; ineffective or nonexistent referral systems; inadequate management capacity; lack of health equity; lack of health infrastructure for delivering health services; a lack of mechanisms for developing, establishing and implementing national health policies; and non-operational health information systems.\(^4\)

Achieving an AIDS-free generation is dependent upon the ability of people at risk and/or living with HIV and AIDS to find and access quality health services, providers and products. A well-functioning and resilient health system meets these needs, effectively supporting prevention, care and treatment for HIV and AIDS, TB, malaria, and other diseases.

In just eleven years, PEPFAR has moved from an emergency program to one squarely focused on controlling the epidemic. PEPFAR has now entered what may be its most challenging, but exciting, phase yet—Phase III focusing on Sustainable Control of the Epidemic. To reach the Joint United Nations Programme on HIV/AIDS’ (UNAIDS)

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1 Campbell J. et al. Improving the resilience and workforce of health systems for women’s, children’s, and adolescents’ health. BMJ 2015; 351 :h4148
3 ibid
ambitious 90-90-90 global goals (90 percent of people with HIV diagnosed, 90 percent of them on ART and 90 percent of them virally suppressed by 2020), PEPFAR is pivoting the scale-up of resources and services towards health service delivery sites with moderate and high yield of patients, communities that link patients to those sites, and geographic areas with high burden of HIV. Meeting demand in those settings requires an adequate supply and appropriate skills mix of Human Resources for Health (HRH) available to provide quality HIV services along the continuum of care.

Between 2009 and 2014, PEPFAR strengthened countries’ health systems to address HRH bottlenecks to service delivery broadly, and HIV services in particular. However, PEPFAR’s current pivot requires a recasting of its HRH investment approach to more directly support HIV services and populations where the highest impact gains towards an AIDS-free generation (AFG) will be felt. The RRHS supports this shift.

By 2022, it is expected that the RRHS Initiative will contribute to achieving progress towards the following objectives in each country:

1) Improved health outcomes, with a targeted focus on decreasing maternal, child mortality, decreasing new HIV infections, and improving HIV-related health outcomes
2) Improved use of HRH information in decision making
3) Improved coordination and monitoring of HRH functions
4) Improved HRH workforce performance and management

To meet the aforementioned objectives, the RRHS Initiative will work with country stakeholders to collectively prioritize and develop sustainable and country-led solutions to address national priorities that include the following:

Priority 1: Build a skilled fit-for-purpose-and-practice health workforce that increases the quantity and quality of health services provided in these four countries.

HRH play a pivotal role in the accessibility of health services and the overall population health of any country. The ability of a country to meet its health goals depends largely on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering health services. HRH and the challenge of the shortage of skilled health workers are significant issues in fragile states as many experience major losses in personnel and have substantial difficulties in retaining staff in rural areas. Similar to many other low-income countries, the questions in these countries also includes how to recruit, train, and retain staff, and how to optimize the competence and capacity of the health workforce. There are also questions on how to ensure payment of salaries, ensuring trust and enhancing motivation, and accelerating training of health staff within an uncertain context of security and stability.

Recruiting, training, and supporting health workers to provide services at all levels are essential to a state’s recovery, as well as fundamental to its ability to respond to ongoing health challenges, like HIV. The primary care level should be a priority in this process. There is a need for rapid capacity building in key areas such as planning and management, clinical skills, and education in order to manage, operate, oversee, or finance programs. RRHS aims to ensure an adequate supply and appropriate skills mix of HRH available to provide quality care for HIV/AIDS and other chronic and infectious diseases.

**Priority 2: Improve the quality and use of HRH information in decision making.**

The foundation of decision-making across health system building blocks is sound and reliable health information. Appropriate government stewardship of health information collection is central for the health system to operate with up-to-date information on current health status, epidemics, locations of health facilities, health workforce distribution and quantity, and other important indicators.

For HRH, accurate and timely health workforce data are crucial for HRH planning, training, improving regulation of practice, and tracking health worker licensure. The need for comprehensive, reliable, and timely information, including numbers, demographics, skills, services delivered, and factors influencing recruitment and retention, has become even more urgent in view of the international effort to scale-up education and training of health workers, particularly in countries with critical shortages of highly skilled health professionals.

On national and global levels, better HRH data and evidence are needed as a critical enabler for enhanced planning, policy making, governance, and accountability. The “evidence-to-policy feedback loop is an essential feature of resilient health systems, defined as those with the capacity to learn from experience and adapt according to changing needs.” Forecasting of workforce priorities and needs, informed by reliable and updated health workforce data, will enable the development, implementation, impact assessment and continuous updating of workforce strategies.

RRHS aims to strengthen the human resource management systems and the quality and use of information to improve recruitment, deployment and retention of health workers providing HIV/AIDS and other clinical care.

**Priority 3: Enhance community-based care and its ability to respond to current and future health needs.**

In fragile states where health professionals are particularly scarce, the need to harness

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11 ibid
Community resources and partner with communities in meaningful ways will be an important first step towards re-engagement with the state and a return to an effective civil society.12

Community Health Workers (CHW), for example, are vital in reducing child and maternal mortality and morbidity, addressing malnutrition, and providing HIV/AIDS treatment and prevention services. CHWs promote health and wellbeing, bridge health system gaps, improve the quality of life, and play an integral role to prevent and end epidemics like HIV/AIDS and Ebola.13 Despite overwhelming evidence of the indispensable and increasing contribution of the role of CHWs in public health and epidemic control, there are still challenges with the lack of formal policy or legal framework to support their function and officially integrate the CHW cadre into the mainstream health system.14 There is need for facilitating support and linkages between service facilities and the CHWs. This is a critical factor for PEPFAR as more efficient service delivery models are being explored to achieve sustained epidemic control.

Priority 4: Strengthen country capacity to plan, implement, manage, and monitor the health system through policy, regulation, and leadership development.

At the center of many poorly functioning health systems is ineffective governance of the health sector. Fragile countries are among the most difficult environments in which to coordinate and deliver aid. Governance systems can be weak, institutional capacity low, and absorptive capacity limited.15 A weaker governance structure that fails to pay its health workers faces migration of the workforce out of the country, while poor working conditions may have the same effect.

Ministries of Health (MOHs) in many fragile states have limited capacities to assume a proper stewardship role, develop and implement policies, design and enforce regulation and provide leadership to develop the health system.16 Good intentions to strengthen governance and the health system may be challenged by limited availability of human resources, competing priorities, and coordinating between many stakeholders, including multiple donors.

Developing management capacity and building multi-stakeholder coalitions are critical to building capacity in fragile states. Fragile states often lack the management capacities that allow for developing budgets, tracking expenditures, assessing

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workloads, managing human resources, and carrying out disease surveillance.\textsuperscript{17} For sustained HIV epidemic control, a well-coordinated, transparent governance process is essential. Moreover, analyzing the political and economic dynamics in the country can assist in shaping effective strategies for leadership and management development as well as institutional strengthening.

**Priority 5: Promote an enabling fiscal environment for health workforce development.**

HRH commands the largest single cost element for health in developing countries, often representing over half of ministries’ recurrent health expenditures.\textsuperscript{18} However, HRH is often the least strategically planned and managed resource, and many countries are challenged to find the resources and the necessary methods to sustain an adequate supply and mix of health workers.\textsuperscript{19} Accountability systems are needed to improve the effectiveness and efficiency of health and HRH spending. In addition to measures such as excising ghost workers from the public sector payroll, it will be critical to adopt appropriate and cost-effective approaches to ensure the provision of effective, responsive, and quality care, especially for HIV/AIDS.

Significant barriers constrain efforts by governments and donors to increase HRH spending. To overcome these barriers and optimize health worker performance, there must be greater attention from country policy-makers and international partners to the economic factors that influence health workers.

**Consortium applications**

Applicants are required to apply as a consortium that at minimum includes two impact partner entities from the RRHS Focus Country. Applications from U.S. domestic organizations are strongly encouraged to include African institutions with the relevant expertise as consortium partners, with the long-term goal of strengthening networks within Africa. African applicants may include collaboration with institutions in the U.S., other high income countries (HICs), or other low and middle income countries’ (LMIC) institutions with particular expertise in the proposed priority areas as consortium partners.

The applicant institution must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. Consortium participants would be considered sub-recipients under the award. Sub-recipients are subject to all programmatic terms and conditions of the award. Depending on the type of engagement and scope of work, consortium agreements may be in the form of MOUs (collaborators that will not receive direct funds), sub-awards, or contracts.

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All consortium members must provide a significant contribution to the project; they each must have an identifiable role, specific responsibilities, and a realistic reason for being a consortium member. The applicant institution is encouraged to carefully consider the selection of consortium partners to ensure that the consortium positively contributes to the success and sustainability of project goals. The successful recipient must enter into a formal written agreement with each consortium participant that addresses the negotiated arrangements for meeting the programmatic, administrative, financial, and reporting requirements of the award, including those necessary to ensure compliance with all applicable Federal regulations and policies and facilitate an efficient collaborative venture.

The applicant institution must assure support for the proposed program from all collaborating partners. Appropriate institutional commitment to the program includes the provision of adequate staff, facilities, and educational resources that can contribute to the planned program. Applications must include a signed letter, on institutional letterhead, that describes the applicant institution’s commitment to the planned program. Institutional support from the focus countries should also state their commitment to overcoming any administrative obstacles to the implementation of the proposal.

All entities directly or indirectly receiving funds through this FOA must be able to demonstrate past performance with managing global health federal grants and/or cooperative agreements. The applicant institution and its partners must collectively have at minimum five active global health grants, cooperative agreements, or contracts from the United States Government (USG) (e.g., Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), HRSA, National Institute for Health (NIH), United States Agency for International Development (USAID), and others) or non-USG funders (e.g., Wellcome Trust, Doris Duke, Bill and Melinda Gates Foundation, and others) involving low and middle income countries. These awards must be active on the application due date for this FOA. The institution may be the direct recipient of the award or may be listed as the foreign component/subcontract. Applications must also include up to three (3) references describing successful administration of funds from international donors.

Country-specific considerations:

- Liberia: Applications for the program in Liberia should plan to include, as part of the proposal, work to support medical education through the University of Liberia Medical School, post graduate medical primary care residency programs and nursing education. For the medical school it should include a plan to support an on-going effort to develop and implement a comprehensive and sustainable e-learning program, including for delivering quality HIV/AIDS prevention and treatment services. Interventions should be directed towards increasing the number and quality of graduates in these training programs. It is important for the applicant to demonstrate the capacity to collaborate with other donors, knowledge and responsiveness to the Liberia HRH national strategy, and a comprehensive long term sustainability plan in their proposal.

- DRC: Applications for the program in DRC should plan to include, as part of the proposal, work to support at least four nursing schools in the Lubumbashi area, including Institut d’Enseignement Medical Kamalondo and Institut Superieur des...
Techniques Medicales Lubumbashi nursing schools. The recipient is expected to build on and work to sustain the current HRSA-PEPFAR investment in DRC. The focus of the interventions should be directed towards improving the quality of the graduates and supporting their absorption into the health system. Support to the nursing schools could include the development of a midwifery track to one or more schools. Applicants for the program in DRC should also plan to include in their proposal work to support medical education through working with at least one medical school in the Lubumbashi area. Proposed interventions should address improving the quality of the graduates through evidence-based strategies. Pre-service activities could include support for the creation of a pharmacy assistant and/or biomedical track to the ISTM or ISSM.

Additional activities responsive to HRH needs in DRC could include support to the Ministry of Public Health (MSP), the Ministry of Higher Education and Universities in the development of a policy framework and tools to accredit health professional schools; helping MSP in developing a community health worker cadre (policy framework, regulation, training, oversight, compensation); support for the creation and organizational development of the nursing council; and ongoing support to a multi-sectorial HRH technical working group.

The recipient will have to demonstrate the capacity to work in collaboration with other donors and local government agencies, in addition to supporting a comprehensive plan for long term sustainability of these interventions. All interventions should be in alignment with the PEPFAR investments in DRC.

- Sierra Leone: Applications for the program in Sierra Leone should plan, as part of their proposal, to achieve improved maternal health and HIV outcomes through a strengthened midwifery pre-service education platform. Applications should also include innovative and integrated efforts with the Ministry of Health and Sanitation HRH Directorate towards development of a national training plan and a formal continuing professional development program, including efforts to strengthen capacity for HIV/AIDS treatment and prevention service delivery.

- South Sudan: Applications for the program in South Sudan should plan to include strategies for increasing HRH efficiencies and HRH sufficiency for scale-up and sustainability, including for HIV/AIDS. Proposals should also be aligned with national priorities as outlined in national plans and the 2016 PEPFAR Strategic Direction Summary (SDS). [IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.]

2. Background

This President’s Emergency Plan for AIDS Relief (PEPFAR) initiative was first authorized in 2003 under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (Pub. Law 108-25; 22 U.S.C. 7601 et seq.). The PEPFAR program was re-authorized in 2008 through the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (Pub. Law 110-293), and reauthorized and amended by the PEPFAR Stewardship and Oversight Act of 2013 (Pub. Law 113-56.)

Under PEPFAR, the President is authorized to furnish assistance, on such terms and conditions as the President may determine, for HIV/AIDS, including to prevent, treat,
and monitor HIV/AIDS, and carry out related activities, in countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries and areas, particularly with respect to refugee populations or those in post-conflict settings in such countries and areas with significant or increasing HIV incidence rates. In addition, under PEPFAR, it is a policy objective of the United States to strengthen the capacity to deliver primary health care in developing countries, especially in sub-Saharan Africa.

The 2008 PEPFAR reauthorization highlighted the USG’s scope to:
- Invest appropriate resources authorized under PEPFAR;
- Carry out activities to strengthen HIV/AIDS, tuberculosis, and malaria health policies and health systems;
- Provide workforce training and capacity-building consistent with the goals and objectives of PEPFAR; and
- Support the development of a sound policy environment in partner countries to increase the ability of such countries—to maximize utilization of health care resources from donor countries; to increase national investments in health and education and maximize the effectiveness of such investments; to improve national HIV/AIDS, tuberculosis, and malaria strategies; to deliver evidence-based services in an effective and efficient manner; and to reduce barriers that prevent recipients of services from achieving maximum benefit from such services.

As PEPFAR began in 2003, the world grappled with the severity of the AIDS crisis. The first phase of PEPFAR focused on building an emergency response. The second phase emphasized sustainability through working closely with partner governments, promoting mutual accountability and sustainability. During that phase, an emphasis was placed on increasing the impact of PEPFAR’s investments by scaling up access to antiretroviral treatment (ART), preventing mother-to-child transmission (PMTCT) and voluntary medical male circumcision (VMMC). The current phase, otherwise known as PEPFAR 3.0, is focused on a sustainable control of the epidemic and achievement of the UNAIDS 90-90-90 targets to ultimately reach an AIDS-free generation.

For over a decade, PEPFAR investments have helped to build and strengthen country health systems, enhancing their capacity to deliver life-saving HIV services, as well as enabling partner countries to train and retain essential health personnel. These investments have also increased the resiliency and responsiveness of health systems in the face of emergent crises, including Ebola and cholera outbreaks. On World AIDS Day 2014, Secretary of State John Kerry announced that PEPFAR’s new HRH strategy includes a $116.5 million investment that will strengthen the capacity of health workers to address HIV/AIDS across Africa and will have the double impact of strengthening health systems in several countries, including fragile states, to combat Ebola and other health threats. PEPFAR will apply its experience in expanding the quantity and quality of front-line health care workers in countries with a high burden of HIV/AIDS, and/or other epidemics. Through PEPFAR support, HRSA has received authorization to support DRC, Liberia, Sierra Leone, and South Sudan in their efforts to rebuild or strengthen their health systems.

HRSA has been a significant contributor to PEPFAR’s achievements. HRSA’s work
builds on the agency’s domestic and international experience and expertise by improving outcomes along the HIV treatment cascade for people living with HIV/AIDS (PLWH). HRSA, an agency of the U.S. Department of Health and Human Services (HHS), is the primary Federal agency for improving health and achieving health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA’s programs provide health care to people who are geographically isolated and economically or medially vulnerable. This includes PLWH, pregnant women, mothers, their families, and those in need of high quality primary health care. HRSA also supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery.

Under the leadership of the U.S. Department of State’s Office of the U.S. Global AIDS Coordinator (S/GAC), as part of the USG global HIV response, HRSA works with countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the country’s strategic plan. HRSA is leveraging its past contributions and advancements in supporting implementation of the PEPFAR HRH strategy in order to enable and sustain health workers’ delivery of quality HIV services.

Defined as “the populations of states experiencing severe instability or unable to meet the basic functions of governance,”20 fragile states contain the majority of the world’s poor, and the number is growing. Approximately 1.5 billion people live in fragile states. These countries have the lowest health indicators and were the farthest behind in meeting the Millennium Development Goals (MDGs) when measured in 2014.21 While some fragile states have made major improvements in child survival and access to basic services, trends in progress towards the MDGs globally still point to a growing concentration of poverty and weak human development in countries affected by fragility. In the Post-2015 agenda, the U.N. Secretary-General’s synthesis report puts forward “justice – promoting safe and peaceful societies, and strong institutions,” as one of the “six essential elements” for delivering the Sustainable Development Goals (SDGs). The proposed goal on justice and peace will be an important step in tackling the challenges faced in fragile environments.22

South Sudan, DRC, Liberia, and Sierra Leone rank numbers 1, 5, 21 and 41, respectively, in the 2015 Fragile States Index.23 Two criteria on which fragility can be considered are legitimacy- government determination and ability to provide core services and basic security, and effectiveness in the government’s ability to maintain services and security to citizens.24 South Sudan became an independent nation in 2011 after 40 years of war. Liberia experienced civil conflict from 1989 to 2003. Sierra Leone suffered an 11-year civil war that ended only a decade ago. Recent civil wars in the

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DRC lasted many years. Inevitably, infrastructure, health care, and educational systems in these countries are extremely weak and, like many sub-Saharan countries, they are experiencing a critical shortage of human resources.

In December 2013, the most recent massive Ebola outbreak began in Guinea, before quickly spreading to Liberia and Sierra Leone and ultimately claiming more than 11,000 lives. The Ebola outbreak in West Africa was by far the largest Ebola outbreak on record and the only one to have become a full-fledged epidemic, with more than 28,500 people sickened by the virus. At the height of the epidemic there were hundreds of infections every day, and patients died in front of overfilled treatment centers that had shut their doors, devastating communities at both an economic and a psychosocial level. This crisis clearly demonstrates how, in the absence of a strong and well-functioning health system that can monitor the situation and rapidly develop a response, an epidemic can quickly proliferate to become a greater global threat.

The crisis has revealed how precariously weak and chronically underfunded health systems are in West Africa – the result of long-term neglect of health care and reduced public expenditure over decades. Re-prioritizing investment in health is a global public good to protect people’s health and prevent the spread of disease, including HIV/AIDS. The Ebola crisis has shown that global action to protect health is essential since infections do not respect borders.

Sierra Leone and Liberia and, similarly, DRC and South Sudan continue to face other burdens from infectious diseases such as HIV/AIDS, malaria, tuberculosis and neglected tropical diseases, which are among the major causes of morbidity and mortality in these countries. Infant and maternal mortality rates in these countries are among the highest in the world with South Sudan ranking first, Sierra Leone fifth, Liberia eighth and DRC at seventeen for the highest number of maternal deaths per 100,000 live births, and Sierra Leone ranking eleventh, DRC twelfth, Liberia fifteenth, and South Sudan at sixteenth for the highest number of infant deaths under one per 1,000 live births in the same year.

Through the RRHS Initiative, HRSA seeks to support a collaborative of multisectoral partners through consortium awards to create adaptive and innovative country and context-specific strategies to ensure resilient and self-sustaining health systems. Building resilient health systems will enable countries to meet the populations’ health needs, address HIV/AIDS and will help to ensure that future disease outbreaks or health events do not result in similar devastating effects. The RRHS aims to strengthen capacity in service delivery thereby increasing access to high quality HIV/AIDS, TB, malaria, and other priority health services while at the same time strengthening the HRH systems necessary to develop, maintain and support the workforce.

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HRSA, in collaboration with partner country governments and other USG agencies and donors, has conducted a rapid assessment of current HRH programming in Liberia, Sierra Leone and DRC. The assessment identified opportunities and gaps in HRH programming and facilitated high-level coordination and priority mapping to harmonize and provide a platform for leveraging and maximizing HRH investments. Areas that have been prioritized for support at the time of the FOA release have been highlighted throughout the narrative. Applicants will be expected to be able to adapt to priorities determined by HRSA and the interagency USG field team as the program progresses.

The applicant will detail the approach and activities necessary and sufficient to achieve the overarching objectives and purposes of this project. Illustrative activities are provided below.

Progress towards targets should be disaggregated by year, country, and other factors as outlined in the applicant’s Monitoring and Evaluation (M&E) Plan, detailed in Section IV. Illustrative outputs and outcomes are provided by priority area.

**PRIORITY 1: Build a skilled fit-for-purpose-and-practice health workforce that increases the quantity and quality of health services provided in these four countries.**

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<tr>
<th>Illustrative Activities</th>
<th>Illustrative Outputs</th>
<th>Illustrative Outcomes</th>
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<tbody>
<tr>
<td><strong>Pre-Service Education</strong></td>
<td>o Strengthen training institutions (medicine, nursing, midwifery, allied health, etc.) through classroom and clinical instruction, practice and assessment, and institutional and infrastructure support</td>
<td>o Increased number of health care workers (HCW) at every level</td>
</tr>
<tr>
<td>o Support student readiness for tertiary education and improve student matriculation</td>
<td>o Increased educational standards</td>
<td>o Increased faculty to student ratio in the classroom</td>
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<tr>
<td>o Strengthen pre-service training through curriculum development, faculty training and development, and the use of innovative pedagogical approaches</td>
<td>o Increased number of accredited programs</td>
<td>o Increased preceptorship to student ratio in the clinic</td>
</tr>
<tr>
<td>o Strengthen the enabling environment, focusing on change enablers and cost-effective strategies and interventions that will advance the quality of education</td>
<td>o Revised pre-service and/or in-service curriculums</td>
<td>o Increased rate of students tracked after graduation</td>
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<tr>
<td>o Graduate tracking system exists</td>
<td>o Decreased failure and student attrition rates</td>
<td>o Improved quality standards of education</td>
</tr>
<tr>
<td>o Improved technical competencies and teaching skills of faculty and clinical preceptors, including for HIV/AIDS related components</td>
<td></td>
<td>o Improved technical competencies and teaching skills of faculty and clinical preceptors, including for HIV/AIDS related components</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce Performance and</th>
<th>o Rapidly upgrade skills of the existing health workforce to deliver quality health services that meet</th>
<th>o Increased ratio of staff on duty to staff at post</th>
<th>o Improved HCW competency and knowledge in</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Improved quality services</td>
<td>o Improved HCW competency and knowledge in</td>
<td>o Improved HCW competency and knowledge in</td>
<td>o Improved HCW competency and knowledge in</td>
</tr>
<tr>
<td>o Increased access to HCW at all levels</td>
<td>o Improved HCW competency and knowledge in</td>
<td>o Improved HCW competency and knowledge in</td>
<td>o Improved HCW competency and knowledge in</td>
</tr>
</tbody>
</table>

**FOA Reference:**

HRSA-17-007 11
### Productivity
- Deploy innovative instructional and mentoring platforms to diversify and efficiently deliver training and supportive supervision
- Establish a continuing professional development (CPD) scheme and/or develop additional CPD modules as prioritized by the MOH
- Harmonize in-service training and CPD activities across health care workers, including cross-cadre and profession-specific CPD needs
- Train facility managers and community-based organizations on national regulations related to service delivery

- Increased ratio of staff receiving training relative to total staff
- Decreased duplication of training
- Increased percentage of hands-on learning and ongoing mentorship in clinic settings
- Increased HCW competency and knowledge in providing care for communicable and non-communicable diseases and their underlying risk factors

### Institutional/organizational strengthening and leadership development
- Strengthen the capacity and efficiency of educational institutions and facilities to appropriately manage staff and resources
- Promote continuous quality improvement, critical thinking, personal accountability, and self-reliance through mentorship
- Assess absorptive capacity for additional support and scale-up

- Accountability systems to appropriately manage resources exists
- Improved efficiency, equity, and effectiveness of staff utilization

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**PRIORITY 2: Improve the quality and use of HRH information in decision making.**

<table>
<thead>
<tr>
<th>Illustrative Activities</th>
<th>Illustrative Outputs</th>
<th>Illustrative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HRH Information Accuracy and Reliability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Train staff to collect and use human resources information system (HRIS) to make informed management and program decisions and monitor program progress</td>
<td>o Performance monitoring tools and processes are established</td>
<td>o Improved capacity to collect, integrate and analyze HRH information</td>
</tr>
<tr>
<td>o Develop or expand on mechanisms for routine coordination between disease specific programs at the national, provincial and facility levels</td>
<td>o Data is used to make evidence-based HRH decisions</td>
<td>o Improved quality and use of HRH information to plan, train, and support the health workforce</td>
</tr>
<tr>
<td>o Provide technical assistance to country health M&amp;E personnel at national and sub-national levels to strengthen health management</td>
<td>o Increased understanding of HCW capacity needs and use of data for planning and tracking training</td>
<td>o Strengthened M&amp;E system and data use for service</td>
</tr>
</tbody>
</table>
information systems
  o Develop data quality assessment methods, tools and procedures and strengthen data quality control practices at the facility and community levels

improvement at all levels

HRH Information Management
  o Establish, consolidate, and/or link HRH data to ensure consistency among different HRIS systems
  o Conduct audit of existing workforce and gaps – by district, by cadre, by specialty
  o Audit the payroll to ensure active health care worker
  o Promote use of technology and electronic systems

o Improved HRH information architecture and interoperability
  o Reduced absenteeism and moonlighting
  o Removal of “ghost workers” from payroll
  o Improved efficiencies for governments to mobilize, manage, monitor health resources

PRIORITY 3: Enhance community-based care and its ability to respond to current and future health needs.

<table>
<thead>
<tr>
<th>Illustrative Activities</th>
<th>Illustrative Outputs</th>
<th>Illustrative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Workforce</td>
<td>Build and/or enhance a community health workforce able to respond to local health concerns and establish networks to be able to adapt to evolving circumstances</td>
<td>Harmonized CHW training and core curriculum to support a package of basic health services</td>
</tr>
<tr>
<td></td>
<td>Promote community health worker programs with a focus on evidence based interventions for HIV services</td>
<td>Database of CHWs</td>
</tr>
<tr>
<td></td>
<td>Develop operational design of the national deployment of CHWs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promote clear policy and/or legal framework to train, recruit, support and retain the CHW cadre to serve their communities</td>
<td></td>
</tr>
</tbody>
</table>

| Community Capacity Building | Strengthen the link between community, the service providers and central decision-making bodies to ensure effective community engagement | Presence of a formal relationship with community organizations | The community exhibits a stronger voice and platform for decision-making, including for HIV/AIDS services |
| | Foster trust amongst communities – including women, youth and other underdeveloped groups- by ensuring participation in decision making | Increased engagement of the community in decision-making and monitoring | |
| | Explore how traditional healers and faith-based organizations can serve as bridges between formal health services and communities | | |
PRIORITY 4: Strengthen country capacity to plan, implement, manage, and monitor the health system through policy, regulation, and leadership development.

<table>
<thead>
<tr>
<th>Illustrative Activities</th>
<th>Illustrative Outputs</th>
<th>Illustrative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and Coordination Frameworks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Strengthen linkages between HRH production, recruitment, deployment, and retention</td>
<td>o Revised HRH strategic plan according to priorities</td>
<td>o Effective collaboration and cooperation between training facilities and the MOH</td>
</tr>
<tr>
<td>o Support the development/revision of the HRH country profile</td>
<td>o Increased collaboration among professional associations, regulatory bodies, and training providers</td>
<td>o Increased awareness of training needs and processes among leadership at MOH, professional and regulatory bodies</td>
</tr>
<tr>
<td>o Define the roles of, engage, and coordinate HRH stakeholders</td>
<td></td>
<td></td>
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<tr>
<td>o Develop measures for donor alignment with country development strategies</td>
<td></td>
<td></td>
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<tr>
<td>o Develop local and regional partnerships and collaborations to promote the adoption of evidence-based and promising practices, innovative models, and educational standards</td>
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<tr>
<td>o Examine alternative methods to improve accountability of HRH (i.e., engage professional councils or organizations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRH Management</td>
<td>o Increased percentage of HRH employed</td>
<td>o Improved efficiency/use of resources at the central and regional levels</td>
</tr>
<tr>
<td>o Strengthen the management of human resources to ensure appropriate leadership and supportive supervision are in place</td>
<td>o Increased number of managers at all levels of the health system</td>
<td>o Increased efficiency in the recruitment, hiring, and deployment processes</td>
</tr>
<tr>
<td>o Improve leadership and management capacity of decentralized local government structures/district health management teams</td>
<td></td>
<td>o Improved efficiency in hiring, payroll and human resources (HR) management processes</td>
</tr>
<tr>
<td>o Employ innovative health worker recruitment and retention strategies</td>
<td></td>
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<tr>
<td>o Design an appropriate and effective incentive package for rural retention</td>
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<td></td>
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<tr>
<td>o Establish strategies and/or policies to ensure there is adequate support and tools for HCW</td>
<td></td>
<td></td>
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<tr>
<td>o Develop modules and conduct trainings on HRH management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRH Policy and Regulation</td>
<td>o Improved bonding schemes to strengthen the implementation of training policies</td>
<td>o Aligned national decisions with local priorities and realities</td>
</tr>
<tr>
<td>o Enhance and develop policies, legislation, and regulation that support health system strengthening</td>
<td>o Mechanisms</td>
<td>o Registration, certification, or licensing is</td>
</tr>
<tr>
<td>o Revise and/or support the operationalization of national health and HRH strategic plans</td>
<td></td>
<td></td>
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<tr>
<td>o Enhance national health profession strategies and scopes of practice</td>
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</tbody>
</table>
- Update conditions of service for all cadres
- Support regulation for essential health services by all level of providers (task-shifting/sharing)
- Establish proper licensure and accreditation to ensure quality of services
- Improve deployment and absorption of the health workforce in the health system
- Reform health professional regulation to ensure sustainable, efficient and effective health service delivery

- Introduced for predicting future HRH needs and levels
- Completed policy framework for evidence-based human resource deployment and retention strategies
- Formal processes are in place for recruitment, hiring, transfer, promotion, and community involvement
- Completed policy framework for evidence-based human resource deployment and retention strategies
- Formal processes are in place for recruitment, hiring, transfer, promotion, and community involvement

# PRIORITY 5: Promote an enabling fiscal environment for health workforce development.

<table>
<thead>
<tr>
<th>Illustrative Activities</th>
<th>Illustrative Outputs</th>
<th>Illustrative Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HRH Financial Management Capacity Building</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen expenditure management to promote an effective design and execution of HRH</td>
<td>Increased investment in appropriate education, deployment, and retention of human resources</td>
<td>Sustained government commitment through a costed and financed HRH strategic plan</td>
</tr>
<tr>
<td>Establish mechanisms to ensure that HRH priorities receive adequate budgets, so that governments can implement to assess how resources are spent</td>
<td>Increase donor budgetary allocations for HRH</td>
<td>Harmonization across donors and ministries of HRH investments, including for HIV/AIDS service delivery</td>
</tr>
<tr>
<td>Examine the levers for expanding the fiscal space for health and HRH</td>
<td>Increased domestic resource mobilization</td>
<td></td>
</tr>
<tr>
<td>Establish measures for domestic resource mobilizations and local co-financing to expand the risk pool and to protect against fiscal fluctuations and unpredictability</td>
<td>Increased collaboration with the public sector</td>
<td></td>
</tr>
<tr>
<td>Harmonize priorities and effectively coordinate national stakeholders and donors to increase efficiency gains and optimize the impact of their human resource investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop an HRH fiscal framework that integrates all funding sources</td>
<td></td>
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</tr>
</tbody>
</table>

| Efficient and Effective HRH Spending | | |
| Develop strategies to impact the effectiveness and efficiency and reduce waste of HRH spending | Application of reliable resource tracking tools, cost-benefit analysis, and cost-effectiveness studies to ensure that | Increased efficiency of the flow of HRH funds |
| Develop measures for integration of external and local funding to increase sustainability/impact | | |
| Address the costs of employing scaled-up numbers of HRH relative to governments’ ability to pay those costs | | |

Increased efficiency of HRH resource allocations
Increased absorptive
• Address the internal and external factors that impact the absorptive capacity of the HRH system
• Examine alternatives for financial and non-financial incentives to HRH (i.e. financial bonuses, housing, security, etc.)
• Examine alternative financial and non-financial incentives that might reduce the temptation to emigrate (i.e. bonding arrangements, incentives, etc.)
• Establish accountability systems to improve efficiency of health and HRH spending
• Adopt appropriate and cost-effective approaches to provide community-based, person-centered, continuous and integrated care.
• Funds go to where they are most needed and will have the greatest impact
• Increased coordination of donor requirements for supervision, reporting, and monitoring and evaluation
• Increased coordination of health financing and HR policies

For purposes of this program and FOA, the following terms are used:

- **The RRHS Initiative Collaborative**: All entities/partners that will provide or receive direct or indirect support and/or technical assistance and capacity development services through this program.
- **RRHS Focus Countries**: DRC, Liberia, Sierra Leone, and South Sudan.
- **Country Consortiums**: Entities/partners applying together through an applicant institution to address health systems challenges in one specified country. Country consortiums consist of:
  - **Applicant institution**: The applicant institution must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. Consortium participants would be considered subrecipients under the award.
  - **Implementing and Technical Partners**: US and/or foreign based consortium partners who contribute to the ability of the consortium to accomplish the program goals and objectives.
  - **Impact Partners**: Partners from the RRHS Focus Country, including but not limited to public or private academic institutions, national health professional councils, civil society organizations, and national regulatory bodies. A minimum of two impact partners must be identified in the application, with the expectation that additional partners will be added throughout the course of the program as needed. Impact Partners will benefit from technical assistance and capacity development activities supported through this FOA.
II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of cooperative agreements. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during the performance of the RRHS Initiative.

As a cooperative agreement, **HRSA Program involvement will include:**
- Provide consultation and technical assistance in planning, implementing, and evaluating program activities, including the identification and selection of in-country partners.
- Facilitate the coordination and collaboration among program partners, such as the office of S/GAC, other HHS Agencies, the USAID, foreign governments, international donors and other key stakeholders.
- Participate, as appropriate, in the planning and production of any meetings or workgroups to be conducted during the project period.
- Maintain an ongoing dialogue with recipients concerning program plans, policies and other issues that have major implications for any activities under the cooperative agreement.
- Review, provide comments, recommendations, and approvals for documents, curricula, program plans, budgets, contracts, personnel (including consultants and contractors), revisions of work plans, etc., prior to printing, dissemination or implementation.
- Organize an orientation call or meeting with the recipient to brief them on applicable USG, HHS, and PEPFAR expectations, regulations, and key management requirements as well as report formats and contents. The orientation may include meetings with staff from HHS agencies and S/GAC.
- Review and approve recipient’s annual work plan and detailed budget.
- Review and approve recipient’s M&E plan, including for compliance with the strategic information guidance established by S/GAC.
- Meet periodically with the recipient to assess technical and financial progress reports and modify plans as necessary.
- Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.
- Facilitate access to the expertise of HRSA personnel and other relevant resources to the project.
- Review on an on-going basis activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
• Participate in the dissemination of project findings, best practices, and lessons learned across the initiative.

The RRHS Initiative cooperative agreement recipient’s responsibilities will include:

• Collaborate closely with HRSA, country governments, in-country USG teams, and other key stakeholders to gain a greater understanding of each country’s situation, root causes for state fragility, short and longer term needs and priorities in order to better mobilize, build consensus, and efficiently plan and coordinate successful interventions for the highest impact.

• Consult with HRSA and field teams as applicable, to inform HRSA on program progress and barriers encountered, identify activities to be planned jointly, and discuss matters that require HRSA input and approval.

• Implement strategies for facilitating scale-up and sustainability of activities supported under this agreement that include building on and strengthening previous and/or existing efforts by governments, local networks, and institutions that benefit the populations served. They should endeavor to strengthen indigenous capacity in all aspects of the agreement.

• Develop and execute a final M&E plan within six months of the receipt of the award, in consultation with HRSA and key stakeholders.

• Support the relevant governmental, academic, and regulatory bodies by partnering with local organizations and through the provision of technical support to the government. It is expected that the partnerships will expand through the project period.

• Support health systems strengthening interventions that are grounded in primary health care and universal health coverage principles and capable of responding to diverse and unexpected challenges that might arise in the future.

• Respond to each state’s unique political, economic, and health system circumstance. Identifying post-conflict, resource-poor, or policy-poor considerations that possess uniquely complicated characteristics will require a customized approach.

2. Summary of Funding

Up to $6,000,000 is expected to be available in Year One (1) and up to $8,000,000 annually in subsequent years to fund up to four recipients. You may apply for a ceiling amount of up to $1,500,000 per RRHS Focus Country in Year One and up to $2,000,000 per RRHS Focus Country in Years Two (2) through Five (5).

The project period is five (5) years, January 1, 2017 through December 31, 2022. Funding beyond the first year is dependent on the availability of appropriated funds for the RRHS Initiative in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time. Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR part 200 as codified by HHS at 45 CFR part 75, which
supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic and foreign public and private non-profit entities, including institutions of higher education, and for profit entities. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

Applicants are required to apply as a consortium that at minimum includes collaborations with two impact partner entities from the RRHS Focus Country. Applications from U.S. domestic organizations are strongly encouraged to include African institutions with the relevant expertise as consortium partners, with the long-term goal of strengthening networks within Africa. African applicants may include collaboration with institutions in the U.S., other high income countries (HICs), or other low and middle income countries' (LMIC) institutions with particular expertise in the proposed priority areas as consortium partners.

The applicant institution must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. Consortium participants would be considered subrecipients under the award. Subrecipients are subject to all programmatic terms and conditions of the award. Depending on the type of engagement and scope of work, consortium agreements may be in the form of MOUs, subawards, or contracts.

If you are applying as the applicant institution for more than one RRHS Focus Country, then you must submit separate applications for each applicable RRHS Focus Country (DRC, Liberia, Sierra Leone, and South Sudan).

IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that request amounts that exceed the ceiling amounts will be considered non-responsive and deemed ineligible for review.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple submissions from an applicant for this announcement are allowable if the applicant is applying for more than one RRHS focus country. An institution may
serve as the applicant institution for one RRHS focus country application, and choose to serve as an applicant institution or consortium partner for another RRHS focus country application. Technical partners and impact partners may participate in more than one application institution consortium proposal.

**IMPORTANT NOTE:** the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time. If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application for a particular RRHS focus country is submitted more than once prior to the application due date, HRSA will only accept your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

**IV. Application and Submission Information**

1. **Address to Request Application Package**

HRSA requires applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at [http://www.grants.gov/applicants/apply-for-grants.html](http://www.grants.gov/applicants/apply-for-grants.html).

2. **Content and Form of Application Submission**

Section 4 of HRSA’s [SF-424 Application Guide](http://www.grants.gov/applicants/apply-for-grants.html) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](http://www.grants.gov/applicants/apply-for-grants.html) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

**Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard Office of Management and Budget (OMB)-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.

**Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**
1) The prospective recipient certifies, by submission of this proposal, that neither itnor its principals is presently debarred, suspended, proposed for debarment,declared ineligible, or voluntarily excluded from participation in this transaction byany federal department or agency.

2) Where the prospective recipient is unable to attest to any of the statements inthis certification, such prospective recipient shall attach an explanation to thisproposai.

See Section 4.1 viii of HRSA’s SF-424 Application Guide for additional information onthis and other certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA’s SF-424Application Guide (including the budget, budget narrative, staffing plan and personnelrequirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract
See Section 4.1.ix of HRSA’s SF-424 Application Guide.

In addition to the information required in the Guide, the abstract must include thefollowing information:
- A brief overview of the proposed project, and
- Specific, measurable goals and the health system need to be addressed.

ii. Project Narrative
This section provides a comprehensive framework and description of all aspects ofthe proposed project. It should be succinct, self-explanatory and well organized sothat reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- INTRODUCTION -- Corresponds to Section V’s Review Criterion #1

Provide a brief description of the proposed strategy and approaches to beundertaken to strengthen the health system in the target country. Summarize theexisting gaps, design and rationale of the proposed program, evolving public healthand security considerations. Discuss how the program will engage and collaboratewith stakeholders to collectively develop practical, unique, and innovative solutions Tailored to each country’s complex realities. Discuss how the program will align with needs identified in existing national health strategic plans and how theprogram will contribute to longer term, sustainable outcomes. Describe how theproposed project will engage and collaborate with other partners and donors workingin the same or related HRH issues. Describe the role/contribution of the applicantinstitution and each consortium partner.

- NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1

Provide a concise summary of the literature that demonstrates a comprehensive, up-to-date understanding of the issues related to strategic planning for health system-
level change in fragile states. Describe known needs, challenges and risks associated with pre-service and in-service training and documented HRH management capacity challenges. Detail current health leadership and governance issues. Describe the need for community-based care in fragile states. Describe the environment of data availability, data collection systems, dissemination and use at all levels of the health system. Describe the need for health workforce data collection and analysis including its use in decision-making related to the deployment and financing of HRH.

Provide an overview of the country’s national health strategic plan, including the HSS and HRH priorities. Provide a concise synthesis of relevant literature that demonstrates a comprehensive, up-to-date understanding of the issues related to health professionals’ education and training production, deployment, retention, and performance needs in the proposed focus country. Provide a summary that applies the paragraph above to the proposed focus country. If you are requesting support for training activities, then you are expected to provide evidence-based justification based on existing needs and gaps in the focus country.

- **METHODOLOGY -- Corresponds to Section V’s Review Criterion #2**

Describe in detail the proposed project’s objectives, goals, and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project objectives and goals to the program expectations outlined in this FOA. Highlight those activities linked to the goals outlined in PEPFAR 3.0 and the PEPFAR HRH Strategy. Describe proposed approach for improving access to and the quality of services to HIV/AIDS, malaria, TB, and other priority health areas while at the same time strengthening HRH systems. This section must include a plan for promoting sustainability through capacity building and hand-over of decision-making to relevant partner country decision-makers. Clearly describe the technical approach/methods for implementing the proposed project.

The methodology must address:
- How the applicant institution, with consortium partners, will build and maintain effective strategic partnerships with relevant government agencies, education institutions, regulatory bodies, health management teams, civil society organizations, other USG-funded programs, and other stakeholders to ensure relevancy and timeliness of education, training, and technical assistance. Ensure that plans are in alignment with national strategic plans and current health priorities.
- How technical assistance, training and capacity development activities will address the gaps and needs of health care providers to ensure a sustainable health workforce. How the proposed approach will work to strengthen the link between pre-service and in-service training to ensure relevancy and responsiveness of the curriculum and faculty to new developments in HIV/AIDS, TB, malaria and other areas in response to local priorities.
- How the proposed approach will ensure up-to-date knowledge and skills in HIV/AIDS, TB, malaria and other areas in response to local health priorities,
including addressing the needs of youth, distinguishing specific needs of women and men, low-income and as well as other characteristics of the population.

- How the proposed project will seek to enhance the collection, analysis, and use of surveillance and health workforce data to support policy and program decision-making.
- The plan for accountability, including transparency with which transactions occur, resources are allocated, and money is spent, as well as for the way resources are used (monetary and non-monetary).
- Strategies for facilitating scale-up and sustainability of activities that include building on and strengthening previous and/or existing efforts by the government, USG, or other donors.
- Strategies for enhancing community-based care as an important extension of the health system.
- The efforts made to ensure sustainability of these approaches and reduce any negative effects on the health workforce.
- How choices will be made to balance between making quick impact or longer-term, more sustainable interventions.
- The institution’s experience in the design and management of the HMIS and/or the capacity to assist institutions in using data to inform decisions.

**NOTE:** If you are proposing projects in Liberia: Describe how the proposed plan will include, as part of the proposal, work to support the University of Liberia Medical School and at least two nursing schools in Liberia. Describe how the proposed plan will support the on-going effort to develop and implement a comprehensive and sustainable e-learning program at the Medical School. Interventions should be directed towards increasing the number and quality of graduates in these schools. It is important for the applicant to demonstrate the capacity to collaborate with other donors, knowledge and responsiveness to the Liberia HRH national strategy, and a comprehensive long-term sustainability plan for each school in their proposal.

**NOTE:** If you are proposing projects in DRC: Describe how the proposed plan will strengthen nursing education in at least four nursing schools in the Lubumbashi area, including Institut d’Enseignement Medical Kamalondo and Institut Superieur des Techniques Medicales Lubumbashi nursing schools in Lubumbashi. The recipient is expected to build on and work to sustain the current HRSA-PEPFAR investment in DRC. The focus of the interventions should be directed towards improving the quality of the graduates and supporting their absorption into the health system. Describe how the plan will strengthen medical education at the medical school in Lubumbashi. Proposed interventions should address improving the quality of the graduates through evidence-based strategies. Describe how the proposed plan will be aligned with national and PEPFAR priorities.

**NOTE:** If you are proposing projects in Sierra Leone: Describe how the proposed plan will strengthen midwifery education in the two midwifery schools in Freetown and Makeni. The focus of interventions should be directed towards improving quality and increasing the quantity of graduates, and supporting their absorption into the health system. Describe the proposed plan for working with the MOHS and current HRH partners to develop the national training plan. Describe innovative models for instituting a formal national continuing professional development program.
- **NOTE:** If you are proposing projects in South Sudan: Describe strategies for increasing HRH efficiencies and HRH sufficiency for scale-up and sustainability.

Describe how the proposed plan will be aligned with national and PEPFAR priorities.

Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the delivery of clinical resources for HIV/AIDS providers. Describe how the project aligns with the illustrative activities (pages 9-13) and will supply the current health workforce with appropriate technical assistance, training, and capacity development services.

You should identify specific groups or categories of beneficiaries, and describe mechanisms for coordination with similar activities that are supported by other funding sources. You are expected to provide ideas consistent with national plans.

Describe the process for the management and monitoring of subawards for collaborating sites. Include a description of the subaward process from initiation to approval, with the corresponding timelines. Describe the approach for working collaboratively with other partners including USG, other implementing partners, donors, and Ministries. You should demonstrate a strong capacity to understand, manage, and leverage different types of relationships to implement the RRHS Initiative.

- **WORK PLAN -- Corresponds to Section V's Review Criteria #2, #4**

Provide a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. You should highlight in the annual work plan and annual budget activities that have an HIV/AIDS focus. Include a detailed work plan for the first year of the project and a high level plan for the four subsequent years. The work plan should include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time-measured). Include all aspects of planning, implementation, and evaluation, along with the role of key staff involved in each activity. The work plan must relate to the needs identified in the needs assessment and to the activities described in the project narrative.

Provide a timeline that delineates the goals, objectives, action steps, responsible staff, timeline for action steps, and measurable outcomes for each activity. The work plan and timeline must demonstrate the ability to reach stated program objectives within the required time of performance, including a plan for rapid launch of project activities. Expected milestones for Year 1 include:

**Development/Planning Phase: Year 1**
- Hold initial in-country work planning meetings and consultations
- Establish program and operational structure and procedures
- Develop meeting and coordination schedule
- Finalize consortium partnerships and agreements
- Revise, confirm, and finalize work plans
- Develop and finalize evaluation plan
• Develop and pilot evaluation tools
• Attend the RRHS Initiative Collaborative Meeting

The work plan should include as much detail as possible with the understanding that the final plan will be developed after the cooperative agreement is awarded and after initial consultations with HRSA and in-country stakeholders. Include the project’s work plan in Attachment 1. This section is often best presented and/or summarized in a chart format.

Describe the proposed quality management plan, which should include quality management infrastructure and the performance measures used to assess implementation, efficiency, and impact. Describe how the plan will:
• Identify staff responsible for the quality management activities,
• Monitor program staff and measure and track program goals, objectives and activities, especially those outlined in the approved work plan; and deliver technical assistance to USG and international partners as needed; and
• Ensure the education and training activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate adult learning principles.

You must submit a logic model for designing and managing the project as a part of Attachment 1. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements and the benefits of changes that result. It is the core of program planning, evaluation, program management and communications. The logic model must describe the inputs, influential factors, outputs and short-term and long-term outcomes as a means towards reaching the program goals and the goals of PEPFAR 3.0. Logic models should be consistent with the work plan submitted. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:
• Goals of the project (the mission or purpose of the program),
• Outcomes (short-term, intermediate, and long-term results of the program),
• Outputs (the direct products or deliverables of program activities and the targeted participants/populations to be reached). Include the number of trainees anticipated to be trained, by level of training, training site, and discipline.
• Activities (approach, key interventions, action steps, etc.), and
• Inputs (investments and other resources such as time, staff and money)

Additional information on developing logic models can be found at the following website:

Although there are similarities, a logic model is not a work plan. A work plan is an action guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model
and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion #2**

Discuss challenges that you are likely to encounter in designing and implementing the activities in fragile states described in the work plan. Provide realistic and appropriate approaches that will be used to resolve such challenges.

Identify and describe potential barriers to program implementation and provide reasonable and actionable solutions to address these barriers.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criteria #3, #4**

Describe your capacity to monitor program goals and objectives. Describe plans to track and quantify the utilization of tools, systems and strategies developed. Describe methods and measures that will be used to evaluate the system-level impacts of the overall project and demonstrate the effectiveness of project activities. Describe how the performance plan will link with expenditure reporting for the proposed project. The plan should also include a well-defined set of yearly milestones for the proposed activities. Such milestones should conform to the proposed timeline described in the work plan, as continued support during years 2-5 will be provided only while timely achievement of milestones can be demonstrated. Milestones will be reconsidered on an annual basis. The successful recipient, in consultation with HRSA, will work with relevant stakeholders to co-develop the five-year RRHS Focus Country’s M&E plan.

Identify methods to be used for effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of program outcomes. Describe the role of key program partners in the evaluation and performance measurement planning processes.

Describe how the applicant institution will develop and implement a comprehensive evaluation plan to measure (annually and for the entire project period) the impact of education, training, and capacity development activities on trainees’ knowledge, skills, behaviors, increases in the health workforce, improved access to care in the community, clinical practice transformation, and patients’ clinical outcomes. Describe how the applicant institution will establish baseline data and measure process and outcome data in alignment with national and PEPFAR goals.

Describe processes for developing appropriate evaluation tools, systems and strategies to electronically receive, store, manage and maintain data. Indicate how these will include data specific to the PEPFAR program (e.g., Monitoring, Evaluation, and Reporting indicators and Annual Progress Reports).

Describe current experience, skills, and knowledge, including individuals on staff,
materials published, and previous work of a similar nature. As appropriate, describe the strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. You must describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Describe the experience of proposed key project personnel (including any consultants and subcontractors) in writing and publishing study findings in peer reviewed journals and in disseminating findings to local communities, national conferences, and to policy makers.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #5**

In this section, provide four major elements: an organizational description and chart, an outline of the management and staffing plan, an outline of the administrative and fiscal oversight plan, and an outline of consortium members, technical partners, and other key collaborators. Each element is described in more detail below.

**Organizational Description and Chart**

Provide information on the applicant institution’s current mission and structure, scope of current activities, and history of developing and promoting health system strengthening activities.

Describe the applicant institution’s organizational knowledge, capability and experience in managing programs that provide training, technical assistance and HSS capacity development activities in fragile settings. Include any experience in the provision of training, technical assistance, and capacity development within the scope of PEPFAR. Discuss any examples of previous projects that reflect the expertise of proposed personnel in working collaboratively with Ministerial, education institutions, regulatory bodies, health management teams, civil society organizations, other USG-funded programs, and other stakeholders.

Describe the proposed organizational structure of the country consortium, and the plans for administering, managing, tracking, and coordinating its activities.

Describe the country consortium’s implementing and technical partners’ prior experience and performance with U.S. Federal grants. Describe the necessary processes and systems in place to comply with the requirements identified at 45 CFR 75. Describe the estimated percentage of the total organizational budget that funding from this cooperative agreement would comprise.

Specify the experience, skills and knowledge of the country consortium to provide education, training, capacity development, and technical assistance in the priorities identified in this FOA in the focus country.

Provide a project organizational chart as Attachment 5. The organizational chart should be a one-page figure that depicts the organizational structure of the country.
consortium, including impact and technical partners, as well as any collaborating entities.

Management and Staffing Plan
Include Attachment 2 Staffing Plan and Job Descriptions for Key Personnel

Provide a management plan for project implementation showing how responsibility and lines of authority will be managed within the applicant institution and across the consortium. The management plan must describe how the project will relate to and respond to HRSA and to in-country USG. You must describe capacity for rapid start-up of the project, including plans for rapidly accessing and deploying key personnel and essential technical staff to support program implementation.

The applicant institution, as the prime partner, should indicate the method of identifying consortium partners, and the tasks/functions they will be performing. Outline which consortium partners will carry out the various tasks specified in the technical approach; a matrix or table may be helpful to organize this section. The applicant institution will be responsible for all technical activities regardless of the activities implemented by the sub-recipient or other member of the team. Specify the composition and organizational structure of the entire team (including sub-recipients and/or country offices) and specify the nature of organizational linkages (includes their relationships between each other, lines of authority and accountability, and patterns for utilizing and sharing resources).

Provide information on the applicant and consortium partners’ resources and capabilities to support the provision of culturally and linguistically competent training and capacity development services. Describe your cultural and linguistic competency capabilities. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being, and incorporating those variables into assessment and treatment. See U.S. Government National Standards for Culturally and Linguistically Appropriate Services at https://www.thinkculturalhealth.hhs.gov/content/clas.asp.

You must provide a staffing plan including key personnel and core technical staff, including an organizational chart demonstrating lines of authority and staff responsibility. The staffing plan must also indicate staffs who are already employed by the organization and the level of effort.

Administrative and Fiscal Oversight
- Describe the organization’s capacity to administratively manage a federally-funded training program and past experience managing awards and contracts;
- Describe the proposed processes to be used by the recipient for oversight of and technical assistance for subrecipients’ services; and
• Describe the organization’s capacity to fiscally manage a federally-funded training program, including the capacity to develop a standardized method to manage, execute in a timely manner, and monitor contracts and subcontracts.

• Describe the organization’s experience and capacity to effectively administer funds from international donors.

**Key Collaborators and Partners**
Describe how the applicant institution will work collaboratively and partner with key stakeholders. Applicants should propose how they will liaise and coordinate with the partner government(s) as well as with other district and local government partners, USG partners and other stakeholders working across PEPFAR program areas. If you plan to team up with other organizations or government agencies for the implementation of the proposed activities, then you should outline the services to be provided by each such agency or organization. You should state whether or not they have any existing relationships with the proposed partner(s) and, if so, should include the Memoranda of Understanding (MOUs) in Attachment 4.

**NARRATIVE GUIDANCE**
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
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<td>Methodology</td>
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<tr>
<td>Resolution of Challenges</td>
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<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures, (4) Impact (5) Resources/Capabilities</td>
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<td>Organizational Information</td>
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</tr>
<tr>
<td>Budget and Budget Narrative</td>
<td>(5) Resources/Capabilities, (6) Support Requested</td>
</tr>
</tbody>
</table>

**iii. Budget**
See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, if applicable, the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing
requirement, as applicable.

In addition, the RRHS Initiative requires the following:

The budget should highlight activities directly linked to HIV. Such activities should be in alignment with PEPFAR 3.0 and the PEPFAR HRH Strategy.

Indirect Costs: Indirect costs on grants awarded to foreign organizations and performed outside of the territorial limits of U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight (8) percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards and contracts under the grant in excess of $25,000.

Multiple allocation indirect cost rates: For institutions of higher education and nonprofits that have indirect costs benefitting major programs disproportionately, indirect rates will vary.

iv. Budget Narrative
See Section 4.1.v. of HRSA’s SF-424 Application Guide. Note that the line item budget is submitted as a separate, stand-alone document as described in Attachment 6 below. In addition, the RRHS Initiative requires the following:

Applications must include an estimate of costs each year for each consortium partner as part of the budget narrative.

v. Attachments
Please provide the following items in the order specified below to complete the content of the application. Unless otherwise noted, attachments are required and count toward the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. Each attachment must be clearly labeled.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. ii. The Project Narrative, including the required logic model, is included in this attachment.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide)
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.
Attachment 4: Letters of Support, Letters of Agreement, Memorandum of Understanding, and/or Description(s) of Proposed/Existing Contracts
Each application must include letters of support from the Ministry of Health and Ministry of Education from the RRHS Focus Country. Applications should also include letters from all participating institutions’ leadership, substantiating the institution’s commitment to the proposed program and to sustaining the results of the proposed activities. Provide any documents that describe working relationships between the applicant institution and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of support/agreement and memorandums of understanding must be signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project. It should include the country consortium (the applicant institution plus two or more entities from the RRHS Focus Country) and include all collaborators, partners and contractors.

Attachment 6: Line-Item Budget
Submit separate line item budgets for each year of the proposed project period as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down subcategorical costs as appropriate. Excel spreadsheets are strongly preferred.

Attachment 7: Fifth Year Budget (NOT counted in page limit)
After using columns (1) through (4) of the SF-424A Section B for a five-year project period, you will need to submit the budget for year 5 as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA’s SF-424 Application Guide.

Attachment 8: Indirect Cost Rate Allocation Agreement or Plan
If indirect costs are requested, attach current HHS Cost Rate Allocation Agreement or plan.

Attachment 9: Global Health Federal Grants and/or Cooperative Agreements
Provide a table that lists the qualifying global health grants, cooperative agreements, and/or contracts, source of funding; name of project director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; total amount of award; and end date. The table may include all collaborating institutions listed in this application to meet the requirement.

Attachment 10: Past Performance References
The applicant institution must provide up to three past performance references, and consortium partners may provide up to three past performance references from the last three years for contracts, grants and/or cooperative agreements of similar size, scope and complexity.
3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management

As the applicant institution, you must obtain a valid DUNS number, also known as the Unique Entity Identifier, and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA’s SF-424 Application Guide.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is August 5, 2016 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.
5. Intergovernmental Review

The Resilient and Responsive Health Systems (RRHS) Initiative is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA’s SF-424 Application Guide for additional information.

6. Funding Restrictions

You may request funding for a project period of up to five (5) years, at no more than $1,500,000 per country in Year One and up to $2,000,000 per country in Years Two (2) through Five (5). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.

Funds under this announcement may not be used for the following purposes:

- Research.
- To promote or advocate the legalization or practice of prostitution or sex trafficking.
- Travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government’s delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by HRSA in writing.

Definitions:

- A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) do not apply to this program. Please see Section 4.1 of HRSA’s SF-424 Application Guide for additional information.

All program income generated as a result of awarded funds must be used for approved project-related activities.
V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The RRHS Initiative has six review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction and Needs Assessment sections of the Narrative. The extent to which the application describes the problem and associated contributing factors to the problem.

Reviewers will consider the quality of and extent to which the applicant:
- Provides an overview of the country's national health strategic plan, the HSS and HRH priorities;
- Demonstrates a comprehensive, up-to date understanding of the following issues/challenges/needs in fragile states and in the proposed focus country:
  - The issues related to strategic planning for health system-level change,
  - Challenges and risks associated with pre-service and in-service training,
  - HRH management and fiscal capacity challenges,
  - Current health leadership and governance issues,
  - Need for community-based care,
  - Current environment for HRH data quality and availability, HRH information systems, and dissemination and use of HRH information for decision making; and
- Identifies the proposal’s areas of foci, by priority objective, with an evidence-based justification based on the country’s needs and gaps.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

Use this section to propose objectives that will fully address the needs identified in the Need section above and provide evidence for how they link to the program requirements.

Reviewers will consider:
- Methodology (15 points)
  - The extent to which the applicant provides an overall strategy clearly related to the program objectives, goals, and expectations as outlined in the FOA;
• The extent to which the applicant clearly articulates a comprehensive plan with specific, measurable, realistic, and achievable outcomes, on how program objectives will be achieved;
• The extent to which the overall strategy is in alignment with the country’s national strategic plans, addresses the current and evolving HRH priorities, and highlights the goals outlined in PEPFAR 3.0 and the PEPFAR HRH Strategy;
• The extent to which the applicant articulates how the proposed broader systems strengthening efforts are able to impact HIV/AIDS and other service delivery and demonstrates this in the work plan and anticipated outcomes.
• The strength and feasibility of the proposed plan for promoting sustainability through capacity building with an appropriate plan to increasingly hand over decision-making to relevant partner country stakeholders;
• The strength of the proposed strategies for facilitating scale-up and sustainability of activities that include building on and strengthening previous and/or existing efforts by the government, USG, or other donors;
• The strength and feasibility of the applicant’s proposed plan for which the consortium will build and maintain effective strategic partnerships with relevant Ministerial, education institutions, regulatory bodies, health management teams, other USG-funded programs, and other stakeholders to ensure relevancy and timeliness of education, training, and technical assistance;
• The extent to which the applicant adequately addresses the country-specific considerations;
• The extent to which the applicant adequately outlines the proposed process and timeline for subaward management and monitoring, including the subaward process from initiation to approval;
• The extent to which the applicant’s plan addresses initiative-wide cooperation and collaboration.

Work Plan (10 points)
• The strength of the proposed detailed first year work plan and the high level subsequent four year plan to demonstrate the ability to reach stated program objectives within the required time of performance;
• The extent to which the work plan is aligned with the needs identified in the needs assessment and to the strategy outlined in the methodology;
• The extent to which the work plan highlights activities focused on HIV/AIDS;
• The strength and feasibility of the timeline that delineates the goals, objectives, action steps, responsible staff, timeline for action steps; and measures outcomes for each activity;
• The extent to which the proposed goals, objectives, and outcomes that will be taken to accomplish the proposed plan are SMART (specific, measurable, achievable, realistic, and time-measured);
• The strength and feasibility of the quality management plan to assess implementation, efficiency, and impact; and
• The extent to which the applicant’s logic model clearly describes the inputs, influential factors, outputs and short-term and long-term outcomes as a means towards reaching the program objectives and the goals of PEPFAR 3.0.
Resolution of Challenges (5 points)
Reviewers will consider the quality of and extent to which the applicant:
- Demonstrates a thorough knowledge of the challenges that may be encountered in designing and implementing the activities described in the work plan;
- Provides realistic and appropriate approaches to resolving the challenges; and
- Identifies and describes potential barriers to program implementation, and provides realistic and appropriate approaches for how these barriers will be addressed.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

Reviewers will consider:
- The strength and feasibility of the applicant's evaluation plan to develop appropriate evaluation tools, systems, and strategies to electronically receive, store, manage, and maintain data; including data specific to the PEPFAR program; For HIV-related activities, the extent to which the applicant incorporates baseline and performance measures that demonstrate progress towards PEPFAR goals;
- The strength of the proposed strategy to collect, analyze and track data to measure process and impact/outcomes, and the clarity of the description of how the data will be used to inform program development and implementation;
- The strength of the applicant’s proposed baseline data and measures, and the extent to which the proposed evaluative measures will be able to assess: 1) that the program objectives have been met and 2) the extent these can be attributed to the project;
- The strength of the applicant’s proposed methods and measures that will be used to evaluate the system-level impacts of the overall project and demonstrate the effectiveness of project activities;
- The extent to which the applicant demonstrates the local experience and capability to implement performance monitoring and evaluation of the project;
- The extent to which the applicant demonstrates a thorough understanding of any potential obstacles for implementing the program performance evaluation, and the strength of the proposed plans to address those obstacles;
- The extent to which the performance plan will link with expenditure reporting for the proposed project; and
- The extent to which the applicant clearly articulates the role of key program partners in the evaluation and performance measurement planning processes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Section IV, Evaluation and Technical Support Capacity
The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be multi-national in scope, and the degree to which the project activities are replicable and sustainable after federal funding.

The extent to which the applicant:
- Demonstrates strength and effectiveness to monitor and evaluate project objectives, activities, and results through the proposed evaluation strategy;
• Describes how the program will effectively track performance outcomes, including how the data will be collected and managed (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting to HRSA;
• Addresses program sustainability after the period of federal funding ends. Describes how the program will work to ensure key elements will be sustained. (e.g., training methods or strategies); and
• Articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity, Organizational Information, Budget and Budget Justification Narrative, and Attachments

You must demonstrate that your organizational capacity is sufficient to carry out the proposed project. Reviewers will use the Project Narrative as well as Attachments 2 - 5 and 9 to consider:

Organizational Description and Chart (5 points)
• The strength and clarity of the proposed staffing plan (Attachment 2) and project organizational chart (Attachment 5) in relation to the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan;
• The strength and clarity of the current organizational structure, proposed staff, consortium partners, and scope of current activities that contributes to the applicant's ability to conduct the proposed program and meet the expectations of the program requirements.

Management and Staffing Plan (5 points)
• The extent to which the qualifications of the identified Project Director (by training and experience) support their ability to lead a project of similar size and scope; the extent to which competence is appropriately demonstrated (e.g., publications, funded research) in the specialty with appropriate academic preparation, clinical expertise and experience as an educator;
• The extent to which key project personnel are qualified by training and/or experience to implement the project.
• The extent to which the capabilities of the consortium and the quality and availability of facilities and personnel will support the needs and requirements of the proposed project.

Administrative and Fiscal Oversight (5 points)
• The strength of the plan that outlines the roles, responsibilities, and functions of the applicant institution and each consortium partner, including how each partner contributes to the ability of the consortium to conduct the program requirements and meet program expectations;
• The strength and feasibility of the proposed processes for oversight of and technical assistance for subrecipients' services;
The extent to which the applicant institution demonstrates the capacity to fiscally manage a federally-funded program, including the capacity to develop a standardized method to manage, execute in a timely manner, and monitor contracts and subcontracts;

Key Collaborations (5 points)
- The extent to which the applicant demonstrates successful established or planned partnership(s) in the specified country with relevant ministerial, educational institutions, regulatory bodies, health management teams, civil society organizations, and other entities in order to successfully carry out the proposed program;
- The extent to which the applicant institution and consortia partners have experience in implementing and managing programs aimed at strengthening the delivery of services for HIV/AIDS, TB, malaria, or other relevant health areas;
- The extent to which the applicant institution and consortia partners have experience in implementing and managing health workforce, technical assistance, and capacity building programs in resource constrained countries and/or fragile settings;
- The extent to which the applicant demonstrates a strong capacity to successfully build, manage, leverage, and engage in various types of partnerships;
- Extent to which the applicant demonstrates their ability to relate to and respond to HRSA and to in-country USG;
- Extent to which Letters of Agreement and MOUs (Attachment 4) demonstrate sufficient and necessary support for the proposed project; and
- If applicable, the extent to which past performance references demonstrate an institution’s capacity to successfully carry out the proposed program.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget and Budget Narrative

Reviewers will consider (1) how well the costs in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested; and (2) the reasonableness of the proposed budget for each year of the project period, in relation to the objectives and the anticipated results. Reviewers will consider the extent to which:
- The budget narrative describes the costs, as outlined in the budget and the required resources, as reasonable given the scope of work;
- The budget narrative describes that key personnel have adequate time devoted to the project to achieve project objectives;
- The proposed budget is reflective of the complexity of the activities, and highlights the budget allocated to HIV, the evaluation plan, and anticipated results; and
- The line item budget for each budget period of the proposed project period provides a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.
2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk and Other Pre-Award Activities

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications receiving a favorable objective review that an HHS Operating Division (OPDIV) is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the OPDIV approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HHS OPDIV or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).
4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of January 1, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of January 1, 2017. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 Application Guide.

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR part 46), available online at http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html.

Prostitution and Sex Trafficking

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.

PEPFAR Branding

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at http://www.pepfar.gov/reports/guidance/branding/index.htm.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA’s SF-424 Application Guide and the following reporting and review activities:

1) NON-COMPETING CONTINUATION PROGRESS REPORT
   a. Annual Work Plan
   b. Budget Documents
2) **SEMI-ANNUAL PROGRESS REPORTS**
   The report shall describe progress made during the reporting period and assess overall progress to that date versus agreed upon indicators including the agreement-level outputs achieved, using the agreement-level performance indicators established in the annual work plan. The reports shall also describe the accomplishments of the recipient and the progress made during the past reporting period and shall include information on all activities, both ongoing and completed during that reporting period. The progress reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures.

3) **PEPFAR PERFORMANCE REPORTS**
   The recipient will be required to prepare and submit performance reports that reflect detailed data on achievements and targets.

4) **MONITORING AND EVALUATION PLAN**
   The M&E plan should include the data collection plan which discusses the data flow, collection tools, baseline data collection and data quality assessments; discussion of the monitoring plan which includes how progress to targets will be measured, a trends analysis, work plan review, periodic stakeholder meetings, and evaluation plan; and data dissemination which includes a discussion about the donor reports, stakeholder meetings, international meetings, networking, and research publications.

5) **FINAL PROGRESS REPORT**
   The recipient shall submit a final/completion report to HRSA which summarizes the accomplishments of this agreement, methods of work used, budget and disbursement activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

6) **QUARTERLY FINANCIAL REPORTS**
   The recipient will submit to HRSA a quarterly financial report within 30 days after the end of the recipient’s first fiscal year quarter, and quarterly thereafter. Quarterly financial reports should be provided in summary and by cost category and contain at a minimum:
   - Total funds awarded to date by HRSA;
   - Total funds previously reported as expended by recipient main line items;
   - Total funds expended in the current quarter by the recipient by the main line items;
   - Total un-liquidated obligations by main line items; and
   - Unobligated balance of HRSA funds.
VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD  20857
Telephone:  (301) 443-0195
Fax: (301) 443-9810
E-mail:  ODada@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Jose Rafael Morales, MD
Senior Clinical Advisor, Office of Training and Capacity Development
Attn: RRHS Initiative
Health Resources and Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD  20857
Telephone:  (301) 443-3650
Fax: (301) 443-2697
E-mail:  jmorales@hrsa.gov

You may need assistance when working online to submit their application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays, at:

Grants.gov Contact Center
Telephone:  1-800-518-4726   (International Callers, please dial 606-545-5035)
E-mail:  support@grants.gov

You may need assistance when working online to submit information and reports electronically through HRSA’s Electronic Handbooks (EHBs). For assistance with submitting information in HRSA’s EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone:  (877) 464-4772
TTY:  (877) 897-9910
Web:  http://www.hrsa.gov/about/contact/ehbhelp.aspx
VIII. Other Information

IMPORTANT NOTE: the competition for South Sudan has been postponed until further notice. Applications to support activities in South Sudan will be accepted at a later time.

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar will be held on June 16, 2016 from 10:30 AM – 12:30 PM Eastern Time. The call-in number for applicants located in the United States (U.S.) is 866-692-4541. Applicants outside of the U.S. should use the call in number from the table below. The pass code for all callers (domestic and international) is 8029730. To join the webinar, the link is: https://hrsa.connectsolutions.com/dtcd1/.
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**IX. Tips for Writing a Strong Application**

See Section 4.7 of HRSA's *SF-424 Application Guide*.