U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of Global HIV/AIDS Programs

Resilient and Responsive Health Systems (RRHS) Initiative – South Sudan

Funding Opportunity Number: HRSA-18-098
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.266

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 2, 2018

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: November 2, 2017
MODIFICATION – TA call information on pages ii and 44 has been modified to reflect new date and time.

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Authority: Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.]; and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), as reauthorized and amended by Public Law 113-56 (the PEPFAR Stewardship and Oversight Act of 2013). See, e.g., 22 U.S.C. § 7603 and 22 U.S.C. §§ 2151b-2(b)(1)(B), 2151b-2(c)(1), and 2151b-2(d)(6)(G)(ii).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications in fiscal year (FY) 2018 for the *Resilient and Responsive Health Systems (RRHS) Initiative – South Sudan*. This initiative addresses fundamental health system constraints that impede the availability of and access to quality health services related to HIV, tuberculosis, malaria and other communicable and non-communicable diseases, and to achieve health system resiliency. This notice is specific to activities in **South Sudan**.

Due to the challenging working environment and ongoing political conflicts, applicants must have at least three years of experience in successfully implementing health programs in South Sudan.

Funding Opportunity Title:	Resilient and Responsive Health Systems (RRHS) Initiative – South Sudan
Funding Opportunity Number:	HRSA-18-098
Due Date for Applications:	January 2, 2018
Anticipated Total Annual Available FY18 Funding:	$2,000,000
Estimated Number and Type of Award(s):	1 cooperative agreement
Estimated Award Amount:	Up to $2,000,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	June 1, 2018 through May 31, 2022 (four years)
Eligible Applicants:	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. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled a technical assistance webinar to help applicants understand, prepare and submit an application.

Day and Date: Thursday, November 16, 2017
Time: 3:00 p.m. - 4:00 p.m. ET
Call-In Number: 1-888-603-9815 for all callers (U.S. and international) [International callers may also use 1-415-228-5021]
Participant Code: 426284 for all callers (U.S. and international)
Weblink: https://hrsa.connectsolutions.com/responsive-health/

HRSA will record the TA webinar and make it available on the TARGET Center website at https://careacttarget.org/calendar/NOFO-hrsa-18-098.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the *Resilient and Responsive Health Systems (RRHS) Initiative – South Sudan,* a multi-year program to strengthen human resources for health (HRH) to address public health challenges like HIV/AIDS, tuberculosis (TB) and malaria in South Sudan. This initiative also seeks to achieve health system resiliency by addressing fundamental health systems constraints that impede the availability of and access to quality health services by supporting the implementation of national health strategies and recovery plans to respond to emerging epidemics, prevent, manage and control HIV/AIDS, TB, malaria, and other communicable and non-communicable 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] also taking into consideration 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, and often characterized by the inability to provide health services to a large proportion of the population. They present as 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; 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 for 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/AIDS, TB, malaria, and other communicable and non-communicable diseases.

In just eleven years, PEPFAR has moved from an emergency program to one specifically focused on controlling the HIV 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 Program on HIV/AIDS' (UNAIDS) ambitious 90-90-90 global goals (90 percent of people with HIV - diagnosed, 90 percent diagnosed - on ART, and 90 percent on ART - virally suppressed by 2020),

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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

[2] Jonnalagadda Haar, R. & Rubenstein, L. (2012). Special Report: Health in Post conflict and Fragile States. United States Institute for Peace. Retrieved from: https://www.usip.org/sites/default/files/SR_301.pdf

[3] ibid

[4] Witter, S., (2012). Health financing in fragile and post-conflict states: What do we know and what are the gaps?, Social Science & Medicine, http://dx.doi.org/10.1016/j.socscimed.2012.09.012

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 a high burden of HIV. Meeting the demand in those settings requires an adequate supply and appropriate skill mix of HRH available to provide quality HIV services along the continuum of care.

Between 2009 and 2014, PEPFAR strengthened countries' health systems to address HRH barriers to service delivery broadly and specifically HIV services. The PEPFAR 3.0 pivot, which was implemented to reach 90-90-90 and achieve epidemic control despite budget constraints, narrowed the focus of PEPFAR-funded activities to geographic regions and sites with the highest burden. The RRHS supports this shift.

This notice is specific to activities in South Sudan and refugee camps outside South Sudan (e.g., northern Uganda where almost 850,000 South Sudanese reside)**.**

By 2022, the RRHS will contribute to achieving progress towards the following objectives in South Sudan:

1) Improved health outcomes, with a targeted focus on decreasing maternal and 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; and
4) Improved HRH workforce performance and management.

HRSA, in collaboration with partner country governments and other U.S. Government (USG) agencies and donors, conducted an engagement with stakeholders in South Sudan. The engagement 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 this notice of funding opportunity (NOFO) release are described below. HRSA expects that the RRHS – South Sudan recipient will adapt to priorities determined by HRSA and the interagency USG field team as the program progresses.

The recipient must implement a two-pronged approach to address HRH challenges in South Sudan:

- Support in-country training of medical officers, nurses, and midwives through a rotating tutor program in South Sudan.
- Support training of displaced South Sudanese health care professors and students to provide care to displaced South Sudanese in refugee camps outside South Sudan (e.g., northern Uganda)**.**

Inside South Sudan: Strengthen clinical service capacity of physicians, nurses, midwives, clinical officers, and community health workers (CHWs) in selected hospitals and clinics in South Sudan. HRSA expects that the recipient will bring in expert trainers for extended periods to provide in-service training to improve health services in South Sudan based on the HRH needs. For continuity and sustainability, the recipient will be

encouraged to collaborate with the South Sudanese College of Physicians and Surgeons, the South Sudanese School of Nursing and Midwifery, the Ministry of Health, and USG agencies in South Sudan.

Outside South Sudan: Strengthen clinical service capacity of physicians, nurses, midwives, clinical officers, and CHWs who are displaced in refugee camps outside South Sudan (e.g., northern Uganda) to provide better health services to the South Sudanese refugees. HRSA expects the recipient to work closely with established South Sudanese health care professors and students who are currently located in northern Uganda and are actively engaged in pre-service training. By working with displaced South Sudanese health care workers, rapid deployment of health care workers can occur to provide health services for those who are displaced as well as for nationals upon their return to South Sudan.

The RRHS will work with South Sudan 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 for the people of South Sudan.

HRH has 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.[5] 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 include 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.[6]

Recruiting, training, and supporting health workers to provide services at all levels are vital to a state's recovery,[7] as well as fundamental to its ability to respond to ongoing health challenges like HIV/AIDS, TB, malaria, and other communicable and non-communicable diseases. 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

[5] WHO. (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes. Accessed on 3/9/2016: Retrieved from: http://www.who.int/healthsystems/strategy/everybodys_business.pdf

[6] WHO Alliance for Health Policy and Systems Research. (2008). Neglected Health Systems Research: Health Policy and Systems Research in Conflict-Affected Fragile States. Retrieved from: http://www.who.int/alliance-hpsr/AllianceHPSR_ResearchIssue_FragileStates.pdf

[7] Newbrander, W. (2011). Rebuilding Health Systems and Providing Health Services in Fragile States. Management Sciences for Health: Occasional Papers No. 7. Retrieved from: https://www.msh.org/sites/msh.org/files/rebuilding-health-systems-and-providing-health-services-in-fragile-states.pdf

finance programs. The RRHS aims to ensure an adequate supply and appropriate skill mix of HRH available to provide quality care for HIV/AIDS, TB, malaria and other communicable and non-communicable 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.[8]

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.[9] On national and global levels, better HRH data and evidence are needed as critical enablers for enhanced planning, policymaking, governance, and accountability.[10] 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 accordingly to changing needs.[11] Forecasting of workforce priorities and needs, informed by reliable and updated health workforce data, will enable the development, implementation, monitoring, impact assessment, and continuous updating of workforce strategies.

The 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 community resources and collaborate 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]

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[8] Jonnalagadda Haar, R. & Rubenstein, L. (2012). Special Report: Health in Post conflict and Fragile States. United States Institute for Peace. Retrieved from: https://www.usip.org/sites/default/files/SR_301.pdf

[9] WHO. (2008). Toolkit on monitoring health systems strengthening Retrieved from: http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_HumanResources_oct08.pdf

[10] WHO, 2015. Draft Global strategy on human resources for health: Workforce 2030. December 2015. Retrieved from: http://who.int/hrh/resources/WHO_GSHRH_DRAFT_21Dec15.pdf

[11] Ibid

[12] Action for Global Health (2011). Health Workers In Fragile States: The Case For Investment. Retrieved from: https://www.hrhresourcecenter.org/node/3948

CHWs, 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 workloads, managing human resources, and carrying out disease surveillance.[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

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[13] One Million Community Health Workers (1mCHW) Campaign Secretariat. (2015). Financing CHW Systems at Scale. Retrieved from: http://1millionhealthworkers.org/files/2015/09/1mCHW_SSC_Workshop_Report_External_2015-09-10_Final.compressed-1.pdf

[14] Global Health Workforce Alliance (2011). Report on the Second Global Forum on Human Resources for Health, Prince Mahidol Award Conference 2011 Conference report. Retrieved from: http://www.who.int/workforcealliance/knowledge/resources/secondHRHforumreport/en/

[15] OECD (2015), States of Fragility 2015: Meeting Post-2015 Ambitions, OECD Publishing, Paris. Retrieved from: http://dx.doi.org/10.1787/9789264227699-en

[16] The Global Fund Technical Evaluation Reference Group, 2014. Thematic Review of the Global Fund in Fragile States 2013-2014. Retrieved from: https://www.theglobalfund.org/media/3010/terg_evaluation2013-2014thematicreviewfragilestates_report_en.pdf

[17] Newbrander, W. (2011). Rebuilding Health Systems and Providing Health Services in Fragile States. Management Sciences for Health: Occasional Papers No. 7. Retrieved from: https://www.msh.org/sites/msh.org/files/rebuilding-health-systems-and-providing-health-services-in-fragile-states.pdf

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.[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.[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 requirements

Applicants are required to apply as a consortium that at minimum includes two impact partner entities from South Sudan. HRSA strongly encourages lead applicants from United States domestic organizations 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 United States, 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 must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. All consortium members must provide a significant contribution to the project; and they each must have an identifiable role, specific responsibilities, and a justifiable reason for being a consortium member. You should carefully consider the selection of partners to ensure that the consortium positively contributes to the success and sustainability of project goals. Appropriate institutional commitment to the proposed project may include the provision of adequate staff, facilities, and educational resources. 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 (if applicable), and reporting requirements of the award,

[18] Global Health Workforce Alliance. (2009). Financing and Economic Aspects of Health Workforce Scale-up and Improvement: Framework Paper. Retrieved from: http://www.who.int/workforcealliance/knowledge/publications/taskforces/frameworkpaper.pdf?ua=1

[19] Chen, et al. (2004). Human Resources for Health: Overcoming the Crisis. The Lancet, Volume 364, Issue 9449, 1984 - 1990. Retrieved from: http://dx.doi.org/10.1016/S0140-6736(04)17482-5

including those necessary to ensure compliance with all applicable federal regulations and policies and facilitate an efficient collaborative venture.

All entities directly or indirectly receiving funds through this NOFO must be able to demonstrate past performance with managing USG global health grants and/or cooperative agreements, and must collectively have at minimum five active global health grants, cooperative agreements, subawards or contracts from the USG (e.g., Department of Defense (DOD); Department of Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC), HRSA, and/or National Institutes of Health (NIH); United States Agency for International Development (USAID)) or non-USG funders (e.g., Wellcome Trust, Doris Duke, Bill and Melinda Gates Foundation) involving low and middle income countries. These global health awards must be active on the application due date for this NOFO. Applications must also include up to three (3) references describing successful administration of funds from international donors.

Proposals should also be aligned with national priorities as outlined in national plans and the 2017 PEPFAR Strategic Direction Summary (SDS) available at https://www.pepfar.gov/documents/organization/272023.pdf. Due to the challenging working environment and ongoing political conflicts, applicants must have at least three years of experience in successfully implementing health programs in South Sudan.

2. Background

This President's Emergency Plan for AIDS Relief (PEPFAR) initiative is authorized under the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (P. L. 108-25; 22 U.S.C. 7601 et seq.), as amended by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 (P. L. 110-293), and the PEPFAR Stewardship and Oversight Act of 2013 (P. L. 113-56).

HRSA issued RRHS awards with a January 1, 2017 start date for activities in the Democratic Republic of Congo (DRC), Liberia, and Sierra Leone. HRSA delayed the competition for South Sudan due to unrest in the Country. A companion initiative known as the *Resilient and Responsive Health Organizations (RRHO) Initiative*, Sustainable Communities of Practice, supports the creation of capacity building plans and the provision of technical assistance focused on the building or enhancing of organizational capacity in a variety of priority areas including program and financial management, grants management, leadership and governance, personnel management, and evaluation and monitoring. This effort creates a transnational learning collaborative supporting national and international knowledge exchange and a sustainable approach to enhance each country's ability to lead, manage, coordinate, implement, and finance an effective response to combating priority health issues. Capacity development provided through the RRHO will be directed to schools of medicine, midwifery and nursing, targeted professional associations, and Government Ministries that contribute to the quality of health professional education in the DRC, Liberia, Sierra Leone and South Sudan. HRSA issued the RRHO award on June 1, 2017.

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, TB, and malaria health policies and health systems.
- Provide workforce training and capacity-building consistent with the goals and objectives of PEPFAR.
- 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, TB, 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's health leaders 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, PEPFAR's emphasis was 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. 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 care continuum for people living with HIV (PLHIV). HRSA 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 medically vulnerable. This includes PLHIV, 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 United States Department of State's Office of the United States 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 furthest 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 United Nations (UN) 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 may be considered are: 1) legitimacy government determination and ability to provide core services and basic security, and 2) 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. Since the Republic of South Sudan gained its independence in 2011, the country has experienced several incidents of internal conflicts**,** one in December 2013, and more recently in July 2016. The renewed conflict undermines the development gains achieved since independence and worsens the humanitarian situation. The conflict that erupted in July 2016 resulted in more than 2.3 million people

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[20] Jonnalagadda Haar, R. & Rubenstein, L. (2012). Special Report: Health in Post conflict and Fragile States. United States Institute for Peace. Retrieved from: https://www.usip.org/sites/default/files/SR_301.pdf
[21] MSH. (2014). Strengthening Health Systems in Fragile States. Retrieved from: https://www.msh.org/sites/msh.org/files/fs_brochure_6_2014.pdf.
[22] OECD (2015), States of Fragility 2015: Meeting Post-2015 Ambitions, OECD Publishing, Paris. Retrieved from: http://dx.doi.org/10.1787/9789264227699-en.
[23] Fragile States Index. (2015). Accessed on 1/31/2016. http://fsi.fundforpeace.org/
[24] Newbrander, W. (2011). Rebuilding Health Systems and Providing Health Services in Fragile States. Management Sciences for Health: Occasional Papers No. 7. Retrieved from: https://www.msh.org/sites/msh.org/files/rebuilding-health-systems-and-providing-health-services-in-fragile-states.pdf

fleeing their homes, including internally displaced people and many refugees in neighboring countries, Ethiopia, Kenya, Uganda, DRC, and Central African Republic. Approximately 185,000 internally displaced people have sought refuge in UN Protection of Civilians sites. Furthermore, the conflict has contributed to severe food insecurity, affecting close to 1 million people. [25]

The conflict has touched every basic tenant of life. Nearly one out of every three schools has been destroyed,[26] including schools of nursing and midwifery, medical schools, and teaching hospitals. The health care infrastructure is very weak and operates only through non-governmental organizations (NGOs) that elect to remain in the country. The leading causes of mortality are all preventable: malaria, diarrheal illness, malnutrition, and childbirth related mortality. The UN Office for the Coordination of Humanitarian Affairs reports that an adolescent girl in South Sudan is three times more likely to die in childbirth than complete primary school.[27] Sierra Leone and Liberia and, similarly, DRC and South Sudan continue to face other burdens from infectious diseases such as HIV/AIDS, TB, malaria 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 seventeenth for the highest number of maternal deaths per 100,000 live births,[28] and Sierra Leone ranking eleventh, DRC twelfth, Liberia fifteenth, and South Sudan sixteenth for the highest number of infant deaths under one per 1,000 live births in the same year.[29] The current government of South Sudan allocates 2.7 percent of the country's GDP to health, the second lowest of any country deemed "fragile and conflict affected situations" by the World Bank.[30]

The RRHS supports a collaborative of multisector 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.[31]

Illustrative outputs and outcomes are provided by priority area. Illustrative activities are provided below. Applicants are encouraged to focus on certain priorities in the first year of the project and others in subsequent years.

[25] The Global Fund HIV Funding Request: South Sudan, June 2017.
[26] Report from the UN Office for the Coordination of Humanitarian Affairs, 05 Jan 2016
[27] ibid
[28] CIA (2016). World Fact Book. Retrieved from: https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html
[29] CIA (2016). World Fact Book. Retrieved from https://www.cia.gov/library/publications/resources/the-world-factbook/rankorder/2091rank.html
[30] http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS?locations=F1&name_desc=false&view=chart
[31] WHO (2014). High level meeting on building resilient systems for health in Ebola-affected countries. Retrieved from: http://www.who.int/csr/resources/publications/ebola/hs-meeting.pdf?ua=1

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.

	Illustrative Activities	Illustrative Outputs	Illustrative Outcomes
Pre-Service Education	o Strengthen training institutions (medicine, nursing, midwifery, allied health, etc.) through classroom and clinical instruction, practice and assessment, and institutional and infrastructure support o Support student readiness for tertiary education and improve student matriculation o Strengthen pre-service training through curriculum development, faculty training and development, and the use of innovative pedagogical approaches o Strengthen the enabling environment, focusing on change enablers and cost-effective strategies and interventions that will advance the quality of education	o Increased number of health care workers (HCW) at every level o Increased educational standards o Increased number of accredited programs o Revised pre-service and/or in-service curriculums o Developed graduate tracking system exists o Decreased failure and student attrition rates	o Increased faculty to student ratio in the classroom o Increased preceptorship to student ratio in the clinic o Increased rate of students tracked after graduation o Improved quality standards of education o Improved technical competencies and teaching skills of faculty and clinical preceptors, including for HIV/AIDS related components
Workforce Performance and Productivity	o Rapidly upgrade skills of the existing health workforce to deliver quality health services that meet the needs of the country's population o Deploy innovative instructional and mentoring platforms to diversify and efficiently deliver training and supportive supervision o Establish a continuing professional development (CPD) scheme and/or develop additional CPD modules as prioritized by the MOH o Harmonize in-service training and CPD activities across HCWs, including cross-cadre and profession-specific CPD needs o Train facility managers and community-based organizations on national regulations related to service delivery	o Increased ratio of staff on duty to staff at post o Increased ratio of staff receiving training relative to total staff o Decreased duplication of training o Increased percentage of hands-on learning and ongoing mentorship in clinic settings	o Improved HCW competency and knowledge in providing HIV/AIDS services per most current policies and guidelines o 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	o Strengthen the capacity and efficiency of educational institutions and facilities to appropriately manage staff and resources o Promote continuous quality improvement, critical thinking, personal accountability, and self-reliance through mentorship o Assess absorptive capacity for additional support and scale-up	o Accountability systems to appropriately manage resources exists	o Improved efficiency, equity, and effectiveness of staff utilization

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

	Illustrative Activities	Illustrative Outputs	Illustrative Outcomes
HRH Information Accuracy and Reliability	o Train staff to collect and use human resources information system (HRIS) to make informed management and program decisions and monitor program progress o Develop or expand on mechanisms for routine coordination between disease specific programs at the national, provincial and facility levels o Provide technical assistance to country health monitoring and evaluation (M&E) personnel at national and sub-national levels to strengthen health management information systems o Develop data quality assessment methods, tools and procedures and strengthen data quality control practices at the facility and community levels	o Ensured establishment of performance monitoring tools and processes o Ensured data are used to make evidence-based HRH decisions o Increased understanding of HCW capacity needs and use of data for planning and tracking training	o Improved capacity to collect, integrate and analyze HRH information o Improved quality and use of HRH information to plan, train, and support the health workforce o Strengthened M&E system and data use for service 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 HCW o Promote use of technology and electronic systems	o Improved HRH information architecture and interoperability o Reduced absenteeism and moonlighting o Removed all "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.

	Illustrative Activities	Illustrative Outputs	Illustrative Outcomes
Community Health Workforce	o 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 o Promote CHW programs with a focus on evidence based interventions for HIV services o Develop operational design of the national deployment of CHWs o Promote clear policy and/or legal framework to train, recruit, support and retain the CHW cadre to serve their communities	o Harmonized CHW training and core curriculum to support a package of basic health services o Database of CHWs	o Integrated CHWs in the primary health care system o Job classification system that includes community cadres
Community Capacity Building	o Strengthen the link between community, the service providers and central decision-making bodies to ensure effective community engagement o Foster trust amongst communities – including women, youth and other underdeveloped groups- by ensuring participation in decision making o Explore how traditional healers and faith-based organizations can serve as bridges between professionally provided health services and communities	o Established a formal, written relationship with community organizations o Increased engagement of the community in decision-making and monitoring	o Ensured the community exhibits a stronger voice and platform for decision-making, including for HIV/AIDS services

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

	Illustrative Activities	Illustrative Outputs	Illustrative Outcomes
Governance and Coordination Frameworks	o Strengthen linkages between HRH production, recruitment, deployment, and retention o Support the development/revision of the HRH country profile o Define the roles of, engage, and coordinate HRH stakeholders o Develop measures for donor alignment with country development strategies	o Revised HRH strategic plan according to priorities o Increased collaboration among professional associations, regulatory bodies, and	o Ensured effective collaboration and cooperation with the training facilities and with the MOH o Increased

	o Develop local and regional partnerships and collaborations to promote the adoption of evidence-based and promising practices, innovative models, and educational standards o Examine alternative methods to improve accountability of HRH (e.g., engage professional councils or organizations)	training providers	awareness of training needs and processes among leadership at MOH and professional and regulatory bodies
HRH Management	o Strengthen the management of human resources to ensure appropriate leadership and supportive supervision are in place o Improve leadership and management capacity of decentralized local government structures/district health management teams o Employ innovative health worker recruitment and retention strategies o Design an appropriate and effective incentive package for rural retention o Establish strategies and/or policies to ensure there is adequate support and tools for HCW o Develop modules and conduct trainings on HRH management	o Increased percentage of HRH employed o Increased number of managers at all levels of the health system	o Improved efficiency/use of resources at the central and regional levels o Increased efficiency in the recruitment, hiring, and deployment processes o Improved efficiency in hiring, payroll and human resources management processes
HRH Policy and Regulation	o Enhance and develop policies, legislation, and regulation that support health system strengthening o Revise and/or support the operationalization of national health and HRH strategic plans o Enhance national health profession strategies and scopes of practice o Update conditions of service for all cadres o Support regulation for essential health services by all levels of providers (task-shifting/sharing) o Establish proper licensure and accreditation to ensure quality of services o Improve deployment and absorption of the health workforce in the health system o Reform health professional regulation to ensure sustainable, efficient and effective health service delivery	o Improved bonding schemes to strengthen the implementation of training policies o Introduced mechanisms introduced for forecasting future HRH needs and levels o Completed policy framework for evidence-based human resource o Deployment and retention strategies	o Aligned national decisions with local priorities and realities o Registration, certification, or licensing is required for all cadres o Established formal processes are in place for recruitment, hiring, transfer, promotion, and community involvement

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

	Illustrative Activities	Illustrative Outputs	Illustrative Outcomes
HRH Financial Management Capacity Building	o Strengthen expenditure management to promote an effective design and execution of HRH o Establish mechanisms to ensure that HRH priorities receive proper and responsive budgets, so that governments can assess how resources are spent o Examine the levers for expanding the fiscal space for health and HRH o Establish measures for domestic resource mobilizations and local co-financing to expand the risk pool and to protect against fiscal fluctuations and unpredictability o Harmonize priorities and effectively coordinate national stakeholders and donors to increase efficiency gains and optimize the impact of their human resource investments o Develop an HRH fiscal framework that integrates all funding sources	o Increased investment in appropriate education, deployment, and retention of HRH o Increased donor budgetary allocations for HRH o Increased domestic resource mobilization o Increased collaboration with the public sector	o Sustained government commitment through a budgeted and financed HRH strategic plan o Harmonization across donors and ministries of HRH investments, including for HIV/AIDS service delivery
Efficient and Effective HRH Spending	o Develop strategies to impact the effectiveness and efficiency and reduce waste of HRH spending o Develop measures for integration of external and local funding to increase sustainability/impact o Address the costs of employing scaled-up numbers of HRH relative to governments' ability to pay those costs o Address the internal and external factors that impact the absorptive capacity of the HRH system o Examine alternatives for financial and non-financial incentives to HRH (e.g., financial bonuses, housing, security o Examine alternative financial and non-financial incentives that might reduce the temptation to emigrate (e.g., bonding arrangements, incentives o Establish accountability systems to improve efficiency of health and HRH spending o Adopt appropriate and cost-effective	o Established reliable application of reliable resource tracking tools, cost-benefit analysis, and cost-effectiveness studies to ensure that funds are awarded to where they are most needed and will have the greatest impact o Increased coordination of donor requirements for supervision, reporting, and	o Increased efficiency of the flow of HRH funds o Increased efficiency of HRH resource allocations o Increased absorptive capacity of the health system o Increased Institutional capabilities to deliver financial resources where and when intended o Assisted Countries to proactively make choices concerning the HRH skill mix that best fits

	approaches to provide community-based, person-centered, continuous, and integrated care.	monitoring and evaluation o Increased coordination of health financing and HRH policies	their epidemiological profile and fiscal possibilities

For purposes of this program and NOFO, 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.
    - **Implementing and Technical Partners**: United States 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. You must identify a minimum of two impact partners 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 NOFO.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial programmatic involvement between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Provide consultation and technical assistance in planning, implementing, and evaluating program activities, including the identification and selection of additional in-country impact 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 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 and provide comments and recommendations for documents, curricula, program plans, budgets, contracts, personnel (including consultants), revisions of work plans, etc., prior to printing, dissemination or implementation.
- Facilitate the engagement of relevant stakeholders and assist in the development and periodic review of the recipient's four-year M&E plan, ensuring compliance with the strategic information guidance established by S/GAC.
- 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.
- Participate in the dissemination of project findings, best practices, and lessons learned across the initiative.

The 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 South Sudan'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. Strategies should strengthen indigenous capacity in all aspects of the agreement.
- Develop and execute a final M&E plan within the first six months of the project period, in consultation with HRSA and key stakeholders.

- Support the relevant governmental, academic, and regulatory bodies by partnering with local organizations and providing technical support to the government. The partnerships are expected to 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 the health needs of the people of South Sudan in their 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

HRSA expects approximately $2,000,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $2,000,000 total cost (includes both direct and indirect/facilities and administrative costs) per year.

The project period is June 1, 2018 through May 31, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for the RRHS in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

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

Due to the challenging working environment and ongoing political conflicts, in order to apply you must have at least three years of experience in successfully implementing health programs in South Sudan.

Applicants are required to apply as a consortium that at minimum includes collaborations with two impact partner entities in South Sudan. HRSA strongly encourages lead applicants from United States domestic organizations 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 United States, 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.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider applications that exceed the ceiling amount non-responsive and HRSA will not consider them for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and it will not be considered for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application 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*** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your workspace application package. After this date, you will no longer be able to use PDF application packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* 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* except where this NOFO instructs you to do otherwise. You must submit your application in the English language and it must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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 NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count 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 this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment #11-15: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, 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 the following 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 of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Successful applications will address the program requirements and expectations outlined in Section I of this NOFO and contain the information below. Please 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 be undertaken to strengthen the health system in South Sudan and in refugee camps outside South Sudan (e.g., Northern Uganda). Summarize the existing service gaps, design and rationale of the proposed program, and evolving public health and security considerations. Discuss how the program will engage and collaborate with stakeholders to collectively develop practical, effective and innovative solutions tailored to South Sudan's complex realities. Discuss how the proposed program aligns with needs identified in existing national health strategic plans and how the program will contribute to longer term, sustainable outcomes. Describe how the proposed project will engage and collaborate with other partners and donors working in the same or related HRH issues. Describe your role/contribution and that of 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 South Sudan. 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 South Sudan and in refugee camps outside South Sudan (e.g., Northern Uganda). 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 South Sudan's national health strategic plan, including the health systems strengthening 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 South Sudan. If you are

requesting support for training activities, then you should provide evidence-based justification based on existing needs and gaps in South Sudan and in refugee camps outside South Sudan (e.g., Northern Uganda).

- *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 Section I of this NOFO. Highlight those activities linked to the goals outlined in PEPFAR and the PEPFAR HRH Strategy. Describe your proposed approach for improving access to and the quality of services for HIV/AIDS, TB, malaria, other communicable and non-communicable diseases, 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 South Sudan's decision-makers.

  Clearly describe the technical approach/methods for implementing the proposed project.

  The methodology must address:

  - How you, in collaboration 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.
  - How you will ensure that plans are in alignment with South Sudan's 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 communicable and non-communicable diseases in response to local priorities.
  - How the proposed approach will ensure up to-date knowledge and skills in HIV/AIDS, TB, malaria and other communicable and non-communicable diseases in response to local health priorities, and addresses the specific needs of low-income youth, women, and men.
  - 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 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 of South Sudan, 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.
- Your experience in the design and management of health management information systems and/or the capacity to assist institutions in using data to inform decisions.
- How the proposed project will be aligned with national and PEPFAR priorities.
- 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 (Section I. 2. of the NOFO) and will supply the current health workforce with appropriate technical assistance, training, and capacity development services.
- How you will maintain consistency with national plans, specific groups or categories of beneficiaries targeted, and mechanisms for coordination with similar activities that are supported by other funding sources.
- The process for the management and monitoring of subrecipients. 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.

You must also propose a plan for project sustainability after the project period ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or services and interventions) which have been effective in improving practices and those that have led to improved outcomes for the target population.

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

  Provide a work plan that demonstrates how the outcomes, strategies, activities, timelines, and staffing will take place over the course of the award. Include a detailed work plan for the first year of the project and a high-level plan for the three 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. Highlight activities in the annual work plan that have an HIV/AIDS focus.

  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

- Conduct 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

The work plan should include as much detail as possible with the understanding that the work plan will be revised after the cooperative agreement is awarded and after initial consultations with HRSA and in-country stakeholders. Include the project's work plan as **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. The core components of a quality management plan include infrastructure, performance measures, quality improvement activities, and evaluation. In addition,

- Identify staff responsible for the quality management activities.
- Describe the development and implementation of quality improvement activities aimed at making changes to the quality management program in response to the performance data.
- Describe how you will monitor program staff and measure and track quality improvement program goals, objectives and activities, especially those outlined in the approved work plan; and deliver technical assistance to USG and international partners.
- Describe how you will 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.
- Describe how stakeholders (e.g., other partners, populations to be trained, community organizations in the region) provide input into the quality improvement activities.
- Describe how you will evaluate the effectiveness of the quality improvement activities.

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.).
- Inputs (investments and other resources such as time, staff and money).

You can find additional information on developing logic models at the following website: https://www.cdc.gov/eval/logicmodels/index.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. You can find information on how to distinguish between a logic model and work plan 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 South Sudan and in refugee camps outside South Sudan (e.g., Northern Uganda) described in the work plan. Provide realistic and appropriate approaches that you will use 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 and #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 you will use 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 HRSA will provide continued

support during years two through four only while you can demonstrate timely achievement of milestones. Milestones will be reconsidered on an annual basis. The successful recipient, in consultation with HRSA, will work with relevant stakeholders to co-develop the four-year RRHS South Sudan M&E plan.

Identify methods you will use for effective tracking of performance outcomes, including a description of how your 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 you 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 you 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 relevant 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 you will address those obstacles.

Describe the experience of proposed key project personnel (including any consultants and contractors) 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 project organizational 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 Project Organizational Chart
  Provide your current mission and structure, scope of current activities, and history of developing and promoting health system strengthening activities. You

must demonstrate at least three years of experience successfully implementing health programs in South Sudan.

Describe your knowledge, capability and experience in managing programs that provide training, technical assistance, and health system strengthening capacity development activities in South Sudan and other fragile settings. Include any experience in the provision of training, technical assistance, and capacity development within the scope of PEPFAR. Describe 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 South Sudan consortium, and the plans for administering, managing, tracking, and coordinating its activities. Describe the consortium's implementing and technical partners' prior experience and performance with USG grants. Describe the necessary processes and systems in place to comply with the requirements identified at 45 CFR Part 75. Describe the estimated percentage of your total organizational budget that funding from this cooperative agreement would comprise.

Specify the experience, skills and knowledge of your consortium to provide education, training, capacity development, and technical assistance in South Sudan.

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

Management and Staffing Plan

Include as **Attachment 2 the Staffing Plan and Job Descriptions for Key Personnel.**

Provide a management plan for project implementation including responsibilities and lines of authority within your organization 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.

Describe the qualifications of the Project Director (by training and experience) that demonstrate their ability to lead a project of similar size and scope. Include a description of publications and funded research in the specialty with appropriate academic preparation, clinical expertise, and experience as an educator.

Describe 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. You will be responsible for all technical activities regardless of the activities

implemented by collaborating partners, subrecipients, or other members of the team. Specify the composition and organizational structure of the entire team (including subrecipients 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).

Describe your and your consortium partners' resources and capabilities to support the provision of culturally and linguistically competent training and capacity development services. 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 the USG National Standards for Culturally and Linguistically Appropriate Services at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

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 staff who are already employed by the organization and the level of effort.

Administrative and Fiscal Oversight

- Describe your capacity to administratively manage a USG-funded training and capacity development program and past experience managing awards and contracts.
- Describe the proposed processes for oversight of and technical assistance for subrecipient and contractor services.
- Describe your capacity to fiscally manage a USG-funded program, including the capacity to develop a standardized method to manage, execute in a timely manner, and monitor subawards and contracts.
- Describe the organization's experience and capacity to effectively administer funds from international donors.

Key Collaborators and Partners

Describe how you will collaborate with key stakeholders. Describe how you 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 each such agency or organization will provide. You should state whether they have any existing relationships with the proposed partner(s) and, if so, include the MOUs in **Attachment 4**.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(5) Resources/Capabilities, (6) Support Requested

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 the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that if the application is selected for funding you will have a well-organized plan, and carefully following the approved plan can avoid audit issues during the implementation phase.

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, RRHS 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 the United States may be paid to support the costs of compliance with federal requirements at a fixed rate of eight (8) percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards and contracts under the grant in excess of $25,000.

Allocation of multiple 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, RRHS requires an estimate of annual costs 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 count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) do not count toward the page limit. Clearly label **each attachment**.

Attachment 1: Work Plan, required

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative, including the required logic model.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide), required*

Keep each job description to one page in length as much as is possible. Include the roles, responsibilities, and qualifications of proposed project staff.

Attachment 3: Biographical Sketches of Key Personnel, required

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed one page in length per person. In the event that a biographical sketch is included for an identified individual you have 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, required

Include letters of support from the Ministry of Health and Ministry of Education from South Sudan. Also include letters on institutional letterhead from all collaborating partners, substantiating their commitment to the proposed program and to sustaining the proposed activities. Provide any documents that describe working relationships between you 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 memoranda of understanding must be signed and dated.

Attachment 5: Project Organizational Chart, required

Provide a one-page figure that depicts the organizational structure of the project. It should include the country consortium (your institution plus two or more entities from South Sudan) and all collaborators, partners and contractors.

Attachment 6: Line-Item Budget, required

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 sub-categorical costs as appropriate. Excel spreadsheets are strongly preferred. Please note that reviewers will only see information in the print area. Please refer to Section 4.2 of HRSA's *SF-424 Application Guide* for specific information on formatting Excel spreadsheets.

Attachment 7: Indirect Cost Rate Allocation Agreement or Plan, if applicable

If you are requesting indirect costs, attach current HHS Negotiated Indirect Cost Rate Agreement.

Attachment 8: Global Health Federal Grants and/or Cooperative Agreements, required

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 9: Past Performance References, required

You must provide up to three past performance references (required). 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 (optional).

Attachments 10– 15: Other Relevant Documents (as applicable)

Include here any other documents that are relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency 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://www.dnb.com/duns-number.html)
- 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*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 NOFO is January 2, 2018 *at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The RRHS program 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 four (4) years, at no more than $2,000,000 per year. 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.

You may not use funds under this announcement for the following purposes:

1) Research
2) Construction
3) To promote or advocate the legalization or practice of prostitution or sex trafficking
4) 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
5) To perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to any other foreign non-governmental organization that conducts such activities. In accordance with the United States *Protecting Life in Global Health Assistance* policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive

funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities.

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.

In addition, please note the following:

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999), UNSCR 1368 (2001), UNSCR 1373 (2001), UNSCR 1989 (2011), and UNSCR 2253 (2015) (https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list), both HRSA and the recipient are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Funds may not be used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the recipient agrees to use reasonable efforts to ensure that none of the HRSA funds provided under this award are used to provide support to individuals or entities associated with terrorism, including those identified on the United States Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List (https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx). This provision must be included in all subagreements, including contracts and subawards, issued under this award.
- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HRSA.
- Funds may not be used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with the policy, the recipient agrees to use reasonable efforts to ensure that none of the funds provided under this award are used to provide support of individuals or entities designated for UN Security Council Sanctions (compendium of Security Council Targeted Sanctions Lists at: https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list). This

provision must be included in all subagreements, including contracts and subawards, issued under this award.

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized worker rights in the recipient country. In the event the recipient is requested or wishes to provide assistance in areas that involve workers' rights or the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so. The recipient must ensure that all employees and subcontractors and subrecipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder. The term "internationally recognized worker rights" includes the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health. The term "worst forms of child labor" means all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by the laws, regulations, or competent authority of South Sudan."
- HRSA reserves the right to terminate this award or take other appropriate measures if the recipient or a key individual of the recipient is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140. HRSA reserves the right to terminate assistance to, or take other appropriate measures with respect to, any participant approved by HRSA who is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.
- An organization, including a faith-based organization, that is otherwise eligible to receive funds under this award for HIV/AIDS prevention, treatment, or care—
  1) Shall not be required, as a condition of receiving such assistance—
     (a) To endorse or utilize a multisectoral or comprehensive approach to combating HIV/AIDS; or
     (b) To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
  2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a) above.
- Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

- Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.
- No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.
    - In the event the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so.
    - The recipient must ensure that its employees and subcontractors and subrecipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds is considered additive and must be added to the funded amount and used for otherwise allowable costs to further the objectives of the RRHS. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which HRSA will judge your application. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The objective review process considers the entire proposal.

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

Criterion 1: NEED (10 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 extent to which the applicant:

- Provides a comprehensive overview of South Sudan's national health strategic plan, and health system strengthening and HRH priorities.
- Demonstrates a comprehensive, up-to date understanding of the following issues/challenges/needs in fragile states and in South Sudan:
    - 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.
- Identifies the proposal's areas of foci, by priority objective, with an evidence-based justification based on South Sudan's needs and gaps.

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

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 NOFO.
- 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 South Sudan'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 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 and feasibility 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 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 plan addresses collaboration with all consortium members and RRHS stakeholders.

Work Plan *(10 points)*
- The strength of the proposed detailed first year work plan and the high level subsequent three 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, measureable, achievable, realistic, and time-measured).
- The strength and feasibility of the quality management plan to assess implementation, efficiency, and impact.
- 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)*
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.

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 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 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 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 in-country 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.
- 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.

Reviewers will consider:

- The feasibility and effectiveness of plans for dissemination of project results.
- The extent to which project results may be multi-national in scope.
- The degree to which the project activities are replicable and sustainable after the project period ends, and the strength of the proposed sustainability plan.
- The extent to which the applicant articulates likely challenges to be encountered in sustaining the program, and the strength and feasibility of the proposed approaches to resolving such challenges.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, Budget and Budget Justification Narrative, and Attachments 2 - 5.

Reviewers will consider:
Organizational Experience and Project Organization Chart (10 points)

- The strength of the applicant's experience in successfully implementing health programs in South Sudan.
- 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 period 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 RRHS expectations and 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 subrecipient and contractor services.
- The extent to which the applicant institution demonstrates the capacity to fiscally manage a USG-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 communicable and non-communicable diseases.
- 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.
- 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 also consider the extent to which:

- The budget narrative demonstrates 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, the evaluation plan and anticipated results, and highlights the costs allocated to HIV.
- 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 independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. 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

HRSA 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).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative 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 HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a

judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of June 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of June 1, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 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, you 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 recipients 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-United States 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.

NOTE: Any enforcement of this provision is subject to courts' orders in Alliance for Open Society International v. USAID (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

Abortion as a Method of Family Planning
In accordance with the United States *Protecting Life in Global Health Assistance* policy,

all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities

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. You can find PEPFAR branding guidance at http://www.pepfar.gov/reports/guidance/branding/index.htm.

3. Reporting

Award recipients 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. In those instances when the recipient works to enhance HCW skills, the M&E plan should include methods for measuring improvement of skills.

5) QUARTERLY PEPFAR OBLIGATION AND OUTLAYS REPORTS

The recipient will submit to HRSA a quarterly financial report within 20 days after the end of the USG's first fiscal year quarter, and quarterly thereafter. The recipient must provide the quarterly financial reports in summary and by cost category and contain at a minimum:

(1) Total funds awarded to date by HRSA;
(2) Total funds previously reported as expended by recipient main line items;
(3) Total funds expended in the current quarter by the recipient by the main line items;
(4) Total un-liquidated obligations by main line items; and
(5) Unobligated balance of HRSA funds.

VII. Agency Contacts

You may request additional information regarding business, administrative, or fiscal issues related to this NOFO 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

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Naomi Van Dinter
Project Officer, Office of HIV/AIDS Training and Capacity Development
Division of Global Program, HIV/AIDS Bureau
Health Resources and Services Administration
E-mail: nvandinter@hrsa.gov
Telephone: (301) 443-0802
Fax: (301) 443-2697

You may need assistance when working online to submit your 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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients 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 a.m. to 8 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

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

A technical assistance webinar has been scheduled to assist applicants understand, prepare and submit an application. Applicants outside of the United States should use the call in number from the table below.

Day and Date: Thursday, November 16, 2017
Time: 3:00 p.m. - 4:00 p.m. ET
Call-In Number: 1-888-603-9815 for all callers (U.S. and international) [International callers may also use 1-415-228-5021]
Participant Code: 426284 for all callers (U.S. and international)
Weblink: https://hrsa.connectsolutions.com/responsive-health/

HRSA will record the TA webinar and make it available on the TARGET Center website at https://careacttarget.org/calendar/NOFO-hrsa-18-098.

IX. Tips for Writing a Strong Application

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