

USAID Child Blindness Program (USAID CBP)

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LOI Submission Closing Time: 5:00pm US Eastern Standard Time

Subject: USAID CBP Grant Round 1 Request for Application (RFA) Phase I – Letter of Interest (LOI)

Dear Applicants,

Integrative Sciences (IntSci) working with the International Eye Foundation (IEF) and DSA Global Partners (DSA Global), the implementing partner for USAID’s Child Blindness Program (hereafter referred to as “USAID CBP”), pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, and in accordance with USAID Contract No. 7200AA18C00058, is seeking applications from qualified organizations to implement “USAID CBP Grants Program.” USAID CBP supports expanding the availability, accessibility, and quality of eye care services to vulnerable children and other populations with limited access to sight saving services by; 1) increasing the number of children provided with quality vision-saving eye care services and 2) to advance the global knowledge base on best practices and innovative approaches for pediatric eye care programs. (Detailed project description is in Section I. Funding Opportunity Description).

Selected Grantees will implement their projects to contribute towards the achievement of USAID CBP’s program objectives stated above. USAID CBP consists of two interrelated components and its objectives:

Component 1: To increase the number of children provided with quality vision-saving eye care services

- Objective 1a: Availability and accessibility of quality vision services for children and other vulnerable groups expanded;
- Objective 1b: Administrative, technical, and financial capacity of grant recipients enhanced; and
- Objective 1c: Monitoring and evaluation approach and review process of grant-funded activities strengthened

Component 2: To advance the global knowledge base on best practices and innovative approaches for pediatric eye care programs

- Objective 2a: Evidence base and innovative approaches in testing, design, and scale-up for eye care in various country contexts expanded; and
- Objective 2b: Communication and networking platforms to share program experiences and grantee resources and reach broadened.

For the purposes of issuing this RFA, which consists of this cover letter and the following section:

1. Section I – Funding Opportunity Description;
2. Section II – Award Information;
3. Section III – Eligibility Information;
4. Section IV – Application Submission Information;
5. Section V – Application Review Information;
6. Section VI – Award Administration Information;
7. Section VII – Contacts
8. Section VIII – Other Information; and
9. Section IX – Attachments.

Issuance of this RFA does not constitute an award commitment from USAID/Integrative Sciences nor does it commit USAID/Integrative Sciences to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Applications are submitted at the risk of the Applicant; therefore, all preparation and submission costs are at the Applicants' expense.

Thank you for your interest.

Sincerely,
Kumkum Dilwali
USAID CBP Program Director

cc: Indeok Oak, Grants Specialist

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Figure 1. USAID CBP Program Components and Objectives (page 8)

Figure 2. Continuum of Care (page 12)

Figure 3. USAID CBP Indicators by Components (page 14)

ACRONYMS

ADS	Automated Directives System
AOP	Allied Ophthalmic Personnel
CBP-13	Child Blindness Program (Implemented during 2013-2018)
CFR	Code of Federal Regulations
CoC	Continuum of Care
D&E	Delivery and Expansion
DSA	DSA Global Partners
DUNS	Data Universal Numbering System
IAPB	International Agency for the Prevention of Blindness
IEF	International Eye Foundation
IntSci	Integrative Sciences LLC
LOI	Letter of Interest
M&E	Monitoring & Evaluation
MEL	Monitoring, Evaluation, and Learning
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Units
OFAC	Office of Foreign Assets Control
PIO	Public International Organization
PVO	Private Voluntary Organization
RFA	Request for Application
ROP	Retinopathy of Prematurity
SAM	System of Award Management
SDN	Specially Designated National List (Blocked Person List)
UNSL	United Nations Sanctions List
USAID	United States Agency for International Development
USAID CBP	Child Blindness Program (Current-2018-2023)
USD	United States Dollars
USG	United States Government

Section I: Funding Opportunity Description

1. Purpose

The purpose of this funding opportunity is to support multiple grant awards to interested applicants to implement USAID CBP's Grants Program. USAID CBP aims to expand the availability, accessibility, and quality of eye care services to vulnerable children and other populations with limited access to sight-saving services. USAID CBP seeks projects that maximize the impact of eye health interventions targeted to children and vulnerable populations. USAID CBP will fund effective and efficient projects that push forward the field of pediatric eye care in order to expand health care knowledge, innovations, and increase the number of children served.

2. Background

USAID CBP began as a Congressional directive in 1991 to prevent and treat child blindness. Since that time, the U.S. Congress has directed over \$1 million per year to USAID for the program, including \$3.5 million in the FY 2018 appropriations as part of funds for Vulnerable Children activities. With Child Blindness funds, USAID has supported the development and scale-up of breakthrough solutions to increase the availability and access to pediatric eye care services in underserved communities, thus averting causes of blindness and restoring sight to children around the world.

Over the past five years, 53 projects reached more than 3.7 million children, caregivers, health care providers, teachers, and other community members in 26 countries through delivery of and innovations in the continuum of pediatric eye care. Investments include eye health education, vision screening, provision of eyeglasses and other visual aids, cataract and other sight-restoring surgery, education and rehabilitation services, and provision of essential medicines. USAID has applied effective training methods to empower teachers and community members to provide initial visual impairment screening for children; built the capacity of pediatric eye care specialists through high-quality training centers and cross-country learning; and saved premature babies from losing their sight by applying research and best practices in preventing and treating Retinopathy of Prematurity (ROP). In many instances, USAID support is the primary resource for designing, testing and expanding the use of innovative approaches, such as telemedicine and mobile technologies to increase screening and awareness of visual impairment conditions and treatment options. USAID also leverages important advances in the eye care and health fields to continually evolve the program's efficiency and effectiveness.

Children with inadequate vision often drop out of school when they cannot see the blackboard or letters in a book and suffer the lifelong consequences of low education. However, 95 percent of visual impairment in children is due to refractive error that can be corrected with inexpensive eyeglasses. Over the past five years, USAID-supported programs have distributed over 67,500 pairs of eyeglasses to children, thereby ensuring they have the foundation to take advantage of educational opportunities. The Child Blindness Program also promotes inclusive education by leveraging proven teaching and learning techniques for children with severe visual impairment, such as didactic materials, adapted furniture, and braille transcriptions of the national school curriculum, and by supporting grants that provide specialized education that tailor to the needs of visually impaired and irreversibly blind children.

Over the past decade, the eye care and health fields have made important advances supported by USAID that have shaped the direction of CBP, including:

- Success of vitamin-A supplementation reducing child mortality and blindness due to xerophthalmia

- Facility-systems and capacity strengthening to diagnose and treat retinopathy of prematurity (ROP)
- Development of affordable new technologies: cataract surgical supplies, surgical procedures, intraocular lens technologies, low-cost lenses and frames, reduced cost Braille equipment and talking books
- High-quality regional training centers for eye care in Tanzania and India
- Effective training of teachers and community members to initially screened children for visual impairment
- Greater evidence based on global burden of blindness and visual impairment stressing the need for expanded, high-quality eye care
- Proven teaching and learning techniques for the blind and children with severe visual impairment
- Economic analyses demonstrating cost-effectiveness of various eye care interventions

2.1 Programmatic Context

CBP has made significant progress in expanding and integrating eye care services in underserved communities by focusing on high-quality eye care interventions, innovation, and capacity building of eye care organizations. CBP also has made significant progress in expanding the reach, impact, and technical leadership of USAID's investments in pediatric eye care.

To maximize our impact on child blindness, USAID releases grants to numerous international and U.S.-based organizations for either Delivery and Expansion projects or Innovation and Knowledge projects. The projects supported were judged to provide maximum impact and program efficiency in the prevention and treatment of visual impairment in children in low-income and lower-middle-income countries. Applicants are encouraged to consider strategic partnerships, leverage expertise from other organizations, and promote local systems strengthening. Over the course of five years (2013-2018, herein referred to as CBP-13), USAID released four requests for applications and received a total of nearly 500 applications. USAID ultimately awarded grants ranging from \$75,000 to \$350,000 to 53 projects around the world, of which 37 were implemented by non-U.S.-based organizations.

CBP continues building upon these elements of comprehensive and innovative service delivery, grantee capacity, and advances in global knowledge. In addition, the findings from a USAID internal review of CBP in 2017 highlighted the need for continued technical assistance, capacity building, knowledge sharing, and emphasis on sustainability. The review also revealed areas for increased focus such as behavior change, increased reach to isolated or vulnerable populations, emerging diseases (Zika, etc.), and integration of screening programs between the health and education sectors or others.

2.2 Problem Statement

The impact of eyesight on a child's life cannot be understated. A full 80% of what a child learns is processed through the visual system, making good vision critical to a child's ability to participate in and benefit from educational, social and professional activities. These issues are compounded in developing countries where special services that integrate people with visual impairment (children into regular schools and adults into the work force) simply do not exist or are rare and often prohibitively expensive.

Nineteen million children under age 15, most in developing countries, have impaired vision, including 12 million with vision impairment due to refractive error and 1.4 million with irreversible blindness. These children often lack necessary visual aids, eyeglasses, rehabilitation services, or other corrective services and treatment. When a child is affected by impaired vision,

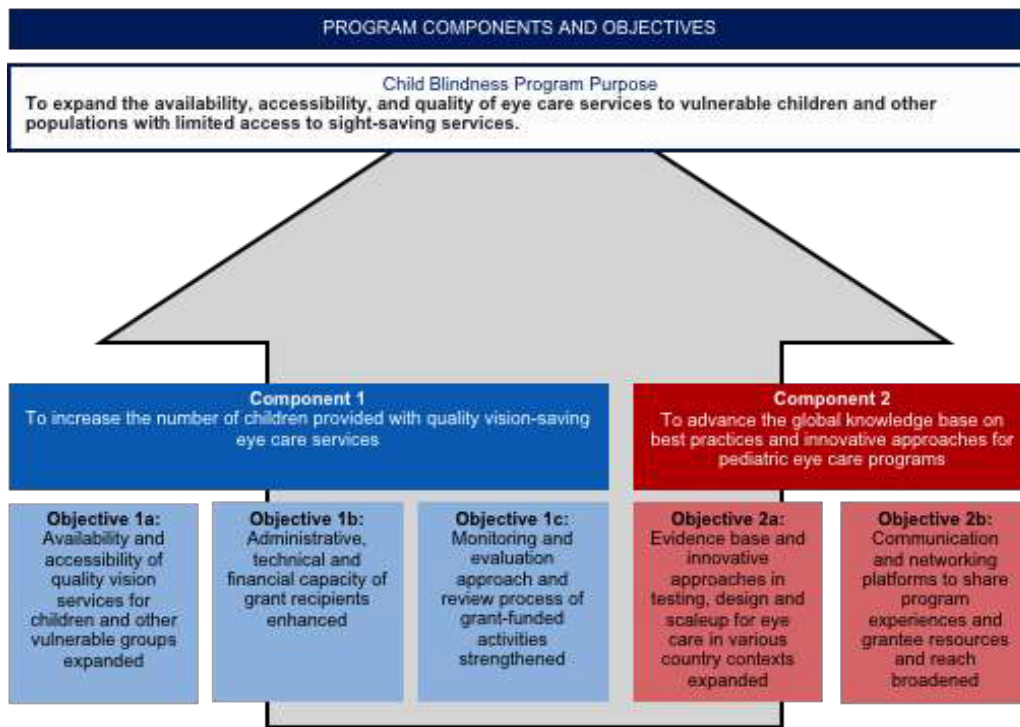
it not only affects the individual but also their family, community, and country by causing significant expenditures on health care and reducing their productivity potential. Investing in sight restoration for these children saves and transforms lives and promotes healthy and happy children, families, and societies, resulting in more prosperous and productive citizens and nations.

Most developing countries face a chronic shortage or complete lack of clinical providers specialized in pediatric eye care. Cases of severe visual impairment and total blindness in children, while rare, require highly skilled and trained pediatric ophthalmologists and staff, specialized surgery, treatment and rehabilitation, as well as extensive outreach to identify these cases as affected children are often hidden from society. With appropriate training, community-based clinics and community members can also provide screening and referrals to better identify children in need and expand services.

2.3 Program Results Framework

USAID CBP contributes to the overall goals of USAID, which consist of gathering data and information that demonstrates the cost-effective impact of the program. Specifically, CBP is based on a framework with two components: 1) increase the number of children provided with quality sight-saving eye care services and 2) advance the global knowledge base on best practices and innovative approaches for pediatric eye care programs. Detailed objectives which feed into these components and guide all of USAID CBP’s work can be placed into this framework.

Figure 1. USAID CBP Program Components and Objectives



2.4 Lessons Learned from Past Programming

A review of CBP-13 found the program to be highly successful in soliciting proposals and implementing projects worldwide over four grant rounds. Total grant funding over four grant rounds was \$8,824,149 for 53 projects representing 31 organizations working in 26 countries.

The grant-funded organizations represent international and U.S. Non-Governmental Organizations (NGOs), and prominent eye hospitals in Asia, Africa, and Latin America.

Among these projects, the combined outputs exceeded the planned targets for the 11 CBP-13 indicators. A total of 2,772,804 children under 14 years of age were screened, 173,045 were referred for additional services, 64,006 received eyeglasses, 193,537 received a non-surgical treatment, and 9,861 received ocular surgery. In addition, 7,223 children benefitted from low vision and rehabilitation services, multiple service sites were strengthened, 36,099 persons received training, and innovative documentation, technology and research was completed to share with the international eye care community. The total cost per child directly benefiting from CBP-13 services was only \$3 per child, making the delivery of eye care to children highly cost effective.

Among the lessons learned from CBP-13 is the priority to support pediatric ophthalmologists to build and expand comprehensive hospital services. Additional pediatric ophthalmologists, pediatric oriented ophthalmologists, and other Allied Ophthalmic Personnel (AOP) must be trained and provided equipment and supplies for diagnosis, treatment and surgery. Pediatric hospitals or eye departments also need effective outreach strategies to identify children very early in their lives (less than five years of age) who need referral, treatment and follow up. Many of the projects demonstrated highly effective strategies such as: a) use of Key Informants (KI) to find the most impaired children who are sometimes hidden from schools and society, b) training of community-based workers and volunteers, c) use of hand-held screening technology, d) new mobile phone applications, and e) integration into larger maternal and child immunization programs. With more sharing between programs, these strategies show a promising ability to expand and scale child eye health services to more communities. Where there are Neonatal Intensive Care Units (NICU), trained and equipped personnel must be available to screen the infants for Retinopathy of Prematurity (ROP) and future USAID CBP's ROP projects should aim to establish national policies and standards of care. Of USAID CBP's eyeglasses projects and screening programs, largely through schools, the need to integrate vision screening into the school health programs, evaluate actual use of the eyeglasses provided, and demonstrate greater cost effectiveness and sustainability should be a future focus. Because children are not always brought to perfect vision (6/6 or 20/20), especially after surgery, there is need for follow-up to ensure they reach their full, best corrected vision possible. USAID CBP encourages projects to address the need for follow-up of children who have received clinical care to get any needed low vision devices, skills training, and other daily living skills required so they can participate in traditional schools.

2.5 Partnership Approach

USAID CBP values partnerships and collaboration between NGOs. Therefore, applicants may partner with other organization(s) for strategic purposes such as: to increase collaboration with non-eye health programs; promote south-south collaboration, which is a mature program in a particular technical area shares knowledge and lessons learned with NGOs from other developing countries; leverage the resources and expertise of the private sector; and mentor/mentee relationships. Such partnerships should allow the applicant to leverage the expertise or experience of the partner(s) to perform a specific task or accomplish a certain objective within the proposed project. If applicants choose to partner with another eye care organization(s), the application must clearly define the roles, responsibilities, and mutual benefits of each partner and budget where applicable.

3. Activity Description

USAID CBP is seeking projects that maximize the impact of eye health interventions targeted to children and vulnerable populations. USAID CBP will fund effective and efficient projects that

push forward the field of pediatric eye care in order to expand health care knowledge, innovations, and increase the number of children served.

The selected Grantees will implement their projects to contribute towards the achievement of USAID CBP's Program Components and Objectives, which can be found in Section 2.3, Figure 1. Projects do not need to be limited to any one component; overlap between components and objectives is acceptable and encouraged, especially to address the Continuum of Care (CoC). In addition, a clear rationale, sustainability plan, and the critical need for USAID CBP funds must be provided in any application. Groups basing their applications on projects that are currently reaching large populations of children must detail why their proposal does not simply represent funding to maintain what is already in place, rather they should provide an innovative scale-up approaches that makes it a worthwhile investment of USAID CBP funds (See Section 3.2.1 for further information on replicability, scalability, and sustainability).

The following illustrative activities (more comprehensive project summaries report entitled "CBP Delivery, Expansion, and Innovation a Field Project Summaries (2013-2018) link is provided in the USAID CBP Website) are meant to provide guidance regarding how the two components and the inter-related objectives may be accomplished. They are not meant to be exhaustive nor prescriptive. Applicants should carefully review these activities to understand USAID CBP's vision for the program but should be flexible and innovative in their proposed methodologies and activities.

Component 1: To increase the number of children provided with quality sight-saving eye care services

- Objective 1a: Availability and accessibility of quality vision services for children and other vulnerable groups expanded;
- Objective 1b: Administrative, technical, and financial capacity of grant recipients enhanced; and
- Objective 1c: Monitoring and evaluation approach and review process of grant-funded activities strengthened

Illustrative Activities under Component 1:

- Deliver a range of pediatric eye care services, treatment and surgery by tertiary and/or secondary level eye hospitals;
- Provide eye examinations, refraction and/or eye glasses;
- Provide low vision aids and therapy and rehabilitation services;
- Strengthen pediatric eye care infrastructure and services in a hospital;
- Enhance the capacity of programmatic, administrative, technical, and/or human resource functions, to directly impact the quality and quantity of services;
- Scale up a successful project to increase services

Component 2: To advance the global knowledge base on best practices and innovative approaches for pediatric eye care programs.

- Objective 2a: Evidence base and innovative approaches in testing, design, and scale-up for eye care in various country contexts expanded; and
- Objective 2b: Communication and networking platforms to share program experiences and grantee resources and reach broadened.

Illustrative Activities under Component 2:

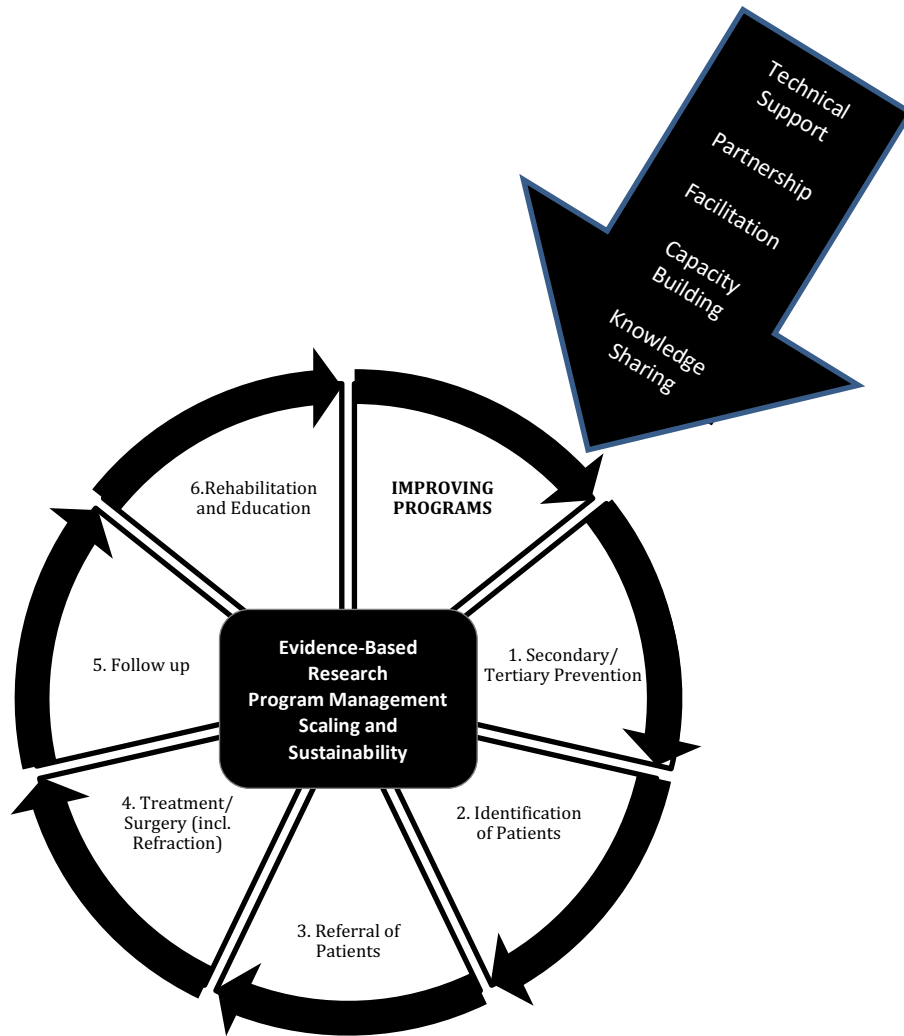
- Testing of new technology, procedures or practices to prove their effectiveness;
- Documenting the effectiveness of protocol(s) or system(s) currently in use in the field of pediatric eye care to provide evidence of best practices; and
- Identifying gaps in knowledge in the field which can be addressed to improve the delivery of services

3.1 Program Approach

CoC is a best practice that ensures a child has access to all the services s/he may need for their care. All applications are required to demonstrate that CoC is established within their project.

Every point in the CoC is critical. Without the availability of all the services illustrated in the CoC graphic (See Figure 2), a child may not be able to reach his/her full visual potential. Projects may provide all of these services in-house or document the linkages that exist with other service providers to maintain the continuum. Service elements that must be in place include: 1) identification of patients, 2) referral of patients, 3) treatment and surgery, 4) follow up and optical services, and 5) rehabilitation and education.

Figure 2: Continuum of Care Model (CoC)



*The Continuum of Care for children needing eye care ensures no child falls through the

3.2 Other Technical Considerations

3.2.1. Replicability, scalability, and sustainability: Show evidence that the project has the potential for sustainability and have scalable qualities that can be replicated in other projects. Applicants may replicate an activity that has proven to be successful in previous USAID CBP programs, or may identify specific activities that have proven to be successful and cost effective in previous USAID CBP programs and propose to scale them up. Applicants may propose to work with multiple stakeholders to encourage sustainable impact that will ensure that services continue after USAID CBP funding has ended. All projects must demonstrate a plan for long-term implementation of project activities. Where this project is an add-on to government or national services, coordination and cooperation with government and existing national systems is imperative. The nature of this coordination both during and after the life of the project must be clearly explained and suited to local conditions.

3.2.2. Best practices: All projects must demonstrate best practices and standard protocols. Only procedures that have been tested, replicated and are evidence based to produce the highest quality

results should be considered. Standards may be local, national, or international based on the situation. For example, in the case of a pediatric cataract surgery, the project would ensure proper sterilization of equipment and supplies; or for the treatment of Retinopathy of Prematurity (ROP), hospital or national policies would be utilized. In the event an innovation or novel technology is being tested, proper justifications must be provided to ensure the safety and scientific basis for any deviation from standard practices.

3.2.3. Gender equity and social inclusion: Applicants must describe how their activities and services will be provided across all levels of society in the project area, including across gender and socio-economic class, marginalized populations, and between urban and rural areas. Applications must demonstrate that services and benefits are equally accessible and affordable to all children and vulnerable populations.

3.2.4. Capacity Building: Strengthening local organizational and/or human capacity through lasting improvements to quality services directly supports USAID CBP's goals. Proposed activities must consider how USAID CBP-funded projects will contribute to addressing gaps in service delivery, improving the development and retention of clinical and administrative personnel, technical and/or financial functions.

3.2.5. Policy Influence: Applicants may integrate policies into the national eye health care plan and advocate with governments and the Ministry of Health to influence policy for eye health, particularly child health.

4. Monitoring, Evaluation and Learning (MEL)

4.1. MEL approach

All applicants selected for Phase II (full application stage) will be asked to submit a detailed MEL plan along with indicators selected from USAID CBP's list of standard indicators (See Figure 3: USAID CBP Indicators by Components) and targets set for each indicator. Grantees must propose at least one Monitoring & Evaluation (M&E) visit from a third-party evaluator to be completed at mid-term of the individual project implementation period. This may be a local, regional, or USAID CBP consultant and must be part of the proposed grant budget. USAID CBP will work with the grantees to identify, develop scope of work, and oversee all third-party evaluations.

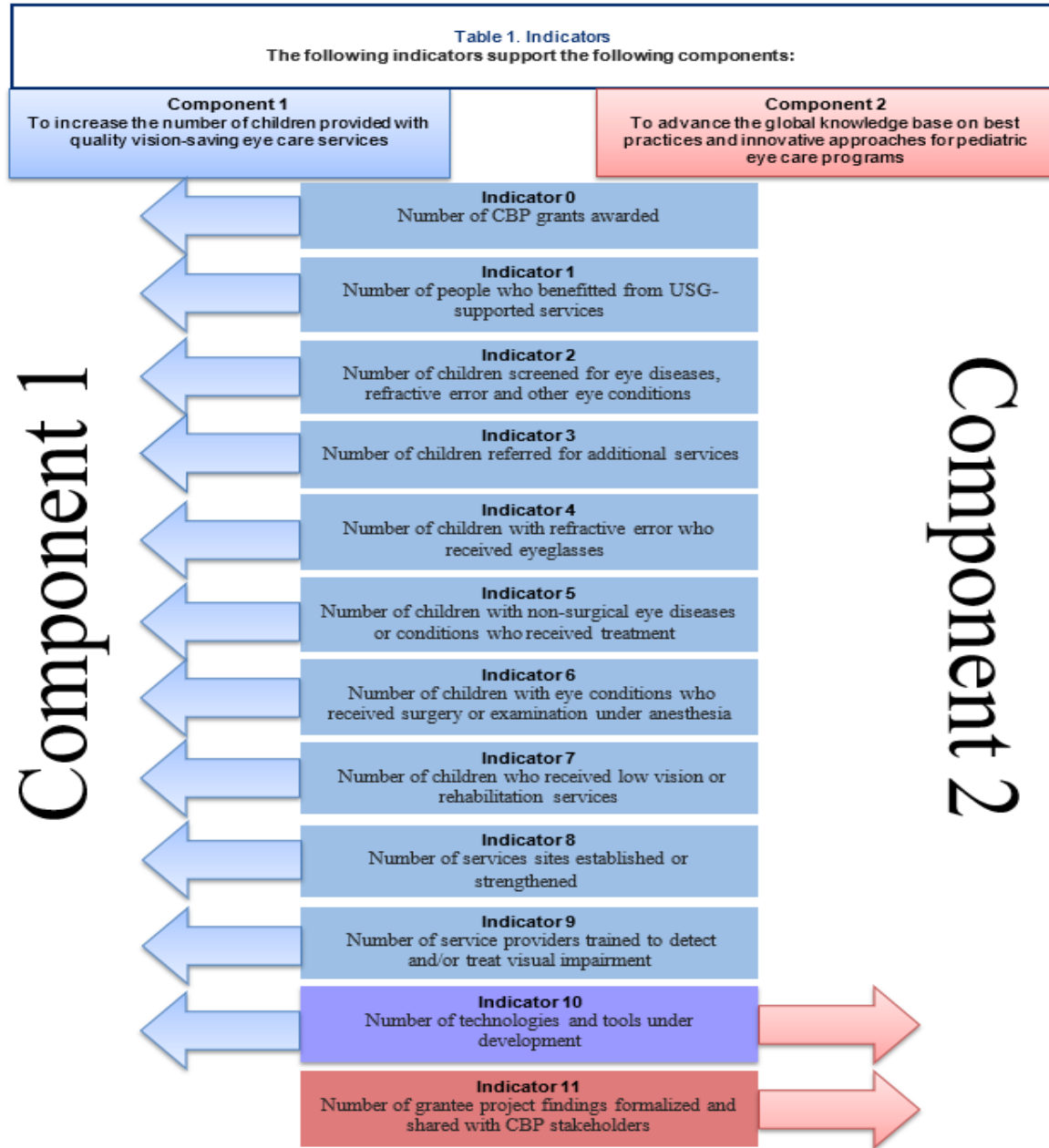
The use of USAID CBP's standard indicators ensures Grantees uniformly track outputs and outcomes to help measure project management, delivery and expansion of services, capacity building, and innovation and that these can be aggregated to measure impact. The full application from potential Grantees will require inclusion of the standard USAID CBP indicators and targets

The indicators are designed to track implementation of activities against targets, capture project outcomes for learning and communication, and contribute to performance monitoring. USAID CBP works with each grantee to establish targets that can be reasonably achieved within the stated time frame given available project resources. Any unforeseen barriers or roadblocks such as natural disasters will be managed on a case-by-case basis in close coordination between USAID CBP and the Grantees to appropriately adjust achievement towards targets. USAID CBP will work with each grantee to provide the data collection formats and tables needed to transfer information from the project to USAID CBP. Quarterly reporting and a final report are requirements of all USAID CBP-funded grant projects. USAID CBP collects success stories and photos in addition to requesting information about the Grantee's progress, achievements and challenges. In addition to prior mentioned MEL requirements, grantees may be asked to develop milestones to track project progress. Achievements of established milestones allow USAID CBP

to make payments to grantees based on key achievements and deliverables under a predetermined time period.

4.2. USAID CBP Indicators by Components

Figure 3: USAID CBP Indicators by Components



4.3. Collaborating, Learning and Adapting (CLA)

USAID CBP's approaches to MEL is grounded in a CLA framework which demonstrates that:

- Collaborating with key stakeholders will reduce duplication of efforts and increase critical knowledge management of best practices;
- Acknowledging that real-world implementation involves unexpected challenges and that by learning from our previous efforts for what works and does not work, we can achieve our overall goals; and
- Adapting interventions based on lessons learned will enable us to achieve better results and manage our expectations.

As noted above, an important part of the USAID CBP approaches to MEL is to communicate this information to key stakeholders. This enables stakeholders to utilize the evidence in their policy, management, and planning processes. The use of established MEL approaches also serves to demonstrate to stakeholders the validity of data, which in turn, provides evidence that the project was carried out according to management plans. This accountability process is critical to maintaining the credibility of USAID CBP.

Based on the success of CBP13, program staff and Grantees have continually built a quality program with important enhancements to services. This was enabled by addressing lessons learned and applying best practices from projects implemented to deliver a program that exceeds expectations. These components and its corresponding objectives are addressed in Figure 3. USAID CBP Indicators by Components that includes which indicators fall under which corresponding component.

4.4. Impact and Performance Evaluation

During the span of CBP13, the program benefited 3 million children through direct services. USAID CBP projects selected in this grant round will demonstrate contributions that build on this success and respond to the aims of the program under Components 1 and 2 (Figure 3: USAID CBP Indicators by Components), which ultimately contribute to USAID's goals to improve the health of children and vulnerable populations.

USAID CBP measures performance on a quarterly basis through narrative reporting and data collection of each indicator. The data supplied ensures grantees are progressing as originally determined in their MEL plans. Data aggregated across grantees ensures the program can demonstrate its overall impact on the children USAID CBP is meant to serve.

5. USAID CBP Project Examples

The summary of CBP13 grant projects implemented document entitled "CBP Delivery, Expansion, and Innovation a Field Project Summaries (2013-2018) is listed on USAID CBP website (usaid.gov/childblindness) Applicants are encouraged to review the comprehensive list of projects to understand USAID CBP's vision for the program but should be flexible and innovative in their proposed methodologies and activities.

Section II: Award Information

1. Available Funding and Awards

Subject to the availability of funds, we anticipate awarding multiple grants under this RFA. The size of any single grant awarded under this RFA will not exceed USD\$250,000 for Non-U.S. NGOs and USD\$100,000 for U.S. NGOs.

2. Period of Performance

Grant durations are expected to be at a minimum 12 months and up to a maximum of 24 months in duration.

3. RFA Phases

The USAID CBP intends to fund multiple grants in response to this RFA. Allowable costs must be consistent with USAID policies and procedures and be reasonable, allowable, allocable, as well as documented and justified for the proposed project and budget. This RFA process involves the following three phases:

Phase I. The applicant will complete and submit the attached *Letter of Interest (LOI) Form* (see Attachment A) and the *Estimated Budget Form* (see Attachment B). The LOI form must be completed in full and must be signed and dated. Incomplete and/or unsigned forms will not be accepted. The estimated budget must be presented in USD\$ at the current exchange rate. The USAID CBP Review and Evaluation Committee (REC) members will review all LOIs submitted on time, evaluate and will move them to Phase II or reject them based on the established selection criteria. Only those applicants moving to Phase II will be formally notified to attend a webinar that will provide additional information on moving to Phase II. Phase II. The applicants that advance from Phase I to Phase II will be given the opportunity to attend an informational webinar. USAID CBP will explain the full application phase process, provide technical information, and explain in detail how to complete the full application, including developing the budget. The applicants will then be asked to submit a full application using the *Full Application Template, including budget format*, which will be provided to those applicants moving to Phase II. The applicants will be given 30 calendar days to submit the full application. All applications submitted on time will be evaluated by the REC in accordance with the selection criteria.

Phase III. Applicants whose proposals successfully meet the RFA criteria and are recommended for approval by the REC will then be invited to participate in one-on-one negotiation. During this phase, USAID CBP will work with the applicant to refine the project budget and technical application and define milestones and targets. USAID CBP will examine the applicant's organizational ability to manage USAID funds and will check references. USAID CBP will work with the applicant to develop a Branding and Marking Plan (B&MP) as well as, if necessary, an Environmental Monitoring and Mitigation Plan (EMMP).

4. Types of Grants

The assistance will be in the form of Standard (SG), In-Kind (IKG), Simplified (SiG) or Fixed Amount Award (FAA) Grants in accordance with of USAID's Automated Directives System 303 (ADS303).

5. Required Pre-Award Certifications

Pre-Award Certifications, Assurances and other Statements of the Recipient will be required for those applicants moving on to Phase II.

Section III: Eligibility Information

1. Eligible Applicants

This RFA is open to Non-U.S. and U.S. NGOs, including Private Voluntary Organizations (PVOs), the private sector, and local entity organized under the laws of the recipient country. All for-profit Applicants should note that, in accordance with 2 CFR 200.400(g), profit, which is any amount in excess of allowable direct and indirect costs is not an allowable cost for recipients of USAID assistance awards, and cannot be part of the activity budget in any form.

2. Requirements for Eligibility

All eligible applicants must meet the following:

- Have a presence in the proposed country and good track record of working in the respective sector;
- Have sufficient staff and capacity to undertake proposed activities;
- Possess the sound managerial, technical, and institutional capacities to achieve the results of the project;
- Possess a system of internal controls that safeguard assets and protect against fraud, waste, and conflicts of interest;
- Be legally registered and recognized under the laws of the respective country [must be able to provide a copy of the registration];
- Be in good standing with all civil and fiscal authorities;
- Possess financial accountability and maintain detailed records of all expenses;
- Be willing to accept a pre-award inspection by the USAID CBP team before the award is decided upon;
- Be willing to sign applicable certifications; and
- Not be found on the System for Award Management (SAM) – Excluded from Federal Procurement and Non-procurement Program List and Office of Foreign Assets Control’s (OFAC) Specially Designated Nationals (SDN) List and Blocked Person List; nor in the United Nations (UN) Sanctions List.

The following organizations are NOT eligible for USAID CBP grant funding:

- Political parties, their subsidiaries, or affiliates;
- Organizations that appear on the SAM – Excluded from Federal Procurement and Non-procurement Program list and Non-procurement Programs or UN 1267 list, Department of Treasury, OFAC as well as organizations that appear on the SDN List and Blocked Persons List;
- Organizations that promote or engage in illegal activities or anti-democratic activities;
- Faith-based organizations that are not in compliance with Automated Directives System (ADS) 303.3.28, which is in accordance with Executive Order 13279, Equal Protection for the Laws of Faith-based Community Organizations;
- Any entity affiliated with Integrative Sciences, DSA Global, and International Eye Foundation, its officers, directors, or employees;
- Any governmental organization not approved by USAID; and
- Any Public International Organizations (PIO).

3. Eligible Costs

In development of application budgets USAID CBP will consider funding the following eligible costs:

- Personnel/labor;
- Equipment;
- Materials and supplies;
- Transportation;
- Communications;
- Services/training/workshops; and
- Indirect Cost – Allowed only if the NGO has an established indirect cost rate or has Negotiated Indirect Cost Rate Agreement (NICRA) from USG.

No equipment over \$5,000 can be purchased without clear justification, actual quotations from the manufacturer or distributor, and approval by USAID prior to purchase. Quotations will be requested from applicants that advance to Phase III negotiations.

Pursuant to 2 CFR 200.400, profit under this award is not allowed. However, all reasonable, allocable, and allowable expenses, which are related to the proposed grant activities and are in accordance with the applicable cost standards (2 CFR 200, Subpart E) may be paid under the grant. 2 CFR 700 <https://www.gpo.gov/fdsys/pkg/FR-2015-09-17/html/2015-23419.htm>, and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards <https://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>.

The following costs will NOT be financed under this award:

- Not aligned with USAID CBP’s objectives and goals;
- Any project proposing to implement activities dealing with the Prevention of xerophthalmia, onchocerciasis, trachoma, and clinical research;
- Ceremonies, parties, celebrations or “representation” expenses except for those which are specified in the grant (for example, opening ceremonies) to promote the visibility of USAID in the communities USAID is trying to serve;
- Prohibited by ADS 303, such as involuntary sterilization programs; abortion-related activities and biomedical research; activities that promote or advocate the legalization or practice of prostitution or sex trafficking; travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government’s delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference “Guidance on Funding Foreign Government Delegations to International Conferences,” (available at <http://www.usaid.gov/policy/ads/300/350maa.pdf>) or as approved by USAID;
- Construction or renovations as defined by [ADS 303maw](#), including building and road construction;
- Debts;
- Taxes; and
- Investments made before signing any contract with USAID CBP Program (Applicants will not be reimbursed for the costs incurred in preparation and submission of an application. All preparation and submission costs are at the applicant’s expense.

4. Cost Sharing

USAID CBP believes when grantees propose cost share, the level of ownership for the project and potential for sustainability is raised. Applicants, therefore, are encouraged to include cost share that is appropriate, reasonable and verifiable. Cost share is any cost (in-kind and/or cash) the grantee will contribute to the total budget in order to implement the proposed activities. Cost share is not a requirement under USAID CBP’s grants program, therefore it is not considered a selection criteria of an application and does not impact final selection of the grant. Please note that all applicants proposing cost share must report on the cost share, including submission of verifiable receipts, and will be accountable for meeting all cost share commitments. For additional information on the USAID cost share regulations and list of items eligible for cost share, please refer to ADS 303 RAA 14

<https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>.

In addition, all cost share contributions from the grantees must be in line with ADS 303mab [*RAA-14: Cost Share* (June 2012)].

Section IV: Application Submission Information

1. Questions and Answers (Q&A)

Questions regarding this RFA-LOI should be submitted to RFA.childblindness@intsci.com no later than the date and time indicated on the cover letter. Any information given to a prospective

applicant concerning this RFA will be furnished promptly to all prospective applicants.

2. Content and Form of this RFA-LOI

For the purpose of this LOI, the applicants must submit the completed LOI form included:

Attachment A: Letter of Interest (LOI) Form

- Cover Page (Must be signed and dated)
- Technical Approach: Briefly describe your technical approach to the RFA. Page Limit: 2 pages
- Describe the target audience and what the expected results are. Page Limit: ½ page
- Describe your organizational qualifications for the proposal including past performance on similar projects, key personnel and other relevant information. Page Limit: ½ page

Attachment B: LOI Estimated Budget Form (one page)

Applicants must submit electronic copy in PDF. Applications may not exceed three (3) pages, single-spaced with size 11 Times New Roman font, using the LOI Form provided in Attachment A and the estimated budget form in Attachment B (the budget is one page and does not count towards the three pages limit).

3. LOI Submission Procedures

Applicants in response to this RFA must submit the LOI no later than the closing date and time indicated in the cover letter. Late applications will not be reviewed nor considered.

The completed LOI must be in English and submitted by e-mail to:
RFA.childblindness@intsci.com

Email submissions must include the following in the subject line:

USAID CBP Grant Round 1 RFA 001

4. Funding Restrictions:

Applicants may propose to purchase eligible commodities. The list of eligible commodities can be found at ADS 312: <https://www.usaid.gov/sites/default/files/documents/1876/312.pdf> The award will not allow the reimbursement of pre-award costs. That is, only allowable obligations incurred during the period defined within the grant agreement will be reimbursed. Nonrefundable VAT is not considered allowable under this RFA.

USAID CBP reserves the right to fund any or none of the applications submitted. All LOIs received by the deadline will be reviewed by USAID CBP's Review and Evaluation Committee (REC) within three weeks of the submission deadline according to the LOI evaluation criteria outlined in this RFA. Submissions received after the Closing Date and Time will not be considered in the review process. The electronic submission must be received before the closing date and time.

Following submission of your *complete* LOI, USAID CBP will send e-mail notifications confirming receipt of LOI. Only those LOIs moving to Phase II will be notified. Those applicants receiving "proceed in cycle" by the REC, up to the point that available funds are expended, will move to Phase II and upon the full Application review and approved based on the established

selection criteria and score, the applicants will be invited to move to the pre-award/negotiation phase of the grant award process.

Section V: Application Review Information

The application review process will be conducted according to the following steps under three phases:

1. **Phase I.** Incomplete and/or unsigned LOI forms will not be accepted. The USAID CBP Review and Evaluation Committee (REC) members will review all LOIs submitted on time and will move them to Phase II or reject them based on the established selection criteria. Only those applicants moving to Phase II will be formally notified to attend a webinar that will provide additional information on moving to Phase II.

USAID CBP will screen the LOI to be sure basic requirements have been met (See Section A below). All LOI’s who receive “YES” to four questions posed in Section A will then pass through to Section B: Technical Criteria (See Section B below) review process, which is conducted by the REC (consisting of at least three individuals). The REC will, using the LOI Evaluation Form, formally evaluate and rank all LOIs independently first and then uniformly in writing. The LOI selection will be based on the criteria as follows:

Section A: Screening Criteria – All answers to the following four questions must be “YES,” if any “NO” answer appears, then the LOI will not move to Phase II:

	QUESTION	YES	NO
1	Is the organization a legal entity registered in the country of operation?		
2	The Organization does NOT appear on USG’s banned list?		
3	Did the organization submit the LOI on time and follow all instructions?		
4	Does the organization have prior experience in the technical area?		
Total			

Section B: Technical Criteria – The REC will assess the merits of the screened LOI following the general guidance of the evaluation criterial detailed below. The REC will score each LOI as well as provide assessment of the LOI technical merit and express any specific suggestions they may have concerning the proposed activities. Applicants must receive a minimum score of 70 points to move to Phase II.

	Technical Criteria	SCORE
1	Does the LOI contribute toward USAID CBP’s overall purpose? (see RFA section 2.3 Program Results Framework)	_____ Out of 30
2	Does the LOI specifically target one or more of the components and the corresponding objectives?	_____ Out of 30
3	Does the LOI define problems, articulate goals/objectives and proposed activities that will meet USAID CBP’s goals and objectives?	_____ Out of 30
4	Is the anticipated budget considered reasonable to the proposed activities?	_____ Out of 10
Total		_____ Out of 100

2. **Phase II.** The applicants that advance from Phase I to Phase II will be given the opportunity to attend an informational webinar. USAID CBP will explain the full application process, provide technical information, and explain in detail how to complete the full application, including developing the budget. The applicants will then be asked to submit a full application using the *Full Application Template, including budget format*, which will be provided to those applicants moving to Phase II. The applicants will be given 30 calendar days to submit the full application. All applications submitted on time will be evaluated by the REC in accordance with the selection criteria.
3. **Phase III.** Applicants whose proposals successfully meet the RFA criteria and are recommended for approval by the REC will then be invited to participate in one-on-one negotiation. During this phase, USAID CBP will work with the applicant to refine the project budget, technical application and define milestones. USAID CBP will examine the applicant's organizational ability to manage USAID funds and will check references. USAID CBP will work with the applicant to develop a Branding and Marking Plan (B&MP), as well as, if necessary, an Environmental Monitoring and Mitigation Plan (EMMP).

Section VI: Award and Administration Information

1. General Information:

Once this RFA is released, any questions related to this RFA must be directed to the USAID CBP Grants Specialist only. Once the LOI has been screened and the REC has convened and evaluated the LOIs, all successful applicants will receive an e-mail from the Grants Specialist with an invitation to attend an informational webinar to move to Phase II. The instructions on moving forward to Phase II, the full application and Phase III process-final negotiations, will be provided at the webinar. The applicants are not required to attend the webinar but are highly encouraged. USAID CBP will post the contents of the webinar and the instruction on submitting the full applications 24 hours after the webinar. In addition, information on Pre-Award Responsibility Determination (PARD), which is used to determine whether or not the applicant has the capacity to adequately perform in accordance with principles established by USAID and OMB in the administration of a USAID funded grants, will be provided. All applicants that pass the REC in Phase II will be subject to the PARD (in accordance with ADS 303.3.9). The PARD is a question and answer based process that the applicant will complete and USAID CBP will verify through supporting documentation reviews and follow-up interviews. All areas of operations are reviewed, including but not limited to: financial management (budgeting, petty cash, procurement, accounting system), inventory controls, personnel management,,etc. If your organization has undergone a PARD with USAID CBP in the last 12 months, your organization will likely not be subject to another PARD but a simple verification process. Even if an organization's PARD is not needed, all technical/activity and budget negotiations, including cost/price analysis of the budget will be conducted for each application. Unsuccessful applicants will be notified in writing within two weeks following the REC meeting. Reporting requirements: Program progress and financial reporting requirements will be established during the final negotiation phase.

2. Administrative Policy Requirements:

The resulting award from this RFA will be administered in accordance with the following policies and regulations:

- For U.S. Organizations: ADS303, 2 CFR 700, 2 CFR 200 ([2 CFR 200, Subpart E](#)) Standard Provisions for US Non-Governmental Recipients available at <https://www.usaid.gov/ads/policy/300/303maa>
- For Non-U.S. Organizations: ADS303, 2 CFR 200 ([2 CFR 200, Subpart E](#))

Standard Provisions for Non-U.S. Non-Governmental Recipients available at
- <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>

- Successful applicants will be required to sign all applicable certifications from ADS 303.3.8: <http://www.usaid.gov/policy/ads/300/303.pdf>. For this RFA, only those applicants moving on to Phase II will be required to sign certifications.
- Environmental Compliance: 22 CFR 216, ADS201 Part 201.5.10g, and ADS204 <http://www.usaid.gov/policy/ads/200/>

3. DUNS Numbers

All grantees receiving USD \$25,000 or more are required to register for a Data Universal Numbering System (DUNS) number. The Grants Specialist may assist the grantee to obtain a DUNS number by accessing <https://fedgov.dnb.com/webform>

4. Reporting Requirements

All reporting requirements will be provided during Phase II.

Section VII: Contacts

USAID CBP Point of Contact for this RFA:

Name: Indeok Oak
Title: USAID CBP Grants Specialist
E-mail: RFA.childblindness@intsci.com

Once this RFA is released, any questions related to this RFA must be directed to USAID CBP Grants Specialist only at the above e-mail address.

Section VIII: Other Information

1. Funding

USAID and Integrative Sciences reserves the right to fund any or none of the applications submitted. Additionally, all awards pursuant to this funding opportunity are contingent upon the availability of funds and the receipt of a sufficient number of meritorious applications.

2. Standard Provisions and Required as Applicable Standard Provisions

The actual Standard Provisions included in the awards will depend on the organization that is selected (U.S. vs. Non-U.S.). Therefore, USAID CBP will include in the award the latest Mandatory Provisions, which are housed in the following links:

- For Non-U.S. NGOs: <https://www.usaid.gov/ads/policy/300/303mab>
- For U.S. NGOs: <https://www.usaid.gov/ads/policy/300/303maa>

In addition, all applicants moving to phase II will receive a table with Required as Applicable Standard Provisions, where all applicable provisions will be clearly marked.

Section IX: Attachments

Attachment A: LOI Form
Attachment B: LOI Estimated Budget Form

GLOSSARY

Blindness

Visual acuity of less than 3/60 or 20/400, or a corresponding visual field loss of less than 10 degrees, in the better eye with the best possible correction.

Cataract

Clouding of the lens inside the eye that impedes the passage of light into the back of the eye and the retina. Un-operated cataract is responsible for half the world's blindness, and is a major cause of blindness in children in developing countries. Cataract is usually due to aging and seen in the elderly, although it can be congenital or caused by injury to the eye.

Congenital Cataract

Newborns can be born with cataract. It can be hereditary or can be caused when the mother contracts rubella in her first trimester of pregnancy.

Continuum of Care

The Continuum of Care refers to various interventions that make up a comprehensive eye service for patients. For children with eye disease or refractive error, interventions include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical care, and low vision, and rehabilitation services for children who can no longer be helped by clinical care.

Glaucoma

A group of conditions that cause increased pressure within the eye (not related to high blood pressure) causing damage to the optic nerve and eventually blindness.

The International Agency for Prevention of Blindness (IAPB)

A coordinating, umbrella organization leading international efforts in blindness prevention.

Low Vision

Visual acuity of less than 6/18 or 20/60 but equal to or better than 3/60 or 20/400, or a corresponding visual field loss of less than 20 degrees, in the better eye with the best possible correction.

Neonatal Conjunctivitis

In newborns, a serious infection of the conjunctiva, the inside lining of the eyelids causing swelling.

Refractive error

Any of a set of conditions including myopia, hyperopia, astigmatism, and presbyopia that results in an unfocused image falling on the retina leading to blurred vision. It is the main cause of visual impairment that can be corrected by eye glasses.

Retina

The layer at the back of the inside of the eye which receives light images and sends them through the optic nerve to the brain where the images are interpreted.

Retinopathy of Prematurity

Abnormal blood vessel growth in the retina in a premature infant.

Visual acuity

The clarity or sharpness of vision measured at a distance of six meters or 20 feet. Normal distance vision is when the patient can read the letters on the 6/6 or 20/20 line.

Visual impairment

Low vision or blindness that cannot be corrected medically, surgically, or optically.

Vulnerable Populations

People who would not otherwise have access to eye care resources.

Attachment A

USAID CBP LETTER OF INTEREST (LOI) FORM

Date:	Name of Organization:
Phone:	E-mail:
Address:	
Duns Number:	

Instructions: Please provide the following information in **three (3) pages or less (the budget does not count towards the three pages):**

Technical Approach	
Notes: Briefly describe your technical approach to the RFA. Page Limit: 2 pages	
Geographic Focus and Expected Results	
Note: Describe the target audience and what the expected results are. Page Limit: ½ page	
Organizational Qualifications	
Note: Describe your organizational qualifications for the proposal including past performance on similar projects, key personnel and other relevant information Page Limit: ½ page	
Budget	
Note: Provide an estimated budget using the format provided in Attachment B	
<p>“We, the undersigned, hereby submit this Grant application to USAID CBP for review and consideration. We have materially participated in its preparation. To the best of our knowledge, all information provided is current, complete, and accurate and based on the need to efficiently and effectively meet the needs of the target population.”</p>	
Signature:	Date:

Attachment B

USAID CBP LETTER OF INTEREST (LOI) ESTIMATED BUDGET FORM

Please provide an estimated budget for the proposed project.

Activity Description	Amount funded by USAID CBP	Cost Share Amount (If Applicable)
1. Personnel/labor		
2. Equipment		
3. Materials and supplies		
4. Transportation		
5. Communications		
6. Services/training/workshop		
7. Indirect Costs (if applicable)		
TOTAL BUDGET		