



**Issuance Date:** January 31, 2014  
**LOI Closing Date:** March 4, 2014, 5pm E.S.T.

**Subject: Request for Application (RFA) No. PGRD – 14 – 0001 Child Blindness Program**

The purpose of this announcement is to invite qualified organizations with the capacity and experience to deliver quality eye care services to submit Letters of Interest (LOIs) in support of the United States Agency for International Development (USAID) Child Blindness Program (CBP).

Applicants must be U.S. Private and Voluntary Organization (U.S. PVOs) or local non-governmental organizations (LNGOs) registered in the country/countries where the proposed project will be implemented. Detailed eligibility requirements can be found herein.

Grants will be awarded to Proposals with a priority focus on children in underserved communities and will support the goals of USAID CBP to:

1. Deliver and expand coverage of quality eye care services for children in underserved communities
2. Increase global knowledge based on best practices and innovative approaches of pediatric eye care programs

For more information about CBP please visit:

**[www.usaid.gov/childblindness](http://www.usaid.gov/childblindness)**

This RFA is being conducted in two-phases. During Phase 1, Applicants will submit a three page LOI. All submitted LOIs will be evaluated by the CBP Technical Advisory Group (TAG), based on the criteria detailed in this RFA. During the LOI response period, Frequently Asked Questions (FAQs) will be posted on the CBP Website. A subset of highly competitive LOIs will be selected for continuation to Phase II: full Proposal submission. All Applicants will be notified in writing of the status of their LOI. Only those Applicants with selected LOIs will be invited to submit a full Proposal in Phase II. Invitations will be sent out on or about March 26, 2014. Phase II will consist of a Question and Answer period and submission of the full Proposal. Proposal submissions are expected to be due April 16, 2014. Guidelines for writing the LOI and the full Proposal are provided in this RFA.

**LOIs are due March 4, 2014 at 5pm E.S.T.**

LOIs may be submitted electronically by email at [childblindness@pgrd.org](mailto:childblindness@pgrd.org)  
or by fax at 1-703-940-1121.

Thank you for considering collaboration with the USAID Child Blindness Program. In partnership, we are working as part of the global effort to reduce blindness and visual impairment in children.

Sincerely,

A handwritten signature in black ink, appearing to read "LILIANA RIVA". The signature is stylized and written in a cursive-like font.

Liliana Riva  
Program Manager  
USAID Child Blindness Program

# USAID Child Blindness Program

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## Request for Application (RFA)

No. PGRD – 14 – 0001 Child Blindness Program

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## ACRONYMS

ADS:	The Automated Directives System
CBP:	Child Blindness Program
CFR:	Code of Federal Regulations
FAQ:	Frequently Asked Question
FOG:	Fixed Obligation Grant
IAPB:	The International Agency for Prevention of Blindness
LNGO:	Local Non-Governmental Organization
LOI:	Letter of Interest
M&E:	Monitoring and Evaluation
PBD/PBL:	Programme for the Prevention of Blindness and Deafness of the World Health Organization
PGRD:	Partners for Global Research and Development
QA:	Quality Assurance
RFA:	Request for Application
ROP:	Retinopathy of Prematurity
TAG:	Technical Advisory Group
U.S. PVO:	United States Private and Voluntary Organization
USAID:	United States Agency for International Development
USD:	United States Dollars
USG:	The United States Government

## SECTION I: FUNDING OPPORTUNITY DESCRIPTION

### Introduction

Through innovative and high-quality programs, the United States Agency for International Development (USAID) prevents and treats blindness, restores sight, and provides eyeglasses to thousands of people in the poorest communities in the world. The Child Blindness Program (CBP) features prominently in USAID's approach to the elimination of blindness. CBP originated through a Congressional directive in 1991 to specifically address the problem of child blindness. Since then, more than 31 eye care and health NGOs have received grants totaling approximately \$30 million to implement eye care interventions in 58 countries. Interventions have included eye health education, vision screening, provision of eyeglasses and other visual aids, cataract and other sight-restoring surgery, education and rehabilitation services, provision of antibiotics and other essential medicines, and training of medical staff and community-based individuals. The sustainability of interventions depends on high quality care, sufficient human resources, state-of-the-art training, increased demand for services, affordable costs, adequate and functional equipment, and efficient clinic and organizational management systems.

*CBP is managed by Partners for Global Research and Development (PGRD) at the request of USAID.*

For more information about CBP please visit:

**[www.usaid.gov/childblindness](http://www.usaid.gov/childblindness)**

### Purpose

This Request for Applications (RFA) is being distributed by the USAID Child Blindness Program in support of the Agency's global efforts to prevent and treat eye disease and conditions. The goals of the CBP are to:

#### **Deliver and expand coverage of quality eye care services for children in underserved communities by:**

- Increasing the availability and accessibility to quality vision services for children and other vulnerable groups;
- Conducting focused operational research to address the barriers and constraints that limit the effectiveness, sustainability, and impact of pediatric eye care interventions and service;
- Improving the capacity of eye care organizations by strengthening administrative, technical and/or financial functions.

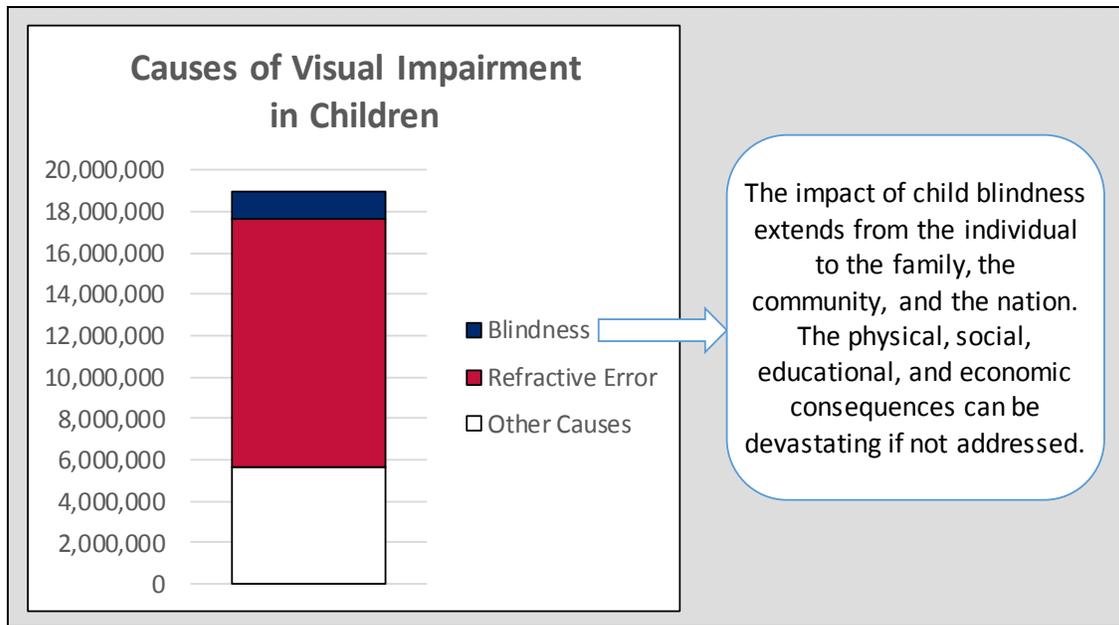
#### **Increase global knowledge based on best practices and innovative approaches for pediatric eye care programs by:**

- Testing, designing, and expanding the scale of innovative approaches for eye care in various country contexts;
- Increasing the evidence base for effective approaches to large-scale pediatric eye care programs.

The process to submit an Application is comprised of two-phases. Phase I is the submission of a Letter of Interest (LOI), and Phase II is the submission of a formal Proposal. LOIs submitted will be evaluated on their merit and feasibility. A subset of LOI submissions will be invited to submit a Proposal. Guidelines for submission are provided in this RFA.

### Background

Approximately 1.4 million children in the world are blind, of which 75 percent live in developing countries. An estimated 19 million children are visually impaired, of which 12 million need eyeglasses.

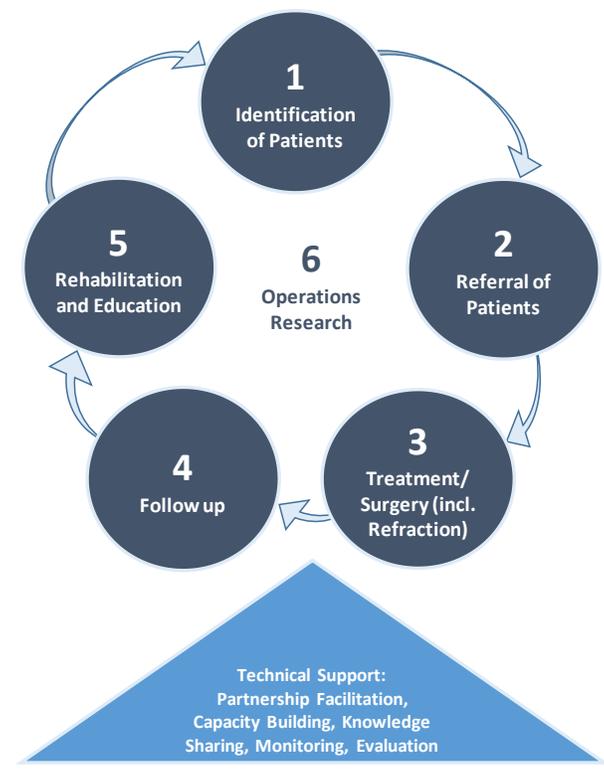


Pediatric eye care is a complex field requiring a network of organizations offering a Continuum of Care linking core services. An integrated Continuum of Care is considered a best practice in ophthalmology and optometry because it brings patients closer to a comprehensive service delivery system integrating visual impairment identification with referral, treatment, and rehabilitation (see Graphic 1 below). The World Health Organization recognizes the Continuum of Care as a necessary part of eye care delivery,

and one that is commonly neglected.<sup>1</sup> Additionally, Prevent Blindness America includes the Continuum of Care as a primary focus of its approach to eye care.<sup>2</sup>

A partnership between community-based organizations screening children and a clinical or optical service treating the same children is a clear example of the Continuum of Care. Another example may be a link between a clinical center providing treatment and a rehabilitation center providing low vision services to those who can no longer be helped clinically.

**Graphic 1. THE CONTINUUM OF CARE  
Providing a Best Practice in Pediatric Eye Care**



### *The Delivery of Pediatric Eye Care*

Interventions along the Continuum of Care include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical treatment, and low vision and rehabilitation services for children who can no longer be helped by

<sup>1</sup> World Health Organization, Western Pacific Regional Committee, 64th session held in Manila, 21-25 October 2013.

<sup>2</sup> Prevent Blindness America, "Our Vision for Children's Vision," 2008.

clinical care. Examples of these interventions are mentioned throughout this RFA. (Please note: Applicants are not asked to confine their project interventions to the examples presented; the examples are for illustrative purposes only.)

- 1) **Identification of patients** – Developing countries have a limited number of ophthalmologists, eye hospitals, and services per population; and the majority are located in urban areas. To identify children living in underserved and rural areas, the eye hospital must have strategies to reach them.

Common community-based interventions aimed at identifying children include screening in primary and secondary schools. It is particularly useful to test children in their early teens because myopia (near-sightedness) often develops at this age. However, school screenings miss children under age 5, as well as many girls and marginalized children who are not in school. These same children are at higher risk of more serious eye conditions. In recent years, a new screening method has been developed which targets pediatric cataract by training community members called key informants. School screenings, key informants, and other public health strategies have proven useful in identifying children early who need sight-restoring treatment and/or surgery.<sup>3,4</sup>

- 2) **Referral of patients** – Getting the patient to the hospital and, further, to accept treatment, is more difficult than conducting screenings due to logistical, socio-economic, and behavioral factors. Common factors for poor referral rates include distance from the patient's home to the eye care provider, poor communication, lack of parental awareness of treatment options, complicated referral processes, lack of time and money, and perceptions of poor quality and outcomes of surgery. Issues such as these create a referral gap, meaning children who can benefit from accessing eye care services do not. This gap can be narrowed through counseling and other behavior change methods, generally delivered to children's families.
- 3) **Treatment and Surgery** – Child blindness can only be remedied by quality clinical, surgical, and/or optical services provided by highly specialized personnel. The eye examination process requires clear protocols and appropriate equipment and diagnostic tools. The most serious pediatric eye conditions can only be treated surgically, requiring a sub-specialty ophthalmic surgeon with a team of equally specialized personnel, including a pediatric anesthesiologist and nurses. The setting is also specific to pediatric care, involving an appropriately

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<sup>3</sup> Muhit M, Shah S, Gilbert C, Hartley S, Foster A, "The key informant method: a novel means of ascertaining blind children in Bangladesh," *Br J Ophthalmol* 2007; 91:995-999. doi:10.1136/bjo.2006.108027

<sup>4</sup> Rakhi Dandona and Lalit Dandona, "Refractive Error Blindness," *Bulletin of the World Health Organization*, 2001, 79 (3).

outfitted operating theatre with a surgical microscope, a vitrectomy machine, a laser, and other specialized surgical instruments. Examples include: 1) surgery to correct blindness due to cataract, 2) laser therapy for a child born with Retinopathy of Prematurity (ROP), and 3) the provision of spectacles to a child needing complicated spectacle prescription.

- 4) **Follow up** – The initial surgery and treatment is only a first step in the process to restoring or preserving sight. Surgery can require two to three follow up examinations to monitor treatment and sight rehabilitation, measure and fit prescription eye glasses, and educate the child and parents. Parental compliance with the recommended follow-up schedule is essential but is often poor due to many of the same factors influencing referral. Compliance can be improved with counseling, good communication, and effective outreach teams.
  
- 5) **Rehabilitation and Education** – When all clinical options have been exhausted, a child requires rehabilitation services and possibly low vision devices to ensure their sight is restored to its fullest potential. At that time, access to blind schools or other rehabilitation service is needed. One example is a child who has never had sight due to a cataract, and has his/her cataract(s) removed. That child may then require low vision therapy to teach them to recognize and navigate what is being seen for the first time. Another example is care for a child with severe visual loss or blindness who needs education and rehabilitation services, such as learning to use a cane. These services are an integral part of the Continuum of Care, which includes interventions ensuring a child achieves optimum visual potential. It is essential for eye hospitals to partner with vision rehabilitation services, local schools for the blind, and/or organizations that specialize in community based rehabilitation programs to best serve the child.

## **SECTION II: AWARD INFORMATION**

This RFA process is comprised of two-phases. Phase I is the submission of a Letter of Interest (LOI), and Phase II is the submission of a formal Proposal. LOIs submitted will be evaluated on their merit and feasibility. A subset of LOI submissions will be invited to submit a Proposal. Submission guidelines and evaluation criteria are provided in this RFA.

**Deadline for LOI submission is March 4, 2014 at 5pm E.S.T.**

LOIs may be submitted electronically by email at [childblindness@pgrd.org](mailto:childblindness@pgrd.org)  
or by fax at 1-703-940-1121.

Issuance of this solicitation, or the submission of an Application, does not constitute an award commitment on the part of the United States Government (USG) and/or CBP, nor does it commit the USG and/or CBP to pay for costs incurred in the

preparation or submission of an Application. The USG reserves the right not to fund any of the Applications. CBP will use the conclusions and recommendations of the technical evaluation together with an evaluation of costs to determine if negotiations with an Applicant will be required. All funded grants will have a requirement to report on project progress on a quarterly basis, at minimum (please refer to Annex 5 – Sample CBP Project Quarterly Indicator Reporting Template).

### **Award Description**

Grants will be awarded in three categories, each with unique evaluation criteria reflecting the priorities of the category. The three categories include:

#### **1. Delivery and Expansion Grants**

Awards: up to \$100,000/year, for up to two years

Purpose: large service delivery initiatives and/or scale-up of model eye care projects

Illustrative examples: delivery of pediatric cataract services, provision of eyeglasses, establishment of pediatric eye care services in a hospital

#### **2. Capacity-Building Grants**

Awards: up to \$100,000/year, for up to two years

Purpose: organizational capacity building

Illustrative examples: training and strengthening of administrative, technical, and/or financial functions

#### **3. Innovation Grants**

Awards: up to \$75,000/year, for up to one year

Purpose: test innovative approaches to the provision of pediatric eye care and/or to generate credible evidence to expand the global knowledge base on best practices in the pediatric eye care field

Examples: testing of methods to reduce patient waiting times, development of new technologies, increasing patient satisfaction

All proposed projects must focus on pediatric populations and may also address vulnerable populations (please refer to Annex 10 – Glossary). Areas of interest include but are not limited to:

1. Clinical pediatric diseases, such as: congenital cataract, pediatric glaucoma, and retinopathy of prematurity (ROP)
2. Provision of eyeglasses (refractive error)
3. Therapies and resources for children with uncorrectable low vision and blindness

## **SECTION III: ELIGIBILITY INFORMATION**

Applications will undergo a preliminary review for completeness and responsiveness. Incomplete Applications, Applications judged to be unresponsive to the RFA, and Applications submitted after the due date and time will be considered ineligible and will NOT be considered for an award.

Only U.S. Private Voluntary Organization (U.S. PVOs) and Local Non-Governmental Organizations (LNGOs) are eligible to submit Applications. All Applicants and partner organizations must be legally recognized entities in their respective countries. Documentation of legal status will be required during Phase II: Proposal.

USAID gives preference to Applicants (and their partner organizations, when applicable) with a successful record of programming in the country or countries where a project is being proposed. Applicants should demonstrate they have significant and relevant experience concerning the issues, populations, and/or interventions they are proposing to address.

Organizations are encouraged to explore collaborative opportunities with other international or local organizations. The demonstration of a clear plan for any partnership is essential.

Partnerships may include: 1) a proposal submitted by two or more organizations seeking solicitation for joint funding and/or 2) agreements that maintain care for a child along the Continuum of Care (see *Part 2. Technical Approach* for further explanation). Applicants must provide letters of commitment from partners upon request in Phase II: Proposal.

To be eligible for an award, the Applicant must submit a complete Application in accordance with this RFA. Incomplete Applications will not be considered. Only U.S. PVOs and LNGOs, as defined below, are eligible for awards under this RFA. CBP encourages Applications from potential new partners.

**U.S. Private Voluntary Organization (U.S. PVO)**

To be eligible for this program, U.S. PVOs must be registered (or in the process of being registered) with USAID. Only U.S. PVOs whose complete registration materials have been received by USAID by the LOI submission deadline are eligible. For registration information, please visit <<http://www.usaid.gov/pvo>>.

**Local Non-Governmental Organizations (LNGOs)**

Local NGOs are defined as organizations that meet the below definition of “local organization” and are not government controlled or government owned (i.e. where the majority of the members of the governing body are government employees or the recipient government owns a majority interest).

USAID defines a local organization as one that:

1. Is organized under the laws of the recipient country;
2. Has its principal place of business in the recipient country;
3. Is majority-owned by individuals who are citizens or lawful permanent residents of the recipient country or is managed by a governing body, the majority of whose members are citizens or lawful permanent residents of a recipient country; and
4. Is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.

The term “control” in the above phrase “controlled by” means having a majority ownership or beneficiary interest, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority of the organization’s governing body by any means, e.g., ownership, contract, or operation of law.

Evidence of legal registration and authorization to work in the country or countries where the project is proposed will be required during Phase II: Proposal, by all parties requesting CBP funds.

#### **SECTION IV: APPLICATION AND SUBMISSION INFORMATION**

All LOI and Proposal applications must be typed on letter-sized paper (8 1/2 x 11”) with 1” margins and a font size of 12 Times New Roman. The only exception to font size is within tables, where a 10 point font size is accepted (this includes tables within the document and Annex 2 – Summary Budget Template).

Multiple LOIs may be submitted by a single organization.

All submissions must be in English and budgets must be in U.S. Dollars (USD). Page limits represent maximum number of pages. Submissions with fewer pages than the maximum will be accepted. Submissions with a greater number of pages will not be eligible for review. Applications may be submitted in Word or PDF format. Proposal applications may also include a budget attachment in Excel.

During the LOI response period, Frequently Asked Questions (FAQ) will be posted on the CBP Website <[www.usaid.gov/childblindness](http://www.usaid.gov/childblindness)>. During the Proposal response period, Applicants will have the opportunity to ask questions and written responses will be provided and posted to all Proposal Applicants.

#### **PHASE I: LOI**

##### **LOI SUBMISSION FORMAT**

Please provide the following sections in the order listed below:

- Cover Page Template (Annex 1, 1 page)
- Parts 1 - 7 (2 pages – See Below for details)
- Budget Template (Annex 2, 1 page)

### **Part 1. Situation Analysis**

The situation analysis should present a sound analytic basis for the proposed approaches, strategies and interventions, including an understanding of the cultural, demographic, and socio-economic factors related to the development, delivery, and sustainability of pediatric eye care services in underserved communities. It should give attention to existing as well as absent eye health resources and capabilities of the primary and partner organization(s). This section should clearly demonstrate that the Applicant(s) has sufficient understanding of the local context, as well as the current strengths and weaknesses of the organizations seeking to carry out the proposed activities.

### **Part 2. Technical Approach**

The technical understanding and approach shall demonstrate the Applicant's understanding and expertise with respect to achieving the purpose and intervention areas described in this RFA. The overall technical approach should clearly explain what the Applicant's proposed project will do, how, and by whom.

An understanding of best practices, including those illustrated in the Continuum of Care in the Background Section of this RFA, is essential to the development of CBP projects. LOIs should demonstrate how activities link to the various interventions along the Continuum. If the Applicant's project does not directly deliver all levels of service, the Applicant is required to name the partners who will provide the missing links. For example, if the Applicant is asking for support to do community screening, the Applicant should name the eye care service to which children will go for treatment once identified. If the project provides medical or surgical treatment, the Applicant should name the low-vision/rehabilitation service that will provide services to the patients. Projects which do not demonstrate the Continuum of Care will not be considered.

Innovation projects must be able to justify the feasibility and acceptability of their intervention. The Applicant must provide background supporting their case and explain why they expect the intended beneficiaries will respond to the projected outcomes. The potential contribution of the project to the eye care field must also be provided.

### **Part 3. Monitoring and Evaluation Plan**

Please note which indicators (by number) from the attached Annex 4 are appropriate for use in the proposed project and provide a target for each. If the Applicant wishes to report on any additional indicators, please provide a compelling rationale.

Organizations working with vulnerable populations are encouraged to collect data on the number of total patients served, both children and adults. Applicants must also describe their organization's current capacity to collect and analyze data, monitor, and,

evaluate project performance.

#### **Part 4. Management, Implementation, and Staffing**

Provide an overview of how the proposed project will be managed. Identify the key personnel positions for this project and briefly describe each of their areas of expertise and responsibility. Include a description of relationships between headquarters and the specific country office, within the country office, and how the country office will provide appropriate field supervision.

#### **Part 5. Institutional Capabilities and Past Performance**

Include information on the demonstrated capacity of the Applicant organization and any implementing partner organizations. Summarize the relevant experience and comparative advantage of the Applicant in relation to the proposed project, including work in the host country or other countries as well as demonstrated results under similar programs.

#### **Part 6. New Grantee**

All Applicants who identified themselves as never having received a CBP Grant will automatically receive 5 points.

#### **Part 7. Budget**

Please submit Annex 2 – Budget Template.

Please indicate funds being requested from CBP, as well as funds available to the project from other sources.

### **PHASE II: PROPOSAL**

#### **PROPOSAL SUBMISSION FORMAT**

Please provide the following sections in the order listed below:

- Cover Page Template (Annex 1, 1 page)
- Part 1: Executive Summary (1 page)
- Parts 2-8 (5 pages – See Below)
- Section 6.a: Past Performance Attachment (1 page)
- Part 9 (See Annex 8 for required documents, submit only requested documents)
- Budget Template (Annex 2, 1 page)
- Budget Narrative (Annex 3, 2 pages)

#### **Part 1. Executive Summary**

Please provide a one page summary of the proposed program.

#### **Part 2. Situation Analysis**

The situation analysis should present a sound analytic basis for the proposed

approaches, strategies and interventions, including an understanding of the cultural, demographic, and socio-economic factors related to the development, delivery, and sustainability of pediatric eye care services in underserved communities. It should give attention to existing as well as absent eye health resources and capabilities of the primary and partner organization(s). This section should clearly demonstrate that the Applicant(s) has sufficient understanding of the local context, as well as, the current strengths and weaknesses of the organizations seeking to carry out the proposed activities.

### **Part 3. Technical Approach**

The technical understanding and approach shall demonstrate the Applicant's understanding and expertise with respect to achieving the purpose and intervention areas described in this RFA. The overall technical approach should clearly explain what the Applicant's proposed project will do, how, and by whom. Please identify the intended beneficiaries of the project and how their situation will be changed as a result of the proposed project.

An understanding of best practices, including those illustrated in the Continuum of Care in the Background Section of this RFA, is essential to the development of CBP projects. Proposals should demonstrate how activities link to the various interventions along the Continuum. If the Applicant's project does not directly deliver all levels of service, the Applicant is required to name the partners who will provide the missing links. For example, if the Applicant is asking for support to do community screening, the Applicant should name the eye care service to which children will go for treatment once identified. If the project provides medical or surgical treatment, the Applicant should name the low-vision/rehabilitation service that will provide services to the patients. Projects which do not demonstrate the Continuum of Care will not be considered.

The following core components should be addressed in the Technical Approach:

- Describe the technical approach and particular activities that will be used to address identified opportunities and/or constraints
- Describe how the proposed project aligns with the purpose and goals of this RFA
- Describe the major activities necessary to achieve the anticipated project outcomes and impacts
- Explain how the evaluations or lessons learned from the Applicant's previous projects and/or local or international research findings were used in the design of the proposed project
- Please describe how proposed project locations were chosen; if this decision has not yet been made, please explain how it will be made

- Describe any foreseen involvement on the part of national/local government(s) or other organizations
- Describe how gender and disability considerations will be incorporated into the proposed project

Also, clearly indicate what is foreseen beyond the period of CBP funding (i.e. how will new hires/volunteers be trained; how will equipment be maintained; how will stocks of eyeglasses, low vision devices, and/or consumables be procured and managed; anticipated ongoing activities and sources of support for them, etc.).

Innovation projects (grant category 3) must be able to justify the feasibility and acceptability of their intervention. The Applicant must provide background supporting their case and explain why they expect the intended beneficiaries will respond to the projected outcomes. The potential contribution of the project to the eye care field must also be provided.

#### **Part 4. Monitoring and Evaluation Plan**

Please note which indicators (number and name the indicator) from the attached, Annex 4, are appropriate for use in the proposed project, and provide a target for each. If additional indicators merit inclusion, please provide a compelling rationale. Organizations working with vulnerable populations are encouraged to collect data on the number of total patients served, both children and adults. Applicants must also describe their organization's current capacity to collect and analyze data, monitor, and, evaluate project performance.

#### **Part 5. Management, Implementation, and Staffing**

Provide an overview of how the proposed project will be managed. Identify the key personnel positions for this project and provide their titles as well as a brief description of each of their areas of expertise and responsibility. Include a description of relationships between headquarters and the specific country office, within the country office, and how the country office will provide appropriate field supervision.

#### **Part 6. Institutional Capabilities and Past Performance**

Include information on the demonstrated capacity of the Applicant organization and any implementing partner organizations. Summarize the relevant experience and comparative advantage of the Applicant in relation to the proposed project including work in the host country or other countries as well as demonstrated results under similar programs.

**a. Past Performance Attachment:** Please provide no more than one page of detailed information for all past performance referenced including addresses, current phone numbers, current points of contact, award numbers (if applicable), and a brief description of the work performed. If an Applicant has been a prior grantee of the

USAID CBP, they must provide specific information regarding past history with the Program. Please submit as an attachment.

### **Part 7. New Grantee**

All Applicants who identified themselves as never having received a CBP Grant will automatically receive 5 points.

### **Part 8. Budget and Budget Narrative**

Applicants should present a Budget Template (an Excel spreadsheet template will be provided to Proposal Applicants), Budget Narrative (Annex 3), detailed budget, and budget notes using the instructions presented below. All budget estimates must be in USD. Please add subheadings to those in the Template, as appropriate, to provide detail matching the Budget Narrative.

### **Part 9. Certifications, Assurances, and Other Statements of the Applicant**

As part of the Proposal, Applicants must submit signed copies of the Assurance of Compliance Certifications, required under ADS 303.3.8.

The following are found as Annex 8:

- 1) Certification on Lobbying (22 CFR 227);
- 2) Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206);
- 3) Certification Regarding Terrorist Financing; and
- 4) Certification of Recipient that prior documents are given in consideration of and for the purpose of obtaining any and all Federal grants.

While planning projects and preparing Proposals, Applicants are encouraged to review the policies and procedures governing the procurement of pharmaceuticals. Please refer to Annex 9 – Eligibility of Pharmaceuticals. Applicants should also review OMB A-122, purchase of Special Purpose Equipment. “(3) ‘Special purpose equipment’ means equipment which is used only for research, medical, scientific, or other technical activities. Examples of special purpose equipment include microscopes, x-ray machines, surgical instruments, and spectrometers.”

In addition, each Applicant’s signature is required on applicable certifications as required by Standard Provisions, i.e. "Condoms (June 2005)" and "Prohibition on the Promotion or Advocacy of the Legalization or Practice of Prostitution or Sex Trafficking (April 2010)."

For Key Individual designation, Applicants must submit a signed copy of the Narcotics Offenses and Drug Free Trafficking Certification as required under ADS 15/20657m1 (available at <http://www.usaid.gov/sites/default/files/documents/1868/20657m1.pdf>).

To ensure that the prospective grantee is not suspended or debarred, the Applicant

should not be included in General Services Administration's (GSA) "Excluded Parties List System" (EPLS) (available at <http://epls.amet.cjov>).

## **SECTION V: APPLICATION REVIEW INFORMATION**

### **Review Process**

During Phase 1, Applicants will submit a three page LOI. All submitted LOIs will be evaluated by the CBP Technical Advisory Group (TAG). During Phase II: Proposal, Applications will be reviewed by the TAG and additional specialized experts in the field of pediatric eye care. Review criteria together with an evaluation of costs will be used to develop conclusions and recommendations. Organizations are strongly encouraged to consider the appropriateness of their proposed budget and timeline, as opposed to using grant limits.

### **Review Criteria**

Review criteria of the LOIs and the Proposals are equivalent, and are as noted:

#### **DELIVERY AND EXPANSION GRANTS (D&E)**

I.	Situation Analysis	10 points
II.	Technical Approach	55 points
	a. Overall Approach (15)	
	b. Capacity Building (10)	
	c. New Grantee (5)	
	d. Sustainability (15)	
	e. Potential to Scale-Up (10)	
III.	Monitoring and Evaluation Plan	10 points
IV.	Management, Implementation, and Staffing	15 points
V.	Institutional Capabilities and Past Performance	10 points
	<b>TOTAL:</b>	<b>100 Points</b>

#### **CAPACITY BUILDING (CB)**

I.	Situation Analysis	10 points
II.	Technical Approach	55 points
	a. Overall Approach (15)	
	b. Capacity Building (35)	
	c. New Grantee (5)	
III.	Monitoring and Evaluation Plan	10 points
IV.	Management, Implementation, and Staffing	15 points
V.	Institutional Capabilities and Past Performance	10 points
	<b>TOTAL:</b>	<b>100 Points</b>

#### **INNOVATION (INV)**

I.	Situation Analysis	10 points
II.	Technical Approach	55 points

	a. Overall Approach (25)	
	b. Feasibility and acceptability (25)	
	c. New Grantee (5)	
III.	Monitoring and Evaluation Plan	15 points
IV.	Management, Implementation, and Staffing	10 points
V.	Institutional Capabilities and Past Performance	10 points
TOTAL:		100 Points

## **SECTION VI: AWARD AND ADMINISTRATION INFORMATION**

Once the award is made, the Fixed Obligation Grant (FOG) document will be signed by both parties and will constitute the norms to proceed with the funded Project. The FOG will include a full set of the applicable Standard Provisions and the general information of all reporting requirements (see Annex - 7 FOG Template).

Reporting requirements for the award will be determined once an organization has been selected for funding. At a minimum, organizations will be required to provide a general narrative report (Annex 6 - Grantee Reporting Template) and a quarterly M&E report (Annex 5 - Sample CBP Project Quarterly Indicator Reporting Template). A Branding and Marking Plan will be required and a template will be available for submission.

Point of Contact for the Administration of this award:

Liliana Riva  
 Program Manager  
 USAID Child Blindness Program  
 Contact Information  
 Email: [childblindness@pgrd.org](mailto:childblindness@pgrd.org)  
 Fax: 1-703-940-1121

## **ANNEXES 1 – 10**

Annex 1 – LOI and Proposal Cover Page

Annex 2 – Summary Budget Template

Annex 3 – Budget Narrative

Annex 4 – CBP Monitoring and Evaluation (M&E) Indicators

Annex 5 – Sample CBP Project Quarterly Indicator Reporting Template

Annex 6 – Grantee Reporting Template

Annex 7 – Fixed Obligation Grant (FOG) Template

Annex 8 – Certifications, Assurances, Other Statements of the Recipient

Annex 9 – Eligibility of Pharmaceuticals

Annex 10 – Glossary

## Annex 1 – LOI and Proposal Cover Page

### COVER PAGE TEMPLATE

(Please submit this information on your organization’s letterhead)

#### USAID Child Blindness Program

- 1) Name of the organization:
- 2) Name of the signatory/organization representative:
- 3) Contact information for the organization and the signatory
  - address:
  - phone:
  - email:
  - fax:

- 4) Duration and amount of funding request:

\_\_\_\_\_ \$ \_\_\_\_\_ . 00 \_\_\_\_\_

\_\_\_\_\_ years \_\_\_\_\_ months

- 5) Category of grant application *(please select only one category)*

Delivery and Expansion     Capacity Building     Innovation

- 6) Indicator(s) selected, by number: \_\_\_\_\_

- 7) Acknowledgement, by the signatory, that organization meets the requirements of a local or indigenous non-governmental organization.

I have read the eligibility criteria and understand our organization to be eligible for USAID Child Blindness Program funding. (Documentation of eligibility is required in Phase II: Proposal)

\_\_\_\_\_  
Signature

- 7) If applicable, notation of Applicant’s status as former CBP grant recipient

Yes, this organization is a former CBP grant recipient

## Annex 2 - Summary Budget Template (in US Dollars)

LOI submissions should use this template as presented, providing only the total cost for each of the line items specified.

Proposal submissions may add subcategories to this template to present all costs related to implementation. An Excel file will be provided to all Proposal Applicants to facilitate the creation of a more detailed budget.

Organizations are encouraged to report funds from “other sources” such as other grants and/or in-kind support. Funding from outside CBP are particularly valued in the “Delivery and Expansion Category,” where matching funds can be shown to support sustainability.

CHILD BLINDNESS PROGRAM BUDGET TEMPLATE

#	Line Item	CBP Grant Funds	Other Sources of Revenue
1	Total Staff/Labor	\$0.00	
2	Total Allowances/Staff Benefits	\$0.00	
3	Total Consultant Costs	\$0.00	
4	Total Travel Costs	\$0.00	
5	Total Equipment and Supplies	\$0.00	
6	Total Other Direct Costs	\$0.00	
7	Total Program Costs	\$0.00	
8	Total Indirect Costs	\$0.00	
	<b>Total Costs</b>	<b>\$0.00</b>	

## **Annex 3 – Budget Narrative**

### **1. Staff/Labor Costs**

Direct salaries and wages must be in accordance with the organization's established personnel policies and according to any local labor legislation. To be considered adequate, the policies must be in writing, applicable to all employees of the organization, subject to review and approval at a high enough organizational level to assure their uniform enforcement and resulting costs are reasonable and allowable in accordance with applicable cost principles.

### **2. Allowances/Staff Benefits**

All allowances and benefits provided as part of staff compensation that is above the salary base must be listed and described in this section.

*Fringe Benefits* - If accounted for as a separate item of cost, fringe benefits must be based on the Applicant's audited fringe benefit rate or historical cost data and for personnel according to local legislation.

### **3. Consultant Costs**

The title and number of direct consultants hired as part of this project must be listed. Daily rates and planned number of days must be included along with a brief description of the type of work the consultant will undertake to support the aims of the project.

### **4. Travel and Transportation**

The narrative must indicate number of expected trips for all personnel and the estimated unit cost for each.

### **5. Equipment & Supplies**

Expendable supplies and equipment can be budgeted under these grants. (NOTE: Equipment is defined as tangible non-expendable personal property which has a useful life of more than one year and an acquisition cost of US\$ 5,000 or more for each equipment.)

### **6. Other Direct Costs**

All costs in this category must be specifically described in detail. Examples of other direct costs are communication, printing, postage, etc.

### **7. Program Costs**

All costs in this category must be specifically described in detail.

### **9. Indirect Cost Rates**

Description of approved indirect rates and the base to which they are applied.

## Annex 4 – CBP Monitoring and Evaluation (M&E) Indicators

The CBP indicators are provided below. Please select the indicators the proposed program will utilize and provide that information in the LOI and/or Proposal narrative as per the RFA instructions. Projects are encouraged to collect information regarding all beneficiaries from vulnerable populations reached, including adults.

CBP will work with all projects selected for funding to develop an M&E plan with corresponding data collection instruments and a quality assurance (QA) system.

If additional indicators are appropriate for the proposed project, the Applicant must note the indicator(s) and provide a compelling rationale for inclusion.

### CBP PROJECT INDICATORS (Identify by number only on the LOI)

#	Indicator	Purpose
1	Number of people benefiting from USAID CBP supported services	Service provision is a key element of CBP.
2	Number of service providers trained in pediatric eye care and related topics	To increase the number and quality of eye care services provided, it is essential to have a pool of trained providers.
3	Number of children (0-14 years) screened for eye care conditions	Screening will lead to identification of children in need of eye care.
4	Number of children (0-14 years) referred by screening for additional services	A key element of good eye care service system is referral of children who are identified as at-need for services.
5	Number of children (0-14 years) with refractive error whose error is corrected (received eyeglasses)	Refractive errors can be corrected with eyeglasses, so tracking the number of children who are at-need and receive eyeglasses demonstrates we are reaching our target group.
6	Number of people reached with USG supported child blindness messages	Reaching people with key messages regarding prevention and treatment of eye leads to a better informed population and creates a demand for services.

7	Percent increase in number of new and expanded service sites as a result of CBP inputs	CBP grants are intended to lead to more available services in order to reach more children at-need for eye care. We are interested in how much more services are now available.
8	Percent of service sites that successfully implement a Quality Assurance (QA) plan/system	Increasing pediatric eye care services alone will have very little impact unless they meet international standards of practice for care and treatment. CBP Delivery and Expansion grants will be implemented to improve services and to assure new services are quality services. To ensure sustainability of quality eye care services these services require an ongoing QA plan and/or system.
9	Number of service providers trained in pediatric eye care and related topics	To increase the number and quality of eye care services provided, it is essential to have a pool of trained providers.
10	Any additional, custom indicators	

## Annex 5 – Sample CBP Project Quarterly Indicator Reporting Template

Grant Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Organization: \_\_\_\_\_ Country: \_\_\_\_\_

Period of Reporting: Yr: \_\_\_\_\_ Qtr: \_\_\_\_\_ Reporting Date: \_\_\_\_\_

Submitted by (name): \_\_\_\_\_

To be completed quarterly by all projects funded by CBP. Indicator reporting is due 30 following the close of each quarter. *[Note: Each project is to report only on their required indicators as listed in each project's CBP contract.]*

	Indicator	Baseline Value	Year 1					Comments
			Q 1	Q 2	Q 3	Q 4	Cumulative	
<b>Delivery and Expansion of Services</b>								
2	Number of people benefiting from USG-supported services							
	• Sex (M/F)							
	• Age (0-1, 2-4, 5-9, 10-14, 15+)							
	• Country							
3	Number of children (0-14 years) screened for eye care conditions							
	• Sex (M/F)							
	• Age (0-1, 2-4, 5-9, 10-14, 15+)							
4	Number of children (0-14 years) referred by screening for additional services							
	• Sex (M/F)							
	• Age (0-1, 2-4, 5-9, 10-14)							

## Annex 6 – Grantee Reporting Template

This report template is being provided as an illustrative example of reporting that will be required from organizations receiving USAID CBP funding.

Grant Name: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Organization: \_\_\_\_\_ Country: \_\_\_\_\_

Period of Reporting: Yr: \_\_\_\_\_ Qtr: \_\_\_\_\_ Reporting Date: \_\_\_\_\_

Submitted by (name): \_\_\_\_\_

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During this reporting period:

*[Fourth Quarter report should follow this same outline for reporting Annual Progress.]*

- A. Description of activities
  
- B. Achievements
  
- C. Challenges
  
- D. Description of quality assurance activities and outcomes
  
- E. Lessons learned and actions taken
  
- F. Summary of indicator findings
  
- G. Major events, activities and deliverables for upcoming quarter

## Annex 7 – Fixed Obligation Grant (FOG) Template

[DATE]

[Awardee Name and Address]

**Subject: Fixed Obligation Grant (FOG) Award No. CBP 14-001, under [RFA No. CBP 001]  
[Award Title]**

Dear [Awardee Contact]:

Pursuant to the authority contained in the U. S. Foreign Assistance Act of 1961, as amended, the Partners For Global Research and Development (herein referred as PGRD) under the Grants Under Contracts Programs funded by the U.S. Agency for International Development (hereinafter referred to as "USAID" ""), hereby awards to the [Name of Awardee] (hereinafter referred to as "Recipient"), the sum of U.S. Dollars \$[Award Amount] *payable in U.S. Dollars for U.S. recipients and local currency for Non-U.S. recipients*, according to the Milestone Budget shown in the Schedule, Attachment 1, to support the subject award, as more fully described in the Program Description, Attachment 2.

By signing this Grant Agreement, Recipient agrees that:

- 1) The recipient will comply with the terms and conditions as set forth in the attachments listed following the signature below, which are incorporated as part of the Grant Agreement.
- 2) Recipient will maintain records of transactions related to the Grant Agreement for at least three years after payment of the final milestone. After the end of the agreement, PGRD retains the right, at its discretion, to examine all or a sample of the recipient's records or transactions related to the Grant Agreement where concerns of implementation irregularities arise.
- 3) PGRD is not liable for reimbursing the recipient for any amount in excess of the obligated amount, or outside of the Grant Period, as provided in the Schedule.
- 4) Unless otherwise provided in the Schedule, title to any equipment or personal property purchased to accomplish any milestones under this Agreement vests in the recipient upon acquisition, with the condition that the recipient must use the equipment or property for the grant as long as it is needed for such.
- 5) Recipient will obtain the PGRD Grants Specialist (GS) written approval prior to any changes to: 1) the activities being supported by this Grant; 2) the fixed amount of this grant; 3) the milestones; or 4) change in the Grant Agreement completion date.
- 6) PGRD will conduct monitoring of the grant program, including site visits as appropriate.

- 7) On submission of the voucher for payment for the final milestone, the Recipient must certify that the grant is completed and the Recipient will make no further claim against the grantor after final payment.
- 8) This award may be terminated by either party at any time, in whole or in part, 30 calendar days after receipt of written notification by the other party. If PGRD terminates this award, the Recipient may submit a claim within 90 calendar days of such termination for any costs incurred in performance of any unpaid or incomplete milestones. The Grants Specialist (GS) must determine the amount(s) to be paid by PGRD to the recipient under such claim in accordance with the legally applicable Cost Principles.
- 9) Any dispute under this award will be decided by the GS. Notwithstanding any other term of this award, sub-awardees and contractors have no right to submit claims directly to PGRD and PGRD assumes no liability for any third party claims against the recipient.

Please sign the original and each copy of this letter to acknowledge receipt and confirm acceptance of the Grant Agreement, and return the original and all but one copy to the Grants Specialist.

Sincerely,

Contract Officer Representative

Attachments:

- 1) Schedule
- 2) Program Description
- 3) Branding Strategy and Marking Plan
- 4) Standard Provisions

ACKNOWLEDGED by Recipient's duly authorized representative:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

ACCOUNTING DATA:

xxxxxxxxx

xxxxxxx

Payment Office:

## **Annex 8 – Certifications, Assurances, Other Statements of the Recipient**

### **Certifications and Assurances**

#### **1. Certification Regarding Lobbying (22CFR 227)**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Cooperative Agreement, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned must require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification will be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **2. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206)**

USAID reserves the right to terminate this Agreement, to demand a refund or take other appropriate measures if the Grantee 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. The undersigned must review USAID ADS 206 to determine if any certifications are required for Key Individuals or Covered Participants.

If there are COVERED PARTICIPANTS: USAID reserves the right to terminate assistance to or take other appropriate measures with respect to, any participant approved by USAID 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.

### 3. Certification Regarding Terrorist Financing

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (i) appear on the master list of **Specially Designated Nationals and Blocked Persons**, which is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC), or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.

b. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al-Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's Web site: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification -

a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safehouses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials."

b. "Terrorist act" means -

(i) An act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site:

**<http://untreaty.un.org/English/Terrorism.asp>); or**

(ii) An act of premeditated, politically motivated violence perpetrated against noncombatant targets by subnational groups or clandestine agents; or

(iii) any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.

c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.

d. References in this Certification to the provision of material support and resources must not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

e. The Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by the Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it will be grounds for unilateral termination of the agreement by USAID prior to the end of its term.

#### 4. Certification of Recipient

By signing below the recipient provides certifications and assurances for

- (1) Certification Regarding Lobbying (22 CFR 227),
- (2) Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206) and
- (3) Certification Regarding Terrorist Financing.

These certifications and assurances are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States will have the right to seek judicial enforcement of these assurances. These assurances are binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign these assurances on behalf of the recipient.

Request for Application or

Request for Application No. \_\_\_\_\_

Application No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Recipient \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Annex 9 – Eligibility of Pharmaceuticals

The following policies and procedures are derived from [ADS Chapter 312: Eligibility of Commodities](#), Section 312.2.3.3 (Pharmaceuticals).

1. Prior to the financing of non-contraceptive pharmaceuticals, CORs/AORs must obtain prior written approval from GH/OHA/SCH in order to provide for the quality of the pharmaceuticals. This approval is in addition to the source-nationality requirements in ADS 310. This restricted commodity approval does not apply to contraceptive pharmaceuticals. See ADS 312.3.3.4 for contraceptive pharmaceuticals.

2. The Director of GH/HIDN or designee(s) must provide concurrence on procurements of pharmaceuticals for the following programs: malaria, tuberculosis, neglected tropical diseases, emerging pandemic threats, nutrition, and maternal and child health. Many of the pharmaceuticals, including diagnostic test kits that are required for these programs, have unique properties, require additional evidence on efficacy, and have specific quality requirements in addition to the standard pharmaceutical quality requirements. GH/OHA/SCH obtains GH/HIDN concurrence as part of the GH/OHA/SCH approval process.

3. GH/OHA/SCH approval is for a specific pharmaceutical from a specific manufacturer at a specific manufacturing site, or from a specific procurement agent. A change in the approved manufacturer, manufacturing site (even from the same manufacturer), or procurement agent requires a new approval.

4. The GH/OHA/SCH approval process determines if there is a sufficient amount of information on file with, or available to, USAID regarding the quality of a pharmaceutical. The focus of the approval process is on the quality of the pharmaceutical at the point of manufacture. GH/OHA/SCH approval is based on a GH/OHA/SCH evaluation, which considers factors such as:

- Approval by the U.S. Food and Drug Administration;
- Approval by a stringent regulatory authority;
- Source of the pharmaceutical (e.g. an approved procurement agent);
- Past performance of the vendor;
- Quality testing protocol (for example, product testing by an acceptable independent laboratory);
- Emergency or other conditions affecting the availability of pharmaceuticals; and
- Proposed use of the pharmaceutical (for example, basic research, field trials, or clinical use).

GH/OHA/SCH approval includes many factors that form a tiered evaluation and the items detailed above do not guarantee approval. The approval is determined on a case-

by-case basis, which might consider the factors listed above, but can also include consideration of other factors as well.

5. A request for OHA/SCH approval must include the following:

- Generic name,
- Strength,
- Dosage form, and
- Specific manufacturer and manufacturing site or procurement agent (as applicable).

GH/OHA/SCH can require additional information on the quality of the pharmaceutical.

6. Under Section 606(c) of the **Foreign Assistance Act of 1961, as amended (FAA)**, USAID cannot finance a pharmaceutical that is manufactured outside the United States, if the pharmaceutical is covered by a valid U.S. patent, unless the U.S. patent owner expressly authorizes the manufacture of the pharmaceutical. Without such an express authorization, the pharmaceutical must be purchased from the U.S. patent holder.

7. The marking provisions of **ADS 320** do not apply to the packaging of pharmaceuticals under ADS 320.3.2.5 e. **ADS 320** otherwise applies to programs and activities utilizing pharmaceuticals. Missions and operating units can provide for the marking of pharmaceuticals as part of the marking and branding strategies and plans in **ADS 320**.

8. In accordance with source award provisions (**AIDAR** clause 752.225-70, "Source, Origin, and Nationality Requirements" for contracts and the standard provision "USAID Eligibility Rules for Goods and Services" for assistance agreements), the Contracting Officer/Agreement Officer (CO/AO) is authorized to communicate the OHA/SCH commodity approval to the awardee. The CO or AO may delegate this authority to the COR and AOR either in the COR or AOR delegation letter or in the award.

9. Commodity Import Programs.

- a. Pharmaceuticals financed under CIPS are subject to the approval requirements detailed above.
- b. In addition to the applicable price rules in **22 CFR 201, Subpart G**, bulk pharmaceuticals under CIPs are subject, at the pre-financing stage, to the special price rules found in **Special Price Rules for Bulk Pharmaceuticals under Commodity Import Programs (CIPS)**. 02/06/2012 Partial Revision

10. HIV/AIDS pharmaceuticals.

- a. For policy and procedures on Anti-retrovirals (ARVs) on "The President's Emergency Plan for AIDs Relief (PEPFAR) and USAID Consolidated List of Approved ARVs" please see **AAPD 07-01 Procurement of Anti-Retrovirals for HIV/AIDS Programs** and **AAPD 07-01 Amendment 1**.

b. For policy and procedures on HIV/AIDS rapid test kits on the "USAID List of Approved HIV/AIDS Rapid Test Kits" please see **AAPD 07-05 USAID List of Approved HIV/AIDs Test Kits**.

11. For additional help on the OHA/SCH approval process and technical updates regarding pharmaceuticals, see **Additional help on GH/OHA/SCM "Restricted Commodity" Approval of Pharmaceuticals**.

## **Annex 10 – Glossary**

### **Blindness**

Visual acuity of less than 3/60, 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 which impedes the passage of light into the back of the eye and the retina. Unoperated 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 ageing 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 but equal to or better than 3/60, 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.