

USAID's Child Blindness Program (USAID's CBP)

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LOI Webinars: Wednesday, October 21, 2020
9:00am US Eastern Standard Time

Thursday, October 22, 2020
9:00am US Eastern Standard Time

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5:00pm US Eastern Standard Time

LOI Submission Closing Date: Wednesday, November 4, 2020
5:00pm US Eastern Standard Time

Subject: USAID's CBP Grant Round 3 Request for Application (RFA) Phase I – Letter of Interest (LOI)

Dear Applicants,

Integrative Sciences, LLC (IntSci) working with the International Eye Foundation (IEF), the implementing partner for USAID's Child Blindness Program (hereafter referred to as "USAID's 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 support the continued implementation of "USAID's CBP Grants Activity." USAID's CBP supports expanding the availability, accessibility, and quality of eye health services to vulnerable children and other populations with limited access to sight-saving services by: 1) increasing the number of children provided with quality eye health services; and 2) advancing the global knowledge base on best practices and innovative approaches for pediatric eye health programs. (The detailed project description is in Section I. Funding Opportunity Description).

Selected Grantees will implement their projects to contribute toward the achievement of USAID's CBP objectives. USAID's CBP consists of two interrelated components and their objectives:

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

- Objective 1a: Availability and accessibility of quality eye health services for children and other vulnerable groups expanded;
- Objective 1b: Administrative, technical, and financial capacity of grant recipients enhanced; and
- Objective 1c: Monitoring, evaluation, and learning 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 health programs.

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

This RFA consists of this cover letter and the following sections:

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.

Be sure to read Sections IV and V carefully, as it will affect the acceptance of your LOI.

Issuance of this RFA does not constitute an award commitment from USAID/IntSci nor does it commit USAID/IntSci 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,
Chris Pearson
USAID's CBP Senior Program Manager

cc: Sean Kelly, USAID's CBP Grants Specialist (GS), Nehad Fattah, USAID's CBP Monitoring, Evaluation, and Learning (MEL) Specialist, Maria Vance, USAID CBP's Finance Specialist (FS)

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ACRONYMS

CoC	Continuum of Care
DUNS	Data Universal Numbering System
FA	Full Application
GS	Grants Specialist
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
REC	Review and Evaluation Committee
RFA	Request for Application
SAM	System of Award Management
USAID	United States Agency for International Development
USAID's CBP	Child Blindness Program (Current-2018-2023)

SECTION I: FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

In this 30th year of USAID's Child Blindness Program (USAID's CBP), the primary focus will be to fund multiple high impact, large and medium-scale eye health programs capable of expanding the availability, accessibility, and quality of eye health services to vulnerable children and other populations with limited access to sight-saving services.

While USAID's CBP identified and awarded grants to programs covering a broad range of technical areas in Grant Rounds 1 and 2, such as grants on Retinopathy of Prematurity (ROP), Retinoblastoma, and the development of new diagnostic tools and protocols, the **primary focus** of Grant Round 3 will be to fund grants that help **expand basic eye health services to communities in need**. The following includes a list of activities that are of particular interest to USAID's CBP this grant round:

- Community and/or school eye health screening programs to treat cases of refractive error and provide referral for other surgical and non-surgical treatments
- Building the capacity (training in-person or virtually) of eye health service providers to identify and treat eye diseases and conditions
- Expanding and strengthening eye health service sites in underserved communities
- Low-vision programming, inclusive of procurement of visual aids and follow-on treatment

The following solicitation is designed to support a competitive selection process, through which USAID's CBP will select the best concepts for grant funding by Summer/Fall 2021. Applicants are strongly encouraged to read the entirety of this solicitation and attend any webinars to obtain further clarifications as required.

1.1 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. For people with uncorrectable vision loss in developing countries, special services that integrate people, especially children, into regular schools and the work force simply do not exist or are rare and often prohibitively expensive.

The World Health Organization (WHO) estimates there are 1.4 million children with irreversible visual impairment in the world. Approximately 80% live in low resource countries. Thankfully, vitamin A deficiency is no longer the leading cause of blindness in children. Presently, the leading causes of blindness are uncorrected refractive error, pediatric cataract, and glaucoma, with ROP and injuries noted as significant preventable causes. Children in low resource countries often lack access to necessary eyeglasses, visual aids, rehabilitation services, and/or other therapies and treatment. Vision loss in children also impacts families, communities, and countries by causing significant expenditures for care and reducing productivity potential. Investing in services that treat eye disease, restore sight, and enable children with uncorrectable vision loss to reach their full visual potential transforms lives, families, and societies.

The lack of specialized pediatric ophthalmologists and allied ophthalmic personnel reduces access to quality eye health for children with vision impairment who could otherwise be treated or provided with appropriate therapies. Children with vision impairment often are difficult to find in their communities as they are hidden at home. USAID's CBP seeks to improve and expand human resources, treatment and surgical services, community-based case finding, and pediatric eye health services enabling all children to access care that helps them reach their full visual potential.

Quality eye health services for children includes a robust, collaborative network of core institutional partners from various communities such as eye health, disability, and education who work collaboratively at the local, national, and regional levels.

USAID prioritizes gender equity. Serious gender gaps in access to eye health services must be addressed to ensure all children receive the quality eye care they need. Several key gaps outlined by the International Agency for the Prevention of Blindness (IAPB)¹ include:

- **Culture** – In many cultures, the health of women and girls is not prioritized, particularly if the condition is not life threatening, such as vision impairment or even blindness.
- **Limited Access** – Women and girls face unique barriers to accessing health services, particularly in low and middle-income countries. Women’s access to preventive care, diagnosis, and treatment is significantly lower than for men and boys.
- **Economics** – Women and girls are less likely to be economically active and, in many developing countries, they tend to have less control over financial resources. As a result, families tend to invest in present or perceived future income earners (men and boys) as a priority over women and girls.
- **Geographic** – Cost of transportation for children, particularly girls, limits their ability to access eye health services. The need for someone to accompany women and girls in many low and middle-income countries creates an additional barrier to receiving necessary eye health services.

In many ways, these challenges are interconnected, and therefore programs require a comprehensive plan to address gender inequities targeting these elements to ensure that equal care and opportunities are provided to both boys and girls.

2. Background

USAID’s Child Blindness Program (CBP) began as a Congressional directive in 1991 to prevent and treat child blindness. Since that time, the U.S. Congress has provided over \$1 million per year to USAID for the program. In recent years, the annual funding has risen, enabling CBP to expand its field reach and provide critical services to more children. To date, CBP has awarded approximately \$29 million in grants to over 50 local and international eye care and health NGOs, reaching over 7 million children worldwide.

Historically, USAID’s CBP funded projects covering a range of thematic priority areas, including but not limited to screening for refractive error; expanding the availability of referral networks for quality pediatric ophthalmology services; building the capacity of pediatric eye health providers by strengthening pediatric eye health services and human resources; supporting training of pediatric ophthalmologists; providing learning between countries; advocating policy change that increased resources for eye health at the national level; and saving premature babies from losing their sight by applying research and best practices in preventing and treating ROP.

In addition, CBP also promoted inclusive education for children with severe visual impairment, including blindness, by leveraging proven teaching and learning techniques such as use of didactic materials, adapted furniture, and braille transcriptions of the national school curriculum; and by supporting programs that provided specialized education tailored to the needs of children with uncorrectable vision loss and blindness.

¹ IAPB – Evidence for Gender and Eye Health Presentation – www.iapb.org/genderequity

In many instances, USAID’s CBP support is the primary resource for designing, testing, and expanding the use of innovative approaches such as telemedicine and mobile technologies to identify children with visual impairment and provide treatment options. USAID also leverages important advances in the eye and general health fields to continually evolve the program’s efficiency and effectiveness.

2.1 Programmatic Context

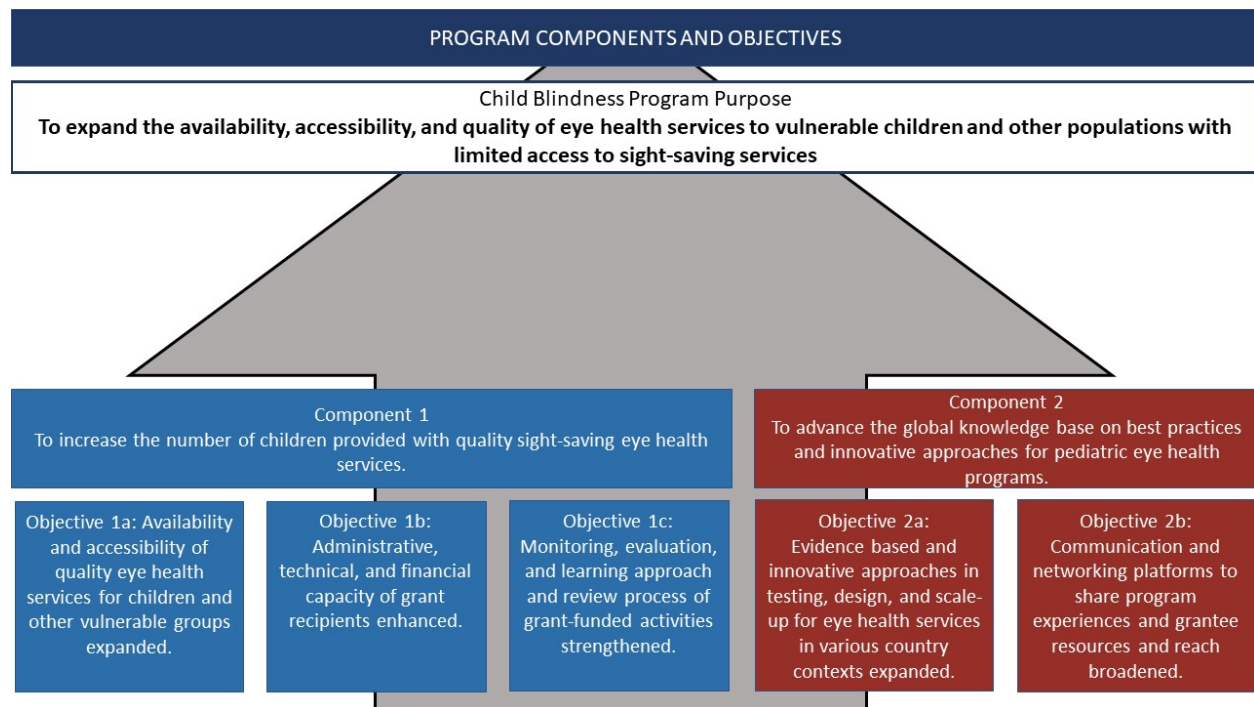
CBP has made significant progress in expanding and integrating eye health services for underserved communities by focusing on high-quality interventions, innovation, and capacity building of organizations that provide eye care for children. CBP’s investments in pediatric eye health services have expanded the reach, impact, and technical leadership in the eye health sector.

In 2019, USAID’s CBP awarded 11 grants totaling \$1.9 million to 10 international and U.S.-based non-governmental organizations (NGOs) in 9 countries, representing the first of four grant cycles supporting projects that are to be completed by the end of 2023. More recently, in 2020, USAID’s CBP selected an additional 14 international and U.S.-based organizations for grant funding amounting to over \$3.3 million to support and expand services that demonstrate best practices, innovation, and knowledge-sharing within the context of pediatric eye health.

2.2 Program Results Framework

Activities to be funded through this solicitation will primarily support USAID’s CBP Component 1: Increase the number of children provided with quality eye health services.

Figure 1. CBP Components and Objectives



3. Applicant Program Design

Proposals must clearly state a project goal(s), objectives, and actions the project will implement to achieve the goal(s), as well as target *at least one* of CBP’s key **thematic priorities** and *all* of CBP’s **cross-cutting priorities**, as defined in Section 3.1, below. The project’s actions will be measured by

indicators and budgeted to achieve objectives. Successful Applicants will demonstrate connectivity between priorities wherever practical, including but not limited to addressing gender inequities and gaps in programming, promoting sustainable interventions and impact, creating a continuum of care, investing in capacity building, establishing stronger monitoring, evaluation, and learning (MEL) approaches, and using the most up-to-date methodologies and best practices in delivering high-quality eye health services. Moreover, applications must also factor in the COVID-19 pandemic and other critical constraints, as well as opportunities that will have the greatest impact on providing high quality service delivery.

Proposals should describe the eye health situation in the respective country where the project will be implemented, articulate a critical need, and present a clear rationale for addressing that need. Applicants currently reaching large populations of children must describe how they will expand or scale up the services they are providing vs. requesting funds to maintain current activities. CBP welcomes proposals that demonstrate innovative methodologies, technologies, and activities.

The following descriptions provide guidance on how CBP's program priorities may be achieved. They are not meant to be exhaustive nor prescriptive. Applicants should carefully review this section to understand CBP's vision.

3.1 Thematic Priorities (at least one thematic priority must be addressed in every proposal):

Promote High Quality and Comprehensive Child Eye Health Services – Establish effective, comprehensive child eye health services that ensure a child has access to all the services s/he may need for care from the community level to the secondary and tertiary hospital levels. The service elements that should be addressed are the continuum of care that identifies children early in their lives, addresses constraints to effective referral to the next level of care, ensures effective and safe treatment and surgery, monitors follow-up care and outcomes, and provides access to low vision and other rehabilitation services.

Create Effective Training Programs – Provision of high-quality training programs to ensure there is an effective team available to treat children. Training a pediatric ophthalmologist or a pediatric-oriented ophthalmologist and a supporting team of optometrists, nurses, anesthetists, and other Allied Ophthalmic Personnel (AOP) must be available for screening, examination, referral, treatment, and low vision therapy for eye conditions such as cataract, strabismus, glaucoma, ROP, diabetic retinopathy, corneal conditions, retinoblastoma, refractive error, and low vision. Successful programs train ophthalmologists and clinical personnel at regional centers of excellence and through inter-institutional exchanges. Training of personnel in communities is equally important to develop linkages for identifying and referring children to treatment facilities. Training of administrative and finance staff are critical to ensuring efficient and cost-effective services and help the eye health service achieve self-reliance. Cross-sectoral and inter-institutional training is important to build collaborative programs and teamwork for comprehensive care.

Strengthen Infrastructure and Improve Equipment – Specialized diagnostic and surgical equipment, instruments, and supplies are required for safe and effective treatment. Essential equipment for an operating theatre where children with ocular conditions can be treated include an operating microscope, anesthesia machine, oxygen masks, warming blankets, accoutrements for children, vitrectomy machine, surgical instruments, and medical supplies and consumables.

Expand Outreach and Referral Programs – Outreach to identify and transport children and their families to a facility that treats children with eye conditions is critical to expanding access to eye health services. Effective outreach programs build on proven community-based strategies that identify children with vision loss and their families and integrate training for health workers from the community including

primary schools, as well as the secondary and tertiary levels. Training community health workers such as Key Informants (KIs) and developing vision center strategies that are adaptable, effective, and sustainable are recommended approaches. Available technology, such as cell phones, hand-held vision screening devices, tele-consultation tools, and simple job aids can improve the effectiveness of outreach programs.

Expand and Treat Refractive Error – Children with uncorrected refractive error should be identified and given glasses before they fall behind in school and daily activities. There are well-established strategies and guidelines available to train teachers, students, and community health workers to screen children and refer them for refraction and prescription for eyeglasses. Successful programs demonstrate integration of eye health programs into school health programs, coordinate with qualified optometrists or “refractionists” to perform refraction, prescribe and deliver eyeglasses, measure compliance on using eyeglasses in the classroom and elsewhere, evaluate cost-effectiveness, and follow-up with students to determine if any modifications are needed to ensure the eyeglasses continue to function properly.

Establish and Strengthen Low Vision Services – Many children with visual impairment that cannot be corrected by treatment, surgery or eyeglasses may require low vision services, which often are not easily available and may be expensive. Strengthening services by training low vision specialists, pediatric optometrists, orthoptists, occupational therapists, and rehabilitation specialists and ensuring the supply of low vision devices as needed, especially in low resource countries constitute a critical service for children with visual impairment. Successful low vision services include innovative low-cost vision aids, devices, and technologies that are affordable, and also build linkages with other disability communities to address issues of inclusion, rehabilitation, and education.

3.2 Cross-cutting Priorities (all priorities must be addressed in proposals):

Identify and Address Gender Inequities and Inequalities in Eye Care – Applicants must describe how their project will address gender equity for their beneficiaries, including across gender and socio-economic classes, marginalized populations, and between urban and rural areas. Applications must describe how the project will ensure that benefits are equally accessible and affordable to girls and boys. Proposals must clearly describe any custom interventions, methods, budget considerations, and other approaches that address gaps in gender equity throughout the project cycle, including the design phase, implementation, monitoring and evaluation of activities, and closeout. Proposals demonstrating a strong gender focus will receive greater consideration than those providing only limited emphasis in this technical area.

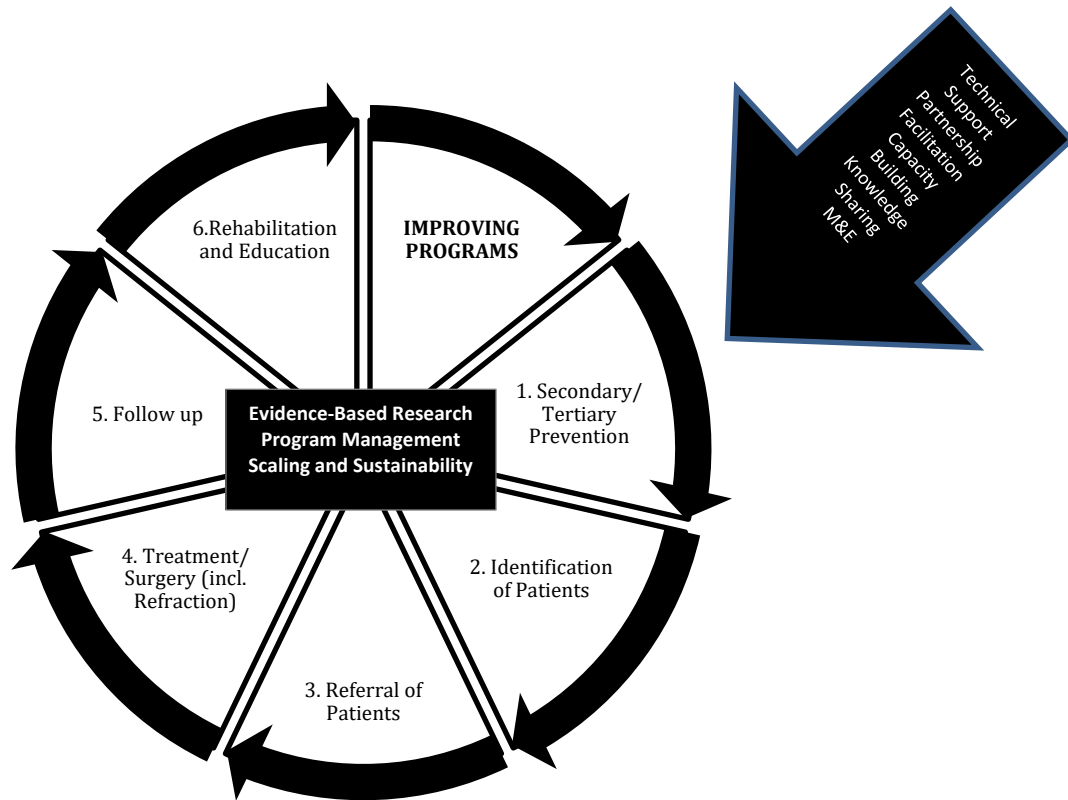
Follow a Continuum of Care (CoC) Approach – CoC is a best practice that ensures a child has access to all the services s/he may need for their care. All applications are required to demonstrate that CoC is established within their project.

Every point in the CoC is critical. 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;
5. Rehabilitation and education.

Without the availability of all the services illustrated in the CoC graphic (See *Figure 1. Continuum of Care*), a child may not reach his/her full visual potential. Projects may provide all of these services in-house or may document the linkages that exist with other service providers to maintain the continuum.

Figure 2. Continuum of Care



Develop Replicable, Scalable, and Sustainable Interventions – Applicants must show evidence that the proposed project has the potential for sustainability and have scalable qualities that can be replicated or expanded. All projects must demonstrate a plan for long-term implementation of project activities. Applicants may propose to work with multiple stakeholders to encourage sustainable impact and ensure that services continue after USAID’s CBP funding has ended. Where this project is an add-on to government or national services, Applicants must demonstrate formal coordination and cooperation with government and existing national systems that support continuation of services. The nature of this coordination both during and after the project ends must be clearly explained and suited to local conditions.

Address Additional Capacity Building Needs – Strengthening local organizational and/or human capacity through improvements to quality eye health services directly supports CBP’s objectives. Proposed activities must consider how USAID’s CBP-funded projects will contribute to addressing gaps in service delivery; improving the development and retention of clinical and administrative personnel; and technical, administrative, and/or financial functions.

Strengthen Monitoring and Evaluation Approaches – Applicants must demonstrate a mix of both quantitative and qualitative performance indicators to measure and document project success, specifically as it relates to improved performance and sustainability of eye health services. Applicants must demonstrate an adaptive management process to challenge, verify, and question assumptions; evaluate project success against established targets; identify and implement innovative approaches to

maximize success; and ensure impact of the project. For innovative projects where USAID's CBP approved indicators (listed in this RFA) are not appropriate, Applicants are expected to create additional custom indicators that better measure and document progress towards achieving their specific objectives.

Utilize Best Practices in Pediatric Eye Health Services – In the proposal's technical approach, all projects must demonstrate best practices and standard protocols. Applicants are expected to use procedures that have been tested, replicated, and are evidence-based to produce the highest quality results for their beneficiaries. Standards may be local, national, or internationally-based. If an innovative technology is being utilized or tested in the project, the proposal must describe strong justification for testing the technology. Additionally, informed consent authorizations must be acquired from national legal authorities to allow the technology to be utilized on patients to ensure comfort and safety of patients and eye health providers.

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's CBP's list of standard indicators (See *Table 1. USAID's CBP Indicators by Components*) and targets set for each indicator. Grantees must establish targets based on work plan activities as well as identify data collection methods and schedules. Reporting on the selected indicators must be completed quarterly and annually. A designated MEL officer should be identified by the Grantee to ensure the data is managed according to the agreed upon MEL Plan and indicators. A few Grantees will be selected by USAID's CBP to receive a site visit to review supporting documents and data collection procedures. During the visit, USAID's CBP personnel will conduct a data quality assessment to ensure the data is valid, reliable, precise, and collected in a timely manner. In addition, some Grantees will be selected to conduct mid-term evaluations, which will be determined on a case-by-case basis, as well as be provided with capacity building support on CBP indicators to ensure consistency in application across programs.

The use of standard indicators ensures that Grantees uniformly track outputs and outcomes to help measure project effectiveness in achieving objectives as well as management, service delivery, expansion of services, capacity building and innovation. These indicators can be aggregated to measure impact. Grantees who are invited to submit full applications must include standard CBP indicators and targets that are designed to track implementation of activities against targets, capture project outcomes for learning and communication, and contribute to performance monitoring.

USAID's CBP works with each Grantee to establish targets that can be achieved within the stated time frame and available resources. Any unforeseen barriers or roadblocks, such as natural disasters, will be managed on a case-by-case basis in close coordination between USAID's CBP and the Grantees to appropriately adjust achievement of targets. An example is the coronavirus pandemic that has affected grantees' ability to meet their targets on time. Applicants should describe how they will address COVID-19 in their projects by mitigating impact, addressing government restrictions and guidelines, and describing safety measures in place to protect staff and beneficiaries. USAID's CBP will provide the data collection formats and tables needed to transfer information from the project to CBP. Additionally, USAID's CBP will provide guidance to ensure high quality data collection, including documentation and review of the methodology and processes for collection.

Quarterly and final reports are requirements of all USAID’s CBP-funded projects. USAID’s CBP collects success stories and photos in addition to requesting information about Grantees’ progress, achievements, and challenges.

Table 1. USAID’s CBP Indicators by Components

The following indicators and definitions support CBP components:

#	INDICATOR	DEFINITION	COMPONENTS
1.	Number of people who benefited from USG-supported services.	Number of individuals who receive services from sites/programs supported by USAID’s CBP. Services include vision screenings, referrals, provision of eyeglasses, non-surgical intervention, surgical intervention, low vision, or rehabilitation services for blindness, and structured training for individuals.	Component 1
2.	Number of children screened for eye diseases, refractive error, and other eye conditions.	Number of individuals screened for refractive error and other eye diseases and conditions through USAID’s CBP support.	Component 1
3.	Number of children referred for additional services.	Number of referrals made for individuals to services that resulted directly from screening provided with USAID’s CBP support.	Component 1
4.	Number of children with refractive error who received eyeglasses.	Individuals who have been identified with refractive error of visual acuity 6/12 (20/40) or worse and who received eyeglasses through USAID’s CBP support.	Component 1
5.	Number of children with non-surgical eye diseases or conditions who received treatment.	All individuals who have been identified with a non-surgical eye condition who received treatment through USAID’s CBP support.	Component 1
6.	Number of children with eye conditions who received surgery or examination under anesthesia.	All individuals identified with an eye condition that requires surgical intervention who received treatment through USAID’s CBP support.	Component 1
7.	Number of children who received low vision or rehabilitation services.	All individuals who identify as having vision loss even after treatment and/or standard refractive correction, and have a visual acuity of worse than 6/18 (20/60) to light perception, or a visual field of less than 10 degrees from the point of fixation, but who use, or are potentially able to use, vision for planning and/or execution of a task, and who receive a low vision device or aid and/or rehab therapy.	Component 1

#	INDICATOR	DEFINITION	COMPONENTS
8.	Number of service sites established or strengthened.	The number of sites with added or expanded types of services that address child blindness in the grant coverage area. A service site can be a hospital (tertiary, secondary, or primary [e.g., health facility, vision center]), community location (e.g., school or outreach site), or a mobile unit that is an extension of the base hospital that strengthens and provides the service. To be considered a service site, child eye health services must be routinely provided with adequate staff and equipment for the service(s) provided. A new service site refers to a site that previously lacked vision services, but with USAID's CBP inputs is now offering eye health services. An expanded service site refers to a site that previously offered vision services, but with USAID's CBP inputs is now able to offer a broader range of services, expand geographic coverage, or significantly increase the number of clients served.	Component 1
9.	Number of service providers trained to detect and/or treat visual impairment.	Number of service providers trained in child eye disease and pediatric eye health services. The sum of providers trained represents an unduplicated count of participants who successfully completed training.	Component 1
10.	Number of technologies and tools under development.	Describe the number and use of innovative technology and tools that lead to substantial improvements in addressing USAID's CBP challenges and interventions. Innovation may incorporate science and technology, but also may include innovation in program strategies and effectiveness.	Component 1 & 2
11.	Number of grantee project findings formalized and shared with USAID's CBP stakeholders.	Project findings shared and disseminated to key stakeholders within the country where the research was conducted. Sharing of findings and dissemination is any external communication or sharing of knowledge through publications, presentations, and/or other media.	Component 2

4.2 Collaborating, Learning and Adapting (CLA)

USAID's CBP's approaches to MEL are 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 learning from previous efforts of what works and does not work, helps better achieve overall goals; and
- Adapting interventions based on lessons learned will enable better results and manage expectations.

As noted above, USAID's CBP's approaches to MEL prioritize communicating this information to key stakeholders, enabling them to utilize evidence in their policy, management and planning processes. The use of established MEL approaches demonstrates to stakeholders the validity of data, which in turn, provides evidence that the project was carried out according to management plans. Accountability is critical to maintaining the credibility of USAID's CBP.

Based on the successes of past and current CBP projects, program staff and Grantees have continually built quality programs with important enhancements to services. This results from addressing lessons learned and applying best practices to deliver a program that exceeded expectations. These components and their corresponding objectives are addressed in *Table 1. USAID’s CBP Indicators by Components*.

4.3 Impact and Performance Evaluation

USAID’s CBP projects selected in this grant round will demonstrate contributions to the thematic and cross-cutting priorities outlined in the Activity Description (Section 3 above), which ultimately contribute to CBP’s overarching objectives to improve the eye health of children and vulnerable populations.

USAID’s CBP measures performance on a quarterly basis through narrative reporting and data collection for each indicator. The data supplied ensure that Grantees are progressing as originally determined in their MEL plans. Data aggregated across all projects ensures that CBP can demonstrate its overall impact on the children it is meant to serve.

5. USAID’s CBP Project Examples

The summary of grant projects awarded in Grant Round 1 entitled “USAID’s CBP Project Summaries for Grant Round 1 (2019-2021)” is listed on USAID’s CBP website (www.usaid.gov/childblindness), as well as under Attachment C of this solicitation. Applicants are encouraged to review the comprehensive list of projects to understand 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\$350,000** for **Non-U.S. NGOs** and **USD\$100,000** for **U.S. NGOs**.

2. Period of Performance

Grant durations must be a minimum of 12 months and up to a maximum of 24 months in duration, but actual duration of awarded grants will be based on final negotiations.

3. RFA Phases

USAID’s 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:

3.1 Phase I

Applicants will complete and submit the attached *Letter of Interest (LOI) Form* (see Attachment A). 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 \$ and **MUST NOT** exceed the total budget cap for Non-U.S. or U.S.-based NGOs.² Organizations are strongly encouraged to review their budget figures in Attachment A – LOI Form to ensure they are accurate and do not breach these thresholds. **Any applications that breach these thresholds will be automatically rejected in keeping with the terms of this solicitation and the overall competitive process.**

² Grantees should indicate the source of any exchange rates used to calculate USD\$ amounts. I.e. National Bank Rates, Oanda.com, etc.

LOI Webinars: For those interested in learning more about USAID’s CBP and the LOI process, prospective Applicants are invited to attend USAID’s CBP hosted LOI Webinars.

LOI Webinar – Wednesday, October 21, 2020 at 9:00 a.m. U.S. Eastern Standard Time

Applicants interested in attending this LOI webinar via the internet on their computers or mobile devices can use the following link:

<https://zoom.us/j/95180264048?pwd=dW1HZXpGY0NVMjg4Z2lvdVJwQVZ5QT09> at the date and time for the webinar. If this link fails for any reason, you can also go to www.zoom.com and click the link “**Join a Meeting**” at the top of the page. Simply enter the **Webinar ID#: 951 8026 4048** and **Passcode: 102020** and click “**Join.**” Lastly, select your audio/video preferences to participate.

For participants seeking to **dial-in** via **phone**, please refer to **Attachment B** at the bottom of this solicitation for telephone numbers from participating Zoom.com countries. Callers must enter the Webinar ID listed above in order to join the call.

If your country is “not” listed in Attachment B, you will need to join the Webinar using either the weblink provided above or go to www.zoom.com and join the meeting from that location.

LOI Webinar – Thursday, October 22, 2020 at 9:00 a.m. U.S. Eastern Standard Time

Applicants interested in attending this LOI webinar via the internet on their computers or mobile devices can use the following link:

<https://zoom.us/j/94574026765?pwd=MHIvV0ZhUjdTOHZvYk5jdFI5c3JVQT09> at the date and time for the webinar. If this link fails for any reason, you can also go to www.zoom.com and click the link “**Join a Meeting**” at the top of the page. Simply enter the **Webinar ID#: 945 7402 6765** and **Passcode: 102120** and click “**Join.**” Lastly, select your audio/video preferences to participate.

For participants seeking to **dial-in** via **phone**, please refer to **Attachment B** at the bottom of this solicitation for telephone numbers from participating Zoom.com countries. Callers must enter the Webinar ID listed above in order to join the call.

If your country is “not” listed in Attachment B, you will need to join the Webinar using either the weblink provided above or go to www.zoom.com and join the meeting from that location.

All LOIs submitted on time and in accordance with instructions provided in this RFA (Sections IV and V) will be reviewed by members of USAID’s CBP Review and Evaluation Committee (REC). **Please refer to the cover page at the top of this RFA for LOI submission deadline.** The REC is a body comprised of experts from the field of eye health, international development programming, and other relevant fields as deemed necessary by USAID’s CBP. The REC will range from 5-7 members depending on the needs of USAID’s CBP.

The LOI review and selection process will be completed by **early December 2020**, at which point all Applicants will receive formal written notification from USAID’s CBP regarding the status of their LOI applications. For more details regarding specific selection criteria and the scoring process, please see Section V: Application Review Information, below.

3.2 Phase II – Full Application (FA)

As stated above, successful LOI Applicants selected to advance from Phase I to Phase II will be notified by **early December 2020**. With this official notification, Applicants will also receive an FA package, inclusive of proposal instructions, deadlines, and templates to guide the development of proposals

(technical proposal, budget, MEL plan, and work plan), as well as any other associated forms or materials required.

FA Webinar: Within this same notification, Phase II Applicants will be invited to attend an FA Webinar (exact date and time to be determined, expected in **early December 2020**). During this webinar, USAID's CBP staff will explain the Full Application (FA) process and respond to questions from Applicants in relation to any other aspect of the FA process.

Applicants will be given approximately **6 weeks** to submit their full applications to USAID's CBP. All applications submitted on time will be evaluated by the REC in accordance with the selection criteria outlined in Section V, below. Following the REC selection process, expected to be completed by **early March 2021**, CBP will notify finalists of their status, and begin seeking USAID Mission-level Concurrences in accordance with USAID requirements. This process is expected to take anywhere from 3-6 weeks, depending on the country context and proposed activities. Once USAID Mission Concurrence is received, Applicants will be promptly notified and their applications will proceed to Phase III-Negotiations.

3.3 Phase III-Negotiations

During this phase, USAID's CBP staff will work with each Applicant to complete a preliminary Pre-award Survey (PAS) to assess the Applicant's organizational and operational systems, tools, and procedures prior to award. Based on the results of the PAS, USAID's CBP will make a determination regarding the capabilities, operational readiness, and willingness on the part of each Applicant to implement a grant in accordance with the regulations and standards governing US government Assistance (grants) awards.

Following the conclusion of the PAS, Applicants receiving a positive determination will proceed to a thorough review of the project budget and technical application, and establish draft milestones and targets, accordingly. USAID's CBP will also work with each Applicant to develop a Branding and Marking Plan (B&MP), as well as complete an Environmental Review to determine whether or not an Environmental Monitoring and Mitigation Plan (EMMP) is required. Pre-Award Certifications, Assurances, and other Statements of the Recipient will be required for those Applicants moving on to Phase III.

Once completed, application packages will be submitted to USAID for final review and approval. USAID's CBP expects to submit grant packages in the Summer/Fall 2021.

SECTION III: ELIGIBILITY INFORMATION

1. Eligible Applicants

This RFA is open to non-U.S. and U.S. NGOs, including USAID defined Private Voluntary Organizations (PVOs), the private sector, and any 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 criteria:

- **Be registered in the proposed country(s) of operation with the relevant government entities to carry out the work proposed in the LOI, in accordance with local law. Exceptions may be granted only in cases where NGO registration is not required by local law.**

- Have sufficient staff and capacity, or the ability to hire additional staff 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 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 USAID's CBP team before the award is decided upon;
- Be willing to sign applicable certifications;
- Possess an active Data Universal Numbering System (DUNS) number prior to submitting a Full Application (Phase II) – this can be obtained through Dun & Bradstreet at <https://www.dnb.com/duns-number/get-a-duns.html>;
- Be registered through the System for Award Management (SAM) system at www.sam.gov prior to receiving an award from USAID's CBP;
- Not be found on Exclusion lists through SAM.gov (System for Award Management), Office of Foreign Assets Control's (OFAC) Specially Designated Nationals (SDN) List and Blocked Persons List; nor in the United Nations (UN) Security Council Resolution 1267 Sanctions List.

The following organizations are NOT eligible for USAID's 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 governmental organization not approved by USAID;
- Any organization listed in Public International Organizations (PIO) covered by the FCPA or UK Bribery Act; and
- Organizations (including partners, third party hospitals, vendors, etc.) that support (meaning provide funding, advocate for, or provide direct services) abortions or family planning, except in cases such as endangerment of the life of the mother and violence against women leading to pregnancy.

3. Eligible Costs

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

- Personnel/Labor;
- Consultants;
- Equipment;
- Materials and Supplies;
- Travel, Transportation, and Per Diem;
- Monitoring, Evaluation, and Learning;
- Activities, Training, and Workshops;
- Other Direct Costs; and
- Indirect Cost – Allowed only if the NGO has an established indirect cost rate or has a Negotiated Indirect Cost Rate Agreement (NICRA) from the 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.

A similar approach must be taken for any “restricted goods” as defined by federal regulations, including personal protective equipment (PPE), pharmaceutical products, used goods, vehicles, and other defined goods. Applicants seeking to purchase such goods will be required to submit quotations for these goods, as well as a justification for USAID approval. For more information about restricted goods, please refer to ADS Chapter 312 – Eligibility of Commodities – <https://www.usaid.gov/sites/default/files/documents/1876/312.pdf>.

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. Please refer to 2 CFR 700 <https://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.700&rgn=div5>, and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

The following costs will NOT be financed under this award:

- Not aligned with USAID’s 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 <https://www.usaid.gov/sites/default/files/documents/1868/350maa.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’s CBP Program (Applicants will not be reimbursed for the costs incurred in preparation for and submission of an application, and all preparation and submission costs are at the Applicant’s expense).

4. Cost Sharing

No cost share shall be included in budgets proposed under this solicitation.

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 shared promptly with all prospective Applicants.

2. Content and Form of this RFA-LOI

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

Attachment A: Letter of Interest (LOI) Form

- Cover Page (Must be completed, signed, and dated).
- Technical Approach: Briefly describe the need and your technical approach/rationale, as well as a clear outline of your goal(s), proposed objectives, activities, target audience, and expected results (quantitative and qualitative). Page Limit: 2 ½ pages. **Tables** and **diagrams** are NOT counted against your page limit, but we ask that you keep these to the minimum amount needed to support your LOI design.
- Describe your organizational qualifications for the proposal including past performance on similar projects (including any USAID or other donor funded program), key managerial or technical personnel, and other relevant information. Page Limit: ½ page.
- Budget detailing the major cost category summaries, followed by total direct, indirect, and total program costs.

Applicants must submit an electronic copy of the LOI Form in PDF. Applications may not exceed three (3) pages, single-spaced with size 11-point font in Times New Roman font. Margins must be no wider than 0.8” on the left and right, and 0.25” on the top and bottom, using the LOI Form provided in Attachment A (see attachment for further details).

3. LOI Submission Procedures

Applicants responding 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’s CBP Grant Round 3 RFA – “Name of your organization”.

4. Reminder on 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 after the grant agreement is signed will allowable costs be reimbursed. Nonrefundable VAT is not considered allowable under this RFA. USAID’s CBP reserves the right to fund any or none of the applications submitted.

SECTION V: APPLICATION REVIEW CRITERIA

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. USAID’s 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 as outlined in this section.

USAID’s CBP will screen each LOI to be sure basic requirements have been met (See Section A below). All LOIs that receive “YES” to the 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 5-7 individuals). The REC will evaluate LOIs based on the criteria as follows:

Section A: Screening Criteria – All answers to the following seven questions must be “YES”. If any questions are answered “NO”, then the LOI will not pass through to Section B:

	QUESTION	YES	NO
1	Is the organization legally registered in the country of operation with the relevant government entities to carry out the work proposed in the LOI, in accordance with local law?		
2	The Organization does NOT appear on any USG, UN, or other banned parties/sanctions list? (YES means does NOT appear on a list).		
3	Did the organization submit the LOI on time and follow all instructions (margins, page limit, font size)?		
4	Does the organization have prior experience in the technical area?		
5	For US-based Applicants, is the budget at or below the \$100,000 cap?		
6	For Non-US based Applicants, is the budget at or below the \$350,000 cap?		
7	Is the project duration between 12 and 24 months?		
	Total		

Section B: Technical Criteria – The REC will assess the merits of the screened LOI following the general guidance of the evaluation criteria detailed below. The REC will score each LOI, assess the technical merit, and express any specific suggestions they may have concerning the proposed activities. Based on this evaluation, Applicants will be selected to participate in Phase II – Full Application. Key considerations for the LOI review process and scoring are as follows:

Technical Description (80%)

- How well does the LOI respond to CBP’s priorities and objectives outlined in the RFA?
- To what extent has the Applicant provided sufficient description of their technical knowledge and experience, management capacity and staffing, as well as resources available to carry out the concept outlined in their LOI?
- How well has the Applicant outlined their MEL approaches to support proposed activities?
- How well has the Applicant outlined their Gender approaches to support proposed activities?

Budget (20%)

- Is the proposed budget reasonable given the activities proposed in the LOI?

2. Phase II

Incomplete and/or unsigned Full Applications (FA) forms will **NOT** be accepted. USAID’s CBP REC members will review all FAs submitted on time and will move them to Phase III or reject them based on the established selection criteria.

USAID’s CBP will screen each FA to ensure basic requirements have been met (See Section A below). All FAs that receive “YES” to the 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 5-7 individuals). The REC will formally evaluate applications based on the following criteria:

Section A: Screening Criteria – All answers to the following six questions must be “YES”. If any questions are answered “NO”, then the FA will not pass through to Section B:

	QUESTION	YES	NO
1	Does the FA include a fully completed Technical Application, inclusive of all required attachments (budget, MEL plan, work plan, etc.)?		
2	The Organization does NOT appear on any USG, UN, or other banned parties / sanctions list? (YES means does NOT appear on a list).		
3	Did the organization submit the FA on time and follow all instructions (margins, page limit, font size)?		
4	For US-based Applicants, is the budget at or below the \$100,000 cap?		
5	For Non-US based Applicants, is the budget at or below the \$350,000 cap?		
6	Is the project duration between 12 and 24 months?		
Total			

Section B: Technical Criteria – The REC will assess the merits of the FA following the general guidance of the evaluation criteria detailed below. The REC will score each FA, as assess the technical merit, and express any specific suggestions they may have concerning the proposed activities. The following elements will be evaluated by the REC when reviewing any given application:

Technical Application (70%):

- How well does the Program Description and Technical Approach address the thematic and cross-cutting priorities outlined in the RFA? Does the Applicant provide a clear mission statement for their program, clearly articulate goals and objectives, and offer sufficient detail in the description of individual activities under each objective?
- How well does the Applicant define their management structure, and identify appropriate staff positions and consultants to support proposed activities?
- Has the Applicant clearly demonstrated their direct involvement in the execution of proposed activities, separate from any collaboration with other organizations or institutions? **Note: Subawards are unallowable.**
- To what extent does the draft work plan offer sufficient details to illustrate the feasibility of the program design, including but not limited to the sequencing of activities such as program launch, mid-line activities, and program closeout?
- Does the Applicant provide clear definitions and data-driven evidence in the technical application for the selected indicators and targets? Are the proposed targets bold, yet realistic for the country context?

- How well does the Applicant take into consideration critical assumptions, mitigating factors, and other potential barriers to implementation such as COVID-19, socio-economic or political context, and the environment?
- To what extent does the Applicant’s Gender Plan fully address gender disparities in terms of access to care, gaps in the participation of women and girls in eye health programming, and opportunities for deeper integration of gender into activity design?

Cost Application (30%)

- How well does the Applicant connect the overall budget to the Technical Application?
- How well does the Applicant define individual cost line items both in terms of the description of that cost, as well as the narrative linking the cost to specific activities under each objective of the Technical Application?
- How well does the Applicant justify “how” they determined the unit cost, unit quantity, and total number of units required in the budget narrative for said costs?
- How balanced are the proposed costs in terms of resource allocations across the major cost categories (Labor, Travel, procurement Other Direct Costs, etc.) in comparison to the programmatic scope of the program.
- Does the overall budget provide sufficient funding to carry out the activities without the need for additional funds from external sources? **Note: No cost share shall be included in budgets proposed under this solicitation.**

USAID’s CBP expects to complete the REC review and FA selection process by **early-March 2021**. All FA Applicants will be notified on the status of their submissions at this time.

Ultimately, USAID’s CBP will select **approximately 20-25 FAs** to move to Phase III of the Grant Round 3 award process. In an effort to ensure that USAID’s CBP remains a global initiative, finalists will be selected in geographic groupings, with at least 2 FAs selected from each region. These regions include: Latin America and the Caribbean, Africa, and Asia. Our program also reserves the right to award to programs from any other country or region deemed allowable by USAID, including programs in Eastern/Central Europe, the Middle East, Oceania/Pacific, etc.

SECTION VI: AWARD AND ADMINISTRATION INFORMATION

1. General Information:

- Applicants are encouraged to submit questions related to this solicitation to RFA.childblindness@intsci.com.
- Applicants are not required to attend either the LOI or FA webinars but are highly encouraged to do so as USAID’s CBP staff will cover a range of key topical areas, from technical priorities to administrative and budget requirements.
- All Applicants selected for Phase III will be subject to a Pre-Award Survey (PAS) in accordance with ADS 303.3.9. The PAS is a question and answer-based process that the Applicant will complete and USAID’s 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, and accounting system), inventory controls, personnel management, etc.
- All technical/activity and budget negotiations will include a cost/value analysis conducted by USAID’s CBP staff in coordination with the Applicant. This analysis will consist of detailed questions and requests for supporting documentation to substantiate proposed costs. This is a

critical component of the award process, that will help CBP determine (amongst other things) the most appropriate grant mechanism for each application: Fixed Amount Award or Standard (Cost-reimbursable grant).

- Phase III applications selected for award also must be submitted by USAID's CBP to the USAID Missions for review and concurrence in the countries where the proposed activities will be implemented. This review process may take several weeks to complete and CBP appreciates your patience in this regard.

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](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.
- Successful Applicants will be required to undergo an Environmental Review and complete an Environmental Mitigation and Monitoring Plan as needed, per 22 CFR 216, ADS201 Part 201.5.10g, and ADS204 <http://www.usaid.gov/policy/ads/200/>.

3. DUNS Numbers - REMINDER

All Applicants with proposed budgets valued at USD \$25,000 or more are required to register for a DUNS number **prior to submitting a Full Application**, in accordance with ADS 303.3.5, subpart d, section 3. The Grants Specialist may assist the Applicant to obtain a DUNS number by accessing <https://fedgov.dnb.com/webform>. Please contact CBP for support if required.

4. System for Award Management (SAM) - REMINDER

All Applicants with proposed budgets valued at USD \$25,000 or more also are required to register their organization through the SAM system (www.sam.gov) **prior to receiving an award from CBP**, in accordance with ADS 303.3.5, subpart d, section 3. Applicants must first have a DUNS number in order to register through SAM. The Grants Specialist may assist the Applicant to register with SAM. Please contact CBP for support if required.

5. Reporting Requirements

All reporting requirements will be provided during Phase II.

SECTION VII: CONTACTS

USAID's CBP Point of Contact for this RFA:

Name: Sean Kelly
Title: USAID's 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’s CBP Grants Specialist only at the above e-mail address.

SECTION VIII: OTHER INFORMATION

1. Funding

USAID and Integrative Sciences, LLC 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 organizations that are selected (U.S. vs. non-U.S.). Therefore, USAID’s CBP will include in the award the latest Mandatory Standard and As Applicable 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>

SECTION IX: ATTACHMENTS

Attachment A: USAID’s CBP Letter of Interest (LOI) Form

Attachment B: Zoom.com International Country Call-in Numbers to Join LOI Webinars

Attachment C: USAID’s CBP Project Summaries for Grant Round 1 (2019-2021)

ATTACHMENT A

USAID’s CBP Letter of Interest (LOI) Form

Note: All fields **must** be completed when submitting your application

Date:	Name of Organization:
Phone:	Contact Person’s Full Name:
	Contact Email:
Address:	
Type of Organization: <input type="checkbox"/> U.S.-based NGO <input type="checkbox"/> Non-U.S.-based NGO	
Have you previously received a USAID’s CBP grant between the years of 2013-2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country (where activities will be implemented):	
Project Duration (in months):	
Total Budget (USD \$)	
Registration Status: <input type="checkbox"/> We are registered in the proposed country of implementation in accordance with local law. REQUEST: Please attach your official registration certificate (signed and sealed by the appropriate authorizing entity) to this application. <input type="checkbox"/> Other (Please explain) ³ :	

“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.”

Signature:

Date:

³ Organizations that **do not have** legal registration in the country of implementation when required by local law are **ineligible** to receive CBP funding in accordance with the terms outlined in Section III: Eligibility Information of this solicitation.

ATTACHMENT A (CONTINUED)

Instructions: Please provide the following information in three (3) pages or less (the cover page above and budget below do not count towards the three-page limitation):

1. Technical Description, Rationale, and Expected Results

Note: Briefly describe the need and your technical approach/rationale to the RFA, as well as a clear outline of your goal(s), proposed objectives, activities, target audience, and expected results (quantitative and qualitative).

Page Limit: 2 1/2 pages

2. Organizational Qualifications

Note: Describe your organizational qualifications for the proposal including past performance on similar projects (including any USAID or other donor funded program), key managerial or technical personnel, and other relevant information.

Page Limit: 1/2 page

3. Budget

Note: Enter costs for each major cost category. Be sure to complete every field, including those with a "\$0" value, and ensure your Total Budget is equal to the sum of all major cost categories.

Attention: CBP will reject LOI applications that exceed the limits set for US (\$100,000) or Non-US NGOs (\$350,000). This includes situations where either **the Total Budget** or **the sum of major cost categories** exceed these limits. Please check your math and be advised.

Cost Category	Amount funded by USAID's CBP
Personnel/Labor	
Consultants	
Equipment	
Materials and Supplies	
Travel, Transportation, and Per Diem	
Monitoring, Evaluation, and Learning	
Activities, Trainings, and Workshops	
Other Direct Costs	
Total Direct Costs	
Total Indirect Costs (if applicable)	
TOTAL BUDGET	\$

ATTACHMENT B

Zoom.com International Country Call-in Numbers to Join LOI Webinars

US: +1 253 215 8782 or +1 669 900 6833 or +1 346 248 7799 or +1 929 205 6099 or +1 301 715 8592 or +1 312 626 6799

Argentina: +54 343 414 5986 or +54 112 040 0447 or +54 115 983 6950 or +54 341 512 2188

Australia: +61 2 8015 6011 or +61 3 7018 2005 or +61 7 3185 3730 or +61 8 6119 3900 or +61 8 7150 1149

Austria: +43 120 609 3072 or +43 12 535 501 or +43 12 535 502 or +43 670 309 0165 or +43 72 011 5988

Bahrain: +973 1619 8488 or +973 1619 7601

Belgium: +32 2 788 0173 or +32 1579 5132 or +32 2 290 9360 or +32 2 585 5574 or +32 2 588 4188 or +32 2 788 0172

Brazil: +55 11 4632 2236 or +55 11 4632 2237 or +55 11 4680 6788 or +55 11 4700 9668 or +55 21 3958 7888

Bulgaria: +359 3 257 1633 or +359 2 492 5688

Canada: +1 778 907 2071 or +1 204 272 7920 or +1 438 809 7799 or +1 587 328 1099 or +1 647 374 4685 or +1 647 558 0588

Chile: +56 22 573 9304 or +56 22 573 9305 or +56 23 210 9066 or +56 232 938 848 or +56 41 256 0288

Colombia: +57 1 508 7702 or +57 1 514 0382 or +57 1 518 9697 or +57 1 518 9698 or +57 2 620 7388

Costa Rica: +506 4100 7699

Croatia: +385 1777 6333 or +385 1300 0988

Cyprus: +357 2 505 4777 or +357 2 200 0888

Czechia: +420 5 3889 0161 or +420 2 2888 2388 or +420 2 3901 8272

Denmark: +45 89 88 37 88 or +45 32 70 12 06 or +45 32 71 31 57 or +45 32 72 80 10 or +45 32 72 80 11 or +45 47 37 25 75

Dominican Republic: +1 829 956 2188 or +1 829 947 9220

Ecuador: +593 962 842 117

El Salvador: +503 2136 6444 or +503 2113 9088

Estonia: +372 880 1188 or +372 660 1699

Finland: +358 9 7252 2471 or +358 3 4109 2129 or +358 9 4245 1488

France: +33 1 7037 2246 or +33 1 7037 9729 or +33 1 7095 0103 or +33 1 7095 0350 or +33 1 8699 5831

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ATTACHMENT C

USAID's CBP Project Summaries for Grant Round 1 (2019-2021)

Aravind Eye Hospital (AEH)

AEH's project aims to improve the management of primary childhood glaucoma by better understanding the context of the caregivers of children with this condition. Over the next two years, the project team will accomplish the following: 1) identify critical factors that contribute to poor adherence to long-term follow-up of children; 2) provide detailed clinical examinations and treatments for patients seeking follow-up care; and 3) design innovative approaches to increase the acceptance of follow-up for treatment and compliance. Children up to fifteen years of age who have already been diagnosed with Childhood Glaucoma will be the focus of referral for treatment for this program, which will occur at AEH, Madurai. Detailed questionnaires will be administered to families who have adhered to follow-up care as well as those who have not. The children will receive thorough examinations to determine the impact of adherence on glaucoma outcomes and to identify ophthalmic factors associated with adherence. After the assessment, AEH will then pilot and implement efforts to increase follow-up among patients who are non-adherent.

Targets:

- Conduct 140 onsite eye examinations for children
- Survey 140 parents on adherence/non-adherence to follow-up care
- Conduct follow-up examination at base hospital for 40 children and 40 caregivers
- Complete impact evaluation on interventions to improve adherence to follow-up

Blantyre Institute for Community Outreach (BICO)

BICO's project aims to increase access to pediatric services in the northern region of Malawi by establishing a resource center at the Mzuzu Referral Eye Hospital to address pediatric eye health, follow-up rehabilitation, and education services. BICO's technical approach is aligned with the Malawi National Eye Care Five-Year Strategic Plan that prioritizes refractive errors and low vision. BICO will: 1) improve the quality and safety of pediatric surgery by providing essential equipment; 2) establish an optical service and workshop to provide eyeglasses and low vision devices; 3) train the ophthalmologists and clinical staff to perform pediatric examinations and surgery; 4) train district eye health workers and teachers to screen and refer children needing eyeglasses, non-surgical treatment, and referral to the hospital; and 5) examine visually impaired children at the resource center who have never received an eye examination or low vision assessment and provide treatment and low vision therapy to improve their learning ability. The enhancements at the hospital, skills, and community outreach will become a part of the standard services. The data generated from the program will deepen the understanding of the needs of children and provide additional evidence to improve pediatric eye health services in the country.

Targets:

- Train 50 primary school teachers and itinerant teachers to screen, identify, and refer children with vision impairments
- Train 1 ophthalmologist and 20 district eye health workers to screen, identify, provide appropriate treatment, and refer children that require additional care

-Screen 3,000 children in schools and resource centers, with 800 children identified with refractive errors and given eyeglasses and 20 children referred for surgical correction

B.P. Eye Foundation (BPEF)

BPEF's project aims to train and utilize existing infrastructures to fill the gap for lack of services and human resources to address the substantial unmet need of Refractive Error in Nepal. The primary focus of this project is to increase access to vision screening, ensure Continuum of Care (CoC) that starts with the provision of spectacles, and facilitate compliance, resulting in the reduction of prevalence of visual impairment due to refractive error. In addition, a cost-effective analysis will be completed, which includes developing a tool for data collection and analysis and measuring cost-effectiveness of the interventions. Emphasis will be placed on monitoring usage of spectacles and identifying barriers to establish a program to ensure compliance. This two-year project will be implemented in partnership with the Junior Red Cross Circle, which is an arm of the Nepal Red Cross Society (NRCS). The Junior Red Cross Circles, which include school-aged students, are established in schools country-wide and are being proposed as vision screeners. This supports the draft national eye health policy, which suggests students can be a cadre for vision screening during school sessions. The result will be increased access to vision screening, students and teachers as key stakeholders, and reduction of avoidable vision loss leading to a more productive and educated population.

Targets:

- Conduct 25 interactive workshops to train 500 students to screen vision of their peers
- Trained-students conduct 24,000 eye screenings for their peers
- Refer 4,800 students for additional screening
- Provide eyeglasses for 2,400 students
- Provide medication for 960 students

Child Survival Foundation International-Nigeria (CSFI)

CSFI will work with the University of Ilorin and the University of Ilorin Teaching Hospital to organize a team of specialists from eye health, pediatrics, community health, and epidemiology to create a directory "map" of schools for children with special needs in all of Nigeria's 36 States. CSFI will train eye health teams in each of six pilot States to evaluate the services at these schools. They will provide on-site comprehensive examinations, deliver eyeglasses, and refer and treat children for surgery, low vision, and rehabilitation. CSFI, in collaboration with State governments, university partners and State Universal Basic Education Boards (SUBEB), will be able to describe the contribution of visual impairment in special needs schools and the options and resources needed to expand eye health services for vulnerable special needs children in other States in the country.

Targets:

- Screen 2,000 children with special needs enrolled in 20 schools across six States
- Conduct 600 follow-up examinations, referrals, and treatments for the children screened
- Deliver eyeglasses and low vision devices to 400 children identified with eye health problems
- Refer and conduct surgery for 30 children identified with eye health problems
- Train 130 teaching staff and school nurses at 20 special needs schools to screen, identify, and list children for examination

Helen Keller International Nepal (HKI)

HKI's project is consistent with the Government of Nepal's draft *Strategy for Prevention and Management of Retinopathy of Prematurity (ROP)*, including its commitment to roll-out ROP services beyond the Kathmandu Valley. HKI will use a participatory approach with the hospital management and staff in Banke to increase adoption of new practices and guidelines, use technology-based tools, and address barriers to change. This one-year project will: 1) expand quality ROP services to the district level outside the Kathmandu Valley; 2) reduce loss-to-follow up; and 3) improve accurate diagnosis and treatment through technological innovation. HKI, in collaboration with the Tilganga Institute of Ophthalmology (TIO) and the University of Illinois, Chicago's Department of Ophthalmology & Visual Sciences, will build on a previous USAID's CBP project to expand comprehensive, quality ROP services (screening, diagnosis, referrals, treatment) to three hospitals in the poor Mid-Western District of Banke. To reduce the number of ROP babies lost to follow-up, HKI will utilize cell phones and improve caregiver communications as well as standardize the registration process for babies in NICUs by using a unique identifier number system as many babies are not named until age one month.

Targets:

- Train 64 hospital staff on neonatal intensive care units (NICU) management and ROP care
- Train 60 staff on how to counsel parents and caregivers on the importance of follow-up care for babies with ROP
- Screen 980 preterm babies using telemedicine software
- Refer for follow-up care and provide treatment to 98 preterm babies
- Provide counseling to 1,400 parents and/or family members of ROP babies on the importance of follow-up visits

Interactive Research and Development (IRD) Global Limited

IRD Global Limited's project aims to improve access to the Continuum of Care (CoC) to control visual loss from ROP through screening and treatment, policy changes, and awareness-building among caregivers and health care professionals. This is a Public-Private Mix (PPM) initiative in collaboration with the Ministry of Health and Family Welfare Bangladesh (MoHFW), National Institute of Ophthalmology and Hospital (NIOH) and IRD in Bangladesh (project implementing country entity of IRD Global Limited). This project has six key goals: 1) develop a National Task Force for ROP in Bangladesh; 2) establish ROP reporting within the national database (DHIS2); 3) undertake a situational analysis of neonatal facilities in the government sector; 4) identify centers with neonatal facilities to determine if they can train and mentor; 5) identify, map and prioritize neonatal units using a predefined criteria; and 6) identify and train eye health care providers to screen and treat.

Targets:

- Complete mapping of neonatal facilities in the government sector
- Establish ROP reporting within the national database (DHIS2) to monitor national program
- Train eye health care providers to screen and treat ROP
- Draft online continuing medical education (CME) course to support implementation of the ROP guidelines – supporting policy-to-practice applications

Kilimanjaro Centre for Community Ophthalmology (KCCO)

A grant from the previous CBP13 enabled KCCO to identify and document several preferred practices associated with increased access to cataract surgery and post-operative services across five Child Eye Health Tertiary Facilities including the Benedictine Eye Hospital (BEH) in Tororo (Eastern Region of Uganda). BEH, with support from KCCO, has made progress in the implementation of several evidence-informed preferred practices in the last decade. This project aims to improve access to high-quality

pediatric eye health care in the Eastern Region by: 1) delivering direct services to children in districts identified with low pediatric cataract surgical rates; and 2) using evidence on the short and long-term outcomes of cataract surgery, service utilization patterns and barriers to care. A clinical chart review will identify 100 children who received cataract surgery at BEH between 2012 and 2017. They will be followed up at home to collect clinical, educational, socio-anthropological, and health-related quality of life data using the PedsQL 4.0 instrument. This project combines service provision and operational research and is the first of its kind in Africa to incorporate a long-term comprehensive assessment of the impact of cataract surgery in children. The implications of the findings on practice, program and policy will be assessed, and remedial interventions and policy solutions proposed. At the end of the project, a knowledge translation symposium will be held at BEH with district, regional and national stakeholders from the MOH and MOE.

Targets:

- Train 400 community-level Key Informants (KI's) in 5 districts
- Complete 10 screening camps and screen 1,200 children
- Select 100 children for the study via Retrospective Chart Reviews
- Administer semi-structured interviews for parents/caregivers/teachers of the 100 children in the study
- Utilize PedsQL instrument to assess educational placement and health-related quality of life for the 100 children in the study
- Submit scientific writings on the findings of the research

Project Orbis International Inc. (Orbis) - Bangladesh

Orbis Bangladesh successfully implemented a previous CBP-funded project to develop a comprehensive model of eye health care for children with diabetes in Bangladesh 2016-2018 working with the Diabetic Association of Bangladesh (BADAS) in the capital Dhaka and Bogura. This project will maintain its work with the BADAS centers in Dhaka and Bogura and expand to Faridpur at the Orbis-supported Khulna BNSB Eye Hospital and Dinajpur at the Gausul Azam BNSB Eye Hospital Dinajpur. Orbis will focus on barriers to care faced by children living in rural areas and raise awareness in communities about the eye complications of diabetes. The project will: 1) expand the age range to include children and young adults up to age 26 years to track, follow-up, and ensure referral from BADAS to Orbis-supported eye health services; 2) expand the focus to include treatment for eye diseases such as cataract, strabismus, and Unidentified Refractive Error (URE) more commonly found in diabetic children; 3) support a full-time optometrist at BADAS Dhaka to provide eye health services and tele-consultation, and manage the information system, outreach and training; and 4) set up "spectacle corners" in BADAS centers or local eye hospitals for timely dispensing of eyeglasses. The project is building on lessons learned from the previous CBP13-funded project that found children 0-14 years old with diabetes need to be followed through to age 26 years as it is in these years when retinal changes can occur.

Targets:

- Complete 35,000 eye examinations, refraction, and eyeglass distribution for 600 children at BADAS hospitals
- Provide laser, non-surgical, and surgical treatment and follow-up for approximately 3,500 children with diabetic retinopathy and other eye diseases
- Set up 4 Spectacle Corners at BADAS hospitals
- Establish 3 outreach camps and school screening programs for 20 schools
- Train 2 hospital staff on screening, image capturing, grading, counseling, health education, and outreach management
- Train 8 photographers and 8 graders on the use of fundal imaging

Project Orbis International Inc. (Orbis) - Mongolia

Orbis Mongolia aims to deliver a replicable model of children's school-based vision screening that is suited to remote areas in Mongolia's low population-density setting. This model will create a domestic refractive error training capacity by leveraging existing cadres, bring refractive services to approximately 10% of children identified with Unidentified Refractive Error (URE), and refer children with other eye conditions to the capital. Orbis' technical approach consists of training school physicians/nurses and district ophthalmologists/refractionists to establish school-based vision screening, conduct self-refraction using a USee device, dispense ready-to-clip glasses, and create a strong referral network for more complex pediatric eye health care. QuickSee was chosen because it is binocular and does not require that children have their pupils dilated, reduces refraction time for each child, and is accurate, simple, and portable.

Targets:

- Train 37 school physicians/nurses in vision screening
- Train 41 ophthalmologists/refractionists and school physicians/nurses in self-refraction technique, including using and dispensing ready-to-clip glasses
- Trained school physicians/nurses screen 27,458 children from aimags and 14,542 children from Ulaanbaatar
- Complete self-refraction for 4,200 children identified with visual impairment
- Distribute 2,940 free spectacles to children with refractive error
- Refer 200 children identified with eye health problems to aimag centers for diagnosis

Sampan'asa Loterana Momba NY Fahasalamana (SALFA)

As a past recipient of CBP13 funding, SALFA championed pediatric eye health services by successfully demonstrating the Key Informant strategy (community-based case finding) to identify children for examination and referral for treatment and surgery. In this new program, SALFA will build on lessons learned by expanding pediatric eye health services at four secondary hospitals by training clinical staff, integrating pediatric services into the National Child and Maternal Week campaigns (Semaine de la Santé Mère Enfant - SSME), introducing Child Eye Health Days, and developing school eye health programs in schools. In collaboration with government, SALFA will model services and provide evidence to expand pediatric eye health care to other secondary hospitals in the country. SALFA coordinates its technical approach with the Ministry of Health and the priorities of the National Eye Care Strategy. SALFA will introduce Key Informant community-based case finding at four secondary hospitals and will: 1) strengthen pediatric eye health care by training ophthalmologists, anesthetists; and refractionists; 2) integrate pediatric screening campaigns during the SSME campaigns and Child Eye Health Days; and 3) introduce school screening and operational research to demonstrate best practices for School Eye Health programs.

Targets:

- Train 300 teachers and 250 nurses to screen school children
- Conduct 20 SSME campaigns and 10 Child Eye Health Care Days
- Train 384 KI's to detect pediatric patients
- Ophthalmic personnel conduct vision screening for 20,000 children
- Teachers and nurses conduct school vision screening for 9,000 students
- Trained KI's conduct 32 community outreach visits, with 14,000 children receiving non-surgical medical treatment, 1,700 children receiving eyeglasses, and 240 children receiving surgery or examination under anesthesia

-Train 6 anesthetists, 15 refractionists, and 30 eye doctors in general anesthesia, low vision, optometry, and cataract surgery

Vision Aid Overseas (VAO)

VAO's project aims to make eye health a priority in Sierra Leone and establish a standard approach to school eye health. The organization has effectively established district-level Vision Centers (VC) and has successfully trained Ophthalmic Technicians (OT) to staff the VCs to perform eye examinations and refraction, provide eyeglasses, and operate eyeglasses shops. The Government of Sierra Leone (GOSL) has recognized the value of the VCs as a strategy to increase access to eye health services and has accepted OTs as a new cadre of health personnel. VAO will build on their success by strengthening the VC at the Kenema District Hospital to include a School-Based Eye Health strategy to screen, examine, provide eyeglasses, and refer children requiring treatment. In collaboration with the GOSL, VAO will provide evidence to expand school eye health to other districts and strengthen their capacity to include a child blindness focus at field offices in other locations. The program will develop guidelines for the National Eye Care Strategy and contribute to the understanding of the eye health care needs of children in the country.

Targets:

- Train 300 teachers on basic vision screening
- Conduct teacher-lead screening for 44,000 students and 988 teachers
- Conduct Ophthalmic Technician mobile eye health unit exams, refraction, and referrals for surgery for 4,400 students and 395 teachers
- Deliver eyeglasses, conduct follow-up, and provide counseling for 1,320 students and 158 teachers