

Questions and Answers – 9/11/2014

Funding Opportunity Announcement CDC-RFA-GH15-1580

Strengthening National Epidemiologic and Research Capacity to Improve Health Outcomes in the Kingdom of Swaziland under the President's Emergency Plan for AIDS Relief (PEPFAR)

Questions and Answers by email

Q:

Can you please clarify whether the "Application Evaluation and Performance Measurement Plan" should be included as a part of the technical narrative or as an appendix? On p. 36 of the RFA, it states it should be part of the technical narrative and on p. 61 it says that it should be included as an appendix.

R:

The Applicant Evaluation and Performance Measurement Plan should be included in the Project Narrative as described on pages 33 to 36 of the amended FOA.

Q:

Please clarify/confirm if the approximate number of awards may exceed one

R:

As stated on the synopsis page on grants.gov and on pages 1 and 29 of the FOA, there will be only 1 award under GH15-1580.

Q:

What are the submission requirements for named consultants and sub awardees?

R:

There are no particular submission requirements for named consultants and sub awardees. The prime applicant is responsible for all submittal requirements.

Q:

For Obj 3 a, the logic model has not activities associated with this objective. On page 17 an output is provided "by PY2, advanced survey tools and methodologies introduced in at least one national survey". Should the national survey be assumed to be the survey described in objective 5? Can clarity be provided about the type of tools or methodologies of interest?

R:

Yes, the national survey described in Obj 5 would fulfill the output on page 17 ("by PY2, advanced survey tools and methodologies introduced in at least one national survey.") The tools and methodologies would be specific to the survey being undertaken (either the one in Objective 5 or another one within the scope of the agreement) and the applicant can propose as needed.

Q:

For Obj 5 the outputs include "a population-based AIDS indicator survey protocol fully developed that include children aged 18 months to 14 years and adults aged 15 to 64 years and includes outcome measurement of HIV

prevalence, incidence, CD4, and viral load”. Should we assume that all of the outcomes will be measured for each subgroup? Will estimates be needed at the national and sub national level? If so which subnational level?

R:

Yes, at minimum, all of the listed outcomes will be measured for each subgroup. Estimates will be needed at the national and subnational level. The subnational level will be determined by funds available, but will, at minimum, be region

Q:

The outputs for objective 1 include :

- a. By PY2, pilot HIV surveillance system implemented at 10% of health facilities
- b. By PY3, at least 50% of health facilities have HIV surveillance systems

Should we assume that the HIV surveillance systems are those described in Obj 1d?

R:

Yes, the HIV surveillance systems are those described in Obj 1d.

Q:

Although milestones by year are alluded to in the Outcomes and “Strategies & Activities” sections, between Objectives 1-5, are there certain ones that would be considered higher priority than others in terms of staggering activities? For example, Obj 5 references being ready with report from the Swazi indicators survey as early as Nov 2016, which leads me to believe the awardee would need to get started on that immediately considering the announcement date of Feb 2015 and award date of Apr 2015.

R:

All of the activities are considered high priority, but yes, given the short time period between award date and report from the Swazi indicators survey, that activity will need to get moving particularly quickly. It is CDC’s expectation though, that the strongest application will use aspects of the first four objectives’ activities to improve the process and outcomes of objective 5.

Q:

For Objective 1, routine surveillance is expected to focus on HIV/TB drug resistance, pregnant women, and PMTCT, while BBS surveillance is expected to be carried out on key populations (KP) such as “FSW, MSM, adolescents and PLWH”. A) is there flexibility in adding (like PWID) or removing other key populations as relevant to Swazi? B) PLWH seems like a large and widespread/generalized group that would be unlike what we generally think of as KP; is it critical to include them? For example, WHO 2014 guidance on HIV in KP focuses on men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people

R:

The expected outcome is to increase availability of information on behavioral determinants of HIV incidence among general and priority populations such as adolescents, PLHIV, MSM, and FSW, not just traditionally defined key populations. That said, the applicant can propose populations for inclusion in a survey that it feels are particularly relevant.

Q:

Evaluation and Performance Measurement

- a. External midterm and endterm evaluations – is the expectation that the selected grantee identify, fund and oversee the evaluating agency.
- b. Process monitoring – who would conduct the SMS? CDC-Swazi PO?

R:

CDC-Swaziland anticipates that the midterm and external evaluations will be conducted by experts from CDC-Atlanta or other PEPFAR countries. The grantee would be expected to cooperate with them, but would not be expected to identify, fund or oversee them.

PEPFAR-Swaziland will coordinate the site monitoring visits which will be conducted in conjunction with the MOH and the partners.

Q:

Objective 3: MOH is the PEPFAR partner, CSO is not, how should the prospective partner plan to engage CSO? Directly? Through the MOH?

R:

The Government of the Kingdom of Swaziland is the PEPFAR partner and applicants are expected to engage directly with any relevant Ministry. Ideally, the applicant would coordinate the activities that support CSO with the activities that support the MOH.

Q:

National Data Coordinating Center: is it the goal that there should be a central research hub within the MOH or within the CSO?

R:

it is expected that the applicant will work with CSO to “to effectively manage national health data” and improve “access and use of health and vital registration data in particular, and social sector research data in general, to inform national planning and policy updates.” CSO is legally mandated to manage all statistical data about the country under the Statistics Act of 1969. It is expected that the central health research hub, through which this data will be analyzed, will be within the MOH.

Q:

Can you clarify the MOU requirement – is there a particular governmental body with whom the MOU should be with?

R:

It is expected that the MOU will be with the Ministry of Health, Ministry of Economic Planning and Development, and CDC Swaziland

Q:

The eligibility criteria state "all other eligible organizations". Please could you confirm whether this includes international organizations?

R:

International Organizations are eligible to apply for funding opportunity announcement CDC-RFA-GH15-1580 as listed on pages 29-31 of the FOA. Part II. Full Text, C Eligibility Information, 1. Eligible Applicants

Q:

Are there a maximum number of letters of support which can be submitted?

R:

As stated in the Collaborations section on page 35 and two letters of support are required, a letter of support from the Ministry of Health and the Ministry of Economics, Planning, and Development. The page limits of the appendix apply.
