

## Questions and Answers – 9/15/2014

### Funding Opportunity Announcement CDC-RFA-GH15-1564

#### ***Increasing Access to HIV Prevention, Care and Treatment Services for Key Populations in Mozambique under the President's Emergency Plan for AIDS Relief (PEPFAR)***

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##### **Questions and Answers by email**

Q:

Section D. 10 of the RFA outlines the components of the Project Narrative. Section E (pgs 47-49) describes the points assigned in the review of the proposal, and includes components not listed in Section D.10 (i.e. Personnel, Administration and Management). Can applicants include these additional components, from Section E, in the appendices? If so, given the value of the components outlined in Section E of the RFA, please confirm the appendices will be taken into consideration in the review and selection process.

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R:

Applications should include personnel information in the staffing breakdown, within the budget narrative and justification. Additional supporting material can be included either in the project narrative or appendices. The appendices submitted within the 90 page limit will be considered in the review and selection process.

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Q:

Section D. 11 of the RFA states that the work plan must be included in the 18 page limit of the project narrative. Page 24 of the RFA states that "applicants must submit a detailed work plan for the first year of the project and high level plan for the subsequent years." Will CDC permit applicants to include the high level plan as part of the project narrative and the detailed work plan as part of the appendices?

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R:

The detailed work plan and high level plan for subsequent years should both be included in the project narrative.

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Q:

On p. 19, the FOA indicates that outcome data collection via "epidemiologic surveillance, surveys, size estimations, and other special studies" is encouraged, and "programs need to conduct size estimation among the KPs using appropriate methodology and use the estimated size to measure population coverage." In addition, the table of indicators on p.23 lists four indicators to be measured via behavioral surveillance surveys (percent of at-risk populations reporting that condoms are available when needed; percent of female and male sex workers reporting the use of condom with their most recent client; percent of men reporting the use of a condom the last time they had anal sex with a male partner; percent of people who inject drugs who reported using sterile injecting equipment the last time they injected). As this is a non-research award, could CDC clarify whether the recipient of this award is expected to directly conduct behavioral surveillance surveys and size estimations for KP, or whether this will be conducted separately under another FOA (i.e. "Strengthening Mozambican Capacity in Strategic Information Systems in Mozambique under the PEPFAR")? If the latter, could CDC confirm in which provinces and for which KPs the BSS and size estimations will be conducted?

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R:

Research activities related to behavioral surveillance surveys (BSS) are not expected to be performed as part of this award. To date, BSS and size estimation research activities have been conducted within limited areas of the provinces of Nampula and Sofala; and the City of Maputo. Future BSS and size estimation activities are currently in the planning phase.

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Q:

Could it be a possibility in the future be to build up a continuum of care approach through the borders considering RSA, Swaziland and Mozambican Southern Provinces with specific attention to the families of migrant and mine workers.

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R:

This question is not relevant to the existing FOA

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