Questions and Answers – 9/15/2014

Funding Opportunity Announcement CDC-RFA-GH15-1572

Strengthening the Capacity to Scale-up HIV Prevention, Care and Treatment Programs in South Sudan under the President's Emergency Plan for AIDS Relief (PEPFAR)

Questions and Answers by email

Q:
As CDC intends to award 2-3 agreements, should each application still cover the full range of geographic areas and outcomes described in the FOA?

_____
R:
The applicant can select targeted geographic areas. Final geographic priorities will be determined by CDC in collaboration with the Ministry of Health and the successful applicant(s). For year one, the applicant does not have to cover all outcomes in the FOA but should ensure that the application responds to the guidance for comprehensive prevention, care and treatment programs as detailed in the FOA and global best practices.

Q:
On page 6 in the CDC Project Description Approach table, could CDC confirm that Improve access to ART services for pregnant and breastfeeding mothers, their partners, and children is referring to HIV positive pregnant and breastfeeding women, their HIV positive partners, and their HIV positive children?

_____
R:
That is correct

Q:
On page 6 in the CDC Project Description Approach table, could CDC confirm that: 70% of HIV+ women in targeted facilities enrolled in care and treatment refers to HIV positive pregnant and breastfeeding mothers?

_____
R:
That is correct

Q:
The CDC Project Description Approach table on page 5 does not include the activity listed on page 10: Ensure access to HTC services for key populations, including MSM, CSW, children, military, and prisoners. Could CDC confirm that applicants should refer to the Approach table?

_____
R:
The activities in the Project Description Approach (page 5) and not the Strategies and Activities section (page 10) should be used. Ensure access to HTC services for key populations, including MSM, CSW, children, military, prisoners should not be included in the application.

Q:

On page 10, one of the activities is to Ensure access to HTC services for key populations, including MSM, CSW, children, military, prisoners. Could CDC provide a definition for military? Could CDC provide a definition for children?

_____

R:
The activities in the Project Description Approach (page 5) and not the Strategies and Activities section (page 10) should be used. Ensure access to HTC services for key populations, including MSM, CSW, children, military, prisoners should not be included in the application.

Q:
Could CDC clarify what is meant by "Establish monthly medical homes with CTX and documentation" on page 7 in the Approach table? Does this activity refer to monthly home visits?

_____

R:
This activity can also be rephrased as Establish monthly follow-up care for HIV-infected mothers and their exposed infants to provide the PMTCT service package until final infant status is known.

Q:
On page 7 and page 11, the FOA refers to medical and nursing pre-service and in-service curriculums, however the indicators refer only to pre-service curriculums. Could CDC confirm that applicants should focus on pre-service curriculums only?

_____

R:
The applicant should focus on pre- and in-service curricula.

Q:
On page 9, the third outcome under Linkages to Care and Treatment reads: 70% of HIV positive patients in targeted facilities who are enrolled into care and treatment are retained after 12 months. Could CDC confirm that this outcome is referring to HIV positive mothers and infants retained in treatment after 12 months?

_____

R:
The outcome refers to all HIV positive clients in targeted facilities (see page 6). This indictor should read 60% of HIV positive patients in targeted facilities who are enrolled into care and treatment are retained after 12 months as it does in the Project Description Approach section.

Q:
The CDC Project Description Approach table on page 6 refers to the "Roll-out" of standardized HTC tools. On page 10, the activity is described as "Introduce/develop standardized HTC tools…" Could CDC confirm that applicants should refer to the Approach table?

_____

R:
The applicant should refer to "roll out of standardized HTC tools" as referred to in the Project Description Approach (page 6).

Q:
The CDC Project Description Approach table on page 7 lists an activity described as "Support the development of guidance and roll-out of test and treat of all HIV-infected children <5yo". This activity is not listed on page 10 under Strategies and Activities. Could CDC confirm whether applicants should include this activity?

_____

R:
The applicant should use the pediatric treatment activities in the Project Description Approach (page 7) that include support the development of guidance and roll-out of test and treat of all HIV-infected children <5yo.

Q:

Can applicants build in primary prevention activities or other appropriate activities that are not explicitly listed in the RFA?

_____

R:
The applicant should include activities that support achieving the project outcomes and follow global best practices.

Q:
Must all locations within an area of coverage implement all activities listed in the RFA? Or can applicants determine which activities to implement in each location based on their assessment of local needs? Is a phased approach permissible (can applicants implement some of the activities in the proposal and not all and then extend across all three states with some activities)?

_____

R:
Not all locations need to be included within the project area. A final determination of project areas will be made by CDC in consultation with the MOH, the successful applicant and other stakeholders. A phased programmatic or geographical approach is permissible.

Q:
Can an applicant submit a proposal for one or two of the states covered by the RFA, or are applications required to cover all three states?

_____

R:
One application can be submitted for all proposed geographic areas.

Q:
Has CDC discussed with USAID the implications of ISDP coverage in the WES and CES and the potential overlap of HIV/AIDS activities?

_____

R:
Final geographic selection will be made by CDC in consultation the MOH, successful applicant and other stakeholders.

Q:
Is it permissible to use a different font and point size for tables included in the application?

_____

R:
Submittals should be single space, Calibri, 11 point font.

Q:
Could 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?

_____

R:
The Application Evaluation and Performance Measurement Plan should be submitted as part of the Project Narrative.

Q:
Could you please clarify the submission requirements for named consultants and sub awardees?

_____

R:

There are no particular submission requirements for named consultants and sub awardees. All submittal requirements are the responsibility of the prime applicant.

Q:
In funding preference what is meant by the term “region”? Is it surrounding region of South Sudan?

_____

R:
East Africa Region

Q:
What other states will the project target after Y1-2?

_____

R:
Geographic selection after the Year 1-2 time period will be made by CDC in consultation with the MOH, successful applicant other stakeholders and be determine by epidemiological and program coverage factors. Year 1 states are restricted to Eastern, Central and Western Equatoria States.

Q:
Should all of the states be selected for activities in Y1-2? Or should a selection be made out of Central, Western and Eastern Equatorial States to accommodate the selection of 2-3 grantees?

_____

R:
Not all locations need to be included within the project area. A final determination of project areas will be made by CDC in consultation with the MOH, the successful applicant and other stakeholders.