

Questions and Answers – 9/15/2014

Funding Opportunity Announcement CDC-RFA-GH15-1555

Support to Increasing Access to Voluntary Medical Male Circumcision (VMMC) Services in Malawi under the President's Emergency Plan for AIDS Relief (PEPFAR)

Questions and Answers by email

Q:

There are two different deadline dates, for example, page 1 under section F indicate October 15, 2014, 11:59 US EST while page 21 under B application deadline October 11, 2014, 11:59 US EST

R:

The correct application deadline date is October 15th. An amendment will be issued to make this correction.

Q:

Number of Awards 1 – 2, does this mean the \$4,000,000 average one year amount, is this to be for one organization or shared between two awardees?

R:

Applicants should apply to the approximate average award of \$4,000,000. This is also the ceiling of the individual award range. In the event there is more than one successful applicant decisions related to funding will be finalized during budget discussions prior to the notice of award.

Q:

The FOA states that scale up has to be in one to two districts, does this mean an existing partner might end up having three including Lilongwe?

R:

The successful applicant of this FOA will implement VMMC services in one to two districts. If an existing partner is successful in competing for this FOA, they will be expected to continue providing existing services in the current district until the end of their award in March 2016, and with this new award commence work in one new additional district, with Ministry of Health guidance. They will subsequently continue VMMC service delivery in Lilongwe in the second year of this new FOA and further scale up existing services in this district.

Q:

VMMC TA to districts: what TA modality will be employed in the districts regarding Early Infant MC (EIMC) as stated under strategies and activities on page 9

R:

TA for EIMC would entail participation in the national Ministry of Health (MOH) task force for EIMC, and ongoing provision of technical guidance for the operationalization of EIMC as an integrated service package in a Maternal, Neonatal and Child Health platform at the district level, using their programmatic expertise and local experience in delivering VMMC services. This will be conducted in alignment with the MOH's strategic and operational planning processes.

Q:

Target for first year being 4,000 for HTC and 3,500 MC (page 11) against a five-year target of 90,000MCs (page 8), are these for one district? Would VMMC's from the Bwaila Clinic be included?

R:

The target of 90,000 is for a five year period in two districts. This FOA would only include circumcisions performed at the Bwaila clinic in the second year of the award.

Q:

SITE_SUPP – there is target of 5 for 2015-2015, is this 5 for sites across the districts where circumcisions are going to be conducted (page 11)?

R:

The total number of sites to be supported in 2015 -2016 is five across districts, with the expectation that the partner will start with one new VMMC district in the first year then scale up to the additional district in second year.

Q:

VMMC_Circ, not clear about the period it states 2015-2015 (page 11)

R:

The FOA will be amended to read 2015-2016.

Q:

Is it the intent of the RFA that the current partner will continue to operate the Bwaila Clinic at least through the end of the current HRSA project period grant (March 31, 2016) (page 2 and page 10)?

R:

The current partner will continue to operate in Lilongwe until the end of their award in March 2016.

Q:

The FOA references on p. 8 VMMC scale up in 2013 to seven priority districts, and that VMMC services need to be scaled up to at least one to two priority districts in the country. Can you clarify the exact seven priority districts? Also, does this mean the awardee may propose to scale up VMMC in any number of the 28 districts in Malawi, but one to two of them must be from the seven priority districts from 2013?

R:

The seven priority districts are Blantyre, Thyolo, Mulanje, Phalombe, Zomba, Chikwawa, and Lilongwe. All these districts are currently being supported by PEPFAR. Districts with high prevalence and high incidence have been prioritized for VMMC services as part of HIV prevention comprehensive package. These districts include all districts in the southern region and Lilongwe district in central region. The awardee will be allocated to other priority districts than the ones already being supported by PEPFAR. MOH will provide guidance on which priority districts the awardee should go to.

Q:

Would CDC be open to including broader sexual and reproductive health, including family planning services as part of the continuum of care for men and their families?

R:

Under this award, services will be provided according to the minimum package for VMMC which includes HIV testing and counselling, screening and treatment of sexually transmitted infection, provision of male and female condoms and promotion of their correct and consistent use, promotion of safer sex practices and risk reduction, and surgical male circumcision. Some components of sexual and reproductive health will be covered in the counselling sessions and systems for referral will be established to refer men and their families to other services for continuum of care.
