

Questions and Answers – 9/19/2014

Funding Opportunity Announcement CDC-RFA-GH15-1594

Improved Quality and Sustainability of Medication Assisted Treatment in Ukraine under the President's Emergency Plan for AIDS Relief (PEPFAR)

Questions and Answers from workshop

Q:

How should we prepare our first year budget and subsequent year budgets for the application?

R:

Applicants are only required to submit a budget for the first 12 months.

Q:

How much detail should go into our descriptions of staff?

R:

Include the number and types of staff and describe the units involved and percentages of time involved. Provide CV/s resumes, job descriptions, and organization charts as stated in the FOA.

Q:

Do we have to hire local staff?

R:

Applicants are not required to hire local staff. CDC cannot provide guidance to applicants on hiring decisions as it relates to this FOA. Applicants should refer to C. Eligibility Information; 10. Project Narrative, d. Organizational Capacity of Awardees to Execute the Approach; and Section E. Application Review Information.

Q:

Do we have to undergo protocol review for this new award if we already have CDC approval to do operational research?

R:

Any proposed evaluation or assessments would need to go to CDC HQ for a determination of research. This is a non-research FOA so only assessments and evaluation are allowed.

Q:

The FOA says activities must be coordinated with other partners in country such as ITECH/METIDA and MOH to ensure there is no overlap. Is there any public information for ITECH available?

R:

There is a local working group for treatment and that is where some information on ITECH can be obtained. They work through a HRSA granting mechanism in Ukraine and the information on their grant is publicly available at grants.gov. The same is true for METIDA.

Q:

Is it ok to have subcontracts with other organizations?

R:

Yes, subcontracts are permitted. The prime applicant is responsible for meeting all requirements of the FOA.

Q:

Should we plan to advocate and help implement the eventual model selected with the government once we get to that point in the work?

R:

Yes, the FOA says you should work toward adoption of the model by Ukraine based on its effectiveness and a key strategy is to work for scale-up with the MOH on MAT

Q:

Can we choose several regions to work in if we want?

R:

Yes, you can define it nationally or regionally but you need to justify it strongly or else it may not get a good review in the selection process. Explain your strategy to achieve the objectives very clearly with strong justifications. Be aware of potential issues that may arise of the current conflict in the east widens or continues.

Questions and Answers by email

Q:

Should we write a proposal for 5 years (2.5million) or for 1 year (500 thousand)?

R:

Applicants must submit a detailed plan for the first year of the award, with a year one budget ceiling of \$500,000, and a high level plan for subsequent years.

Q:

What is the minimum (or maximum) of client coverage (associated with the number of regions)?

R:

Direct service delivery is not the primary objective of this project. Coverage may be suggested as the outcome level indicator for certain activities. Targets should be defined by the applicant based on described strategy and activities.

Q:

Can sub-grantees be in the regions involved, for example, the NGO approbating "patients after completion of the PTA" model?

R:

Sub-granting is permitted under this FOA.

Q:

What is the frequency of monitoring visits?

R:

The frequency of monitoring visits as well as the rest of MAT quality improvement system features should be defined by the applicant.

Q:

How to assess the fate of patients after SMT (considering that studies are not supported)? As well as cost-effectiveness?

R:

Evaluations and assessments aimed at program quality improvement may be conducted.

Q:

Page 11, how will retention be evaluated?

R:

In the Evaluation and Performance Measurement Plan (p.16 of the FOA) applicants should describe an approach to project performance measurement, suggest indicators and describe corresponding methodology. Retention is one of possible outcome indicators and applicants should describe methodology if this indicator is chosen.

Q:

Should it be new integrated sites (three) or "old" ones?

R:

Applicants should suggest a strategy for development of integrated care approach in Ukraine. It should be decided by the applicant whether to work with existing or new sites. Justification for such decision should be provided.

Q:

How many guidelines should be developed - two (integrated care protocol and model for patients after SMT)?

R:

A minimum of two guiding documents for MAT practitioners should be developed – (1) updated clinical guidance and (2) MAT discontinuation guideline. However, type and status of these documents (e.g. recommendation, guideline, national protocol, best practice document) is to be defined by the applicant. Additional guiding documents may be suggested.

Q:

On page 10 the FOA states, project activities will be coordinated through the Inter-sectoral MAT Working Group chaired by the Ukrainian MOH. Is this a new group?

R:

The existing Intersectoral MAT working group should be used as a coordinating mechanism.

Q:

Page 10 states the Monitoring and Evaluation (M&E) framework should reflect the technical assistance nature of the project and match the Ukrainian National HIV Response M&E Plan. Does this include retention and other indicators?

R:

The M&E framework is a part of the "Evaluation and Performance Measurement Plan" section of this plan and should include descriptions of suggested indicators. Indicators may be selected from the National M&E plan or developed by the applicant. Retention is one possible indicator. All indicators should be related to project activities.

Q:

Page 11: In addition to monitoring, there should be at least 24 mentoring visits. Is this amount for 1 year or 5 years?

R:

This is the suggested minimum for five years, if this indicator is selected.
