

**Questions and Answers – 12/23/2015**

**Funding Opportunity Announcement CDC-RFA-GH16-1668**

**Implementing Comprehensive Community Based HIV/AIDS Prevention, Care and Treatment Services in Priority Areas in the Republic of Zambia under the President’s Emergency Plan for AIDS Relief (PEPFAR)**

	<b>Question</b>	<b>Response</b>
1.	<p>We would like to get more information on the HIV/AIDS funding as we are interested in applying for these grants</p>	<p>Your organization should review the FOA, and determine fit with eligibility and capacity to implement activities and achieve the stated outcomes when considering whether or not to apply. If you have specific questions about the FOA and of the FOAs, please submit those in writing in accordance with the Questions and Answers section of the FOA. CDC is unable to convene a call with your organization as that could provide your organization with an unfair advantage.</p>
2.	<p>There appears to be a conflict between the targets mentioned in the Outcomes section and the Evaluation and Performance Plan section that we would like to clarify.</p> <p>In the Outcomes section it states:            Increased coverage of HIV testing for community members with at least 150,000 people tested and counseled by the end of year two            At least 80,000 AGYW will have been reached with preventive interventions by the end of year two</p> <p>In the Evaluation and Performance Plan section it states:            Target and Performance Measure 1b:            Proportion of individuals, couples and children who received HTC in the target districts, disaggregated by: age, sex and HIV test results (MER Level 1 indicator HTC_TST). Target: At least 750,000 in year one and 90% of target populations by year 3            Target and Performance Measure 1a:            Proportion of individuals and KPs who received a minimum package of HIV prevention (MER Level 1 PP_PREV). Target: At least 500,000 in year one and 80% of target populations by year 3</p>	<p>The targets in the FOA are proposed. CDC will work with the successful applicant to refine the projected project achievements.</p> <p>The targets in the outcomes section are correct. Those listed in the Evaluation and Performance Plan section were incorrect. An amendment to the FOA has been submitted.</p>

	<p>Target and Performance Measure 1c: The number of individuals who completed minimum package of gender norms interventions within the context of HIV/AIDS disaggregated by age and sex (MER Level 1 GEND_NORM). Target: At least 300,000 individuals</p> <p>In order to test 750,000/year it would require doing 3,000 test/day for 5 days/week for 50 weeks/year starting immediately from award start date. Based on the Outcomes section we are wondering if the targets for these three indicators were meant to be 75,000; 50,000 and 30,000 or if these are perhaps targets for the entire 5 year award.</p>	
3.	<p>Are the three scored areas (Approach, Evaluation and Performance Plan, and Organizational Capacity) read and scored by one reviewer or do separate reviewers read only a specific section? Or stated another way, will a point expressed clearly in the Approach need to be repeated in other two scored sections or will all reviewers read through the entire narrative?</p>	<p>Each responsive application received is reviewed by three objective reviewers. Objective reviewers assess the application against the requirements of the FOA using the review criteria published under Phase II Review. Each reviewer will assess strengths and weaknesses of the application in each of the three scored areas and score the application in each of those areas. The scores of the three reviewers are summed to provide a combined score, the score is divided by three, funding preference points, if applicable, are added and a total score for the application is determined. Total score is used to determine the rank order of applicants.</p> <p>After awards are announced, funded and unfunded applicants receive a summary statement which includes the total score of the application, the combined score in each of the three areas, and strengths and weaknesses in each area.</p>
4.	<p>Please confirm whether applicants must submit applications for programs that cover Lusaka, Southern, Eastern and Western Provinces or whether CDC would be open to receiving applications and funding a program that focuses specifically on just one of Provinces listed in the RFA.</p>	<p>The scope of the application is ultimately at the discretion of the applicant. However, At Phase II Review, objective reviewers assess applications against ALL of the requirements of the FOA using the phase II review criteria.</p>
5.	<p>On page 5, the RFA indicates that “PLHIV eligible for immediate treatment” will be identified and directed through the continuum of care. Per new WHO guidelines, is the grantee expected to enroll all people who test</p>	<p>The funding opportunity announcement and proposed targets are based on Zambia's current guidelines for ART eligibility. We anticipate that Zambia’s guidelines will change during the lifetime of this award in accordance with WHO guidelines. As these guidelines change, CDC will work with the awardee to make decisions about adjustments as appropriate.</p>

	HIV positive, regardless of CD4 count or viral load?	
6.	<p>Can CDC please confirm that this project is expected to reach a minimum population of 1 million, as stated on page 7, Section II.A.1.e of the RFA.</p> <ul style="list-style-type: none"> <li>• If so, please confirm that this target is the total for all 5 years and not just for the first year.</li> <li>• Further, given that the population of Zambia is 13.1 million, reaching 1 million people, or 7.6% of the population with a maximum budget of \$2.5 million per year appears difficult. Would CDC consider reducing this target?</li> </ul>	<p>Yes, that is correct. This target is for the total 5 year project period.</p> <p>This target is based on what we have seen our partners achieve over the years. We feel it is a target that is possible, particularly in the priority areas for PEPFAR in Zambia, due to their dense populations.</p>
7.	<p>Can CDC please confirm the targets on page 9-10 of the RFA. Some targets seem quite high to reach with a budget of \$2.5 million per year.</p> <ul style="list-style-type: none"> <li>• Specifically, page 10 of the RFA specifies that at least 5,000 KPs will be reached with a minimum package of HIV prevention by Year 2, at least 50% increased coverage of HIV testing for KPs, and increased referral and linkage for KPs to HIV prevention care and treatment services by at least 50%. Given our experience starting up a KP program in Zambia, we believe that these targets will be difficult to meet. KPs are deterred from seeking healthcare services because their behaviors are often stigmatized and criminalized. Because KPs are affected by punitive laws, regulations, and policies, and are marginalized in society, their true numbers in Zambia are not known. Many healthcare workers in Zambia are not sensitized to work with KPs and address their specific needs. Additionally, the Zambian Government does not recognize nor support services for KPs.</li> <li>• For all of these reasons, we believe that the above targets will be difficult to reach in the first two years of project implementation. Would CDC</li> </ul>	<p>We understand your concerns. While current policies around key populations are challenging, public health programs delivering HIV services have a unique position in their universality. Key populations are at the heart of PEPFAR programming. CDC has been working with partners concerning key populations and will continue to do so in order to reach these populations in need and to achieve our country goals which are also ambitious.</p> <p>We feel that the targets are reachable as our programs have pivoted over the last year and a half meaning that, at the time that this grant is awarded, we will be nine more months along in the program focus areas. All partners will be fully aware of the populations that are to be reached and will have more experience working with them.</p>

	therefore consider reducing some of the targets or extending the period in which some of the outcomes are expected?	
8.	<p>On page 12, the RFA states that CDC/Zambia “will work with the grantee to demonstrate the effectiveness” of the interventions using process and outcome evaluation. On page 13, the RFA advises applicants to budget at least 15% of project funds for this activity.</p> <ul style="list-style-type: none"> <li>• Can CDC please confirm who is expected to lead the actual evaluations – CDC/Zambia, the grantee, or an external evaluator/organization contracted by the grantee?</li> </ul>	The evaluations are to be carried out by the grantee with technical support from CDC.
9.	<p>Page 12 of the RFA states that a process (Year 2) and outcome (Year 4 evaluation) are required but page 15 of the RFA states that the frequency of collection will be baseline, mid-project (Year 2), and end-of-project (Year 4). Is it expected that a baseline study will also be implemented for this project?</p> <ul style="list-style-type: none"> <li>• If a baseline is to be conducted, please specify by whom – CDC/Zambia, the grantee, or an external evaluator/organization. Further, please confirm whether the 15% of the budget allocated to evaluations is expected to cover the baseline study as well or only the two evaluations.</li> </ul>	The baseline will be conducted by the grantee with technical support by CDC/Zambia. Because this is a community focused grant there will be specific activities that are possible to show effectiveness. There are national datasets available in Zambia that can be used for a baseline. We understand that evaluations involving biomarkers would need much larger budgets and are not suggesting that the grantee carry out that kind of study.
10	Is the applicant responsible for submitting a non-research determination protocol to CDC/Zambia for all evaluation activities?	A non-research determination protocol will be needed for any data collection. One protocol can cover all of the proposed activities if the grantee has a clear evaluation plan from the beginning. We help our partners with these protocols in order to make the process as smooth as possible.
11.	On page 17, the RFA references “strategic information guidance established by OGAC.” This guidance does not seem to be available online. Can CDC provide a link to this guidance?	Please see the following link: <a href="http://www.pepfar.gov/documents/organization/240108.pdf">http://www.pepfar.gov/documents/organization/240108.pdf</a>
12	Regarding the Organizational Capacity section of the application, our understanding of the RFA (pages 24-26, 52) is that Organizational Capacity	Please refer to pages 24-26 Project Narrative for information on what must be included in the project narrative submittal. Applicants should address the d. organizational capacity of applicants to implement the approach in the project

<p>components should be included in the application as appendices and not as part of the 18-page Project Narrative. This includes CVs/Resumes, Job Descriptions, Organizational Chart, Organizational Capability, and Business Audit. This indicates that all of the Organizational Capacity section should be included as appendices, with no need to include any Organizational Capacity information in the 18-page Project Narrative. Can you please confirm that this is correct.</p>	<p>narrative as required. You are correct, the attachments referenced in d. organizational capacity of applicants to implement the approach should be uploaded to grants.gov as part of the appendix.</p>
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