

Questions and Answers – 12/23/2015

Funding Opportunity Announcement CDC-RFA-GH16-1669

Implementation of Programs to Support Integration of Health Information Systems and HIV/AIDS/TB Treatment Services in the Republic of Zambia under the President’s Emergency Plan for AIDS (PEPFAR)

	Question	Response
1.	We would like to get more information on the HIV/AIDS funding as we are interested in applying for these grants	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.
2.	Can you please advise how we can join and participate in that call?	An informational conference call will not be convened for this FOA. Please submit any questions you have in writing in accordance with the Q&A process outlined in Section H: Other Information in the FOA.
3.	Due to the timing of the publication of this RFA, which coincides with the end of year celebrations and vacations, would the CDC be amenable to extending the submission deadline beyond February 8th, 2016?	The application deadline date will not be extended due to holiday closures. The FOA was posted on December 8, 2015 and closes on February 8, 2016. Applicants have 62 days to submit applications.
4.	The FOA states that Zambia has 1,800 health facilities and on page 11 it states that the FOA population target are the “HCW at the national, provincial, and facility levels of the health sector in Zambia”. Could CDC provide an estimated number of “HCW” currently in service or clarify if the applicant is expected to survey the number of active “HCW” at all levels of the health sector?	This FOA is supposed to provide direct technical assistance at the national level so that whatever support is provided then trickles down the cascade of province, district and facility. With training for example, it is not expected that the awardee will train each and every one of the health care workers (HCWs) in Zambia, but that they will assist the government in designing and implementing training approaches that will reach the desired target population. The applicants are not expected to survey all HCWs. There are about 30,713 health staff employed by the Ministry of Health (with a target of 51,642), according to the Zambia National Human Resources for Health Strategic Plan 2011-2015.
5.	The FOA states that Zambia has 1,800 health facilities. Could CDC clarify if the stated number of health facilities includes only government health facilities or if it is inclusive of faith-based health facilities as well? Could CDC clarify if faith-based-health-facilities’ HCW are also a target population under this FOA?	Yes, the 1800 estimate includes both government and faith-based facilities (88% and 6% respectively). Health Care Workers from faith-based facilities would also be targeted by activities under this FOA.

6.	On page 12, it is stated that “10% of the overall program budget should be designated to support evaluation and performance measurement”. Could CDC clarify if this is the “minimum” expected investment to support evaluation and performance or if applicants may choose to invest more than 10% on this component?	10% is the minimum portion of the overall program budget that should be designated to support evaluation and performance measurement. Applicants can propose a higher proportion.
7.	The application asks for 12-pt Calibri font. Is it acceptable to use a smaller font in tables and figures?	The application requires Calibri 12 point font. A smaller font in tables and figures is not permitted.
8.	Can the CDC please clarify under the Organizational Capacity of Applicants to Implement the Approach section (page 28) which of the requirements must be included in the 18-page Project Narrative and which ones can be included as an annex?	Please refer to pages 21-22 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 (page 23) in the project narrative as required. The attachments referenced in d. organizational capacity of applicants to implement the approach should be uploaded to grants.gov as part of the appendix.
9.	Would CDC please clarify how they would like integration and interoperability defined? These terms are used in two different ways between Program Area A and Area B, and additional clarity is requested.	Integration refers to joining different subsystems or components into a single larger system, while ensuring that each integrated subsystem functions as required. Interoperability refers to the ability of two or more systems or components to exchange information and to use the information that has been exchanged.
10.	Is there a weighting between Program Area A and B in terms of CDC’s investment?	Both Program Areas are weighted equally by CDC.
11.	The FOA refers to multiple systems under the umbrella term “HIS.” Can CDC provide an inventory of existing HIS systems to be considered within the scope of the integration and interoperability requirements of this FOA? Where possible, can you specify the product name?	This FOA supports the Government of Zambia’s E-Health Strategy (2014-2016) and National Health Policy (June 2013) which calls for greater integration and interoperability of the various health information systems (HIS) in the health sector. These systems are listed in the E-Health Strategy at http://say-zambia.org:8080/jspui/bitstream/123456789/300/1/National%20Health%20E-Strategy.pdf
12.	In the activities for Program Area B, CDC requests “increases in storage capacity.” Can you please specify if this is referring to physical storage or electronic storage?	Increases in storage capacity refers to both physical and electronic storage capacity.