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FROM THE AMERICAN PEOPLE

Issue Date:	August 29, 2023
RSVP due date for the Bidder Conference:	September 04, 2023
Deadline for Questions:	September 15, 2023
Anticipated date for Response to Questions:	September 25, 2023
Closing Date for submission of Application:	October 12, 2023,15:00, SAST

Date:	September 30, 2023
Subject:	Amendment no 2 Question and Answer - Notice of Funding Opportunity No. 72067423RFA00017
Program Title:	Sustained HIV epidemic control and improved health outcomes through strengthened primary health care and social service platforms in Botswana.

Dear Potential Applicants:

The purpose of Amendment 2 to NOFO No. 72067423RFA00017 is to provide answers to questions erroneously not included in Amendment 1 to the NOFO. Most of the answers provided were already addressed in Amendment 1.

Sincerely,

Nya kwai Boayue

Digitally signed by Nya kwai Boayue
Date: 2023.09.30 14:12:01 +02'00'

Nya Kwai Boayue
Regional Agreement Officer
USAID/Southern Africa

Questions and Answers

67. The specific questions and aims for applicants to respond to Component C appear to be missing from the "Technical Application Format" section on page 36. Can USAID please provide these details? Further, can USAID specify if there are any MEL requirements?

    a. Answer: Please see answer to question 15.

68. Component C: Would USAID consider an application with a prime implementer (international- not registered in Botswana) providing technical assistance and support to a local partner (registered in country and leading activities)

    a. Answer: Component C eligibility is unrestricted.

69. Can component C include technical support to improve community-led monitoring activities?

    a. Answer: Please see the answer to question 34.

70. IR 5.2 mentions AGYW as the target population. Can adolescent boys be included as well?

    a. Answer: Please see the answer to question 39. This question is also addressed on page 17 of the NOFO.

71. Based on clarification from the bidder's conference, a sub role is open to any organization. If one organization has a role in Component C to provide technical assistance to Component A and B teams and are also subs on those teams, will this be viewed as a conflict of interest?

    a. Answer: No

72. For IR5, can USAID confirm that they would like support to improve provision of schools-based Life Skills/CSE education at both primary and secondary school level?

    a. Answer: Please refer to page 12 of the NOFO.

73. For IR5, can USAID indicate if the awardee will need to support reviewing and improving the technical content of the "life skills framework (LIVING materials)" (noted on page 12)? Will the awardee need to budget for printing of the LIVING materials?

    a. Answer: Yes. Reviewing and improving technical content, training of teachers on the delivery of the material, and printing should be considered when budgeting. However, consultations will need to continue with the Ministry of Education in terms of specific support the Ministry needs as the Ministry may have a budget to cover some of the components.

74. For IRs 5-7, Component C is designated as a technical assistance provision. Please advise whether Components A and B will encompass the actual training activity and if so, whether Component C will be responsible for targets of teachers, social workers, or CHWs trained or if these indicators may be modified to reflect TA activities, like number of training modules updated to reflect global best practices.

    a. Answer: Please refer to answer to question 17.

75. Under IR 7, can USAID indicate the number of CSOs that the awardee for Component C will provide capacity strengthening support to?

    a. Answer: Please see the answer to question 42.

76. On page 20, reactivation of a KP technical working group, coordinating secretariat, and advocacy consortium are stated as activities. Are these activities meant to occur in the first two years of the program or to be included in annual renewals when/if IRs 8 and/or 9 are introduced?

    a. Answer: Please see the answer to questions 17 & 38.

77. Please clarify whether the Cover Page counts towards the 20-page limit – page 35 indicates it does in one paragraph and then bullet points state it is not included in the following section.

    a. Answer: Please see the answer to question 2.

78. For Component C, would USAID please indicate the expected level of effort and/or budget allocation between national coverage technical assistance for GoB ministries and technical assistance to local NGOs in target districts?

    a. Answer: Unfortunately we are not able to provide an expected allocation at this time. Budget allocations are made on an annual basis following amounts approved via the PEPFAR COP process. Other factors to be considered include GOB priorities within a given COP cycle and gaps identified among Implementing partners and NGOS that need to be addressed.

79. On IR 7, would USAID clarify whether the CSOs to be supported "to advocate for and implement HIV activities for all populations" are intended to be CSOs that receive USAID funding, including the local partners that will implement Components A and B? And/or can these CSOs include local organizations that do not have USAID funding?

    a. Answer: Please see the answer to question 42.

80. Under IR 7, USAID states that CSOs delivering KP services are to be prioritized. Is this emphasis on and support for KP-serving CSOs anticipated starting from Year 1 or from Y3 when IRs 8 and 9 are introduced into the potential renewal period of the Activity?

    a. Answer: Please see the answer to question 25.

81. This link on page 21 leads to a "page not found": https://www.usaid.gov/sites/default/files/documents/1864/200mbt.pdf. Can USAID kindly provide a functional link?

    a. Answer: Here's the functional link https://www.usaid.gov/about-us/agency-policy/series-200/205.

82. Is USAID considering ARV provision at community sites e.g. by Community Health Workers?

    Answer: Provision of ARVs - for prevention (PrEP) and treatment (ART) may be offered at community level via stand alone partner clinical sites following established Ministry of Health protocols. Recipient sites must receive the necessary MOH approvals/permissions/accreditations. Other activities like community refills may also offered, also following MOH guidance.