

The purpose of this Amendment No. 01 is to answer questions received by the Issuing Office by Tuesday, January 29, 2008.

PLEASE NOTE: The closing date for this RFA remains Tuesday, February 19, 2008 3:00 p.m. Kigali Time.

Below are USAID /Rwanda clarifications for questions arising from USAID-RWANDA-696-08-004-RFA - FOOD AND NUTRITION INTERVENTIONS FOR PEOPLE LIVING WITH HIV/AIDS

Question 1. Is the total financial support for Phase I \$5.2 million; \$3.5 for component 1 and 2 and \$1.7million for component 3?

USAID Clarification: Yes

Question 2. Could you please list the 22 the President's Emergency Plan for AIDS Relief (PEPFAR) Districts? There is some confusion between clinical and community partners.

USAID Clarification:

While these could change over the next few years, we are providing a list of current PEPFAR districts:

Province	Health District
North	Gicumbi
	Rulindo
South	Muhanga
	Kamonyi
	Ruhango
	Nyaruguru
	Nyamagabe
Kigali- Urban	Gasabo
	Kicukiro
	Nyarugenge
East	Nyagatare
	Gatsibo
	Kayonza
	Rwamagana
	Ngoma
	Bugesera
West	Rubavu
	Nyabihu
	Rutsiro
	Ngororero
	Nyamasheke
	Karongi

Question 3. Currently, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is developing education materials for the weaning food component? Is the successful applicant obliged to create new materials or can they use the national materials that EGPAF is developing in collaboration with Treatment and Research AIDS Center (TRAC) and other clinical partners?

USAID Clarification:

As indicated on page 30 of the Request for Application (RFA), we would like the recipient(s) to use existing tools that are approved by the Government of Rwanda (GOR). The same would be true for Information, Education and Communication (IEC) materials. The recipient(s) would be expected to use the existing IEC materials that have been approved by the GOR. If no appropriate materials exist, we will consider the development of new IEC materials. *Note:* the website for TRAC is <http://www.tracrwanda.org.rw/>.

Question 4. Do the list of targeted beneficiaries categories on page 23 and on page 28 represent a prioritization from top to bottom or are all listed categories to receive equal importance in the RFA?

USAID Clarification:

The list does not represent a top to bottom prioritization. All groups identified as “primary beneficiaries” in the RFA are expected to receive significant support through this cooperative agreement.

Question 5. On page 29, there is a reference among the indicative activities for “Use and/or local production of Ready to use Therapeutic Food (RuTF) (i.e.- Plumpy’nut production in Uganda)”. On page 30, there is reference to procuring locally or regionally; is it assumed that this also holds for this indicative activity? Given that the quality of local production of weaning food has not been able to be determined and the RFA mentions local production of RuTF, specifically naming Plumpy Nut, as an indicative activity, will USAID be expecting that the recipient to focus on this product to the exclusion of other alternatives?

USAID Clarification:

USAID does not expect the recipient(s) to focus on Plumpy Nut to the exclusion of other alternatives. Sourcing RuTF locally or regionally is seen as advantageous to USAID because of the economic spillover effects.

Question 6. Although the RFA provides indicative activities under Phase 1 and Phase II, some activities under PHASE II may actually begin in Phase I. How would USAID react to a proposal in which some of the Phase II activities occur in PHASE I and vice versa?

USAID Clarification:

USAID has prioritized activities for Phase I given the limited timeframe and budget. If the recipient(s) think they can start indicative activities suggested for Phase II activities earlier so much the better.

Question 7. On page 29-30, the RFA calls for support to Associations of People Living with HIV/AIDS (PLWHA). However, we understand that most if not all of these associations are or are in the process of becoming cooperatives. Cooperatives are more formal than associations. How does USAID view this change in light of the requirements of the RFA?

USAID Clarification:

The focus of USAID support in this RFA is to strengthen community services and links to clinical facilities among groups impacted by HIV/AIDS. Recipients should not exclude groups for targeted assistance based upon their organizational structure, i.e. association or cooperative. While recipients are expected to conform to GOR policies regarding cooperatives, particularly concerning income generating activities, associations should not be excluded particularly for non income generating activities.

Question 8. Does the prime contractor on the bid have to be currently distributing food in Rwanda, or could we have an arrangement where the prime is a technical expert in food and nutrition for PLWHA and a sub-contractor is the distributor?

USAID Clarification:

It does not matter the role of the prime or the sub in regards to whom provides the food. However, please note the opening sentences of the RFA which stipulates, "The purpose of this Request is to obtain applications from **organizations already distributing food to malnourished Rwandans** (food distributing organizations, hereafter called "FDOs") for a cooperative agreement(s) (CAs) which would integrate the nutrition activities these organizations are already performing with the goal of assisting those living with HIV/AIDS. **Organizations wishing to apply must have significant food resources available for distribution in Rwanda.**"

Question 9. Does the food distributing organization have to be currently active in Rwanda, or can it be a group that has access to and experience with food that could scale up quickly?

USAID Clarification:

See response above. If a applicant is to propose a partner organization which is not currently distributing food in Rwanda, then the applicant must demonstrate capacity (to USAID) that it can scale up activities/implementation within program parameters stated in the RFA.

Question 10. Page 30: Please explain the following sentence: "*One partner will be selected to locally or regionally procure and distribute nutritional supplements to all PEPFAR PMTCT partners.*"

- a) Does this mean one of the "up to three" bidders who win this procurement will be asked to procure for the others? Or is this "one partner" separate from the three winners and will distribute to all groups?

USAID Clarification:

No, there is no separate partner who will procure the nutritional supplements. One of the up to three recipient(s) who win the procurement will procure for existing Prevention of Mother to Child Transmission (PMTCT) partners.

- b) What do you mean by "nutritional supplements?" Do you mean micronutrients or supplementary foods (like Sosoma)?

USAID Clarification:

This will primarily be Corn Soy Blend (CSB) or other weaning foods.

Question 11. Page 30: Please clarify the phrase: *"Phase I will include only the procurement and distribution of food to existing clinical services site PMTCT programs."*

- a) Does this mean that the only activity that will occur in Phase I (the first 18 months) is procurement and distribution of food, and the activities listed in the paragraph above will begin in Phase II?

USAID Clarification:

Yes, Phase I will focus on the procurement and distribution of food.

- b) Which foods does this refer to – weaning foods? If so, how does that relate to World Food Program's (WFP's) current program of distributing weaning foods?

USAID Clarification:

WFP is giving supplemental food to pregnant and lactating women. The PEPFAR-Rwanda program would like to move towards providing a similar service as WFP to meet GOR standards.