USAID | DEMOCRATIC REPUBLIC OF THE CONGO

Issue Date:	July 25, 2016
Deadline, Questions:	August 2, 2016
Clarifications:	August 16, 2016
Closing Date:	September 1, 2016
Closing Time:	05:30 p.m. (Kinshasa Time) / 12:30 p.m. ET
Subject:	Amendment Number Four (4) to Notice of Funding Opportunity (NOFO) No. RFA-660-16-000002
Program Title:	Integrated HIV/AIDS Program (IHAP)

Ladies/Gentlemen:

The purpose of this amendment to the subject solicitation is to provide, as Attachment A, answers to the questions received and in Attachment B, the Uniform Excel Sheet .

Please address the application by email to the attention of the Supervisory Agreement officer Patrick Kollars at pkollars@usaid.gov with copy to kinshasaoaa@usaid.gov.

All other date and time submission deadlines revised in Amendment One remain unchanged.

Thank you for your interest in USAID programs.

Sincerely,

Amy McQuade
Acting Supervisory Agreement Officer
USAID/Democratic Republic of the Congo

- Attachement A - Questions and Answers (Amendment 4)
- Attachment B - Uniform Excel Sheet (provided separately)

Attachment A

Questions and Answers – Amendment 4

1. Sufficient and consistent supply of commodities will be critical to ensuring the continuum of care for HIV/AIDS services. Can USAID please share its vision for procurement support, as it relates to commodities, and the roles of programs such as the supply chain management project?

   The recipient will not procure HIV commodities such as antiretroviral drugs, cotrimoxazole, isoniazid, opportunistic and sexually transmitted infections drugs, lab reagents and consumables (for biochemistry, Early Infant Diagnosis, CD4 count and Viral Load monitoring) and rapid diagnostic tests. This is the responsibility of the USAID-funded supply chain partner.

   The recipient will be responsible for local procurement of basic supplies used for injection safety and non-medical commodities for supported clinics. Such supplies may include: syringe with needle, cotton absorbent, prep pads with isopropyl alcohol, gloves, sodium hypochlorite, biohazard bags and waste containers, pen lab, UPS, chronometers, etc.

   IHAP will work closely with the USAID-funded supply chain partners to ensure a well-functioning supply chain at the health zone and site level. The supply chain partner supports distribution from the regional drug stores to the health zones; IHAP will be responsible for supply chain activities at clinical and community level, including training health providers, distribution, demand forecasting, logistic management information system including data-use for commodities distribution, storage, inventory management, quality assurance, and waste management.

2. Would USAID please clarify the role of the implementing partner in procurement support?

   The recipient will not procure HIV commodities such as antiretroviral drugs, cotrimoxazole, isoniazid, opportunistic and sexually transmitted infections drugs, lab reagents and consumables (for biochemistry, Early Infant Diagnosis, CD4 count and Viral Load monitoring) and rapid diagnostic tests. This is the responsibility of the USAID-funded supply chain partner.

   The recipient will be responsible for local procurement of basic supplies used for injection safety and non-medical commodities for supported clinics. Such supplies may include:

syringe with needle, cotton absorbent, prep pads with isopropyl alcohol, gloves, sodium hypochlorite, biohazard bags and waste containers, pen lab, UPS, chronometers, etc.

3. Can USAID please share who will distribute supplies at the health zone, health facility, and community level?
   IHAP will work closely with the USAID-funded supply chain partners to ensure a well-functioning supply chain at the health zone and site level. The supply chain partner supports distribution from the regional drug stores to the health zones; IHAP will be responsible for supply chain activities at clinical and community level, including training health providers, distribution, demand forecasting, logistic management information system including data-use for commodities distribution, storage, inventory management, quality assurance, and waste management.

4. Can USAID advise if the implementing partner will be required to procure buffer stock in case of stock-outs?
   The implementing partner will not be required to procure buffer stock; the supply chain mechanism is solely responsible for procurement, including possible buffer stock.

5. Can USAID please confirm if family planning commodities will be procured through the same system as HIV commodities?
   USAID confirms that family planning commodities will be procured through the same system as HIV commodities.

6. Can USAID please clarify the procurement plan for opportunistic infection (OI) medicines for DRC?
   PEPFAR DRC invests in efficient and preventive measures to mitigate opportunistic infections for people living with HIV, such as cotrimoxazole, isoniazid preventive therapy and certain drugs for sexually transmitted infections. To enhance quality management, applicants are encouraged to budget a small lump sum to help supported health clinics manage opportunistic infections using the drugs available within supported clinics through the public health supply chain (Système National d'Approvisionnement des Medicaments Essentiels).

7. Would USAID please provide clarity around INH procurement mechanisms, and how they will relate to IHAP?
   USAID will use a central mechanism to procure and distribute INH to PEPFAR-supported health zones. IHAP will continue to support health providers in PEPFAR-supported clinics in implementation at the local level.

8. To guide program design for each funding elements listed in Table 1, can USAID provide an approximate budget percentage or range for each element?
   IHAP Katanga comprises 100% HIV/AIDS funds. IHAP Kinshasa comprises approximately 1% to 3% family planning funding, approximately 77% to 92% HIV/AIDS funds, and approximately 7%-20% HSS at the national level.

9. The RFA highlights the importance of expanding care and treatment to key populations, and targeting key populations to reach 80 percent ART coverage (p16). In addition to close collaboration with the USAID implementing partner leading the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV project in the DRC, what is USAID's vision for the IHAP implementing partner's role in outreach, service provision, tracking and follow-up with key populations?
   As the focus on key populations in DRC increases, IHAP may be asked to take on an increasing role in support services for key populations. Currently, LINKAGES will refer HIV-positive key population clients to clinics supported by the recipient. The recipient-supported clinic will provide key population-friendly clinical HIV care and treatment services to key populations.

10. Would USAID confirm that the draft M&E plan and table of indicators shall be included as an annex?
    USAID confirms that the draft M&E plan and table of indicators shall be included as an annex.

11. Would USAID please confirm that the executive summary is counted in the 35 page limit of the technical narrative?
    USAID confirms that the executive summary is counted in the 35 page limit of the technical narrative.

12. Please confirm that applicants may submit budgets in unlocked Microsoft Excel 2013 edition?
USAID confirms that applicants may submit budgets in unlocked Microsoft Excel 2013 edition.

13. Would USAID kindly attach the uniform excel sheet along with responses to clarifying questions?
See attached

14. Can USAID please confirm that applicants may use their own budget format, as long as the budget format presents cost categories in USAID's uniform Excel sheet?
USAID confirms that applicants may use their own budget format, as long as the budget format presents cost categories in USAID's uniform Excel sheet.

15. On page 50, the RFA indicates that a minimum cost share of no less than five percent of the projected award amount is required. However, on page 75 of the RFA, the evaluation criteria indicate that cost share is "suggested." Can USAID confirm if cost share is required?
The minimum cost share of no less than five percent of the projected award amount is required.

16. Would USAID kindly confirm the addresses for email submission of the application?
Applications must be sent as an email attachment to the attention of the Supervisory Agreement Officer Mr. Patrick Kollars at pkollars@usaid.gov with a copy to kinshasaoaa@usaid.gov

17. Please confirm that USAID's file size limitation is 5MB per email during email submission.
USAID confirms that the applications' file size limitation is 5MB per email during email submission.

18. Will USAID confirm if past performance information is also required of sub-partners as well, or from just the prime applicant?
Past performance information is required for sub-partners.

19. The RFA indicates the need for Major Sub-Applicants to submit a negotiated indirect cost agreement. Can USAID confirm the definition of a Major Sub-Applicant for the IHAP RFA? Is there an associated budget percentage threshold which determines a Major Sub-Applicant?
A proposed sub-awardee is considered major if the sub-award amount is $1,000,000 or more.

20. Would USAID please confirm that assurances, certifications and representations, evidence of responsibility and certificate of compliance are only required for the prime applicant?
USAID confirms that assurances, certifications and representations, evidence of responsibility and certificate of compliance are only required for the prime applicant.

21. Can USAID confirm that the two applications will be scored independently of each other?
USAID confirms that the two applications will be scored independently of each other.

22. Can USAID confirm that the outcome of one award will not influence the outcome of the other?
USAID confirms that the applications will be evaluated separately and the outcome of one will not affect the other.