USAID | DEMOCRATIC REPUBLIC OF THE CONGO

Issue Date:	July 25, 2016
Deadline, Questions:	August 2, 2016
Clarifications:	August 9, 2016
Closing Date:	September 1, 2016
Closing Time:	05:30 p.m. (Kinshasa Time) / 12:30 p.m. ET
Subject:	Amendment Number Three (3) 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.

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 M. Quade
Acting Supervisory Agreement Officer
USAID/Democratic Republic of the Congo

- Attachement A - Questions and Answers

1) Does the applicant need to submit the proposal on grants.gov submission or by e-mail? If so, which e-mail(s)?

Applications must submitted to the attention of the Supervisory Agreement Officer Patrick collars at pkollars@usaid.gov with copy to kinshasaoaa@usaid.gov.

2) Is it required that an environmental mitigation plan be submitted with the proposal? Or is this required post-award?

An environmental mitigation plan will be required from the apparent recipient.

3) Does the applicant have to submit certifications for major subcontractors and the prime or just the prime?

Sub-awardees and contractors responsibility matters are the responsibility of the prime and the obtained certifications need not be sent with the application.

4) Do all subcontractors have to have SAMS/DUNS or before award?

Recipient's subcontractors are not required to be registered in SAM or have DUNS number before award to the prime, however for any major sub-awardee and contractors which will be approved at the time of the award, they must have DUNS.

5) Does the applicant need to submit 1420 Biographical Data forms?

Applicants under a USAID funded opportunity need not submit 1420 Biographical Data forms.

6) Pages 21-22: Increase availability of comprehensive HIV prevention services, HTS

a) Can we introduce new community or clinical strategy to "increase availability of HIV services and/or optimize service model" even if there is not yet national guidelines, but as pilot that will be implement like an operational research with at the end the development of guidelines.

Yes, applicants are able to introduce new community or clinical strategies to "increase the availability of HIV services and/or optimize service models" as a pilot. This will require collaboration with USAID and the National AIDS Program

*(PNLS) to ensure all protocols are followed and requirements are met. In this case, applicants must provide sufficient evidence of the new community and clinical stra*tegy, including how it worked in a similar settings and references.

7) RFA page 21 (Commodities):

a) Is there any limitations in terms of number of USAID supply chains partner's with which we can coordinated to ensure availability of essential HIV commodity at health zone level (in one award) ?

The recipient should plan to coordinate with all USAID supply chain partners working in the intervention area.

b) In there any mechanism/conditions that permit the recipient to himself buy HIV commodities, in case of stock out? If yes, for which commodities? rapid diagnostic tests, ART ?

No, 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.

8) Home based HIV testing and TB screening has achieved great results in other countries affected by HIV? Are there certain procedures to be followed in order to obtain permission? Has home based testing been practiced in DRC?

Home-based testing is one component of PEPFAR/DRC's strategy for Country Operational Plan 2016, particularly the index-patient model (targeted testing). Although not yet practiced on a wide scale, the recipient will include index-patient testing in PEPFAR priority health

zones. The recipient will work with USAID and local and provincial health officials to implement home-based testing. Targeted home-based HIV testing may also be combined with TB case finding and screening (requires coordination with National TB Program (PNLT)). Home-based self-testing is not under discussion at this time; as international research in this area advances, there may be an opportunity to pursue this further.

IHAP-Kinshasa will work with MOH to revise/update the HTS guidelines to ensure new evidence/strategies are included.

9) The NOFO refers to the success of so-called Community Adherence Clubs for people on ART? Are there certain procedures to be followed in order to obtain permission? Have such or similar initiatives previously been practiced in DRC?

There are currently adherence clubs in place for people on ART in DRC. The recipient will work with USAID, the National AIDS Program (PNLS), and provincial health zone-level health officials to put in place and/or build the capacity of existing clubs. For IHAP-Kinshasa, this activity may also include technical assistance to work with MOH to revise or update the Care and Treatment guidelines to ensure new strategies are included.

10) It is mentioned in the NOFO that USAID aims to give two contracts? If an applicant applies for both opportunities, can he same applicant win both, if he presents the best proposals?

Two cooperative agreements will be awarded and it is possible for the same applicant to win both.

11) Per the description of activities under IR 3.1 of the NOFO, are we correct in assuming that IHAP-Kinshasa and IHAP-Katanga will not be responsible for actual procurement of any medications, commodities, and other supplies?

No, 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 (all types: sterile or not sterile), sodium hypochlorite sodium (Javel), bag biohazard, pen lab, UPS, chronometer etc.

12) Can the listing of indicators and targets included in the draft Monitoring and Evaluation Plan be submitted as an annex?

The listing of indicators and targets included in the draft Monitoring and Evaluation Plan can be submitted as an annex.

13) The NOFO includes mixed language as to whether cost share is "suggested" or "required," and the general information section for the IHAP opportunity on Grants.gov notes that there is not a cost share or matching requirement—can USAID please confirm if cost share is required for IHAP?

A cost share of no less than 5% is required.

14) The description of objectives and intermediate results to be achieved under IHAP makes explicit references to providing services to key population groups, however the NOFO also notes LINKAGES as another USAID-financed program in the DRC providing services to key populations. Can USAID clarify whether IHAP will ensure provision of services to KPs in the health zones it covers or whether IHAP should refer KPs to LINKAGES for service provision?

LINKAGES will refer HIV-positive key population clients to clinics supported by the recipient for clinical services. The recipient-supported clinic will provide key population-friendly clinical HIV care and treatment services to key populations. The recipient will collaborate closely with LINKAGES to ensure strong uptake of clinical services.

LINKAGES may provide training to clinical providers to ensure that services are key population-friendly. LINKAGES will also provide ongoing adherence and other support to key population clients. This requires close collaboration between IHAP and LINKAGES. IHAP is responsible for tracking and reporting treatment and retention indicators for key population patients, requiring strong engagement and focused attention.

15) The general information section for the IHAP opportunity on Grants.gov notes the expected number of awards under this opportunity to be 10 whereas the NOFO indicates that

two awards will be made (for IHAP-Kinshasa and IHAP-Katanga)—are we correct to assume that there will indeed only be two awards made under this opportunity?

Expected number of applications is 10, however number of awards under this funding opportunity is two.

16) Can USAID clarify whether a comprehensive staffing plan, with roles and responsibilities and LOE, is to be included in the technical narrative or in annex? On page 73 the NOFO encourages applicants to include a summary staffing plan and narrative in an annex, but a comprehensive staffing plan for all professional staff is requested under 'Instructions to Applicant' under Criterion 2, on page 69.

Applicants must follow the instructions under each criteria; instructions under Criterion 2 is separate from the instructions under Criterion 3.

17) Are there limitations on what additional items can be included in the annex, and is there a page limit on any such items or the annex as a whole?

There should not be any additional items other than those specified in the funding opportunity.

18) Is there a limit on the number of past performance references an applicant can include?

The number of past performance references must be five.

19) On page 76 of the NOFO, the estimated award date for both IHAPs is listed as January 17, 2017. For budgeting purposes, can USAID confirm if we should assume a project start date of January 17, 2017?

Yes, the project is planned to start upon award.

20) There is language on pg. 22-23 of the NOFO that states that USAID intends to fund recipients who have programs that "will focus on the integration of FP services with HIV services at facility and community levels…" However, since IHAP-Katanga will not receive FP-specific funds, can USAID please confirm if IHAP-Katanga should also focus on integrating/offering FP services with HIV services, or if this section [FP and reproductive health (RH) services] on pages 22-23 is only applicable for IHAP-Kinshasa?

Both awards/recipients will focus on the integration of FP services with the HIV services at the facility and community levels. IHAP-Katanga is expected to work closely with other USAID-

funded activities, including the Integrated Health Program, working in the same geographical areas to jointly identify areas to engage the government and implement activities.

In Kinshasa, USAID does not fund family planning activities in the health zones in which USAID works; therefore, USAID would like to provide FP funds for IHAP-Kinshasa to strengthen the supply and demand of FP services in the five health zones.