All questions received prior to the deadline are listed below with USAID/Guinea's answer following each question.

Question: Can USAID confirm if either of the two multi-year health activities: 1) health systems strengthening (HSS), and 2) social behavior change communication and social mobilization, referenced on page 4, have been awarded yet, and if so to whom?

Answer: 1) Health system strengthening is TBD and 2) Social behavior change communication and social mobilization was awarded to HC3

Question: On page 11, the RFA states "a comprehensive SBCC activity, Health Communication Capacity Collaborative (HC3) implemented by JHU CCP, begins in mid-2015 to restore and help transform RMNCH services". Is this SBCC activity the same as the SBCC and social mobilization activity referenced on page 4?

Answer: Yes

Question: On page 13, USAID states that the applicant may propose activities under IR 1.2 and I.R 1.3 of up to no more than 10-15% of the level of effort. However, on pages 17 and 19, the RFA states that the applicant may propose using up to 20% of the total HSD resources for interventions on IR1.2 and IR1.3. What is the maximum % level of effort allowable for IR1.2 and IR1.3?

Answer: the applicant may propose using up to 20% of the total HSD resources for interventions on IR1.2 and IR1.3

Question: $7.5 million, approximately one-third of the budget for the HSD program will consist of non-Ebola health funding appropriated by Congress. Can USAID provide further information on the parameters within which this funding must be used?

Answer: Non Ebola health funds are supposed to be spent in 24 months

Question: The RFA states that "A key element of the HSD Program is to build the institutional, organizational and advocacy capacity of local NGOs and Community Based Organizations within Guinea". Can USAID provide any guidance on the level of funding available for interventions to build the institutional capacity of NGOs/CBOs?

Answer: It is estimated that a maximum of $300,000/year is the amount that will be spent on building local capacity and working with 2 local organizations with maximum of $600,000 the first year and $300,000 the following years excluding the last year. However, the percentage of the final level will be determined during negotiation.

Question: Can USAID provide further explanation on what is required of the applicant with respect to leveraging private sector funds as mentioned on page 24?

Answer: There are many private sector partnership opportunities in Guinea. The applicant will explore such opportunities to leverage USAID investment and encourage the private sector to take over the activities after the end of this investment. USAID will facilitate such partnership when appropriate.

Question: On page 44, can USAID clarify the following with regards to the evaluation of the 5 points allocated to gender considerations:

a. Point "(1) address disparities in opportunities for women and girl…." seems to fit and should be integral to IR 1.1.4 (access). Would it be acceptable to integrate it into that section?

Answer: Yes

b. Point (2) strengthen women's decision making" is a very broad yet important piece. That said, where within this project would funding be available to strengthen women's decision making and access to resources? Given delivery of health services by themselves will not substantially impact decision making or access to resources, would programming be expected to go beyond delivery of health services to actually seek to strengthen women's decision making and access to resources, for example via programming that addresses gender norms or that supports income generation?

Answer: The small amount of efforts on HSS (IR3) would facilitate access to resources by contributing to improving local financing and governance . As well, support to midwives training and health human resources may benefit woman more than men in terms of job

creation. If there are GBV funding this could be included as efforts have been under MCHIP and MSCP to add focus on gender issues. The majority and main focus is to restore and provide access to essential services

c. Point (3) speaks to communications yet that seems to be related to IR2 which is not a focus of this grant. Is the idea that we should seek to do this within the 20% of funding that might be dedicated to IR 2 or 3?

Answer: Yes. the project should have some support (not to exceed 20%) for IR 2 and 3 but this is an upper limited and they do not have to use 20% for IR 2-3.

7. On page 38, the RFA states that "If the Applicant has established a consortium or another legal relationship among its partners, the Cost/Business application must include a copy of the legal relationship between the parties". Could USAID explain what this means? Is a letter of commitment sufficient or would a teaming agreement need to be submitted?

Answer: A Letter of Commitment is sufficient for the proposal but a Teaming Agreement will be required prior to award.

Question. Page 25 mentions that applicants are encouraged to form linkages with other health programs in Guinea. Are linkages with non-health programs in Guinea also encouraged? It may lead to cost efficiencies and improved coordination between implementers, especially when an existing program (i.e.: democracy and governance program) has a nationwide reach into all of the prefectures targeted by the HSD program.

Answer: Yes, rightly said. USAID highly encourages linkages with non-health programs to enhance synergy including cost efficiencies and improved coordination between implementers

Question: Page 26 mentions gender considerations. Is USAID willing to cover supplemental costs of ensuring balanced participation of women in program activities? If, for example, child care is provided on-site at trainings and other events, more women may be able to participate.

Answer: the Total Estimated Cost of the project is $24M. Any cost related should be covered under this budget and clearly justified.

Question: Pages 27-28 mention mid-term and final evaluations that will be conducted by a third party. Will the costs of these external evaluations be covered by USAID or is the applicant expected to budget for these evaluations?

Answer: The cost to perform mid-term and final evaluations by a third party will be covered by USAID under a different mechanism.

Question: Page 29 Key Personnel requirements: As USAID is aware, it can be difficult to find well-qualified Guinean staff who are bilingual. Because the Senior Technical Advisor and Director of Finance / Administration will primarily be working with counterparts in-country, would USAID consider reducing the English language requirement to Foreign Service Institute level 2/2 proficiency in English, with fluency (level 4 or 5) in French for these two key positions?

Answer: The minimum language requirement acceptable is level III.

Question: On page 37 it is stated that “the Cost or Business application is also to be submitted on a CD in Microsoft Excel 2000 or Excel 2003.” Could the Mission please confirm this requirement? If this is indeed a requirement, could the Mission please note the mailing address that the Cost Application CD should be sent to, and by what time and date it should be sent?

Answer: Submission by CD is not required. The relevant section of the NFO has been modified.

Question: What are the Missions stand-alone SBCC and HSS programs referred to in the RFA and who are the other partners for IR 1.2 Health Behaviors and Demand for Quality Services and IR 1.3 HSS?

Answer: the Mission stand-alone SBCC is implemented by HC3 and covers the IR1.2 of the mission’s Results Framework. The HSS is a TBD mechanism.

Question: Could the Mission please confirm if there is a major partner threshold to consider when budgeting?

Answer: No

Question: On page 27 (in section A6. Monitoring & Evaluation), the RFA states: "...the Awardee will be required to develop and maintain a performance monitoring system to track tangible, measurable progress toward the results under this program description. Specifically, this HSD Program will require a Results Framework and a Performance Monitoring Plan (PMP)." And on page 44, the RFA states: "Monitoring and Evaluation Plan (10 points) Proposed monitoring systems (including PMP) that will provide for necessary monitoring and reporting on the proposed activities." Can USAID confirm that the PMP is the only required monitoring system?

Answer: Both the PMP and the Results Framework are required. Please note that Performance monitoring continues throughout the life of an activity and includes clearly defined indicators, baselines, and targets for output, outcome, and impact level monitoring, as well as benchmarks for performance over the five year implementation period. The Results Framework illustrates the causal logic of lower level sub-intermediate results, leading to intermediate results that in turn lead to the achievement of the overall Objective/Goal of the HSD Program.

Question: On page 49, the RFA states: "The Activity M&E Plan will outline key program activities, indicators of achievement, which should support USAID/Uganda's Results Framework, baseline data and annual targets as well as indicators specific to project activities." Can USAID please confirm that this should say USAID/Guinea?

Answer: USAID confirms that it should say USAID/Guinea.

Question: Can USAID please clarify the extent to which private health providers in the provision of quality integrated RMNCH and FC services should be supported by this project?

Answer: The main focus of this project is to support the public health facilities. However, support to private health clinics including NGOs, Faith Based Clinics and private for profit is acceptable when critically needed and justify filling a gap in equity and access to health care in a particular area.

Question: Can USAID please confirm that the names of the 7 geographical sites under the "Geographical Coverage" section of the RFA (page 25) are regions? Yes they are regions.

Answer: YES they are administrative regions. Seven out of eight will be covered by the project. These include: Conakry, Kindia, Boké, Mamou, Labé, Faranah and Kankan.

Question: Can USAID please confirm that funding of sub-awards to 2-3 local NGOs will come from the Awardee even though their capacity to receive direct USAID funding represents a part of the operational strengthening work of the international NGO?

Answer: Yes the funding will come from the Awardee

Question: Can USAID please clarify which organization will procure the needed drugs, medical products and FP supplies needed by the participating government and private health providers to deliver quality integrated RMNCH and FC services?

Answer: USAID in collaboration with a partner provides contraceptives using the Central Procurement Mechanism (CCP). The US President Malaria Initiative (PMI) will procure malaria commodities while the Government of Guinea provides EmONC supplies. While the focus of this project is health service delivery, the awardee is expected to purchase basic medical equipment for health facilities. Additional medical supplies can be purchased by the awardee as part of the project implementation.

Question: On page 37, section D.4 seems to have been cut off. Should there be more to this section?

Answer: No.

Question: Page 13 of the RFA states that "…the applicant (Applicant) will propose what activities that fall under IR 1.2 and IR 1.3… (this should be no more than 10-15% of the level of effort)." However, on pages 17 and 19 the RFA reads "the Applicant may propose using up to 20% of total HSD Program resources for interventions under IR1.2 and IR1.3." Could USAID confirm the maximum percentage of the budget that should be applied to IR's 1.2 and 1.3?

Answer: consider the content of page 17 and 19 of the RFA that reads "the Applicant may propose using up to 20% of total HSD Program resources for interventions under IR1.2 and IR1.3."

Question: Page 24 of the RFA states that "The Awardee could be asked to track the leverage ratio, or the proportion of private sector funds relative to USG funds invested in the development program. As an additional requirement, PPPs/GDAs must achieve at least a 1:1 ratio of USG to private sector funds." Page 33 of the RFA states that "Cost sharing is suggested but not required." Could USAID please confirm that while the Applicant may be required to monitor the leveraging of other groups, ensuring the 1:1 ratio of USG to private sector funds is being met, the Applicant need not propose leveraging under this project?

Answer: "Cost sharing is suggested but not required." Refers to the contribution of the applicant to the project at time of submission of the application in Answer to the present RFA. The PPP/GDA is part of the implementation of the program to encourage the implementing partner to seek additional resources from the private sector or other donors. This is not considered as cost sharing as it is not known yet who the partner will be and what will be the level of contribution at the time of the submission of the application.

Question: USAID makes reference to submission via email, through grants.gov, and on CD (page 37, in reference to the Cost/Business application). Would it be acceptable to USAID for Applicants to submit all parts of the proposal via email?

Answer: Submission through grants.gov and/or by CD is neither required nor accepted. The relevant sections of the NFO have been modified.

Question: Under Section B.3 “Substantial Involvement” USAID states that they will be involved in “Approval of all domestic and international travel in work plan with prior budget approval of associated costs.” The mandatory standard provision M17, “Travel and International Air Transportation,” removed its language around Prior Budget Approval for “Direct charges for travel costs for international air travel by individuals” in December 2014. And while the former A-122 Cost Principles specified that “Direct charges for foreign travel costs are allowable only when the travel has received prior approval of the awarding agency” the new 2 CFR 200 (Section 200.474) makes no mention of travel approvals being required. Additionally, 2 CFR 200.100 states that “Federal awarding agencies must not impose additional or inconsistent requirements, except as provided in §§200.102 Exceptions and 200.210 Information contained in a Federal award, or unless specifically required by Federal statute, regulation, or Executive Order." Based on the new 2 CFR 200, would USAID/Guinea consider removing the requirement that all domestic and international travel be subject to approval by the Agreement Officer? Or will there be an exception in accordance with 2 CFR 200.102 that will apply to this award?

Answer: International Travel specifically mentioned in the award may be taken with notification to the AO and AOR. The AO may delegate to the AOR the responsibility for approving other International Travel under the Cooperative Agreement.

Question: Can USAID please confirm whether procurement is allowed under this RFA?

Answer: Procurement of medical equipment and supplies is allowed with clear justification

Question: Does USAID/Guinea encourage use of project resources to procure essential consumables and technology to equip health facilities for health service delivery?

Answer: YES, USAID in collaboration with a partner provides contraceptives using the Central Procurement Mechanism (CCP). The US President Malaria Initiative (PMI) will procure malaria commodities. The Government of Guinea provides EmONC supplies. While the focus of this project is health service delivery, the awardee is expected to purchase basic medical equipment for health facilities. Additional medical supplies can be purchased by the awardee as part of the project implementation.

Question: Does USAID/Guinea encourage the use of project resources to construct, rehabilitate or improve health facility infrastructure?

Answer: Construction under this project is not allowed. However, Rehabilitation or improvement of health facility infrastructure will be subject to a case by case approval from the Agreement Officer. Please note that it has to be contracted out to a specialized entity and approval sought from the AO.

Question: The RFA states that the project should allocate $4.5M for MCH, $7M for FP, $7.5M for second order effects of Ebola, and $5M for fistula, which adds up to $23.5M, and not the total $24M stated. Could USAID please clarify the allocation of funding and the amount of the award?

Answer: The budget for MCH is $4.5 m as opposed to $4m stated in the RFA and that totals to $24M.

Question: Can USAID confirm that they would accept a Chief of Party candidate with a Master's degree in a relevant field that is not Public Health?

Answer: Yes, USAID would accept a COP with a Master's degree in a relevant field (Health)

Question: Can USAID confirm that fistula work is to occur in all of the areas listed on page 25 (Boke, Conakry, Kindia, Mamou, Faranah, Kankan, and Labe) and not simply in the three prefectures listed on page 16 (Conakry, Labe, and Kissidougou) where USAID has previously conducted fistula prevention and care work?

Answer: in addition to the three sites mentioned in page 16 where USAID has invested, it is expected to expand fistula care in all the regional hospitals of the geographic target area except Kankan that is already covered UNFPA. This aims to align USAID investment to the national strategy for fistula prevention and control.