USAID/West Bank and Gaza
NFO -294-15-000001, Amendment #1
Gaza 2020 – Health Matters

Amendment No.1

I. Pre-Application Conference: Mission Comments
22 July 2015
USAID West Bank and Gaza Offices, Jerusalem

Agreement Officer's Opening Comments on the NFO.

Supervisory Agreement Officer and Director/OCM Mr. Dale Lewis was the issuing Agreement Officer for the NFO and likely will be the issuing Agreement Officer for any resulting award. I (Jason Gilpin) am the administrative Agreement Officer for the NFO and likely will be the administrative Agreement Officer for any resulting award.

Thank you for attending. First, a note on protocol for this Question and Comment Pre-Application Session. Since applicant identity and the number of applications is procurement sensitive, we will not be requesting any of the participants identify themselves in this pre-application conference. Furthermore, please be advised that the entirety of the audio will be recorded so that we may prepare Amendment 1. Please be aware that anything mentioned in this pre-application conference, including comments, questions and answers will be published in Amendment 1 to the NFO on grants.gov.

Health Matters is currently the Mission's #1 priority. Due to dire requirements and need of the Mission to have in place this mechanism quickly there is a tight timeline for receipt of applications to the NFO.

Only questions and comments mentioned in the Pre Application Conference or received via email at the inbox of WBG-NFO-SUBM@usaid.gov by the deadline. Please do not send questions or comments or CC any other email address other than WBG-NFO-SUBM@usaid.gov. Please do not send applications or CC any other email address other than WBG-NFO-SUBM@usaid.gov.

This session will request industry comments or feedback on the NFO. We encourage all participants to provide their honest input and technical advice on the solicitation in this session.

As for items which are new or vary from most opportunities issued by the USAID West Bank and Gaza Mission, I will provide a very brief overview. First, you will see there is new language for many items. For example request for applications (RFAs) are now generally referred to as Notice of Funding Opportunities (NFOs).* Also new language reflecting references of 2 CFR 200 & 2 CFR 700 persist throughout the document. USAID assistance solicitations now refer "opportunities" for funding. Please carefully review the Automated Directive System (ADS) 303 series which can be found at http://auslnxapvweb01.usaid.gov/ADS/300/303.pdf. Provided the change though, applicants will not be penalized for using older language or references. Also note the section on partner staff security.

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USAID is very concerned with at all times with partner staff security and will be asking for security plans and proper organizational mechanisms, certainly for the recipient. USAID must have the confidence that the partner is able to maintain an appropriate standard of protecting their staff. Finally, please see the Crisis Response Fund, a crisis modifier which is incorporated in the NFO. Being able to flexibly respond in an emergency is a key component for this mechanism. Last summer the Mission had to incorporate crisis response into existing mechanisms. For this award, we require the flexibility to respond to an emergency at the outset of award and throughout the award lifecycle.

Also, note there is an error in the NFO on page 30. The correct date is Weds 29 July as the deadline for receipt of questions.

*Please note that the language regarding Notice of Funding Opportunity (NFO) has changed yet again. On 22 July 2015, (the very date of the Pre-Application Conference) the ADS was amended to clarify that all assistance solicitations are called Notices of Funding Opportunities (NOFOs) not NFOs. However, there are two types of NOFOs: 1.) RFA and 2.) APS. Therefore this NFO is hereby clarified to be defined as a NOFO, Request for Application.

Health Officer's Opening Comments on the NFO.

- As we see over and over again, the Gazan population is vulnerable to crises – from war, to floods, to power outages, and more. Gaza has seen its fair share of hardships, and the health sector is particularly affected. Through this program, what we are calling Gaza 2020: Health Matters, USAID seeks to improve the resilience of the health sector. It is a five-year, up to $50 million project that will work on both strengthening emergency preparedness and rapid response capacities and strengthening health networks in primary and secondary care to provide essential services.
- Now I'm not going to go through every detail of the project description, but I will summarize the main sections and conclude by highlighting a few issues that are important to note.
- First, background – why are we doing this project? I've been at this Mission for four year and in those four years I've seen Gaza go through multiple armed conflicts, natural disasters like floods, personnel strikes, tunnel closures, access restrictions, all kinds of shortages, etc. In each instance the health sector suffered and the people in Gaza suffered. Historically USAID has done its best to respond to various situations in Gaza – during the July 2014 conflict for example we sent in large emergency kits for hospitals – but responding isn't enough when the shocks keep coming. So this is our effect to increase the resilience of communities and the health sector to be better positioned to deal with and withstand future crises.
- To do this we have designed a program with two basic components – emergency preparedness/rapid response plus access and quality of primary and secondary health services. While this project will maintain the capacity to quickly respond to emergency situations with both technical assistance and the provision of health commodities, it will also

work pro-actively during non-emergency times to increase the level of preparedness and resilience of communities. Having reliable and quality primary and secondary health services also

contributes to the resilience of communities to withstand crises so this program will improve the quality of and extend the geographic reach of primary and secondary services.

- The focus on activities under the first component is on ensuring that emergency health services remain accessible during times of crisis. This will require a comprehensive mapping of organizations and the emergency preparedness or response services they provide. Weakness in the health sector response to previous crisis situations should be analyzed to help develop preparedness and response plans that builds the resilience of communities and organizations to withstand and respond to various emergency situations. Technical assistance, training, and organizational capacity development should all be provided to ensure the communities and organizations have the necessary skills and abilities to implement their plans.
- An interesting feature of this program is the establishment of a Crisis Response Fund. Twenty percent of the total estimated amount of the award or approximately $10 million will be held in reserve to allow the recipient organization to provide rapid assistance in the case of an emergency situation. Activities envisioned as part of a rapid response include supplemental technical assistance to organizations executing their emergency response plans and procurement of emergency medical supplies as appropriate.
- Earlier I said this program has two basic components but you'll note that the Program Description in the NFO has three intermediate results. The activities for primary and secondary health care are similar but since the types of organizations that provide these services may differ and since the services provided at each level differ greatly, we gave each its own result. The focus here is on developing resilience in primary and secondary health care service delivery organizations by strengthening the organizations and the services their provide and by forming or solidifying networks and links among organizations and providers that can support each other during time of crisis and times of quiet.
- For both primary and secondary care, USAID is asking that a grants program be created to support NGOs, CBOs, and private entities that provide health services in Gaza. USAID has identified priority areas for interventions that develop capacity and improve service delivery both in times of crises and times of calm and these are discussed in the Program Description. We are also open to considering other priority areas but would need to see a strong rationale for inclusion and a solid technical approach for how the areas proposed will be successfully addressed. In particular, activities that reduce the need for external referrals, that notably improve the basic health status of large segments of the population, or that target areas that the NGO/CBO/private sector is uniquely situated to address will be considered. A strong element of the grants programs should be technical assistance to the recipient organizations both to support the technical area that they received the grant for and to improve their organizational and managerial capacities.

- You'll notice that I left out any mention of working with the Ministry of Health in Gaza. USAID is prohibited from providing assistance to designated terrorist organizations, a status which has been conferred upon Hamas. As Hamas, in effect, controls the Ministry of Health in Gaza, USAID cannot work with what we call the de facto Ministry of Health or its facilities there. Thus Health

  Matters will work with non-governmental organizations, community-based organizations, and private entities to accomplish these goals. We recognize that since the de factor Ministry of Health is the main provider of primary and secondary services in Gaza, this limits the scale of improvements that can be made to the overall health sector. However this is the legal framework in which we live and luckily there are robust NGOs, CBOs, and a private sector that are also important pillars of the health sector and which desperately need assistance.
- This is a five-year project and a lot can happen in five year. Should the political environment in Gaza change such that a designated terrorist organization no longer controls the Ministry of Health, then USAID may request that the Recipient consider alternative work plans that involve the Ministry of Health in Gaza.
- We are also not focusing work under this project on UNWRA-run facilities as they receive financial support from the US Government through a separate channel. However, we do encourage collaboration with UNWRA and other UN organizations to improve continuity of care, to ensure appropriate referrals, to strengthen networks and communications with small organizations, and to implement complementary activities.
- Another point of note is that while this project is called Gaza 2020: Health Matters, should an emergency or crisis situation arise in the West Bank, USAID may request that the Recipient pivot activities to the West Bank to support an emergency response there. In addition, we would be interested in hearing your thoughts and comments on specific areas or populations in the West Bank that you think are in a similar situation to Gaza and that could benefit from the types of activities outlined in this project – both for preparedness and primary and secondary health care strengthening.
- Other theme I would like to highlight for your attention is the innovative use of technology. We are looking for approaches that leverage innovative uses of technology in any and all aspects of the proposed project. This can include information dissemination among beneficiaries, data sharing among organizations, and reporting to USAID and other stakeholders.
- And a final note on USAID's legal and policy framework to work in Gaza. As outlined in the Program Description and briefly discussed a minute ago, there are a number of legal, policy, and logistical considerations that affect USAID's ability to implement programs in Gaza. All applicants should be cognizant of these considerations when developing their applications to ensure that the technical approach, activities, and results put forward are feasible and likely to succeed given the constraints.
- Thank you.

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II. Comments, Questions and Answers

1) QUESTION: **Regarding expensive medical equipment, what will be the mechanism of purchasing this equipment? Will the requirement be done through a subaward or through the prime partner, what will be the process for that?**

   ANSWER: The Applicant may propose whatever system they find to be the most appropriate for purchasing that equipment. Every partner must have a good purchasing system that allows fair competition when warranted and appropriate. In addition, all purchases must comply with USAID Source & Nationality requirements.

2) **QUESTION: With regards to USAID/West Bank Gaza's No Contact Policy, how does USAID propose to apply it with regards to medical referrals? How will the USAID-supported activities work with the medical referral system currently in place in Gaza?**

   ANSWER: You are correct that no assistance can be provided to the Gaza MOH and contact with Hamas is prohibited. However, while it is true that the referral process is heavily governed by the Ministry of Health, the partner does not necessarily have to work within or directly with the referral system itself; there are outside components of the system that the Applicant can examine to achieve the desired result without violating USAID restrictions .

3) **QUESTION: Regarding the OFAC license, what OFAC license will be provided? Will the Mission provide this?**

ANSWER: We do not publicly provide copies of the OFAC licenses we are granted. However, USAID can assure you that the activities contemplated under Gaza 2020 - Health Matters fall within the licenses.

4) **QUESTION: Many NGOs and CSOs in Gaza will likely refuse to sign a no contact policy – what does USAID propose the Applicant do to enable it to work with Gaza partners?**

ANSWER: Please note that the Contact Policy only applies to USG-funded activities. It does not apply to non-USG activities an NGO or CSO in Gaza may already be implementing. In addition, please note that partners and their subs do not actually sign a "no contact policy." Instead they are required to comply with it as a condition of their award. As stated in the NFO, if there is an organization which the Applicant believes it will be great to work with but it has reason to surmise that it will not comply with the contact policy, USAID suggests not to include the organization in the application.

5) **QUESTION: Does USAID envision a role in working with the Ministry of Health in Ramallah in an emergency?**

ANSWER: There is no prohibition on working with the MOH in Ramallah. If applicants believe it is in the best interests of the program to coordinate with the Ramallah MOH they may propose to do so.

6) **QUESTION: When USAID mentions working with schools, do the same limitations exist in terms of not working with Ministry of Education schools in Gaza?**

ANSWER: Yes, the same kind of limitation applies to the Ministry of Education entities in Gaza.

7) **QUESTION: As of operations, is the Applicant expected to operate fully out of Gaza, or may it operate out of the West Bank with a satellite office in Gaza? What about programming? Is programming only limited to Gaza, or may it also include the West Bank?**

ANSWER: We expect the partner to have the ability to operate and program in both the West Bank and Gaza. As stated in the program description, we expect the partner to concentrate on Gaza but have the ability to pivot activities to the West Bank if requested by USAID in an emergency situation.

The NFO does not require the Applicant to be based fully in Gaza, nor does it require a permanent residence in the West Bank. This management approach is up to the Applicant; it will propose some sort of structure that takes into account the security situation and USAID will require a security plan. Part of the security plan may be having a backup office or having split offices.

As mentioned in Larisa Mori's comments, USAID is interested in hearing your thoughts and comments on specific areas or populations in the West Bank that you think are in a similar

situation to Gaza and that could benefit from the types of activities outlined in this project – both for preparedness and primary and secondary health care strengthening.

8) **QUESTION: Regarding the crisis response fund, it says that the pharmaceuticals procurement must be in accordance with USAID's requirements and approval. In an emergency, this will be challenging to achieve the proper USAID approvals and Israeli permits in an expedient manner.**

ANSWER: If partners choose to include pharmaceutical procurement in their program, they should familiarize themselves with the required USG, Israeli, and Palestinian approval processes so they have a full understanding and appreciation of the requirements. Partners may want to consider obtaining approvals or waivers in advance if deemed appropriate for their technical approach. Note that the USAID partner support unit may be able to assist with coordinating with the Israeli authorities about importing pharmaceuticals. However, ultimately it is the responsibility of the Recipient to deliver authorized pharmaceuticals within a timely manner in an emergency if included as part of their proposed project.

9) **QUESTION: With regards to obtaining and delivering pharmaceuticals in an emergency , the Recipient will be required to be fully operational within 4 weeks after signing the award – how does USAID envision this being possible within the timeframe provided the extensive processing time for approvals of pharmaceuticals?**

ANSWER: See answer to Question 8 above.

10) QUESTION: **How will the small scale infrastructure be approved and how will it be supported through architecture and engineering services?**

ANSWER: The Applicant should only propose something that is specifically provided for in the program description. As stated on page 17, this program may include "limited renovation that support program activities..." Any such work will be subject to USAID approval either through the annual work plan or by special request.

11) [Overall comment or question unclear]. **There are a lot of goals and we are concerned not to be on time, we are concerned to delay the process, we request a general understanding on how this may work.**

ANSWER: Will address in Amendment No. 2 pending submission of the original question.

12) **COMMENT: The threshold not only for the small grants program but the program itself is not sufficient to realize the objectives of the NFO.**

ANSWER: Thank you for your comment. We will answer in Amendment No. 2

13) QUESTION: **What is USAID's position on the unity government?**

ANSWER: USAID does not comment on US foreign policy. Applicants should focus on showing they can perform the requirements of the program within the parameters set.

14) QUESTION: **How does USAID think about supporting tertiary care?**

ANSWER: As laid out in the NFO, this project is focused on expanding access to essential primary and secondary health services to improve the resilience of the non-governmental health sector.

15) QUESTION: **Page 14, primary care – when USAID talks about referrals under IR2, is USAID referring to additional treatment in secondary care or are these just referrals among the primary system HHA.**

ANSWER: With regards to referrals, USAID is referring to referrals to the appropriate service provider - regardless of level of health care.

16) **QUESTION: Given that it is prohibited to work with MOE operated schools, would it be acceptable to propose working with kids from government-operated schools in settings outside of the schools?**

ANSWER: We must review specific proposals to see if any benefit could possibly accrue to the MOE. However, applications will not be penalized based on proposing to work with children from MOEt-operated schools in settings outside of the schools.

17) **QUESTION: Regarding the crisis response fund – is that money in addition to the $50,000,000 or included in the $50M total estimated amount?**

ANSWER: The Crisis Response Fund is included in the $50,000,000. Please budget for it within the total estimated amount.

18) **QUESTION: Are the funds provided for subawards also part of the total estimated amount/$50M?**

ANSWER: Yes, subawards are included in the $50,000,000. Please budget for it within the total estimated amount.

19) **QUESTION: May the Applicant propose working with an NGO in one area and a CBO in another area?**

ANSWER: Yes, USAID highly encourages strengthening links between organizations and the development strong networks.

20) **QUESTION: Are applicants limited to only proposing working with specialized CBOs that are already working in health?**

ANSWER: Any non-governmental organization can be proposed as long as the partnership/activities coincide with the goals of the project.

21) **QUESTION: Will USAID consider issuing a grant to an NGO located in the West Bank which can provide services to Gaza?**

ANSWER: Any non-governmental organization can be proposed as long as the partnership/activities coincide with the goals of the project.

22) **QUESTION: With regards to IR2 & IR3, does USAID have a specific unified program approach that it wants the applicants to take or does it desire that the organizations identify priority needs as they see them?**

ANSWER: It is up to the applicant to propose the technical approach that it feels is best suited to meet the objectives of the NFO.

23) **QUESTION: When the Applicant is devising the budget for the Crisis Response Fund regarding Environmental Compliance, should the Applicant assume a negative determination with conditions?**

ANSWER: USAID's environmental determination will be made depending on specific activities proposed. We cannot state in advance what level of environmental compliance will be required.

24) **QUESTION: If the Applicant wants to propose some activities or additional priorities areas, may it rely on secondary data for now?**

ANSWER: For the application process, relying on secondary data is acceptable. Like all of our programs we will have primary data collection as part of the project's monitoring and evaluation plan.

25) **QUESTION: May the Applicant propose working with UNRWA schools?**

ANSWER: As stated in the NFO, the USG provides support to UNRWA and its facilities through the U.S. Department of State Bureau of Population, Refugees, and Migration. While there are no prohibitions on working with UNRWA schools and all proposals that include working with UNRWA schools will be considered, the applicant should keep in mind that working with UNRWA facilities is not the primary focus of this project.

26) **QUESTION: The NFO states that the M&E plan will rely on a local contractor to conduct program monitoring, field monitoring, and data quality assessments. Has USAID already identified those organizations?**

ANSWER: Yes, the Mission currently has an agreement with an organization to conduct these activities in Gaza under the direction of USAID as USAID staff are not permitted to enter Gaza at this time.

27) **QUESTION: Please elaborate on 611(e) requirements - how does USAID expect the prime to meet the requirements and at the same time ensure that the capacity is strong enough to maintain equipment, etc?**

ANSWER: The 611(e) certification is a regulatory requirement by the US government. Obtaining a 611(e) certification is a cooperative process whereby it is expected that both the prime and any sub will work with USAID to achieve the certification-

28) QUESTION: **When USAID mentions 'technical assistance' is it limited to just technical health topics or does USAID envisioning also some managerial and organizational development?**

ANSWER: Technical assistance is not limited to health topics. Please refer to pages 13 and 15 of the NFO for details.