Date: June 7, 2018

Reference: **Request for Applications (RFA) Number: RFA# 72067418RFA0008**
Community-Based Violence Prevention and Linkages to Response in South Africa

Subject: RFA Amendment One (01)

The RFA is amendment to respond to the following questions that were posed:

Technical Questions:

1. At page 17, in Section B, point 1, it is stated that "USAID anticipates awarding one Cooperative Agreement as a result of this notice of funding opportunity". Does it mean that only one (1) proposal covering all the four (4) Target Areas and the nine (9) identified districts, with a request of the total budget, will be funded?

Answer: Yes. USAID anticipates awarding one (1) Cooperative Agreement as a result of Request for Applications Number: 72067418RFA00008.

2. Is it possible to apply only for one (1) specific Target Area? And, if it possible, is it allowed to focus only on one (1) sub-area or district? (i.e. to apply only for Target Area 4 and only for Khayelitsha or Mitchell's Plain?

Answer: No. USAID anticipates awarding one (1) Cooperative Agreement as a result of Request for Applications Number: 72067418RFA00008 with an anticipated ceiling of $19,800,000 to cover four (4) provincial target areas and nine districts (9).

3. On page 11 of the RFA, USAID has included the "New USAID Gender-Based Violence (GBV) Activity 2018-2023" in the list of current and prospective USAID activities. Could USAID please confirm if this is referring to the Community-Based Violence Prevention and Linkages to Response in South Africa (RFA# 72067418RFA0008) or to a separate anticipated GBV activity?

Answer: The "New USAID Gender-Based Violence (GBV) Activity 2018-2023" is a separate solicitation, NOFO: 72067418RFA00005, with specified target areas, and a total ceiling of $10m. Solicitation NOFO: 72067418RFA00005 has closed and is currently in the evaluation phase. NOFO: 72067418RFA00005 is separate from RFA72067418RFA0008.

4. The cover page of the RFA states that "multiple award(s) are anticipated as a result of this RFA," while page 17 states that "USAID anticipates awarding one (1) Cooperative Agreement as a result of this notice of funding opportunity." Can USAID please confirm how many awards are anticipated?

Answer: USAID anticipates awarding one (1) Cooperative Agreement as a result of Request for Applications Number: 72067418RFA00008.

5. Page 1 of the RFA notes that multiple award(s) are anticipated as a result of the RFA, and page 23 refers to "other Recipients of this Activity award." However, page 17 notes that USAID anticipates awarding one Cooperative Agreement and the synopsis for this opportunity on Grants.gov also notes that there will be one expected award. Could USAID please confirm the anticipated number of awards? What is the anticipated budget range per award?

Answer: USAID anticipates awarding one (1) Cooperative Agreement as a result of Request for Applications Number: 72067418RFA00008 with an anticipated ceiling of $19,800,000 to cover four (4) provincial target areas and nine districts (9).

Target Area 1 - Gauteng Province
City of Johannesburg (*Region A,D,E & G*)
Sedibeng (*Emfuleni sub district*)
City of Tshwane (*Health sub district 1, 3 & 6*)
Target Area 2 - Mpumalanga Province
Ehlanzeni (*Mbombela, Nkomazi, Bushbuckridge sub districts*)
Gert Sibande (*Govan Mbeki, Msukaligwa, Albert Luthuli & Mkhondo & Pixley ka Seme sub districts*)
Nkangala (*Emalahleni, Steve Tshwete, Dr. JS Moroka sub districts*)
Target Area 3 - KwaZulu Natal Province
eThekwini (*South, West & North sub districts*),
uMgungundlovu (*Msunduzi & Richmond sub districts*)
Target Area 4 - Western Cape Province
City of Cape Town (*Khayelitsha and Mitchell's Plain sub districts*)

6. Page 10 of the RFA lists examples of areas that USAID is interested in supporting under the Activity. Does USAID expect to see all these addressed, or is the list purely illustrative?

Answer: The examples of areas that USAID is interested in supporting under this RFA on pages 10 -11 are illustrative.

7. Page 11 of the RFA lists "New USAID Gender-Based Violence (GBV) Activity 2018-2023" as an ongoing or new USAID/SA HIV activity with which the implementer of this Activity should coordinate. Could USAID please confirm if the "New USAID Gender-Based Violence Activity 2018-2023" is a separate activity from this Activity ("Community-based Violence Prevention and Linkages to Response in South Africa")? If the "New USAID Gender-Based Violence Activity 2018-2023" is a separate activity, can USAID please share the name of the implementing organization (if the successful awardee has been announced)?

Answer: See response to question 3 above

8. Page 13 of the RFA indicates that the mobilization strategy should avoid disruption of service delivery. Does USAID consider this Activity to be follow-on to an existing/previous activity? If yes, could USAID please specify the project name, project end date, and implementing organization from which the Recipient will be expected to continue service delivery?

Answer: This is not a follow on activity.

9. Page 22 of the RFA indicates that USAID will evaluate the technical proposal according to the demonstration of "how the proposed activities are likely to achieve results as articulated in the RFA." Also, page 28 of the RFA lists demonstration of "a clear understanding of the objectives of the program and a sustainable approach to achieving the desired results" as technical evaluation criteria. As there are no sub-

objectives, intermediate results, or other measures stated in the RFA, could USAID please specify the objectives and results that the Recipient is expected to achieve?

Answer: "**The goal of USAID's "Community-Based Violence Prevention and Linkages to Response in South Africa" hereinafter referred to as the Activity is to reduce sexual violence and intimate partner violence (IPV) against children, adolescents, and young women, which is essential to achieving HIV epidemic control in South Africa.**

10. Does USAID have in mind a targeted magnitude for the reduction in the incidence of violence against children, adolescents, and young women that is the aim of this project? If yes, can USAID please share their targeted magnitude for the reduction in incidence of violence?

- If no, does USAID specifically want applicants to specify a targeted magnitude of reduction? If applicants are expected to specify a targeted magnitude, is USAID expecting the same magnitude of change across all priority districts, or should district-specific targets be identified?

- Does USAID expect incidence estimates to be derived from provincial police data, health data, or other government/official reporting mechanisms, or will the project support original community-level data collection?

- Page 9 of the RFA specifies that this Activity should aim to reduce incidence of violence against children, adolescents, and young women. From this, we infer that incidence of violence against men and women aged 25 and older are not included under this Activity, although male children and male adolescents would be included in incidence reduction targets. Is this correct?

Answer: The project is not expected to support original community-level data collection. Community baseline estimates can be derived from triangulating police, health and civil society data. This need not use extensive resources or be labor intensive, and should be considered part of determining program outputs. Sub-district specific targets (provided for Year 1 by PEPFAR) should be used to set an overall aim for a % decrease in GBV in identified communities, based on the applicant's projection over 5 years. On Page 21 of the RFA, the instruction to Applicants states that the Applicant is to provide in Annex C -- a draft five-year Monitoring, Evaluation, Reporting and Learning (MERL) Plan. The draft MERL Plan will show the proposed progression of annual targets to achieve end-of-activity results. Table format is acceptable. The Applicant is to draft a MERL Plan that corresponds to their proposed program and shows the proposed annual targets by age, sex and location and end of activity results to be achieved. The draft work plan must reflect the Applicants proposed program.

11. Will the awardee(s) have access to existing national data systems hosted by the GoSA e.g., does the GoSA use a national DHIS 2 platform, and will awardees have access to that?

Answer: The awardee will need to make their own arrangements to access existing national data systems.

12. Page 24 of the RFA indicates that the MEL Plan should use, at minimum, PEPFAR 2.0 indicators and show proposed progression of annual targets to achieve end-of-activity results. Will USAID assign annual targets as part of the PEPFAR Country Operational Planning process?

Answer: Yes. Anticipated indicators and targets for Year one (1) of this anticipated five (5) year program are provided below:

	OVC_SERV	OVC_SERV Graduated	OVC_SERV Active	OVC_SERV <18	OVC_HIVSTAT	PP_PREV	GEND_GBV
	D_ovc_serv_fy19	D_ovc_serv_grad_fy19	D_ovc_serv_active_fy19	D_ovc_serv_u18_fy19	ovc_hivstat	D_pp_prev_fy19	D_gend_gbv_fy19
gp City of Johannesburg Metropolitan Municipality	3,999	800	3,200	3,440	3,440	1,730	2,349
gp City of Tshwane Metropolitan Municipality	7,000	772	6,228	6,300	6,300	1,592	1,000
gp Ekurhuleni Metropolitan Municipality	5,000	1,000	4,000	4,700	4,700	1,300	982
kz eThekwini Metropolitan Municipality	3,999	713	3,287	3,759	3,759	2,861	2,094
mp Ehlanzeni District Municipality							
mp Gert Sibande District Municipality							
wc City of Cape Town Metropolitan Municipality	4,000	400	3,600	3,760	3,760	1,522	1,000

13. Page 24 of the RFA indicates that Annex G should include past performance information for all relevant contracts, grants, or cooperative agreements in the past five years, and that the limit is two pages in length.

• Would USAID consider increasing the page limit of Annex G to allow for Applicants to submit additional, relevant past performance information?

Answer: Page limit for Annex G- Past Performance relevant to this RFA is increased to four (4) pages.

• Should Annex G only include past performance information for the prime Applicant? Or can past performance information for sub-partners be submitted as well as part of Annex G?

Answer: Past performance information for sub-partners should be included.

14. Page 28 of the RFA indicates that the institutional capability criteria evaluate the existing capabilities of the Applicant and its major sub-partners. Could USAID please clarify how "major sub-partner" is defined?

Answer: Major Sub- partner is defined as a sub partner that will receive 25% or more of the total anticipated 5 year budget.

15. Page 17 and 29 of the RFA indicates that USAID anticipates award to be made September 2018 with reporting of achievement of results expected to begin as of December 2018.

• Could USAID please specify the results it expects to see by December 2018?

Answer: USAID/South Africa anticipates moving to a quarterly reporting timeline for the OVC Served indicator.

• If the award is made earlier or later than September 2018, will the expected date of reporting shift accordingly?

Answer: No. USAID reports certain indicators on a global system (DATIM), with first reporting for this award as October-December 2018.

16. Page 31 of the RFA describes reporting of PEPFAR indicators and use of the DATIM system. With other USAID awards we also have had the provision to:

Submit to the Development Data Library (DDL), at www.usaid.gov/data, in a machine-readable, non-proprietary format, a copy of any Dataset created or obtained in performance of this award, including Datasets produced by a subcontractor at any tier. The submission must include supporting documentation describing the Dataset, such as code books, data dictionaries, data gathering tools, notes on data quality, and explanations of redactions.

- Should we expect a similar provision with this award? Yes

- Are there existing DDL provisions for the other PEPFAR awards in South Africa? Yes

- Has existing data been submitted by other implementing partners to support "coordinating with other Recipients" as described on page 22 (e.g., DREAMS programming in South Africa)?

Answer: Please review the available information on the Development Data Library https://www.usaid.gov/data .

17. Can USAID please share the names of organizations currently implementing DREAMS programming in South Africa?

Answer: Please review the information currently available on the PEPFAR and the US Embassy South Africa websites.

18. Has USAID or its partners conducted any evaluations of DREAMS programming in South Africa, and if so, can USAID please share evaluation results or reports?

Answer: Please review the information currently available on the PEPFAR and the US Embassy South Africa websites.

19. Would USAID consider extending the submission deadline by two or more weeks since this opportunity was not listed in the USAID Washington and Mission Business Forecast?

Answer: No, please follow the instructions of the RFA.

20. Must an individual proposal aim to cover the full target percentage specified in the RFA, i.e. 60%, or does USAID plan to achieve the target percentage through more than one proposal?

Answer: "USAID aims to achieve the target through this RFA- 72067418RFA00008. See response to Question 10.

21. In the RFA, it notes 60% of the population as a target aim. Is this the population of all children and youth in the specified locations, or a particular age group or sub-group defined by other characteristics (or vulnerable populations, and whether by vulnerable, all the population in the sub-district is implied)?

Answer: The focus age group of this RFA is 0-17 years, with significant influencers as support to shifting GBV levels for this age bracket. Of all children, this award further targets those orphaned, identified as vulnerable due to community dynamics, neglected children and otherwise at risk of harm as the targeted 60%. See more information in response to Question 23 below.

22. Can parents and caregivers of OVCY be counted towards the OVCY target if they are reached through parenting or other programs?

Answer: For the OVC_Served indicator it is anticipated that only the primary caregiver should be counted. If there are multiple primary caregivers in the household no more than two caregivers may be counted if they are provided with a service.

23. Is there guidance on whether the count of OVCY, for example is OVCY up to and including the age of 17 years or 24 years or something else? Are there specified disaggregated targets for the different age bands for OVCY as indicated on DATIM?

Answer: USAID OVC program objectives and strategies are grounded in the Hyde-Lantos Act which designates the following children (age 0-17 years) as intended beneficiaries of OVC programs:

Children orphaned due to HIV/AIDS (having lost one or both parents)
Children directly affected by the disease: children living with HIV (CLHIV), those living in a household where there is a person living with HIV (PLHIV), children exposed to HIV (in-utero, during delivery, or during breastfeeding), and Children vulnerable to HIV or its socio-economic effects in high HIV prevalence areas.

The definition of Youth is 19 - 24 years old. It is critical to identify the number/percentage of OVC who meet the criteria for priority OVC sub populations including children living with HIV; HIV exposed infants; children of female sex workers; children exposed to gender based violence; children living with PLHIV; adolescent girls and double orphans. Service packages should be customized according to sub-population profile, age, and sex (i.e. differentiated intervention mix, dosage, and delivery mechanism) for appropriate access, acceptability, and uptake.
This RFA will be required to report on <u>at a minimum</u> the following MER indicators:
OVC_Served
OVC_HIVSTAT
Gend_GBV
PP_Prev

24. Is there a specific target for female OVC (either all ages, or of finer age bands)?

Answer: See previous responses.

25. How is "violence against children" defined, i.e. if it is primarily gender-based and/or sexual, or broader than that?

Answer: The WHO definition for *Violence against children* (VAC) includes all forms of violence against people under 18 years old. For infants and younger children, violence mainly involves child maltreatment (i.e. physical, sexual and emotional abuse and neglect) at the hands of parents and other authority figures. Boys and girls are at equal risk of physical and emotional abuse and neglect, and girls are at greater risk of sexual abuse. As children reach adolescence, peer violence and intimate partner violence, in addition to child maltreatment, become highly prevalent. PEPFAR supports this definition and is addressing all aspects of VAC, especially as it relates to reducing a child's current and future HIV risk, promoting HIV prevention, care and treatment. Refer to the PEPFAR Gender Strategy 2016 for additional information.

26. With reference to Page 10-11, regarding the Examples of areas that USAID is interested in supporting under this Activity is the applicant required to address all the mentioned activities or could the applicant address only some of these areas.

Answer: See previous response to Question 6 above.

27. With reference to page 10, "The geographic focus has nine high-burden priority districts (listed below) with an aim to reach a minimum of 60% of the population." does this refer to 60% of the total population or does this refer to 60% of the affected population?

Answer: See responses to Question 10 and 21.

28. With reference to page 10, regarding the required specialized psychological support including psychological assessment and therapeutic counselling for children and adolescents who have experienced sexual violence with a focus on including support for family-centred therapy. Please provide a detailed definition of this psychological support, e.g. number of session, clients and service providers. South Africa has a shortage of psychologists in the public health sector and to procure these services in the private sector is very costly. According to current Health Professions Council of South Africa (HPCSA) statistics there are currently 8602 registered psychologists in South Africa (http://www.hpcsa.co.za/Publications/Statistics). South African law requires every healthcare professional to be registered with the HPCSA before they can provide a specialised healthcare service.

Answer: While psychologists are few and far between, improving the quality of care and support to children and their caregivers is possible through innovation; upskilling lay counsellors with identified core elements of combined therapy for children and their parents. We encourage innovative thinking and cost effective approaches.

29. Could the adjective "psychological" be replaced by "psycho-social support with reference to page 10.

Answer: See previous response to Question 6 and Question 28 above. That depends on the program that is proposed.

30. Does USAID envisage the case managers conducting home visits to be funded under this activity or will these be existing case managers deployed under the new USAID Preventing HIV/AIDS in Vulnerable Populations in South Africa?

Answer: The Applicant should submit a comprehensive proposal, of all identified program activities anticipated to be implemented. The Applicant should submit a draft Work Plan per page 21 of the RFA that includes program interventions based on the needs of the beneficiaries that they plan to serve. Service packages should be customized according to sub-population profile, age, and gender (i.e. differentiated intervention mix, dosage, and delivery mechanism) for appropriate access, acceptability, and uptake.

31. Does 60% of the population refer to the total population of the selected districts or the population of children and young people in those districts?

Answer: See responses to Question 10 and 21.

32. Does USAID expect 60% of the population to be reached per year or over the lifetime of the activity?

Answer: See responses to Q10 and Q21.

33. Is it possible to provide a breakdown of the population USAID is targeting by age and gender?

Answer: Year 1 anticipated targets by age, sex and location for this prospective awardee are provided below by indicator.

FY19 New Solicitation PP_PREV Targets

Province	District	Subdistrict	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 10-14, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 10-14, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 15-19, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 15-19, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 20-24, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 20-24, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 25-29, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 25-29, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 30-34, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 30-34, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 35-39, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 35-39, Male	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 40-49, Female	PP_PREV (N, DSD, Age/Sex) TARGET v2: HIV Prevention Program 40-49, Male
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni East 2 Local Municipality	109	73	152	96	5	5	2	2	2	2	2	2	2	2
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni North 2 Local Municipality	131	88	179	115	5	5	3	3	3	3	3	3	3	3
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni South 2 Local Municipality	71	48	102	62	3	3	1	1	1	1	1	1	1	1
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg A Health sub-District	127	0	131	0	122	0	53	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg D Health sub-District	127	0	131	0	122	0	53	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg E Health sub-District	127	0	131	0	122	0	53	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg G Health sub-District	127	0	131	0	122	0	53	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 1 Local Municipality	155	0	158	0	148	0	64	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 3 Local Municipality	155	0	158	0	148	0	64	0	0	0	0	0	0	0
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 6 Local Municipality	159	0	164	0	152	0	66	0	0	0	0	0	0	0
kz KwaZulu-Natal Province	kz eThekwini Metropolitan Municipality	kz eThekwini Metropolitan Municipality Sub	843	0	864	0	804	0	350	0	0	0	0	0	0	0
wc Western Cape Province	wc City of Cape Town Metropolitan Municipality	wc Khayelitsha Health sub-District	224	0	230	0	214	0	93	0	0	0	0	0	0	0
wc Western Cape Province	wc City of Cape Town Metropolitan Municipality	wc Mitchells Plain Health sub-District	224	0	230	0	214	0	93	0	0	0	0	0	0	0

FY19 New Solicitation GBV Targets

Subdistrict	GEND_GBV (N, DSD, Age/Sex/ViolenceType) TARGET v3: GBV Care 10-14, Female, Sexual Violence (Post-Rape Care)	GEND_GBV (N, DSD, Age/Sex/ViolenceType) TARGET v3: GBV Care 15-19, Female, Sexual Violence (Post-Rape Care)	GEND_GBV (N, DSD, Age/Sex/ViolenceType) TARGET v3: GBV Care 20-24, Female, Sexual Violence (Post-Rape Care)	GEND_GBV (N, DSD, Age/Sex/ViolenceType) TARGET v3: GBV Care 25-29, Female, Sexual Violence (Post-Rape Care)	GEND_GBV (N, DSD, PEP) TARGET: GBV Care
gp Ekurhuleni North 1 Local Municipality	125	129	120	52	268
gp Ekurhuleni South 2 Local Municipality	164	168	156	68	350
gp Johannesburg A Health sub-District	28	29	27	12	60
gp Johannesburg D Health sub-District	434	445	414	180	928
gp Johannesburg E Health sub-District	53	54	51	22	113
gp Johannesburg G Health sub-District	177	181	169	73	378
gp Tshwane 4 Local Municipality	188	194	180	78	403
gp Tshwane 6 Local Municipality	106	109	101	44	227
kz eThekwini Metropolitan Municipality Sub	617	633	588	256	1319
wc Cape Town Northern Health sub-District	78	80	75	33	168
wc Khayelitsha Health sub-District	78	81	74	32	167
wc Tygerberg Health sub-District	138	142	132	57	295

COP 2018 (FY19) OVC_SERV Targets for Mechanism 80008

Province	District	Subdistrict	OVC_SERV (N, DSD): Beneficiaries Served <1, Unknown Sex	OVC_SERV (N, DSD): Beneficiaries Served 1-9, Unknown Sex	OVC_SERV (N, DSD): Beneficiaries Served 10-14, Female	OVC_SERV (N, DSD): Beneficiaries Served 10-14, Male	OVC_SERV (N, DSD): Beneficiaries Served 15-17, Female	OVC_SERV (N, DSD): Beneficiaries Served 15-17, Male	OVC_SERV (N, DSD): Beneficiaries Served 18-24, Female	OVC_SERV (N, DSD): Beneficiaries Served 18-24, Male	OVC_SERV (N, DSD): Beneficiaries Served 25+, Female	OVC_SERV (N, DSD): Beneficiaries Served 25+, Male
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni East 1 Local Municipality	12	70	129	105	164	105	17	9	8	4
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni East 2 Local Municipality	18	110	202	166	258	166	26	14	12	6
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni North 2 Local Municipality	14	86	157	129	200	129	21	11	10	5
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni South 1 Local Municipality	21	127	232	190	296	190	30	16	14	7
gp Gauteng Province	gp Ekurhuleni Metropolitan Municipality	gp Ekurhuleni South 2 Local Municipality	28	171	313	256	399	256	41	22	19	9
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg A Health sub-District	4	25	46	38	59	38	15	8	7	3
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg D Health sub-District	26	158	289	236	368	236	96	51	45	21
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg E Health sub-District	17	101	185	151	235	151	61	33	29	14
gp Gauteng Province	gp City of Johannesburg Metropolitan Municipality	gp Johannesburg G Health sub-District	22	129	237	194	302	194	79	42	37	18
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 1 Local Municipality	50	302	554	454	706	454	126	67	59	28
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 3 Local Municipality	50	302	554	454	706	454	126	67	59	28
gp Gauteng Province	gp City of Tshwane Metropolitan Municipality	gp Tshwane 6 Local Municipality	25	151	277	227	353	227	63	34	29	14
kz KwaZulu-Natal Province	kz eThekwini Metropolitan Municipality	kz eThekwini Metropolitan Municipality Sub	75	451	827	677	1053	677	108	58	50	24
wc Western Cape Province	wc City of Cape Town Metropolitan Municipality	wc Khayelitsha Health sub-District	15	90	165	135	211	135	22	12	10	5
wc Western Cape Province	wc City of Cape Town Metropolitan Municipality	wc Mitchells Plain Health sub-District	60	361	662	541	842	541	86	46	40	19
Total			437	2634	4829	3953	6152	3953	917	490	428	205

34. In Section A.D, Page 13/42, KEY PERSONNEL, The RFA refers, USAID will designate the following positions …

The question we have there is, should we submit Resumes of the personnel for your approval or USAID will appoint directly without the contribution of proposed personnel from our organization?

Answer: Required qualifications for each of the five Key Personnel positions are outlined on page 13 -16 of the RFA. Per RFA page 24 Annex E- Key Personnel CVs and Letters of Commitment are required.

35. (Reference to Section D Page 25/42) Wherein an inclusion of letters of commitments is required from partners.
Should we have the proposed partners also submit their Budgets and Technical proposals as part of our annexures?

Answer: **Yes per the RFA page 25 "*a detailed budget narrative must also be provided for each proposed sub-awardee.*"**

36. Would the Grant cover Mass Media innovations? (E.g. Advertising and local TV shows and Radio Stations?

Answer: Each applicant should submit their proposed program to reach the targets and goals outlined in the RFA. The draft work plan must reflect the Applicants proposed program.

37. Would it be within the Scope of the Grant to establish a training curriculum and deliver training for community based violence prevention Specialist?

Answer: See response to Question 35 above.

38. Are applications only acceptable if they cover implementation activities for all nine sub-districts mentioned on p.10 of the RFA?

Answer: See response to Question 1, 2 and 5 above.

39. Will USAID consider applications that target all sub-districts, in one or more, but not all, the provinces mentioned on p.10 of the RFA?

Answer: See response to Question 1, 2 and 5 above.

40. Are past performances required for sub-recipients? If so, are they counted towards the two page limit?

Answer: See response to Question 13 above.

41. Would USAID consider increasing the page limit for past performance references? The RFA states that applicants must include **all** relevant contracts, grants, or cooperative agreements involving similar or related programs during the past five years.

Answer: **See response to Question 13 above.**

42. In Section C and in Section D of the RFA, USAID refers to management science. Could USAID please define the term management science as related to this application and clarify how applicants should address this element of the application?

Answer: Please delete the sentence that makes reference to "management science" in its

entirety and replace with the following: "Applicants should describe an effective and efficient management and administrative structure and sound policies and practices for overall implementation of the program, including sound policies for personnel management and financial and logistical support".

43. Can USAID indicate the deadline for submitting the final MEL plan and Y1 work plan?

Answer: No, please follow the instructions in the RFA.

44. The RFA indicates that "An Initial Environmental Examination (IEE) XXX-008 has been approved for the Health Program funding this Cooperative Agreement." Could USAID provide a copy of this document?

Answer: The current USAID South Africa Health IEE will expire in December 2018 and will be updated by the Mission. It is available in on https://ecd.usaid.gov/

45. Can USAID clarify the 60% target? Does this refer to 60% of the general population (e.g., reached with prevention activities) or 60% of children, adolescents and young women that have experienced violence or abuse?

Answer: See responses to Question 10 and 21.

46. For the Chief of Party position, USAID indicates that 5 years' experience as a Chief of Party or similar leadership role is required. Will USAID accept directorate level as similar work experience?

Answer: Required qualifications for each of the five Key Personnel positions are outlined on page 13 -16 of the RFA. See page 21 of the RFA - Annex E- Key Personnel CVs and letters of Commitment.

47. Can USAID please clarify if they'd like to see access improved for just the sexual offences courts or to the justice system broad which may include criminal courts, children's courts and civil courts?

48. Answer: Service packages should be customized according to sub-population profile, age, and gender (i.e. differentiated intervention mix, dosage, and delivery mechanism) for appropriate access, acceptability, and uptake. The Applicant should consider the most severe forms of sexual violence against children in SA, and be guided by that towards justice inclusion.

49. On page 11 of the RFA, USAID mentions the New USAID Gender-Based Violence (GBV) Activity 2018-2023 project. Can USAID please confirm if this will be a separate program or if this is in fact the Community-Based Violence Prevention and Linkages to Response project?

Answer: See previous response to Question 3 above.

50. Will USAID please grant an extension for submissions?

Answer: No. Please follow the instructions of the RFA.

51. The scope of work described in this RFA is very similar to Component 3 - Community-based Violence Prevention and Linkages to Response in the Request for Application Number: 72067418RFA00002, Preventing HIV/AIDS in Vulnerable Populations in South Africa. Can USAID highlight any differences

between the scopes of work in the two RFAs? If they are indeed the same scope of work, may USAID provide rationale for the new RFA?

Answer: Request for Application Number: 72067418RFA00008 is based on Component 3 of RFA: 72067418RFA00002 Preventing HIV/AIDS in Vulnerable Populations in South Africa which has closed. Applications received under Component 3 of RFA 72067418RFA00002 did not meet the needs of USAID South Africa.

52. What is the funding amount per target area?

Answer: It is anticipated that funding should be in line with the provincial HIV burden and levels of GBV against women and children for City of Johannesburg, Sedibeng, City of Tshwane (Gauteng); Ehlanzeni, Gert Sibande and Nkangala (Mpumalanga); eThekwini (KwaZulu Natal); City of Cape Town (Western Cape).

Non-Technical questions:

1. With respect to the Financial Reporting requirements outlined on page 30 of the RFA, USAID/SA notes: "In addition, the Recipient must submit quarterly financial reports to USAID/SA within 30 days after the end of each quarter of the fiscal year during the performance period." In addition to the SF 425 Financial Report, what financial reports will the Recipient be required to submit to USAID/SA on a quarterly basis?

2. This is in reference to Section D.6 Page 26/42 where by the Applicant is required to demonstrate:

   a. Adequate financial Resources, as required during the performance of the award? (Bank statement of Financial Statements?)

   b. Satisfactory record of performance / integrity? (Certificate of engagement or of service with previous organizations?)

   c. Is Otherwise Qualified to receive an award under Applicable Laws and Regulations?

   What form of Evidence would be accepted to demonstrate that we, the, Applicant have the listed requirements? Would it be Banking statements or Audited Financial Statements for a) and Reference letters for b)?

   Answer: Per page 26 of the RFA "*Reviewed Financial Statements Report and Audited Financial Statements Report need not be submitted initially. USAID will request them if and when they are needed.*" Per RFA p 26 Number five 5). *[Do not submit the Certifications, Assurances, and Other Statements unless USAID requests you to do so.]*

3. Do sub-recipient budget narratives count towards the 40 page limit?

Answer: Yes. See response to Question 6 below.

4. If a sub-recipient does not have a NICRA, are financial statements required at proposal stage? **No, please follow the instructions of the RFA. See previous responses above.**

Answer:

5. Is the evidence of responsibility required for sub-recipients?

Answer: USAID requires Evidence of Responsibility from prime applicants only.

6. Page 24: "B. Instructions for the Preparation of the Cost/Business Application", indicates there is no page limit, while on same section, item #3 (Page 25), makes reference to 40 pages limit for the Budget Narrative? Could USAID please confirm if there is a page limit for the Cost/Business Application?

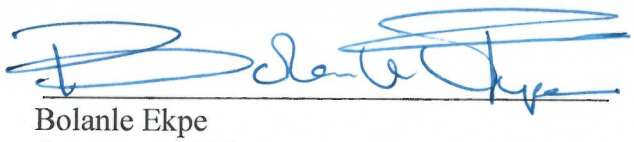
Answer: The page limit for the cost/business application is limited to up to 40 pages.

7. Please clarify if the mission is intending to allocate points to the evaluation of cost share as part of the proposal as stated in ADS 303.3.10.2. In accordance with 2 CFR 200.306, cost sharing cannot be used as a separate factor during the merit review of applications. However, cost sharing may be considered in the merit review only if the funding announcement specifically addresses how it will be considered, e.g., assigning a certain number of additional points to applicants who offer cost sharing, or using cost sharing to break ties among applications with equivalent scores after evaluation against all other factors. Please clarify the statement "USAID will consider the level of proposed cost share" and provide the applicable allocations of points if applicable.

Answer: See page 19 of the RFA. Cost share will not be allocated points but it will be considered per the RFA.

END OF AMENDMENT NUMBER ONE (01)

Regards



Bolanle Ekpe
Agreement Officer