

## **ANSWERS TO QUESTIONS ASKED DURING THE WEBINAR**

**Can LMIC partners collaborate with NIH and jointly submit a proposal? Can this be a multi-PI proposal?**

The US-based prime and any sub-recipients of these funds should be an organization receiving NIH funding, but should not be another US Government Agency. The LMIC partner is encouraged to reach out to another US-based organizations receiving NIH funds to partner with. Any ongoing collaborations with the NIH or other US Government Agencies will be considered leveraged support and coordination with those activities is encouraged. The proposals may have multiple PIs however, please note that only one US-based organizations and one LMIC-based organization will be the prime recipient of these funds. If PI's for specific research activities are not at one of the two prime applicant institutions, their funds and activities should be supported through funding via a subaward under the one of the prime recipients and/or by cost share. It is allowable to include a co-investigator from NIH on the application, so long as no funding is being requested to pay for that person's time through PEER health and that time is not counted as cost share for the award.

**We've noted the US partner must have experience in both FP and CCT&PT in the region. Does the US partner need to have experience with integrated FP-CCS&PT in the region?**

No, they do not need to have experience integrating FP and CCS&PT. However, there should be at least one partner (either a prime or sub partner) included that has some demonstrated experience integrating these activities at the service delivery level.

**Do both prime organisations (local and NGO) need to email intent to apply by Nov 27th individually? Or is one joint email acceptable?**

One joint email is acceptable but please list all of the potential partners in the consortium.

**Does the implementing partner that has capacity to support integrated family planning and CCS&PT have to be an organization, or can it be the MOH?**

The funds under this award cannot be provided to a local government or MOH. However, working closely with local governments and the MOH is critically important.

**If there is a US sub partner, is cost share required for the US sub too?**

The cost-share is required for the total budget of the US-prime and any sub-awardees it may have. This cost share provided by the U.S. prime and all of its subpartners combined should be at least 10% of the total US-prime's budget.

**Can an organization submit a proposal for each Mozambique and Malawi, or only one country?**

Yes, organizations may apply for awards in both countries but should submit separate applications.

**Are there specific positions that will be considered Key Personnel? Or is it up to applicants to decide those positions and how many?**

It's up to the applicants to determine Key Personnel that are needed to carry out the project.

**Is there a date until which we can ask further questions on the RFA by email and receive answers?**

You may ask questions about the RFA by e-mailing [peer@nas.edu](mailto:peer@nas.edu) until the application deadline of COB December 11.

**Can there be more than one US-based organization on a consortium?**

Yes.

**Regarding eligibility of the US partner for clarity: Must that organization have current/active NIH funding, or demonstrate understanding/experience implementing CCS&PT and FP from any donor?**

To be eligible to apply as a US-based prime recipient of this funding you must have a current NIH award for research.

Applicants for prime funding should have experience in research related to cervical cancer screening and treatment and/or voluntary family planning, but do not need to have direct organizational experience in service delivery of CCS&PT or voluntary family planning.

Applications should include a partnership with at least one service delivery organization that is eligible to receive sub-award funds and is experienced in delivering both cervical cancer screening and treatment and voluntary family planning. There is no requirement for sub-awardees with regards to receiving NIH funding.

**Given some of the technologies that are being proposed (eg imaging with Analytics), are you thinking of testing only market ready products or is it possible to propose testing of technologies which are in validation/study stages?**

These awards will focus on support for implementation and research around validated technologies with an aim of improving access and identifying innovative approaches towards scaling proven, market-ready technologies. However, if there are very promising opportunities to test other promising technologies in the validation/study stages, these could be nested within

the larger effort as a relatively small component of the budget if there is strong justification. Such activities, if funded by other partners, can also be included as cost share.

**The RFA has expectations around conducting implementation research and supporting actual scale-up of services/approaches. What is your expectation for level of scale achieved using direct funds from this project?**

Specific parameters have not been set for expectations of scale in terms of how many people are reached or districts are covered. Activities that are being tested should be designed to be scalable within national programs and the projects should seek to provide access to as many women as possible within the technical and time limitations of the award. Applications should avoid highly resource-intensive activities that are only implemented on a pilot level in a few sites and are not well-suited for widespread scale-up.

**Please clarify the point about no cost-sharing requirement. Does this mean no cost-sharing with other USG funded projects?**

USG funds cannot be counted toward the cost share requirement; however it is important to note in the application how the proposed activities would build upon and leverage these other existing USG investments. For example, if equipment procured under another USG-funded activity is utilized to successfully implement projects under this award, it is important to explain this positive leveraging, but it cannot be counted toward cost share.

**Are organizations that are experienced in intervention scale up, but not necessarily cancer screening, eligible to apply if they partner with organizations engaged in cancer screening?**

Yes, as long as they meet the other eligibility requirements. The applications will be evaluated based on the skillsets of the organizations in the consortia so it is highly encouraged that partnerships formed for applications cover all of the respective requirements outlined in the RFA.

**Will there be access to this presentation as a recording?**

Yes.

**Are other USAID projects permitted on cost share?**

USAID or other USG-funding for projects will not be considered as cost-share. However, if there are other non-USG resources from other donors or the private sector that are being employed in an existing USG-funded project, these could be counted toward cost share.

**For the consortia, is there a private sector partner requirement?**

No, although partnerships with the private sector that increase access to things like affordable technologies are highly encouraged.

**Are US applicants permitted to have more than one partner in Mozambique (or Malawi)?**

Yes, but only one can apply as a prime organization.

**Does USAID have an expectation of the number of sites to be involved in Mozambique (or Malawi) and the number of patients to be screened?**

We have not identified specific parameters for our expectation of scale. Activities that are being tested should be designed to be scalable within national programs and the projects should seek to provide access to as many women as possible within the technical and time limitations of the award. As noted above, applications should avoid highly resource-intensive activities that are only implemented on a pilot level in a few sites and are not well-suited for widespread scale-up.

**Does using the NIH cap for salaries satisfy the cost-sharing requirement?**

Only if the salary above the threshold is covering LOE on activities funded under this award and the additional costs above the threshold are being covered by non-USG resources. If applicants have specific cost-share questions with regard to other USG-funded activities, they may submit them to [peer@nas.edu](mailto:peer@nas.edu) prior to the application deadline for clarification.

**Is capacity building the same as sustainability?**

They are not synonymous, but building capacity is important for sustainability.

**Is the 10% cost share for US partners based on the US partner's budget or the total allocation of \$5.1 million?**

It's based on the US partner's total requested budget, including the budgets of any sub-awardees that they have. The budget for commodities and equipment procured by the US partner for service delivery in country can be excluded from the budget which is used to calculate the 10% cost share requirement.

**Can you elaborate on US cost sharing requirement?**

Please see relevant answers to more specific questions on cost share above and below. If there are further questions on cost share beyond this please email the specific question to [peer@nas.edu](mailto:peer@nas.edu).

**Are any persons employed by the local country MoH able to receive paid consultancy fees for assisting with implementation of the proposal?**

Funds under this award cannot be provided to local governments, the MOH, or government personnel. If individuals are serving as paid consultants for the MOH, they may also serve as paid consultants for this award.

**On eligibility criteria, can you provide a bit more clarity? The announcement talks about a consortium of 3 partners but you mention during this webinar that it should be a partnership of 2. For example, what about a US NGO with experience in FP and CCS&PT with offices in both countries but no NIH funding.**

This award will provide funding to two prime recipients. One US-based organization with NIH funds and one in-country research partner. The in-country research partner may have an affiliation with an international organization (e.g. a university), but should be an independently registered in-country organization. Although there are only two prime funding recipients, applications should include additional partners (no limit as to the number) that can receive sub-awards from the prime partners. At least one of those sub-award partners should be a service delivery organization with experience delivering voluntary family planning and CCS&PT services.

US NGOs that do not receive NIH funds as a prime partner for research are ineligible to apply as a prime partner. If your organization is not eligible to apply as a prime partner, you are strongly encouraged to reach out to other potential applicants who are eligible to apply as prime partners and request to be a sub-awardee on their proposals.

**Is it possible that the program will expand beyond Malawi and Mozambique if it is successful?**

Funding is only available to implement these activities in Malawi and Mozambique. For funding opportunities in other countries, please see the PEER Cycle 8 Announcement.

**Do we have to bid on both countries or can we bid on just one?**

You may only apply for funds for activities in one country per application. Those organizations that wish to apply for funds for both countries should submit separate applications for each country.

**Are USAID funded project to be considered cost share?**

No, USAID funds for other USAID projects will not be considered as cost-share, but if non-USG funds are a component of these ongoing projects they could be included as cost share.

**What is the ideal number of partners? Partner types? Are there any private sector partner requirements?**

There is no ideal number or type of partner. Consortia applying for this award should be comprised of organizations that are eligible to apply and can successfully collaborate to achieve the goals, and implement the activities outlined in the RFA. There is no private sector requirement, although partnerships with the private sector that increase access to things like affordable technologies are highly encouraged.

**Can US faculty time spent on the project be charged to the project? Please clarify what is meant by “For salaries of U.S. faculty members, it is expected that their home institution would participate in cost sharing.”**

Yes, faculty time may be charged towards the project but it is expected that time will only be charged for LOE relating to the implementation of the activities outlined in the award. While it was envisioned that sharing the cost of faculty salaries would account for some of the 10% cost share requirement, it is not required if this cost share can be fully met through resources devoted to other parts of the budget.

**Can organizations who qualify as sub-awardees partner on multiple applications?**

Yes.

**Does USAID plan to finalize ops research priorities and protocols in tandem with applicants?**

Yes, USAID will collaborate and engage with relevant stakeholders under the leadership of the Malawian and Mozambican governments as we work together to build consensus about research priorities and finalize protocols. Within this process, the funding recipients will have the lead role in developing the protocols, but these will need to be reviewed and approved by USAID and relevant in-country stakeholders before being implemented.

**Cost sharing – will using NIH salary cap satisfy this requirement?**

Only if the salary is covering LOE on activities funded under this award. If applicants have specific cost-share questions with regard to other USG-funded activities, they may submit them to [peer@nas.edu](mailto:peer@nas.edu) prior to the application deadline for clarification.