**HRSA 17-007 RESILIENT AND RESPONSIVE HEALTH SYSTEMS**

TA Webinar 6/16/16 Questions & Answers

**QUESTION 1: WHAT/WHO QUALIFIES AS AN 'ENTITY' IN THE HOST COUNTRY?**

Local entities from the RRHS Focus Country serving as an impact partner of a RRHS consortium, include but are not limited to public or private academic institutions, national health professional councils, civil society organizations, and national regulatory bodies.

A minimum of two impact partners must be identified in the application. Impact Partners will benefit directly and/or indirectly from technical assistance and capacity development activities supported through this FOA.

**QUESTION 2: BASED ON THE COUNTRY SPECIFIC CONSIDERATIONS, IS IT CORRECT TO UNDERSTAND THAT SOUTH SUDAN SHOULD BE NATIONAL IN SCOPE OR COULD THE APPLICANT FOCUS ON SPECIFIC TRAINING INSTITUTIONS AND/OR GEOGRAPHIES?**

The priority for the work in South Sudan is alignment with the national strategy and the 2016 PEPFAR Strategic Direction Summary (SDS).

**QUESTION 3: ARE THE ORGANIZATIONS MENTIONED IN THE COUNTRY SPECIFIC CONSIDERATION SECTION ELIGIBLE TO BE LISTED AS IMPACT PARTNERS?**

Yes. The specified institutions are expected to be impact partners.

**QUESTION 4: WOULD THE PROJECT NARRATIVE NEED TO COVER A 5-YEAR PERIOD?**

Yes.

**QUESTION 5: IS THERE A DEFINITION OF 'IMPACT PARTNER'?**

Please see Question 1 and page 16 of the FOA.

**QUESTION 6: IF WE HAVE ADDITIONAL QUESTIONS ABOUT THIS OPPORTUNITY AND/OR THE APPLICATION SUBMISSION PROCESS, IS THERE A DEADLINE TO SUBMIT QUESTIONS TO THE AGENCY CONTACTS? AND WHEN SHOULD WE EXPECT TO RECEIVE RESPONSES?**

Please refer to page 41 of the FOA for the relevant contact information. Both the program and grants management contacts are committed to provide a response within one business day. Questions and answers will be posted regularly on the TARGET website.

**QUESTION 7: FOR COUNTRIES AS PART OF THIS FOA THAT ARE LAUNCHING OR EXPANDING THEIR COMMUNITY HEALTH WORKER PROGRAMS TO RECRUIT, TRAIN, INCENTIVIZE AND MANAGE COMMUNITY HEALTH WORKERS, WHAT ARE HRSA’S COMMUNITY HEALTH-RELATED HRH EXPRESSED AREAS OF INTEREST UNDER THIS FOA? WHAT ARE SOME OF ITS FUNDING RESTRICTIONS, WHAT TYPES OF ACTIVITIES WOULDN’T BE FUNDED?**

HRSA supports working with community health workers or any other cadres. Applicants are encouraged to identify and propose to address gaps in the health workforce with sufficient scale to have meaningful and measurable impact. Interventions should also align with applicable strategic or other plans of the host country.

There are no funding restrictions specific to community health worker programs. Please refer to section I of the FOA for information regarding priorities related to strengthening human resources for health.

**QUESTION 8: IS THE PROJECT NARRATIVE SUPPOSED TO BE UPLOADED IN THE GRANT APPLICATION PACKAGE IN THE SPACE FOR THE PROJECT NARRATIVE FILE(S) OR IS IT TO BE UPLOADED AS ATTACHMENT 1 WHERE WE ARE INSTRUCTED TO “ATTACHMENT 1: WORK PLAN (REVIEW CRITERION #2, #4) ATTACH THE WORK PLAN FOR THE PROJECT THAT INCLUDES ALL INFORMATION DETAILED IN SECTION IV. II. THE PROJECT NARRATIVE, INCLUDING THE REQUIRED LOGIC MODEL, IS INCLUDED IN THIS ATTACHMENT.”**

The project narrative should be uploaded in the Project Narrative Attachment form included in the application package. The Work Plan, including the required logic model, should be included as Attachment 1. All attachments listed in section IV. 2. v. should be uploaded to the Attachments form included in the application package. Please see section 4.2.6 (Pages 48 and 49) of the Application Guide for important information regarding allowable attachment types and file attachment names.

**QUESTION 9: WHAT ARE EXPECTATIONS IN TERMS OF ALIGNMENT OF PRIORITY AREAS 2 THROUGH 5 WITH THE SPECIFIC SKILLS GAPS ADDRESSED IN PRIORITY ONE?**

All priorities are interrelated. It is expected that if you are planning to work on any specific priorities, each should be coordinated and it in alignment with other priorities.

Please submit any follow-up questions if this is not responsive to the original question above.

**QUESTION 10: WILL PRIORITY #2 (I.E., STRENGTHEN HUMAN RESOURCES INFORMATION SYSTEMS) INCLUDE ONLY THE SUPPORTED SITES/AREAS IN EACH COUNTRY OR IS THE EXPECTATION TO DO THIS AT THE NATIONAL LEVEL? FOR EXAMPLE, IN DRC, WILL THE HRSA COVER ONLY THE SUPPORTED INSTITUTIONS IN LUBUMBASHI OR IS THE AIM TO DEVELOP THIS HRIS AT THE NATIONAL LEVEL?**

It is the expectation that the applicant will work with stakeholders to determine the need and case for HRH work across priorities, key institutions, and geographic areas.

**QUESTION 11: CAN HRSA PLEASE EXPLAIN THE DIFFERENCE BETWEEN ATTACHMENT 9 GLOBAL HEALTH FEDERAL GRANTS AND/OR COOPERATIVE AGREEMENTS AND ATTACHMENT 10 PAST PERFORMANCE REFERENCES? THESE APPEAR TO BE VERY SIMILAR.**

Attachment 9 should be a table of at least 5 (from partners and the applicant) qualifying grants or cooperative agreements from either USG or non-USG funders involving low and middle income countries. Attachment 10 must include up to three past performance references for the applicant. Consortium partners may submit up to three past performance references. All reference must be for contracts/grants/cooperative agreements of projects occurring within the last three years for projects of similar size, scope and complexity

**QUESTION 12: IS IT NECESSARY TO REGISTER AN INTENTION TO SUBMIT AN APPLICATION?**

No

**QUESTION 13: IS THERE ANY GUIDANCE OR RESTRICTIONS FOR HOW FUNDS SHOULD BE ALLOCATED TO PROGRAMS FOR NON-HIV DISEASES GIVEN FUNDING FOR THE RRHS INITIATIVE IS FROM PEPFAR?**

There must be a HIV/AIDS connection and impact, with the understanding that strengthening human resources for health will enable countries to address all public health challenges. Proposed projects must improve health outcomes for people living with or affected by HIV/AIDS, with a targeted focus on decreasing maternal and child mortality, decreasing new HIV infections, and improving HIV-related health outcomes.

**QUESTION 14: THE FOA REQUIRES THAT THE APPLICANT AND ITS CONSORTIUM TEAM MUST COLLECTIVELY HAVE A MINIMUM OF FIVE ACTIVE GLOBAL HEALTH GRANTS, COOPERATIVE AGREEMENTS, OR CONTRACTS. CAN THIS MINIMUM OF FIVE GRANTS, COOPERATIVE AGREEMENTS, OR CONTRACTS INCLUDE SUB-AWARDS AS WELL AS PRIME/DIRECT AWARDS?**

Yes.

**QUESTION 15: WITHIN THE DRC, SHOULD PROJECTS FOCUS PROVINCIAL LEVEL OR SHOULD THEY TARGET ONLY PEPFAR SUPPORTED HEALTH ZONES? DO YOU SPECIFICALLY WANT TO FOCUS ON LUBUMBASHI OR IS IT EXPECTED THAT PROJECT WILL COVER KINSHASA?**

The expectation is that the main focus geographic area will be on Lubumbashi, but that doesn't mean that other areas could be considered.

**QUESTION 16: APPLICATIONS ARE REQUIRED TO INCLUDE TWO IMPACT PARTNERS FROM THE RRHS FOCUS COUNTRY. CAN YOU PLEASE ELABORATE ON THE DEFINITION OF IMPACT PARTNERS, BEYOND THE DEFINITION OF IMPACT PARTNERS ON P. 16? FOR EXAMPLE, LIBERIA-SPECIFIC APPLICATIONS ARE REQUIRED TO INCLUDE WORK TO SUPPORT THE UNIVERSITY OF LIBERIA MEDICAL SCHOOL AND AT LEAST TWO NURSING SCHOOLS IN LIBERIA. CAN YOU PLEASE CONFIRM THAT THE MEDICAL SCHOOL AND NURSING SCHOOLS ARE CONSIDERED IMPACT PARTNERS?**

Confirmed. The nursing school and the medical school are considered impact partners.

**QUESTION 17: FOR SIERRA LEONE: CAN YOU PLEASE CONFIRM THE NAMES OF THE TWO MIDWIFERY SCHOOLS ON PAGE 23 OF FOA?**

Makeni Masuba School of Midwifery in Makeni and the National School of Midwifery in Freetown.

**QUESTION 18: CAN HRSA SHARE THE RESULTS OF ASSESSMENTS? CAN HRSA SHARE ANNUAL/QUARTERLY REPORTS FROM PAST HRSA RECIPIENTS? SPECIFICALLY ANY COUNTRY SPECIFIC EVALUATIONS?**

The FOA contains all the information collected from the assessments that is critical and relevant for the implementation of this specific initiative.

**QUESTION 19: WITH FURTHER REGARD TO IMPACT PARTNERS, SHOULD APPLICANTS REFRAIN FROM TRYING TO ARRANGE EXCLUSIVE WORKING ARRANGEMENTS WITH THE IMPACT PARTNERS, GIVEN THAT ALL APPLICANTS ARE REQUIRED TO WORK WITH THEM? CAN YOU PLEASE CONFIRM THAT IMPACT PARTNERS SHOULD BE OPEN TO PARTNERING WITH ANY APPLICANT INCLUDING MULTIPLE APPLICANTS?**

That is correct. The impact partners would need to agree to work with all potential applicants as indicated through the letters of support/agreement.

**QUESTION 20: ON PAGE 6, THE FOA ALSO REQUIRES THAT APPLICATIONS INCLUDE UP TO THREE REFERENCES FROM INTERNATIONAL DONORS. CAN YOU PLEASE DESCRIBE WHAT IT MEANT BY INTERNATIONAL DONORS? WE ASSUME THIS MEANS USG AS WELL AS NON-USG, AND NON-GOVERNMENTAL (FOUNDATIONS, ETC.) SIMILARLY, PAGE 31 OF THE FOA DESCRIBES REQUIREMENTS FOR ATTACHMENT 10: PAST PERFORMANCE. ARE THE THREE PAST PERFORMANCE REFERENCES REQUIRED FOR ATTACHMENT 10 THE SAME AS THE “THREE REFERENCES FROM INTERNATIONAL DONORS,” ON PAGE 6?**

Yes, the three past performance references most be from international donors. “International donors” means the United States Government and non USG entities (e.g., foundations, nonprofits, faith-based charities, etc.) that are not based in the focus country. Also see page 6 of the FOA.

**QUESTION 21: FURTHER TO ATTACHMENT 10: PAST PERFORMANCE (PAGE 31), THE APPLICANT MUST PROVIDE UP TO THREE PAST PERFORMANCE REFERENCES AND CONSORTIUM PARTNERS MAY PROVIDE UP TO THREE PAST PERFORMANCE REFERENCES. FOR CONSORTIUM, IS THIS UP TO THREE FOR ALL PARTNERS OR UP TO THREE FOR EACH PARTNER?**

The requirement for Attachment Ten is the applicant institution must provide the three past performance references and it is at the discretion of the applicant to include up to three for one or more of the consortium partners.

**QUESTION 22: AS PART OF LIBERIA-SPECIFIC CONSIDERATIONS, APPLICATIONS ARE ASKED TO WORK TOWARD INCREASING THE NUMBER AND QUALITY OF MEDICAL SCHOOL GRADUATES. WHEN, BY WHAT YEAR, SHOULD APPLICANTS BE REASONABLY EXPECTED TO COUNT THE NUMBER OF GRADUATES?**

The applicant should describe their monitoring and evaluation strategy and plan in their application.

**QUESTION 23: THE BOTTOM OF PAGE 10 (BACKGROUND SECTION) STATES THAT APPLICANTS MUST BE ABLE TO ADAPT TO PRIORITIES DETERMINED BY HRSA AND THE INTERAGENCY USG FIELD TEAM AS THE PROGRAM PROGRESSES. CAN YOU PLEASE ELABORATE ON THE INTERAGENCY USG FIELD TEAM AND ITS RELATIONSHIP TO THIS PROJECT?**

There are many donors agencies including the USG involved with HRH work in the four countries. We aim to work together to that the initiative will be complementary and not duplicative in order to help move forward the national strategies and interventions. An in-country HRSA direct hire will help to provide a link to the interagency USG team on behalf of these cooperative agreements.

**QUESTION 24: SINCE ATTACHMENT 6 IS THE LINE ITEM BUDGET, DO WE INCLUDE THE BUDGET NARRATIVE IN THIS ATTACHMENT OR IS IT SUBMITTED SEPARATELY ON THE FORM? SHOULD ATTACHMENT 7 INCLUDE THE 5TH YEAR LINE ITEM BUDGET AND THE BUDGET NARRATIVE FOR YEAR 5?**

The budget narrative should be uploaded to the Budget Narrative Attachment Form in the application package. Attachment six (6) is simply the line item budget. Attachment seven (7) is the 5th year budget using the SF-424A section B.

**QUESTION 25: 1. UNDER THE SECTION PROGRAM-SPECIFIC INSTRUCTIONS, SECTION IV. BUDGET NARRATIVE, PAGE 34, IT STATES: APPLICATIONS MUST INCLUDE AN ESTIMATE OF COSTS EACH YEAR FOR EACH CONSORTIUM PARTNER AS PART OF THE BUDGET NARRATIVE. IS IT CORRECT THEN THAT PARTNER BUDGETS WILL NOT NEED TO BE SUBMITTED SHOWING THE SAME LEVEL OF DETAIL AS IS REQUIRED FOR THE APPLICANT INSTITUTION? THAT IS, A TOTAL DOLLAR AMOUNT PER YEAR FOR EACH PARTNER IS SUFFICIENT?**

As noted in section 4.1.v. of the SF-424 Application Guide:

*Contractual/Sub-awards/Consortium/Consultant:* Provide a clear explanation as to the purpose of each contract/sub-award, how the costs were estimated, and the specific contract/sub-award deliverables. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/sub-awards. Reminder: recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in SAM and provide the recipient with their DUNS number. For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

**QUESTION 26: HOW IS THIS FOA ALIGNED WITH THE MEPI / NEPI PROGRAMS AND HOW SHOULD PROSPECTIVE APPLICANTS PLAN TO COLLABORATE WITH THESE INITIATIVES?**

Yes, we expect recipients of the RRHS initiative to collaborate with the Medical and Nursing Education Partnership Initiative (MEPI and NEPI) networks.

**QUESTION 27: IT APPEARS FROM THE FOA THAT A NEW PRIMARY APPLLICANT WITHOUT A PREVIOUS U.S. GOVERNMENT AWARD IS NOT ELIGIBLE. CAN YOU CLARIFY?**

Entities without previous US government awards are eligible to apply; however applicants without a history of USG support will be at a competitive disadvantage.

**QUESTION 28: WILL YOU SHARE THE PPT AND RECORDING?**

The slide deck the transcript and the questions and answers that we responded to today will be posted within three to four days to the TARGET Center website.

**QUESTION 29: DO I UNDERSTAND CORRECTLY THAT IMPACT PARTNERS DO NOT NECESSARILY RECEIVE FUNDS, BUT SHOULD MINIMALLY RECEIVE TECHNICAL ASSISTANCE?**

Yes. Impact Partners will benefit from technical assistance and capacity development activities supported through this FOA. Consortium participants would be considered sub-recipients under the award. Depending on the type of engagement and scope of work, agreements may be in the form of MOUs (collaborators that will not receive direct funds), sub-awards, or contracts.

**QUESTION 30: Is it a HRSA requirement that the applicants address each of the 5 priorities delineated in the FOA?**

HRSA would like to clarify expectations regarding responding to the five priority areas in the announcement.  HRSA’s expectation is that applicants respond to at least one of the five priorities, but responding to each of the priorities is not required. Applicants will **not** be scored on the basis of how many priorities they address but on the strength of their overall programmatic proposal and documented evidence of alignment with country government national plan/strategy for HRH development.