

RFA-011-KEA - Health Partnerships

Responses to submitted questions

Q: A local organization wants us to be equal partners on this application and project (we are a non-profit organization in the region and a small private sector firm with 12 years of experience working with U.S. State Department programs). It appears we each meet your eligibility criteria and want to confirm it is permitted for us to submit together. Thanks in advance.

A: Yes, you can submit a joint application as a consortium. The lead-partner needs to be identified and indicated on the application

Q: Given it's an 18-month project, can the funding be guaranteed to be contiguous or do we need to have a plan that takes into account a possible programming pause on September 30th in our work plan?

A: The activities are estimated to take place over a 12–18-months period starting around March 2024. Applicants should propose a timeline commensurate with their technical approach.

Q: In this USAID KEA ATI announcement, does the 50% co-financing mean equal matching or 50% matching? i.e. if you fund U\$250,000, will I have to raise a similar U\$250,000 or will I need to raise 50% of that (U\$ 125,000)?

A: Applicants are expected to co-fund the proposed activities through a financial leverage at a matching ratio of at least 1:1 (equal) with higher ratios strongly preferred.

Q: Where else can I get similar/further guidance and clarity as to the co-financing requirements of this RFA?

A: Financial leverage required for this RFA includes resources that a prospective grantee can contribute, i.e., private sector resources, assets, capabilities and expertise. This could include a commitment to funding by the grantee (e.g. matched funding) in support of the activity or private capital mobilized by leveraging the ATI grant.

Q: We understand US organizations (both profit and non-profit) may not receive grant funding above \$250,000 for this grant opportunity. For a consortium that includes a US organization but is led and primed by a local organization, is it acceptable for the total proposed grant value to be up to \$1,000,000?

A: Yes, the relevant applicant for the award process will be the lead partner of the consortium i.e., local organization in this case.

Q: We understand that the USAID KEA Mission and ATI are looking to support viable partnerships and investments with the private sector that contribute to the advancement of market-based approaches and enterprise-driven development in the provision of health services in Kenya in any, not all, of the four identified areas. Please confirm if this understanding is correct?

A: ATI seeks to support concepts that will touch on one or more of the thematic areas listed on the RFA.

Q: The RFA identifies a crosscutting objective and outcome in creation of private sector jobs. Given the value of increasing participation of the entire health workforce, would the creation of public sector jobs through private sector partnerships be an acceptable outcome parameter?

A: If the jobs created are measurable and directly attributable to the activities proposed, it would be acceptable.

Q: We have legal entities in both Kenya and the US. Our topco is a US entity; however, our operational businesses are all run from local subsidiaries, specifically in Kenya, and it is where most of our staff are employed too. If we apply for the grant into the Kenya business would we be deemed a US entity (because of US topco) or would we be judged a Kenyan entity.

A: No, if the applicant is a local subsidiary, then the Simplified Acquisition threshold for US entities will not apply

Q: Can they support a small medical facility to establish and run specialized clinics for emergency room operations, SLE, sickle cell management?

A: ATI would only support concepts that have demonstrable viability. If the company has and is running a similar facility and wanted to scale the viable and successful model, ATI could cover activity costs. Note that ATI cannot cover construction.

Q: Can USAID assist with training for emergency procedures for staff and doctors?

A: If training is linked to emergency procedures related to HIV/AIDS, tuberculosis, malaria, maternal and newborn health care, or reproductive health services, and is a component of a wider market driven series of activities, it is possible.

Q: Can they assist with procuring HB electrophoresis, Full haemogram machine, portable ultrasound, patient vehicles?

A: Yes, ATI grant funding can be used to procure testing and machines, particularly if it will support HIV/AIDS, tuberculosis, malaria, maternal and newborn health care, and reproductive health services outcomes, or is part of digital technological solutions to improve access and affordability. ATI grant funding cannot be used for procuring any motor vehicles that can operate more than 40 km/hr.