



## Request for Expressions of Interest (REOI) for Grants PMI Uganda Malaria Reduction Activity

**REOI Release Date: October 10, 2022**

**Deadline for Questions and Clarifications: October 13, 2022**

**Deadline for REOI Submission: October 24, 2022**

John Snow, Inc. (JSI) is a global public health consulting organization dedicated to greater health equity and improving the health of individuals and communities and providing an environment where people of passion can pursue this cause.

JSI is the prime contractor for the five-year USAID-funded Presidential Malaria Initiative Uganda Malaria Reduction Activity (PMI MRA), which aims to strengthen the capacity of malaria prevention and ownership of health at the community and household levels while maintaining gains made at the health facility level in the five highest-burden regions of Uganda: Acholi, Busoga, Karamoja, Lango, and West Nile. The Activity works with the Government of Uganda, through the Ministry of Health, to improve technical, managerial, financial, and leadership capacity, as well as accountability at all levels of the health care delivery system to fill gaps in access and use of high-quality malaria services, with a focus on the community level. The Activity also supports targeted private for-profit (PFP) health facilities to improve malaria case management and reporting. Four targeted results support this purpose: Malaria prevention and treatment scaled up; New malaria infections reduced; Leadership practices strengthened; Policy-making processes and capacity strengthened.

In the second year of implementation, JSI will subgrant to organizations that meet defined eligibility criteria to implement activities in the following districts: West Nile (Moyo and Zombo districts), Lango region (Lira City and Lira district), Busoga (Iganga, Kamuli, Namutumba, Luuka, Kaliro, Bugweri).

**NOTE:** Issuance of this Request for Expressions of Interest (REOI) does not constitute an award commitment on the part of JSI, nor does it commit JSI to pay for any costs incurred in preparing or applying. Further, JSI reserves the right to reject any application that is not complete or submitted late.

### **I. Purpose and Eligibility**

#### ***I.1 Purpose***

The purpose of the REOI is to invite interested organizations that meet the eligibility criteria to submit expressions of interest in order to be pre-qualified to respond to a full Request for Application (RFA) for grants under contract.

## **1.2 Eligible institutions**

The REOI is open to civil society organizations, faith-based organizations, and non-governmental organizations (NGOs) working in health and other community development interventions with a focus on Malaria Control.

## **2. General Information**

### **2.1 Original REOI Document**

JSI shall retain the REOI and responses, and all related terms and conditions, exhibits, and other attachments, in original form in an archival copy.

### **2.2 REOI Provisions**

- a) All information provided by JSI in this REOI is offered in good faith. JSI makes no certification that any item is without error. It is not responsible or liable for any use of the information or for any claims asserted by another party.
- b) This REOI does not commit JSI to pay any costs incurred by interested organizations in the submission of a response.
- c) All materials submitted in response to this REOI shall become the property of JSI upon delivery to JSI.
- d) All information provided will be kept confidential and shall not be disclosed to unauthorized third parties.

### **2.3 Schedule of Events**

The following schedule applies to this REOI but may change in accordance with JSI's needs or unforeseen circumstances. Changes in this timeline will be announced as formal modifications to the REOI.

TIME	DATE	TIMETABLE
17:00 EAT	October 13, 2022	Deadline Requests for Clarifications of REOI from JSI
17:00 EAT	October 18, 2022	Date for Issuance of Clarifications of REOI by JSI
17:00 EAT	October 24, 2022	Deadline for Submission of Responses of REOI
17:00 EAT	November 7, 2022	Deadline for notification for pre-qualify organizations by JSI

## **3. Submission and Selection**

### **3.1 Understanding of the REOI**

By responding to this REOI, interested organizations certify that they fully understand the REOI in its entirety and have made necessary inquiries to JSI to gain such understanding. Clarifying questions must be submitted in writing or via email by the date listed in Section 2.3 of this REOI. Responses will be published in writing or by email and made available to all interested parties. JSI reserves the right to disqualify, at its sole discretion, any organization that submits a response to the REOI that does not meet the requirements set by JSI. Such disqualification and/or cancellation shall be at no fault, cost, or liability whatsoever to JSI.

### **3.2 Communication**

Any communication with regard to this REOI shall be by email or any other form of written communication. In no case shall verbal communication govern over written communication or

email. Inquiries, questions, and requests for clarification related to this REOI are to be directed to JSI in writing or by email by the date listed in Section 2.3 using the following:

John Snow, Inc.  
Attention: PMI MRA Grants  
E-mail: [grants\\_pumra@ug.jsi.com](mailto:grants_pumra@ug.jsi.com)

### **3.3 Submission**

Responses to this REOI must include a copy of the legal registration certificate for the organization, as well as all information requested in Annex. Responses must be delivered via email to:

John Snow, Inc  
Attention: PMI MRA Grants  
E-mail: [grants\\_pumra@ug.jsi.com](mailto:grants_pumra@ug.jsi.com)

Subject Line: ***Responses to PMI MRA REOI by [your organization's name]***

All responses to this REOI must be received by JSI before the deadline of **October 24, 2022**.

### **3.4 Evaluation Criteria**

JSI shall review the responses. To be invited to the full RFA process, organizations must meet the following minimum eligibility criteria:

- a) Be legally registered in Uganda and with evidence of the registration certificate from the district or line Government ministries, article of incorporation, and TIN number.
- b) Work in one or more of the current Activity districts in the field of interest to JSI: West Nile (Moyo and Zombo districts), Lango region (Lira City and Lira district), Busoga (Iganga, Kamuli, Namutumba, Luuka, Kaliro, Bugweri)
- c) Have experience implementing community development, health, and malaria control programs and activities.
- d) Have the ability to comply with USAID rules and regulations, including having financial management systems, policies, and procedures in place.

### **3.5 Selection**

JSI will notify organizations in writing by the date outlined in Section 2.3 if their responses to this REOI are successful, and that they will be invited to take part in the full RFA process. The selection of the organizations for participation in the full RFA process will be at the sole discretion of JSI. Selection to participate in the full RFA process does not guarantee an award. If no communication is received from JSI by the date listed in Section 2.3, then please consider your response to this REOI unsuccessful.

## **4. Program Description and Organizational Qualifications**

### **4.1 Program Statement of Work**

PMI Uganda Malaria Reduction Activity (MRA) is a five-year contract (2022–2027) awarded to JSI and partners to implement activities aimed at strengthening the capacity of malaria prevention and ownership of health at the community and household levels while maintaining gains made at the

health facility level in the five highest-burden regions of Uganda. MRA will implement activities facilitated in part through a grants program funded by USAID and implemented by JSI. The grants program will be implemented in the following districts **Lira City, Luuka, Kamuli, Namayingo, Bugweri, Namutumba, Zombo and Moyo, Lira district, Iganga**, and have seven (7) service delivery program activities, listed below as items (a) through (g):

**a) Identify and orient 924 Village Health Teams (VHTs) on Mass Action against Malaria (MAAM) approaches**

The VHTs will be oriented and then use the knowledge, skills, and resources from the orientation to provide ongoing support and mentorship of household malaria focal persons to ensure malaria prevention actions at the household are being implemented. 182 VHTs will be trained in two West Nile districts, 602 in six Busoga districts, and 140 in two Lango districts. In Lira and Mayuge, there is ongoing training for Community Health Extension Workers (CHEWs) who will also be integrated into the community health activities for those particular districts.

**b) Conduct targeted community dialogues to promote MAAM SMART Home Initiatives in hot spot villages, Host, and Refugee Communities.**

The dialogues will target different groups of people in the community, including, pregnant women, community leaders, adolescent girls and boys, men, community leaders, Savings and Credit Cooperative Organization

(SACCOs), Primary Teacher Associations, Parish Development Model (PDM) committees, etc. A total of 36,960 community members including refugees will be reached through 182 dialogues in two districts of West Nile, 602 dialogues in six districts of Busoga, and 140 dialogues in two districts of Lango region. This interaction will be used as an opportunity to address myths and misconceptions about fever and malaria and promote malaria prevention actions at the household level as well as early health care-seeking behaviors.

**c) Assess, sensitize, and follow up on 64,680 Households in high-burden parishes/villages in 10 districts**

PMI MRA will provide logistical and financial support to Health Assistants and VHTs to conduct household assessments using the MAAM checklist to identify the drivers of malaria transmission in the most affected villages and develop action plans to address the gaps identified for each of the targeted households. A total of 12,740 households will be targeted in two districts of West Nile, 3,920 in two districts of Lango, and 42,140 in six districts of the Busoga region. Monthly data review meetings will be held at the village level to report on progress made in the village.

**d) Participate in a community-level recognition system for Malaria SMART Homes that achieve and sustain malaria reduction**

Work closely with the DHT to develop a reward system for the best performing household in terms of implementing preventive actions against malaria. The households will be recognized during community meetings and will be asked to encourage other households to do the same and graduate into SMART Households.

**e) Conduct iCCM/CCM training for 3,890 VHTs in 10 non-iCCM districts**

Facilitate the DHT to deliver a six-day non-residential Integrated Community Case Management (iCCM) and community case management (CCM) training for VHTs in six high-burden districts in Busoga (Namayingo, Luuka, Mayuge, Iganga, Bugweri, and Namumba), two in Lango (Lira city and Lira district), and two in West Nile (Zombo and Moyo). A total of 2,418 VHTs will be trained in Busoga region, 1104 in Lango region and 464 in West Nile region.

**f) Conduct monthly VHTs supervision in iCCM districts by community leaders**

Community-elected leaders (LC1 and LC2, Parish Development Model Committees and sub-county internal security officers (GISO) will conduct support supervision of iCCM activities at the community level in order to identify and control potential drug malpractice or misdirection, to improve accountability. The health facility staff will join the community leadership teams, twice a year, to orient the VHTs on case management, drug storage, record-keeping, problem-solving; and providing technical updates at the community level. In Busoga 2,418 VHTs, 1,104 VHTs in Lango and 464 VHTs in West Nile will be supervised to improve malaria case management and reporting at the VHT level.

**g) Conduct quarterly VHT review meetings and VHT report collection at Health facilities in the districts**

PMI MRA, through the subcontracted CBOs in the districts, will work with the DHT in the 10 new Integrated Community Case Management (iCCM) districts to coordinate VHT quarterly meetings. This activity will be implemented by the iCCM VHT supervisors of the health facilities to which the VHT is attached. Each health facility will hold a one-day meeting with its VHTs, preferably at the nearest health facility, for all VHTs in the catchment area. The VHT quarterly meeting will target 3,890 VHTs in 10 high-burden districts of Busoga, Lango and West Nile. The total number of meetings to be conducted in West Nile (98), Lango (58), and Busoga (578).

JSI plans to issue multiple grants to local organizations with a demonstrated record of successfully implementing these types of activities, providing additional funding for these activities as well as technical assistance to enhance program quality and increase alignment with national policies and strategies. Organizations may apply to provide services in one or multiple districts.

# ANNEX

## **CAPACITY STATEMENT FORM FOR ORGANIZATIONS AND SERVICE PROVIDERS**

Instructions to complete this form:

- Fill in the blanks, if the question does not apply, put “NA” [not applicable]
- Add extra information on the last page of this form.

### **I. Organization Background**

<b>Full legal name of organization:</b>	
<b>Contact person for the information (Name and Title):</b>	
<b>Tel:</b>	
<b>Email:</b>	
<b>Organization Website, if available:</b>	
<b>Organization's starting year:</b>	
<b>Legal Status: (YES, NO) Registered with:</b>	
<b>Registration year:</b>	
<b>Current districts of operation:</b>	
<b>Proposed districts of operation:</b>	

*\*Please submit a copy of the legal registration with the REOI.*

- a) Is the organization affiliated with an international or local organization? Explain:
- b) Main organization objectives/business services:
- c) Is there any pending litigation in which the organization is involved? YES, NO? If yes, please describe:

### **2. Primary Interest in PMI MRA (reference Section 4.I Program Statement of Work)**

Please indicate which activities you believe your organization has the required experience and competency to implement under PUMRA. This is for informational purposes only and is not to be taken as a proposal to carry out work for that activity. Check all that apply.

<input type="checkbox"/> <b>Activity (a)</b>	<input type="checkbox"/> <b>Activity (c)</b>	<input type="checkbox"/> <b>Activity (e)</b>	<input type="checkbox"/> <b>Activity (g)</b>
<input type="checkbox"/> <b>Activity (b)</b>	<input type="checkbox"/> <b>Activity (d)</b>	<input type="checkbox"/> <b>Activity (f)</b>	

### **3. Program Background:**

- a) Please provide a summary of the current programs/activities currently offered by your organization and their geographical scope (500 words)
- b) Please provide a summary of the programs offered over the last five (5) years, (500 words)
- c) Please provide a summary of your organization's gender equity and social inclusion strategies (500 words):

#### 4. Management Capacity:

a) Key staff and positions:

Staff Title	Education type and level	Experience with the organization

b) How many employees receive a salary?

c) Does management have experience writing and submitting reports with information on beneficiaries served, activities, and lessons learned? Please describe.

#### 5. Financial Management & Capacity

a) What are the organization's sources of funds?

b) What is the average size of the annual budget (over the last 3 years)?

c) What percentage of the budget is allocated to:

i. Health activities in general?

ii. Malaria-specific activities?

d) Are last year's financial statements available?

e) When was the organization's last audit?

i. What type of audit was it?

ii. What were the findings?

f) Describe your organization's cash management and procurement policies

g) Are the policies and procedures for financial management available to all employees? Explain.

h) Are annual reports available?