



# PMI Uganda Malaria Reduction Activity

**Program:** USAID PMI Uganda Malaria Reduction Activity

**RFA No:** RFA-JSI-PMI MRA-10-002

**Date of Issuance:** December 5, 2023,

**Due Date for Questions:** December 12, 2023

**Closing January 11, 2024, 5 pm EAT**

**Applications should be submitted by email to:**

**Email:** [grants-pumra@ug.jsi.com](mailto:grants-pumra@ug.jsi.com)

**Subject line:** RFA-JSI-PMI MRA-10-001

**Attn:** Grants Manager

<b>I.</b>	<b>TERMS OF REFERENCE .....</b>	<b>6</b>
<b>A.</b>	<b>USAID PMI UGANDA MALARIA REDUCTION ACTIVITY .....</b>	<b>6</b>
	Introduction: .....	6
	Problem statement: .....	7
	Target audience:.....	8
	Geographical coverage: .....	8
	Services to be provided: .....	8
	Expected outcomes: .....	10
<b>B.</b>	<b>ESTIMATED FUNDS AVAILABLE .....</b>	<b>12</b>
<b>C.</b>	<b>START DATE AND PERFORMANCE PERIOD .....</b>	<b>12</b>
<b>D.</b>	<b>ELIGIBILITY REQUIREMENTS .....</b>	<b>12</b>
<b>II.</b>	<b>INSTRUCTIONS TO APPLICANTS .....</b>	<b>14</b>
<b>A.</b>	<b>TECHNICAL APPLICATION INSTRUCTIONS .....</b>	<b>15</b>
<b>B.</b>	<b>COST APPLICATION INSTRUCTIONS.....</b>	<b>16</b>
<b>III.</b>	<b>EVALUATION CRITERIA .....</b>	<b>17</b>
<b>IV.</b>	<b>TERMS OF APPLICATION .....</b>	<b>19</b>
<b>A.</b>	<b>DEADLINE .....</b>	<b>19</b>
<b>B.</b>	<b>QUESTIONS OF CLARIFICATION .....</b>	<b>19</b>
<b>C.</b>	<b>APPLICATION VALIDITY .....</b>	<b>19</b>
<b>D.</b>	<b>LANGUAGE.....</b>	<b>19</b>
<b>E.</b>	<b>PRE-BIDDERS CONFERENCE.....</b>	<b>19</b>
<b>F.</b>	<b>NEGOTIATIONS.....</b>	<b>19</b>
<b>G.</b>	<b>REJECTION OF APPLICATIONS .....</b>	<b>19</b>
<b>H.</b>	<b>INCURRING COSTS .....</b>	<b>19</b>
<b>I.</b>	<b>REPRESENTATIONS AND CERTIFICATIONS .....</b>	<b>19</b>
<b>J.</b>	<b>FINANCIAL RESPONSIBILITY .....</b>	<b>20</b>
<b>K.</b>	<b>EXECUTIVE ORDER ON TERRORISM FINANCE .....</b>	<b>20</b>
<b>V.</b>	<b>CERTIFICATIONS AND ASSURANCES .....</b>	<b>20</b>

# **PMI Uganda Malaria Reduction Activity**

## **REQUEST FOR APPLICATION (RFA)**

### **ANNOUNCEMENT AND KEY DATES**

**RFA No.: RFA-JSI-PMI MRA-10-001**

**Issuance Date:** December 5, 2023

**Closing Date for Questions:** December 12, 2023

**Due Date:** January 11, 2024, 5.00 pm EAT

JSI Research and Training Institute, Inc. (JSI) is soliciting applications from suitably qualified Community-Based and Non-governmental organizations based in the districts of implementation for sub-grants to implement activities under the US President's Malaria Initiative (PMI) Malaria Reduction Activity (MRA) in Busoga (Buyende), Lango (Alebtong, Dokolo), West Nile (Adjumani, Madi-Okolo, Maracha, Nebbi, Obongi, Pakwach, Terego, Yumbe), Acholi (Agago, Lamwo, Nwoya, Amuru, Pader), Karamoja (Abim, Kaabong, Kotido, Nabilatuk, and Nakapiripirit). PMI MRA is funded by USAID and is subject to applicable Federal Acquisition Regulations (FAR) and AID Acquisition Regulations (AIDAR). This RFA does not oblige JSI to award a grant nor does it commit JSI to pay any cost incurred in the preparation and submission of this request. Further, JSI reserves the right to reject any application that is not complete or submitted beyond the deadline.

PMI MRA 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 collaborates 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 healthcare delivery system to fill gaps in access and use of high-quality malaria services, with a keen focus at the community level. In addition, the Activity supports targeted private for-profit (PFP) health facilities to improve malaria case management and reporting. Four targeted results support this purpose, and these are: malaria prevention and treatment scaled up; new malaria infections reduced; leadership, governance and accountability strengthened; and improved availability and use of quality data.

For any inquiries about this, please contact

Benjamin Binagwa

Chief of Party

USAID PMI Uganda Malaria Reduction Activity

JSI Research and Training Institute, Inc. (JSI)

- JSI is committed to the highest standards of ethics and integrity in procurement.
- JSI has zero tolerance for fraud and strictly prohibits bribes, kickbacks, gratuities, and any other gifts-in-kind or in monetary form.
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# I. TERMS OF REFERENCE

This announcement invites Community-Based Organizations (CBOs) and Civil Society Organizations (CSOs) to apply for grants from JSI to support the implementation of malaria prevention and control interventions at community and household level in malaria hotspot communities. Grants to local organizations are intended to contribute to the achievement of the Activity results areas as indicated below.

## A. USAID PMI UGANDA MALARIA REDUCTION ACTIVITY

### Introduction:

The USAID-funded PMI MRA 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 53 districts five highest-burden regions of Uganda (Acholi, Busoga, Karamoja, Lango, and West Nile). The Activity also focuses on increasing the prevention, diagnosis, treatment, and referral of malaria at the community level.

The Activity is implemented by JSI, in partnership with the Child Health Development Centre, Makerere University (CHDC); Programme for Accessible Health, Communication, and Education (PACE); Medical Care Development (MCD) Global Health and Another Option (AO).

PMI MRA supports 53 districts across the five regions to enhance the prevention, diagnosis, and treatment of malaria in Uganda, and contribute to the goals of the Uganda Malaria Reduction and Elimination Strategic Plan 2021-2025 of reducing malaria morbidity by 50 percent and malaria-related mortality by 75 percent by 2025. These districts include: 12 districts in Busoga, 9 districts in Acholi, 10 Districts in Lango, 13 Districts in West Nile, and 9 Districts in Karamoja.

The 53 districts have a total population of 12,816,500 distributed as follows: Infants below one year - 551,110 (4.3%); Children U5 - 2,588,933 (20.2%); Women of Reproductive age - 2,588,933 (20.2%); Youths (10-34 years) - 6,100,654. (47.6%) and Expected Pregnant women - 640,825 (5%) (UBOS Population projection 2022).

The Activity has four results areas: i) Malaria prevention and treatment scaled up ii) New malaria infections reduced iii) Leadership, governance, and accountability strengthened, and iv) Improved availability and use of quality data.

## PURPOSE OF THE GRANT

Through the grants, the PMI Uganda Malaria Reduction Activity will achieve the following objectives:

- a. Scale up evidence-informed Social Behavioral Change (SBC) and service delivery approaches for malaria prevention at the community level, each of which will support district-specific high-burden high impact malaria intervention packages.
- b. Mobilize communities to own and respond to malaria outbreaks and/or conditions that pose environmental risks.
- c. Scale up community drives to ensure the elimination of malaria parasites in asymptomatic cases in the community

## SCOPE OF WORK

## Problem statement:

Malaria remains the main cause of morbidity and mortality in the regions of Acholi, Busoga, Karamoja, Lango, and West Nile accounting for a total of 7,452,613 cases (46%) out of 16,237,186 of total OPD attendances (Source: DHIS2 Annual Report 2022). Malaria epidemiological stratification categorizes these regions into **high burden high transmission** (Acholi, West Nile and Lango Regions) and **high burden swampy** for Busoga and Lango Regions and **High burden mobile population** (Karamoja) (Source: Uganda Malaria Reduction and Elimination Strategic Plan 2021- 2025). The average malaria prevalence of 20.4% in these regions is much higher than the national average of 9%; specifically: West Nile-22%; Acholi and Lango-12%, 21% in Busoga and 34% for Karamoja Region (Source MIS Report 2018-2019). The proportion of malaria high-burden sub-counties is 371 out of 519 (70%); Busoga - 78/128 (61%); Lango - 71/91(78%); Acholi 78/103(76%); Karamoja 40/69 (58%); and West Nile -83/128 (65%); (Source: DHIS2 Annual report year 2022). West Nile has an estimated refugee population of 819,760 people with a malaria prevalence of 13%.

## Situation Analysis:

Malaria remains one of the leading causes of ill health and death, costing a family an average of 9 USD or 3% of annual income per episode. It contributes to 33% of OPD attendances, 22% of admission cases, and 11% of deaths. Globally, Uganda was the 3rd highest contributor to global malaria cases at 5% in 2019 and transmission has become unstable with increased occurrences of outbreaks and epidemics in Acholi, Busoga, Karamoja, Lango, and West Nile regions (Uganda Malaria Reduction and Strategic Plan 2021-2025).

The population of **14,383,700** people (*Males-7,356,600 and Females-7,027,100* in the five regions (Acholi – 2,028,300, Busoga - 4,695,300; Lango - 2,722,000, Karamoja – 1325000, West Nile – 3,613,100) is at risk of malaria with 95% of these in areas of stable transmission. The target populations include **2,398,049**-CU5; **4,186,521**- children 5-14 Years; **3,138,578 women** of reproductive age and **719,185** -Pregnant women (*UBOS Population Projection 2024*).

The factors responsible for the high malaria burden in the five regions include:

- 1. Characteristics of households and women** including a low wealth quantile (indicates high poverty levels) observed in Acholi (55%), Busoga-11%, Karamoja (94%), Lango-50% and West Nile-46% and low education levels among women in Busoga-39% and West Nile-54% (Source MIS Report 2028-2019).
- 2. Availability, uptake and utilization of malaria prevention services:** a) Low average number of nets/household in Acholi (2.1), (Busoga (2.2), Karamoja (1.2), Lango (2.1) and West Nile (2.8) (Source MIS Report 2028-2019; b) Low universal net coverage (a net per two persons); Acholi (40.9%), Busoga (66.6%), Karamoja (22.4%), Lango (72.4%) and West Nile (43.0%), c) Fair net use among pregnant women: Acholi (85.3%); Busoga (84.6%); Karamoja (67.1%); Lango (94.1%); West Nile (79%) (Source: LQAS 2023) and children: Acholi (83.8%); Busoga (87.4%); Karamoja (58.3%); Lango (93.3%); West Nile (76.9%) (Source: LQAS 2023) & low net use among refugees (60%) (Source: MIS Report 2028-2019) and d) Low uptake of IPT 3<sup>rd</sup> dose: Acholi (50.6%); Busoga (56.7%); Karamoja (62.5%); Lango (61.1%); West Nile (55.8%) & Refugees (48%)(Source: MIS Report 2028-2019).

3. **Barriers to net use:** a) Nets too old or have many holes (Acholi – 15%, Busoga-27%, Karamoja – 62%, Lango-7%, West Nile-12%, and Refugees-13%); b) No place to hang nets (Acholi – 7%, Busoga-10%, Karamoja – 5%, Lango-3%, West Nile-3%, Refugees-3%), and c) Unable to hang (Busoga-3%,) (Source MIS Report 2028-2019).
4. **Environmental malaria transmission drives:** presence of potential breeding grounds for mosquitoes around the households (waterlogged tins, pots, gutters, around the bath areas), bushes around the households, lack of mosquito repellent plants and potential mosquito entry points into the household (unscreened eaves, doors, and windows) (LQAS Results, October 2023)

### **Target audience:**

As part of the MRA grants strategy, communities living in malaria hot spots (most affected villages) will be targeted for community-level malaria prevention interventions. These communities will be identified through analysis of patient-level data in OPD registers at health facilities. At a household level, the most at-risk populations remain children < 5 years of age, pregnant women, immune-compromised people, people with sickle cell disease (mainly in Busoga), and nonimmune visitors. Current evidence suggests that children aged 5 -15 years are also more at risk (Uganda Malaria Reduction and Elimination Strategic Plan 2021-2025).

### **Geographical coverage:**

The grant activities will be implemented in 21 districts, one in Busoga (Buyende); 2 in Lango region (Alebtong and Dokolo), and 8 in West Nile (Adjumani, Madi-Okollo, Maracha, Nebbi, Obongi, Pakwach, Terego and Yumbe), 5 in Acholi (Agago, Lamwo, Nwoya, Amuru and Pader) and 5 in Karamoja (Abim, Kaabong, Kotido, Nabilatuk, and Nakapiripirit). Specifically, a total of 319 malaria high-burden sub-counties will be targeted for community malaria prevention interventions.

### **Services to be provided:**

Selected CBOs/CSOs will work with existing local government structures like District Health Teams, Sub County teams (Health Facility In-charge and Health Assistant) VHTs, local councils, other Community-Based Organizations (CBOs), religious leaders, community peer leaders, women empowerment groups, male action groups (MAGs) and other health and non-health actors to mobilize communities to control and prevent malaria.

CBOs/CSOs will implement their scope of work within the framework of district-led programming and will leverage strategies to better target health interventions to meet the needs of the population, including reaching malaria hot spots (villages /parishes/sub-counties) to scale up malaria prevention and control activities.

CBOs/CSOs will support districts to improve community reporting through DHIS 2 using the HMIS 097B reporting tool and/or the community e-reporting tool (eCHIS), use of community registers and tools such as the MAAM/H checklist to map households, and use of community supply chain tools to improve supply and accountability for malaria commodities distributed at the community level.

Below is a matrix of activities and targets by region and district. The contracted CBO (s) will be expected to contribute to these targets through the activities that will be implemented in the respective regions/regions.

## Specific activities to be carried out by Community Based Organizations (CBOs)

ACTIVITY NO	ACTIVITY /TASK	ACTIVITY INDICATOR	TARGET PER DISTRICT				
			Acholi	Busoga	Karamoja	Lango	West Nile
1.1.2	Identify malaria high-burden villages for implementation/expansion of the community and household-focused interventions	Number of high-burden villages for implementation/ expansion identified	Overall Target: 7,830 High Burden Villages				
			1,890	1,890	810	1,350	1,890
1.1.3	Cluster, assess, sensitize, and follow-up households in high-burden villages implementing household mass action against malaria (MAAM/H)	Number of HH assessed and followed up	Overall Target: 352,350 Households				
			85,050	85,050	36,450	60,750	85,050
1.1.4	Conduct targeted community dialogue engagements to promote malaria prevention actions	Number dialogues conducted	Overall Target: 1790 Community Dialogue Meetings				
			270	450	300	270	500
1.1.5	Conduct integrated malaria community drives in hard-to-reach communities and hotspot villages	Number of Malaria community drives conducted	Overall Target: 440 Community drives				
			100	80	80	80	100
1.1.6	Support malaria health prevention initiatives in schools	Number of schools engaged to disseminate malaria key messages to empower children as change agents	Overall Target: 290 Schools				
			58	58	58	58	58
1.1.8	Demand generation for the uptake of the New malaria vaccine	Number of districts supported to generate demand for the malaria vaccine	Overall Target: 19 districts				
			9	1	1	5	3
1.2.5	Conduct support supervision visits, including collection of reports from the VHTs in 13 iCCM districts	Number of VHTs supervised monthly	Overall Target: 11,091 VHTs				
			6,203	1,071			3,817
1.2.6	Support quarterly coordination meetings at health facilities of VHTs implementing ICCM in the 13 districts	Number of coordination meetings conducted	Overall Target: 52 Review Meetings				
			28	8			16
1.3.1	Support the village local council chairpersons to conduct quarterly community engagement sessions in the targeted hotspot villages	Number of community engagement sessions conducted in hot spot villages	Overall Target: 1,740 Community Engagements				
			420	420	180	300	420

## Expected outcomes:

The CBOs will contribute to the following result areas in the 319 malaria high-burden sub-counties in the targeted 21 districts:

a. Malaria prevention and treatment scaled up:

- Increased adoption of appropriate health-seeking behavior at individual and household levels as measured by % of CU5% with fever in the last two weeks for whom advice or treatment is sought.
- Improved delivery of quality malaria services at community and facility levels as measured by the proportion of CU5 with fever in the last two weeks who had a fingerprint or heel prick for diagnostic, % of pregnant women who receive 3 or more doses of intermittent preventive treatment (IPTp) for malaria and % of pregnant women receiving free insecticide-treated nets (ITNs) during ANC visits
- Enhanced community ownership of malaria prevention as measured by net use among vulnerable populations (Pregnant women and CU5)

b. New malaria infections reduced:

- Reduced malaria transmission as measured by malaria incidence per 1000 population at risk in the high malaria burden sub-counties and malaria test positivity rates
- Reduced delays in accessing health services measured by the number of deaths occurring due to malaria

c. Malaria knowledge, beliefs, and practices improved as a result of exposure to messages and SBC interventions at the household level measured by the number of malaria-free households dubbed “Malaria Smart home.” Malaria Knowledge, beliefs, practices, and exposure to messages and SBC interventions:

- Improved knowledge levels on malaria, malaria prevention, malaria prevention in pregnancy early care seeking for children with a fever, and exposure to malaria messages
- Percentage of people who know how malaria is transmitted
- Percentage of people who mention at least three ways to prevent malaria
- Proportion of children who had a fever in the last two weeks and seek services within 24 hours.
- Households that maintain their ITNs in good condition
- Proportion of pregnant women reached and referred for ANC
- Households that maintain a clean and safe environment

d. Improved availability and use of data:

- Completeness of HMIS 097B
- Number of data and performance review meetings held monthly at the sub-county level
- Number of exchange learning visits conducted amongst VHTs within a district.

## Monitoring and Reporting Requirements:

Monitoring of the performance of the CBOs will follow the project monitoring plan. Primary data sources for the reports will be aggregated using PMI Uganda MRA activity reports, VHT tools, and reports like the VHT/ICCM registers, registration forms, referral reports, and the DHIS2 platform in the HMIS 097B quarterly report. CBOs will work with districts and the PMI Uganda MRA team to ensure that VHTs have adequate reporting tools. District teams and health facility based VHT supervisors will be provided with the necessary logistical and financial support by MRA to routinely mentor the VHTs on how to fill in these tools during the VHT meetings. Performance monitoring indicators will be used (Refer to the— indicators listed under a, b, c, and d within this section) to measure the performance of the CBOs.

The project reporting needs will include a) Detailed monthly progress narrative reports. b) Quarterly reports on activities including gender and social inclusion, outputs, outcomes, two quarterly success stories, and any other lessons learned. c) A detailed final report (at the end of the contract) on the extent to which the planned activities were conducted and achieved, challenges faced, lessons learned and recommendations.

Reports should highlight i) data quality improvement and use, ii) gender and social inclusion, iii) collaborations, iv) key learnings and innovations, and v) community–facility linkages as applicable.

District Health teams supported by PMI Uganda MRA and MOH-National Malaria Control Division (NMCD) will offer technical assistance to the CBOs to ensure that their activities are aligned with the program’s periodic plans and that they adhere to the reporting mechanisms. As a minimum, the report should contain performance on the following Indicators:

- a. Malaria prevention and treatment scaled up:
  - Increased adoption of appropriate health-seeking behavior at individual and household level
    - Percentage of CU5 with fever in the last two weeks who sought advice or treatment from a VHT or health facility.
  - Improved delivery of quality malaria services at community and facility levels
    - Proportion of CU5 with fever in the last two weeks who had a finger-prick or heel prick for diagnostic
    - Proportion of pregnant women referred for ANC who receive 3 or more doses of IPTp
    - Proportion of CU5 receiving correct and recommended malaria treatment (ACTs)
  - Enhanced community ownership of malaria prevention as measured by net use among vulnerable populations (Pregnant women and CU5)
    - Proportion of households with at least one ITN
    - Proportion of households with at least one ITN for every two people in the household
    - Percentage of pregnant women who slept under a bed net the previous night
    - Percentage of children under 5 who slept under a net the previous night
- b. New malaria infections reduced:
  - A reduction in the number of people who suffer from malaria
    - Malaria incidence per 1000 populations at risk in the high malaria burden sub-counties
    - Malaria Test Positivity Rates
- c. Malaria Knowledge, beliefs, practices, and exposure to messages and SBC interventions:
  - Improved knowledge levels on malaria, malaria prevention, malaria prevention in pregnancy early care seeking for children with a fever, and exposure to malaria messages
    - Percentage of people who know how malaria is transmitted

- Percentage of people who mention at least three ways to prevent malaria
- Proportion of children who had a fever in the last two weeks and seek services within 24 hours.
- Households that maintain their ITNs in good condition
- Proportion of pregnant women reached and referred for ANC
- Households that maintain a clean and safe environment

d. Improved availability and use of data:

- Completeness of HMIS 097B
- Number of data and performance review meetings held monthly at the sub-county level
- Number of exchange learning visits conducted amongst VHTs within a district.

### **Monitoring and supervision of CBOs by PMI Uganda MRA**

PMI Uganda MRA will support districts to carry out routine data quality assessments (DQA) and spot-checks to verify all reports submitted by CBOs.

CBOs will work under the supervision of the district health teams with support from PMI Uganda MRA to improve community malaria interventions. Regular compliance checks will be carried out to ensure the CBOs remain compliant with JSI and USAID policies and guidelines.

### **B. ESTIMATED FUNDS AVAILABLE**

- i. Projected average value of awards: **UGX 150,000,000**
- ii. Range of values for grant awards: **UGX 100,000,000 – UGX 200,000,000**
- iii. Estimated number of awards: Approximately 21 awards

### **C. START DATE AND PERFORMANCE PERIOD**

The anticipated performance period of the grants is 12 months effective March 2024 with possible continuation for additional years through September 30, 2026, based on performance.

### **D. ELIGIBILITY REQUIREMENTS**

To be eligible to apply for a grant, the organization should meet the following criteria:

- i. Work in one or more of the current Activity districts in the field of interest: Bugiri; Alebtong and Dokolo, Adjumani, Madi-Okollo, Maracha, Nebbi, Obongi, Pakwach, Terego, Yumbe, Agago, Lamwo, Pader, Abim, Kaabong, Nabilatuk, Nakapirit.
- ii. Have experience implementing community development, malaria control or other health programs and activities.
- iii. Be a legally registered organization in Uganda and authorized to work in the designated district of grant implementation.
- iv. Have a clear mandate and an organizational structure, with personnel and financial policies.
- v. Have sufficient experience/capacity to carry out the project, including adequate financial, administrative, and oversight structures and staff.

- vi. Undertake programs and services consistent with the local government and other GOU policies/strategies , PMI MRA and , USAID policies and program strategy in Uganda,
- vii. Have a bank account in the name of the organization.
- viii. Be operational in the region of the proposed work for increased sustainability.
- ix. Have an active Unique Entity Identifier (UEI). A UEI can be applied for here: <https://sam.gov/content/home>
- x. Comply with all of the Assurances listed in the RFA.

JSI will **NOT** fund the following under this RFA:

- i. Organizations that are not legally registered in Uganda.
- ii. International NGOs.
- iii. Any entity whose name appears on the List of Parties Excluded from Federal Procurement and Non-procurement Programs (<http://www.sam.gov>).
- iv. Capital investments in equipment or facilities.
- v. Faith-based organizations whose objectives are for discriminatory and religious purposes, and whose main objective for the subcontract is religious.
- vi. Any entity with a member that appears on the U.S. Department of Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) and Blocked Person list.
- vii. An organization that refuses to sign the required certifications.
- viii. Procurement and distribution services.
- ix. Any NGOs whose members, employees, and volunteers have a direct and indirect conflict of interest including serving in both government and NGO, serving in both the Board and the management team, and recruitment of family members to implement program activities.

## II. INSTRUCTIONS TO APPLICANTS

Please submit grant applications, in **English**, by **January 11, 2024, 5:00 pm (EAT)**:

**Contact:** Grants Manager

**Email Address:** [grants\\_pumra@ug.jsi.com](mailto:grants_pumra@ug.jsi.com)

Applications must be submitted by both email and hard copy (3 copies) of a maximum of 25 pages (excluding attachments). The 25 pages are broken down as follows: Executive Summary: 2 pages, Technical Description: 12 pages, Implementation Plan: 2 pages, Monitoring & Evaluation: 5 pages, Staffing 2 Pages, Organizational Experience, and Capability 2 pages).

Hard copies will be submitted to the following regional offices:

### **Lango Regional Office**

Plot 5/7 Obote Avenue

2<sup>nd</sup> Floor Citadel Towers, Lira City

### **Busoga Regional Office**

Plot 2-4 Lubas Road

2<sup>nd</sup> Floor NSSF – Jinja City House

### **West Nile Regional Office**

Plot 68, Weather head Park Lane

Arua City

### **Karamoja Regional Office**

Plot 3, Ojakala Road, Ojakala Close

Senior Quarters, Northern Division,

Moroto Municipality

### **Acholi Regional Office**

Plot 1 G, Samuel Doe Road,

Senior Quarters Iriaga, Gulu City

## A. TECHNICAL APPLICATION INSTRUCTIONS

### a. Cover letter

One-page maximum identifying writers of the application, the name and duration of the project proposed, and the amount requested. The cover letter should also include the following general information:

- Organization Name:
- Address:
- Authorized Contact Person and Title:
- Telephone:
- Fax:
- Email:
- Organization's legal status and location of registration:
- Organization registration number

**b. Executive Summary:** Summarize key elements of the applicant's strategy and approach.

**c. Technical Description:** Considering the Project Grant Program Objectives and Project Grants Program Scope of Work (Section I. A and B respectively), please respond to the following items:

- i. Problem analysis:
- ii. Description of grant objective(s):
- iii. Strategy and approach including target beneficiaries, stakeholder involvement, dissemination of results, etc.:
- iv. Specific activities:
- v. Description of verifiable results:
- vi. Plan for disseminating/communicating deliverables to beneficiaries and/or the general public.

**d. Implementation Plan:** Identify tasks over the activity's duration and include activities, timeline, and persons responsible using the provided template. Refer to the "specific activities to be carried out by Community Based Organizations (CBOs)" table on page 11

**e. Monitoring & Evaluation:** Describe the plan to monitor and evaluate activities with particular reference to the following: Methodology for measuring results:

- i. Indicators
- ii. Data sources

**f. Staffing:** Describe overall staffing and management. Provide information regarding key personnel, staffing plan, organizational chart, and administrative support. CVs, bio-blurbs, and the level of effort for each staff should also be provided.

- g. Organizational Experience and Capability:** Provide information on the following:
- i. General organizational background information:
  - ii. Institutional strengths and experience to receive and utilizing grants from international organizations:
  - iii. Previous or ongoing experience implementing similar activities:
  - iv. Three references with contact information
- h. Attachments:** The following attachments are to be completed and attached to the technical application:
- i. Certification of Registration.
  - ii. Implementation Plan.
  - iii. Monitoring & Evaluation Plan.
  - iv. Staff CVs.
  - v. Project Past Performance References.
  - vi. Recommendation letter from the district
  - vii. Certification of financial responsibility (see Section IV. 9).

## **B. COST APPLICATION INSTRUCTIONS**

Based on the latest programming and USAID guidance evidence, we suggest you use the following to guide your costing for staff and community structures. All costs budgeted must be allowable, reasonable, and allocable per FAR 31 (Contract Cost Principles)<sup>1</sup> and 2 CFR 200 (Cost Principles)<sup>2</sup>.

The cost information should be in Uganda Shillings including:

- i. **Budget:** Provide summary and detailed budgets using the provided budget template.
  - ii. VAT is included as a separate line item.
  - iii. Funding Restrictions.
    - The grantee cannot budget or purchase any ineligible or restricted goods such as vehicles or pharmaceuticals, and the grantee cannot purchase any piece of non-expendable equipment (NXP). The NXP are items over \$5,000 with a useful life of more than one year.
  - iv. Indirect costs are not allowed to be budgeted in response to this RFA.
- a. Budget Notes:** Budget notes should explain each cost associated with the application budget.
- b. Certifications:**

A signed copy of the following Certification and Assurances, provided in Section V, is required:

- i. Certification Regarding Terrorist Financing, Implementing Executive Order 13224
- ii. Certification of Recipient

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<sup>1</sup> FAR 31: <https://www.acquisition.gov/far/part-31>

<sup>2</sup> CFR 200: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=I>

### III. EVALUATION CRITERIA

Responsive applications are submitted on time and include all information requested. Non-responsive applications may be disallowed from further consideration.

Applications will be evaluated based on 100 maximum points. The technical application will be evaluated based on 75 maximum points; the cost application will be evaluated based on 25 maximum points. The relative weighting of the various sections of the grant application will be according to the below values:

NO.	CRITERIA	POINTS
1.	<p><b>Technical Approach</b></p> <p>The comprehensiveness of the proposal approach including demonstrated understanding of malarial control programming goals</p> <ul style="list-style-type: none"> <li>• Problem analysis and Grant objectives</li> <li>• Results</li> <li>• Beneficiaries</li> <li>• Monitoring &amp; Evaluation</li> <li>• Implementation Plan</li> </ul>	50
2.	<p><b>Experience and Capability</b></p> <ul style="list-style-type: none"> <li>• Organizational, financial, and technical capabilities, and resources to implement this work</li> <li>• Previous successful experience implementing similar activities</li> <li>• Past programming delivering services at the community and household levels</li> <li>• Demonstrated capacity to report on a robust package of performance data</li> <li>• Organizational structure and leadership framework</li> </ul>	15
3.	<p><b>Personnel/ Staffing Capacity</b></p> <ul style="list-style-type: none"> <li>• Malaria Manager: Experience delivering malaria control activities and supporting downstream staff and structures at the household and community levels.</li> <li>• Familiarity with Uganda’s malaria national case management SOPs</li> <li>• M&amp;E Staff: Experience implementing an M&amp;E system and supervising teams in all phases of data collection, analysis reporting, and using data to guide performance.</li> <li>• Accounts Staff: Experience in providing timely and quality documentation that meets compliance standards.</li> </ul>	10

4.	<b>Proposed Costs</b> <ul style="list-style-type: none"> <li>• Reasonableness of proposed budget based on the scope of activities, district coverage, and malaria targets achievement proposed.</li> <li>• Summary budget, detailed budget, and budget notes included.</li> <li>• Detailed costs for each budgeted activity</li> </ul>	25
	<b>Total</b>	<b>100</b>

**Problem Analysis and Grant Objective** (15 points) – The extent to which the stated grant objective supports or contributes to the overall Project grant program objective(s), as defined in the RFA.

**Results** (10 points) – The soundness and clarity of the linkage of results to the grant objective, and verifiable indicators of achievement.

**Beneficiaries** (5 points) – The viability and clarity of the relationship of beneficiaries to the results.

**Monitoring and Evaluation** (15) – Demonstration of an understanding of the issues and challenges for defining and monitoring program indicators among the specific technical areas addressed in the RFA, and a description of the methodology for measuring results.

**Implementation Plan** (5): The plan will be evaluated for:

- Completeness and soundness
- Integration and scheduling of dependent tasks
- Assignment of responsibilities
- Viability of the proposed milestones of achievement.

The grant program implementation plan will be analyzed on two levels. On the macro level, the keyword is cohesiveness: Do the various tasks of the plan work together and logically support each other to achieve the overall grant objective(s)? At the individual task level, is there a realistic, logical connection between what is to be done, who is to do it, and the amount of time required?

**Personnel / Staffing** (10 points): The way the organization proposes to staff and manages the grant award for successful implementation. Include both technical/programmatic and financial/administrative staff. (Attach CVs, bio-blurbs of staff, project organogram, and level of effort.)

**Experience & Capability** (15) – The organization’s proven track record, references, experience in implementing similar activities, organizational structure, and leadership framework. Provide a statement describing what grants you have previously implemented with similar scopes of work and size. For each, share contacts of references.

**Cost Effectiveness** (25 points) – The degree to which costs are allowable, allocable, and reasonable for the proposed tasks.

- Detailed Information: The budget for each activity must include detailed costs for the activity.
- Reasonability: The costs do not exceed those that would be incurred by an ordinarily prudent person in the conduct of normal business.
- Allocable: the costs are necessary to the project.

- Allowable: the costs are reasonable and allocable, and conform to limitations outlined in Appendix A to 2 CFR 230 (formerly A-122)]

After the evaluation process and when final approval is obtained from the donor, the project will notify all applicants of their review status. Successful applicants may enter negotiation at this phase. This does not guarantee that a grant will be obtained. Unsuccessful applicants will receive notification in writing.

## **IV. TERMS OF APPLICATION**

### **A. DEADLINE**

Applications should be received by the designated deadline, or they may not be considered. Late applications may be reviewed at the discretion of the Project.

### **B. QUESTIONS OF CLARIFICATION**

Interested organizations should direct any questions about the RFA in writing no later than December 12, 2023, to JSI by email at [grants\\_pumra@ug.jsi.com](mailto:grants_pumra@ug.jsi.com). Responses will be distributed to all RFA recipients. Any information that substantially changes the requirements of this solicitation shall be released through the issuance of an amendment to the solicitation.

### **C. APPLICATION VALIDITY**

Your application must remain valid for a minimum of 90 days. Applications should be signed by an official authorized to do so.

### **D. LANGUAGE**

The application, as well as correspondence and related documents, should be in English.

### **E. PRE-BIDDERS CONFERENCE**

Interested bidders are invited to a conference on December 13, 2023, at 9:00 a.m. (final date subject to change) during which time JSI will provide further details on the application process. For Login details, please send an email to [grants\\_pumra@ug.jsi.com](mailto:grants_pumra@ug.jsi.com).

### **F. NEGOTIATIONS**

It is anticipated that grants will be awarded solely based on the information received. The Project reserves the right to request additional information and conduct negotiations with any potential applicant before awarding a grant.

### **G. REJECTION OF APPLICATIONS**

This document is a request for application only, and in no way obligates JSI, the Project, or USAID to make an award. The Project reserves the right to reject any offers received and/or to cancel the RFA. Applicants whose application is not selected will be notified.

### **H. INCURRING COSTS**

JSI is not liable for any costs incurred during the preparation, submission, or negotiation of an award for this RFA. The costs are solely the responsibility of the applicant.

### **I. REPRESENTATIONS AND CERTIFICATIONS**

The application shall be accompanied by any requested representations, assurances, and certifications completed and signed by an official authorized by the applicant.

## J. FINANCIAL RESPONSIBILITY

Applicants should certify the financial viability and resources of the organization to complete the proposed activities within the period of performance. JSI reserves the right to request and review the latest financial statements and audit reports as part of the basis of the award.

## K. EXECUTIVE ORDER ON TERRORISM FINANCE

The applicant is reminded that U.S. laws prohibit transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the recipient to ensure compliance with such laws. The Treasury Department's list of Specially Designated Nationals appears at <http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>

## V. CERTIFICATIONS AND ASSURANCES

Within the following assurance and certifications, the term "JSI" shall be substituted for the term "USAID" and "Agency." The Recipient must sign at the end of this section (following Certification of Recipient) providing the following certifications and assurances:

- a. Certification Regarding Terrorist Financing, Implementing Executive Order 13224
- b. Certification of Recipient

### Certification Regarding Terrorist Financing, Implementing Executive Order 13224

By signing and submitting this application, the prospective recipient provides the certification set out below:

1. The Recipient, to the best of its current knowledge, did not provide, within the previous ten years and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3. The Certification in the preceding sentence will not be deemed applicable to material support or resources provided by the Recipient under an authorization contained in one or more applicable licenses issued by the U.S. Treasury's Office of Foreign Assets Control (OFAC).
2. The following steps may enable the Recipient to comply with its obligations under paragraph 1:
  - i. Before providing any material support or resources to an individual or entity, the Recipient will verify that the individual or entity does not (a) appear on the master list of **Specially Designated Nationals and Blocked Persons**, which is maintained by OFAC, or (b) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by USAID to the Recipient.
  - ii. Before providing any material support or resources to an individual or entity, the Recipient also will verify that the individual or entity has not been designated by the United Nations Security Council (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al-Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, the Recipient should refer to the consolidated list available online at the Committee's Web site: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

- iii. Before providing any material support or resources to an individual or entity, the Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.
  - iv. The Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.
3. For purposes of this Certification:
- i. “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.”
  - ii. “Training” means instruction or teaching designed to impart a specific skill, as opposed to general knowledge.
  - iii. “Expert advice or assistance” means advice or assistance derived from scientific, technical, or other specialized knowledge.
  - iv. “Terrorist act” means –
    - an act prohibited according to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or
    - an act of premeditated, politically motivated violence perpetrated against non-combatant targets by subnational groups or clandestine agents; or
    - any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population or to compel a government or an international organization to do or to abstain from doing any act.
  - v. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.
4. References in this Certification to the provision of material support and resources must not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc. unless the Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
5. The Recipient’s obligations under paragraph I do not apply to the procurement of goods and/or services by the Recipient that is acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless the Recipient has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

This Certification is an express term and condition of any agreement issued as a result of this application, and any violation of it will be grounds for unilateral termination of the agreement by USAID before the end of its term.

## **Certification of Recipient**

By signing below the recipient provides certifications and assurances for (1) the Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in Federally Assisted Programs, (2) the Certification Regarding Lobbying, (3) the Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals (ADS 206), (4) the Certification Regarding Terrorist Financing Implementing Executive Order 13224, and (5) the Certification Regarding Trafficking in Persons above.

These certifications and assurances are given in consideration of and to obtain any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the recipient by the Agency, including installment payments after such date on account of applications for Federal financial assistance which was approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in these assurances and that the United States will have the right to seek judicial enforcement of these assurances. These assurances are binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign these assurances on behalf of the recipient.

**Request for Application:**

**Application No.:**

**Date of Application:**

**Name of Recipient:**

**Typed Name and Title:**

**Signature:**

**Date:**