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Place of Performance: Uganda

**Subject: Request for Application (RFA) Number RFA-617-12-000002: “USAID/Uganda Therapeutic and Supplementary Products For Improved Nutrition (TASPIN) PROJECT”**

The United States Agency for International Development (USAID) Uganda is seeking applications to fund one or more organizations through a Cooperative Agreement for a five-year USAID/Uganda Therapeutic and Supplementary Products for Improved Nutrition Program in Uganda as described in Section I of this RFA. The authority for the RFA is found in the Foreign Assistance Act of 1961, as amended. Subject to the availability of funds, USAID intends to provide approximately \$22 million in total USAID funding to be allocated over a five year period. USAID reserves the right to fund any or none of the applications submitted and expects one award as a result of this solicitation; however, more than one award may result.

This is a limited regional competition, under which any type of organization, large or small, commercial (for profit) firms, faith-based, and non-profit organizations in partnerships or consortia from East African region, are eligible to compete. In accordance with the Federal Grants and Cooperative Agreement Act, USAID encourages competition in order to identify and fund the best possible applications to achieve program objectives.

For the purposes of this RFA, the term "Grant" is synonymous with "Cooperative Agreement"; "Grantee" is synonymous with "Recipient"; and "Grant Officer" is synonymous with "Agreement Officer".

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to the grant program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organizations, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the grant.

This RFA and any future amendments can be downloaded from <http://www.grants.gov>. In order to use this method, an applicant must first register on-line with Grants.gov. To access the RFA select “Find Grant Opportunities,” then click on “Browse by Agency,” and select the “U.S. Agency for International Development” and search for the RFA. In the event of an inconsistency between the documents comprising this RFA, it shall be resolved at the discretion of the Agreement Officer. If you have difficulty registering or accessing the RFA, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via e-mail at [support@grants.gov](mailto:support@grants.gov) for technical assistance.

Any questions concerning this RFA should be submitted in writing to [KampalaUSAIDSolicita@usaid.gov](mailto:KampalaUSAIDSolicita@usaid.gov), by the date stated above. Questions sent to any other e-mail address will not be responded to. The e-mail transmitting the questions must reference the RFA number and title on the subject line of the e-mail. The deadline for receiving questions is **February 10, 2012**. Applicants are requested to submit both Technical and Cost Proposals of their applications in separate volumes. Award will be made to that responsible applicant whose application offers the best value to the Government. Please note however, that technical will be significantly more important than cost.

If you decide to submit an application, please note that electronic submission is required. Applications should be sent as email attachments to [KampalaUSAIDSolicita@USAID.gov](mailto:KampalaUSAIDSolicita@USAID.gov), to the attention of Godfrey Kyagaba, A&A Specialist and Tracy J. Miller, Agreement Officer. Applications must be received by the closing date and time indicated at the top of this cover letter. Late applications will not be considered for award. Applications must be directly responsive to the terms and conditions of this RFA. Telegraphic or fax applications (entire proposal) are not authorized for this RFA and will not be accepted.

Applicant under consideration for an award that has never received funding from USAID will be subject to a pre-award audit to determine fiscal responsibility, capacity, and ensure adequacy of financial controls.

Award will be made to that responsible applicant whose application best meets the requirements of this RFA and the selection criteria contained herein.

Issuance of this RFA does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for costs incurred in the preparation and submission of an application. Further, the Government reserves the right to reject any or all applications received. In addition, final award of any resultant grant cannot be made until funds have been fully appropriated, allocated, and committed through internal USAID procedures. While it is anticipated that these procedures will be successfully completed, potential applicants are hereby notified of these requirements and conditions for award. Applications are submitted at the risk of the applicant. Should circumstances prevent USAID from making an award, all preparation and submission costs are at the applicant's expense.

Sincerely,

Tracy J Miller  
Agreement Officer.

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## **SECTION I – FUNDING OPPORTUNITY PROGRAM DESCRIPTION**

### **PROGRAM DESCRIPTION**

#### **I. EXECUTIVE SUMMARY**

USAID/Uganda anticipates awarding a five-year Therapeutic and Supplementary Products for Improved Nutrition (TASPIN) project of up to \$22 million, through a limited regional competition for a Cooperative Agreement with a local/regional firm. The goal of this activity is to reduce the burden of under-nutrition in Uganda through strengthening the capacity of a local/regional company to become a sustainable manufacturer and distributor of therapeutic and supplementary foods to meet national and/or regional demand. This mechanism will implement the following activities:

- a) Technical support to an indigenous private sector organization to improve its financial management systems, marketing, food production quality control, human resource management, and supply chain management;
- b) Livelihood strengthening, improved agricultural practices, and increased market access of at least 80,000-150,000 small scale farmers located in rural districts in Uganda; and
- c) The procurement and distribution of therapeutic and supplementary foods from the local company for the treatment of acutely malnourished children, pregnant and lactating women, and people living with HIV/AIDS (PLWHAs) in the North-Central and South-Western regions of Uganda.

Expected results at the end of five years include:

1. Increased local production of therapeutic and supplementary foods to children, pregnant women, and people living with HIV with moderate or severe acute malnutrition;
2. An effective distribution system for therapeutic and supplementary foods within public and private sectors in Uganda established; and
3. Improved economic well-being of households of small scale farmers through livelihood empowerment.

The program will build on USAID achievements in the treatment of acute malnutrition by scaling up the local production of ready-to-use therapeutic foods (RUTF) and increasing the use of fortified blended foods (FBFs) for the treatment of malnutrition.

Recipients are encouraged to develop partnerships with program management/organizational development counterparts with past performance in nutrition and food manufacturing; expertise in the production of supplementary and therapeutic food products; warehousing/storage and distribution of commodities; direct contact with rural farmer-groups; and expertise in food quality assurance. The recipient can procure technical assistance through subcontracting/sub-granting with the intention of achieving program results over the five-year term of the agreement.

## II. INTRODUCTION

### a) *Background:*

Malnutrition accounts for 11 percent of the global burden of disease, leading to poor health, educational and development outcomes (WHO, 2010). Malnutrition remains a major public health challenge for Uganda and this is exacerbated by the high prevalence of chronic illnesses like Tuberculosis and HIV/AIDS which have expanded the malnutrition burden from children to adolescents and adults as well. The World Health Organization (WHO) classification of under nutrition ranks Uganda's nutrition burden as "very high" for adults (12% of women of reproductive age are malnourished); "serious" for stunting; "poor" for both underweight and wasting; and "very high" for maternal anemia. Micronutrient deficiencies are high, with rates of vitamin A deficiency among children and women at 20 percent and 19 percent and iron deficiency anemia at 75 percent and 49 percent respectively (UDHS, 2006).

Although Uganda produces food sufficient to meet the needs of its growing population, seven out of ten people in Uganda are unable to access nutrient-dense foods (UDHS, 2006). This is attributed to multiple factors, some of which include poor dietary practices; co-infection with chronic illnesses; and widespread poverty. About 11 percent of children are born already stunted and about 16 percent of Uganda children are wasted at birth due to high fertility rates; short birth intervals; young maternal age; and maternal malnutrition (UDHS, 2006). Adult acute malnutrition is higher in rural areas (14 % of rural women compared to 6 percent in urban areas); households with the lowest wealth quartile (23%); and women with no education (18%) (UDHS, 2006).

The Uganda Child Survival Strategy (2009) and the Uganda Health Sector Strategic and Investment Plan (UHSSIP) 2010/11-2015/16 estimates that malnutrition directly and indirectly contributes to up to 60 percent of child mortality in Uganda, making malnutrition one of the greatest single contributors to childhood mortality in the country. Malnutrition and child mortality is exacerbated by the HIV pandemic where more than 40 percent of acutely malnourished children admitted in the nutrition unit at Mulago national referral hospital are HIV positive. The 40 percent rate is seven times higher than in the prevalence of acute malnutrition in children of the same age in the general population (6 percent) (UDHS, 2006). Nutrition assessments of adults living with HIV/AIDS (PLWHAs) in 54 HIV/AIDS care and treatment units in Uganda showed a malnutrition prevalence rate of 18.3 percent (NuLife, 2011).

Gender has an impact on the health and nutrition status of households. Women, girls, boys, and men face different nutrition risks/vulnerabilities related to gender. Small holder farmers produce 90% of Uganda's total food production and 50% of total cash crop production (USAID/Uganda Feed the Future Multi-year Strategy, 2011-2015). Women play a critical role in achieving household food & nutrition security and they comprise over 70% of smallholder farmers. Women have an essential role in ensuring good nutrition which requires adequate food, proper health and adequate care. Undernourishment places a more profound burden on women because of their unique physiological nutritional requirements i.e. during their monthly loss of iron through menstrual bleeding and the increased need for proteins and energy during pregnancy & breastfeeding. Throughout their lives, women require twice as much calcium as men.

b) Evidence base:

Rapid and effective treatment of malnutrition reduces child mortality by 55 percent (Lancet series 3, 2004). Better nutrition is related to improved infant, child and maternal health; stronger immune systems; safer pregnancy and childbirth; lower risk of non-communicable diseases (such as diabetes and cardiovascular disease); and increased life expectancy. The use of RUTF in the treatment of severe acute malnutrition has a 95 percent success rate in children when administered over a six to eight week period in the home without any hospitalization (WHO).

A recent study in the *HIV Medicine* journal, "The Impact of Malnutrition on Survival and the CD4 Count Response in HIV-Infected Patients Starting Anti-retroviral Therapy" (*HIV Medicine* (2006), 7, pp.323-330), found that malnutrition (BMI <17) was a significant independent predictor of death (controlling for CD4 count, stage of disease, type of treatment, and other factors). Research conducted by Collins et al, 2006 in Malawi, Ethiopia, and Sudan showed that community-based therapeutic care using RUTF and routine medicines maximizes population-level impact in reducing malnutrition through improved coverage (~73%); increased access where over 76 percent of the target population were treated solely as outpatients; and better health outcomes evidenced by 79 percent recovery rates and mortality rates of 4.1 percent. In addition, the study revealed that the use of therapeutic feeding at community level was a cost-effective model of treatment ranging from US\$12 to US\$132 per year of life gained. Ashworth, (2006) had similar findings following the meta-analysis of published nutrition research that reviewed the effectiveness of rehabilitating severely malnourished children in the community in non-emergency situations (where "effectiveness" was defined as a mortality rate of <5% and an average weight gain of at least 5 g/kg/day). At least 33-62 percent of community-based programs that had varying levels of external support were considered effective. The RUTF and FBF produced under this activity will be used at facility and community level within the USAID-supported nutrition programs in North-Central and South Western regions of Uganda.

### III. GOVERNMENT OF UGANDA HEALTH SECTOR NUTRITION PROGRAM:

Uganda subscribed to the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights (ICESCR) that address the right of everyone to an adequate standard of living, including food. The national policy framework for nutrition is aligned to the Ugandan constitution that mandates the Ministry of Health (MOH) and Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) to set standards for promotion of nutrition interventions as a means to attain good health, promote human development and economic productivity. The Food and Nutrition policy was established in 2003 to ensure food security and adequate nutrition for all the people of Uganda through availability, accessibility, affordability of food in quantities and qualities sufficient to satisfy the dietary needs of individuals sustainably.

The goal of the National Development Plan (NDP) (2010/11-2015/16) is to achieve a transformed Ugandan society from a peasant to a modern and prosperous country in 30 years through accelerated socio-economic transformation through increase in household incomes; promoting equity; and increasing access to quality social services. The health sector contributes to the objectives of the NDP through the National Health Policy (NHP)

and HSSIP. The NHP advocates for strengthening the utilization of public and private partnerships to achieve Uganda's development goals. This is imbedded in the HSSIP 2010/11-2014/15, the goal of which is to attain a good standard of health for all people in Uganda in order to promote a healthy and productive life. The HSSIP provides special focus on strengthening inter-sectoral collaboration and public-private partnerships in the designing and implementation of nutrition programs.

Implementation of nutrition interventions in the health sector is aligned to the Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda (2007-2015); the Child Survival Strategy (2008-2015); and the Nutrition Action Plan for Maternal Infant and Young Child Nutrition, all of which emphasize the universal coverage of new-born, maternal and child survival interventions.

RUTF was approved to be included on the national essential medicines list in May 2011. Existing external support for the treatment of acute malnutrition in Uganda (other than USG) comes from UNICEF, WHO, WFP, and Medicines Sans Frontières (MSF), all of whom mainly focus in the emergency regions.

#### **IV. USAID NUTRITION PROGRAMS**

USAID/Uganda is among the largest donors supporting nutrition programs in Uganda. The support includes food fortification programs; vitamin A and other micronutrient supplementation; management of severe malnutrition; Infant and Young Child Feeding practices; and the scale up of essential nutrition actions for women and children. National level nutrition programs have enhanced nutrition education for pre-service and in-service providers; nutrition policy development; and nutrition capacity building at national, regional, and district levels.

This activity is a new award seeking to build on two prior USAID nutrition awards: the Food and Nutrition Interventions for Uganda (NuLife) project that ended on August 31, 2011; and the Ready-to-use-Therapeutic Foods (RUTF) project, a nine month program that is producing and supplying RUTF to 54 health units previously supported under the NuLife project. This new activity will contribute to the scale up of recommendations from the end-of-project assessment of the NuLife project, (2011). Key findings included:

- i. Integrating nutrition counseling and education into existing HIV treatment, care, and support services is possible at different levels of service delivery;
- ii. The use of the mid-upper-arm circumference (MUAC) measurements with tapes has increased early identification of malnourished individuals at facility and community levels;
- iii. RUTF prescribed in the facilities has dramatically improved the nutritional status and the quality of life for children and adults; and
- iv. Successful implementation is directly hinged on an effective and sustainable supply of RUTF that was locally produced. Over 150 metric tons of RUTF were produced locally and supplied to over 23,000 malnourished pregnant women, vulnerable children, and adult people living with HIV/AIDS in 54 public health units.

The recipient will build on the above strategic investments in nutrition and take them to scale targeting distribution to areas and populations of greatest need. This activity is linked to the U.S government foreign assistance framework through the USAID Forward Reforms; Country Development and Cooperation Strategy (CDCS); Feed the Future (FtF) Initiative; and the Global Health Initiative (GHI).

a) Linkage with the USAID Forward Reforms:

This activity will help implement in Uganda three out of seven USAID Forward Reforms:

- i. The principle of innovation is realized by strengthening local production of scientifically proven products for effective prevention and management of acute malnutrition in children, women and people living with HIV/AIDS i.e. RUTF and FBF;
- ii. This activity will meet the science and technology principle by establishing a cooperative agreement the prime recipient for the large scale production and distribution of therapeutic and supplementary foods. The recipient is expected to build the capacity of the local/regional manufacturer to meet in-country or regional market demand for therapeutic and supplementary foods; and
- iii. Collaborating, Learning, and Adapting (CLA) will be integrated to meet the monitoring and evaluation reform with a focus on reviewing the effectiveness, efficiency, and impact of this program in relation improving the health and nutrition status in focus areas and population groups.

b) Linkages with the USAID/UGANDA CDCS

This activity is aligned to the USAID/Uganda CDCS that provides the development framework for Uganda whose goal is to accelerate Uganda's transition to a modern and prosperous country. This activity will contribute to the achievement of development objective (DO3): Improved health and nutrition status in focus areas and population groups: i.e. IR.3.1.3: Increased availability of health services; IR.3.1.4: Increased accessibility of health services; IR.3.1.2.1: Increased availability of resources for health care; and IR.3.1.4.1: Improved organization and management. These results areas will be attained through resource leverage with a private indigenous company to improve the health and economic well-being of Ugandans through the production of therapeutic and supplementary foods.

The demographic and population trends show that over 75 percent Uganda's population is comprised of children and youth below the age of thirty which means that young people will dominate the future social and economic development of Uganda. This activity will address the CDCS game changers by improving health outcomes and thus the productivity of malnourished children, pregnant women and HIV positive people; providing employment to youth either directly in the factory or among the small-scale farmers; and active linkage and referral of women and men of reproductive age to family planning services.

This activity will test two development hypotheses:

- i. Whether increased availability and access to locally/regionally produced therapeutic and supplementary food products will improve the health and nutrition status of vulnerable populations.
- ii. Whether provision of technical support to a local company can result in improved household incomes and enhanced agricultural practices of rural communities.

The recipient will implement the CLA agenda through on-going research to improve formulations and cost-effectiveness of therapeutic and supplementary foods. USAID will provide approval of all proposed CLA activities for this mechanism that should in addition include the following:

- i. Establishment of platform for sharing best practices with local, regional, and international stakeholders involved in the production; distribution, and/or research for therapeutic and supplementary foods; and
- ii. Systemic cost comparisons/ analyses of the different therapeutic feeding options.

c) Feed the Future (FtF)

The recipient will contribute to the implementation of the nutrition component of Uganda's FtF initiative in the following ways:

- i. Reducing acute malnutrition rates from 6 percent to 3 percent in 28 districts in North-central and South Western regions through increasing the availability of therapeutic and supplementary foods for target beneficiaries. In addition, this program will also continue providing therapeutic and supplementary foods to 42 of facilities previously supported under the Food and Nutrition Interventions for Uganda (NuLife) project (see appendix B);
- ii. Reduction of stunting and wasting through the provision of supplementary foods in these districts; and
- iii. Poverty reduction and prevention of malnutrition in rural households through increased income and livelihoods for farmers. Women and youth will be targeted to increase their control of productive assets e.g. land for cultivation.

d) Global Health Initiative (GHI)

This activity will contribute to three out of the seven core principles of the GHI strategy: 1) increased focus on women, girls, and gender equality; 2) leverage resources through private sector engagement; and 3) promotion of research and innovation. This activity will contribute to the achievement of the USAID/Uganda GHI goal of achieving significant health improvements by reducing under-nutrition through the increased availability of and access to therapeutic and supplementary foods targeting pregnant and lactating women, children under five years; and PLWHAs. Supporting and expanding local production of the foods through a private company will increase national capability and the likelihood of sustainability of this program.

e) The President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR's goal is to reduce HIV-related morbidity and mortality rates and slow the progression of HIV disease in affected communities through: 1) support to the prevention of more than 12 million new HIV infections; 2) provide direct support for more than 4 million people on treatment; and 3) support care for more than 12 million people, including 5 million orphans and vulnerable children.

Nutrition interventions within care and support services are essential to improve clinical outcomes of children and adults infected and affected by HIV/AIDS. PEPFAR prioritizes nutritional treatment and rehabilitation with appropriate therapeutic foods for severely malnourished pregnant & lactating women, orphans and vulnerable children, and adult PLWHIV. This activity will utilize PEPFAR resources to expand production and procurement of RUTF and FBF as essential commodities for the USAID-supported nutrition assessment, counseling, and support services (NACS) that are aligned to national and international guidelines.

## V. TECHNICAL APPROACH AND KEY RESULT AREAS

The recipient will focus on strengthening priority interventions for the production and distribution of therapeutic and supplementary foods that includes, but is not limited to sourcing quality ingredients from indigenous farmers and local industries; attaining local and international certification; and quality control. This program will provide therapeutic and supplementary foods to USAID programs implementing services for integrated management of acute malnutrition (IMAM). Target beneficiaries will be vulnerable children from six months to 18 years of age; pregnant and lactating women; adult PLWHIV; and small scale farmers. Therapeutic foods will be produced for the outpatient treatment of severely malnourished children and adults in the targeted regions. Supplementary foods will be produced for use in patients recovering from severe acute malnutrition; prevent those with moderate acute malnutrition from progressing to severe acute malnutrition; and during the weaning period. This activity will strengthen distribution of the therapeutic and supplementary foods at health facility and community levels through three approaches i.e. use of the national drug distribution systems for essential drugs; direct distribution to facilities; or social marketing. This food is not intended to replace other food, but to be used as medicine (therapeutic foods) or as a supplement to the patients' normal daily intake. The quality of the food products must be palatable, easy to digest, easy to prepare and culturally appropriate. Therapeutic and supplementary foods for this program are not intended to replace breastfeeding, or to be used for infants younger than six months of age. The recipient, in collaboration with MOH should establish systems to mitigate its use as a replacement food for infants under six months and ensure that its use conforms to national and international guidance on the use of complementary foods to enhance optimal infant feeding practices.

**a) Program goal:**

To reduce the burden of under-nutrition in Uganda through strengthening the capacity of a regional company to become a sustainable manufacturer and distributor of nutritious foods (including therapeutic foods) that meets the national and/or international demand.

**b) Duration of Activity and geographical coverage:**

This is a five-year \$22 million cooperative agreement that will provide therapeutic and supplementary feeding commodities for USAID/Uganda district-based programs located in public and private health units in 28 districts in the North-Central and South Western Uganda. In addition to the above, this mechanism will continue providing RUTF and FBF to the 42 health units that were previously supported by the NuLife project (refer to Appendix B). USAID/Uganda will inform the recipient on additional geographical scale-up in subsequent years that will be based on MOH and USAID priorities, demonstrated need, high burden of malnutrition in the target populations, and availability of funding.

**c) Program Targets**

The table below provides the estimated annual targets for the USAID direct procurement of supplementary and therapeutic foods for the duration of the project. USAID reserves the right to alter these targets subject to availability of funding and/or regional expansion.

	Year 1*	Year 2	Year 3	Year 4	Year 5
	10%	10%	15%	15%	15%
Patient Numbers	26,187	26,187	39,280	39,280	39,280
RUTF (KG)	257,773	386,659	386,659	386,659	386,659
RUTF cost (\$)	1,520,858	1,520,858	2,281,288	2,281,288	2,281,288
FBF Tonnage (KG)	642,901	642,901	964,351	964,351	964,351
FBF total cost(\$)	353,595	353,595	530,393	530,393	530,393
Total cost of RUTF and FBF (\$)	1,874,454	1,874,454	2,811,681	2,811,681	2,811,681
Funds available for other results areas	1,825,546	1,825,546	888,319	888,319	888,319

*\*In the first year this project will transition from the current project, and take on the same 54 sites.*

In addition to the above, the recipient will ensure production of supplementary foods for the prevention of malnutrition in the general population and utilization during the weaning process. In addition to social marketing, the recipient will use innovative approaches for the sale and distribution of the therapeutic and/ or supplementary foods in the two target regions and other regions of Uganda. The annual target for supplementary foods in the

general population should meet local and/or regional demand. The recipient will attain at least 20-30 percent coverage of households in the South Western and North Central regions accessing supplementary foods by the end of five years.

**d) Program Results Areas:**

The implementation of the key results areas will be through the recipient who may also be the food partner. The recipient may engage other partner(s) for purposes of providing technical support to improve on their operation in areas like financial management systems, marketing and supply chain systems etc.

*Intermediate Result 1: Increased production of therapeutic and supplementary foods to children, pregnant women, and people living with HIV with moderate or severe acute malnutrition*

*Sub-IR 1.1:* improvement in financial management systems; marketing; food production; quality control; human resource management, and supply chain management of an indigenous private sector organization

The control environment sets the tone of the organization influencing the control consciousness of its internal stakeholders. An understanding of the control environment serves as the framework for evaluating the overall internal controls of the organization. The recipient should ascertain the control environment risk factors and consider their effect on the effectiveness of internal control procedures of the private sector organization. The technical support should address the weaknesses identified in the control environment and jointly with the private sector organization, develop appropriate internal control procedures. These documented procedures should cover all the key process areas of the private sector organization.

*Sub -IR 1.2:* Enhanced local production of age-appropriate, nationally acceptable therapeutic and supplementary foods to meet national needs.

The recipient, through the program activities, will increase the production of therapeutic and supplementary foods to meet market demand, including the USAID nutrition treatment programs. The \$22 million total estimated cost for this activity includes the cost of providing the USAID nutrition programs with the products required for the treatment of malnutrition (refer to program targets above). This will include, but is not limited to the production of highly nutritious foods that meet international standards; attainment of UNICEF certification of the therapeutic and/or supplementary foods (see Appendix A for the UNICEF requirements of RUTF); and research on new cost-effective product formulations for the prevention and treatment of malnutrition.

Illustrative indicators:

- Proportion of metric tons of RUTF and FBF produced to meet the demands of USAID nutrition programs;
- Increased proportion of RUTF and FBF produced that meets local and international standards; and

- Proportion of complementary foods produced for the prevention under-nutrition in USAID – supported areas.

*Sub-IR 1.3:* Quality control and quality improvement systems for food production strengthened

The recipient will ensure production of RUTF and FBFs meet USAID, GOU and other regional and/or international markets food standards. The recipient shall ensure compliance with the ISO standards for food production, the Codex Alimentarius (16) and the Hazard Analysis and Critical Control Point Program (HACCP, 17). National certification of the Uganda Bureau of Standards (UNBS) should be attained for all existing and new therapeutic and supplementary feeding products. Strong quality control measures will be established through ensuring safe storage of raw materials; adequate training and supervision of the production personal; and product testing for composition and contaminants.

International standards for the manufacturing of RUTF require that it must be tested for aflatoxins; microbial contamination; heavy metals; pesticides; lipid oxidation; moisture content; fat and protein estimation; water activity; and minerals or vitamins concentrations(refer to appendix A). The recipient will identify a network of local, regional, or international laboratories accredited to test and analyze RUTF and FBF as part of the external quality assurance program. The recipient is responsible for the identification of an international laboratory that certifies the product specifications and attaining the international seal of approval. Regular acceptability assessments will be done to establish the safety, effectiveness, palatability, and cultural appropriateness of the products.

Key interventions under this sub-IR include:

- a) Development of Standard Operating Procedures for RUTF and FBF production
- b) Establish processes that meet both the nationally and internationally accepted standards for food production.
- c) Production testing as per national and international standards.
- d) Demonstration of good manufacturing practices that include, but not limited to routine analyses of raw materials, routine product testing for composition and contaminations, etc.
- e) Integrated quality improvement throughout the product lifecycle e.g. adequate training and support supervision of production personnel, established mechanisms for client/customer feedback, and implementation of corrective actions for continuous improvement.
- f) Conduct bi-annual acceptability assessments for RUTF and FBF

Illustrative indicator:

- Number of quality control systems and standards that comply with local and international standards
- Number of staff trained in the use of the local and international standards

*Intermediate Result 2: Establishment of an effective distribution system for therapeutic and supplementary foods within public and private sectors in Uganda*

The recipient will develop innovative ways on how to handle storage and distribution for the required metric tonnage of products and/or raw materials at any given time. The recipient shall ensure storage and distribute the food under conditions that assure maintenance of quality, and shall use a monitoring system to ensure that this system is not compromised. The stores should be cool and dry and include a loading bay. The warehouse should be subject to strict pest control and insulated to ensure a relative constant temperature. Security should be assured at all times. Recipients shall demonstrate interventions that will ensure a reliable and sustainable distribution system from the farmer out growers, site of manufacture/warehouse to the distribution center at medical facilities or OVC organizations in the target regions.

*Sub-IR 2.1: Strong distribution system for the therapeutic and supplementary foods to USG-supported nutrition programs established*

The recipient will establish an effective supply chain system for sourcing, procurement, and logistics management activities. Distribution systems will be aligned to the national logistics framework. At the district level, the recipient will integrate the distribution and storage of therapeutic and supplementary feeding products within the District Supply Chain Management Strengthening Strategy in collaboration with the existing USAID district-based technical assistance partner and the Securing Ugandans' Right to Essential Medicines (SURE) Program (see Appendix D). The recipient will submit a detailed production and distribution schedule as part of the annual work plans outlining key program milestones. The production and distribution schedule for this award will be aligned to the consumption rates of the health units implementing nutrition prevention and treatment services.

Key interventions under this sub-IR include:

- Develop the short term and long-term distribution system to the targeted districts and/or health units by the end of program year two. The recipient will support the MOH to develop policies and procedures and systems for facilities to order RUTF and/or FBF on the essential medicines order form;
- By the end of program year one, the recipient will establish a supply chain system for the targeted health units – forecasting needs, ordering, information management, distribution schedule, etc.; and
- Technical support to the ministry of health to develop guidelines on marketing of RUTF and FBF to limit the abuse by the end of year one.

Illustrative indicator:

- Proportion of health units reporting stock-outs of RUTF and FBF reduced to <2 percent.

*Sub-IR 2.2: Demand for therapeutic and supplementary food improved*

The recipient will build the capacity of the local/regional manufacturer to establish systems to ensure the production capacity meets local and/or regional market demands beyond the USAID-supported areas. This will include, but is not limited to, the establishment of systems to monitor local, regional and international market trends for the demand of therapeutic and supplementary foods; price; product quality and shelf life; and consumer preferences.

The recipient will collaborate with the MOH and other USAID-funded projects e.g. Uganda Health Marketing Group (UHMG) and any viable potential private sector service provider to promote the social marketing of therapeutic and supplementary foods.

Illustrative indicators:

- Number of new markets attained to supply therapeutic and/or supplementary foods within the national, regional and/or international markets; and
- Quantity of therapeutic and supplementary foods purchased through social marketing to the private sector.

*Intermediate result IR.3: Livelihood strengthening; improved agricultural practices; and increased market access of at least 80,000-150,000 local small scale farmers located in rural districts in Uganda*

The recipient will utilize locally-sourced ingredients, thereby negating the need to import expensive products, while simultaneously supporting local economy and generating new jobs in target communities. The program will transfer improved agricultural technology to women-led groups and small-scale enterprises with the goal of promoting self-sufficiency. The recipient will use proven and innovative approaches to enhance economic strengthening, income generating and livelihood strengthening activities for the small scale farmers.

*Sub IR 3.1: Improved agriculture production among small scale farmers in targeted districts for nutrient-dense food crops and raw materials*

In order to meet the increased demand of products, the recipient will mobilize small scale farmers, including women and youth; allocate them farm land and provide them with improved agricultural technology to improve the quality of raw materials. USAID resources under this activity will not be used to purchase land for the private local/regional company. The recipient will use company-owned land or develop partnerships with local/regional land owners to access additional acreage of land for the cultivation of raw materials for the food products. Farmers will be provided with agricultural inputs to help increase the dietary diversity and consumption at household level in addition to producing raw materials for the production of therapeutic and supplementary foods.

Illustrative indicators:

- a) Proportion of households of small scale farmers provided with a ready market for their agricultural produce;
- b) Proportion of households with increased household food security as a result of USG assistance;
- c) Gross margin per unit of land of selected product;
- d) Number of farmers and others who have applied new technologies or management practices as a result of USG assistance;
- e) Number of individuals who have received USG supported short term agricultural sector productivity or food security training; and
- f) Number of members of producer organizations and CBOs receiving USG assistance.

*Sub IR 3.2: Increased household income of local farmers in targeted districts.*

The recipient will facilitate the purchase of the raw materials for the therapeutic and supplementary foods from the small scale farmers at market rates, thereby contributing to their increased household income. The expansion of the product line will increase employment at the factory, warehouses, and in the distribution systems. At the end of five years, at least 50 percent of households of local farmers will have a 20 percent increase in household income.

Illustrative indicators:

- a) Number of rural households benefiting directly from USG interventions;
- b) Value of incremental sales (collected at farm-level) attributed to FtF implementation; and
- c) Number of households with increased household income.

## **VI. ENVIRONMENTAL COMPLIANCE**

The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID include environmental sustainability as a central consideration in designing and carrying out its development programs. This mandate is codified in Federal Regulations (22 CFR 216) and in USAID's Automated Directives System (ADS) Parts 201.3.11.2.b and 204 (<http://www.usaid.gov/policy/ads/200/>), which, in part, require that the potential environmental impacts of USAID-financed activities are identified prior to a final decision to proceed and that appropriate environmental safeguards are adopted for all activities. Recipient environmental compliance obligations under these regulations and procedures are specified in the following paragraphs of this RFA:

1a) In addition, the recipient must comply with host country environmental regulations unless otherwise directed in writing by USAID. In case of conflict between host country and USAID regulations, the latter shall govern.

1b) No activity funded under this Cooperative Agreement will be implemented unless an environmental threshold determination, as defined by 22 CFR 216, has been reached for that activity, as documented in an Initial Environmental Examination (IEE), or Environmental Assessment (EA) duly signed by the Bureau Environmental Officer (BEO). Hereinafter, such documents are described as “approved Regulation 216 environmental documentation.”

2) An Initial Environmental Examination (IEE) file name: Uganda\_FY08\_S08\_IIP\_IEE\_092408.doc has been approved for the Program that will fund this cooperative agreement (CA). The IEE covers activities expected to be implemented under this CA. USAID has determined that a **NEGATIVE DETERMINATION WITH CONDITIONS** applies to the proposed activities. This indicates that if these activities are implemented subject to the specified conditions, they are expected to have no significant adverse effect on the environment. The recipient shall be responsible for implementing all IEE conditions pertaining to activities to be funded under this award.

3) As part of its initial Work Plan, and all Annual Work Plans thereafter, the recipient in collaboration with the USAID Agreement Officer’s Representative and Mission Environmental Officer or Bureau Environmental Officer, as appropriate, shall review all ongoing and planned activities under this CA to determine if they are within the scope of the approved Regulation 216 environmental documentation.

3a) If the recipient plans any new activities outside the scope of the approved Regulation 216 environmental documentation, it shall prepare an amendment to the documentation for USAID review and approval. No such new activities shall be undertaken prior to receiving written USAID approval of environmental documentation amendments.

3b) Any ongoing activities found to be outside the scope of the approved Regulation 216 environmental documentation shall be halted until an amendment to the documentation is submitted and written approval is received from USAID.

4) When the approved Regulation 216 documentation is (1) an IEE that contains a Negative Determination with Conditions the recipient shall:

Prepare an environmental mitigation and monitoring plan (EMMP) or project mitigation and monitoring (M&M) plan describing how the recipient will, in specific terms, implement all IEE and/or EA conditions that apply to proposed project activities within the scope of the award. The EMMP or M&M Plan shall include monitoring the implementation of the conditions and their effectiveness. If the approved Regulation 216 documentation contains a complete EMMP or project mitigation and monitoring (M&M) plan, the recipient does not need to complete a new plan. Guidance is available to assist with the EMMP and M&M process at <http://www.encapafrika.org/meoEntry.htm>.

4a) Integrate a completed EMMP or M&M Plan into the initial work plan.

4b) Integrate an EMMP or M&M Plan into subsequent Annual Work Plans, making any necessary adjustments to activity implementation in order to minimize adverse impacts to the environment.

5) A provision for sub-grants is included under this solicitation requiring the recipient to use the Environmental Review Form (ERF) or Environmental Review (ER) checklist to screen grant proposals to ensure the funded proposals will result in no adverse environmental impact, to develop mitigation measures, as necessary, and to specify monitoring and reporting. Use of the ERF or ER checklist is called for when the nature of the grant proposals to be funded is not well enough known to make an informed decision

about their potential environmental impacts, yet due to the type and extent of activities to be funded, any adverse impacts are expected to be easily mitigated. Implementation of sub-grant activities cannot go forward until the ERF or ER checklist is completed by the recipient and approved by USAID. Recipient] is responsible for ensuring that mitigation measures specified by the ERF or ER checklist process are implemented and addressed in annual reports. Guidance is available to assist with the ERF and ER checklist process at <http://www.encapafrika.org/meoEntry.htm>

5a) The recipient will be responsible for periodic reporting to the USAID Agreement Officer's Representative, as specified in the Schedule/Program Description of this solicitation.

6) USAID anticipates that environmental compliance and achieving optimal development outcomes for the proposed activities will require environmental management expertise.

**(See Section IV of the RFA for detailed instructions regarding environmental considerations to be included in the technical and cost applications).**

## **VII. PERFORMANCE MONITORING PLAN (PMP)**

The Recipient will be required to develop and maintain a performance monitoring system to track tangible, measurable progress toward Program Results and the strategic goals of the Uganda CDCS, FtF, GHI and PEPFAR. Recipients must report on required indicators in the USAID DO3 PMP, required PEPFAR Next Generation Indicators, and FtF indicators. Alignment with MOH key indicators identified in the HSSIP is also encouraged. The recipient may propose additional indicators, especially impact, and outcome-level indicators designed to capture significant results attributed to this Cooperative Agreement. All performance indicators and targets must be gender disaggregated by Male (M)/Female (F)/ Total (T) where feasible. Once finalized, USAID requires a Data Quality Assessment for each indicator and semi-annual reporting of data. Please note that USAID may require the Recipient to report on additional performance indicators subject to changing Agency guidance and/or the requirements of specific funding sources.

## **VIII. PROGRAM EVALUATIONS**

In line with USAID's Evaluation Policy, this Cooperative Agreement will be structured from the outset with the intent to conduct a final impact evaluation. The recipient will therefore be required to work in partnership with an external evaluation partner to be determined by USAID/Uganda at the appropriate intervals in the life of the program. The terms of reference for these external formative and impact evaluations shall be determined in collaboration with the recipient. Should the recipient determine a need for any additional evaluation(s), electronic copies shall be submitted to the AOR with a CD of the report and annexes in Microsoft Word. The recipient shall also submit electronic copies of any evaluation(s) in English to the Agreements Officer and to the USAID Development Experience Clearinghouse.

#### **XIV. AUTHORIZING LEGISLATION**

The authority for this RFA is found in the Foreign Assistance Act of 1961 and the resulting award(s) will be administered in accordance with OMB Circulars, 22 CFR 226, and USAID's Automated Directives Systems (ADS) Chapter 303, "Grants and Cooperative Agreements with Non-Governmental Organizations" as applicable. These policies and regulations can be viewed or downloaded from USAID's Web Site <http://www.usaid.gov/business/regulations/>.

Pursuant to 22 CFR 226.81, it is USAID policy not to award profit under assistance instruments. However, all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to this program and are in accordance with applicable cost standards (22 CFR 226, OMB Circular A-122 for non-profit organization, OMB Circular A-21 for universities, and the Federal Acquisition Regulation (FAR) Part 31 for-profit organizations), may be paid under the cooperative agreement. **USAID reserves the right to fund any or none of the applications submitted.**

[END OF SECTION I]

## **SECTION II – BASIC AWARD INFORMATION**

**II.1 ESTIMATED FUNDING:** Subject to the availability of funds, USAID intends to provide approximately \$22 million in total funding for the Therapeutic and Supplementary Products for Improved Nutrition Program. USAID may make one or more award(s) without discussions to responsible applicants whose applications offer the greatest value to the extent they are necessary, negotiations will be conducted with the Apparently Successful Applicant(s). Award(s) will be made to the responsible applicant(s) whose application(s) offers the greatest value, cost and other factors considered. USAID reserves the right to fund any or none of the applications submitted.

**II.2 PERFORMANCE PERIOD:** The anticipated program start date is **April 01, 2012** through **March 31, 2017**.

**II.3 AWARD TYPE:** USAID anticipates the award will be a **Cooperative Agreement**. **Substantial Involvement** under the award is expected to be as follows:

- Approval of the Recipient's Implementation Plans ("Work Plans").
- Approval of Recipient's Specified Key Personnel.
- Agency and Recipient Collaboration or Joint Participation. This may include: concurrence on the provision of sub-award/sub-grants and M&E plans and re-direction of the program as/when appropriate.
- Agency authority to immediately halt a construction activity, if applicable.

**II.4 AUTHORIZED GEOGRAPHIC CODE:** The Authorized Geographic Code is 935 for the procurement of goods and services. Reference ADS 308 for current information.

[END OF SECTION II]

**SECTION III – ELIGIBILITY INFORMATION**

III.1. USAID policy encourages competition in the award of Grants and Cooperative Agreements. In response to this RFA, local and East African Regional organisations, non-profit, or for-profit entities are eligible to apply.

III.2. USAID encourages applications from potential new partners.

III.3. There shall be cost share of 4% in all applications. Cost sharing, once accepted, becomes a condition of payment of the federal share.

[END OF SECTION III]

## SECTION IV - APPLICATION AND SUBMISSION INFORMATION

### SUBMISSION AND PREPARATION GUIDELINES

#### IV.1 Submission of Applications

Applications are to be submitted via email. Please submit your applications to the email address below by **4pm EST (Washington, DC), March 2, 2012**. RECEIPT TIME IS WHEN THE APPLICATION IS RECEIVED BY THE AID/Washington INTERNET SERVER. **Paper copies of the applications are not accepted.** The address for the receipt of proposals is: [KampalaUSAIDSolicita@USAID.gov](mailto:KampalaUSAIDSolicita@USAID.gov), to the Attention of Godfrey Kyagaba and Tracy J Miller, Agreement Officer. Applications which are submitted late or do not follow the instructions contained herein run the risk of not being considered in the review process.

All applications received by the deadline will be reviewed for responsiveness to the specifications outlined in these guidelines and the application format. Note this RFA includes a mandatory minimum cost share percentage of 4% of the total proposed USAID contribution to the program. Per ADS 303.3.10.3, applications that do not meet this minimum cost sharing requirement are not eligible for award consideration.

Applications should take into account the evaluation criteria provided in **Section V** and must include the Representations and Certifications provided in **Attachment H**. In the event Representations and Certifications are not submitted with the Application, they must be completed before final award is made.

Please note that Technical and Cost Applications should be kept separate. USAID wants to leverage its assistance and applicants must make a clear commitment to provide cost sharing and a statement of how much (in percentage terms) of the budget they are going to raise from other sources. The Cost Application must contain a clearly identified section on cost sharing including sources for those funds.

Applicants should retain for their records one copy of the application and all enclosures which accompany their application. Erasures or other changes must be initialed by the person signing the application. To facilitate the competitive review of the applications, USAID will consider only applications conforming to the format prescribed below.

#### IV.2 Technical Application Format

Applications must be submitted electronically in MS Word and .pdf (Adobe Acrobat) versions. In case of any conflicts between the MS Word and .pdf versions of the application, the .pdf version will govern as it will be the version presented to the Technical Evaluation Panel.

Applicants are advised that any pages exceeding any of the prescribed limits below will not be considered for evaluation.

Applications must be legible and must *not* require **magnification** (!). Please be kind to

the evaluators and keep the technical application clear, concise, easy to follow, while also in complete compliance with the instructions herein.

The technical application (**maximum 30 pages – not including annexes**) should clearly and concisely outline how the Applicant proposes to meet the critical needs identified in the objective(s) and how the Applicant will achieve its expected results.

The application must include a detailed description of the management approach for implementing the proposed program, which includes specifying the composition and organizational structure of the entire implementation team (including home office support); describing each team member's role and level of effort.

The technical application must include your approach to achieving **environmental compliance and management**, including:

- Approach to developing and implementing an IEE or EA or environmental review process for a grant fund and/or an EMMP or M&M Plan.
- Approach to providing necessary environmental management expertise, including examples of past experience of environmental management of similar activities.
- An illustrative budget for implementing the environmental compliance activities. (For the purposes of this solicitation, applicants should reflect illustrative costs for environmental compliance implementation and monitoring in the cost proposal).

#### **IV.3 Annexes**

The following six (6) annexes should be submitted within the page limits indicated; any pages exceeding the limits for each annex will not be considered.

##### **Annex I. CVs of Key Personnel** – Three (3) pages maximum per CV

A more detailed description of proposed key personnel including the Chief of Party and up to four additional Key Personnel, as well as any other Personnel position for whom the Applicant wishes to provide CVs.

##### **Annex II. Draft Implementation Plan** (Max. 5 pages)

A draft implementation plan for all activities through the end of the current fiscal year, including milestones.

##### **Annex III. Draft Performance Monitoring Plan** (Max. 5 pages)

A draft PMP shall be submitted with the application, and shall include performance indicators, planned data sources, data collection and calculation methods, baseline data and annual targets directly linked to proposed activities.

**Annex IV. Past Performance References and Information** – ONE (1) Page Maximum per reference.

Please provide a list of current U.S. Government and/or privately-funded contracts, grants, cooperative agreements, etc., for similar or related programs during the past three years. Include the performance location, award number (if available), a brief description of the work performed, and a point of contact list with current telephone numbers.

**Annex V. Representations and Certifications, Assurances:** (See Attachment H for the required representations and certifications that are to be included as Annex V to the technical proposal.)

NOTE: When these Certifications, Assurances, and Other Statements of Recipient are used for cooperative agreements, the term "Grant" means "Cooperative Agreement".

**Annex VI: Sustainability Plan** (max. 5 pages)

The applicant will submit to USAID a sustainability plan as part of this application that includes milestones demonstrating full program sustainability by the time the award ends. This must include, but is not limited to, establishment of additional markets other than USAID; expanding capacity to meet national need for therapeutic and supplementary foods; integration of RUTF into national supply chain; and access to regional and/or international markets.

**IV.4 Cost Application Format**

The Cost Application is to be submitted via a separate email from the Technical Application. This is due to the strict page limitations for the Technical Application. Certain documents are required to be submitted by an applicant in order for the Agreement Officer to make a determination of responsibility. However, it is USAID policy not to burden applicants with undue reporting requirements if that information is readily available through other sources. A Cost Application consists of:

- **SF-424**, Application for Federal Assistance;
- **SF-424A**, Budget Information – Non-Construction Program;
- **SF-424B**, Assurances – Non-Construction Programs;
- a summary budget detailed/itemized budget; including illustrative costs for environmental compliance implementation and monitoring.
- a budget narrative explaining costs to be incurred; and
- other administrative documentation as required.

The government forms may be downloaded from the following website:  
<http://search.usa.gov/forms>

The following sections describe the documentation that applicants for Assistance award

must submit to USAID prior to award. While there is no page limit for this portion, applicants are encouraged to be as concise as possible, but still provide the necessary detail to address the following:

The required budget format is found in Attachment I of this RFA.

**Attachment I - RFA Budget Template**

Please be sure that the budget includes at least the following elements:

- the breakdown of all costs associated with the program according to costs of, if applicable, headquarters, regional and/or country offices;
- the breakdown of all costs according to each partner organization involved in the program, in the same detail and format as the budget template;
- potential contributions of non-USAID or private commercial donors to this Cooperative Agreement, including, the breakdown of the financial and in-kind contributions (cost sharing) of all organizations involved in implementing this Cooperative Agreement.

**NOTE: The award will not provide for the reimbursement of pre-award costs.**

Also include:

- a) Information that confirms and ensures that the proposed cost sharing will materialize.
- b) Details of sub-award arrangements to the extent they are known at the time of application development: In case there are multiple organizations and partners, please explain as clearly as possible the management structure and how the parties are going to interact. If there are formal legal arrangements such as sub awards or sub contracts please clearly explain how these are to be structured and list past experience between the organizations.

NOTE: If sub-awards are anticipated and not explained in the original application, the agreement officer's approval (after award) may be required before the sub-agreement may be executed.

- c) A copy of the self-certification for compliance with USAID policies and procedures for personnel, procurement, and travel.
- d) A copy of the organization's U.S. Government Negotiated Indirect Cost Rate Agreement (NICRA), if applicable.
- e) Applicants should submit additional evidence of responsibility they deem necessary for the Agreement Officer to make a determination of responsibility. The information submitted should substantiate that the Applicant:
  1. Has adequate financial resources or the ability to obtain such resources as required during the performance of the award.

2. Has the ability to comply with the award conditions, taking into account all existing and currently prospective commitments of the applicant, non-governmental and governmental.
3. Has a satisfactory record of performance. Past relevant unsatisfactory performance is ordinarily sufficient to justify a finding of non-responsibility, unless there is clear evidence of subsequent satisfactory performance.
4. Has a satisfactory record of integrity and business ethics; and
5. Is otherwise qualified and eligible to receive a cooperative agreement under applicable laws and regulations (e.g., EEO).

#### **IV.5 Branding Strategy and Marking Plan**

The apparent successful applicant(s) will be required to submit a Branding Strategy and Marking Plan to be evaluated and approved by the Agreement Officer with concurrence from the Agreement Officer Representative prior to award.

A Branding Strategy and Marking Plan shall be in accordance with USAID Branding and Marking plan as required per ADS 320. Refer to ADS 320, (<http://www.usaid.gov/policy/ads/300/>) specifically 320.3.3.3 for more information.

Specifically, the strategy shall detail how the Recipient will create public awareness for the initiative to demonstrate positive gains to Uganda communities as well as the international community, sensitive of the local operating environment. Shall incorporate social media, photography and video and press outreach at a minimum, as well as regularly developing impact stories. The strategic communication and community outreach plan requires the approval of the AOR and should be budgeted.

The Recipient shall comply with the requirements of the USAID “Graphic Standards Manual” available at <http://www.usaid.gov/branding> or any successor branding policy. Pending formal Mission guidance, activity with a government entity will be branded, as appropriate, for the program's stabilization goals (USAID Graphic Standards Manual 4.10).

[END OF SECTION IV]

## **SECTION V – APPLICATION REVIEW INFORMATION**

### **Overview**

The Technical Evaluation Criteria are tailored to the requirements of this particular RFA and are set forth below. Applicants should note that these criteria serve to: (a) identify the significant matters which applicants should address in their applications and (b) set the standard against which all applications will be evaluated. To facilitate the review of applications, applicants must organize the narrative sections of their applications with the same headings and in the same order as the selection criteria.

USAID Uganda intends to evaluate the applications and award an agreement without discussions with the applicants. However, USAID reserves the right to conduct discussions if the latter is determined by the Agreement Officer to be necessary. Therefore, the initial offer should contain the applicant's best terms from a Technical and Cost/Price stand point.

The criteria by which the Grant Application will be assessed are as follows, and **in descending order of importance**:

### **Technical Criteria**

- (1) Technical Approach
- (2) Personnel and Management Structures
- (3) Past Performance & Institutional Capacity

Assessment of each of these criteria will include the considerations described in the sections below.

#### **A. Technical Approach (sub-criteria in descending order of importance)**

- Strategic and Technical Fit: The extent that the proposed approach is responsive to the stated objectives and requirements, aligned with accepted, effective practices, appropriate for the country and beneficiary context, and likely to contribute to the overall USAID CDCS strategy goals in Uganda.
- Sustainability of the Approach: The likelihood that the set program outcomes will continue beyond and without USG funding – because critical activities initiated by the project are assumed (and financed) by local institutions, necessary capacity is fostered among local stakeholders, and/or partners and beneficiaries sustainably adopt key behaviors. Demonstrates a clear transition plan from the first two years of technical support as outlined in result one and expansion to other in-

country and regional markets.

- Application of key design elements/principles: Key design elements/principles cited in this RFA, including geographic focus and anticipated, measurable impact, must be meaningfully integrated and reflected throughout the applicant's proposed strategic and technical approaches, draft implementation plan and draft performance monitoring plan.
- Gender programming: The degree to which the proposed approach is responsive gender strategic areas as outlined by GHI, PEPFAR, and FtF. These include but not limited to: increasing gender equity in activities and services; addressing male norms and behaviors; reducing violence and coercion; increasing women's & girl's access to income & productive resources; and increasing women's legal rights and protection.

**B. Personnel & Management Structure (sub-criteria 1 & 2 are equally important and more important than 3 & 4)**

The application clearly:

- (1) Demonstrates that key personnel have requisite breadth and depth of technical expertise and experience in the management, planning and provision of specialized technical assistance and services necessary for achievement of program results.
- (2) Demonstrates an effective and cost-efficient management structure to achieve project goals, objectives and targets.
- (3) Proposes additional personnel who have relevant professional qualifications and experience appropriate to manage and achieve results.
- (4) Demonstrates commitment to using Ugandan and regional professionals and managers who hold significant positions in the program's management and implementation.

**C. Institutional Capacity and Past Performance (sub-criteria are of equal importance)**

Applicants will also be evaluated based on the extent to which they can:

- Demonstrate organizational knowledge and institutional capability to develop, manage and implement similar programs.
- Demonstrated institutional capability, organizational systems, and competence to creatively plan, implement, support, monitor and report on similar activities.

- Ability to facilitate rapid roll-out and guarantee outputs within the shortest possible time.
- Recent and relevant past performance – (team, consortia, joint venture members, and proposed sub-award organizations), work experience and representative accomplishments in managing and implementing similar programs.

USAID reserves the right to obtain past performance information from other sources including those not named in the applicant's application, including the Contractor Performance System.

### **COST EVALUATION**

Cost has not been assigned a score but will be evaluated for cost reasonableness, allocability, allowability, cost effectiveness – including cost share, and realism, adequacy of budget detail and cost sharing. While cost may be a determining factor in the final award(s) decision, especially between closely ranked applicants, the technical merit of applications is substantially more important than cost under this RFA. Applications providing the best value to the Government, including cost share, will be more favorably considered for award. Applications will be ranked in accordance with the selection criteria identified above. USAID reserves the right to determine the resulting level of funding for the agreement being selected for award.

[END OF SECTION V]

## **SECTION VI – AWARD ADMINISTRATION INFORMATION**

- 1) Following selection for award, a successful applicant will receive an electronic copy of the notice of award signed by the Agreement Officer which serves as the authorizing document. USAID will issue the award to the contacts specified by the applicant in its application documents and/or the Authorized Individuals submitted by the applicant in accordance with **Section IV. Part VI** above.
- 2) The applicable Standard Provisions that will apply in any resulting award document can be viewed or downloaded from USAID's Web Site:  
<http://www.usaid.gov/policy/ads/300/303.pdf>.
- 3) The following programmatic reporting requirements shall be made part of any award issued under this RFA:

### **Program Reporting**

The Recipient shall submit one original, two (2) hard copies and an electronic copy of the following reports in English to the USAID/Uganda Agreement Officer Representative (AOR) for approval:

#### **1. Annual Implementation Plans**

##### First Implementation Plan

- Due no later than **60 days after the effective date of this award**.
- Shall cover the period from the effective date of award through Six (06) months (or the end of the fiscal year in which the award was made).
- Shall describe planned activities arranged by the overall objectives of the Program Description and further broken down by sub-activities and tasks and by geographic location. Also include budgetary forecasts and notes tied to proposed activities.
- Shall include a milestone plan. This section will provide a detailed description of the processes the recipient will demonstrate progress in meeting the program results that include, but not limited to the following:
  - i. Establishment of strong internal control systems that meet USAID contractual requirements
  - ii. Expanded production capacity of therapeutic and supplementary foods to meet the Ugandan and regional market demands
  - iii. UNICEF certification of the therapeutic and/or supplementary foods
  - iv. Strong quality control measures established throughout the production process
  - v. Effective supply chain system for sourcing, procurement, logistics management, and distribution
  - vi. Increased household income of local farmers

In identifying these milestones, the recipient should propose logical outcomes of planned activities that are of highest priority in accomplishing the overall objectives of the program.

Any policy, analysis, or document developed in partnership with the MOH or other Government of Uganda Institutions should be submitted as part of a performance milestone report must include a means of verifying that they have been validated or otherwise approved by the Ministry.

#### Annual Implementation Plans

- Due no later than **60 days after the end of the fiscal year**.
- Shall contain the same information as described above covering the fiscal year.

### **2. Performance Monitoring Plan (PMP)**

- Due no later than **90 days after the effective date of this award**.
- Shall cover the entire period of performance of this Award and may be adjusted based on any changes in planned activities. Requires USAID approval.
- Shall include relevant indicators to measure performance annually and at the end of the program, with baselines and targets for each indicator. Indicators shall be quantitative and qualitative and used to track program impact, including related to stability, with less importance on tracking outputs. Where applicable, indicators should be disaggregated by gender and geographical location.

### **3. Reports**

#### Quarterly Performance Reports

- Due to the AOR every three months, no later than **30 days after the end of each calendar quarter**.
- Shall be no longer than 20 pages summarizing, at minimum: (1) progress toward agreed upon Program Results; (2) identification of specific problems and delays and recommendations for adjustments and corrective action; (3) any high-level meetings held and field visits; (4) planned activities for the next reporting period; (5) assessment of the validity and efficacy of progress against the goal and results; (6) progress against cross-cutting issues, including but not limited to, any environmental compliance issues.
- Recipient may be required to present results un verbal and/or visual format

#### Financial Reports (SF269 or SF-269A)

- *Accruals*: Shall be due **one week before the end of each quarter**; i.e. December 31, March 31, June 30, and September 30.
- *Quarterly Financial Reports*: 30 days after the end of each quarter along with the quarterly progress report. It shall include a report on expenditures accrued during the report period and projected accrued expenditures for the next quarter, against Award line items.

- *Annual Financial Reports:* The July-September Quarterly Financial Report will constitute the Annual Financial Progress Report.

Final Performance Report

- Shall be electronically to the AOR. A draft shall be submitted 45 days after the award end date, and a final copy **90 days after the end date**. The final report shall be in English. It shall cover the entire five-year period of the award and include the cumulative results achieved, an assessment of the impact of the program, lessons learned and recommendations, any particularly notable impact stories, and detailed financial information. It should be grounded in evidence and data. A copy of the final results (without the financial information) shall be filed with the Development Experience Clearinghouse at: <http://dec.usaid.gov> .

[END SECTION VI]

**SECTION VII – AGENCY CONTACTS**

Agreement Officer  
USAID/Uganda  
U.S. Embassy Compound  
Plot 1577 Ggaba Road  
Kampala, Uganda

[END SECTION VII]

## **SECTION VIII – OTHER INFORMATION**

Resulting awards to U.S. Non-government Organizations will be administered in accordance with Chapter 303 of USAID's Automated Directives System (ADS 303), 22 CFR 226, applicable OMB Circulars (i.e., A-21 for Universities or A-122 for Non-Profit Organizations, and A-133), and Standard Provisions for Non-Governmental Organizations.

- ADS 303 is available at: <http://www.usaid.gov/policy/ads/300/303maa.pdf>.
- 22 CFR 226 is available at:  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/22cfr226\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr226_06.html).
- Applicable OMB Circulars are available at:  
<http://www.whitehouse.gov/OMB/circulars/index.html>.
- Standard Provisions for U.S. Non-Governmental Organizations are available at: <http://www.usaid.gov/policy/ads/300/303maa.pdf>.

Resulting award to Public International Organizations (PIOs, or IOs) will be administered in accordance with Chapter 308 of USAID's ADS including the Standard Provisions set forth in ADS-308.5.15.

Potential for-profit applicants should note that USAID policy prohibits the payment of fee/profit to the prime recipient under grants and cooperative agreements. However, if a prime recipient has a subcontract with a for-profit organization for the acquisition of goods or services (i.e., if a buyer-seller relationship is created), fee/profit for the subcontractor is authorized.

Standard Provisions for Non-U.S. Non-Governmental Organizations are available at: <http://www.usaid.gov/policy/ads/300/303mab.pdf>. ADS-308 is available at: <http://www.usaid.gov/policy/ads/300/308mab.pdf>.

The USAID Inspector-General's "Guidelines for Financial Audits Contracted by Foreign Recipients" is available at: <http://www.usaid.gov/oig/legal/audauth/rcapguid.pdf>.

[END SECTION VIII]

**REFERENCES AND ATTACHMENTS** (Attachments A-G are included with the RFA – see below; Attachment H and Attachment I are separate documents).

<b>Attachment A</b>	<b>Acronyms</b>
<b>Attachment B</b>	<b>International RuTF Standards</b>
<b>Attachment C</b>	<b>Initial Geographic Coverage for Distribution</b>
<b>Attachment D</b>	<b>DO3 Results Framework</b>
<b>Attachment E</b>	<b>District Supply Chain Mgmt. Strengthening Strategy</b>
<b>Attachment F</b>	<b>Program Reporting Requirements</b>
<b>Attachment G</b>	<b>Reference Documents</b>
<b>Attachment H</b>	<b>Representations, Certifications &amp; Assurances</b>
<b>Attachment I</b>	<b>Budget Template</b>

## **Attachment A**

### **ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
AOR	Agreements Officer's Technical Representative
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CA	Cooperative Agreement
CDCS	Country Development Cooperation Strategy
CDF	Community Development Fund
CV	Curriculum Vitae
DEC	Development Experience Clearinghouse
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DO	Development Objective
DOC	Development Outreach and Communications
EMHS	Essential Medicines and Health Supplies
FBF	Fortified Blended Foods
FtF	Feed the Future
FY	Fiscal Year
GAPP	Governance, Accountability, Participation and Performance
GOU	Government of Uganda
GPP	Good Pharmaceutical Practices
GHI	Global Health Initiative

HIV	Human Immunodeficiency Virus
HR	Human Resource
HRH	Human resources for health
HSSIP	Health Sector Strategic and Investment Plan
IEE	Initial Environmental Examination
IP	Implementing Partner
IR	Intermediate Result
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MMS	Medicines Management Supervisors
MOH	Ministry of Health
NDA	National Drug Authority
OVC	Orphans and Vulnerable Children
PEPFAR	The President's Emergency Plan for AIDS Relief
PFP	Private For Profit
PMP	Performance Monitoring Plan
RFA	Request for Application
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Food
SCM	Supply Chain Management
SO	Strategic Objective
SURE	Securing Ugandans' Right to Essential Medicines
TA	Technical Assistance
TB	Tuberculosis
TBD	To be determined
UDHS	Uganda Demographic and Health Survey
UHMG	Uganda Health Marketing Groups
USG	US Government

**Attachment B**

**INTERNATIONAL RUTF STANDARDS**

a. **Technical Specifications:**

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<b><u>Nutritional composition per 100g of food</u></b>	
<b><u>Energy</u></b>	<u>520 - 550 Kcal</u>
<b><u>Proteins</u></b>	<u>10% - 12% of total energy</u>
<u>(At least half of the proteins contained in the foods should be derived from milk products.)</u>	
<b><u>Lipids</u></b>	<u>45% - 60% of total energy</u>
<u>n-6 fatty acids</u>	-
<u>n-3 fatty acids</u>	-
-	-
<b><u>Minerals</u></b>	-
<u>Sodium</u>	<u>290 mg maximum</u>
<u>Potassium</u>	<u>1100 - 1400 mg</u>
<u>Calcium</u>	<u>300 - 600 mg</u>
<u>Phosphorus (excluding phytate)</u>	<u>300 - 600 mg</u>
<u>Magnesium</u>	-
<u>Iron</u>	<u>10 - 14 mg</u>
<u>Zinc</u>	<u>11 - 14 mg</u>
<u>Copper</u>	<u>1.4 - 1.8 mg</u>
<u>Selenium</u>	<u>20 - 40 µg</u>
<u>Iodine</u>	<u>70 - 140 µg</u>
-	-
<b><u>Vitamins</u></b>	-
<u>Vitamin A</u>	<u>0.8-1.1 mg</u>
<u>Vitamin D</u>	<u>15-20 µg</u>
<u>Vitamin E</u>	<u>20 mg minimum</u>
<u>Vitamin K</u>	<u>15-30 µg</u>
<u>Vitamin B1</u>	-
<u>Vitamin B2</u>	<u>1.6 mg minimum</u>
<u>Vitamin C</u>	<u>50 mg minimum</u>
<u>Vitamin B6</u>	<u>0.6 mg minimum</u>
<u>Vitamin B12</u>	-
<u>Folic acid</u>	<u>200 µg minimum</u>
<u>Niacin</u>	<u>5 mg minimum</u>
<u>Pantothenic acid</u>	-
<u>Biotin</u>	<u>60 µg minimum</u>
-	-
<b><u>Moisture content</u></b>	<u>2.5% maximum</u>

**b. Special requirements:**

i. Safety:

The food should be free from objectionable matter. It must not contain any substance originating from microorganisms or any other poisonous or deleterious substances, including anti nutritional factors, heavy metals or pesticides in amounts that may represent a hazard to health, and with limits as detailed below:

Aflatoxin level	5 ppb maximum
Microorganism content	10,000 in 1g maximum
Coli form test	Negative in 1 g
Clostridium perfringens	Negative in 1 g
Yeast	Maximum 10 in 1 g
Moulds	Maximum 50 in 1 g
Pathogenic Staphylococci	
Salmonella	Negative in 125 g
Listeria	Negative in 25 g

ii. Acceptability:

Although an efficacy trial is not required, suppliers must provide evidence of favorable outcomes from "acceptability trials", preferably done in various parts of the world.

iii. International Standards:

- The product should comply with the Recommended International Code of Hygienic Practice for Foods for Infants and Children of the Codex Alimentarius Standard CAC/RCP 21-1979 (available at [http://www.codexalimentarius.net/download/standards/297/CXP\\_021e.pdf](http://www.codexalimentarius.net/download/standards/297/CXP_021e.pdf)).

- All added mineral salts and vitamins should be on the Advisory List of Mineral Salts and Vitamin Compounds for Use in Foods for Infants and Children of the Codex Alimentarius Standard CAC/GL 10-1979 (available at [http://www.codexalimentarius.net/download/standards/300/CXG\\_010e.pdf](http://www.codexalimentarius.net/download/standards/300/CXG_010e.pdf)).

- The added minerals should be water-soluble and should not form insoluble components when mixed together. The food should have a mineral composition that will not alter the acid base metabolism of children with severe acute malnutrition. In particular, it should have a moderate positive non-metabolizable base sufficient to eliminate the risk of metabolic acidosis. The non-metabolizable base can be approximated by the formula: estimated absorbed millimoles (sodium + potassium + calcium + magnesium) - (phosphorus + chloride).

iv. Recommended shelf life for local production: 12 months from manufacturing date

v. Labeling:

The codex guidelines on nutrition labeling (CAG/GL2 -1985(Rev.1-1993) should be followed, especially with regards to nutrient declaration, nutrition claim and listing of nutrients. As a minimum requirement, all labels and inserts must be printed in English, preferably by lithography direct on container, self-adhesive labels, pharmaceutical defiberized paper (80mg/kvm), Film or UV coated for protection against humidity. Paper labels must be affixed to prevent detachment in tropical climates. The pack or container must be affixed with a clear label printed in undeletable ink, in black on white, and containing at least the following information:

- Generic names must be used (Any brand name used must be indicated in the product questionnaire and its suitability assessed and approved by UNICEF as part of the technical evaluation);
- A list of the active ingredients showing the amount of each present in a dosage unit, and a statement of the net contents of the container, e.g. number of dosage units, weight or volume;
- Pharmacopoeia or other specified standard of the finished product;
- For mineral and vitamin premixes, the "addition rate" for achieving target finished product specification must be indicated;
- Manufacturer's name and address;
- Storage conditions (Any precautions with respect to excursions outside the prescribed storage requirements should be indicated);
- Directions for use, and any warnings or precautions that may be necessary in English, French or other language (as specified);
- Batch Number assigned by the manufacturer;
- Manufacturing date;
- Expiry date in an easily understandable format; and
- The contractor shall follow USAID branding and marking requirements.

vi. Packaging:

- The packing is of a sturdy export quality, of virgin base materials and of a commercial standard that will provide adequate protection of the goods for carriage by air, sea and/or road to final destinations worldwide, including remote locations under adverse climatic and storage conditions, and high humidity - i.e. not less than 17kN edge crush resistance with minimum 60 percent remaining with 90 percent humidity at a temperature of 40C (tropical conditions);
- The packaging unit is strong, able to be stacked to a height of 4 pallets as static storage and 2 pallets during transport, and resistant to puncturing;
- All wood packaging, including pallets and boxes, utilized in any shipment, have undergone the treatment, marking and documentation required to meet the specifications described in ISPM No. 15: Guidelines for Regulating Wood Packaging Material in International Trade, available at [www.ippc.int](http://www.ippc.int).
- Alternatively, the use of plastic pallets is acceptable. However it is essential that they possess the same physical features as the wooden pallets described above. (See pictures of wood and plastic pallets on the UNICEF Internet at [http://www.unicef.org/supply/index\\_suppliers.html](http://www.unicef.org/supply/index_suppliers.html)). In particular they must have three (3) longitudinal bottom deck lead boards. Feet are NOT acceptable.
- Pallets manufactured from other materials than solid wood or plastic (such as wood chip, MDF board, ply wood or carton) are NOT acceptable.
- Deliveries to any destination are packed / palletized in the most cost-effective way to minimize freight costs.

**Attachment C**

**INITIAL GEOGRAPHICAL COVERAGE FOR DISTRIBUTION**

**Geographical coverage**

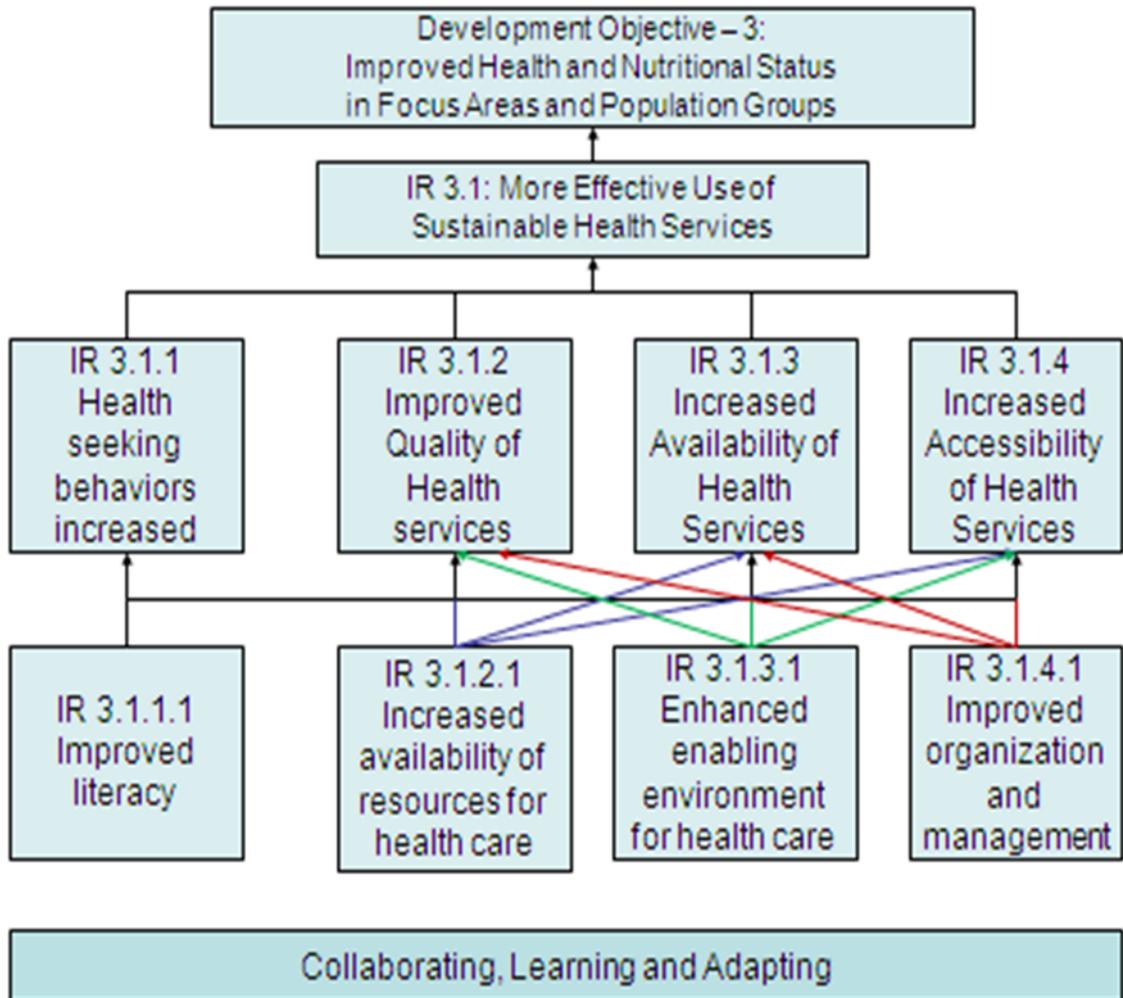
	<b>Region</b>	<b>District</b>
1	South Western	Bushenyi
2	South Western	Sheema
3	South Western	Buhweju
4	South Western	Mitooma
5	South Western	Rubirizi
6	South Western	Ibanda
7	South Western	Kabale
8	South Western	Kanungu
9	South Western	Kiruhura
10	South Western	Kisoro
11	South Western	Ntungamo
12	South Western	Isingiro
13	South Western	Mbarara
14	South Western	Rukungiri
15	Northern	Dokolo
16	Northern	Pader
17	Northern	Amolatar
18	Northern	Agago
19	Northern	Oyam
20	Northern	Kole
21	Northern	Amuru
22	Northern	Nwoya
23	Northern	Gulu
24	Northern	Kitgum
25	Northern	Lamwo
26	Northern	Lira
27	Northern	Otuke
28	Northern	Alebtong
29	Northern	Apac

**NuLife supported health units outside the North central and South-Western regions**

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	<b>Region Name</b>	<b>Facility Name</b>	<b>District Name</b>
1	Central	Baylor-College -Mulago	Kampala
2	Central	Buwambo HC 4	Wakiso
3	Central	Gombe district hospital	Mpigi RFA-617-12-000002
4	Central	Kalangala HC 4	Kalangala February 2012
5	Central	Kayunga district hospital	Kayunga
6	Central	Luwero HC 4	Luwero
7	Central	Masaka regional referral hospital	Masaka
8	Central	Nakaseke district hospital	Nakaseke
9	Central	Rubaga Mission hospital	Kampala
10	Central	Villa Maria Mission hospital	Masaka
11	Eastern	Bugiri district hospital	Bugiri
12	Eastern	Bukedea HC 4	Bukedea
13	Eastern	Iganga district hospital	Iganga
14	Eastern	Jinja regional referral hospital	Jinja
15	Eastern	Jinja regional referral hospital	Jinja
16	Eastern	Kaberamaido HC 4	Kaberamaido
17	Eastern	Kamuli missionary hospital	Kamuli
18	Eastern	Kapchorwa district hospital	Kapchorwa
19	Eastern	Katakwi HC 4	Katakwi
20	Eastern	Lwala general hospital	Kaberamaido
21	Eastern	Mbale regional referral hospital	Mbale
22	Eastern	Ngora church of Uganda	Kumi
23	Eastern	Pallisa district hospital	Pallisa
24	Eastern	Soroti regional referral hospital	Soroti
25	Eastern	Tororo district hospital	Tororo
26	West Nile	Arua regional referral hospital	Arua
27	West Nile	Maracha hospital	Maracha/Terego
28	West Nile	Moyo hospital	Moyo
29	West Nile	Nyapea hospital	Nebbi
30	West Nile	Yumbe hospital	Yumbe
31	Western	Bundibujyo hospital	Bundibugyo
32	Western	Fort Portal regional referral hospital	Kabarole
33	Western	Kabarole hospital	Kabarole
	<b>Region Name</b>	<b>Facility Name</b>	<b>District Name</b>
34	Western	Hoima regional referral hospital	Hoima
35	Western	Kagadi hospital	Kibaale
36	Western	Kagando hospital	Kasese
37	Western	Kiboga hospital <sup>41</sup>	Kiboga
38	Western	Kyegegwa HC 4	Kyegegwa
39	Western	Masindi hospital	Masindi

**Attachment D. DO3 RESULTS FRAMEWORK**

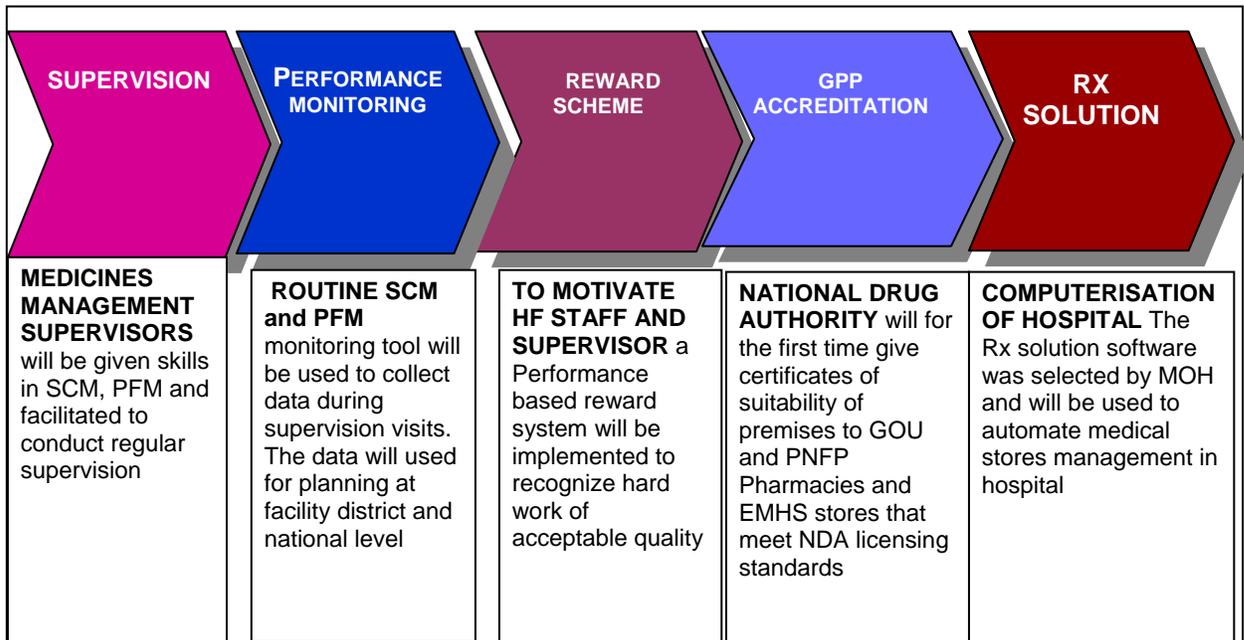


**Attachment E**

**THE DISTRICT SUPPLY CHAIN MANAGEMENT STRENGTHENING STRATEGY**

At the district level, the recipient will integrate the distribution and storage of therapeutic and supplementary feeding products within the District Supply Chain Management Strengthening Strategy in collaboration with the existing USAID district-based technical assistance partner and the Securing Ugandans' Right to Essential Medicines (SURE) Program. Key components of the District Supply Chain Management Strengthening Strategy include: supervision; performance monitoring; reward scheme; GPP accreditation; and treatment solution (figure 1).

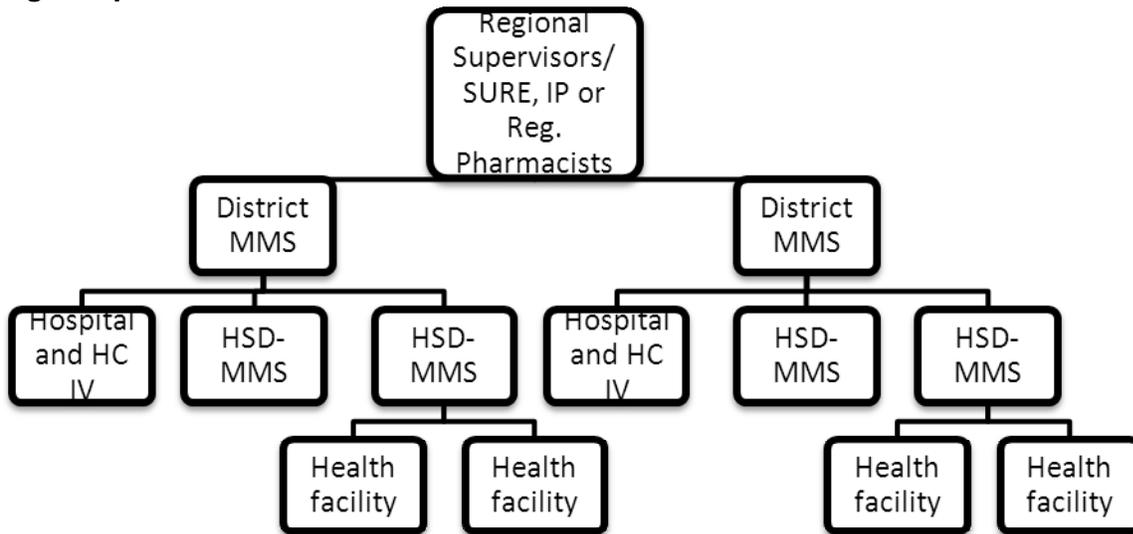
*Fig 1: Summary of the Supervision and rewards strategy*



*Supervision*

Regular supervision will be the main mode for capacity building at facility level. Trained supervisors will mentor and coach health facility staff and focus on improvement of management of EMHS. As shown in figure 2 below, the regional field office provides support, to district supervisors who in turn support the Health sub district supervisors. The supervisors are District/MOH employees who are trained and facilitated to carry out supervision in addition to their normal duties.

**Fig 2. Supervision Structure**



*Performance Monitoring*

All supervisory visits will also involve data collection on a number of indicators that measure the performance of health facilities on stock management, storage of commodities, ordering, reporting and rational use. The supervisors will be facilitated with netbooks and modems to collect and analyses the data in real time and share this information with the district managers. The data will also be sent to the national Pharmaceutical Information Portal at MOH where it will be accessible to all stakeholders

*Reward system*

The Supervision and performance monitoring system has a built- in reward system for facilities and supervisors. The applicant will provide innovative approaches to retain and motivate service providers.

*GPP Accreditation*

The National Drug Authority (NDA) is mandated to carry out inspection of all medicines outlets on a regular basis to ensure that premises, personnel and practices are at a level that meet minimum standards as set out in the guidelines. Inspection and licensing will be conducted by the NDA in collaboration with the pharmacy division, MOH.

*Rx solution (optional component)*

SURE will support the computerization of medical stores in hospitals. It will procure the

hardware and train stores staff in use of Rx solution, software for stock management selected by MOH. The health facility staff will be able to analyze and use data generated for better planning. The recipient should collaborate with SURE and the existing USAID implementing partners to mainstream therapeutic and supplementary feeding products within this system.

**Attachment F: PROGRAM REPORTING REQUIREMENTS**

All program reporting requirements shall be distributed electronically and in hard copy to the AOR, in English, by the date and in the format noted as follows:

Type of Report	Frequency	Report Due Date	Format
<p><b>Annual Implementation Plan (Work Plan)</b></p> <p>-First plan</p> <p>-Annual Plan</p>	<p>1 time</p> <p>Annually</p>	<p>-60 days after award of the CA</p> <p>- 60 days after the end of the fiscal year.</p>	<p>Electronic and hard copy; the Annual Work Plan should provide detailed information on activities during the upcoming Fiscal Year and an outline of activities planned through the end of the Cooperative Agreement.</p>
<p><b>Performance Monitoring Plan (PMP)</b></p> <p>-Finalized PMP</p> <p>-Finalized Data Quality Assessments</p>	<p>1 time</p>	<p>-60 days after award</p> <p>-6 months after award of CA; +</p>	<p>Electronic and Hard Copy</p>
<p><b>Quarterly Performance Reports</b></p>	<p>Quarterly</p>	<p>January 31</p> <p>April 30</p> <p>July 31</p>	<p>Electric and Hard Copy;</p> <p>In English</p> <p>-Format and content TBD by AOR within the first 30 days of the award</p> <p>-Awardee may be required to present results in verbal and/or visual format</p>
<p><b>Annual Performance Report</b></p>	<p>Annually</p>	<p>October 31</p>	<p>Electronic and Hard Copy;</p> <p>-Format and content TBD by AOR within the first 30 days of the award</p>

*USAID/Uganda Therapeutic and Supplementary Products  
For Improved Nutrition (TASPIN)  
RFA-617-12-000002  
February 2012*

<b>Type of Report</b>	<b>Frequency</b>	<b>Report Due Date</b>	<b>Format</b>
<b>Accruals</b>	Quarterly	One week before the end of each quarter; i.e. Dec. 31, March 31, June 30, Sept. 30.	Financial Mgmt. Office (FMO) will provide the format
<b>Financial Reports</b>	Quarterly	30 days after the end of each quarter (annex to the quarterly performance report)	SF269 or SF269A
<b>Success Stories</b>	Periodic	TBD	Electronic and Hard Copy; -Format and content TBD by AOR but must include High Quality Photos
<b>Final Performance Report – including final financial information.</b>	1 time	Draft – 45 days after the end of the award; a final copy 90 days after the end of the award.	Electronic and Hard Copy -Format and content TBD by AOR.

**Attachment G: REFERENCE DOCUMENTS**

ADS 320, Branding and Marking [www.usaid.gov/policy/ads/300/320.pdf](http://www.usaid.gov/policy/ads/300/320.pdf)

Ashworth, A. (2006). Efficacy and effectiveness of community-based treatment of severe malnutrition. Food and Nutrition Bulletin, 27(3 Suppl), S24-S48. Retrieved from EBSCOhost.

Collins, S., Sadler, K., Dent, N., Khara, T., Guerrero, S., Myatt, M., & ... Walsh, A. (2006). Key issues in the success of community-based management of severe malnutrition. Food and Nutrition Bulletin, 27(3 Suppl), S49-S82. Retrieved from EBSCOhost.

Collins, S., Dent, N., Binns, P., Bahwere, P., Sadler, K., & Hallam, A. (2006). Management of severe acute malnutrition in children. Lancet, 368(9551), 1992-2000. Retrieved from EBSCOhost.

Feed the Future Indicator Guidance  
<http://www.feedthefuture.gov/monitoringevaluation.html>

National Child Survival Strategy, Draft 2009 (Link to the document shall be provided later).

Nutrition Situation Analysis in Uganda, 2009 (Link to the document will be provided later).

PEPFAR Indicator Guidance <http://www.pepfar.gov/guidance/index.htm>

The NuLife Assessment Report, 2011. [http://pdf.usaid.gov/pdf\\_docs/PDACP481.pdf](http://pdf.usaid.gov/pdf_docs/PDACP481.pdf)

Uganda Demographic and Health Survey, 2006 (Link to the document will be provided later).

Uganda Health Sector Strategic and Investment Plan (2010-2015)  
[www.health.go.ug/docs/HSSP\\_III\\_2010.pdf](http://www.health.go.ug/docs/HSSP_III_2010.pdf)

USAID Evaluation Policy [www.usaid.gov/evaluation](http://www.usaid.gov/evaluation)

USAID/Uganda, Country Development Cooperation Strategy (CDCS) 2010-2015  
[https://www.fbo.gov/index?s=opportunity&mode=form&id=f573abb95a1080cb1ccc621fc4108ca1&tab=core&\\_cview=0](https://www.fbo.gov/index?s=opportunity&mode=form&id=f573abb95a1080cb1ccc621fc4108ca1&tab=core&_cview=0)

USAID/Uganda CDCS Gender Analysis, 2011 (Link to the document will be provided later).

USAID/Uganda, Health Development Objective (DO3) Performance Monitoring Plan  
<http://www.ugandamems.com/ippmp.cfm>