Attachment I: RFI Response and Submission Instructions

Interested respondents are invited to answer the questions and provide feedback on items listed below. Interested parties are strongly encouraged to submit a response to this inquiry. All submissions must be via email, and should be in the following format:

Email Subject Line: USAID/Uganda Health Activity RFI Response – Organization Name
File Attachment: USAID/Uganda Health Activity RFI Response – Organization Name

All responses to this RFI must be emailed to the email addresses stated on the cover page of the RFI request letter, by no later than the date and time listed on the cover letter. Submitted documents and correspondence must be in the English language and MS/word format (versions 2003 or newer). The contents must be on A4 size paper, single spaced, with 12-point font, Times New Roman with one-inch margins on all sides. Phone calls or hard copy delivery of information will not be accepted.

Please limit RFI responses to a maximum of 10 pages and note that respondents can respond to any or all questions below. Respondents should also include the following information in their response: Name of organization responding, name of RFI response point of contact, e-mail and telephone number of RFI response point of contact, organization type, and address of organization:

1. **Program description results and illustrative activities**: Please provide specific feedback and suggestions in relation to the following:
    a. Is the proposed Uganda Health Activity purpose, results framework, and theory of change feasible and likely to achieve the proposed intended results?
    b. Which interventions or activities are most critical to addressing the challenges in increasing access to and use of high quality MNCH, FP/RH, nutrition, and health systems strengthening in priority districts?
    c. Are there any foreseen challenges or limitations with the proposed approach that need to be addressed at the activity design stage?
    d. Are the geographies identified reasonable to take forward the proposed approaches, leveraging investments of USAID, GoU, and other donors?

2. **Local capacity strengthening:** What are the most pressing capacity building needs of regional referral hospitals, district health offices, and local partners for effective delivery of quality MNCH, FP/RH, nutrition, facility WASH, HSS, and HIV services? What are potentially effective approaches for operationalizing the MoH's Hub-and-Spoke model for decentralized service provision that should be integrated within the program description? Are the approaches proposed for local capacity strengthening appropriate in the Ugandan context?

3. **Sustainability:** Which interventions and capacity strengthening approaches are needed to support the GoU and local partners to plan, fund, scale-up, and sustain primary healthcare interventions at regional, district, and/or community level? How might these be

integrated under Intermediate Result 2 and 3? What advice do you have for USAID on limited construction or renovation in the activity?

4. **Resource leveraging:** How can the activity engage GoU to better leverage results-based financing, domestic resources, and public-private partnerships to more effectively fill health infrastructure, human resource, and supply chain gaps? How might these approaches be better integrated within the current Uganda Health Activity program description?

5. **Proposed key personnel:** Are the proposed key personnel positions appropriate in a) job title and function and b) their minimum requirements based upon the Uganda Health Activity program description scope and local market? If not, please provide specific feedback or suggestions for additional or alternate positions and/or requirements.