**AMENDMENT TO RFA NO: RFA-617-12-000002- TASPIN**

**Questions and answers for RFA-617-12-000002 USAID/Uganda Therapeutic and Supplementary Products For Improved Nutrition (TASPIN)**

1. The appendix B referred to on page 9 does not list all 42 health units expected to be supported under TASPIN that were previously supported by NuLife. On page 9, under the table, there is also reference to 54 sites rather than 42 sites. Can you please indicate which sites should continue to be supported and the number?

   ***USAID Response:*** *The reference of 54 sites as indicated on page 9, under the table is accurate. The geographical coverage of this project will cover all sites formerly supported by the NuLife project i.e. 13 sites in the two focus regions of this award (i.e. South Western and North-Central regions) and 41 health units located in other regions in Uganda (see attachment A for the full list). In addition to the above, this activity will produce and distribute therapeutic and supplementary foods to meet the demand of the intensified scale up of integrated nutrition service delivery in 28 districts in the South Western and North Central regions of Uganda (see attachment B for the list of districts). Therapeutic and supplementary foods will be produced and distributed targeting all health units in the South Western and North Central regions (i.e. 13 NuLife-supported and new nutrition sites) in these districts.*

2. The appendix C lists 29 districts while the narrative of the RFA lists 28 districts (e.g. page 9, 2nd paragraph). Can you please clarify which districts the project will support?

   ***USAID Response:*** *Refer to response 1 above.*

3. Can USAID please explain the basis or rationale for the target number of small farmers (80,000-150,000)?

   ***USAID Response:*** *The focus of Intermediate Result 3 is to increase household income of for small scale farmers in rural areas through Livelihood strengthening; improved agricultural practices; and increased market access. This activity contributes to the development of a sustainable and cost-effective supply of locally grown raw materials for use in the production of therapeutic and supplementary foods. The rationale for this targeted is based on the resources provided in the RFA; the scale of production of therapeutic and supplementary foods; and the level of effort for the recipient to meet the 20% increment in household income over five years. Applicants are encouraged to*

*increase on this target based on the innovative technical approaches they will use to meet this result area.*

4. Resources available for programming are relatively limited, and may preclude very intensive engagement at this level of reach. USAID intend for the project to achieve 20% income increases for 40,000-75,000 farmers, or simply provide some level livelihood strengthening and/or agricultural practices support to these farmers?

   ***USAID Response:*** *Refer to the response in question 3 above.*

5. On page 13-14, under IR 3.1, the RFA appears to require the recipient to allocate new farmland to targeted beneficiary households (at least 80,000-150,000), and provide them with improved agricultural technology, as well as agricultural inputs for RUTF/FBF production and increase the dietary diversity and consumption at the household level. While these were successful approaches for a small scale pilot, resources are not necessarily unlimited, and it may not be the only approach by which small scale farmers can enhance production. Does USAID mean that these are programming options or requirements? Also, given the limited funding, may the project holder facilitate access to rather than provide agricultural inputs to targeted farming households (as "provide" might seem to imply that they are given purely as hand-outs, rather than potentially as part of a sustainable inputs financing scheme)?

   ***USAID Response:*** *The requirement for IR3.1 is the increased agricultural outputs of small scale farmers to meet their household food requirements and the raw material needs for the production of therapeutic and supplementary foods. Applicants are encouraged to use these and also propose other innovative approaches to meet the requirements of IR 3.1.*

6. Expanding into new sites that were not previously supported by USG funds involves capacity building of these new sites. How does USAID envision this being handled in comparison to the resources available?

   ***USAID Response:*** *The capacity building interventions for IMAM in the targeted health units are beyond the scope of this RFA. USAID is cognizant of the need to balance the capacity building interventions of health unit service providers with the scope of this RFA and is actively addressing them in line with the USAID Country Development and Cooperation Strategy.*

7. Procurement of food normally includes a fee associated with the pricing of the per unit of product. Is that permitted?

   ***USAID Response:*** *This is not permitted. The mechanism of this award is a cooperative agreement and not a cost-plus-fee contract. This activity focuses on establishing an infrastructure for local or regional production of therapeutic and supplementary foods and a public good to small scale farmers. It provides additional opportunities to attain economies of scale (beyond the quantity required by the USAID nutrition programs in the North-central and South-western regions) through national and regional market expansion.*

8. Is USAID indicating that it is only willing to pay, for example, $5.89/kg for RUTF and $0.54/FBF for Year 1, according to the table on page 9? Or is the offeror allowed to budget the market price?

   ***USAID Response:*** *The cost estimates used in this RFA are based on the prevailing market rates in the region. Applicants are encouraged to utilize these regional market rates in responding to this RFA until USAID deems it fit for a revision of these rates.*

9. On page 9, there are estimated costs for RUTF and FBF, can you clarify whether these are indicative and flexible to change based on inflation, market price fluctuations, etc.?

   ***USAID Response:*** *Refer to the response in question 9 above.*

10. On page 7, the RFA requires "systemic cost comparisons/analyses of different therapeutic feeding options," as part of the 'collaborating, learning and adapting' approach for the project. Does USAID mean to refer primarily to the comparative cost of production between specialized food products from various sources (e.g., domestic vs. imported), between RUTF and FBF, and/or also to encompass the impact of the various products in the programming setting?

    ***USAID response:*** *Yes, the systemic cost comparisons/analyses should focus on all the above for both existing and new therapeutic and supplementary products. USAID encourages comparative analyses within the regional markets. In addition, the CLA agenda requires applicants to propose additional research areas in relation to the scope of this RFA. All researches conducted as a result of this project should receive prior approval from USAID.*

11. Is the end of project assessment of the NuLife Project mentioned on page 5 of the RFA the same as the August 2011 NuLife report produced under the AIDSTAR-One

project? If not, can USAID kindly point us towards a publicly available copy of that final report?

***USAID Response:*** *The end of project assessment of the NuLife project is the same as the August 2011 NuLife report produced by the AIDSTAR-One project. It can be found at this hyperlink:*
http://www.aidstar-one.com/focus_areas/care_and_support/resources/report/nulife_food_and_nutrition_interventions_uganda?utm_source=blog

12. Some of the information required to fulfill the CLA component of the program (page 7 of the RFA) may be considered proprietary by private sector manufacturers. What if any flexibility will USAID have on sharing such proprietary information? Will the implementing partner be expected to disclose proprietary information it acquired before the project?

    ***USAID Response:*** *Proprietary information acquired before the commencement of this project that is necessary for the support or proper assessment of an application should be disclosed to USAID with provisions stating that the specific information in the corresponding section(s) is confidential and proprietary. In such cases, USAID will not disclose that information to outside parties. USAID reserves, however, certain rights to all data, copyright, and CLA information attained as a result of funding from this program.*

13. Could you kindly let us know whether the eligibility criteria for TASPIN (RFA-617-12-000002) allows for a consortium comprised of a local partner as prime and international organizations as sub-recipients?

    *USAID Response: The RFA is open to local and regional (East Africa) firms. Therefore, a local or regional firm/organization is free to propose its partners.*

14. Will the grantee be expected to implement all the three immediate result areas or a grantee can specialize in an immediate result area where they are best able to implement?

    *USAID Response: Applicants should propose the best approaches to achieve the intended RFA results.*

15. Would USAID permit us to include and implement Phase I of our proposed project i.e. Purchasing and distributing ready manufactured therapeutic and supplementary food products to the target group of the proposed project.

    *USAID Response: Refer to response in No. 2 above.*

16. What is the maximum amount of money in US Dollars that each applicant should request for as an award to be given by USAID?

    *USAID Response: USAID intends to provide approximately $22 million in total USAID funding subject to availability of funds. There shall be cost share of 4% in all applications.*

17. When will the successful applicants be required to contribute the 4% cost share of the award to be given to them?

    *USAID Response: The recipient shall be required to contribute Cost share during the 5 year project implementation period.*

18. Would USAID be in position to identify on our behalf and link us up if we win the award, with a competent international Engineering construction firm as well as experts management personnel in case they might intend to contract or sub-contract to implement Phases II and III stated above of our proposed project

    *USAID Response: Refer to response in No.14 above.*

19. According to page 21, there are 6 annexes listed which should be submitted along with the technical approach. Can additional annexes be submitted for consideration?

    *USAID Response: No additional annexes shall be accepted along with the technical applications. However, if the information contained in the additional annexes is very important and relevant to this exercise, send it along as attachments to the cost application.*

20. Since the largest portion of this RFA is procurement of food, it is not clear why this is a Cooperative Agreement rather than a Contract. Can you please elaborate?

*USAID Response: USAID intends to achieve more than one objective of buying food. From a broader perspective, a Cooperative Agreement is seen as the best approach. A cooperative agreement provides opportunities for sustainability of this activity by the local or regional recipient beyond the life of the award*

21. On page 19 it states "In response to this RFA, local and East African Regional organizations, non-profit, or for-profit entities are eligible to apply." Can an international organization with local and regional partners apply?

    *USAID Response: Please refer to response in No.14 above.*

22. Does the ban on awarding of profit under assistance instruments extend to the purchase of RUTF products under the program? In other words, can the manufacturer charge a profit when it sells RUTF products to the program?

    *USAID Response: it is USAID policy not to award profit under assistance instruments. But all reasonable, allocable, and allowable expenses, both direct and indirect, which are related to this program and are in accordance with applicable regulations, may be paid under the cooperative agreement. In addition, see response to No. 24, below.*

23. Does the ban on awarding of profit under assistance instruments extend to sub-grantees?

    *USAID Response: Whether profit is awarded or not to subwardees depends on the nature of relationship the sub has with the prime recipient. If the relationship is of acquisition nature (subcontracting), profit can be awarded. Where the relationship takes the form of assistance (subgranting), there is no profit awarded. Before deciding which approach to take, applicants should note that the amount of food and costs involved have been determined upfront as shown in the RFA.*

**Attachment A: NuLife supported health units outside the North-central and South-western regions**

| | Region Name | Facility Name | District Name |
|---|---|---|---|
| 1 | Central | Baylor-College -Mulago | Kampala |
| 2 | Central | Buwambo HC 4 | Wakiso |
| 3 | Central | Gombe district hospital | Mpigi |
| 4 | Central | Kalangala HC 4 | Kalangala |
| 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 |
| | **Region Name** | **Facility Name** | **District Name** |
| 32 | Western | Fort Portal regional referral hospital | Kabarole |
| 33 | Western | Kabarole hospital | Kabarole |
| 34 | Western | Hoima regional referral hospital | Hoima |
| 35 | Western | Kagadi hospital | Kibaale |
| 36 | Western | Kagando hospital | Kasese |
| 37 | Western | Kiboga hospital | Kiboga |
| 38 | Western | Kyegegwa HC 4 | Kyegegwa |
| 39 | Western | Masindi hospital | Masindi |
| 40 | Western | Nyahuka HC 4 | Bundibugyo |
| 41 | Western | Virika hospital | Kabarole |

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

| | **Region Name** | **Facility Name** | **District Name** | |
|---|---|---|---|---|
| 1 | North-Central | Dokolo | DOKOLO | HC 4 |
| 2 | North-Central | Gulu regional referral hospital | GULU | R. R. HOSP |
| 3 | North-Central | Kitgum | KITGUM | G. HOSP |
| 4 | North-Central | Orum | LIRA | HC 4 |
| 5 | South-Western | Ibanda | IBANDA H/C IV | G. HOSP |
| 6 | South-Western | Ishaka Adventist | BUSHENYI | G. HOSP |
| 7 | South-Western | Itojo | NTUNGAMO | G. HOSP |
| 8 | South-Western | Kabale regional referral hospital | KABALE | R. R. HOSP |
| 9 | South-Western | Kambuga | KANUNGU | G. HOSP |
| 10 | South-Western | Kisoro | KISORO | G. HOSP |
| 11 | South-Western | Kitagata | SHEEMA | G. HOSP |
| 12 | South-Western | Mbarara | MBARARA | R. R. HOSP |
| 13 | South-Western | Nyakibaale | BUSHENYI | G. HOSP |

**Attachment B: The corrected list of districts for the TASPIN project**

| | Region | District |
|---|---|---|
| 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 | Rukungiri |
| 14 | North Central | Dokolo |
| 15 | North Central | Pader |
| 16 | North Central | Amolatar |
| 17 | North Central | Agago |
| 18 | North Central | Oyam |
| 19 | North Central | Kole |
| 20 | North Central | Amuru |
| 21 | North Central | Nwoya |
| 22 | North Central | Gulu |
| 23 | North Central | Kitgum |
| 24 | North Central | Lamwo |
| 25 | North Central | Lira |
| 26 | North Central | Otuke |
| 27 | North Central | Alebtong |
| 28 | North Central | Apac |