

Terms of Reference for Request for Proposals

Nepal First Country Grant

1. Overview of this grant

This is a Request for Proposals (RFP) for a grant to address critical gaps in surveillance of antibiotic resistant bacteria in Nepal. The grant will be funded by the UK Department of Health under its Fleming Fund Grants Programme. The aim of the Fleming Fund is to address critical gaps in surveillance of antibiotic resistant bacteria in low- and middle-income countries (LMICs) in Asia, and Sub-Saharan Africa. Countries in these areas are set to bear the highest burden of antibiotic resistant infections. A Global Action Plan on Antimicrobial Resistance (AMR) has been developed by the World Health Organization¹ which acts as the blueprint for a multi-stakeholder global response to averting a global health crisis caused by AMR.

Mott MacDonald has been appointed as the Fleming Fund Management Agent and is responsible for management of the Fleming Fund Grants Programme.

The Fleming Fund Country Grants are aligned with the objectives of the Global Action Plan on AMR and will support the Global Antibiotic Resistance Surveillance System (GLASS). The objectives of the Fleming Fund Country Grants are:

- Laboratory infrastructure enhancement.
- Human resource strengthening and workforce reforms.
- Surveillance systems strengthening.
- Building foundations for AMR surveillance data use.
- Promoting rational use of antimicrobial medicines.

This RFP is in response to a request for support from the Government of Nepal for funding to support implementation of national plans for AMR surveillance. This will be the first Fleming Fund Country Grant that Nepal will receive, will focus on a select number of AMR surveillance sites, however with an objective to ultimately expand AMR surveillance sites to cover all seven provinces, as per the new federal structure of the country. The Grantee will be responsible to the Management Agent for all aspects of the grant in its entirety, including the management of any partners, their performance, technical delivery and financial accountability. The Grantee will sign the grant agreement and will be expected to enter into sub-granting arrangements with partners on the same back-to-back terms. A Lead Grantee with multiple sub-grantees is likely because it is not expected that a single grantee would have all the required competencies to fulfil the requirements of this RFP.

The Grantee will need to work in close coordination with the Antimicrobial Resistance Containment Multi-sectoral and Steering Committee (AMRCSC), as well as the Management Agent. The Grantee for the Country Grant will be required to harmonise efforts of this Country Grant with other types of grants under the Fleming Fund Grants Programme: Regional Grants and Fleming Fellowship Scheme Grants and with other national stakeholders.

Grants are expected to last 18-24 months, while subsequent grants may be made available and applied for in later years; country support is expected to be for up to four years in total.

¹ <http://www.who.int/antimicrobial-resistance/global-action-plan/en/>

2. Overview of the Fleming Fund

2.1. Introduction

The UK Government has established the Fleming Fund to respond to the global threat of drug-resistant infections, also known as antimicrobial resistance (AMR). The Fleming Fund will be a critical tool in achieving the resolution of the 68th World Health Assembly, 2015 (WHA A68/20), and in realising the 'Political Declaration of the High-Level Meeting of the United Nations General Assembly (UNGA) on Antimicrobial Resistance, 2016'. These recognise that urgent cross sectoral rationalisation of antibiotic use and prevention and control of infections in humans, animals, food, agriculture, and aquaculture sectors are key to tackling AMR and calls for: innovative research and development; affordable and accessible antimicrobial medicines and vaccines; improved surveillance and monitoring; increased governance on antimicrobial use; and increased international cooperation to control and prevent AMR.

The aim of the Fleming Fund Grants Programme is to improve the ability of recipient countries to diagnose drug resistant infections, with an emphasis on antibiotics, and improve data and surveillance, to inform policy and practice at national and international levels. The overall goal is to avert the human and economic burden of AMR.

The Fleming Fund Grants Programme is one component of financial support undertaken by the wider Fleming Fund, which also provides support to the Tripartite Alliance - the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE) and the World Health Organization (WHO) - as part of the 'One Health' approach. The Fleming Fund also funds initiatives in academic institutions to develop guidance on the development of AMR surveillance systems. Through funding to the Tripartite Alliance, the Fleming Fund has contributed to the development of National Action Plans in Sub-Saharan Africa, South and South-East Asia, and to the building of the evidence base and guidance for AMR surveillance. This work will be critical for the overall success of the Fleming Fund Grant Programme and underpins the delivery of the portfolio of Country and Regional Grants, as these will target capacity gaps identified in National Action Plans.

The geographic focus of the Fleming Fund Grants Programme is 20-24 LMICs from Sub-Saharan Africa, and South and South-East Asia. It will provide financial support to participating countries via three funding channels, over a five-year period from 2017 to 2021:

- Country Grants.
- Fleming Fellowship Scheme Grants that provide continual professional development and leadership training opportunities for relevant fellows.
- Regional Grants.

Resources may also be available to conduct Operational Research on selected topics within these funding channels. These studies will provide an opportunity to better examine implementation 'blockages' or undertake more detailed case study analysis in themes of interest (e.g. value-for-money) for programme learning and adaption purposes.

The UK Department of Health has appointed Mott MacDonald as the Fleming Fund Management Agent for the Fleming Fund Grants Programme. Mott MacDonald is a global company with expertise in multi-sectoral international development and fund management. On behalf of the UK Government, Mott MacDonald is responsible for funding allocation and oversight of all investments made across the whole portfolio of grants in different activities in different countries. The Fleming Fund will be independently evaluated and Itad, a specialist evaluation firm, has been appointed by the UK Department of Health for this purpose.

2.2. Problem statement to be addressed by the Fleming Fund

The main issues to be addressed by Fleming Fund Country Grants are outlined below:

- There are too few trained microbiologists to undertake the volume of testing required for representative surveillance on AMR.
- There are few health facilities that routinely undertake bacterial culture; still fewer facilities that meet the requirements for accreditation, or who do routine antimicrobial drug sensitivity tests.
- Routine AMR in healthcare delivery is not practice or there is no culture of surveillance for AMR in healthcare delivery and there are barriers to developing it.
- There is little perceived use of surveillance data on any level including low demand for the data from policy makers.
- There is a lack of knowledge on the use and consumption of antimicrobial agents across One Health sectors.
- Lack of antimicrobial stewardship.
- Logistical challenges are significant – transporting samples in a safe and secure manner under challenging transport conditions; ensuring a quality assured and sustained supply chain for reagents and consumables; and ensuring appropriate servicing of equipment are a few examples.
- Surveillance systems (national, regional and global) that do exist are often vertical in nature, are not linked, and are often unwilling to integrate.
- There are weak One Health structures and poor inter-sectoral collaboration.
- There is a heterogeneous picture across countries and regions in terms of starting points, political will, capability and donor interest and engagement.
- There are poorly defined and applied quality assurance standards in lab testing.
- There is lack of understanding from basic surveillance of pathogens on transmission patterns and drivers such as inappropriate use of antimicrobial drugs across all sectors.

2.3. Fleming Fund investment areas and outputs

To address the problems above, the Fleming Fund Grants Programme invests in:

- Laboratory infrastructure enhancement.
- Human resource strengthening and workforce reforms.
- Surveillance systems strengthening.
- Building foundations for AMR surveillance data use.
- Promoting rational use of antimicrobial medicines.

Investment in these areas is expected to achieve the following outputs:

- Improved laboratory skills and conditions for bacterial identification and Antimicrobial Susceptibility Testing; and therefore, improved data quality.
- Strengthened One Health workforce with a range of relevant skills for AMR surveillance.
- Stronger AMR surveillance systems and processes at country and regional levels.
- Stronger demand for AMR data at regional, country, subnational and facility levels.
- Better knowledge of country level patterns of practice and use of antimicrobials (particularly antibiotics) across sectors.

Fleming Fund outputs are expected to contribute to the following country outputs:

- Increase in quality and quantity of AMR data collected.
- AMR data shared in country to support evidence based policy and practice.
- AMR data shared internationally to improve and inform the global response.

Country Grants have been designed to ensure that investments and activities contribute directly to outputs. Grantees are expected to adhere to and demonstrate this alignment and contribution to outputs in their applications.

2.4. Core principles within the Fleming Fund Grants Programme

The Fleming Fund is built on four core principles. Grantees are expected to demonstrate how they will align with these principles while implementing the grant (See Country Grant Application Form and Guidance Note).

- 1) **Country Ownership:** The Fleming Fund Grants Programme will work closely with national governments to ensure that country plans and aspirations, as laid out in their National Action Plans, are implemented; we will consult and work hand-in-hand with national Governments to agree the approach and ensure sustainability. Grants and RFPs will conform to national priorities outlined in the National Action Plan and articulated during Country Assessment visits. Unless there are good reasons to do so, Fleming Fund grants will chiefly invest in public sector laboratories and surveillance systems, thereby supporting national public health systems.
- 2) **One Health:** The Fleming Fund recognises that the problem of AMR is a great danger to human health and cannot be controlled without a One Health approach. A specific set of One Health investment parameters has also been developed and is summarised below. This approach is aligned with key documents and guidelines from OIE² and FAO³ as well as the Global Action Plan.
 - a. **Collaborative multi-sectoral governance of AMR:** Leadership and resourcing of AMR surveillance and mitigation measures in all sectors that contribute to the emergence of AMR.
 - b. **Integrated AMR and antimicrobial use and consumption surveillance in all sectors:** Surveillance in humans, livestock, aquaculture, crops, food and the environment to produce information that is interpreted by multi-sectoral teams to help understand factors associated with AMR emergence within and between sectors
 - c. **AMR mitigation policies and programmes prioritised across multiple sectors:** Evidence-based policies and programmes for AMR mitigation measures that are prioritised across the relevant sectors, based on information generated through AMR and AMU/C surveillance in all sectors.
- 3) **Alignment of Approach:** The Fleming Fund Grants Programme will seek to invest in areas which complement and build on work done to date, rather than create new systems. Grant applicants will need to demonstrate that they understand other actors' work in the field of improved laboratory capacity (both within and outside the sphere of AMR surveillance), improved disease surveillance, and the One Health approach. The Fleming Fund Grants Programme will assess grants for duplication of efforts and/or the development of parallel systems. To the extent possible, grantees will need to demonstrate how their proposals add value to existing investments and systems.
- 4) **Sustainability:** The Fleming Fund Grants Programme will focus assistance on national systems with a view to long-term sustainability. Investment size and scope should, as far as possible, be aligned with national government spending so that systems created with Fleming Fund grants are sustainable within the public health system. We also recognise that the public good of conducting AMR surveillance means medium to long support, and it is expected that countries that demonstrate good performance will have access to additional funds to provide ongoing support.

² OIE Standards, Guideline and Resolution on Antimicrobial resistance and the use of antimicrobial agents;

³ The FAO Action Plan on Antimicrobial Resistance, 2016-2020.

3. Addressing AMR in Nepal – current situation

3.1. National AMR landscape

Nepal's national AMR landscape is well developed. There is a situation analysis of antibiotic use and resistance (2015), a national AMR policy is in draft, and there is also a draft AMR National Antimicrobial Resistance Containment Action Plan (NAP) which was developed with the support of WHO in 2016.

In 2015, the Ministry of Health constituted two committees, the Steering Committee for Prevention and Control of AMR (AMRCSC) and the National Alliance on AMR. The AMRCSC is chaired by the Secretary of Health, and the Ministry of Agriculture and the Ministry of Livestock Development are also represented.

3.2. AMR surveillance

Since 1998 Nepal has had a network of laboratories to conduct surveillance for bacterial pathogens, developed with the support of external technical partners. The system lacks sustained funding to continue improving the quality and quantity of data. The current AMR surveillance system consists of 21 clinical and public health laboratories across all regions of Nepal including the National Public Health Laboratory (NPHL), plus the Central Veterinary Laboratory (CVL), i.e. 22 in total. Laboratory capacity varies in terms of testing antibiotic–pathogen combinations, and sample and isolate management is not systematic. Not all laboratories store isolates and surveillance sites do not have a systematic approach to sending samples and isolates to NPHL. Community-based surveillance is not practiced.

The strength of the surveillance system lies in its technical capacity and longevity. However, the process of data management is a significant challenge because clinical information is not routinely collected or linked to laboratory test requests and results, most laboratories still rely on paper-based systems and do not meet the monthly reporting requirement, and there is limited capacity to analyse and interpret the data at the central level to feed into WHONET on a yearly basis.

Nepal follows the WHO guidelines for biosafety but there is a shortage of biosafety cabinets and transportation of samples does not meet these guidelines.

Human resources are a challenge, with low salaries and high turnover of laboratory staff.

The veterinary laboratory sector is much smaller and less complex than the human health sector. There are eight diagnostic laboratories including the CVL, plus approximately 75 district laboratories some of which the Government of Nepal plans to upgrade. CVL conducts AMR tests on samples from clinical cases, but it is not participating in the active surveillance programme for antibiotic–pathogen combinations that are of significance for human health.

3.3. One Health

Nepal has a draft One Health strategy, driven by the Ministry of Livestock Development. The strategy states that an integrated disease surveillance system will be developed, and there will be a One Health Secretariat which will facilitate sharing of surveillance data and outbreak investigation data. This has yet to be operationalised.

Antibiotics are available over-the-counter and anecdotal reports show that they are being used in agriculture extensively. Significant levels of antibiotic residues have been identified in poultry meat, for example.

3.4. Fleming Fund activities in Nepal to date

This is the first Fleming Fund grant that will be delivered in Nepal. The scope of work for the grant was agreed through a joint needs assessment process between the Fleming Fund, the Nepal AMRCSC, and national technical staff.

4. Scope of this grant

The following 12 sites will be supported by this grant:

	Site	Type
1.	National Public Health Laboratory (NPHL), Kathmandu	National Reference Lab
2.	Central Veterinary Laboratory (CVL), Kathmandu	National Reference Lab
3.	Patan Academy of Health Sciences (Patan Hospital), Kathmandu	Human Health AMR surveillance site
4.	Tribhuvan University Teaching Hospital (TUTH), Kathmandu	Human Health AMR surveillance site
5.	Poultry Diagnostic Laboratory, Chitwan	Animal Health Lab
6.	Lumbini Zonal Hospital Laboratory Butwal	Human Health AMR surveillance site
7.	BP Koirala Institute of Health Sciences, Dharan	Human Health AMR surveillance site
8.	Western Regional Hospital, Pokhara	Human Health AMR surveillance site
9.	Eastern Regional Veterinary Laboratory, Biratnagar	Animal Health Lab
10.	Western Regional Veterinary Laboratory, Pokhara	Animal Health Lab
11.	Koshi Zonal Hospital, Biratnagar	Human Health AMR surveillance site
12.	Manipal Hospital, Pokhara	Human Health AMR surveillance site
In addition to above 12 surveillance sites/labs, an additional three labs from province numbers 3, 6 and 7 (as per the new provincial/federal structure of the country), may be assessed and may be included, as mentioned in Section 5, Output 2.9.		

5. Objectives and specific outputs of the Country Grant

Three objectives and 22 specific outputs have been proposed for the initial Fleming Fund Country Grant in Nepal.

1. Establish a functional One Health AMR/AMU Surveillance Technical Working Group to support the AMRCSC

Output 1.1: An AMR secretariat functioning in accordance with an approved Terms of Reference (TOR).

Output 1.2: Terms of Reference for the One Health AMR/AMU Surveillance Technical Working Group developed and approved by the AMRCSC.

Output 1.3: Quarterly and annual reports showing a comparison of the AMR and AMU patterns in humans and animals are sent to the AMRCSC.

Output 1.4: Evidence-based recommendations for further AMR/AMU surveillance and for AMU-related policies are provided to the AMRCSC.

2. Strengthen AMR/AMU surveillance in humans

- Output 2.1: A Human AMR/AMU Surveillance Technical Working Group functioning in accordance with an AMRCSC-approved TOR.
- Output 2.2: A strengthened microbiology reference laboratory at NPHL that supports the human AMR surveillance system.
- Output 2.3: Renovated and functioning clinical microbiology laboratories in four Fleming Fund-supported surveillance sites⁴.
- Output 2.4: Seven Fleming Fund-supported surveillance sites⁵ are regularly sending quality assured AMR data to NPHL.
- Output 2.5: Biosafety and biosecurity measures are functioning within NPHL, the seven surveillance site laboratories and applied to the safe transport of samples.
- Output 2.6: Quarterly and annual reports of AMR trends are shared with the One Health AMR/AMU Surveillance Technical Working Group and the surveillance sites.
- Output 2.7: The distribution pathways of antibiotics for humans in Nepal is mapped.
- Output 2.8: Antimicrobial use data from at least one surveillance site is shared with the One Health AMR/AMU surveillance Technical Working Group.
- Output 2.9: Capacity and needs assessment completed for three additional surveillance sites selected by the AMRCSC to match the new federal administrative structure.

3. Strengthen AMR /AMU surveillance in animals

- Output 3.1: An Animal AMR/AMU Surveillance Technical Working Group is functioning in accordance with an AMRCSC-approved TOR.
- Output 3.2: The Central Veterinary Laboratory (CVL) is functioning as a reference laboratory that supports the animal AMR surveillance system.
- Output 3.3: Biosafety and biosecurity measures are being applied within CVL, the three regional laboratories and to the safe transport of samples.
- Output 3.4: CVL has the capacity to culture *Campylobacter* spp.
- Output 3.5: Reliable and representative culture and Antimicrobial Susceptibility Testing results for the agreed zoonotic bacteria/antibiotic combinations in broilers and spent layer hen populations from surveillance sites in the Kathmandu Valley, Pokhara, Biratnagar and Chitwan are being regularly sent to the Department of Animal Health for epidemiological analysis
- Output 3.6: Quarterly and annual reports of AMR trends for the zoonotic bacteria/antibiotic combinations in broiler and layer populations and for all clinical animal cases are shared with the One Health AMR/AMU Surveillance Technical Working Group, Department of Animal Health and the regional laboratories
- Output 3.7: The distribution pathways of antibiotics for animals in Nepal is mapped.

⁴ The four surveillance sites to be renovated are: Tribhuvan University Teaching Hospital (TUTH), Koshi Zonal Hospital, Lumbini Regional Hospital, and Western Regional Hospital

⁵ Patan Academy of Health Sciences (Patan Hospital), TUTH, BP Koirala Institute of Health Sciences, Manipal, Koshi Zonal Hospital, Lumbini Regional Hospital and Western Regional Hospital

Output 3.8: Improved reporting into the OIE Annual Report on the use of antimicrobial agents in animals.

Output 3.9: Representative data on volumes of active ingredient for the antibiotic classes and formulations that are used in broiler and layer poultry systems in one of the surveillance areas is reported to Department of Animal Health and the One Health AMR/AMU Surveillance Technical Working Group.

6. Specific activities to be undertaken by grantee

The main role of the grantee (a single agency or multiple agencies in partnership or in a consortium), will be to execute activities in close coordination with the AMRCSC, to provide technical assistance and capacity building to strengthen AMR surveillance in Nepal. The Application Pack will contain information gathered from the Positioning Activities that will guide an applicant to suggest specific activities in support of their application. Specific activities will fall under the areas mentioned below:

- 6.1. Providing technical assistance to AMRCSC and lab networks to development of Standard Operating Procedures, TORs and other technical documents on a wide range of AMR related issues.
- 6.2. Capacity building activities such as training, mentoring, and supervision to support performance enhancement.
- 6.3. Providing support to the AMRCSC and lab network to strengthen AMR surveillance such as by strengthening sample transportation.
- 6.4. Facilitation and administrative support to AMRCSC in organisation of meetings and workshops.
- 6.5. Providing high level support to AMRCSC in policy related initiatives.
- 6.6. Undertaking renovation of labs as mentioned in Output 2.3.
- 6.7. Liaising with the Fleming Fund procurement supplier (IPA) as required for facilitation of import and delivery of lab equipment/consumables to recipient labs.
- 6.8. Reporting progress on the grant, challenges and learning to the Management Agent.
- 6.9. Coordinating with the AMRCSC, and other key stakeholders for smooth implementation of the Fleming Fund Grants Programme in Nepal.

While executing the activities, the Grantee is expected to ensure value for money, complementarity and sustainability of results. In the Application Form, which will be sent as a part of the Application Pack, the applicant should suggest activities that will be undertaken in the Country Grant, covering the number of the labs specified in Section 4. These suggested activities should be in line with the recommendations from the assessments that were undertaken during the Positioning Activities in Nepal from July-September 2017, with a view to achieve the outputs described in Section 5. The Application Pack will have information on the gap analysis and the recommendations from the Position Activities.

7. Key measures of success

This initial Fleming Fund Country Grant for Nepal is one of several grants via the Fleming Fund Grants Programme that will be awarded to support AMR related surveillance strengthening in Nepal. The vision of the collective set of the grants is to build on and complement the current AMR related efforts in the country, and improve the collection and use of AMR data, including antimicrobial use. Results tracking in all Country Grants will be expected to select from a set of standard indicators that will monitor progress and achievements within and across Country Grants. A copy of the full list of indicators will be shared in the Application Pack. It is important to note:

- (i) At proposal development stage, applicants are not expected to select from and use these indicators for this *initial grant*. All outputs from this grant should be working in the direction of achieving relevant Fleming Fund Country Grant indicators. It is possible some of the formal Fleming Fund Country Grant indicators may 'trigger' towards later stages of grant implementation. The likelihood of this will be reviewed and discussed by the Management Agent with the successful applicant during grant negotiation.
- (ii) For the purposes of this first grant, process level activities will be largely used to track progress against work plan.
- (iii) No Country Grant will be expected to use all the Fleming Fund indicators listed in the applicant pack. Instead a relevant *sub-set* of indicators will be proposed by the Grantee for joint agreement with the Management Agent.
- (iv) The Fleming Fund will be independently evaluated and Itad, a specialist evaluation firm, has been appointed by the UK Department of Health for this purpose. All grants are subject to review and evaluation by the evaluators, and full co-operation with the evaluators by all Grantees is expected.

Please refer to the Applicant Pack which provides guidance to applicants on the framing of objectives, outputs and indicators for the monitoring of grant progress and achievements.

In addition to measuring grant performance against the objectives and outputs stated above, the grant will also be monitored on the implementation of and adherence to the Fleming Fund grant principles described in Section 2.4.

8. Key partnerships

Successful partnerships and collaboration with a wide range of stakeholders at different levels is central to the success of this grant. Some key government relationships for this grant include the AMRCSC, Ministry of Health, Ministry of Livestock Development, Ministry of Agriculture, Department of Drug Administration, Epidemiology and Disease Control Division (EDCD), Ministry of Population and Environment and laboratories/surveillance sites. Grantees will also need to build partnerships with existing AMR stakeholders in Nepal such as WHO, FAO, and other development partners supported programmes, for alignment. In addition, the Grantee will need to build strong collaboration and coordination with local academic and research institutions at different levels for technical and other support.

9. Complementary grants

The grant is expected to work effectively and synergistically with other grants under the Fleming Fund Grants Programme in Nepal and at the regional level, and especially in conjunction with the Fleming Fellowship Scheme.

Fleming Fellowship Scheme Grants will work in conjunction with this initial Country Grant. Fleming Fellows will receive specialised training in data management analysis and advanced laboratory technical skills, and are expected to play a role as mentors and active trainers in various capacity building activities that will be implemented through this grant. Therefore, the Grantee is expected to work in collaboration with the Fleming Fellowship Scheme beneficiaries, once they are established.

Additionally, Regional Grants will focus on strengthening networking and data sharing on AMR at the regional level. The Grantee is expected to liaise, through the Management Agent, with such grants for maximising sharing of AMR data and learning at the regional and global level.

10. Application requirements

10.1. Grant length

Grant length should be planned for 18-24 months. Subsequent grants may be applied in later years and country support is expected to be for up to four years in total.

The expected start date will be no later than three months following submission of the proposal.

10.2. Funding envelope

The Fleming Fund wishes to see value for money (VfM) in the form of maximum outputs for the grant money invested. The Guidance Notes for the Grant Application Form provide different dimensions that could be considered as part of VfM and an indication of how we may assess VfM in grant applications. In general, funding levels should be appropriate to the costs of responding to this RFP, with due attention to VfM and competitive pricing.

10.3. Grant Eligibility Criteria

Potential grant applicants must satisfy the following eligibility criteria before applications will be assessed in detail. Applicants:

- Must demonstrate they are competent organisations citing the appropriate track-record in supporting lab capacity development, disease surveillance, capacity building, and One Health in LMICS;
- Can be a single organisation or consortia, though the latter must clearly identify a Lead Grantee with the appropriate governance and coordination mechanisms to manage sub-grantees;
- Organisations can be:
 - National institutes – such as a university or research institutes.
 - Non-Governmental Organisations; UN Agencies; Private companies.
 - Government-owned enterprises or institutions, provided they can establish that they are (i) legally and financially autonomous, (ii) operate under commercial law, and (iii) are not dependent agencies of national governments.
- Must demonstrate that they are registered to work within the country, including essential documents such as articles of incorporation.
- Should be able to provide all information required for grant-assurance checks, including clear evidence of financial standing and systems of financial management and control.
- Should be able to provide evidence of suitability in the form of references from clients and donors for previous work undertaken within the last three years.
- Where the application is from a consortium, the Lead Grantee must be able to provide the same information and assurances for all sub-grantees.

10.4. How to apply

Prospective grantees must register their interest to apply by emailing flemingfund@mottmac.com **by 10 January 2018** in order to receive **the Application Pack**.

The Applicant Information Session will be organised in Kathmandu on 15 December 2017. The details of the venue will be shared with applicants registering their interest.

The Application Pack will include the application form, budget and milestones template and Guidance Notes. Please complete the application form provided, in line with the Guidance Notes.

Note the key requirements set out at the beginning of the Country Grant Application Form:

- Full proposals comprising the documents set out below must be submitted by responding to the automated e-mail that will be sent out on 11 January 2018 to the users that have registered their interest by 10 January; the full Application Pack will be enclosed to the automated e-mail
- Your submission should be returned by: **31 January 2018, 1800 NPT.**
- Applicants should observe the word limit. Additional words outside the limit will be disregarded.
- All documents included as part of the proposal must be submitted by separate e-mail in PDF format (body font: Calibri 11pt).
- This application is conditional upon your acceptance of the grant agreement (format will be shared in the application pack).

Proposals that do not satisfy these criteria are likely not to be accepted and will be returned.

10.5. Evaluation criteria

The Application Pack will include the Country Grant Application Form indicating the scoring and weighting for each section of the application. The Application Pack will also contain Guidance Notes explaining what we are looking for in terms of a good quality response for each question.

10.6. Restrictions/limitations

Any conflict of interest, or potential conflict of interest, should be flagged to the Management Agent when prospective grantees are registering their interest to apply for the grant. If a conflict of interest, or potential conflict of interest, arises after that point the prospective grantee must clearly declare this in their proposal document.

10.7. Key dates

Publication of RFP: 6 December 2017

Applicant Information Session: 15 December 2017

Deadline for registering interest to receive the Application Pack: 10 January 2018

Application deadline: 31 January 2018

Anticipated start date of grant: 1 April 2018

10.8. Contact details and support information

Any questions on the Request for Proposals should be sent to **flemingfund@mottmac.com**. The Management Agent will endeavour to respond to queries within 72 hours.