

Terms of Reference for Request for Proposals

Uganda First Country Grant

1. Overview of this grant

This is a Request for Proposals (RFP) for a grant to address critical gaps in the surveillance of antibiotic resistant bacteria in Uganda. 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 South and South East 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 (MA) and is responsible for management of the Fleming Fund Grants Programme.

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 Uganda, submitted in March 2017, for funding to support implementation of national plans for AMR/AMU surveillance. This will be the first Fleming Fund Country Grant that Uganda will receive and will focus on national reference laboratories for animal and human health and selected AMR surveillance sites. The successful applicant for the Country Grant, the Lead Grantee, will be responsible to the Management Agent for all aspects of the grant in its entirety, as well as responsible for the management of any sub-grantees it may wish to engage, including their performance, technical delivery, financial accountability and value for money (VfM). The Lead Grantee will sign the grant agreement with Mott MacDonald Ltd. Should the Lead Grantee wish to engage with sub-grantees to deliver the terms of reference of the RFP, the Lead Grantee may enter into the same sub-granting arrangements with the same back-to-back terms. A Lead Grantee is likely to partner with sub-grantees because the Lead Grantee may not have all the required competence and capacity in-house to deliver all objectives and outputs of the terms of reference of this RFP.

The Lead Grantee must work in close collaboration with the Uganda National Antimicrobial Resistance Committee as well as with the Management Agent. The Lead Grantee for the Country Grant will be required to align objectives and outputs of this Country Grant to other types of grants under the Fleming Fund Grants Programme (Regional Grants), the Fleming Fellowship Scheme, and to the work of other national stakeholders.

The initial Country Grant is expected to fund 18 months of activities/inputs. Subsequent grants may be made available and applied for in later years totalling a four-year period up to October 2021.

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 is 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 milestone declarations recognise that urgent cross sectoral rationalisation of antibiotic use, and prevention and control of infections in the human, animal, food, agriculture and aquaculture sectors are key to tackling AMR, and call for innovative research and development, affordable and accessible antimicrobial medicines and vaccines, improved surveillance and monitoring, improved governance on antimicrobial use as well as 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 provided by the wider Fleming Fund, which also provides support to the Tripartite Alliance, comprising the Food and Agriculture Organization (FAO), the World Organisation for Animal Health (OIE), and the World Health Organization (WHO) - as part of the Fleming Fund's 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 define implementation options or undertake more detailed case study analysis in themes of interest (e.g. VfM) for programme learning and adaptation purposes.

The UK Department of Health has appointed Mott MacDonald as the Fleming Fund Management Agent for the Fleming Fund Grants and Fleming Fellowships Programmes. 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 across the portfolio of grants for different activities in different countries. The Fleming Fund will be independently evaluated and Itad, a specialist evaluation firm, which has been appointed by the UK Department of Health for this purpose.

2.2. Problem statement to be addressed by Fleming Fund Country Grants

The main issues to be addressed by Fleming Fund Country Grants are as follows:

- 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 practised 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 laboratory 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/AMU 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/AMU surveillance
- Stronger AMR/AMU surveillance systems and processes at country and regional levels
- Stronger demand for AMR/AMU data at regional, country, sub-national 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 are designed to ensure that investments and activities contribute directly to outputs. Lead Grantees are expected to adhere to and demonstrate this alignment and contribution to outputs in their grant application.

2.4. Core principles within the Fleming Fund Grants Programme

The Fleming Fund is built on four core principles. Lead 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; Lead Grantees and the MA will consult and work hand-in-hand with national governments to agree the approach and ensure sustainability. RFPs and country grants will conform to national priorities outlined in the National Action Plan. Unless there are good reasons not 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 growing danger to human health that 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 (AMU/C) 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 seeks 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 stake holders' 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 effort and/or the proposed development of parallel systems. To the extent possible, potential 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 term 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 Uganda – current situation

3.1. National AMR landscape

Uganda's AMR stakeholders recognize the emerging threats of Antimicrobial Resistance (AMR). An AMR Task Force was constituted in 2014 under the auspices of the Uganda National Academy of Sciences (UNAS) on behalf of the Ministry of Health (MOH). In 2015, the Task Force, supported by the Centre for Disease Dynamics, Economics and Policy (CDDEP), together with the Global Antibiotic Resistance Partnership (GARP), conducted a situation analysis bringing together the relevant available evidence.

MOH provides the political leadership in responding to AMR challenges with support from other government departments including the Ministry of Agriculture Animal Industry and Fisheries, Water and Environment. A National Action Plan on AMR has been drafted, modelled on the WHO and FAO global strategies to combat AMR. The final NAP is expected to be launched in the first quarter of 2018. A national AMR committee has been formed but has not yet met.

A One Health Platform (OHP) has been created with a memorandum of understanding between the ministries of Health, Agriculture Fisheries and Food, Environment, and the Uganda Wildlife Service. The OHP works in close collaboration with the AMR Task Force.

The Uganda National Health Laboratory Services (UNHLS) is the laboratory technical arm of the Ministry of Health mandated with the stewardship of medical laboratory services, reference testing for specialised laboratory services and the National Microbiology Reference Laboratory (NMRL).

Several development partners are also active in supporting AMR surveillance strengthening in Uganda, which is seen as key to the global health security agenda. CDC, USAID and the US Department of Defence (DOD) are the major partners of the Government in assisting with GHSA and One Health initiatives.

3.2. AMR surveillance

Several studies have been carried out to determine the extent of AMR in both humans and animals in Uganda. The major causes of AMR have been documented to be diverse but not limited to; inadequate diagnostic infrastructure, limited enforcement of policy at the level of relevant professions, and inadequate regulatory instruments to effect change. Overall there is a lack of adequate information, poor sensitisation of consumers, poor coordination of key strategic partners and misuse of antibiotics/antimicrobials in both humans and animals.

Blood cultures from the Department of Medical Microbiology, Makerere College of Health Sciences between August 2012 and July 2013 (Kajumbula, 2014b)³ yielded 187 isolates made up as follows: coagulase-negative *staphylococci* 27%, *S. aureus* 18%, *Klebsiella* spp 10%, *E. coli* / Enterococcus species 6%, *Salmonella* spp 5%, *Acinetobacter* spp 5%, *S. pneumoniae* 4% and *Pseudomonas* spp 3%. Together, other isolates – *S. viridans*, yeasts, coryneforms and moulds – constituted 6%.

It should be noted that **between 60% and 100% of these isolates were resistant to most of the antimicrobials tested** including: ampicillin, cefuroxime, augmentin, ceftriaxone, 5% of isolates were resistant to gentamicin and the newer, more expensive antibiotics such as piperacillin-tazobactam, imipenem, meropenem and amikacin.

³ Kajumbula, H (2014b) Routine findings (M. Laboratory, Trans): Microbiology Makerere University College of Health Sciences

In a study on surgical site infections (SSI) in obstetrics, gynaecology and surgical wards Seni et al (2013)⁴ found that most of the SSIs were due to Multiple Drug Resistant (MDR) bacteria and only responding to amikacin, vancomycin and imipenem - very expensive antibiotics. This resistance is not restricted to humans. Afema et al (2016)⁵ documented a highly resistant strain of salmonella, serovar Kentucky, isolated from poultry which exhibited extensive drug resistance to 10 antimicrobials. In their findings, similar genotypes of *S. enterica* had less antimicrobial resistance (AMR) in poultry, human and environmental sources.

Nansinyama (2014)⁶ postulated that the widespread misuse of antimicrobials in the treatment of humans, and for agricultural use in production of fish and animals contributed to increased AMR which has been compounded by a weak regulatory framework and few enforceable guidelines in Uganda. This was further supported by Mukonzo et al (2011)⁷ who found that 40% of the patients that visited a healthcare facility were treated with an antibiotic and there was high over the counter dispensing of antibiotics in community pharmacies.

Antibiotics for human and animal consumption are widely available to the Ugandan public. For humans, they are available from hospitals, pharmacies, licensed drug shops, and drug sellers. Prescription of antibiotics for patients with febrile illness is high. Testing positive for malaria reduces antibiotic treatment but testing negative for malaria increases the use of antibiotics (Batwala, Magnussen and Nuwaha, 2011)⁸. It is commonly believed that antibiotics help to treat the common cold and diarrhoeal diseases in children. There is an existing network of sites conducting a study into the causes of fever in children. This activity is supported by the Infectious Diseases Institute, sponsored by US Centre for Disease Control. Uganda expects to form a national AMR surveillance network using the existing strengths of this study. In Kampala there is also a small number of sites that collect data for the WHO's Gonococcal Antimicrobial Surveillance Project. There are no surveillance systems for antimicrobial resistance in the microbiota of livestock or other animals.

The initial Fleming country grant for Uganda is designed to support strengthening of the AMR and AMU surveillance system under the leadership and guidance of the AMR Task Force.

3.4. Fleming Fund activities in Uganda to date

The Management Agent fielded a scoping mission to Uganda in February/March 2017, and this was followed by a more detailed Stakeholder Assessment in April/May 2017 to identify the key stakeholders and partners who were already supporting the AMR agenda, and to begin understanding gaps in the AMR surveillance system.

Recognising the need for a continuous country presence to gain and sustain traction for Fleming supported activities, the MA appointed a Country Technical Coordinator and a Country Administrator/Logistics Coordinator in August 2017, who are active members of the AMR Task Force, and have been instrumental in supporting a number of country positioning activities. These activities included an October 2017 visit by the London based Global Technical Lead for the Grants Programme and the Africa Region Coordinator, and support to the 2nd National Annual AMR Conference in Mbarara, have facilitated the development of this RFP. A microbiology and an animal health expert conducted a 2-week visit in October 2017 to identify the priority

⁴ Seni et al (2013) Antimicrobial resistance in hospitalized surgical patients: a silently emerging public health concern in Uganda

⁵ Afema et al (2011) Potential Sources and Transmission of Salmonella and Antimicrobial Resistance in Kampala, Uganda

⁶ Nasinyama (2014) Legislation and regulatory policies on the use of antibiotics in animals and fish in Africa

⁷ Mukonzo et al (2011) Over-the-counter suboptimal dispensing of antibiotics in Uganda

⁸ Batwala, Magnussen and Nuwaha (2011) Antibiotic use among patients with febrile illness in a low malaria endemicity setting in Uganda

areas for the Country Grant to support the strengthening of AMR and AMU surveillance as documented below.

4. Scope of this grant

This first country grant will support the national human and animal reference laboratories and AMR surveillance sites as listed below. This support will include renovations to these laboratories and surveillance sites, the provision and maintenance of equipment, and a continuous supply of appropriate reagents and consumables. An illustrative list of procurement items will be provided in the Grant Application Pack as a guide to the items and quantities required. This list will be refined and finalised in collaboration with the reference laboratories and surveillance sites, together with the MA once the preferred Lead Grantee has been identified.

	Site	Type
Human Health		
1.	Uganda National Health Laboratory Service (UNHLS), Butabika	National Reference Lab for Human Health
2.	Makerere University College of Health Sciences, Mulago	Human Health AMR surveillance site
3.	Mbarara University of Science and Technology and Mbarara National Referral Hospital, Mbarara	Human Health AMR surveillance site
4.	Arua Regional Referral Hospital, Arua	Human Health AMR surveillance site
5.	Mbale Regional Referral Hospital, Mbale	Human Health AMR surveillance site
6.	Kabale Regional Referral Hospital, Kibale	Human Health AMR surveillance site
Animal Health		
7.	National Animal Disease Diagnostic Epidemiology Centre (NADDEC), Entebbe	Animal Health AMR Reference Lab and AMR surveillance site
8.	College of Veterinary Medicine, Animal Resources and Biosecurity, Makerere	Animal Health AMR surveillance site
9.	Mbarara Regional Referral Veterinary Laboratory, Mbarara	Animal Health AMR surveillance site

5. Objectives and Specific Outputs of the Country Grant

The **six objectives** and **twenty seven outputs** proposed for the initial Fleming Fund Country Grant to Uganda are listed below under One Health, human health, and animal health.

ONE HEALTH:

Objective 1: National Action Plan on AMR launched and disseminated.

Objective 2. AMR Platform and supporting secretariat established and making high-level decisions regarding AMR in Uganda.

Objective 3: A well-functioning One Health AMR/AMU surveillance governance structure established to provide technical support for the AMR Platform on AMR and AMU.

Output 3.1: Functional One Health AMR/AMU Surveillance Technical Working Group (TWG).

Output 3.2: Terms of reference for the OH AMR and AMU Surveillance TWG to guide roles and responsibilities and reporting relationships.

Output 3.3: Results of AMR and AMU surveillance activities collated and reviewed across all donor-funded activities (including Fleming Fund, other donor-funded activities and university collaborations).

Output 3.4 Reliable quality One Health AMR and AMU surveillance information reported to the AMR Platform to inform future surveillance priorities and policy.

Output 3.5: Annual National OH AMR conference to present surveillance information, project updates and Fleming Fellowship updates.

Objective 4. Increased collaboration between stakeholders to implement a One Health AMR surveillance programme.

Output 4.1: Safe, secure and value-for-money transportation system for samples and isolates between human and animal surveillance sites and the reference laboratories for confirmatory testing and for the EQA programme.

Output 4.2: National biorepository of isolates from human and animal surveillance activities established at the Uganda National Health Laboratory Services (UNHLS) facility, including relevant epidemiological data.

Output 4.3 National media preparation facility established at UNHLS that prepares and distributes quality assured media to human and animal surveillance sites.

Output 4.4 Quality assured, high welfare sheep blood supply established for media preparation at UNHLS.

Output 4.5 EQA system established for the UNHLS and NADDEC reference AMR laboratories and the microbiology laboratories in the College of Veterinary Medicine, Animal Resources and Biosecurity (COVAB) and the College of Health Sciences (CHS) at Makerere University.

Output 4.6 In collaboration with the NDA, MOH, School of pharmacy and MAAIF, establish and test a pilot system for documentation of antimicrobial consumption (AMC) and use data; volumes of antibiotic classes imported for use in humans and animals, distribution and supply chain pathways. At completion of pilot, establish the system at all relevant levels of care from national to district levels, and prescribing and dispensing patterns.

HUMAN HEALTH:

Objective 5: Establish a MOH-led system of collecting, collating, analysing, reporting and disseminating AMR and AMU data on national and international platforms in alignment with the requirements of GLASS.

Output 5.1: A Human Health (HH) AMR and AMU Surveillance TWG functioning in accordance with an AMR Platform-approved ToR.

Output 5.2: A plan for the stepwise implementation of AMR and AMU surveillance in humans developed.

Output 5.3: National guidelines for AMR surveillance systems in humans (both passive and active).

Output 5.4: National clinical and laboratory guidelines and Standard Operating Procedures (SOPs), including standardised diagnostics and methodology for antibiotic sensitivity testing, developed.

Output 5.5: Workshops, conferences, expert consultations, printing of handbooks and flowcharts, supply and distribution of the latest Clinical Laboratory Standard Institute (CLSI) guidelines or EUCAST system.

Output 5.6: Capability and capacity of the UNHLS strengthened as the national reference and supervisory laboratory for human AMR surveillance.

Output 5.7: Under the guidance of HH AMR/AMU Surveillance TWG, strengthen AMR diagnostic capabilities and capacity, with a strong emphasis on quality assurance, at the surveillance sites focussing on GLASS priority specimens and pathogens, and ensure international biosafety and biosecurity standards are established and maintained.

Output 5.8: Improved computer assisted data management at surveillance sites using national standards for AMR data collection, including data storage, sharing of data with clinicians and health care facilities, and linking site level data with WHONET.

Output 5.9: A reporting frame work developed and implemented to provide regular quality assured AMR data and reports to both UNHLS and the TWG.

Output 5.10 Detailed data on volumes of antibiotic classes used in two pilot hospitals (national referral and regional) collected.

ANIMAL HEALTH

Objective 6: Strengthen AMR and AMU surveillance in animals.

Output 6.1: A constituted, established, animal AMR and AMU Surveillance TWG with clear Terms of Reference, a well- defined strategy and a detailed AMR and AMU surveillance plan.

Output 6.2: A population-based surveillance system in poultry and/or cattle to generate reliable data on resistance in specified priority zoonotic and commensal bacteria and antibiotics identified by WHO and the TWG.

Output 6.3 NADDEC strengthened as the national AMR Reference Laboratory for the animal health sector.

Output 6.4 NADDEC, Mbarara Regional laboratory and COVAB's microbiology laboratory complies with international biosafety and biosecurity standards.

Output 6.5. Quarterly and annual reports of AMR trends for the zoonotic bacteria/antibiotic combinations in poultry and/or cattle produced by the AH AMR and AMU Surveillance TWG and shared with the OH AMR/AMU surveillance TWG.

Output 6.6 Volumes of antibiotic classes used by poultry and cattle farmers collected in one area for each type of production system, in which AMR surveillance is conducted, including estimates of biomass.

6. Lead Grantee Roles and Responsibilities

The main role of the Lead Grantee will be to plan and execute the 27 outputs and deliver the six objectives listed in Section 5 above. The Grant is designed as an AMR laboratory capacity building and systems strengthening intervention. The Lead Grantee is responsible for providing, either through in-house resources alone, or through a partnership or consortium, the expert technical assistance and high-quality support needed to strengthen the selected reference and surveillance sites' capability and capacity to generate and share AMR surveillance data on both a national and international basis.

7. Key measures of success

This is an initial Fleming Fund Country Grant for Uganda to support AMR related surveillance strengthening in the country with a focus on AMR/AMU data collection and use. The success of this first grant will position the country to apply for an additional and potentially larger grant covering a longer period (potentially until October 2021), and including increased capabilities, coverage and inclusion of environmental surveillance. In order to track results in this initial grant, the Lead Grantee is expected to select and propose the most useful indicators from a standard set of indicators to monitor progress and achievements, which will be negotiated and agreed with the MA. A copy of the full list of indicators will be shared in the Application Pack. In the early stages of grant implementation, standard indicators may be substitutes for process indicators that effectively track the delivery of key programme milestones, measured against the workplan.

The Fleming Fund Grants programme will be independently evaluated by Itad, a specialist evaluation firm, appointed by the UK Department of Health for this purpose. All grants are subject to review and evaluation by these evaluators, and full co-operation with the evaluators by all Lead Grantees is expected.

In addition to measuring grant performance against the objectives and outputs stated above in Section 5, 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 close collaboration with a wide range of stakeholders at different levels, especially the AMR Task Force and Ministries of Health, Agriculture Animal Industry and Fisheries, Water and Environment, and the Uganda Wildlife Service, is central to the success of this grant. Grantees will also need to build and leverage partnerships with several AMR stakeholders including WHO, FAO, OIE, US CDC, civil society, academic and research institutions, and other development partner supported programmes.

9. Complementary grants

The initial country grant is expected to work effectively and synergistically with other grants under the Fleming Fund Grants Programme in Uganda and at the regional level, especially the Fleming Fellowship Scheme (which is not funded under the country grants).

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 Lead 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 Lead Grantee is expected to liaise, through the MA, with such grants to maximise sharing of AMR data and learning at the regional and global level.

10. Application requirements

10.1. Initial Country Grant Duration and Start Date

Initial Country Grant duration should be planned for 18 months. Subsequent grants may be applied in later years and country support is expected to be for up to four years in total (to October 2021).

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

10.2. Delivering Value for Money (VfM)

Mott MacDonald is responsible for driving VfM on behalf of the UK Department of Health throughout the Grant programme and will carefully consider how the proposal addresses “efficiency”, “effectiveness”, “economy” and “equity” in delivering the RFP/TOR outputs in relation to the proposed costs. The Guidance Notes for the Grant Application Form provide additional information on how the MA will assess applications.

10.3. Lead Grantee Eligibility Criteria

Lead Grantee applicants must satisfy the following eligibility criteria before applications can be assessed:

- Eligible Lead Grantee organisations are: National institutes (such as universities or research institutes); Non-Governmental Organisations; UN Agencies; Private companies
- Can be a single organisation or consortium; if a consortium, Lead Grantee applicant must provide evidence that it has the appropriate governance, coordination mechanisms, and documented track record to manage sub-grantees
- Must demonstrate that they are registered to work in Uganda, including the submission of essential documents such as, but not limited to; current business registration certificate or equivalent, articles of incorporation, current tax clearance certificate, and annual audited statements for the past three years
- Lead Grantee applicant must demonstrate they are competent and sufficiently experienced in successfully supporting laboratory capacity development, disease surveillance, capacity building, and One Health in LMICS
- Lead Grantee applicant must be able to provide all information required to demonstrate that adequate and tested financial management controls and levels of authority are in place and are adhered to
- References from clients for previous work undertaken within the last three years are welcome

10.4. How to apply

Prospective Grantees must register their interest to apply by emailing flemingfund@mottmac.com in order to receive an invitation to **the Applicant Information Session**.

The Applicant Information Session will be organised **in Kampala on 8 February, 2018**. The details of the venue will be shared with applicants registering their interest.

Following the Applicant Information Session, prospective Lead Grantees must register interest by **12 February 2018** to receive the **Application Pack** by emailing flemingfund@mottmac.com. The Application Pack will be sent out on 13 February and 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 13 February to applicants who have registered their interest; the Application Pack will be enclosed with the automated email.
- The submission deadline is: **7 March 2018, 17:00 GMT**
- 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 may not be accepted.

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 high-quality response to each question.

10.6. Restrictions/limitations

Any potential conflict of interest known at the time of registration should be declared to the Management Agent at that time. If a potential conflict of interest arises after that point in time, the prospective Lead Grantee must clearly disclose this in the proposal.

10.7. Key dates

Publication of RFP: 30 January, 31 January, and 2 February, 2018

Applicant Information Session: 8 February, 2018

Registration of Interest Deadline: 12 February, 2018

Application submission deadline: 7 March, 2018

Anticipated start date of grant: 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.