USAID LOCALIZE GLOBAL HEALTH SECURITY

Request for Information (RFI)

Reference Number: ZM_RFI001

Issue Date: March 13, 2024

Response Due Date and Time: April 12, 2024, at 18:00 Silver Spring, Maryland Eastern Standard Time

Title: USAID Localize Global Health Security (LGHS) Project

A. DESCRIPTION

This is not a solicitation. This is a request for information and must not be deemed as a commitment by the US Government of the United States Agency for International Development (USAID) or the Panagora Group as a notice of funding.

The purpose of this RFI is to identify local entities (an individual, a corporation, a nonprofit organization, or another body of persons) in Zambia, that have experience in areas relevant to the Global Health Security sector and that are locally registered based on the following criteria: (1) is legally organized under the laws of Zambia; (2) has as its principal place of business or operations in Zambia; and (3) is (A) majority owned by individuals who are citizens or lawful permanent residents of Zambia; and (B) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance as per ADS 303. Through this RFI, LGHS hopes to ascertain an extensive profile and understanding of local organizations that have previously implemented activities relevant to the Global Health Security (GHS) sector.

This RFI seeks responses only and is not to be deemed as a request for proposal. The responses shared are voluntary and are not applications for award. Responses will be used to inform the LGHS project on the current landscape of practitioners with experience relevant to GHS in Zambia only.

If a Notice of Funding Opportunity (NOFO) or Request for Applications (RFA) is issued by LGHS, announcements will be published at a later date. All interested parties will be required to apply.

B. PROJECT BACKGROUND

USAID's Localize Global Health Security (LGHS) Project's goal is to work with local entities to address critical health security gaps at the sub-national level in target countries. LGHS will advance USAID's prioritization of local partnerships as a core aspect of the long-term sustainability of the Agency's development work. LGHS is guided by USAID's localization goals

outlined in key strategies and policies such as USAID's Local Capacity Strengthening Policy. LGHS will contribute to advancing USAID's localization goal by issuing grants to local entities for interventions that address critical gaps in the country's health security. LGHS's locally led approach will strengthen the implementation capacity and sustainability needed for lasting gains in global health security and will represent a key component of USAID's contribution to International Health Regulations capacity strengthening through the Global Health Security Agenda. LGHS' goal centers around three mutually reinforcing objectives:

- **Objective 1**: Address critical gaps in health security through grants and technical assistance in prioritized technical areas

- **Objective 2**: Strengthen the administrative and financial organizational capacity of local entities

- **Objective 3**: Expand global knowledge base on approaches and best practices for local entities

SUBMISSION OF RESPONSES

Responses (comments, suggestions, and enhancements) to this RFI are due to the LGHS Point of Contact specified below by April 12, 2024, at 18:00 Silver Spring, Maryland Eastern Standard Time. Interested parties shall submit an electronic copy of their responses in either Microsoft Word or Adobe PDF format. Responses to this RFI must use the Submission Form Template (Attachment 1) below. Responses to this RFI will only be accepted able by email to LGHSgrants@lghsproject.net, with the subject title, "USAID/Localize Global Health Security Program- ZM_RFI001". **The responses you provide are for informational purposes only and are NOT to be used for selection or evaluation of any organization.**

ATTACHMENT 1: SUBMISSION FORM TEMPLATE

A. GENERAL INFORMATION

Name of Organization:

Organization's Address:

Organization's Point of Contact

    Name:

    Title:

    Phone number:

    Email Address:

Organization's main email address:

Organization's website (if any):

Organization's social media handles (if any):

Organization's affiliates (i.e. National Associations, Consortiums, etc. if any):

B. GLOBAL HEALTH, PREVENT, DETECT AND RESPOND TECHNICAL EXPERTISE

1. What is your organization's mission and vision?

    a. What technical areas has your organization been conducting programming in the last three years?

    b. Does your organization have work in any of these technical areas?
        i. Risk Communication
        ii. Social Behavior Change

      iii. Community Engagement
      iv. Zoonotic Disease
      v. Community Based Zoonotic Disease Surveillance
      vi. Workforce Development (Public Health sector)
      vii. National Laboratory System
      viii. Antimicrobial Resistance (AMR)
      ix. Outbreak Preparedness and Response
      x. Other (Please list sectors outside of those listed above)

2. In which parts of the country do you have offices?

    a. What geographic areas do you serve?

C. ORGANIZATION PROFILE

1. Is your organization a local entity as defined by USAID?

   Local Entity As defined in Section 7077 of Public Law 112-74, the Consolidated Appropriations Act, 2012 (P.L. 112-74), as amended by Section 7028 of the Consolidated Appropriations Act, 2014 (P.L. 113-76), and included by reference in subsequent appropriations acts, local entity means an individual, a corporation, a nonprofit organization, or another body of persons that— (1) is legally organized under the laws of; (2) has as its principal place of business or operations in; 10/24/2023 Partial Revision 97 Text highlighted in yellow indicates that the adjacent material is new or substantively revised. ADS Chapter 303 and (3) is (A) majority owned by individuals who are citizens or lawful permanent residents of; and (B) managed by a governing body the majority of who are citizens or lawful permanent residents of a country receiving assistance. For purposes of this definition, "majority-owned' and "-managed by" include, without limitation, beneficiary interests and the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means.

   a. Yes
   b. No
   c. Not Sure (please briefly describe why you are not sure)

2. What year was your organization established?

3. Is your organization currently registered based on Zambia Law?

4. How many personnel does your organization currently have?

    a. How many full-time staff?

      b. How many part-time staff?

5. Does your organization work with other "local entities"? If yes, please include names of organizations you have worked with in the last three years.

6. What is your organization's annual operating revenue? (Approximate value)

7. What is the typical value of funding received by your organization? Please select the types of funding received by your organization. (Please select all that apply)

      a. Grants Award
      b. Subcontract Award
      c. Procurement of Services
      d. Individual Consultancy

8. Has your organization previously managed international donor-funded projects?

      a. Yes
      b. No

If yes, please list up to 3 projects on which you performed during the last 3 years. Please include project name, country, total award value of your contract/ subcontract/ agreement /sub-agreement, start and end dates, and your role:

Project 1

- Funding agency: _____
- Project name: _____
- Country: _____
- Total award value: _____
- Start and end dates: _____
- Your /organization's role
  (prime contractor/recipient, subcontractor/subrecipient): _____

Project 2

- Funding agency: _____
- Project name: _____
- Country: _____
- Total award value: _____
- Start and end dates: _____
- Your /organization's role
  (prime contractor/recipient, subcontractor/subrecipient): _____

Project 3

- Funding agency: _____
- Project name: _____
- Country: _____
- Total award value: _____
- Start and end dates: _____
- Your /organization's role
  (prime contractor/recipient, subcontractor/subrecipient): _____

9. If a NOFO or RFA is issued for a grant award, will your organization apply?
   a. Yes
   b. No
   c. Not sure (please briefly describe why you are not sure)

10. What assessments (including self-administered) has your organization conducted in the last two years?

11. Does your organization have the following policies and procedures in place? Please include the date of the latest revisions.

    a. Finance Policies and Procedures
    b. Grants Management Policies and Procedures
    c. Procurement Policies and Procedures
    d. Human Resources Policies and Procedures
    e. Knowledge Management and M&E Policies and Procedures

12. Does your organization have the technical capacity and management skills to implement a potential activity with USAID LGHS? (Please select one of the options below and provide a brief description of what type of activity your organization would implement)

    a. Yes
    b. No
    c. Not Sure

13. If your answer is No or Not Sure to the previous question, please provide a brief description of what types of assistance your organization may need to be able to implement a grant with LGHS.

14. What social media platforms does your organization use? Is your organization able to participate in live, facilitated online events?

15. What is your organization's preferred way of receiving information for the following types of notifications:

    a. Notice of funding opportunities (please list all sources that apply)
    b. Technical resources (please list all sources that apply)
    c. Trainings (please list all sources that apply)
    d. Events (please list all sources that apply)