



GLOBAL HEALTH SUPPLY CHAIN PROGRAM

REQUEST FOR TECHNICAL ASSISTANCE IN QUALITY ASSURANCE

The USAID Global Health Supply Chain – Quality Assurance Program (GHSC-QA) provides comprehensive product quality assurance (QA) services covering the different health elements in the USAID Global Health Bureau including technical assistance (TA) to develop in-country quality assurance capacity to monitor, regulate and improve the quality of products in local markets. FHI 360 is the prime contractor for GHSC-QA and the program is led by FHI 360’s Product Quality and Compliance (PQC) Department.

The purpose of this questionnaire is to gather information to evaluate capacity and resources and to develop a clear scope of work including the expected deliverables so that we can provide USAID with the information needed to formally approve the activity. Completion of this questionnaire does not commit us to any technical assistance activity at this time. If approved by the GHSC-QA contracting officer’s representative (COR), a detailed project plan will then be developed.

Completed questionnaires can be sent to Adrian Barojas (abarojas@fhi360.org) and Christine Malati (cmalati@usaid.gov).

I.0 TYPE(S) OF TECHNICAL ASSISTANCE

Select the category (or categories) of technical assistance requested. Please complete additional follow-up questions if you select a category marked with an asterisk (*).

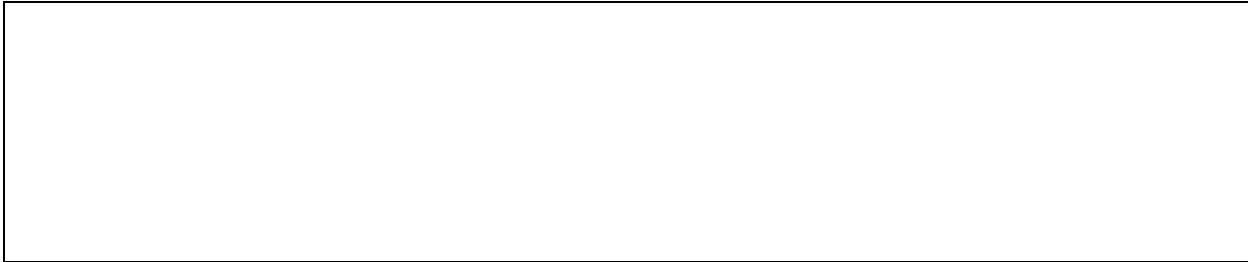
- a. In-country laboratory training*
- b. On-site product technical assessment
- c. Regulatory, compliance, or accreditation training
- d. Assessment, revision, and development of quality management system
- e. Investigation and assistance around product quality concerns*
- f. Support for technical development and capacity building
- g. Interlaboratory proficiency studies*
- h. Supplier or distributor assessments (e.g. prequalification, audit)*

i. Other*

If you selected *in-country laboratory training (a)*, please provide:

<p>a) <u>Product categories currently being tested/analyzed at the intended beneficiary/subrecipient (please indicate all that apply):</u></p>	
<p>HIV Commodities</p> <ul style="list-style-type: none"><input type="checkbox"/> Antiretrovirals (ARVs)<input type="checkbox"/> Essential medicines for opportunistic infections<input type="checkbox"/> Food by prescription (FBP) and ready-to-use therapeutic foods (RUTFs)<input type="checkbox"/> Male and female condoms and personal lubricants<input type="checkbox"/> Voluntary medical male circumcision (VMMC) kits<input type="checkbox"/> HIV and non-HIV rapid test kits (RTKs)<input type="checkbox"/> Laboratory supplies (including viral load and CD4)	<p>Reproductive Health Commodities</p> <ul style="list-style-type: none"><input type="checkbox"/> Oral contraceptives<input type="checkbox"/> Injectable contraceptives<input type="checkbox"/> Implants<input type="checkbox"/> Intrauterine devices (IUDs)<input type="checkbox"/> Pregnancy test kits
<p>Malaria Commodities</p> <ul style="list-style-type: none">Antimalarial medicinesContraceptivesMalaria Rapid Diagnostic TestsVector Control commodities (ex: LLINs, IRS)	<p>Maternal and Child Health Commodities</p> <ul style="list-style-type: none"><input type="checkbox"/> Essential medicines for infants and children
<p>Other Commodities (ex: TB, NTDs, Zika)</p> <ul style="list-style-type: none">Essential medicinesDiagnostic commoditiesProducts for Zika	
<p>b) <u>Laboratory affiliation and name (government, university, etc.):</u></p>	
<p>c) <u>Any specific product category, topics or areas that training material should target:</u></p>	

If you selected *investigation and assistance around product quality concerns (e)*, describe the nature of any current product quality concerns or incidents, including relevant product type and any actions taken:



If you selected *interlaboratory proficiency studies (g)*, please indicate if you would like a specific product(s) included in a proficiency study:

<input type="checkbox"/> Yes, I have a specific product identified.	Product name or type:
<input type="checkbox"/> No specific product.	Comment:

If you selected *supplier or distributor assessments (h)*, please provide:

Type of supplier (e.g. pharmaceuticals, laboratory supplies):	
Anticipated number of suppliers requiring assessment:	
Location of supplier(s) requiring assessment (if applicable; please include multiple as needed):	
Has the supplier been subject to previous assessments/audits supported by USAID or other bilateral/multilateral institution?	<input type="checkbox"/> Yes: Please attach any available documentation describing the previous assessment/audit <input type="checkbox"/> No

If you selected *other (i)*, please specify:

Any other details or information (optional):

2.0 BACKGROUND

Provide a brief background describing why technical assistance is requested (establish the need for the request for TA; refer to any previous TA interventions; include information about the intended beneficiary or beneficiaries).

3.0 DELIVERABLES

Please describe some targeted high-level deliverables that you would like included (discuss task-related statement of work responding to the reasons for the request).

4.0 DESIRED OUTCOME/IMPACT

Describe the high-level desired goal or objective(s) of this proposed TA. What objectives will this activity support? What are the expected change(s)/high-level outcomes as a result of this proposed activity? Indicate how this proposed TA will build capacity, transfer skills, and how this will support technical objective(s) in the workplan/local supply chain.

5.0 DATES AND DURATION

What is the anticipated duration of technical assistance activities?

- Short-term training (one or multiple short visits)
- Short-term technical assistance (STTA) (120 days or less)
- Long-term technical assistance (LTTA) (one or more years with workplan)

When do you propose this activity to begin?

6.0 FUNDING

Funding source:

- USAID Mission Core Other

Please specify:

Please provide an estimate of the range of funding available for this TA activity.

If Mission funded, has this activity already been included in the current Country Operation Plan (COP), Malaria Operational Plan (MOP) or Mission work plan?

Yes No

If this is a new request, provide justification as to why this request has arisen outside of the workplan, including budget implications. If this is planned, indicate where it appears in the current approved country workplan.

7.0 CONTACT INFORMATION

Please provide a point of contact for this request:

Name:

Email:

Country/program:

Is Mission approval required for this activity?

Yes No

If yes, state whether approval has already been given and if not, state why. If Mission approval is not required, state why.

Explanation:

Mission Point of Contact:

Email:

Country/program:

**Contact information for the intended beneficiary/subrecipient of Technical Assistance
(if applicable; please include multiple as needed):**

<p>Point of contact (name):</p> <p>Email:</p> <p>Organization/agency/institution:</p> <p>Location:</p>
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To be completed by GHSC-QA:

<p>Date initial request was sent to FHI 360: <i>*A request may include an email to GHSC-QA or USAID</i></p>	
<p>Date of FHI 360 response: <i>*The provision of this questionnaire meets GHSC-QA's contractual requirement to respond to requests for TA within 30 days</i></p>	