



CMMB/ANISA II – Republic of South Sudan **Request for Application (RFA)**

Issued on: May 13, 2019 (Please Read all pages to get a complete information)

For: Scaling up HIV Care and Treatment services through service decentralization and community Outreaches, in Yambio, Nzara and Ezo Counties of former Western Equatoria State

Estimated Period of Performance: July 1, 2019 – September 15, 2019

Application Deadline: May 30, 2019, 5:00 PM South Sudan Time.

ANISA II PROGRAM BACKGROUND

PEPFAR/CDC-funded ANISA II HIV project is a five-year (2015 - 2020) HIV Care & Treatment initiative with a goal to provide comprehensive, high-quality HIV prevention, care, and treatment to adults, adolescents, and children in the targeted counties and beyond. The project mainly aims at ensuring community access to high-quality services for provider-initiated counseling and testing (PITC) and HIV counseling and testing (HTC); high-quality services for prevention of mother-to-child transmission of HIV (PMTCT) and early diagnosis of HIV-exposed infants (HEI), to ensure early access to antiretroviral therapy (ART) for infected children and provide HIV preventions information to families of uninfected children; and high-quality, comprehensive ART services for all people living with HIV (PLHIV), with continuous improvement in outcomes. The approaches used by CMMB to implement ANISA included the following:

- Fostering capacities at each level of service delivery and improve linkages between different departments to improve HIV care & treatment in the selected three counties;
- Leveraging with existing health (CHAMPS, etc.) and nutrition programs and partners
- Improving linkages with community-based associations, and partners implementing HPF to complement to each other;

ANISA'S CURRENT PRIORITIES UNDER THIS RFA

Specific to this RFA, CMMB will reposition its strategy and look for ways to achieve greater impact through strategic partnerships at local level and direct support to community-based organizations (CBOS) local civic society organizations (CSOs) and CHDs/primary health care facilities, to provide for more decentralized services, as well as linking community-based services with facility-based HIV care and treatment services.

This request for application is, thus, aiming at inviting local partners to actively engage and take part in the implementation of the project, specifically in decentralizing services and bringing services closer to the community; community mobilization for targeted, index testing, and tracing

lost to follow-ups along with improving treatment adherences; and mobilizing PLHIV for improving VL monitoring and mother-infant paired care to improve EID follow-up in the three project counties (Yambio, Nzara, and Ezo). These priority areas are defined by the initial plan, preceding continuation applications, lessons learned to date, and new directions from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) or the Ministry of Health (MOH) during implementation of the 2018 Country Operating Plan (COP).

CMMB's approaches will continued to be more harmonized with and well-integrated into the nation's health system, from facility to community-level services, and CMMB plans to:

- Further strengthen and consolidate provision of high-quality services for PITC; PMTCT; ART; continue improving client retention strategies; and tracking clients LTFU and bringing them back to treatment. The project will enhance and consolidate implementation of the new optimized treatment transitions and rollouts.
- Increase the health systems capacity to deliver appropriate and quality HIV Care and treatment services by ensuring that functional supportive services (e.g. lab services) is available. Ensuring staff training and mentorship to implement all the clinical monitoring and management services (e.g. viral load (VL) testing procedures, and TB screening, prevention and treatment) are implemented in all health facilities.
- Engage additional community-based stakeholders and civil society organizations (CSOs) to build local capacities and sustain the project success so far while documenting and improving service access to all PLHIV.

ANISA II will continue to strengthen and improve HIV test yields through targeted and index testing; further decentralizing services to be as close as possible to the community; and continue to improve client retention, enhancing tracking and tracing of clients lost to follow-up (LTFU). Working in partnership and coordination with AMREF, the State Ministry of Health (SMOH), and associations of PLHIV, CMMB/ANISA will further enhance its VL monitoring and EID follow-up so as to further improve its differentiated service delivery.

PURPOSE OF THE RFA

CMMB is issuing this RFA to support the expansion of the program efforts and engage more local partners to implement the decentralized service provision and improve the quality of HIV care and treatment based on the test and treat initiative while working toward the global 95–95–95 targets in South Sudan.

PROPOSED SCOPE OF WORK

Time Frame: Implementation of the proposed scope of work should span the July 1, 2019 – September 15, 2019. This period may be extended for an additional 3-12 months period based on CSO's performance and availability of fund.

Details of the SOW: Based on the lessons CMMB learned in the last few years, local partners have a major role in managing HIV care and treatment in selected primary health care facilities and

community. The key area of focus will, then be, on community-based targeting and index testing, ART retention, and improving treatment outcomes. Based on this, the following are the key focus areas that need significant emphasis in the response to this RFA.

- Improve the index testing and treatment linkage through mobilizing PLHIV and communities to have all PLHIV have their partners or contacts tested for HIV, work with the health facilities to have the people visiting the health facility get HTS services, and all newly tested HIV positive linked to ART.
- Increase ART retention through mobilizing PLHIV to adhere to treatment and tracing LTFU clients to bring them back to treatment.
- Contribute to the improvement of ART outcomes through improving services to have all PLHIV on ART and their viral load tested. Mobilize and enroll individuals with high viral loads to appropriate care and treatment.
- Contribute to the improvement of community-based activity recording, documentation, and reporting through ensuring all PLHIV and their family members in the catchment area are documented; and all the community-based services provided to PLHIV are recorded, documented, and reported on a regular basis.
- Have selected PHCC facilities staffed and managed to provide focused HIV care and treatment services at the facility level.

Budget: The budget accompanying the application should not exceed \$50,000 and should be in the format in the template provided by CMMB.

Deliverables: Quarterly program and financial progress reports along with specific technical and program deliverables as identified in any issued sub grant agreement.

CONTRACT MECHANISM

CMMB anticipates issuing a cost-reimbursable sub-grant to the winning local partner. However, considering the time consumed for negotiations and agreement, CMMB may provide advance payments for initial activities. Payments after the initial advances shall be based on submission and approval of deliverables with receipt of accurate invoices.

SUBMISSION REQUIREMENTS

All local civil society organizations (CSOs) or community-based organization (CBOs), which

1. Are registered in the Republic of South Sudan as CSOs and have current registration certificate;
2. Have functional office and representation in either of the three project counties; and
3. Have prior experience in implementing a community-based HIV/AIDs preventions, care and support, or other health project are eligible to apply.

CMMB is asking applicants to provide the following:

1. Capacity/Technical Experience and References:

- a. Evidence for the above eligibility criteria.
- b. Understanding of the newly developed recommendations for strengthening community-based HIV care and support or any health-related programs.
- c. Experience in planning, design, implementation, monitoring, documentation, and dissemination of behavior change communication programs, outputs, and outcomes (particularly relevant to HIV care & treatment).
- d. Capacity and evidence to design, conduct, and use data in a timely/targeted way from rapid assessments, and monitoring.
- e. Strategy and experience reporting, documenting, and disseminating results or success stories for general and targeted audiences through material distribution.
- f. Experience in providing sites technical assistance, training, and exchange visits to facilitate community participation.
- g. List three relevant past or current projects, three clients, and three references with contact information (not including ANISA).

2. Staffing:

- a. Applicant CSO should identify key personnel who will be key in the successful execution of the requirements of this RFA, the percentage of time they will spend on activities and the specific roles they will be responsible for.
- b. Please include CVs for those key personnel and commitment letter that key personnel will be available for this task on the proposed time.

3. Program Approach:

- a. Please use the Test and Treat initiatives and current HIV Care and Treatment approach, as well as CMMB ART retention strategy (available upon request), and consider the following key areas to design your approach. These are:
 - i. Having CHVs/expert patients stationed at the health facilities (e.g. high-volume sites) who can:
 - Mobilize health facility visiting people for PITC;
 - Encourage PLHIV coming to health facilities to adhere to treatment and promote index testing;
 - Support PLHIV clients to get appropriate service linkages;
 - Collect list of LTFU clients and liaise them with CSO and other CHVs for tracing; and
 - Remind ART clients for VL testing.
 - ii. Having CHVs/expert patients stationed at the community level, who can:

- Bridge with CSOs and facility based CHVs/Expert patient and help track/trace clients who are lost to follow up;
 - Mobilizing communities in their catchment area for HTS;
 - Remind and mobilize PLHIV for VL and treatment appointments; and
 - Coordinate and support the community ART groups.
- iii. Having CHVs/expert patients, or a staff stationed at the coordination office, who can:
- Coordinate and liaise activity implementation in the communities and health facilities;
 - Communicate with specific health facilities, if needed, on behalf of the PLHIV; and
 - Keep all records, documentation, and manage reports.
- b. The goal of ANISA’s support is to institutionalize local capacity building and community engagement through empowering community-based stakeholders and local civil society organizations (CSOs) to lead and implement targeted HIV testing; strengthen adherence to treatment and ART retention; and interventions to improve treatment outcomes. Please also include in the application your approaches for the following:
- i. Improve coverage and yield of HIV Testing and Counseling services by:
- Mobilizing for ANC mothers to receive PMTCT services, and mobilizing people visiting health facilities for HIV testing, especially in the high-volume sites;
 - Improving index testing, tracking mother-baby pair for EID, and motivate partner notification/partner disclosure and index testing; and
 - Improving linkage to treatment (among those tested);
- ii. Scale up ART and treatment outcomes:
- Improve retention on treatment;
 - Increase PLHIV having timely VL testing and follow up;
 - Identifying, tracking, tracing defaulters, or those LTFU and bring them back; and
 - Documenting and reporting outcomes of LTFU tracing efforts, including reporting community deaths among PLHIV.
- iii. Improve community-based activity recording, documentation.
- c. Please note that CMMB will require all technical content to be reviewed and agreed upon before use of materials, tools, and guidelines.
- d. Please include the following sections in your program approach:
- Statement of need

- Description of project area (one or all three counties)
- Existing HIV care and treatment services or initiatives
- Program approach including strategies, objectives, activities, partners, or workplan
- Monitoring and evaluation framework
- HIV care and treatment advocacy dissemination plan
- Sustainability plan (within applicant CSO)

4. Cost Proposal:

Please provide a general budget that reflects costs for activities included in the SOW, and a budget narrative that describes and justifies the cost assumptions for each category and line item in the budget spreadsheet. Please use the budget template provided by CMMB. The budget should be broken down by labor costs (please identify personnel who will perform the work), include fringe benefit costs in accordance with the applicant CSO's compensation policies, travel costs, supplies, all other direct costs necessary to perform a category of work, and indirect costs.

If included, indirect costs must be clearly stated including the basis on which they will be applied. Indirect costs are administrative expenses related to overall general operations and are shared among projects and/or functions. Examples include: executive oversight, accounting, grants management, legal expenses, utilities, and facility maintenance. In so far as possible, identifiable (allocable) costs should be noted and justified in the proposal as direct costs, including those for dedicated ongoing project management, facilities, and support.

To the extent that indirect costs are applicable, they are subject to the following limits:

- a. 0% for government agencies, other private foundations and for-profit organizations
- b. up to 10% for U.S. universities and other academic institutions
- c. up to 15% for non-U.S. academic institutions and all private voluntary and non-government organizations, regardless of location. If the organization has lower indirect rates, the lower rates should be used.

As an implementing partner of the USG in RSS CMMB (ANISA II South Sudan project) is covered by the technical bilateral agreement between the USG and SS, thus, please note that the cost proposal shouldn't include any VAT.

Applicant CSO will submit with their application a proposed budget with sufficient detail to allow evaluation of elements of costs proposed.

Please note that if you consider that your organization does not have all the expertise for the assignment, there is no objection to your firm associating with another firm to enable a full range of expertise to be presented. Joint ventures should be accompanied with full details of the capacity/technical experience and references, staffing, and proposed association and confirming joint and several liabilities.

Please note: *CMMB ANISA/South Sudan HIV Care & Treatment Project Technical team will oversee CSOs activities and provide targeted technical support as needed to CSOs staff. CMMB will work with applicant CSO's to develop and implement a systematic monitoring and evaluation plan to track the progress of project activities and the resulting impact on HIV Care & treatment behavioral determinants and practices. This systematic M&E plan does not preclude applicant CSO implementing its own monitoring of project inputs and outputs.*

CRITERIA FOR EVALUATION

Applications will be evaluated on a best value basis by a review committee according to the following criteria:

- Capacity, Technical Experience, and References: 15 points
- Staffing: 25 points
- Program Approach: 45 points
- Cost Proposal: 15 points

FINANCIAL PRE-AWARD ASSESSMENT

Should applicant CSO choose to submit a proposal in response to this RFA, CMMB will initiate an overall or initial due diligence assessment that should include financial and overall capacity assessment based on the standard CMMB format. A detailed financial pre-award assessment, as part of the selection process, will also be conducted based on CMMB's and donor requirements. The pre-award assessment is performed in line with internal policies as part of CMMB's due diligence process to determine that a prospective sub-awardee possesses the ability to perform successfully under the terms and conditions of the proposed sub-award, taking into consideration the integrity, record of past performance, financial and technical resources of the prospective sub-awardee. The financial pre-award assessment must be completed prior to issuance of a sub-grant.

RESPONSE

Response to this RFA should be submitted by email to Dr. Teweldebrhan H Abrha at: TAbrha@cmmmb.org with copy to Mr. John Perry at: JPerry@cmmmb.org and Dr. Galla Godfrey at: GBoymuke@cmmmb.org, latest by **May 30, 2019 at noon Juba/South Sudan time**. CMMB will acknowledge receipt of your proposal by return email. A printed copy of the proposal is not required.

CMMB may be contacting applicant CSO to confirm contact person, address, and that the proposal was submitted for this request for application.

WITHDRAWALS OF APPLICATION

Proposal may be withdrawn by written notice via email received at any time before award.

FALSE STATEMENTS IN OFFER

Applicant CSO must provide full, accurate, and complete information as required by this solicitation.

Disclaimers:

- CMMB may cancel the solicitation and not make an award.
- CMMB may reject any or all responses received.
- Issuance of a solicitation does not constitute an award commitment by CMMB.
- CMMB reserves the right to disqualify any offer based on offeror failure to follow solicitation requirements.
- CMMB will not compensate offeror for preparation of their response to this solicitation.
- CMMB reserves the right to issue a contract based on the initial evaluation of offers without discussion.
- CMMB may choose to award a contract for part of the activities in the RFA.
- CMMB may choose to award a contract to more than one vendor for specific parts of the activities in the RFA.
- CMMB may request from short-listed offerors a second or third round of either oral presentation or written response to a more specific and detailed scope of work that is based on a general scope of work in the original RFA.
- CMMB has the right to rescind an RFA or rescind an award prior to the signing of a contract due to any unforeseen changes in the direction of CMMB's client, be it funding or programmatic.
- CMMB reserves the right to waive any deviations by offerors from the requirements of this solicitation that in CMMB's opinion is considered not to be material defects requiring rejection or disqualification; or where such a waiver will promote increased competition.
- Should CMMB choose to make an award, all deliverables produced under said award shall be considered the property of CMMB.

Attachments to this RFA

There are three important attachments to this RFA, to be provided for interested applicants only upon request via email or in person at Yambio field office.

1. Technical Narrative template – This is a template to guide the preparation of the technical narrative of the proposal.
2. Budget template - This is a template to guide the preparation of the cost proposal or budget of the proposal. Please note that all the sheets are formula linked.
3. CMMB Retention strategy – this is a working document that would serve as a reference to the applicant to shape the priority activities.

Questions and Enquiries: All questions and inquires shall be directed to Dr. Teweldebrhan H Abrha at: TAbrha@cmmb.org with copy to Dr. Galla Godfrey at: GBoymuke@cmmb.org.