



Grants Under Contract Program: Support Optimized HIV Case Finding, Treatment, Viral Suppression, and Retention Services

Date of Issue	24 th May 2021
Virtual Information Session for Prospective Applicants	2 nd June 2021
Questions Due Date and Time	9 th June 2021
Proposal Submission Due Date and Time	22 nd June 2021 at 5:00pm CAT/Local time

Dear Sir/Madam:

The Advancing HIV & AIDS Epidemic Control (AHEC) Activity with funds from U.S Agency for International Development (USAID), through IntraHealth International, is implementing a Grants Under Contract (GUC) program and seeking applications from qualified private clinical and non-clinical service providers and local organizations (CSOs, CBOs, FBOs etc.) to implement community-led and facility-based mentoring and capacity building approaches that will provide critical HIV/AIDS services and support optimized HIV case finding, treatment, viral suppression, and retention services. IntraHealth will provide grant funding as well as technical assistance to successful applicants in developing organizational structures, leadership, and technical competencies in HIV service delivery, as described in this request.

IntraHealth anticipates awarding grants with an initial period of performance of 3 months from the date of award, and provided sufficient funds are available, up to an additional twelve months would be obligated. Competition under this request will be limited to South Sudanese National Non-Governmental Organizations (NNGOs), Civil Society Organizations (CSOs) and Community or Faith-based organizations (CBOs/FBOs).

Please note that IntraHealth will hold a virtual information session on date **2nd June 2021** from 9:30 a.m. to 11:30 a.m. (CAT/Juba time). Interested organizations should provide contact information for participation to: **AHECGrants@intrahealth.org** by COB on **1st June 2021** to enable them to receive the information session login username/password details. Should the date and time change, a modification memo will be sent via participants' contacts. The objective of this information session is to allow clarifications on the scope of work. Questions and answers discussed during this virtual information session will be documented and made available.

Please note that applications must conform to all requirements outlined in this request. Costs associated with the preparation and the submission of the proposal are not allowable grant costs and are not reimbursable. Applications received after the deadline or that do not conform with the requirements will be disqualified. This RFA-GUC program neither obligates IntraHealth to award funding nor commits IntraHealth to cover costs incurred in the preparation and submission of an application.

Yours Sincerely,

Anne Kinuthia, Chief of Party, AHEC Project

ATTACHMENT A: THE TERMS OF THE REQUEST

A. PROGRAM DESCRIPTION

1.0 THE GRANTS UNDER CONTRACT PROGRAM

Under this request, the Grants Under Contract (GUC) program will support the attainment of national 95-95-95 and other HIV-related targets. The recipients of these grants will also receive technical assistance (TA) from IntraHealth through training, mentorship, guidance and direct support to program staff, health facilities and community levels to implement optimized HIV case finding, treatment, viral suppression, and treatment retention services. The organizational development TA will focus on the development of organizational structures, systems and leadership capacities and technical competencies to deliver comprehensive HIV services.

2.0 SCOPE OF WORK

2.1 BACKGROUND

The USAID/South Sudan Health Advancing HIV & AIDS Epidemic Control (AHEC) Activity contract was awarded to IntraHealth International and its consortium partners to assist USAID with providing technical assistance and services to decrease morbidity and mortality among South Sudanese by increasing prevention, care, treatment, and retention services for at-risk men, women, children, and key populations; and with improving South Sudan's journey to self-reliance by strengthening the capacity of local partners to prepare them for the receipt of future prime funding.

The overall objectives of the AHEC program are:

- Increase access to HIV prevention, care, treatment, and retention services for at-risk men, women, children, and key populations.
- Strengthen the capacity of local partners to prepare them for the receipt of prime funding.

To strengthen the capacity of local partners, AHEC's technical assistance and interventions will be implemented through the GUC mechanism to build the capacity of local NGOs, CSOs and private sector clinical service providers that have the potential to become prime awardees of future USAID awards.

Currently, the USAID/AHEC Activity is implementing comprehensive HIV prevention, care, treatment and retention services in 14 primary healthcare facilities for at-risk men, women, children and key populations in Juba County (Munuki, Kator, Gurei, Nyakuron, Malakia, Kimu, Lutheran and Aru Junction PHCCs; PoC 1 & 3 health facilities; and Tambura Hospital and Source Yubu, Mupoi and Nagero PHCCs), as well as a comprehensive community-based HIV prevention, care and treatment services for key populations in six sites, including Juba, Nimule, Yambio, Rumbek, Wau and Bor.

To ensure sustainable and resilient responses to the national HIV epidemic, there is significant need to strengthen the capacities of local organizations to meaningfully contribute to HIV case finding, treatment,

viral load suppression and retention services for South Sudan to achieve its 95-95-95 targets. Currently, there are many local organizations in South Sudan that are deeply rooted in local communities, but the majority remain small and nascent with limited geographical, technical and leadership capacities. To increase their contributions to quality and sustainable HIV/AIDS services, the USAID/AHEC GUC program seeks to identify and build the capacity of selected South Sudanese National Non-Governmental Organizations (NNGO), Civil Society Organizations (CSO) and Community- or Faith-Based Organizations (CBO/FBOs) or clinical and non-clinical service providers to prepare them for future USAID awards.

2.2 THE APPROACH

AHEC's technical assistance and interventions implemented through the GUC mechanism are aimed to build the capacity of local NGOs, CSOs and private sector clinical and non-clinical service providers that have the potential to become prime awardees of future USAID awards. Successful applicants will receive structured technical assistance from IntraHealth to improve the availability of and demand for HIV prevention, care, treatment and retention services for at-risk men, women, children, and key populations at selected primary health care facilities through a range of community-based HIV activities. The organizational capacity development support will contribute to the development of vibrant and competent local organizations by strengthening and empowering them through interventions that enhance their performance for quality and sustainable HIV service delivery.

IntraHealth's structured technical assistance will:

- Enhance local partner staff/health care workers' capacity in providing quality HIV/TB services.
- Strengthen organizational structures and leadership capacities to ensure effective coordination and program oversight.
- Enhance functionality of local partners' core monitoring and evaluation (M&E) systems.

The successful applicants will be expected to implement activities under one or both of the following objectives:

- **Objective 1:** Increased access to facility- and community-based HIV prevention, care, and treatment services.
- **Objective 2:** Improved retention across ART/PMTCT/EID/pediatric HIV cascade.

2.3 ACTIVITIES BY OBJECTIVE

Successful applicants must implement relevant approaches to achieve one or both of the following objectives:

Objective 1: Increased access to facility- and community-based HIV prevention, care, and treatment services.

- I. **Conduct targeted testing and optimize case finding.** The applicant must propose effective and context-relevant modalities and implementation approaches that expand access to quality

and targeted integrated facility- and community-based HIV testing services (HTS), specifying target populations for proposed modalities and or approaches. Applicants should also describe quality standards for proposed interventional modalities/approaches, and as well as quality assurance and quality improvement measures for the facility- and community-based service packages.

- II. Organize community referral systems and track referrals.** The applicant should outline and concisely describe proposed referral mechanisms for community-facility linkages for services not offered in the community. Applicants should also describe proposed feedback mechanisms for actively referring and tracking individuals through the proposed referral pathway for multiple services such as STIs, HIV testing or ART and including referral arrangements to ensure referral sites provide services without discrimination.
- III. Create and operationalize community ART refill groups/spaces for PLHIV.** The applicant must propose relevant, differentiated service delivery (DSD) focused approaches; outline proposed collaborations with AHEC-supported ART facilities to establish and manage community ART refill spaces/groups and support for routine refill groups with health education and condom distribution; and provide other expanded package of services at the refill group levels, including psychosocial and adherence support counseling, treatment literacy, alcohol dependence support and other services.
- IV. Provide weekly, monthly and quarterly reports that highlight key results achieved and trends.** The applicant must propose reporting systems that will ensure weekly, monthly, and quarterly reports that highlight key results achieved and trends in line with PEPFAR reporting requirements and indicators.

Objective 2: Improved retention across ART/PMTCT/EID/pediatric HIV cascade.

Sub-result area 2.1: *To improve ART retention and reduce interruptions in treatment, successful applicants must:*

- I. Strengthen systems for client appointment tracking and reminders using telephone calls and SMS.** The applicant must propose and establish practical support mechanisms for client ARV refill and viral load testing appointment tracking and reminders in collaboration with the PHCC facility teams, including support for a dedicated community outreach volunteer to support client appointment tracking, reminders, and routine updates of client telephone contact details at every visit or whenever possible. The applicants should also describe proposed facility- and community-level treatment support systems for 180 days post ART initiation to ensure uninterrupted treatment.

- II. Undertake peer mapping and support the attachment of community outreach volunteers (COVs) to clients.** The applicant must propose approaches to map clusters of PLHIV peers and link them to facility treatment clusters for enhanced community level care and treatment support services. The applicant should also innovate approaches for strengthening provision of age-appropriate differentiated care and adherence support services for stable and unstable clients, including the promotion of healthy behaviors and routine treatment literacy (U=U messages) through PLHIV peer education structures.
- III. Strengthen interruption in treatment tracing and referrals for facility or community ART refills.** The applicant must propose approaches that will strengthen interruption in treatment tracing and provide integrated and targeted community ART refills using a network of COVs and peer navigators (PNs) in collaboration with ART facility teams. The applicant must describe synergies with community ART refill groups/spaces to enhance tracing outcomes.

Sub-result area 2.2: *To improve PMTCT retention and EID/Pediatric care, successful applicants must propose approaches and interventions that will:*

- I. Strengthen the Mentor-Mother platform for client empowerment, individual client support, and follow up.** The applicant must propose innovative approaches that strengthen facility-level Mentor-Mothers' platform to empower PMTCT clients to improve their treatment seeking and adherence, provide adequate individual level support services and refer and link clients with community level women's groups and targeted food assistance. The applicant must propose training and structured approaches to mentor-mothers work and support systems, clearly outlining focused mentor-mothers' activities that enhance the PMTCT continuum of care, such as improved peer level support for confidentiality, privacy and disclosure; improved tracking of mother-infant pairs; and active home provision of community ART refills, EID sample collection and linkage with existing community-level food support and other woman-focused poverty reduction programs.
- II. Create enabling care-seeking environment and facilitate access to PMTCT services.** The applicant must propose relevant approaches for male partner involvement and undertake community leaders and other civil society engagements to create demand and enabling environment for PMTCT services. The applicant should also outline approaches that facilitate access to PMTCT services through community-based HIV testing and community ART distribution.

2.4 Selected applicants will have to achieve specific milestones related to the approved project. An illustrative milestone table is provided below.

Miles tone #	Description of Milestone	Method of verification	Due date	Milestone Amount (USD)
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1	Submission of workplan and Organizational Capacity Building Plans for selected applicants	Approval by COR	2 weeks after application review and shortlist	TBD
2	Orientation, training and mentoring of local partner on capacity building plan and monthly tracking of implementation	Training reports and monthly review of OPI indicators performance	15 days after award signing and monthly thereafter	TBD
3	Submission/presentation of targeted community based HTS data, number of clients reached with community level prevention services, Number of condoms distributed (HTS_TST) and (HTS_TST_POS)	Number of individuals who received HIV Testing Services (HTS) and received their test results (HTS_TST) and tested positive and received results (HTS_TST_POS)	weekly	TBD
4	Submission/presentation of index testing data (HTS_INDEX) and (HTS_INDEX_NEWPOS)	Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX) and newly tested positive contacts (HTS_INDEX_NEWPOS)	Weekly	TBD
5	Submission/presentation of interruption in treatment tracing data (TX_RTT)	Number of clients with treatment interruptions line listed and traced with documented tracing outcome. (TX-RTT)	Weekly	TBD
6	Submission/presentation of tracing clients eligible for viral load testing services (TX_PVLS (Tracing and Sample collection)	Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months (TX_PVLS (D)	Every month	TBD
7	Submission/presentation of data of mentor mother treatment support, baby-mother pair follow up and tracing using the PMTCT cascade (PMTCT_STAT; PMTCT_STAT POS; PMTCT_ART; PMTCT_EID)	Proportion of HIV-positive pregnant or lactating women who receive ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy or breastfeeding supported and tracked along PMTCT cascade (PMTCT_STAT;	Every month	TBB

		PMTCT STAT POS; PMTCT_ART; PMTCT_EID)		
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B. FEDERAL AWARD INFORMATION

1. TYPES OF ASSISTANCE INSTRUMENTS

The types of assistance instruments that may be awarded if applications are successful include fixed amount awards, in-kind grants, standard cost reimbursable grants, and blended grants (i.e. a mix of in-kind and cost reimbursable). A total of up to **1 million USD** will be awarded in GUCs under the AHEC activity in small grants over the four years.

2. IMPLEMENTATION PERIOD

The implementation period for this request will be up to **14 months** (including 2 months of AHEC’s 1st year i.e., 1st of August - 30th Sept 2021, and 12months of year two starting 1st Oct to Sept 30th, 2022).

This is subject to availability of funding.

In the event of unsatisfactory performance or breach of compliance, IntraHealth will terminate such local partner’s award and solicit replacement of such a partner(s).

3. LOCATIONS OF IMPLEMENTATION

The GUC program will be implemented in the project sites in Juba and Tambura Counties. Applicants **MUST** specify their proposed locations. Selected applicants will work closely with the AHEC-supported primary health care facility and program teams (10 PHCCs in Juba County and 4 PHCCs in Tambura County) and lead and organize the work of a network of existing community outreach volunteers to support proposed program objective areas. Applicants must propose the number of community outreach volunteers it think adequate to achieve their proposed interventional activities.

4. EXPECTED PERFORMANCE INDICATORS

Successful applicants will be required to achieve all or some the following target areas, depending on the scope of work.

Indicators	Targets	Activities associated with achieving targets
Objective 1: Increased access to community-based HIV prevention, care, and treatment services		

Number of individuals who received community-based HIV Testing Services (HTS) and received their test results (HTS_TST)	TBD	Objective 1: I, II, III, IV
Number of individuals who received HTS, received their test results, and tested positive (HTS_TST_POS) *	TBD	Objective 1: I, II, III, IV
Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX)	TBD	Objective 1: I, II, III, IV
Number of newly tested positive contacts reported who were identified and tested using index testing services (contacts tested for HIV and received their results) (HTS_INDEX_NEWPOS)	TBD	Objective 1: I, II, III, IV
Number of newly positives identified and linked with care and treatment services. (Total HTS_TST POS and HTS_INDEX_NEWPOS)	TBD	Objective 1: I, II, III, IV
Objective 2: Improved retention across ART/PMTCT/EID/pediatric HIV cascade		
Sub-result area 2.1: <i>To improve ART retention and reduce interruptions in treatment</i>		
Proportion of clients with treatment interruptions line listed and traced with documented tracing outcome. (TX-RTT)	TBD	Objective 2: SR1 I, II, III
Proportion of ART patients eligible for VL enlisted, and traced and VL sample collected and VL result received and documented in the patient files or laboratory records/LIS within the past 12 months (TX_PVLS)	TBD	Objective 2: SR1 I, II, III
Sub-result area 2.2: <i>To improve PMTCT retention and EID/pediatric care</i>		
Proportion of HIV-positive pregnant or lactating women who attend Mentor-mothers' sessions; health education sessions and are on ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy or breastfeeding and routinely received peer support and tracked long the PMTCT cascade (PMTCT_STAT; PMTCT_STAT POS; PMTCT_ART; PMTCT_EID)	TBD	Objective 2: SR2 I, & II

C. ELIGIBILITY INFORMATION

1. Eligible Applicants

As the key component of AHEC Activity is to strengthen the capacity of local partners and prepare them for the receipt of prime funding, competition under this request will be limited to South Sudanese National Non-Governmental Organizations (NNGOs), Civil Society Organizations (CSOs) and Community or Faith-based organizations (CBOs/FBOs) currently implementing HIV prevention, care, and treatment activities.

Local entities must be legally registered and recognized under the laws of South Sudan and provide Articles of Incorporation or other documentation which substantiates the legal registration of the entity in South Sudan, if requested. GUCs will not be award to the Government of Republic of South Sudan or its subsidiaries. Proposals from individual citizens will not be reviewed.

Applicants must not be debarred or suspended from receiving U.S. Government funds and not appear prohibitively on:

- The System for Award Management (SAM) List.
- The Specifically Designated Nationals and Blocked Persons List maintained by the U.S. Treasury for the Office of Foreign Assets Control (OFAC).
- The United Nations Security Council (UNSC) Designation List.

Applicants must also submit a signed copy of ADS 303mav, Certifications, Assurances, Representations, and Other Statements of the Recipient found at:

<http://www.usaid.gov/sites/default/files/documents/1868/303mav.pdf> which includes:

1. [Assurance of Compliance with Laws and Regulations Governing Nondiscrimination in Federally Assisted Programs \(This assurance applies to Non-U.S. organizations, if any part of the program will be undertaken in the U.S.\);](#)
2. [Certification Regarding Lobbying \(22 CFR 227\);](#)
3. [Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals \(ADS 206. Prohibition of Assistance to Drug Traffickers\);](#)
4. [Certification Regarding Terrorist Financing;](#)
5. [Certification Regarding Trafficking in Persons; and](#)
6. [Certification of Recipient.](#)

Other certifications and statements found in ADS 303 mav, Certifications, Assurances, and Other Statements of the Recipient and Solicitation Standard Provisions:

1. A signed copy of Key Individual Certification Narcotics Offenses and Drug Trafficking, (ADS 206.3.10) when applicable;
2. A signed copy of Participant Certification Narcotics Offenses and Drug Trafficking (ADS 206.3.10) when applicable;

3. A completed copy of Representation by Organization Regarding a Delinquent Tax Liability or a Felony Criminal Conviction;
4. Other Statements of Recipients.

2. Cost Sharing

Successful applicants will be allowed to cost share on key personnel costs, internet, stationeries, rental and vehicle and generator related costs. However, these cost share items will be reviewed during award budget review meetings to ensure they meet the cost share requirement under this GUC program.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Interested applicants can request the application packages and information session zoom link through email at: [**AHECGrants@intrahealth.org**](mailto:AHECGrants@intrahealth.org)

2. Content and Form of Application Submission

Applicants will be expected to submit the following jointly in application submission:

- A. The technical proposal
- B. Budget proposal with narratives
- C. Organization Organogram
- D. South Sudan Relief and Rehabilitation Commission (RRC) certificate of registration
- E. Copy of 2019/2020 Financial Audit Report
- F. List of board members
- G. Organization constitution
- H. Summary of past performance/achievements

3. Unique Entity Identifier and System for Award Management (SAM)

Each applicant must obtain a data universal numbering system (DUNS) number, as necessary. A DUNS number is required for non-U.S. applicants applying for grants in the amount of \$25,000 or more. A DUNS number is required for U.S. applicants regardless of the grant amount. The award of a grant is contingent upon the winner(s) providing a DUNS number or proven exemption. Organizations who do not provide a DUNS number will not receive a grant.

4. Submission Dates and Times

See Page 1 for the proposal submission due date and time.

5. Funding Restrictions

No construction or rehabilitation works shall be performed under this GUC program. Applicants shall not be reimbursed for any costs incurred in connection with the preparation and submission of applications.

6. Other Submission Requirements

As may be clarified, during the information session.

E. APPLICATION REVIEW INFORMATION

1. Criteria for review and selection

The Capacity Development Advisory Group, USAID and AHEC staff will constitute the evaluation committee. All applications will be reviewed in accordance with the technical evaluation criteria that will be finalized and set forth by the capacity building advisory group. Up to three (3) organizations will be selected and they will be categorized into two categories for capacity building: 1) Large to medium size CBOs/FBOs poised to become a prime recipient by the end of AHEC, and 2) Smaller CBOs/FBOs to be nurtured as the next generation to lead USG-funded HIV initiatives. Women-and KP-led organizations will be given priority and the two tiers of organizations will be determined using a matrix that maps organizational stability with HIV experience – see figure below.

A total of 100 points are available. The relative importance of each criterion is indicated by the number of points it is assigned.

The Advisory Group, USAID and AHEC staff will evaluate all applications in five steps: (i) Review of all applications to determine eligibility; (ii) technical analysis of eligible applicants' applications (proposals); (iii) scoring and rating of eligible applicants' proposals based on the evaluation criteria outlined in the table below to determine the highest-ranking proposal; (iv) round of clarification (if necessary) with the highest scored proposal.

	Evaluation Criteria	Points for sub-criteria	Total points for Criteria
	Applicant Expertise and experience in delivering HIV Services		20
1	Applicants mandate and geographic coverage and key results	5	
	Applicants experience specific to community-based HIV service delivery	5	

	Applicants technical and staff expertise	5	
	Applicants' basic management structure	5	
The proposal should include realistic and evaluation plans capturing the potential impact created as a result of the intervention			
2	Technical Approach		50
	Background and context	5	
	Objective 1	15	
	Objective 2	10	
	Sub Result area 1	10	
	Sub Result area 2	10	
3	Cross Cutting Approaches		14
	Gender inclusion	7	
	Conflict sensitivity	7	
The proposal should clearly demonstrate sustainability after the grant process and in the absence of external funding			
4	Management Plan		16
	Risk Management	5	
	Safeguarding Policy	3	
	Monitoring Strategy	8	

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

Successful applicants will receive a letter of notification. However, the letter of notification is not an authorization to begin performance and any expenses incurred prior to receipt of a fully executed grant document signed by both parties will be disallowed. The fully executed grant document will be provided by electronic means to an authorized representative of the grantee.

2. Administrative and National Policy Requirements

The resulting grants from this RFA will be administered in accordance with the following policies and regulations: <https://www.usaid.gov/ads/policy/300/303mab>. The applicable Standard Provisions will be attached to the final award document.

G. CONTACTS

For more information or clarifications related to this request, Applicants should contact grants team at IntraHealth on: AHECGrants@intrahealth.org before 9th June 2021. Request for information send after 9th June, will not be responded to.

H. OTHER INFORMATION – CORRUPTION AND FRAUD DURING APPLICATION AND GRANTING PROCESS.

IntraHealth is subject to the U.S. Foreign Corrupt Practices Act (FCPA) and the UK Bribery Act of 2010 which prohibits giving anything of value to officials of foreign governments to obtain or retain business. IntraHealth’s officers, managers, employees, agents, consultants, or other representatives are not permitted to engage in bribery, kickbacks, payoffs or other corrupt business practices with foreign government officials.

The Advisory Group, USAID and AHEC staffs will treat all applicants responding to this request for application in a competent, objective, and unbiased manner, and will always represent USAID/IntraHealth interests. It is crucial all applicants MUST behave without regard for potential jobs, and they must prevent disputes with other tasks or their own interests. All applicants who are found to have a conflict of interest will be excluded from the competition.

Without limiting the generality of the above, applicants and any of their affiliates may be deemed to have a conflict of interest with one or more parties in this solicitation phase, if they:

- Are or have been affiliated in the past with a company or any of its affiliates or an individual or a group of persons that has been hired by USAID/AHEC activity to prepare or review the design, conditions of GUC program participation. And
- Are found to be in conflict for some other cause, as determined by the Advisory Group, USAID and AHEC staffs or at its discretion.

Applicants must report any doubt in the understanding of what is possibly a conflict of interest to IntraHealth and request clarification from IntraHealth on whether such a conflict exists before 19th May 2021.

I. ANNEXES:

Applicant can request application packages that will contain among others,

- **ANNEX I: TECHNICAL PROPOSAL TEMPLATE**
- **ANNEX II: BUDGET TEMPLATE**
- **ANNEX III: REQUEST FOR INFORMATION SHEET**