



REQUEST FOR APPLICATIONS

CMMB SSHARP COMMUNITY HIV PROGRAM

Optimizing Community HIV Case Finding, Treatment, Viral Suppression, and Retention Services in Western & Central Equatoria States

Catholic Medical Mission Board in South Sudan is seeking applications from qualified local national non-governmental organizations (NNGOs, CSOs, CBOs, FBOs etc.) to implement community-based HIV interventions under the CDC/PEPFAR funded South Sudan HIV/AIDS Reversal Project (SSHARP) that provides critical HIV/AIDS care and treatment services for the people living with HIV in South Sudan.

CMMB South Sudan anticipates awarding grants with an initial period of performance of 12 months, from September 30th, 2024, to September 29th, 2025. Competition under this request will be limited to South Sudanese National Non-Governmental Organizations (NNGOs), Civil Society Organizations (CSOs) including South Sudanese Faith-based organizations (CBOs/FBOs). The closing date for receiving applications is 20th of September 2024, at 17:00 hrs. South Sudan time.

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 and those that do not conform with the specified requirements will be disqualified. This Request for Application ((RFA) neither obligates CMMB South Sudan to award funding nor commits CMMB South Sudan to cover costs incurred in the preparation and submission of an application.

Yours Sincerely,

JG

Country Director,
CMMB South Sudan



I. REQUEST FOR APPLICATION INFORMATION

Date of Issue:	5 th Sept 2024
Proposal Submission Due Date and Time:	20 nd Sept 2024 at 5:00pm CAT/Local time
Project Duration:	12 Months approximately

A. Introduction

Despite South Sudan’s progress towards achieving the 2030 UNAIDS 95- 95-95 global targets, significant challenges continued to face the national HIV responses, and the 2023 spectrum estimated HIV prevalence among general population is 1.9%. and children and women continue to be disproportionately affected, with only 41% of people living with HIV know their HIV status, 37% among those HIV positives are on treatment, and 31% (representing 86%) are virally suppressed in 2023. Multiple factors, such as stigma, high interruptions in treatment, low PMTCT_EID coverage, low viral load suppression and health equity gaps presents challenges to effective prevention and treatment interventions for general population, especially for children and men and for AGYW who engage in high-risk sexual behaviors. This Request for Application aims to optimize access to and use of community-based HIV prevention and treatment services among the general population in Western and Central Equatoria States. The successful applicant will be expected to implement community case-finding strategies to reach children, men, women and adolescents/young people (AYP) and provide HIV testing services through different high yielding testing modalities, facilitate linkage and referrals of HIV-positive individuals to community ART and care services, and linkage of HIV negative individuals to appropriate HIV prevention services.

The successful applicant will receive technical assistance (TA) from CMMB through training, mentorship, guidance and direct support to program staff and community level teams to implement optimized community HIV case finding, treatment, viral suppression, and treatment retention services. The organizational development TA will also provide focused organizational and technical capacity strengthening support.

B. PROGRAM DESCRIPTION

The PEPFAR/CDC SSHARP project implemented by CMMB, currently in its first year and second quarter, operates in 13 high-HIV-burden counties across Central Equatoria State



(CES) and Western Equatoria State (WES) in South Sudan. The project uses a dual approach of health facility (HF) and community-based strategies to offer comprehensive, person-centered HIV prevention, care, and treatment interventions. Based on decades of experience and lessons in community-based health care, CMMB considers community-based services a crucial strategy in its country's strategic plan. In FY24 Q2, SSHARP supported local partners in WES (Star Support Group (SSG) and St. Theresa Mission Hospital) and CES (NEPWU and St. Bakhita) to enhance community-based HIV services.

C. Applicant eligibility

Before you proceed with this application, please read this applicant eligibility section. Individual applicants must meet the following eligibility:

As the key component of SSHARP Activity is to strengthen the capacity of local partners, 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. Proposals from individual citizens will not be reviewed.

1. Must have a valid registration certificate to operate in South Sudan
2. Must have a Bank Account in the Organization's name and attach proof
3. Must provide proof of experience doing Community Health programming
4. Must provide proof of programming operations for at least the last 3 years consecutively
5. Must have experience working in the selected zone applied for – the zones include Juba Count as Zone 1, Yei/Kajo-Keji/Lanya/Morobo Counties as Zone 2, Yambio/Ibba as Zone 3, Nzara/Ezo as Zone 4 and Maridi/Mundri/Mvolo Counties as Zone 5.

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

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

D. Application Submission Criteria.



Please check that you satisfy the pre-qualification criteria before applying. Failure to meet the criteria will lead to automatic disqualification.

- **Closing Date: 20th September 2024** – Please ensure your application has been received at the email address provided below, by the 20th of September 2024 by 5:00pm South Sudan time.
- For the application form, use **Arial font size 11, single spacing**.
- Respond to all the sections and objectives accurately.
- Applications may only be submitted by organizations who can meet the CMMB/SSHARP requirements for a sub grantee
- It is the responsibility of the applicant to provide appropriate evidence that demonstrates the ability to serve as a sub-grantee.
- Please submit your applications electronically to LJimmy@cmmb.org , EBepo@cmmb.org @JOleyo@cmmb.org with Subject: *Zone “number”: Optimizing Community HIV Case Finding, Treatment, Viral Suppression, and Retention Services in Western or Central Equatoria States*. Please specify the chosen Zone and State accordingly.
- Request for technical and budget proposal templates and any queries regarding this request should be submitted to APZema@cmmb.org and CC gjagwer@cmmb.org and EBepo@cmmb.org with subject: *“Request for Templates and Information on SSHARP RFA”*.

II. SCOPE OF WORK

A. Background

The South Sudan HIV/AIDS Reversal Project (SSHARP) Activity was awarded to CMMB South Sudan to assist CDC/PEPFAR to provide technical assistance to the Ministry of Health (MOH) and direct service delivery of comprehensive HIV prevention, care and treatment services in Central and Western Equatoria States.

The project strategic objectives are:

1. To provide tailored prevention interventions and enhanced case-finding efforts towards the first 95%
2. To provide accessible and client-focused ART services to achieve the second 95%.
3. To provide comprehensive and integrated model of care to achieve the third 95%.
4. To build strong community partnerships for sustainable and enhanced HIV prevention, care, and treatment interventions.



5. Enhance quality improvement, quality data management, and data-driven decision-making.

In line with strategic objective 4, SSHARP's community engagement and service delivery program will be implemented through local partners, in Central Equatoria and Western Equatoria States. This request is therefore to solicit and identify three (3) local partners for CMMB/SSHARP Community HIV program. To ensure sustainable and resilient responses to the national HIV epidemic, the successful applicants will also receive capacity strengthening support to meaningfully contribute to SSHARP's HIV response in the two states.

B. Program Approach

With technical assistance from CMMB, the community HIV interventions will be implemented through local partners to improve the availability of and demand for facility and community-based HIV prevention, care, treatment and retention services in the supported 39 ART facilities. CMMB's technical and organizational capacity strengthening 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. Tailored and targeted technical assistance will address areas of gaps identified with the aim to:

- Enhance local partner staff/community cadres' capacity to directly provide quality minimum package of community-based HIV/TB services.
- Strengthen local partners' leadership, governance, financial management and internal control systems
- Enhance local partner capacity to directly manage, implement, and monitor PEPFAR programs, and maintain consistent PEPFAR program achievement and quality.

The successful applicants will be expected to implement activities across the cascade of the following objectives:

Objective 1: To provide tailored prevention interventions and enhanced community case-finding efforts to the first 95%

Objective 2: To provide accessible and client-focused community ART services to achieve the second 95%.

Objective 3: To provide a comprehensive and integrated model of community care to achieve the third 95%.

Objective 4: To enhance community HIV services quality improvement, quality data and data-driven decision-making



C. Activities by Objective

Successful applicants must propose relevant approaches and activities to achieve the following objectives:

Objective 1: To provide tailored prevention interventions and enhanced community case-finding efforts to the first 95%.

To achieve this objective, applicants must propose strategies to increase demand for comprehensive HIV prevention services, including high yielding HIV testing modalities targeting hard-to-reach general population subgroups such as men, adolescent girls, boys and young women. Focus heavily on targeted testing to those deemed to be at higher risk or sub-communities with higher HIV prevalence and those lagging in the HIV response across the cascade. Specifically, applicants are expected to:

1.1 Conduct targeted testing and optimize case finding.

The applicant must propose effective and context-relevant modalities and implementation approaches and activities that expand access to quality and targeted 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, quality assurance and quality improvement measures for the facility- and community-based service packages.

1.2 Conduct and optimize community-based Early Infant Diagnosis (EID) services.

The applicant must propose effective and context-relevant modalities and approaches tracking HIV exposed infants and activities that expand access to community-based EID services, specifying target age groups for proposed modalities.

1.3 Conduct and optimize community HIV Self testing services.

The applicant must propose effective and context-relevant modalities, distribution and results tracking approaches and activities that expand access to quality community-based HIV self-testing services, specifying target populations for proposed modalities.

1.4 Conduct and optimize community-based PrEP services.

The applicant must propose effective and context-relevant modalities for demand creation and integrated approaches and activities that expand access to quality community-based PrEP services, specifying target populations for proposed modalities.



1.5 Organize community referral systems and track referrals.

The applicant should outline and concisely describe proposed referral mechanisms for community-facility linkages for prevention 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 STI management, GBV care, family planning and including referral arrangements to ensure referral sites provide services without discrimination.

Objective 2: To provide accessible and client-focused community ART services to achieve the second 95%.

To achieve this objective, applicants must propose differentiated models of service delivery to expand access to community ART and ensure adherence support and treatment literacy, including through MMD and decentralization of community-based high-quality ART and refill services. Specifically, the applicants are expected to:

2.1 Provide high-quality community ART services.

The applicant must propose approaches for person centered community ART initiation and population subgroup and age specific interventions for peer-to-peer adherence support services, home visits for clients without telephone number and client linkage to COWs based on demographic information.

2.2 Create and conduct community ART refill through community ART groups.

The applicant must propose relevant, family care model of differentiated service delivery approaches; outline proposed collaborations with facility level teams to establish and manage community ART refill spaces/groups and support for routine refill groups with health education and provide other expanded package of care services at the refill group levels, including psychosocial and adherence support counseling, treatment literacy, alcohol dependence support and other services.

2.3 Map and support true linkage of ART/PMTCT clients to community outreach workers (COWs) and Mentor Mothers.

The applicant must propose approaches to map clusters of facility ART/PMTCT clients and link them to Community Outreach Workers or Mentors 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.



2.4 Conduct appointment reminders, prevent missed appointments and interruptions in treatment among ART clients.

The applicant must propose and establish databases for tracking clients with ARV refill; viral load testing and EAC appointments and proactively implement appointment tracking and reminders in collaboration with the facility teams, including support for physical client appointment reminders, and routinely updating 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 (about 6 months) post ART initiation to ensure uninterrupted treatment.

2.5 Support PMTCT retention and conduct community pediatric care and support services

The applicant must propose innovative approaches that strengthen 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. 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-baby pairs; and active home provision of community ART refills, EID sample collection and linkage with existing community-level woman-focused poverty reduction programs, including Village lending and saving associations (VLSA). The applicant must also 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.

Objective 3: To provide a comprehensive and integrated model of community care to achieve the third 95%.

To achieve this objective, applicants must propose strategies to improve treatment literacy and increase demand for viral load services, including community sample collection and delivery of Viral Load (VL) results and conduct of community EAC sessions. Specifically, the applicants are expected to:

3.1 Conduct VL and treatment literacy sessions.

The applicant must propose effective and context-relevant modalities for VL demand creation and treatment literacy activities and expand access to community-based VL services, specifying target populations subgroups for proposed activities. Applicant must propose activities to identify and list VL eligible clients.



3.2 Conduct community VL sample collection.

The applicant must propose effective and context-relevant modalities for community VL sample collection activities, specifying target populations subgroups for proposed activities.

3.3 Conduct delivery of VL results and community EAC sessions for high viral load clients.

The applicant must propose effective and context-relevant modalities for result delivery and for conduct community EAC activities, specifying target populations subgroups for proposed activities.

Objective 4: To enhance community HIV services quality improvement, quality data and data-driven decision-making.

To achieve this objective, applicants must propose strategies to improve capacity for community data collection and use of high-quality data for community system strengthening. Specifically, applicants are expected to:

- 4.1. Propose approaches to build the capacity of community cadres to enhance their skills in community data quality and reporting.
- 4.2. Propose activities for regular community data collection, analysis and use to inform program decision-making and implementation.
- 4.3. Prepare and submit routine program reports to track implementation progress data

III. AWARD INFORMATION

A. Types of Assistance Instruments

The types of assistance instruments that may be awarded if applications are successful include performance based, fixed amount awards, and standard cost reimbursable grants. The indicative budgets for FY25 and implementation period 1st Oct 2024 to 30th September 2025 are as below:

Zone	County	Indicative Budget (US Dollars)
Zone 1	Juba County	350,000
Zone 2	Yei, Morobo, Kajo Keji and Lainya	300,000
Zone 3	Yambio County	420,000
Zone 4	Nzara and Ezo Counties	320,000
Zone 5	Maridi, Greater Mundri, Ibba and Mvolo	180,000
	Total Subgrants	1,570,000

B. Implementation Period

The implementation period for this request will be up to **12 months** starting 1st October 2024 through Sept 30th, 2025. This is subject to availability of funding. In the event of unsatisfactory performance or breach of compliance, CMMB will terminate such local partner's award and solicit replacement of such a partner(s).

C. Locations of Implementation

The SSHARP Community HIV program will be implemented in the project sites catchment communities in Western and Central Equatoria States, categorized as:

- **Zone 1:** Juba County, Central Equatoria State (6 ART facilities including Juba Teaching Hospital, Al Sabah Children's Hospital, Buluku Police Hospital, Don Bosco PHCC, Nesitu PHCC and Juba Central Prison).
- **Zone 2:** Yei, Morobo, Kajo Keji, and Lainya Counties, Central Equatoria State (7 ART facilities including, Yei Civil Hospital, St Bakhita PHCC, Hamia PHCC, Morobo PHCC, Kaya PHCC, Kajo Keji Hospital, and Lainya PHCC).
- **Zone 3:** Yambio County in Western Equatoria State (8 ART Facilities, including Yambio Hospital, Yambio PHCC, Gangura PHCC, Basungua PHCC, Masia PHCC, Saura PHCC, Lirangu PHCC and Bangasu PHCC).
- **Zone 4:** Nzara & Ezo Counties, Western Equatoria State (12 ART facilities, including Nzara Hospital, Nzara PHCC, Namaiku PHCC, Sangua PHCC, Sakure PHCC, Ringasi PHCC, Basunkemgbi PHCC, Ezo Hospital, Madoro PHCC, Andari PHCC, Naandi PHCC, Yangiri PHCC).
- **Zone 5:** Maridi, Greater Mundri, Ibba and Mvolo Counties (6 ART facilities, including Maridi Hospital, Lui Hospital, Mundri PHCC, Mvolo PHCC, Yeri PHCC and Ibba PHCC).

Applicants **MUST** specify their proposed location, Zone. Selected applicants will work closely with the CMMB facility teams and technical leads to organize the work of a network of existing community outreach workers and Community HIV Service Officers to support proposed program objective areas. Applicants must propose or obtain guidance on the number of community outreach workers it thinks adequate to achieve their proposed interventional activities in the chosen zone.

D. Expected Performance Indicators

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

Indicators	Targets	Activities associated with achieving targets
Objective 1: To provide tailored prevention interventions and enhanced community case-finding efforts to the first 95%		
Number of individuals who received community-based HIV Testing Services (HTS) and received their test results (HTS_TST)	TBD	Objective 11.; 1.2; 1.3; 1.4
Number of individuals who received HTS, received their test results, and tested positive (HTS_TST_POS) *	TBD	Objective 11.; 1.2; 1.3; 1.4
Number of individuals who were identified and tested using Index testing services and received their results (HTS_INDEX)	TBD	Objective 11.; 1.2; 1.3; 1.4
Number of newly tested positive contacts reported who were identified and tested using index testing services (contacts tested positive for HIV and received their results) (HTS_INDEX_POS)	TBD	Objective 11.; 1.2; 1.3; 1.4
Objective 2: To provide accessible and client-focused community ART services to achieve the second 95%.		
Number of individuals who tested positive, linked and started on treatment (TX_NEW)	TBD	Objective 2: 2.1;2.2; 2.3;2.4
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: 2.1;2.2; 2.3;2.4
Objective 3: To provide a comprehensive and integrated model of community care to achieve the third 95%.		
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 3: 3.1;3.2; 3.3

IV. APPLICATION AND SUBMISSION INFORMATION

A. Address to Request Application Package

Interested applicants can request the application packages through email at the following email addresses: APZema@cmmb.org copying GJagwer@cmmb.org and EBepo@cmmb.org.



B. Content and Form of Application Submission

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

- i. Duly signed letter addressed to the CMMB Country Director expressing interest in the RFA. Contact details i.e. email address and telephone number indicated
- ii. The technical proposal
- iii. Budget proposal including budget notes
- iv. Organization Organogram with proposed project team
- v. Proof of legal entity (South Sudan Relief and Rehabilitation Commission (RRC) certificate of registration)
- vi. Profile of the Organization showing its history and some of its work relevant to the application process
- vii. Summary of past performance/achievements
- viii. Organogram for all management and administrative positions (human resources, finance, PSM, M&E, project management).

C. Submission Dates and Times

20th of September, 2024 at 17:00 Hrs. (CAT)

D. Funding Restrictions

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

E. Other Submission Requirements

As may be clarified, applicants are encouraged to seek clarifications.

V. APPLICATION REVIEW INFORMATION

A. Criteria For Review and Selection

The SSHARP technical and finance teams will constitute the evaluation committee. All applications will be reviewed according to the technical evaluation criteria finalized and set



forth by the review committee. Up to three (3) organizations will be selected (one for each Zone as indicated). Women led organizations are encouraged to apply.

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

SSHARP 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 because of the intervention			
2	Technical Approach		50
	Background and context	5	
	Objective 1	15	
	Objective 2	10	
	Objective 3	10	
	Objective 4	10	
3	Cross Cutting Approaches		10
	Gender inclusion	5	
	Conflict sensitivity	5	
The proposal should clearly demonstrate sustainability after the grant process and in the absence of external funding			
4	Management Plan		20
	Risk Management	5	
	Child Safeguarding Policy	5	
	Monitoring, Evaluation and Reporting Strategy	5	
	Stakeholder (Government – State, County, community, donor) relations	5	



VI. AWARD ADMINISTRATION INFORMATION

A. 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 electronically to an authorized grantee representative.

B. Administrative and National Policy Requirements

The resulting grants from this RFA will be administered in accordance with the policies and regulations that govern the CMMB's SSHARP Project. The applicable Standard Provisions will be attached to the final award document.

VII. 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**