



UNIVERSITY OF NAIROBI

REQUEST FOR APPLICATIONS (RFA) FOR LOCAL IMPLEMENTING PARTNER(S) (LIP), FOR THE USAID FAHARI YA JAMII (FYJ) PROGRAM, UNIVERSITY OF NAIROBI

Ref: RFA/UON/FYJ/CA-07H/08/2022

The University of Nairobi has received funding from the United States Agency for International Development (USAID) to support implementation of the Kenya Health Partnerships for Quality Services (HIV, FP/RMNCAH, Nutrition and WASH) in Nairobi and Kajiado Counties through the USAID Fahari Ya Jamii Project (FYJ).

University of Nairobi/Fahari Ya Jamii Project is issuing a Request for Applications (RFA) to provide technical system strengthening support for the FYJ project under USAID Cooperative Agreement No.72061521CA00014. The Fahari Ya Jamii project is seeking a continuing application for implementation on grant-funded project activities based on the terms of references contained herein.

Activity: *Supporting the Provision of Quality HIV Care and Treatment and PMTCT Services within Nairobi County.*

1. Scope of Work.

This document describes the scope of work in supporting provision of quality HIV prevention and treatment services in the successful facility within Nairobi County.

2. Background

Faith Based Organizations are critical in Ensuring Access to Quality and Equitable Health Services in Kenya and more so to the population in Nairobi County. In this County, USAID Fahari ya Jamii supports Approximately 204 facilities which include 89 that provide HIV Care and Treatment services and 80 supported for PMTCT Services. The package of this support will include Technical Assistance (TA) such as Mentorship, Trainings and CMEs, Facility Staff that offer Services including HIV Testing, Treatment and Prevention of Mother to Child Transmission (PMTCT).

In line with the 90:90:90 Strategy, USAID Fahari ya Jamii project aims to sustain and improve quality of testing services, linkage to care, and quality of Care provided for HIV/TB, quality of

care for provision ART for clients receiving care in the facility CCC and MCHS clinic. The activities undertaken under this grant will be aimed at Improving HIV Testing at High-Yield Service Points, Improve Linkages to care to $\geq 95\%$, and ensure that the Standard Package of Care, including TB Screening, is given to all PLHIV attending care in Supported Facilities. The activities will also aim to Increase access to VL Testing and VL Suppression Rates to 95%, largely by Strengthening mechanisms to follow-up and Retain Patients in care.

In line with the elimination of mother to child transmission of HIV agenda the facility will focus on provision of education and referrals for contraception's, assessing pregnancy intentions for WRA living with HI, HIV testing and linkage of infected mothers to care, improved quality of service delivery, psychosocial support, and patient retention in care and provision of EID testing to all HIV exposed infants below the ages of 2 months.

3. Objective

The objective of this grant is to offer support to the selected facility to strengthen provision of quality services in HIV care and treatment and PMTCT offered to meet the overall project objective of increasing access to and utilization of HIV health services in Nairobi City County. This partnership aims to engage the institution towards improving quality of care in HIV care and treatment and prevention services as well as strengthen health systems that contribute to the objective. The Facility is expected to work with or improve upon Existing Facility- and Community-Based structures to increase utilization of HIV Diagnostic, Care, Treatment and Support Services across the Continuum of Care.

You will be required to provide innovative population-specific strategies based on the gaps and COP 22 priorities. The COP 22 strategic shifts for 95-95-95 programming include.

1. Case Finding

- COP22 strategy will focus on finding four missing populations who are a source of continuing infections and mortality– the newly infected, those with long term infections but not identified before, those previously tested Positive but never linked and those Previously identified, linked but disengaged from treatment
 - Index testing as well as SNS for case finding as primary modalities.
 - PITC - building current eligibility screening, we will roll out e-HTS in all EMR sites and Develop Machine learning models to help us prioritize in real-time, individual for testing as well as prevention services.
 - PMTCT- minimize missed opportunities for testing and early diagnosis during ANC and PNC, as we shift towards eMTCT.
 - Recency testing will facilitate identification of clusters of new infections and guide a public health response.
 - Case finding strategies will also be a link to HIV prevention services

2. Prevention and treatment of pediatric HIV

- Prevent maternal HIV infections
 - Identify ALL women at risk of HIV and start PrEP
- Scale up post ANC-1 testing
- 95% mother-infant pair retention
 - Case management, peer mentors, mHealth, home visits

- 100% EID coverage & HEI prophylaxis
 - PMTCT EMR module
 - Early identification & treatment of HIV-infected children
 - Screening at immunization, PITC, DTG to 100% of CLHIV, adherence support
3. Prevention and treatment of HIV in AYP
- PrEP -Integration at facility and community; new products
 - GBV
 - Prevention and response through community sensitization, referrals & linkages, post-violence care
 - HIV positive case finding
 - Index testing, SNS and HIVST at facility & community
 - Continuity of Treatment
 - Case management, peer mentors, mHealth,
4. HIV Prevention and treatment in adults 25+
- Strengthen patient education and leverage technology improve continuity of treatment
 - To address the challenge of mortality, we will
 - Roll out package of care for advanced HIV Disease and
 - Strengthen active TB case finding, treatment and prevention,
 - Integrate HIV care into Chronic Disease Clinics and
 - Optimize cervical cancer screening among WLHIV

Target Outcome of Grant Activity:

Increased utilization of HIV services in the facility to meet the 95-95-95 targets (95% Targeted Tested, 95% Linkage, and 95% Viral Load Suppression) across all groups,

The facility and the project will jointly review the deliverables monthly and come up corrective with action plans, to ensure progress towards achievement of targets as well as contribute to improved quality of care in HIV care and treatment and prevention services.

The annual targets are disaggregated in the table below.

INDICATOR CODE	INDICATOR DESCRIPTION	Target
TX_CURR	Number of adults and children currently receiving antiretroviral therapy (ART)	1,245
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	108
TX_PVLS (D)	Number of ART patients with viral load (VL) results documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	1,220
TX_PVLS (N)	Number of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	1,202
HTS_TST	Number of individuals who received HIV Testing Services (HTS) and received their test results	3,220
HTS_TST_POS	Number of individuals who received HIV Testing Services (HTS) and received HIV negative test results	112
HTS_INDEX	Number of individuals who were identified and tested using Index testing services and received their results	-
HTS_INDEX_NEWPOS	Number of individuals who were identified and tested using Index testing services and received HIV positive results	-

HTS_RECENT	Number of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result during the reporting period	126
HTS_SELF	Number of individual HIV self-test kits distribute	1,008
PMTCT_STAT (D)	Number of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC)	996
PMTCT_STAT (N)	Number of pregnant women attending antenatal care (includes those who already knew their HIV status prior to ANC)	996
PMTCT_STAT_POS	Number of pregnant women with new HIV positive status at antenatal care (includes those who already knew their HIV status prior to ANC)	55
PMTCT_ART	Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy	55
PMTCT_EID	Number of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 12 months of age	55
PMTCT_EID > 2 MONTHS	Number of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 2 months of age	55
PMTCT_EID 2-12 MONTHS	Number of infants born to HIV-positive women who received a first virologic HIV test (sample collected) by 2 to 12 months of age	-
TB_STAT (D)	Number of new and relapse TB cases with documented HIV status	68
TB_STAT (N)	Number of documented HIV status screened for TB	68
TB_STAT_POS	Number of new and relapse TB cases with HIV positive status	17
TB_ART	Number of HIV-positive new and relapsed TB cases on ART during TB treatment	17
TX_TB (D)	Number of ART patients screened for TB in the semiannual reporting period	1,245
TB_PREV (D)	Number of ART patients in the previous reporting period who are not on TPT	55
TB_PREV (N)	Number of ART patients who started on a standard course of TB Preventive Treatment (TPT) in the previous reporting period who completed therapy	47
CXCA_SCRN	Number of HIV-positive women on ART screened for cervical cancer	219
GEND_GBV	Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package	438
PrEP_CT	Number of individuals, excluding those newly enrolled, that return for a follow-up visit or reinitiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period.	112
PrEP_NEW	Number of individuals who were newly enrolled on oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period	75

4. Award Information

It is expected that up to KES 8,000,000 will be available to fund the successful applicant in FY 2022/23. The budget year will start from October 1, 2022 and end on September 30, 2023. The Proposed activities budget cannot exceed the allowable amount described above. Annual continuation awards will depend on the availability of funds, grantee progress in meeting the project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. The Prime Award is a Cooperative agreement and all the rules and conditions of the Prime will flow down to the sub award.

5. Description of activities

The project will run from October 1st, 2022, to September 30th, 2023, to perform the following services:

Quality improvement for HIV/TB and PMTCT Services Activities to Increase utilization of Testing, Care, Treatment and Support Services in the facility for HIV, TB and PMTCT using Facility-Based and Community efforts as per the above Targets.

More specifically these Activities will:

- a) Abolish all client user fee for CCC consultation and laboratory investigations associated with HIV Care
- b) Mentor Nurses to ensure HIV testing of all 1st ANC visit mothers and linkage to HAART and follow up of mother-baby pair throughout the continuum of care as per the NASCOP Guidelines.
- c) Link the care and treatment facilities to transportation of blood samples for viral load and DBS for EID and sputum samples for GeneXpert Testing.
- d) Strengthen HIV Clinical Services and Improved Quality of Care.
- e) Identification of HIV positive individuals through the implementation of targeted testing strategies and Linking to Care and Treatment and the Care Cascade.
- f) Support peer education, mini–support groups, and psychosocial support groups and appointment management.
- g) Support Treatment Preparation of New Clients, Adherence Information, Viremia Patient Support, Pediatric Adolescent and Young Person’s Support and Counseling
- h) Support TB Active Case Finding and Eligibility Screening for HTS.
- i) Strengthen correct and consistent Documentation of all patient files and relevant Registers in HIV/TB/PMTCT service delivery by providing Mentorship on use of the National Tools and EMR.
- j) Strengthen monitoring and evaluation and monthly reporting on HIV/TB/PMTCT activities by supporting monthly data review meetings and subsequent quality improvement projects based on the monthly performance.
- k) Participate in both SCHMT and Fahari Ya Jamii supportive supervision activities to ensure that they are aligned with MOH Policies and Guidelines and in compliance to USAID.
- l) Participate in monthly facility review meetings to assess performance and adjust in line with the expected outcomes and deliverables by both MOH and USAID.

6. Reporting and Monitoring Process

- Develop and submit a Comprehensive Work Plan, Detailed Gantt charts, and Performance Monitoring Plan.
- Submit Monthly Update/Activity reports to USAID Fahari Ya Jamii on the Current status of Implementation Activities that align with the Project’s Indicators.
- Submit Quarterly Reports to USAID Fahari Ya Jamii that discusses the status of each Activities, the Challenges, Successes, and Anticipated Activities for the Next Quarter.
- Submit a Final Report to USAID Fahari Ya Jamii that includes the Overall Successes of the Grant, Challenges, Lessons Learned, and Final Performance Monitoring Plan that demonstrates Outcomes Achieved and other Outcomes as may be required by the 5th of every month.

7. Eligibility Criteria

Application must meet the following requirements to participate in this request. All applications will undergo an initial eligibility screening to ensure they comply with the following eligibility criteria.

- a. This call for applications is only open to locally registered for-profit companies and non-profit organizations who have a local presence in Nairobi County. We encourage applications from local organizations that have previously worked with USAID.
- b. Already been working on the intervention or a related area.
- c. Demonstrate innovative HIV Care and Treatment & PMTCT interventions approaches.
- d. Eligible to receive USAID funds: All apparently successful applicants will undergo a responsibility determination prior to award to ensure that they have the technical and organizational capacity to manage a USAID-funded award. Apparently Successful Applicants must have a Unique Entity Identifier (UEI) number and registered in the System for Award Management (SAM).

8. Evaluation Criteria

The application will be evaluated according to the extent to which it satisfies the merit review requirements below.

Evaluation Criteria	Points
1. Strategic Fit	30 points
2. Technical Approach	40 points
3. Organizational Capabilities	10 points
4. Cost Effectiveness	15 points
5. Other Considerations	5 points
	100 points

Strategic fit: These include the applicant’s contributions toward Fahari Ya Jamii success indicators, proposals on the sustainability of project results, the anticipated benefits to the beneficiaries among others.

Technical approach: The requirements include a clearly defined problem Statement; clearly outlined goals, Potential obstacles, and feasible solutions to address the problems, monitoring and evaluation Proposal that monitor key results, an effective technical approach etc.

Organizational capabilities: Factors for consideration will include the applicants past performance on similar projects, Experience in the proposed geographic region, relevance of the applicant’s staff skills to successfully implement the program and the capacity to adhere to the award terms and conditions, including the reporting requirements

Cost effectiveness: The proposed budget must be realistic for the work to be performed and consistent with the various elements of the applicants’ technical proposal. The proposal must

include a 10% cost share element or proposed leveraging by other Non-US Government funds that will complement the program activities.

Other Considerations: These will include minority groups considerations such as focus on youth, women, physically challenged and other disadvantaged persons. Other cross cutting considerations such Environmental issues in the activity's implementations etc.

9. Application and Submission Information.

To apply, please submit your application/proposal, clearly quoting the Ref. No.

RFA/UON/FYJ/CA-07H /08/2022. Scanned copies of the following documents must be attached and well arranged.

- a) Organization Registration Certificate
- b) Tax Compliance Certificate
- c) Audit Reports for the last two Financial Years (if not available, signed financial statements need to be shared)
- d) Organization Constitution.
- e) Contact Person and Address

To reach the address below not later than August 22nd by 5:00 PM.

The Vice Chancellor,
University of Nairobi
P.O. Box 30197 – 00100,
Nairobi
Email: directorsupplychain@uonbi.ac.ke