



THE AIDS SUPPORT ORGANISATION (TASO) U Ltd.

Implementation of Global Fund HIV-TB (UGA-C-TASO) and Malaria (UGA-M-TASO) Grants Request for Proposals (RFP) from prospective Sub-Recipients

REF NO. TASO/GF/SR/C/2024

1. Background for HIV-TB grant:

The Global Fund has been supporting Uganda since 2003 to fight the three diseases (HIV, TB and Malaria). Global Fund awarded the country another funding opportunity for the period 2024-2026. The AIDS Support Organisation (TASO) was selected by the Uganda Country Coordinating Mechanism (UCCM) to be the second Principal Recipient (PR) of The Global Fund grants to support the implementation of HIV/TB activities according to the National HIV and TB Strategic Plans.

It is upon this background that TASO invites proposals from eligible indigenous Civil Society Organizations (CSOs) to implement the proposed interventions together with District teams and Community Based Organizations (CBOs) in targeted districts. CSOs in Acholi and Lango region are highly encouraged to apply.

Objectives of HIV and TB National Strategic Plans (NSP)

This grant will contribute to the following strategic objectives under the HIV and TB National Strategic Plans 2020/2021-2024/2025:

1. To reduce new HIV infections by 65% among adults and youth and paediatric new HIV infections to less than 5% by 2025.
2. To reduce HIV related morbidity and mortality by 2025.
3. To strengthen social and economic protection to reduce vulnerability to HIV and AIDS and mitigation of its impact on people living with HIV, OVC, key populations and other vulnerable groups.
4. To create awareness about TB and increase proportion of people with TB symptoms that seek care from health facilities from 61%-90% by 2024/25.
5. To increase TB preventive treatment coverage among eligible people to >90% by 2024/25.

2. Scope of HIV-TB Grant interventions and budget allocations

To achieve the above NSP objectives, specific interventions and activities under this grant are to be undertaken by the Sub-recipients (SRs) with technical support from the respective district coordinating offices. These include:

Budget Line No.	Module	Intervention	Description of Activities
1	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Facilitate out of school tournaments in order to mobilize AGYW and ABYM for health services
2	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Facilitate out of school tournaments in order to mobilize AGYW and ABYM for health services
3	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Conduct community dialogues aimed at addressing harmful social and cultural norms, perceptions, gender and other structural factors that drive the HIV epidemic at multiple levels- individual, couple, family, community, and society.
4	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Support to GBV response (SASA) aimed at addressing harmful social and cultural norms, perceptions, and practices, gender and other structural factors that drive the HIV epidemic at multiple levels- individual, couple, family, community, and society, including PSEAH
5	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Support to GBV response (SASA) aimed at addressing harmful social and cultural norms, perceptions, and practices, gender and other structural factors that drive the HIV epidemic at multiple levels- individual, couple, family, community, and society, including PSEAH - Conduct biannual reflection meetings for GBV responders from 24 districts
6	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Comprehensive sexuality education for adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM)	Facilitate the AGYW peers and mentors with monthly stipend to get commodities from communities to facilities and back to safe spaces.
7	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Conduct outreaches/mobile clinics/door-to-door HIV testing/ fixed community sites like youth centres, workplace, markets, boda-boda stages and educational institutions (including index testing, HIV testing/ TB identification and management services provided by lay providers), (1 outreach in each of the 10 sub counties every month for three years) in the targeted 24 districts and TB identification and management services provided by lay providers.
8	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and male sexual partners in high HIV incidence settings	Organise and use of Idea generation and SRH Adolescent Innovation Camps (training and SSP) targeting 200 girls per semester per year per district in 24 districts

Budget Line No.	Module	Intervention	Description of Activities
9	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and male sexual partners in high HIV incidence settings	Organise and use of Idea generation and SRH Adolescent Innovation Camps (training and SSP) targeting 200 girls per semester per year per district in 24 districts
10	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Social protection interventions for AGYW in high HIV incidence settings	Provide socio-economic enablers for AGYW to adhere to treatment and retention in the program through Vocational training for AGYW (training and SSP) targeting 100 girls per semester per year per districts in 24 districts
11	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Social protection interventions for AGYW in high HIV incidence settings	Provide socio-economic enablers for AGYW to adhere to treatment and retention in the program through Vocational training for AGYW (training and SSP) targeting 100 girls per semester per year per districts in 24 districts
12	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Comprehensive sexuality education for adolescent girls and young women (AGYW) and adolescent boys and young men (ABYM)	Comprehensive training for Peers and mentors carrying out referrals to HIV/STI prevention, testing, treatment, care and clinical monitoring, hepatitis B vaccination, other Primary Health Care (PHC) services (using the adapted HIV ambassador's toolkit), screening tool and supervision of implementation, life skills, personal risk assessment, risk reduction counselling and HIV/TB prevention methods;
13	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Removing human rights-related barriers to prevention for AGYW in high HIV incidence settings	Reduce stigma and discrimination against AGYW accessing SRHR/HIV services through Y+ campaign
14	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	Social protection interventions for AGYW in high HIV incidence settings	Provide psychosocial and mental health support services to affected individuals and families -Support strengthening of referral systems and access to health, including friendly community follow up and referral services/ support services, to provide psychosocial and mental health support services to affected individuals and families
15	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Roll out Protect the Goal and Yeah Campaign for social behavioural change for in and out of school AGYW to accelerate access to services that maximize ART uptake and retention; by scaling-up age & audience-specific SBCC messaging on HIV prevention among AGYW
16	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Roll out Protect the Goal and Yeah Campaign for social behavioural change for in and out of school AGYW to accelerate access to services that maximize ART uptake and retention; by scaling-up age & audience-specific SBCC messaging on HIV prevention among AGYW
22	Prevention package for adolescent girls and young women (AGYW) and male sexual partners in high HIV incidence settings	HIV prevention communication, information and demand creation for male sexual partners of AGYW in high HIV incidence settings	Conduct comprehensive community dialogues for AGYW's male partners and adolescent boys above 17 years on comprehensive prevention services for AGYW and male partners who are found to be HIV negative
28	TB/DR-TB Prevention	Screening/testing for TB infection	Contact tracing, and evaluation of PBC (both DS and DR TB) contacts for treatment for active or latent TB
48	Reducing human rights-related barriers to HIV/TB services	Legal literacy ("Know Your Rights") (HIV/TB)	Training workshops on human rights, legal literacy and empowerment interventions for, AGYW, ABYM in all their diversity
163	Differentiated HIV Testing Services	Facility-based testing for key population (KP) programs	Facilitate screening, follow-up, linkage and psychosocial support on testing and counselling, including assisted partner notification and index testing through outreaches (emphasis on strengthening linkage and index testing services conducted among Vulnerable Populations people)
164	Differentiated HIV Testing Services	Facility-based testing for key population (KP) programs	Facilitate HIV testing in family planning clinics, KP-friendly clinics and D/Cs - through outreaches
165	Differentiated HIV Testing Services	Community-based testing for KP programs	Facilitate Outreaches/mobile (including index-testing), door-to-door, fixed community sites, workplace, and HIV testing in educational institutions.
166	Differentiated HIV Testing Services	Self-testing for KP programs	Facilitate demand creation for self-testing through door-to-door, community peers, brothel managers radio programs, community dialogues and sex worker symposiums (virtual and physical)

Budget Line No.	Module	Intervention	Description of Activities
167	Differentiated HIV Testing Services	Self-testing for KP programs	Facilitate distribution of self-test kits at facility, community and D/Cs -through outreaches
168	Differentiated HIV Testing Services	Self-testing for KP programs	Facilitate health workers and DIC human resource to undertake targeted outreaches to support HIV testing in KP-friendly clinics
169	Differentiated HIV Testing Services	Facility-based testing outside of key population (KP) and adolescent girls and young women (AGYW) programs	Support to adherence clubs /peers to link clients to HIV testing, treatment and care for those found positive and provide linkage to prevention services for those found negative
170	Differentiated HIV Testing Services	Community-based testing for KP programs	Undertake outreaches (including index-testing), door-to-door, fixed community sites, workplace, and HIV testing for Vulnerable Populations.

Summary budget allocations of the above HIV-TB Grant activities for the three (3) year period in Pader, Kitgum and Dokolo.

Cluster	Program costs ceilings for the activities in the cluster (UGX)	Administrative Costs ceilings for the activities in the cluster (UGX)	Total Budget ceilings for the activities in the cluster (UGX)
1	4,355,332,890	653,299,934	5,008,632,824

Please note:

1. Districts targeted by activity are clearly specified in the Solicitation document.
2. Applicants are advised to work within the stated budget ceiling above.

3. Background for Malaria grant:

The Global Fund has been supporting Uganda since 2003 to fight the three diseases (HIV, TB and Malaria). Global Fund awarded the country another funding opportunity for the period 2024-2026. The AIDS Support Organisation (TASO) was selected by the Uganda Country Coordinating Mechanism (UCCM) to be the second Principal Recipient (PR) of The Global Fund grants to contribute to implementation of malaria reduction activities according to the Uganda Malaria Reduction and Elimination Strategic Plan (UMRESP).

It is upon this background that TASO invites proposals from eligible indigenous Civil Society Organizations (CSOs) to implement the proposed interventions together with District teams and Community Based Organizations (CBOs) in targeted districts. CSOs in West Nile are highly encouraged to apply.

Objectives of UMRESP 2021-2025

This grant under TASO will contribute to the following strategic objectives under the UMRESP 2021-2025:

1. To accelerate access to malaria preventive and curative services to achieve universal coverage in all eligible populations by 2025
2. Enhance quality of malaria services in the private sector with at least 80% of the private health facilities managing malaria according to national guidelines and reporting quality data by 2025
3. By 2025, at least 90% of the population sustains the acquired knowledge, and utilizes and practices correct malaria prevention, control and management measures.
4. Malaria programming at all levels is guided by and based on robust data and evidence
5. By 2025, transform malaria programming in targeted districts from control to elimination
6. By 2025, at least 80% of districts will have strengthened enabling environment to deliver malaria interventions and measure progress through coordinated partnership and multi-sectoral collaboration.

4. Scope of Malaria Grant interventions and budget allocations

To achieve the above UMRESP objectives, specific interventions and activities under this grant are to be undertaken by the Sub-recipients (SRs) with technical support from the respective district coordinating offices. These include:

WEST NILE CLUSTER 1 – (Arua District, Arua City, Maracha, Yumbe and Koboko)

Module	Intervention	Activities
Case management	Integrated community case management (ICCM)	Quarterly VHT Coordination meeting in the ICCM districts at sub county level
		DHMT Support supervision to Health Facilities and VHTs
		Health Facility Support Supervision to the community for VHTs
		Targeted Community dialogue
Removing human rights and gender-related barriers to case management	Private sector case management	Mentorship on ICCM stock monitoring -Biostat & DMS, MMS-Regional Level
		Mentorship to VHT Supervisors on ICCM Stock and RAS Monitoring -District Level
		ICCM Advocacy and Sensitization meetings at District - Annual
		Mentorship on human rights and gender approaches for malaria -Regional level
Specific prevention interventions (SPI)	Intermittent preventive treatment (IPT) - In pregnancy	Mentorship on human rights and gender approaches for malaria -District level
		CSO/CBOs to conduct community dialogues to advocate for health-related rights and responsibilities in the context of malaria.
Private sector case management	Private Sector Provider Meeting	Training of HRH in IMM in cities- Private Sector
		Provision of Private Provider Support supervision- District Health supervisory Authority
Specific prevention interventions (SPI)	Intermittent preventive treatment (IPT) - In pregnancy	Training of District Trainers
		Training of HRH Malaria in Pregnancy

WEST NILE CLUSTER 2 - (Madi Okollo, Terego, Nebbi and Pakwach)

Module	Intervention	Activities
Case management	Integrated community case management (ICCM)	Quarterly VHT Coordination meeting in the ICCM districts at sub county level
		DHMT Support supervision to Health Facilities and VHTs
		Health Facility Support Supervision to the community for VHTs
		Targeted Community dialogue
Removing human rights and gender-related barriers to case management	Private sector case management	Mentorship on ICCM stock monitoring -Biostat & DMS, MMS-Regional Level
		Mentorship to VHT Supervisors on ICCM Stock and RAS Monitoring -District Level
		ICCM Advocacy and Sensitization meetings at District - Annual
		Mentorship on human rights and gender approaches for malaria -Regional level
Specific prevention interventions (SPI)	Intermittent preventive treatment (IPT) - In pregnancy	Mentorship on human rights and gender approaches for malaria -District level
		CSO/CBOs to conduct community dialogues to advocate for health-related rights and responsibilities in the context of malaria.
Private sector case management	Private Sector Provider Meeting	Training of HRH in IMM in cities- Private Sector
		Provision of Private Provider Support supervision- District Health supervisory Authority
Specific prevention interventions (SPI)	Intermittent preventive treatment (IPT) - In pregnancy	Training of District Trainers
		Training of HRH Malaria in Pregnancy

Summary budget allocations of the above Malaria Grant activities for the two (2) year period per cluster

Cluster	Program Budget ceilings for the activities in the cluster (UGX)	Overhead Budget ceilings for the activities in the cluster (UGX)	Total Budget ceilings for the activities in the cluster (UGX)
West Nile Cluster 1	2,633,756,114	395,062,967	3,028,819,081
West Nile Cluster 2	2,099,951,612	314,992,742	2,414,944,354

Please note:

1. Districts targeted by activity are clearly specified in the Solicitation document.
2. Applicants are advised to work within the stated budget ceiling above.

5. Instructions to applicants

This is a competitive process and is open to registered Civil Society Organizations (CSOs). Organizations that were successfully assessed to continue implementing GF supported activities under TASO for the period 2024-2026 should not apply.

- Each applicant shall apply for one cluster; any applicant who applies for more than one cluster in a grant, will be disqualified.
- Prior experience of implementation of similar or related activities is required.
- Physical presence of an office for the potential SRs in one or more Districts within the targeted cluster of implementations is a MUST. This is to minimize operational costs and also enhance a close working relationship with the Districts.
- These activities are District led and the potential SRs are expected to routinely work with District technical teams and Community Based Organizations (CBOs) to achieve results together.
- CSO's with a track record of audit (funds mismanagement) and Fraud issues from any donor in the last five years need not to apply. Any applicants detected to have a poor accountability record shall be disqualified at any stage of evaluation.
- Any applicant involved in lobbying will automatically be disqualified.
- Details about the RFP can be obtained from the bid document which shall be uploaded on online websites – www.tasouganda.org; www.uac.go.ug; https://globalfundcc.org.ug; this is to ensure that applicants have more than one means of access to the advert and bid documents. Starting from **Thursday, 4th April 2024**.

6. Submission instructions and deadlines

Proposals should be submitted to TASO Headquarters in Old Mulago

Applicants must hand-deliver properly bound Proposals. Applicants should submit one big envelope or box addressed to "The Executive Director TASO" containing 3 envelopes as follows;

1. One sealed envelope containing all administrative documents specified in the RFP and clearly labelled "Administrative Documents".
2. One sealed envelope containing all five (5) copies of the Technical Proposal and clearly labelled "Technical Proposal" with one soft copy on a flash disk.
3. One sealed envelope containing all five (5) copies of the Financial Proposal and clearly labelled "Financial Proposal" with one soft copy on a flash disk.

Note: In each of the envelopes in 2 and 3 above, one copy should be duly marked "Original" and the other 4 marked "Copy" as appropriate.

Any Financial Proposal that bears Financial information or Technical and Financial Proposals inserted in the same envelope shall be disqualified.

No.	Activity	Indicative timelines
1.	Advert for Request For Proposal	4 th , April, 2024
2.	Virtual pre-bid meeting on; https://us02web.zoom.us/j/9999999999	19 th April, 2024 10:00am – midday.
3.	Deadline for seeking any additional clarifications about the RFP. Clarifications should be sent to email: mail@tasouganda.org	26 th April 2024 at 12:00 noon
4.	Deadline for submitting application	02 May 2024, 2:00 pm

Note: Proposals submitted after the deadline will not be accepted.

Please Note: Any attempts by applicants to influence the outcome of the process in any way which can be interpreted as canvassing, lobbying or conflict of interest will lead to automatic disqualification. TASO reserves the right to accept or reject any Proposal at any level prior to the award of the contract without thereby incurring any liability to the applicant.

DR ETUKOIT BERNARD MICHAEL
EXECUTIVE DIRECTOR
MAIL@TASOUGANDA.ORG