

TANZANIA COMMISSION FOR AIDS



TANZANIA NATIONAL COORDINATION MECHANISM GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

CALL FOR EXPRESSIONS OF INTEREST TO PARTICIPATE IN THE COUNTRY COORDINATED PROPOSAL FOR GLOBAL FUND ROUND 11 HIV/AIDS AND TUBERCULOSIS

Background:

Tanzania has had considerable success in accessing financial resources from the Global Fund to fight HIV/AIDS, TB and Malaria (GFATM). They include:

- Round 1: HIV/AIDS and Malaria/RCC
- Round 3: HIV/AIDS and TB collaborative activities
- Round 4: HIV/AIDS and Malaria
- Round 6: TB
- Round 7: Malaria
- Round 8: HIV/AIDS and Malaria
- Round 9: Malaria and HSS

Tanzania has decided to prepare a Country Coordinated Round 11 proposal for submission to the Global Fund for **HIV/AIDS and TUBERCULOSIS**. As a result of unsuccessful Round 10 proposals in both disease components, the Tanzania National Coordinating Mechanism (TNCM) decided to resubmit the proposals in Round 11 after addressing the comments of the Technical Review Panel of the Global Fund and the Recommendations of the Gap Analyses. The Proposed Focused Areas are as follows;

A. HIV/AIDS

I. Comprehensive Prevention of Mother to Child Transmission (PMTCT) approach; towards achieving the Health Millennium Development Goals (MDGs) 4, 5 and 6; and also to respond to UNAIDS call for virtual elimination of Mother to Child Transmission (MTCT) of HIV by 2015; which can be achieved through universal coverage with comprehensive package of services with the following targets:

1. **Mother to child transmission:** 90% reduction in estimated number of new infant infections and transmission rate under 5%
2. **HIV- free survival:** At least 90% of all infants born to women living with HIV alive and HIV uninfected to the age of 2 years
3. **Treatment:** At least 90% of eligible pregnant women living with HIV are receiving antiretroviral treatment for their own health

4. **Family planning (FP):** 50% reduction in unmet need for FP across all women or all women living with HIV in high-burden countries for PMTCT and
5. **Primary prevention:** 50% reduction in HIV incidence among women 15-24 years

The PMTCT of HIV covers a package of interventions summarized in **4 Prongs** which should be implemented simultaneously:

- **Prong 1; Primary prevention of HIV infection among women of childbearing age**
 - ✓ Testing and Counseling promotion including raising awareness on where to access VCT and STI screening services; Wrap around prevention services in HIV testing services
 - ✓ Improving condom access for couples and cohabiting partners
 - ✓ Behavioral prevention interventions linked to reproductive services
 - ✓ Approaches to prevention interventions (biomedical, behavioral and structural interventions) targeting couples and pregnant women and their partners
 - ✓ Life skills training to raise awareness on PMTCT for young women and adolescent girls
 - ✓ Effective existing Provider Initiated Testing and Counseling (PITC) for all women of childbearing age
 - ✓ Existence of effective ANC services
- **Prong 2; Preventing unintended pregnancies among women living with HIV**
 - ✓ Integration of HIV Counseling and Testing and FP at community level
 - ✓ Integration of facility based HIV testing in FP services, and vice versa
- **Prong 3; Preventing HIV transmission from a woman living with HIV to her infant**
 - ✓ HIV Testing and Counseling for pregnant women and their partners
 - ✓ Anti-retroviral Therapy (ART) for eligible mothers and anti-retroviral prophylaxis for mothers and infants to prevent HIV transmission. The Global Fund supports the new WHO recommendation to switch from single-dose nevirapine to more effective prophylactic treatment, namely dual (nevirapine + AZT) and triple therapy (HAART) regimen. To increase enrolment and retention of eligible women and babies in long-term ART.
 - ✓ Clinical and immunological (CD4) assessment to determine the eligibility of mother for ART
 - ✓ Safe delivery interventions
 - ✓ Support and counseling for infant and young child feeding, and support for mothers in the context of HIV
 - ✓ Other wrap around interventions to improve outcomes-nutrition intervention including hemoglobin screening, iron and foliate prophylaxis, TB prevention treatment, malaria prophylaxis, syphilis screening and treatment.
- **Prong 4; providing appropriate treatment, care and support to mothers living with HIV and their children and families.**

- ✓ Early HIV diagnosis for children and treatment for infected babies
- ✓ ART for eligible women and babies living with HIV, Counseling and interventions to fight stigma and discrimination through community involvement.
- ✓ To strengthen home based care, to improve follow-up and reduce morbidity among PLHIV.

The integration of PMTCT, Maternal and Child Health (MCH) and Sexual and Reproductive Health (SRH) and Rights Services will facilitate and enhance the achievement of Universal Coverag

II. Care and Treatment

- Intensify HIV testing and counseling by:
 - ✓ Strengthen the existing testing and counseling services
 - ✓ Introduce annual testing campaigns with outreach services especially where testing services are scarce/not available including workplaces/fields
- Intensify Home-Based Care (HBC) services to enable tracking of clients who miss clinic appointments,
 - ✓ Roll out “Strengthening appointments system as a strategy to improve adherence to HIV care
- Provide ART to:
 - ✓ All adolescents, adults with CD4 count below 350 cells/mm³ and children below 15yrs according to new adapted WHO criteria
 - ✓ All eligible HIV positive pregnant women
 - ✓ All HIV and TB co-infected patients regardless of CD4 count
- Implement National Strategy for Scaling up Male Circumcision for HIV Prevention

III. Orphans and Vulnerable Children (OVC)

- Roll out of Most Vulnerable Children interventions (MVC) from the National Costed Plan of Action
- Provision of core services to the identified MVCs (Health care, Education, Psychosocial care and Food support)
- Strengthening MVCs household level economic capacities

IV. Most at Risk Population (MARPs);

Global Fund has dedicated reserve for Round 11 proposals focusing on HIV/AIDS MARPs particularly on IDU’s and Commercial sex workers

B. TUBERCULOSIS

Tuberculosis interventions include but not limited to;

1. Achievement of universal access to quality TB diagnostics and patient-centered treatment.
2. Pursue high-quality DOTS expansion with special emphasis on pediatric TB and active TB case finding.

3. Promote community participation in TB control and prevention emphasizing on ACSM
4. Strengthening Private Public Partnership in TB control.
5. Strengthening collaborative TB/HIV activities with special focus to three Is (Intensified case finding, Isoniazid Preventive Therapy and Infection control).
6. Strengthening TB laboratory network and diagnostic tools.
7. Strengthening the response, surveillance and management of Drug Resistant TB in the country
8. Infrastructure development for effective TB and TB/HIV control and prevention

Expressions of Interest

To allow wide participation of stakeholders, TNCM invites interested organizations to contribute ideas for country proposal development and express their interest to participate in the implementation by submission of well written Concept Note.

The Concept Note, of a maximum of 2 pages, should provide the following information:

1. Name, registration status and contact information of the organization
2. Focus area (s) of interest and description of potential activities for the proposal
3. Organization capacity to supervise and implement the proposed activities (both Technical and Financial Management Capacity)
4. Indicative position the Organization prefers (Principal Recipient, Lead Sub Recipient or Sub Recipient)
5. Experience in implementing Global Fund activities or donor funded projects

Deadline for Submission: the Concept Notes should reach TNCM Secretariat within two weeks of the advertisement in the news paper, before 15:30 hours, Tuesday, 23rd August 2011. Submissions should be made to:

Executive Chairman

**TACAIDS Office, Old Boma, Morogoro/Sokoine Road
P.O. Box 76987, Dar es Salaam.**

Electronic submissions of HIV/AIDS to be made to; bwijob@tacaids.go.tz ;
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Electronic submissions of TUBERCULOSIS to be made to; bwijob@tacaids.go.tz;
dkagombora@tacaids.go.tz; trudauk@yahoo.co.uk; egwagas@yahoo.co.uk; smatiku@hotmail.com