Subject: Request for Information (RFI) No. RFI-720621-VMMC-FY2023

Activity Name: Voluntary Medical Male Circumcision (VMMC) activity (Wanaume Wapya)

Eligible Organizations: All (Unrestricted eligibility)

Issuance Date: February 01, 2023

Response Due Date and Time: February 15, 2023, 17:00PM Tanzania Time

Response Email Address: anganga@usaid.gov and usaidtzco@usaid.gov

---

To All Interested Organizations:

The United States Government (USG) represented by the Agency for International Development (USAID) Mission in Dar es Salaam, Tanzania, posts this Request for Information (RFI) to inform an upcoming new Voluntary Medical Male Circumcision (VMMC) activity (Wanaume Wapya). This potential five years VMMC activity is designed to increase circumcision coverage rate to 95 percent among males of 15+ years old in USAID negotiated PEPFAR regions of Iringa, Morogoro, Njombe, Singida and Tabora. The purpose of this RFI is to solicit feedback on the attached draft program description. However, the USG reserves the right to not issue a Request for Application for this potential procurement. The attached draft of the program description presents the draft objectives and key elements of the activity.

This RFI is solely for information gathering purposes and it is not a Request for Application or Notice of Funding Opportunity (NOFO) and in no way commits USAID to issue a NOFO or to make an award. Please note that responding to this RFI is strictly voluntary and no advantage will be given to or preclude any organization or individual from any Request for Application that may be subsequently issued as any/all comments received will be strictly for information gathering purposes only. USAID will not pay for any costs associated with responding to this RFI. Information received in response to this RFI shall become the property of USAID, therefore, information that cannot be shared should not be sent.

Responses to this RFI must be submitted by email only to Agnes Ng'anga at anganga@usaid.gov with a copy to usaidtzco@usaid.gov no later than the date and time shown above. When responding, please include **720621-VMMC-FY2023** in the email subject line. Responders will not receive individualized feedback. All inquiries concerning this RFI must be directed only to the email addresses identified above. Hard copy submissions will not be accepted nor will phone inquiries be entertained.

We look forward to receiving your comments.

Best Regards,

Dennis Foster
Agreement Officer

Attachment 1: Response Requirements
Attachment 2: Program Description

Attachment 1: Response Requirements

Responses should include the following:

A. Cover page, not to exceed one (1) page, that includes
   a. Organization name and address
   b. Point of contact name, telephone number and email address
   c. Organizations experience in managing HIV or VMMC services and budget handled for the programs managed.
   d. Organizations experience working with Civil Society Organizations, private sector/health facilities and local non-governmental organizations and various levels of government authorities.
   e. Organization's interest in the implementation of this VMMC activity

B. Comments and questions on the program description, not to exceed three (3) pages. USAID/Tanzania welcomes general comments on the program description, for example feedback on the development hypothesis, including the intermediate results (IR). Do the IRs adequately address the problem? Are additional and/or different IRs needed? Other questions and comments are also welcome. This is not a formal question period; therefore, the government will not be providing responses. The USAID design team will review all comments and questions and use them to inform USAID/Tanzania in writing the Program Description. Responses should provide specific feedback, particularly regarding the following questions:

   Tanzania is one of the countries with a potential to reach 95% VMMC saturation with most of the regions in the sustainability phase. Considering the status of the HIV epidemic control, strength and coverage of the VMMC program, the country's aspiration to implement the sustainability plan, USAID's vision for localization and planned transitioning of the VMMC services to Government of Tanzania, please provide feedback, comments and responses to the points below:

   1. What are your thoughts and inputs on the purpose, goal, and key objectives of the draft activity?
   2. What are the other missing illustrative activities that are critical to achieving the activity's objectives?
   3. What are the capacity building needs of local partners for effective delivery of integrated VMMC services?
   4. Are there any program challenges or gaps that have been missed in the Program Description that can impact achieving the intended goals?
   5. What should be done differently to address some of the current gaps that have impacted achieving the intended goals?
   6. Who are local stakeholders that should be engaged to run an integrated and sustainable VMMC service?
   7. What are the contextual factors that drive effective engagement of local implementing partners?
   8. How can the Private/FBO Health Facilities be better supported to sustain high-quality VMMC services?
   9. How can the Government of Tanzania be supported to effectively plan for and finance integrated VMMC services.
   10. How can CSOs be better supported to lead effective demand creation for VMMC?
   11. Please share any concerns or different points USAID should consider to better address the existing gaps in the VMMC programming and the intended objectives.
   12. What are the additional elements of sustainability that have not been captured in the Program Description?
   13. What are the other entry points for private sector engagement in the VMMC program?
   14. Please share any additional frameworks and models for building and enhancing the capacity of local actors in the VMMC program

No other documents or information is requested at this time. USAID asks respondents to not send any additional information other than what is requested above and to adhere to the page limits mentioned.

Attachment 2: Program Description

Voluntary Medical Male Circumcision (Wanaume Wapya) Activity - USAID/Tanzania

List of Acronyms

CDCS	Country Development Cooperation Strategy
CHMT	Council Health Management Team
COP	Country Operational Plan
CQI	Continuous quality improvement
CSO	Civil society organization
DATIM	Data for Accountability, Transparency, and Impact
DO	Development Objective
GFATM	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
GoT	Government of Tanzania
HFR	High frequency reporting
HIV	Human immunodeficiency virus
IEE	Initial Environmental Examination
MEL	Monitoring, Evaluation and Learning
MOH	Ministry of Health
NACP	National AIDS Control Programme
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with human immunodeficiency virus
PMTCT	Prevention of mother-to-child transmission of HIV
PO-RALG	President’s Office – Regional Administration and Local Government
RHMT	Regional Health Management Team
SNU	Sub-national Units
TDHS/MIS	Tanzania Demographic and Health Survey/Malaria Indicator Survey
THIS	Tanzania Health Information Survey
USAID	United States Agency for International Development
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USG	United States Government
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
WW	Wanaume Wapya

1. INTRODUCTION AND PURPOSE

PEPFAR/Tanzania is committed to supporting the Government of Tanzania (GoT) in achieving HIV epidemic control. The purpose of the new voluntary medical male circumcision (VMMC) program (Wanaume Wapya, in Swahili) is to increase circumcision coverage rate to 95 percent among males 15 years old or older in the USAID-supported PEPFAR regions of Iringa, Morogoro, Njombe, Singida and Tabora; provide technical support for integration of VMMC services into GoT's routine health services; and transition the VMMC services to local actors and GoT in line with the national sustainability plan. This activity will engage men and boys in ways that acknowledge and meet their unique needs as clients. This activity is planned to be implemented under a five-year cooperative agreement. The anticipated award date is September 2023.

2. BACKGROUND

Tanzania Country Context

Reducing new HIV infections is an essential element of HIV epidemic control. According to 2021 UNAIDS HIV estimates for Tanzania, the HIV prevalence rate among adults aged 15-49 years was 4.5 percent, with 45,000 new HIV infections.[1] Male circumcision reduces a man's risk of acquiring HIV from a female partner by at least 60%,[2] so it is recommended as a critical HIV intervention in the HIV combination prevention package. For the most effective implementation to reach the UNAIDS goal of epidemic control by 2030, VMMC programming will be focused in geographical areas with high HIV but low circumcision prevalence.[3]

Following guidance from the World Health Organization (WHO) and UNAIDS, in 2007, Tanzania introduced VMMC services in regions with high HIV prevalence and low circumcision rates as one of its priority biomedical HIV prevention interventions. In 2010, USAID, through PEPFAR, introduced VMMC services after conducting pilot studies in Iringa, Mbeya, and Kagera. The Government of Tanzania (GoT) thereafter developed the National Male Circumcision Strategy[4] , Country Operational Plan (COP)[5], and operational manual and guidelines for sustainable VMMC[6] to guide the scale-up of services in other priority regions.

The COP defined the VMMC sustainability framework in three phases: the Scale-up Phase, with interventions primarily focused on establishing centers of excellence, training of service providers and service delivery through mass campaigns; the Catch-Up Phase, with interventions focused on maintaining and expanding workforce and service delivery through regular outreach services; and the Sustainability Phase, with interventions focused on integrating VMMC services into primary health facilities, transitioning to local implementing partners, and preparations to transition to the GoT. We anticipate all stakeholders to have a clear background of the progress of the VMMC program in Tanzania.

Through PEPFAR's technical and financial support, the VMMC rate in Tanzania has risen from a national average of 72% (DHIS, 2012) to 80% (THIS, 2017), resulting in an estimated 101,800 new HIV infections being averted. However, there remain pockets of low VMMC coverage in the country, particularly in areas where male circumcision is not traditionally practiced. VMMC coverage is lower among men 24 years and

[1] UNAIDS, 2021

[2] Tobian AA, Kacker S, Quinn TC. Male circumcision: a globally relevant but under-utilized method for the prevention of HIV and other sexually transmitted infections. Annu Rev Med. 2014;65:293–306.

[3] Preventing HIV through safe voluntary medical male circumcision for adolescent boys and men in generalized HIV epidemics: recommendations and key considerations. Policy Brief

[4] "National Strategy for Scaling Up Male Circumcision for HIV Prevention: enhancing men's role in HIV prevention." (2010).

[5] Government of Tanzania: VMMC Country Operational Plan Country Operational Plan 2014-2017

[6] The National Operational Manual For Sustainable Voluntary Male Circumcision (2020-2024) and National Guidelines for Voluntary Medical Male Circumcision (VMMC) and Early Infant Male Circumcision (EIMC)

older, men that are highly mobile, and communities in which men's occupations are characterized by seasonality (e.g., mining, fishing, agriculture).

According to a 2021 global assessment on VMMC sustainability, only Kenya had reached 95% coverage while Tanzania (with current status at around 85%) is among the countries on track to attaining 95% coverage. Although USAID Tanzania's VMMC program has reached 85% of youth aged 15-24 in the past 10+ years, there is a lot yet to be done to fully scale up and transition towards sustainability.

Relationship to the GoT and Other Donors

The Wanaume Wapya activity is aligned with the Tanzania VMMC Sustainability Roadmap, as described in the National Operational Manual For Sustainable Voluntary Male Circumcision, 2020-2024. This manual followed the VMMC Country Operational Plan (COP) of 2014-2017. The key objectives of the sustainability road map are as follows:

1. Provide clear direction for the operationalization of transition to the sustainability phase of the VMMC/EIMC services.
2. Build on the lessons learned from the Country Operational Plan (2014-2017) to carry forward to the sustainability phase of VMMC services in Tanzania; and
3. Outline specific actions, benchmarks and resources required for the integration of VMMC services into primary health care services.

PEPFAR and The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) are the largest donors to Tanzania's HIV program. Other stakeholders include UN agencies such as UNAIDS, UNICEF, and WHO, as well as the World Bank. The activity will closely coordinate and collaborate with the Ministry of Health (MOH) and President's Office-Regional Administration and Local Governments (PO-RALG).

Relationship to USG/USAID Priorities and Other Programs

Under the CDCS 2020-2025, USAID/Tanzania commits to partnering with the GoT to facilitate the role of the youth in advancing the country's long-term prosperity and journey to self-reliance. This activity will contribute to Development Objective (DO) #2: Empowerment, productivity, and engagement of Tanzanians aged 15 to 35 increased. The activity will contribute primarily to Intermediate Result (IR)2.1; Health and Education Outcomes Improve. To address inequalities among targeted youth, the activity will employ human (youth)-centered design and differentiated service delivery models to meet the diverse needs of the beneficiaries.

Consultations with other USAID offices and stakeholders informed the design of this activity. Findings from these consultations include the following: the need to reach consensus on coverage and target setting, the need for coordination and collaboration with other partners for interventions being implemented in health facilities and communities where our programs co-exist; the need to scale up and integrate VMMC services into routine health services for sustainability; and the importance of building capacity of local actors to better support the GoT's sustainability agenda for VMMC services and a need to define sustainability beyond financing.

4. RATIONALE FOR THE WANAUME WAPYA ACTIVITY

The current VMMC coverage is below the 95 percent target, which leaves many more men uncircumcised, thus at higher risk for contracting HIV than their circumcised peers. Based on consultations with various stakeholders, to address the current gaps in the VMMC program, there is a need to support the GOT in building the capacity of local actors in the public and private sectors to sustain VMMC programming and close the gap.

5. GOAL AND DEVELOPMENT HYPOTHESIS

The goal of this activity is to scale-up and sustain VMMC coverage of 95 percent in the five USAID-supported regions of Iringa, Morogoro, Njombe, Singida and Tabora, integrate VMMC as a routine health care service, and transition the VMMC services to GoT by 2028. The development hypothesis is that if:

- Boys and men 15 years and older understand the value of VMMC and have access to convenient, respectful, safe, and innovative VMMC services.
- VMMC service provision is expanded to more public and private facilities.
- VMMC providers and community volunteers are properly trained.
- Local actors, including the regional, county and facility health management team and the private sector, integrate VMMC as a routine health service.

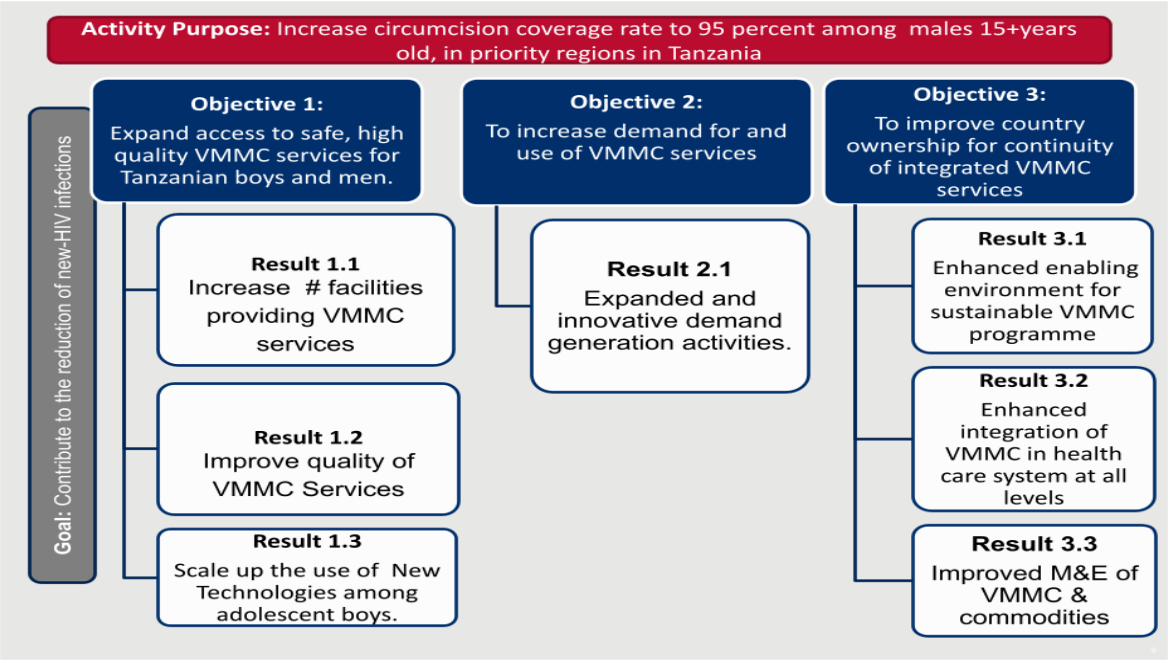
Then there will be a resulting increase in VMMC services utilization to reach and sustain 95 percent VMMC coverage, a reduction in new HIV infections, and increased ownership of the VMMC program by the GoT.

This activity consists of three main objectives: (1) expand access to safe, high-quality VMMC services for Tanzanian boys and men 15 years and above, (2) increase demand for and use of VMMC services, and (3) improve country ownership for continuity of integrated sustainable VMMC services.

Geographic Coverage: The Wanaume Wapya (WW) activity will focus on the 22 priority councils in the PEPFAR negotiated, USAID-supported regions of Iringa, Morogoro, Njombe, Singida and Tabora.

6. RESULTS AND OUTCOMES OF IMPLEMENTATION

The key outcome for this activity is to increase VMMC coverage in the five implementation regions of Iringa, Morogoro, Njombe, Singida, and Tabora to at least 95 percent of VMMC services with approximately 475,000 boys and men aged 15 years and above to undergo circumcision within the five years project period. The Results Framework below details expected results per objective:



Objective 1: Expand Access to Safe, High Quality VMMC Services for Tanzanian Boys and Men

USAID Tanzania, in collaboration with the GoT, has trained health care workers for VMMC service delivery and expanded the VMMC service provision to 159 healthcare facilities (100 public and 59 private). VMMC services have been provided via static sites, facility-led outreaches, and mass campaigns. However, the program's coverage needs to be expanded to reach more men.

Objective 2: Increase Demand for and Use of VMMC Services

The VMMC coverage rate varies across demographic strata. It is especially lower among men older than 24 years, highly mobile men, and communities in which men's occupations are characterized by seasonality (e.g., mining, fishing, agriculture). Reaching these potential VMMC clients, who are at risk of acquiring HIV infections but have not accessed the VMMC services, requires innovative demand creation interventions and adjustment of VMMC service provision to fit their unique needs and preferences.

Objective 3: Improve Country Ownership for Continuity of Integrated VMMC Services

USAID envisions integration and sustainability of the VMMC services. Based on current challenges and consultations with various stakeholders, there is a need to build the capacity and support the various levels of GOT and local actors. Moreover, sustainability of VMMC services can be achieved by increasing GOT's ownership of the VMMC program, capacity building of local institutions and integration of the VMMC services in the primary health care package and a well-planned transition of the VMMC services.

6. CROSS - CUTTING ELEMENTS

Environmental Analysis

The environmental analysis for this VMMC award is based on the Tanzania Health Initial Environmental Evaluation (IEE), which was approved on February 17, 2022 (https://ecd.usaid.gov/document.php?doc_id=54590) and will expire on January 31, 2027. This IEE applies to all USAID/Tanzania health-related activities, including this proposed VMMC activity. This proposed VMMC activity aims to expand the provision of VMMC services to public and private facilities, including training public and private health care workers on VMMC and integration of VMMC services into routine health services. In the Tanzania Health IEE, the proposed VMMC interventions correspond to Sub-activity 2.7 under Intervention 2, which was assessed as a Negative Determination with conditions due to its minimal environmental effects. While environmental impact is generally low, there does remain some risk pertaining to waste management. This is in part mitigated by GoT control over this part of the implementation, but it does not completely eliminate responsibility of the implementing partner. As such, the partner will advise medical facilities to store any medical products according to the information provided on the manufacturer's Materials Safety Data Sheet (MSDS). Furthermore, if treatment and/or disposal of any of these drugs or commodities is required, due to expiration date or any other reason, the partner will advise the facility that the preferred method of treatment and/or disposal is to return the item to the manufacturer. If this is not an option, the partner can consult the IEE on the appropriate guidance for disposal.

Climate Risk Analysis

The climate change risk analysis for this award relies upon the Tanzania Climate Risk Management (CRM) screening during the preparation of Health Portfolio IEE (https://ecd.usaid.gov/document.php?doc_id=54590). This CRM screening identifies climate-related risks to health activities that should be addressed to enhance resilience and safeguard activity development objectives. The screening was undertaken in accordance with ADS 201mal. The assessment identified low climate-related risks associated with this activity. This assessment was documented in the approved Tanzania Health Portfolio IEE. As the assessment identified low risks, no additional measures to mitigate climate risk are required.

Gender Analysis

Masculinity and men's health-seeking behavior is a fundamental issue when it comes to designing a health program and creating demand for men's service uptake. Cultural and patriarchal norms reinforce the perception that men should be strong and not seek help. As a result, men often delay seeking health services. In culturally circumcising regions, male circumcision presents a symbol of strength and courage towards adulthood. In non-circumcising regions, factors associated with low VMMC uptake include myths associated with the loss of sexual competence post-circumcision, concerns about abstinence in the post-surgical period, fear of pain associated with the procedure, the cultural perception that VMMC is most appropriate before or during puberty, stigma experienced by older men, and lack of client centered VMMC service delivery. Consideration of these factors will guide the development of a tailored VMMC demand creation strategy for this activity. This activity will also leverage the strengths of females in persuading their male partners to get circumcised while engaging men and boys in ways that acknowledge and meet their unique needs—as clients, as partners, and as agents of change.

Other elements to be addressed in the design include:

1. Not overlooking men and boys as clients, including within reproductive health programs. Men often access health services later than advised (including for HIV/STIs), which can lead to adverse outcomes and high mortality rates.
2. Considering the high rates of violence, depression, and substance abuse men experience, primarily linked to harmful norms around masculinity. Ideally, the activity, through a gender-based baseline, will seek to prevent these experiences through intervention and legal/policy reform.
3. Not engaging men at the expense of women and ensuring that male engagement efforts do not compromise women's safety and ability to make decisions and access services. Furthermore, available evidence suggests that women play an important role in encouraging VMMC for HIV prevention.
4. In response to the results of the gender-based baseline, implementing programs that explicitly seek to shift gender norms — called "gender transformative" programming — which are more effective in improving health outcomes than those that do not. Investing in transforming gender norms can also be cost-effective and improve program sustainability.
5. Consider implementing male-only groups as spaces for men to consider harmful gender norms and the benefits of change, as well as to freely discuss sensitive topics, express worries, practice healthy communication, and seek advice.

   Beyond these five domains of inclusive development, our ADS 205 requires monitoring and evaluation plans to include:

1. In both performance monitoring and evaluation, asking partners to collect sex-disaggregated data for all people-level indicators (see ADS 201.3.5.7.g).
2. When relevant, planning to develop performance and context indicators that are purposely designed to track changes in key gender gaps from baseline to end-of-project or end-of-activity results particularly looking at change in norms and societal attitudes.
3. Using appropriate qualitative and quantitative methodologies to gather and analyze relevant gender-sensitive data.
4. Sustaining a coordinated effort on engaging youth and emerging young leaders, and focusing on the issues impacting them, will yield more sustainable development results.

7. MONITORING EVALUATION AND LEARNING (MEL)

The Monitoring, Evaluation, and Learning (MEL) Plan will ensure robust monitoring of all program activities using the national recording, reporting tools including but not limited to the DHIS2, PEPFAR Data for Accountability, Transparency, and Impact (DATIM) and respective PEPFAR MER 2.6.1 VMMC reporting requirements. The MEL plan will be used to measure and assess activity results with appropriate performance indicators and target outputs and outcomes for each level of the results framework. Data quality is critical, and the applicant must use systems that ensure quality data and verification reports within short timeframes and be prepared for regular data quality assessments. VMMC indicators to monitor the country's sustainability roadmap includes.

1. Number of males circumcised
2. Percentage of Coverage VMMC in the region
3. Number of males circumcised who returned for follow-up at least once in14 days post MC
4. Number of males circumcised who experienced one or more adverse events by level of severity
5. Number of Health care providers trained
6. Number of Community Volunteer Agents trained
7. Number of Private and public facilities providing VMMC services
8. Number of Districts who integrated VMMC as a routine health service plan
9. Number of Facilities who integrated VMMC as a routine health service plan
10. Number of Facilities who integrated VMMC as a routine health service
11. Number of Facilities who scored satisfactory CQI scores

The applicant is required to report bi-weekly program updates, monthly high frequency reporting (HFR), Quarterly and annual reports, the PEPFAR expenditures reporting and contribute to USAID/Tanzania's for PEPFAR-supported programming, as appropriate.

[END]