Request for Applications (RFA) # 09-00-001

PEPFAR Local Partnership Initiative: Preventing HIV/AIDS among Hidden At-Risk Populations

Implemented and Managed by Pact Vietnam on
behalf of USAID

Date of issue: January 20, 2009
Due date for Full Applications: March 11, 2009
Applications shall be emailed to:
nmhien@pactvietnam.org

Questions by email ONLY: nmhien@pactvietnam.org
Deadline for Questions: February 25, 2009

Issued by Pact Vietnam

Table of Contents

I. PROGRAM PURPOSE **3**

II. PROGRAM OVERVIEW **4**

A. PROGRAM GOAL 4
B. PROGRAM EXPECTATIONS 4
C. COUNTRY CONTEXT 5
D. PROGRAM JUSTIFICATION 6

III. APPLICATION **9**

A. APPLICATION PROCESS 9
B. APPLICATION REQUIREMENTS 10

IV. EVALUATION OF APPLICATIONS **12**

A. EVALUATION PROCESS 12
B. EVALUATION CRITERIA 12

V. PACT'S ADMINISTRATION OF THE SUB-GRANTS **15**

VI. REFERENCES **16**

VII. APPENDIXES **17**

PEPFAR Local Partnership Initiative:
Preventing HIV/AIDS among Hidden At-Risk Populations

I. PROGRAM PURPOSE

The purpose of this Request for Applications (RFA) is to solicit applications for funding from Vietnamese NGOs and other eligible organizations **that have been invited to participate** based on successful completion of the concept round of competition for the current *PEPFAR Local Partnership Initiative: Preventing HIV/AIDS among Hidden At-Risk Populations.*

This RFA describes the objectives of the program, explains its background and technical focus, describes the application process and requirements, and explains the evaluation process and criteria that will be used in evaluating applications.

Through the PEPFAR Local Partnership Initiative (LPI), Pact Vietnam will provide small grants to local non-governmental organizations and other eligible organizations to implement HIV prevention programming targeting under-served segments of at-risk populations such as commercial sex workers (CSWs), injecting drug users (IDUs), males who have sex with males (MSM), migrant workers, people living with HIV (PLHIV), sexual partners of those at risk, vulnerable young people, and other groups whose risk of HIV can be documented by the applicant. The LPI seeks projects that will pilot innovative approaches and/or to extend proven approaches in the provinces of Quang Ninh, Hai Phong, Ha Noi, Ho Chi Minh City, Can Tho, An Giang and Nghe An.

This initiative is supported by Pact Vietnam with funding from the United States Agency for International Development under the President's Emergency Plan for AIDS Relief (PEPFAR). It is grounded in the comprehensive HIV prevention strategies of both PEPFAR and the Government of Viet Nam. Projects funded under this program must be implemented in a manner consistent with the policies and standards of PEPFAR.

Key Indicators. All applications must demonstrate clearly how the activities proposed will achieve specific targets. They must include PEPFAR core indicators for prevention programming, which are:

- Number of individuals reached through community outreach that promotes HIV/AIDS prevention
- Number of individuals trained to promote HIV/AIDS prevention

Funding amounts. It is anticipated that Pact Vietnam will award up to six grants ranging from $10,000 - $70,000 each over a seventeen-month period ending September 30, 2010. Only applicants who submit proposals for funding ranging from $10,000- $70,000 over a seventeen-month period will be considered.

II. PROGRAM OVERVIEW

A. Program Goal

The goal of the *PEPFAR Local Partnership Initiative: Preventing HIV/AIDS among Hidden At-Risk Populations* program is to reduce HIV/AIDS transmission among groups most at risk of HIV infection and least served by existing programs. It aims to serve groups that can be documented by the applicant as being at high risk for HIV infection, including: female or male commercial sex workers (CSWs), injecting drug users (IDUs), men who have sex with men (MSM), migrant workers, people living with HIV (PLHIV), sexual partners of individuals at risk of or living with HIV, vulnerable young people, and other groups whose risk can be adequately documented. Supported projects will provide targeted groups with behavior change interventions and related commodities and services that address factors associated with vulnerability to HIV infection.

B. Program Expectations

1. It is expected that awardees under this program will provide HIV prevention service packages that will include:
   - ***a.*** Behavior-change focused activities, which must include interpersonal components (e.g., peer outreach).
   - ***b.*** Condom distribution, as appropriate (condoms will be provided by PEPFAR).
   - ***c.*** Access to needle and syringe distribution/exchange **funded by other donors**, as appropriate.[1]
   - ***d.*** Referrals to relevant services, as needed, including: voluntary counseling and testing (VCT), addictions counseling and treatment, methadone maintenance therapy (where available), family planning services, STI diagnosis and treatment, PMTCT, and HIV/AIDS care and treatment.

2. In addition, it is expected that projects will be implemented in a manner that will:
   - ***a.*** Serve hard-to-reach or hidden risk-groups in the proposed site(s)
   - ***b.*** Involve members of the target group actively in the design, implementation, and evaluation of activities.
   - ***c.*** Supplement and coordinate with (and not duplicate) existing prevention programs.
   - ***d.*** Employ innovative approaches and current best practices in HIV prevention.

[1] For detailed information on PEPFAR guidance for interventions with IDU, and restrictions on use of U.S. Government funding for needles and syringes, please see: http://www.pepfar.gov/guidance/76770.htm

C. Country Context

1. Background

Since Viet Nam's first case of HIV was reported in 1990 in Ho Chi Minh City (HCMC), the number of reported HIV infections and AIDS cases has grown rapidly and spread to almost all areas of the country. By the end of August 2004, all 64 provinces in Viet Nam had reported cases (UNAIDS 2006). In 2007, the total number of people living with HIV was estimated by the Ministry of Health to be approximately 293,000. While Viet Nam remains in the concentrated epidemic phase, with an estimated national adult HIV prevalence rate of 0.53%, prevalence exceeds 1% in some areas.

2. The Government of Viet Nam's National HIV/AIDS Strategy

In March 2004, the Government of Viet Nam released the *National Strategic Plan on HIV/AIDS Prevention for 2004-2010 with a Vision to 2020*. The strategy provides the vision and plan for a comprehensive national response to the epidemic, calling for mobilization of government, party and community level organizations across multiple sectors. It takes a progressive and proactive approach to reducing drug-related HIV transmission and calls for efforts to diminish HIV/AIDS-related stigma, including de-linking HIV/AIDS from 'social evils' such as drug use and prostitution. It also calls for the development of nine Action Plans, which will constitute operational HIV/AIDS policy. Eight of the nine Action Plans – which cover behavior change communication (BCC), harm reduction, care and support, surveillance, monitoring and evaluation, access to treatment, prevention of mother to child transmission (PMTCT), STI management and treatment, blood supply safety and HIV/AIDS capacity building and international cooperation – have been completed.

3. The President's Emergency Plan for AIDS Relief

Viet Nam is one of 15 focus countries supported by PEPFAR, a program of the U.S. State Department under the direction of the Office of the Global AIDS Coordinator (OGAC). In Viet Nam, PEPFAR encompasses all U.S. supported HIV/AIDS programs including those of USAID, the Department of Health and Human Services/Centers for Disease Control and Prevention (DHHS/CDC), the Department of Defense (DOD), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In-country support for PEPFAR is provided by a team of representatives from each agency under the direction of the U.S. Ambassador to Viet Nam.

The PEPFAR Five-Year Strategy supports Viet Nam in building a sustainable, comprehensive national HIV/AIDS control program based on the Viet Nam National Strategy, with a focus on HIV prevention, care and treatment. The Strategy includes support to multiple sectors in achieving this goal, including the Government of Viet Nam (e.g., Ministry of Health and other ministries involved in HIV/AIDS issues), international and local non-governmental organizations, and mass organizations of the Communist Party. Strategic areas include human capacity development, building sustainable systems, and leveraging the capacities of new partnerships—including those with non-governmental organizations (NGOs) and faith-based organizations (FBOs), and those between the public and private sectors. The programs and interventions proposed in the PEPFAR strategy are built on principles consistent with Viet Nam's National Strategy, including provision of voluntary, client-centered services, reduction of stigma and discrimination associated with HIV, a focus on comprehensive and high quality services, government ownership of programs, and greater

involvement of people living with HIV and AIDS. Current PEPFAR Viet Nam programs focus on high burden communities including the provinces/urban areas of Ha Noi, Quang Ninh, Hai Phong, An Giang, Can Tho, Ho Chi Minh City, and Nghe An.

4. Pact in Vietnam

Pact Vietnam's primary goal is to enhance the scale, quality and effectiveness of Viet Nam's response to HIV/AIDS by supporting comprehensive prevention, care, support and treatment interventions, and by promoting a supportive social and policy environment. Pact Vietnam pursues this goal by providing grants, technical assistance, management support and capacity building services to non-governmental organizations working in various activity areas, including: prevention; voluntary counseling and testing (VCT); palliative care; orphans and vulnerable children (OVC); antiretroviral therapy (ART); and policy analysis/systems strengthening. Related activities are being undertaken by Pact partners2 in PEPFAR priority provinces An Giang, Can Tho, Ha Noi, Hai Phong, Quang Ninh, and Ho Chi Minh City and in Khanh Hoa, Binh Duong, Hai Duong, Hung Yen and Vinh Phuc. Pact-supported activities will soon be underway in the new PEPFAR priority province of Nghe An.

D. Program Justification

1. Risk in a Concentrated Epidemic

The HIV/AIDS response must be aligned with the particular characteristics of the epidemic in any given context. Viet Nam remains in the concentrated epidemic phase. Prevalence is highest in populations engaged in specific risk behaviors: unprotected sexual relations, primarily (but not only) in the context of sex work; unprotected anal sex with multiple partners; and shared use of needles and other injecting equipment in the context of injecting drug use. To reduce HIV/AIDS transmission, effective, evidence-based prevention programming must strive to change these risky behaviors, and carefully-designed strategies must be implemented to reach the groups most at risk of such behaviors.

PEPFAR's response to these imperatives in Viet Nam prioritizes strategic, high quality HIV prevention interventions tailored to address the specific needs of each of the target groups identified. It also emphasizes the importance of providing sufficient scale and coverage in its overall program to achieve measurable impact (USAID 2006).

Projects proposed under the PEPFAR Local Partnership Initiative must be consistent with these priorities and address the needs of one or more of the following most-at-risk groups, or other groups whose risk of HIV can be clearly documented:

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[2] Current Pact Partners: AIDS Healthcare Foundation; Boston University, CARE International; CESVI; Center for Community Health and Development (COHED); Center for Community Health Promotion (CHP); Catholic Relief Services (CRS); Doctors of the World-USA (DOW); Health and Environment Service Development Investment (HESDI); International Center for Research on Women (ICRW); Institute for Social Development Studies (ISDS); Mai Hoa Center; Medecins du Monde France (MdM); Pathfinder International; Pastoral Care; Population Services International (PSI); Pro-Poor Center (PPC); Save the Children US; STI/HIV/AIDS Prevention Center (SHAPC); Vietnamese Community Mobilization Center for HIV/AIDS Control (VICOMC); World Vision; and Worldwide Orphans Foundation (WWO).

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a. Injecting Drug Users (IDU)

Data from the Integrated Biological and Behavioral Surveillance (IBBS) study in Viet Nam (MOH 2006) paint an alarming picture of IDU risk practice. HIV prevalence among IDUs is extremely high. Although the proportion of drug users who report needle sharing has declined, it remains the single most significant risk behavior in spreading HIV in Viet Nam. High rates of high-risk sexual behaviors have also been found among IDUs, including commercial sex and inconsistent condom use (with regular sex partners as well as commercial ones). Vulnerable youth represent a significant number of injecting users and new HIV infections.

b. Commercial Sex Workers (CSWs)

The practice of commercial sex presents heightened risk for those who sell sex, who are primarily—though not exclusively—female. (Since research on male sex workers is very limited, the following data refer only to female sex workers (FSWs). In Quang Ninh, Hanoi, Ho Chi Minh City, Can Tho, and An Giang at least 10% of FSWs are HIV-positive, with figures reaching 23% in Hanoi and 29% in Can Tho (MOH 2006). The IBBS found that rates of consistent condom use among FSWs varied widely, from 36% to 90%. FSWs report far less consistent condom use with regular partners: 17-18% in Hanoi, 21-24% in HCMC and 45-51% in An Giang (MOH 2006). IBBS data also show that a significant proportion of FSWs inject drugs—17% in both Can Tho and Hanoi, for example. A FSW who injects drugs is much more likely to contract HIV than her non-injecting counterpart. Many women who sell sex–particularly karaoke-based sex workers–are young. Males who sell sex face even greater risk of infection than FSWs, although data documenting levels of risk are lacking (MOH 2006).

c. Clients of Sex Workers

Male clients of sex workers also face increased risk of HIV infection. In an FHI qualitative study of men in entertainment establishments, 60-70% of married men reported having visited sex workers, usually in the company of peers (Tran, et.al. 2006). A 2004 DKT study found that 90% of mobile men (men who lived or traveled away from their homes due to work) had purchased sex (DKT 2004). Having multiple sex partners was more commonly reported by married men than by single male respondents (Tran, et.al. 2006). In the 2005 Survey of Vietnamese Youth (SAVY), 33% of sexually active urban males reported having had sex with a sex worker (MOH 2005b). A 2002 study of male students in Hanoi found that approximately 71% of males who first had sex before the age of 20 had had at least one sexual encounter with a sex worker and that one-third of sexually active young males had purchased sex in the previous six months (Nguyen, N.T. et.al. 2002). A survey of male high school students in HCMC found that only half of the respondents used a condom when having sex with a CSW; this study also documented increasingly permissive attitudes towards premarital sex (SCUS 2005).

d. Men Who Have Sex with Men (MSM)

HIV prevalence among MSM respondents in the IBBS ranged from 5% (Hanoi) to 9% (HCMC). The data point to multiple risk behaviors among MSM. MSM tend to have multiple sexual partnerships, with up to 70% of MSM in HCMC reporting having had sex with at least two partners in the month prior to the study. Males who sell sex make up a significant proportion of MSM, with 22-41% reporting having sold sex, frequently anal intercourse (80-85%). Approximately one-third of MSM do not consistently engage in condom use during anal intercourse and approximately 40% report also having had sex with a female partner in the last year (MOH 2006). A recent Hanoi study suggests that young male

migrant workers increasingly engage in unprotected sex, including MSM paid sex (Giang, et.al. 2006).

e. People Living with HIV (PLHIV)

UNAIDS estimates that the number of people living with HIV in Viet Nam more than doubled between 2000 and 2006, with approximately 100 new infections a day (UNAIDS 2006). There is an urgent need to reach PLHIV with prevention services. Prevention for positives supports positive living and reduces the risk of transmission to others, which is particularly high in the early stages of infection.

2. The LPI Response

Despite their great need, many people most at risk of infection remain seriously under-served. For example, HIV prevention services reach only 9% of MSM, 8% of injecting drug users, and less than 20% of sex workers worldwide (Global HIV Prevention Working Group 2007). Condom use rates and access to VCT are higher in Vietnam than the global averages. From 30-40% of IDUs in Hanoi and Hai Phong reported having an HIV test and receiving the test results. Approximately 60% of female CSWs across all seven provinces in the IBBS study—covering Quang Ninh, Hai Phong, Hanoi, Da Nang, HCMC, An Giang and Can Tho—reported receiving condoms during the six months prior to the study, but the proportion is far lower in Quang Ninh (31-37%) and Hanoi (45%). Approximately 40% of MSM reported receiving condoms in the six months prior to the IBBS, but only 18-23% received lubricants with condoms. Reported receipt of education on safe sex practices among MSM was 50% in both Hanoi and HCMC (MOH 2006).[3]

Those in greatest need may be most difficult to reach. Viet Nam's most-at-risk populations are often "hidden" because of their mobility or because of the stigma they face. These are the individuals that this LPI is designed to serve. The behaviors that put people at risk tend to be highly stigmatized, such as injecting drug use, purchasing or selling sex, or a combination of these behaviors. Fearing social stigma or police intervention, at risk individuals often avoid seeking HIV-related services, and outreach workers may have trouble reaching them. "Bridge groups," such as MSM who also have female partners and clients of CSWs, have been particularly neglected. Each of these groups must be reached with appropriate and targeted behavior change programming, commodities, and other relevant services.

[3] It is important to note IBBS study limitations—reporting bias, incomplete sampling frames that may not represent hidden populations, and study centers set-up at drop in centers—which may overestimate coverage of on-going interventions. MSM involved in the study were interviewed at drop-in centers of on-going intervention sites, likely influencing the high estimates of coverage (MOH 2006:39, 42).

III. APPLICATION

A. Application Process

1. **Submission:**
   a. **Deadline:** Applications must be received by Pact Viet Nam no later than close of business (5:00pm) on **Wednesday, March 11, 2009** to be considered for funding. While it is not anticipated that late applications will be reviewed, Pact Vietnam reserves the right to consider any application for review at its discretion.

   b. **Submit to:** Applications should be submitted by email to Nguyen Minh Hien at: nmhien@pactvietnam.org. If email is not possible, they can be mailed or faxed to:
   Nguyen Minh Hien, Grants Officer
   Pact Vietnam
   37A Xuan Dieu
   Hanoi
   Fax: (3719-1260)

   c. **Further information**: Please do not call. In the interest of equity and transparency, no organization will be given any additional information, except through emailed questions **for clarification only** that will be answered and posted on the Pact web site. This ensures that all applicants have access to equivalent information about this Request for Applications. Questions may be addressed to Pact Vietnam by email, fax, or letter. Applicants will also be provided with opportunities for questions at the proposal development workshops to which all applicants are invited. Answers to all questions asked at the workshops will also be posted on the Pact website.

   THE DEADLINE FOR SUBMITTING QUESTIONS BY EMAIL IS: February 25, 2009.
   →For updates, please visit our website:
   http://www.pactworld.org/cs/asia/vietnam

Acknowledgement. Pact will acknowledge receipt of applications within 2 business days of receipt. All applications received by the deadline will be reviewed for responsiveness to the program requirements and compliance with the guidelines provided below. Applications that are non-responsive will not be considered for further review.

B. Application Requirements

1. **Format Requirements:**
   - Written in English or Vietnamese
   - Typed in a Microsoft Word compatible program, single-spaced with a 12 point font and one inch margins
   - Saved and submitted as **one document in pdf format**, with all sections and appendices put together.
   - Received electronically (or by alternative means noted in A.1.b. above)
   - Labeled with page numbers, the RFA number (RFA 09-00-001) and the name of the applicant organization on every page

2. **Content Requirements:**
   - Cover Page (include: project title; organization name and contact information including address, telephone, fax, and email address)
   - Table of Contents
   - Executive summary (Not to exceed 1 page)
   - Technical Proposal (**Maximum 13 pages total**; see guidelines below).
   - Cost Proposal (Include : summary, detailed and narrative budgets)
   - Appendices (Include : CVs, reference information; organizational background questionnaire)

   →Details on content expected are presented in the text box on the following page along with suggested guidelines for maximum page length for each section of the technical proposal.

PROPOSAL CONTENT GUIDELINES

TECHNICAL PROPOSAL (maximum 13 pages total)

Goal and Objectives (estimated ¼ page)

1. Overall goal of the project
2. Specific objectives that will help you reach this goal
3. Target group and numbers to be served
4. Geographic area

Rationale (estimated 1 ½ - 2 pages)

1. Needs of target group
2. Rationale for selection of geographic location
3. Description of current services and gaps that the project will address
4. Other important issues characterizing the context in which your intervention will be implemented

Technical Approach (estimated 8-9 pages total)

1. Best practices relevant to proposed intervention and target group (½ page)
2. Description of project approach, proposed activities and results (2-3 pages)
   - Explaini how specific activities will serve needs and achieve the objectives identified
   - Specify inputs, outputs, outcomes, and impact in results frame format (training in results framework development will be provided at workshops)
3. Inclusion of target group (Explanation of how project will engage the target population in the design, implementation and evaluation of the project) (estimated ½ page)
4. Linkages with related programming (explanation of how proposed project will link and coordinate with existing service providers and relevant stakeholders) (estimated ½ page)
5. Implementation plan (detailed schedule for specific activities (can be presented in the form of a Gantt chart) (1 page)
6. Staffing and Management plan (2 pages)
   - Describe roles and responsibilities of key project management and implementation personnel, with rationale for selection of these individuals
   - Present project management structure
   - Describe implementing partners and division of responsibility
7. Monitoring and Evaluation Plan (specific, detailed plans to monitor and evaluate program performance (estimated 2 pages)
   - Provide key indicators that will be used to track progress towards objectives (i.e., specify what exactly the project will measure to show project results).
     - *Two required PEPFAR indicators are:*
       - Number of individuals reached through community outreach that promotes HIV/AIDS prevention through behavior change.
       - Number of individuals trained to promote HIV/AIDS prevention through behavior change.
     - *Additional progress indicators can also be used, as appropriate, to assess particular project results. For example:*
       - Number of condoms distributed
       - Number of individuals referred to STI diagnosis and treatment services
       - Number of individuals referred to VCT services
       - Percentage of males reporting the use of a condom the last time they had anal sex with a male partner
       - Percentage of the injecting drug users reporting the use of sterile injecting equipment the last time they injected
     - *Describe planned approach (methods) for measuring impact*
       - Specify how and when data will be collected, verified and reported.
       - Explain how the information will be used to improve program effectiveness

For clarification and details on PEPFAR indicators and definitions, please refer to the guidelines provided at: *http://www.pepfar.gov/guidance/c21628.html*

Organizational Capacity Statement (maximum 2 pages).

A statement that demonstrates the applicant's capacity to implement the proposed project The statement should present:

1. A brief overview of the applicant's mission and goals and how they relate to the proposed project.
2. Relevant experience in relation to the proposed project and targeted geographic area(s).
3. Qualifications for carrying out this work, including demonstrated successes in similar projects.
4. Key personnel (defined as the staff members most essential to the program's management and implementation at senior levels) including the name and a short description of each individual's experience and capacity relevant to the program objectives.

COST PROPOSAL (BUDGET)

1. Must cover time period: from May 1 2009 until September 30, 2010.
2. Three parts required as follows:
   - Summary budget using template and instructions attached in Appendix A
   - Detailed budget itemizing items included under the summary budget lines above
   - Budget narrative that describes any organizational policies or rationale to explain particular line items and calculations

APPENDICES

1. Key personnel CVs (maximum 2; please limit length of each CV to essential/relevant information; no more than 5 pages per CV).
2. Reference information for three donors that have funded your organization's work on similar projects in the past three years. Provide the following information for each of the donor references:
   - Name of the donor organization; Name and title of individual to contact; E-mail address; Mailing address; Telephone and fax numbers; Project name and award number (if available); US Dollar amount of award; Brief description of the project, including dates performed.

IV. EVALUATION OF APPLICATIONS

A. Evaluation Process

Pact Vietnam will evaluate applications using the following process:

1. **Compliance review:** A preliminary assessment of each application to ensure compliance with all requirements specified within this RFA. (For example, an application could be disqualified if it does not include all items required, if the application exceeds the number of pages allowed, or if the proposed project exceeds the budget limitations.)

2. **Technical review, Stage 1:** An assessment by Pact Vietnam team members of each compliant application for basic responsiveness to the RFA. The proposal's overall quality will be assessed, including the feasibility and technical soundness of its approach, and the realism of its budget. Pact may also conduct reference checks on past performance. Only the strongest overall applications will advance to the second stage.

3. **Technical review: Stage 2:** A technical review committee composed of Pact technical staff, USG staff and other experts will evaluate finalist applications (based on the criteria below), and will make recommendations for funding. Pact Vietnam will chair and direct the review process. If the committee has questions related to an application, Pact will contact the applicant for responses.

A. Evaluation Criteria

Applications will be evaluated based on the technical evaluation criteria below. A total of 100 points are possible. The relative importance of each criterion is indicated by the number of points it is assigned.

Program Strategy/Technical Approach	**60 points total**
Excellence and feasibility of design	30
M & E plan	15
Linkages with ongoing programming	10
Participation of target community	5
Capacity to deliver	**30 points total**
Management approach	15
Organizational Capacity	15
Budget/cost realism	**10 points**

The following details are provided to clarify the meaning of each evaluation criterion and to help applicants understand how applications will be judged. This information also will be given to reviewers to serve as a guide to the scoring process.

1. **Program Strategy and Technical Approach (60 points)**

   a. ***Excellence and feasibility of design.*** Reviewers will evaluate the overall quality and feasibility of the program design. A strong technical design will include:
      - Clear, sound rationale for choice of target group and geographic location including explanation of current needs, available services and gaps.
      - Solid evidence that the proposed project will fill gaps, add value and not duplicate existing services.
      - Solid understanding of key issues and current best practices in HIV/AIDS prevention and behavior change programming, especially with hard-to-reach at-risk groups.
      - Clear demonstration of how proposed activities will contribute substantially to reducing HIV risk among targeted groups.
      - Proposed activities are relevant and feasible in the Viet Nam context generally and targeted geographic areas specifically.
      - Clear and comprehensive results framework outlining inputs, outputs, outcomes, and impact.
      - Clear and comprehensive implementation plan outlining activities over time that is realistic and achievable within the proposed budget and timeframe.
      - Assurance of ethical practices including a design that will not contribute to stigmatization of beneficiaries.

   b. ***Monitoring and Evaluation Plan***
      - Clearly defined indicators that are relevant and feasible to measure.
      - Clear description of appropriate, relevant and practical methods/tools to collect the data necessary to report on the chosen indicators.
      - Plan for monitoring and evaluating progress that specifies inputs and expected results, and includes a plan to use the data collected to identify and address programmatic weaknesses

   c. ***Demonstrated linkages to ongoing programs***
      - Evidence that proposed activities are consistent with Government of Viet Nam and PEPFAR policies, guidelines, and priorities.
      - Specified linkages with and plans for referrals to relevant programs in the proposed site(s)

   d. ***Demonstrated commitment to target community***
      - Clearly defined plans to engage the active participation of the target community in the design, implementation, and evaluation of the program.

2. **Capacity to Deliver (30 points)**
   a. ***Management approach.*** Reviewers will consider the overall plan for managing the project, including staffing and expertise, the proposed management structure, and systems for collaboration. Factors to be considered include:
      - Existing and established network of local collaborators or the potential to develop such a network.

- Clearly defined approach for managing sub-awards (if relevant), and for engaging other organizations that may be needed in the implementation of the project.
- Clarity of overall organizational structure and relationships.
- Potential for rapid mobilization post-award.

b. ***Key Personnel and Organizational Experience.*** Th*e* key personnel proposed for the project will be evaluated on the basis of:
- Experience working on HIV/AIDS prevention programming or other background that demonstrates ability to implement the proposed project effectively.
- Strength of management and/or technical skills, and relevance of skills to proposed activities.
- Sufficient level of effort allocated for key personnel to carry out the scope of work.

Past performance will be evaluated to assess the overall quality of the organization's work, both in general and regarding similar programs. Information gathered from donor references will be included in this evaluation. Criteria for evaluation of past performance will include:
- Established presence in or demonstrated understanding of the targeted area and groups.
- Specific experience with HIV/AIDS prevention programming among hard-to-reach at-risk populations, including outreach programming.
- Documented success in related projects.
- Consistency in meeting goals and targets, effectiveness in solving problems.
- Experience in budgeting and accuracy of financial reporting in compliance with donor standards.
- Timeliness of performance (including adherence to schedules and ability to make prompt decisions and ensure efficient implementation).
- Effectiveness of key personnel.

3. Budget/Cost Realism (10 points)
- The application will be evaluated based on the realism of proposed costs, including the ratio of program vs. administrative costs. The budget should be in keeping with applicable Cost Principles and USAID regulations and policy (see Appendix D for web references). The total budget will be evaluated based on how logical and realistic it is given the proposed project, and on cost per beneficiary served.

V. PACT'S ADMINISTRATION OF THE SUBGRANTS

Issuance of this RFA does not constitute an award commitment on the part of Pact Vietnam nor does it commit to pay for costs incurred in the submission of an application. Furthermore, Pact Vietnam reserves the right to reject any and all applications, or to award a grant without further discussion or negotiations if it is considered to be in the best interests of Pact Vietnam and PEPFAR.

Please note that successful grant winners must commit to initiate implementation within forty-five (45) days of grant award.

Details on the legal authority and the policies governing the administration of awards under this program are provided in Appendix D.

Pact Vietnam will provide technical support and build partner capacity, as needed, to plan, implement, monitor and evaluate effective prevention programming. At a minimum, Pact will exercise the following substantial involvement in the project:

1. Approval of any changes in key personnel
2. Approval of any changes in the implementation plan
3. Approval of any changes in the monitoring and evaluation plan
4. Approval of indicator protocols to be submitted post-award
5. Approval of significant budgetary changes post-award
6. Approval of sub-awards
7. Approval of a USAID branding strategy and marking plan (guidance to be provided post-award).

VI. REFERENCES

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VII. APPENDIXES

A. Application Checklist

B. Summary Budget Template and Instructions

C. Organizational Background Questionnaire

D. Statement of Legal Authority

Appendix A: Application Checklist

Format Requirements

- O Written in English or Vietnamese
- O Typed in a Microsoft Word compatible program, single-spaced with a 12 point font and one inch margins
- O Saved and submitted as one document in pdf format,
- O Received electronically
- O Labeled with page numbers, the RFA number (RFA 09-00-001) and the name of the applicant organization on every page

Content Requirements:

- O Cover Page
- O Table of Contents
- O Executive summary (Maximum 1 page)
- O Technical Proposal (Maximum 13 pages total ; to include the following):
  - O Goal and Objectives
  - O Rationale
  - O Technical Approach
    - O Best practices
    - O Proposed activities linked with results and objectives
    - O Statement of target group participation
    - O Explanation of linkages with related
    - O Implementation plan
    - O Staffing and Management plan
    - O Monitoring and Evaluation Plan
  - O Organizational Capacity Statement (maximum 2 pages)
- O Cost Proposal (to include the following):
  - O Summary Budget
  - O Detailed Budget
  - O Budget Notes
- O Appendices (to include the following):
  - O References for at least three donors and projects.
  - O CVs of key personnel (no more than two)
  - O Completed Organizational Background Questionnaire for prime applicants and funded partners

Appendix B:
Summary Budget Template and Instructions

Organization: ___________________________________

Project title: ___________________________________

Exchange Rate Used: **US$1 = VND** ___________

Line Item Categories*	**TOTAL**
Personnel *(list each separately with LOE)*	
Fringe Benefits	
Travel *(separate lines for international, regional, domestic)*	
Equipment and Supplies	
Sub-awards *(either grants or implementation-related contracts; list each separately)*	
Other Direct Charges	
Total Direct Charges	
TOTAL	

- Please include the current USD to VND exchange rate that you used in calculating the budget.
- An Excel template of this budget may be requested by contacting Hien at: nmhien@pactvietnam.org
- PLEASE NOTE DETAILED INSTRUCTIONS FOR EACH BUDGET CATEGORY PROVIDED BELOW.

Personnel

Please list each person separately, including their title/position. The personnel line item must clearly indicate that person's salary and their anticipated Level of Effort (LOE). LOE is the number of work days or percentage of overall work time that will be dedicated and charged to the sub-grant.

Fringe Benefits

Fringe benefits are additional personnel costs that are either required by local law or are provided according to common practice and your organization's written policies applicable to all staff. Examples include mandatory contributions to the national health and social insurance fund; severance pay accruals; private health and accident insurance.

Travel
Please include separate lines for international, regional, and domestic travel. Please include all costs for travel to be charged to the grant as well as any lodging/per diem to be provided to staff while traveling. Travel and per diem rates must be consistent with your organizations policies applicable to all projects. This should not include local transportation costs in the project area; these can be listed under “other direct costs,” below.

Equipment and Supplies
Pact Vietnam defines equipment as having a useful life of more than one year and a unit price of US$500 or more. Supplies are those items valued at less than US $500 and consumed directly for the operation of the program, e.g., furniture, stationery, etc.

Subgrants
Please list each sub-grant separately. The name of the sub-grantee must be included unless you plan to conduct a formal solicitation.

Subcontracts
Please list each sub-contract separately. This should include sub-contracts relevant to implementation only. Sub-contracts for services (e.g., translation, consultants) should be budgeted under “Other Direct Charges”.

Other Direct Charges
Other direct costs of the program include consultants, banking fees, printing costs, postage, and a reasonable proportion of office costs (rent, utilities, security, email access) to be charged to the project. For the proportion of office costs, applicants must specify the method they used to determine how much was allocable to the project (e.g., a percentage based on the proportion the budget represents of the organization’s total budget; or on staff time devoted to project as a proportion of the organization’s total staff time on all projects).

- In addition to the summary budget, A **DETAILED BUDGET** and **BUDGET NARRATIVE** describing all costs are also required.
- Please be sure to review and confirm that all amounts and **formulae are correct and in US dollars**.

Appendix C: Organizational Background Questionnaire -- RFA# 09-00-001

Directions: Complete form electronically and submit with application

NOTE: Any sub-partner organizations that will receive funding under this grant should complete this form separately.

I. ORGANIZATIONAL INFORMATION

Name of Organization:	
Address:	
Name of Contact Person:	
Position/Title:	
Phone:	
Fax:	
E-mail address:	
Organization Web Site:	

Please indicate type of Organization (please select one only):

Local Community Based Organization (CBO) ☐

Local NGO ☐

Local Faith-Based Organization (FBO) ☐

Local Foundation ☐

Local Educational Institution ☐

Mass Organization ☐

Other ☐ Please Explain ______________________________

Amount of Funding Requested (in US$):

Year organization was established:

Years of experience in HIV/AIDS programming:

Approximate annual operating budget (in US$): (in VND)

Number of staff members:

Does your organization have a board of directors?
Yes ☐ No ☐

How many volunteers does your organization have?

Has your organization received **USAID funds** directly or through another NGO (e.g., INGOs such as Pact, FHI, CARE, etc.) in the past five years?
Yes ☐ No ☐

If yes, please list the three most recent grants, with dates, specific donor and funding amounts:

Project Name	Time period	Source of funds (USAID direct or specify other NGO)	Funding amount (in USD)

Has your organization received **funds from other international donors** (e.g., ADB, World Bank, DfiD, UN agencies, private foundations) in the past five years? Yes ☐ No ☐

If yes, please list the three most recent grants, with dates, donor and funding amounts:

Project Name	Time period	Donor	Funding amount (in USD)

Does your application propose partners/subgrantees that will receive funding under this grant?
Yes ☐ No ☐

If yes,

- Please have partner organization(s) complete a copy of this Organizational Questionnaire and submit it as part of your application.
- List organization(s) name and proposed subgrant amount here:
  Organization: ____
  Funding amount for subgrant/subcontract: _______________

APPENDIX D: Legal Authority for the Administration of Grants

1. Authority

The authority for these awards is found in the Foreign Assistance Act of 1961, as amended, and re-delegated to Pact, Inc. under Cooperative Agreement No. 486-A-00-06-00007-00 with the U.S. Agency for International Development.

2. Policies and provisions

Awards will be administered in accordance with the USAID policies and procedures.

Awards organizations will be administered in accordance with the cost principles contained in OMB Circular A-122 and USAID Standard Provisions for Non-U.S. Non-governmental Organizations. These documents are available at the below websites. If applicants cannot access these documents via the web, hard copies will be made available by Pact Viet Nam.

OMB Circular A-122 – http://www.whitehouse.gov/omb/circulars/a122/a122.html
Standard Provisions - http://www.usaid.gov/policy/ads/300/303mab.pdf