



**Request for Applications (RFA) # 08-00-001**

***Engendering the Care and Treatment  
Response: Addressing the Needs of Women  
Living with HIV in Viet Nam***

**Date of issue: February 21, 2008**

**Information Session: February 28, 2008, 2:00 p.m. at Pact Vietnam**

**Deadline for Questions: March 3, 2008**

**Questions by email ONLY: [marypw@pactvietnam.org](mailto:marypw@pactvietnam.org)**

**Due date for Applications: March 21, 2008 5:00 p.m.**

**Applications shall be emailed to:**

**Mary Packard at [marypw@pactvietnam.org](mailto:marypw@pactvietnam.org)**

**Web Address to access RFA and related updates:**

**<http://www.pactworld.org/cs/asia/vietnam/rfas>**

**Issued by Pact Vietnam**

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## **RFA #08-00-001**

### ***Engendering the Care and Treatment Response: Addressing the Needs of Women Living with HIV in Viet Nam***

#### **I. Program Overview**

##### **A. Purpose**

The purpose of this Request for Applications (RFA) is to solicit applications for funding from prospective grant recipients. It describes the objectives of the program to be funded; it explains the technical area of focus, qualifications required of applicants and criteria for evaluating applications; and it provides information on funding, the application format, and other relevant details.

The goal of the “Engendering the Care and Treatment Response: Addressing the Needs of Women Living with HIV in Viet Nam” program is to improve the scope and quality of services provided to women living with HIV/AIDS (WLHIV) in Viet Nam through an integrated assessment-implementation-evaluation model. It aims for rapid start-up of service delivery interventions based on international best practice and existing knowledge of needs and gaps in the service delivery response. Concurrently, rigorous assessments of the needs of WLHIV (including those related to gender-based violence) and of existing service options both within and outside the HIV/AIDS service delivery sector will be undertaken. Initial interventions will be refined based on assessment findings, and additional interventions will be designed and implemented. All interventions will then be evaluated and adapted in response to evaluation findings. Thus, the assessment, intervention and evaluation components will not be performed sequentially, but rather iteratively, through a cyclical process that continually generates new information to shape ongoing improvements to service delivery in response to the needs of WLHIV.

Ultimately, the program will produce detailed, evidence-based recommendations to support improved, engendered practices among HIV/AIDS service providers and other agencies essential to ensuring a comprehensive response to the needs of WLHIV. In addition, all needs/site assessment and evaluation tools will be formalized and packaged for wide dissemination and use by service providers active in the care and treatment response.

This program, to be supported by Pact Vietnam with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR), is grounded in the comprehensive HIV/AIDS response strategies of both PEPFAR and the Government of Viet Nam; as such, activities must be implemented in a manner consistent with the policies, standards and practices of PEPFAR as well as with policies of the Government of Viet Nam.

The end beneficiaries of this program are women living with HIV in one or more of the following provinces: Ha Noi, Ho Chi Minh City, Hai Phong, Quang Ninh.

Applications must be submitted to Pact Vietnam by March 21, 2008. It is anticipated that only one grant will be awarded for approximately \$300,000, beginning approximately May 1 and ending September 30, 2009. The awardee's initial obligation of funds will be \$150,000. Applicants are requested to develop the program, budget, and workplan such that the majority of this initial obligation will be expended by September 30, 2008.

Prime applicants may be international NGOs or locally registered Vietnamese NGOs. Prime applicants are required to have a current programming presence in Viet Nam. Vietnamese government agencies and mass organizations are not eligible to apply as prime applicants, but may be included as partners on the applications submitted by Vietnamese or international NGOs.

Issuance of this RFA does not constitute an award commitment on the part of Pact Vietnam nor a commitment 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.

Pact will hold an information session for anyone interested in this RFA on February 28 at 2:00 p.m. at Pact Vietnam, 37A Xuan Dieu, Tay Ho, Hanoi. Registration for this meeting is not required, but if you plan to attend, please inform Mary Packard, RFA Coordinator, at [marypw@pactvietnam.org](mailto:marypw@pactvietnam.org).

## **B. Program Objectives and Focus**

The purpose of the "Engendering the Care and Treatment Response: Addressing the Needs of Women Living with HIV in Viet Nam" program is to respond to the needs of WLHIV in Viet Nam, including needs related to gender-based violence (GBV). Gender-based violence is among the many important issues affecting the lives of HIV positive women. In the context of this program, GBV is defined broadly to include physical violence, emotional or psychological abuse, isolation, stigma and discrimination, abandonment, and neglect.

The program design is based on an approach that integrates intervention, assessment, and evaluation in an iterative, or cyclical, process. An initial intervention to improve the responsiveness of existing services in response to current knowledge of needs and gaps is expected at the onset of the program. Concurrently, a full assessment of needs, service gaps, and additional service delivery options for WLHIV will be conducted. Findings are expected to lead directly to refinements of the initial intervention, as well as to subsequent interventions that address identified needs. These interventions will then be evaluated and continuously improved in response to evaluation findings. All assessment and evaluation tools developed under the program will be formalized and packaged for wide dissemination and use by services providers/programs active in the care and treatment response in Viet Nam.

The specific objectives of this program are to:

- (1) Respond immediately to known needs of WLHIV and gaps in the service response through a targeted intervention in the context of current HIV/AIDS service delivery;
- (2) Assess the experience of women living with HIV/AIDS – including their experience of GBV – and their unmet need for services both within and outside the HIV/AIDS service delivery sector.
- (3) Map the availability of—and assess the responsiveness of—HIV/AIDS and non HIV/AIDS-sector services and support networks (including those that respond to GBV) that are required to address the needs of women living with HIV within targeted geographical areas.
- (4) Assess the current counseling, service delivery, and referral practices (including those related to GBV) of HIV/AIDS service providers across the continuum of care and treatment, with a focus on whether/how these are responsive to the needs of women living with HIV.
- (5) Refine and add service delivery intervention components based on the findings of the assessments and mapping outlined in specific objectives 2-4 above.
- (6) Evaluate and continuously enhance intervention strategies.
- (7) Based on assessment, implementation experience, and evaluation findings, develop detailed, evidence-based recommendations to support improved, engendered practices among HIV/AIDS service providers and other agencies essential to ensuring a comprehensive response to the needs of WLHIV, including needs in the area of GBV.

It is important to note that this program differs from the traditional three-phase assessment-intervention-evaluation model. It recognizes the urgency of increasing the availability, accessibility, and quality of HIV/AIDS care and treatment services to WLHIV immediately, while also undertaking more rigorous needs/site assessment and mapping to continuously improve the service delivery response.

## **II. Country Context and Program Justification**

### **A. 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. By the end of August 2004, all 64 provinces in Viet Nam had reported cases (UNAIDS 2006). By

December 2005, the total number of people living with HIV was estimated by the Ministry of Health to be approximately 263,000. An estimated 33% of individuals living with HIV in Viet Nam are female, and the gender gap continues to narrow, due in part to increasing transmission from the Injecting Drug Users (IDUs) at the vanguard of the epidemic to their female partners. 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.

### ***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.

The strategy also calls for the development of nine Action Plans, which will constitute operational HIV/AIDS policy. Seven of the nine Action Plans – covering 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.

### ***The President's Emergency Plan for AIDS Relief (PEPFAR)***

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) and the Department of Defense (DOD). In-country support for PEPFAR is provided by a team of representatives from each agency under the direction of the U.S. Ambassador.

The U.S. 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, international and local non-governmental organizations, and mass organizations of the Communist Party. The programs and interventions outlined 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 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.

## ***Pact in Viet Nam***

Pact Vietnam's primary goal is to contribute to enhancements in the scale, quality and effectiveness of Viet Nam's response to HIV/AIDS, through support of comprehensive prevention, care, support and treatment interventions, and through the creation of a supportive social and policy environment. Pact Vietnam has worked towards the achievement of this goal by providing grants, technical assistance, and capacity building services as needed to non-governmental organizations (NGOs) receiving or slated to receive USAID funding for work in a wide range of PEPFAR activity areas, including: prevention; VCT; palliative care; orphans and vulnerable children (OVC); ART; and policy analysis/systems strengthening. Related activities are being undertaken by Pact partners<sup>1</sup> 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, Vinh Phuc and Nghe An.

### **B. Program Justification**

According to Ministry of Health estimates, an estimated 86,000 women in Viet Nam were living with HIV in 2005. While the majority of PLHIV in Viet Nam are male, the gender gap has narrowed—from 70% males and 30% females infected in 2003, to an estimated 67% males and 33% female in 2005—and is projected to narrow further. Sentinel surveillance data indicate that prevalence among pregnant women increased from 0.02% in 1994 to 0.37% in 2005 and had reached 1% in some provinces by 2005. Data from the USG-supported Analysis and Advocacy (A<sup>2</sup>) project in HCMC indicate that sex worker clients and their partners make up the largest share of new infections (FHI 2007). An estimated 2,000 women in HCMC were infected by their husbands in 2005. Assuming no changes in transmission patterns, the primary HIV risk to women in HCMC in the coming years will be marital sex.

Once infected, women living with HIV face a range of barriers to accessing support and services. When women avoid or delay seeking care and services, their partners and children can suffer increased risk of transmission, while women themselves may suffer from potentially reduced effectiveness of treatment if/when begun, in addition to negative mental health effects.

In Viet Nam, as in other countries, people living with HIV experience stigma and discrimination that limit their access to employment and basic services and can lead to physical and emotional isolation. Fear of stigma affects their willingness and capacity to learn their HIV status, and to seek out appropriate care and treatment (UNAIDS et al.,

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<sup>1</sup> Current Pact Partners: Abt Associates; Boston University; Academy for Educational Development (AED); Boston University, CARE International; Center for Community Health and Development (COHED); Center for Community Health Promotion (CHP); International Center for Research on Women; Institute for Social Development Studies (ISDS); Mai Hoa Center; Medecins du Monde France; Pathfinder International; Pastoral Care; Population Services International (PSI); Pro-Poor Center (PPC); Save the Children US; STI/HIV/AIDS Prevention Center (SHAPC); Tufts University; Vietnamese Community Mobilization Center for HIV/AIDS Control (VICOMC); World Vision; and Worldwide Orphans Foundation.

2004; Esplen 2007; WHO 2003). The forms of stigma and discrimination women face tend to be more severe than for men (UNAIDS et al., 2004; Hong et al., 2004; Esplen 2007).

When HIV surfaces in a family, women are more likely to be blamed, regardless of which partner first became infected (Esplen 2007). Vietnamese women are expected to uphold moral traditions—their roles as wives and mothers are paramount. This is reinforced in both the media and in day-to-day social relations. Drug use and sex work (which are often, but not always precursors to HIV infection among women in the Viet Nam context) are framed as “social evils,” and women engaged in these activities are harshly judged. Women who contract HIV through marital sex are also condemned more often than men (who more often receive sympathy) for failing their wifely duties and “causing” their husbands to use sex workers.

Fear of such stigma and discrimination—not only from the community, but from service providers—creates a disincentive for women living with HIV to seek testing, obtain necessary knowledge, skills and services to practice safe behaviors, or to receive the treatment, care and emotional support they need; it may also hinder their adherence, once treatment has begun (Esplen 2007; WHO 2003).

An additional barrier to care-seeking is fear of gender-based violence. Women living with HIV are significantly more likely to have experienced physical assault, threats of violence, abandonment by family or spouse, and seizure of property as a result of their HIV status (UNAIDS 2004; Romedenne and Loi 2006). Results from a range of studies reviewed by Nguyen Huu Minh et al. (2005) indicate that 50% - 80% of women in Viet Nam experience spousal abuse when broadly defined to include emotional, verbal and physical abuse. One study of Vietnamese men found 68% reported having abused their wives (Nguyen 2006). Women often blame themselves or passively accept such abuse, hindering their quest for help (Nguyen, 2005; Leeder 2004).

Women’s status as family caregivers can also limit their access to HIV care and treatment. Economic constraints—such as limited income, child care burdens, transportation costs, and time lost from work—weigh heaviest on women, and the cost of seeking services can be prohibitive (WHO 2003:20-21; Esplen 2007). Poverty also exacerbates adherence difficulties as a woman’s role as provider of food to the family may lead her to sell medications on the black market or leave herself without food necessary to ingest or absorb medication effectively (Esplen 2007).

Providers engaged in testing, care, and treatment are not yet systematically trained to respond to the particular needs of WLHIV, to recognize signs of abuse, or to provide counseling and referrals that will enhance women’s welfare, rights and access to services. In addition, there are few existing support services or networks to which women can be referred for appropriate counseling, shelter, legal remedies, or peer support, and those that do exist are often not known to HIV/AIDS-related service providers. Responses to the specific sexual and reproductive health needs of WLHIV are also urgently needed.

PEPFAR has supported some small-scale initiatives, undertaken primarily by local Pact-supported NGOs, which respond to particular needs of women living with HIV in Viet Nam. While these initiatives have helped fill a gap, they have limited reach and scalability. An expanded, gender-sensitive, evidence-based and systematic response to the needs of women living with HIV is the focus of this RFA.

## **The Proposed Program**

Applicants must propose an immediate, targeted intervention that will bolster the quality and effectiveness of existing services in response to known needs of WLHIV in the context of current HIV/AIDS service delivery. The intervention, to begin at the onset of the program, will be based on the applicant's current knowledge about the needs of WLHIV and existing service gaps in Viet Nam, and will draw upon the applicant's expertise and best practices in serving WLHIV in similar contexts.

Applicants must also propose several cycles of an integrated assessment-intervention-evaluation approach. The assessment components should employ a combination of qualitative and quantitative methods to:

- a) Assess the needs and perspectives of WLHIV
- b) Map the existing network of services available to WLHIV, including those related to GBV; and
- c) Continuously assess (and evaluate post-intervention) strengths and weaknesses of current counseling, service delivery and referral practices for WLHIV (including those related to GBV) within the constellation of HIV/AIDS care and treatment services.

Assessment activities should target WLHIV, members of their families and communities, as well as service providers/organizations across the HIV/AIDS continuum of care. These should include, but need not be limited to, clinical service delivery programs (such as those supported under CDC/LifeGAP); integrated clinical and community-based service delivery programs (such as those supported under Family Health International and Medecins du Monde France), and community/home-based care and support programs (such as those supported by COHED, Bright Futures, CARE, World Vision, and other organizations).

Organizations serving the broader needs of WLHIV, including those related to GBV and sexual/reproductive health must also be included. Examples might include: shelters, safe houses, support groups, hotlines, legal support, sexual health and family planning services, and maternity care. The assessment should include organizations currently providing services to WLHIV as well as those with the potential to do so.

Based on the results of the assessments, interventions already begun will be refined and/or expanded in response, and additional interventions will be piloted. All interventions will be evaluated on a rolling basis to ensure continuing adjustment and

enhancement. Applicants should articulate a clear strategy and methodology for the assessment and evaluation phases and demonstrate how data will be used to improve and or pilot new intervention strategies.

Applicants are expected to provide a sound assessment design that details research questions and proposed methods for data collection and analysis. The following questions **among others**, should guide assessment efforts. Please note that these are provided as examples and are not meant to be exhaustive:

- What do women living with HIV consider to be their most urgent needs?
- How does gender based violence relate to the experience of WLHIV, and to their care-seeking behaviors?
- What other factors (stigma, family situation, economic status, etc) influence the care-seeking behavior of WLHIV and the responsiveness of services to WLHIV needs?
- What clinical and non-clinical services are available to women experiencing GBV, whether or not they are also HIV positive (e.g. counseling, medical care, legal support, shelters)? To what extent are these accessible and responsive to the needs of WLHIV?
- What clinical and non-clinical services are available to women living with HIV? To what extent are these services gender-sensitive, i.e., responsive to the particular needs of *women* living with HIV?
- To what extent are women who need these services able to access them?
- What factors limit women’s access to these services?
- What types of referral or other links exist among the constellation of services essential to meeting the holistic needs of WLHIV? How can the system of linkages and referrals be improved?
- What types of services needed by WLHIV are not yet available? How can they be made available?
- What approaches can be used to ensure that the clinical and non-clinical services needed by WLHIV are accessible, user-friendly, gender-sensitive, and effective in meeting their needs?

Applicants are expected to be engaged in and/or to propose active partnerships with selected programs engaged in HIV/AIDS service delivery to ensure immediate implementation of responsive interventions and integration of assessment and evaluation findings into ongoing service delivery. Selection of sites for intervention should include a mix of those engaged in clinical service delivery only; community-based services only; and integrated, clinical plus community-based services.

In summary, the applicant’s strategy should address the following program objectives (as stated above):

- (1) Respond immediately to known needs of WLHIV and gaps in the service response through a targeted intervention in the context of current HIV/AIDS service delivery;

(2) Assess the experience of women living with HIV/AIDS – including their experience of GBV – and their unmet need for services both within and outside the HIV/AIDS service delivery sector.

(3) Map the availability of – and assess the responsiveness of – HIV/AIDS and non HIV/AIDS-sector services and support networks (including those that respond to GBV) that are required to address the needs of women living with HIV within targeted geographical areas.

(4) Assess the current counseling, service delivery, and referral practices (including those related to GBV) of HIV/AIDS service providers across the continuum of care and treatment, with a focus on whether/how these are responsive to the needs of women living with HIV.

(5) Refine and add service delivery intervention components based on the findings of the assessments and mapping outlined in specific objectives 2-4 above.

(6) Evaluate and continuously enhance intervention strategies.

(7) Based on the assessment, implementation experience, and evaluation findings, develop detailed, evidence-based recommendations to support improved, engendered practices among HIV/AIDS service providers and other agencies essential to ensuring a comprehensive response to the needs of WLHIV, including needs in the area of GBV.

It is estimated that approximately 50% of the awardee's effort (and expenditure) will be spent on the needs/site assessment and evaluation components of this project, and 50% on the piloting of interventions in specific sites.

Pact is committed to building the capacity of local organizations. International NGO applicants **must** propose explicit partnerships with local NGOs, CBOs, government agencies, and/or mass organizations. The application should clearly describe the ways in which the proposed project will enhance the capacity of these organizations.

In addition to the conduct of service delivery intervention(s), assessments, mapping, and evaluation, expected deliverables include:

1. A tool and methodology for assessing the comprehensive needs of WLHIV.
2. A tool and methodology for mapping the service response to the needs of WLHIV both within and outside the HIV/AIDS service delivery sector.
3. A tool and methodology for assessing the responsiveness of HIV/AIDS service delivery programs to the needs of WLHIV
4. A report that presents and analyzes all assessment and evaluation data. It should detail the specific concerns and needs of WLHIV in Viet Nam, including those related to gender-based violence. It should detail other barriers (stigma,

economic status, etc.) to service access among WLHIV, document the extent to which women in need are accessing care and treatment services, and specify the ways in which access could be enhanced. Interventions that are particularly effective in improving the health and quality of life of WLHIV should be detailed. The report should conclude with evidenced-based recommendations for engendering the HIV/AIDS response among HIV/AIDS service providers across the continuum of care and treatment.

### **III. Application**

#### **A. Eligibility**

Prime applicants may be international NGOs or locally registered Vietnamese NGOs. Prime applicants are required to have a current programming presence in Viet Nam. Vietnamese government agencies and mass organizations are not eligible to apply as prime applicants, but may be included as partners on the applications submitted by Vietnamese or international NGOs.

Pact Vietnam is committed to moving resources to the beneficiaries of HIV/AIDS programming by funding initiatives at the grassroots level to the extent possible. To achieve this, all international NGOs who apply are required to partner with local NGOs/CBOs, and/or agencies of the Government of Viet Nam, and/or Vietnamese mass organizations. Vietnamese NGOs are strongly encouraged to apply either as prime applicants or as sub-grantees to international NGOs.

Pact offices/programs are **not** eligible to apply for grants under this RFA; however, current Pact sub-grantees are eligible. UN or inter-governmental organizations are also not eligible to apply for grants under this RFA.

Preference will be given to applicants with experience managing multi-year grants of \$200,000 or more. Please note that successful grant winners must commit to initiate implementation within forty-five (45) days of grant award.

#### **B. Administration of the Sub-Grants**

##### ***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.

##### ***Policies and provisions***

Awards will be administered in accordance with the USAID policies and procedures. Awards to U.S. organizations will be administered in accordance with 22 CFR part 226, the applicable OMB Circulars and USAID Standard Provisions. To find these regulations

and policies see the websites below. If applicants are not able to access these documents via the web, copies can be requested from Pact Vietnam.

22 CFR 226 - [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/22cfr226\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/22cfr226_03.html)

OMB Circulars A-122 and A-133 – <http://www.whitehouse.gov/omb/circulars>

USAID Standard Provisions - <http://www.usaid.gov/policy/ads/300/303maa.pdf>

Awards to Non-U.S. 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 following websites. If applicants cannot access these documents via the web, hard copies will be made available by Pact Vietnam.

OMB Circular A-122 – <http://www.whitehouse.gov/omb/circulars/a122/a122.html>

Standard Provisions - <http://www.usaid.gov/policy/ads/300/303mab.pdf>

### ***Substantial Involvement***

Pact Vietnam anticipates exercising the following substantial involvement in working with the applicant to achieve its program objectives:

- Approval of key personnel or any changes therein
- Approval of annual implementation plans and all modifications describing the specific activities to be carried out under the Agreement
- Approval of annual budgets
- Approval of a branding strategy and marking plan
- Approval of monitoring and evaluation plans and any changes therein
- Approval of all sub-awards made by prime awardees
- Approval of all international travel

## **C. Proposal and Budget Requirements**

### ***Submission Deadline***

Applications must be received by Pact Vietnam no later than close of business **(5:00pm) on March 21** 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. **Email applications to Mary Packard, Consultant for RFA Coordination, Pact Vietnam at [marypw@pactvietnam.org](mailto:marypw@pactvietnam.org) .**

Pact will acknowledge receipt to applicants within 2 days of receipt of an application. All applications received by the deadline will be reviewed for responsiveness to the program requirements and compliance with the preparation guidelines provided below.

Applications that are non-responsive will not be considered for further review. Application requirements are as follows:

**Format**

1. In English
2. Typed in a Microsoft Word compatible program, single-spaced with a 12 point font and one inch margins
3. **Saved and submitted as one document in pdf format**, with all sections and appendices collated into one continuous document.
4. Received electronically
5. Labeled with page numbers, the RFA number (RFA-08-00-001) and the name of the applicant organization on every page

**Required Content**

1. Cover Page with program title; organization name and contact information including address, telephone, fax, and email address
2. Table of Contents
3. Executive summary (**not to exceed 1 page**)
4. Technical application (**maximum 15 pages total**). Within the technical portion, applicants will present:
  - a) Technical approach (**not to exceed 10 pages**) detailing the following:
    - Project goals and objectives
    - Key issues in lives of women living with HIV, including discussion of best practices in gender-sensitive HIV/AIDS care and treatment service provision.
    - Initial intervention phase:
      - Discussion of strategic fit and linkages to other interventions, services, and programs, as appropriate, with an emphasis on those supported under PEPFAR
      - Target group participation
      - Rationale, objectives, design
    - Needs and service delivery assessment design, including detailed presentation of:
      - Assessment questions
      - Tools and methodologies
      - Specification of subjects
      - Data collection plan
      - Data analysis plan
      - Target group participation

- Evaluation design
  - Detailed plans for evaluation of piloted interventions, including how these will be conducted iteratively and shape continued improvements in interventions.
  - Target group participation
- Intervention development/enhancement plan
  - Discussion of strategic fit and linkages to other interventions, services, and programs, as appropriate, with an emphasis on those supported under PEPFAR
  - Target group participation
- Program monitoring plan
  - Explanation of how proposed activities relate to the program objectives described in this RFA, and how progress will be tracked, verified and reported.
  - Detailed, specific plans to monitor and document program performance, including identification of milestones and expected results.

**b) Project Management (not to exceed 5 pages) including:**

- Past performance and experience in the areas of site/needs assessment and HIV/AIDS intervention design, implementation, and evaluation, with a particular focus on assessments/programs targeting women living with HIV
- Proposed implementing partners & division of responsibility
- Implementation plan (can be in the form of a Gantt chart)
- Staffing and management plan
- Capacity building plan

**5. Cost application, including summary budget, detailed budget, and budget narrative (for 18 month period).**

**a) A Summary budget template and instructions is attached (Appendix A) and includes the following line items:**

- Personnel
- Fringe benefits
- Travel
- Supplies & equipment
- Monitoring and Evaluation
- Proposed sub-grants and sub-contracts
- Other direct charges
- Indirect charges (allowed for NGOs with Negotiated Indirect Cost Rates (NICRA) with USAID only)

- b) Applicants are required to submit a **detailed budget** itemizing items included under the summary budget lines above.
- c) Applicants are also required to submit a **budget narrative** that describes any policies or rationale that form the basis of particular line items and calculations which require explanation.

## 6. Attachments

- a) An organizational capacity statement that demonstrates the applicant's capacity to implement the proposed program (**maximum 2 pages**). The statement should present:
  - A brief overview of the applicant's mission and goals and how they relate to the proposed program.
  - Relevant experience in relation to the proposed program and geographic area.
  - Comparative advantage in carrying out this work, such as prior successes in similar endeavors.
  - 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.
- b) Key personnel CVs (maximum 2).
- c) Reference information for at least three donors with whom the applicant has worked in the past three years in the implementation of a similar program. This shall include the procuring/financing organization, contact name, mailing address, telephone and fax number, e-mail address, award number if available, dollar value of activity, and a brief description of the work, including dates performed. If the applicant has programming experience in Viet Nam, references should relate to these programs. *Pact Vietnam should not be given as a reference.*
- d) Completed Organizational Background Questionnaire for prime applicant **and sub-partners** (please refer to Appendix B and C for the appropriate questionnaire for local and international organizations, respectively)

## D. Evaluation Process

Pact Vietnam will evaluate applications in keeping with the standards established below.

Pact Vietnam will conduct a preliminary assessment of each application to ensure compliance with all eligibility requirements specified within this RFA. For example, an application could be disqualified if it does not include all items required, or if the proposed project exceeds the budget limitations. All specified requirements must be met in order for the application to be evaluated fully.

Depending on the number of applications received, Pact Vietnam anticipates conducting a two-round evaluation process. During the first round, an internal review team will assess each application based on the criteria below. Pact Vietnam will also conduct past performance checks. Only the strongest overall applications will advance to the second round.

In the second round, a technical review committee composed of Pact technical staff, USG staff and other experts will then evaluate 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.

## **E. Evaluation Criteria**

Applications will be evaluated in accordance with the technical evaluation criteria set forth below. A total of 100 points are possible. The relative importance of each criterion is indicated by the number of points it is assigned. Applicants should note that these criteria: (1) serve as the standard against which all applications will be evaluated, and (2) serve to identify the significant matters applicants should address in their proposals.

<b>Program Strategy/Technical Approach</b>	<b>50 points</b>
Excellence and feasibility of design	
Linkages with programs, partners and target community	
Program monitoring plan	
<b>Capacity to deliver</b>	<b>40 points</b>
Management approach	
Key personnel	
General organizational experience	
Specific experience implementing similar programs	
References	
<b>Budget/cost realism</b>	<b>10 points</b>

The information outlined under each scoring criterion below is intended to inform the scoring process broadly; each will not be individually scored or equally weighted. An award will be made to the applicant whose application offers the greatest value, cost and other factors outlined below considered.

***Excellence and feasibility of design.*** Reviewers will evaluate the overall quality and feasibility of the program design. A strong technical design will include:

- Solid understanding of key issues relating to the experience of WLHIV, including GBV.
- Insightful discussion and analysis of best practices related to gender-responsive services for WLHIV.
- Feasible, relevant, and technically sound design of initial intervention.
- Feasible, relevant, and technically sound design of assessment.
- Clearly articulated plan for iterative evaluation of interventions that will result in improvements to interventions and recommendations for improvements in the programming of other actors in the care and treatment response.
- Responsiveness to objectives of the RFA.

***Demonstrated linkages to ongoing programs and commitment to the target community.*** Consideration will be given to how well the proposed project will coordinate with relevant stakeholders and partners, in particular:

- Evidence that proposed activities are supportive of the GoV's strategies, policies, guidelines, and priorities related to PLHIV in general and women living with HIV in particular.
- Linkages to and synergies with PEPFAR-supported programming across the continuum of care and treatment, including both clinical and community-based services (stand-alone and integrated).
- Linkages to other programs serving – or with the potential to serve--women living with HIV, including GBV-focused programs..
- Clearly articulated plan for engaging the target community (WLHIV) in all phases of the program.
- Explicit partnerships with local organizations.

***Monitoring Plan.*** The clarity and relevance of milestones and expected accomplishments will be considered.

***Management approach.*** Reviewers will consider the overall plan for managing the project, including staffing and expertise, systems for partnering, implementation plans, and clarity of linkages between the proposed approach and intended outcomes.

Factors to be considered include:

- Appropriateness of proposed staff for activities.
- Sufficient level of effort designated to the program to carry out the scope of work.
- Effective network of partners appropriate to achievement of program objectives.
- Clear, comprehensive and realistic implementation plan.
- Clarity of overall organizational structure and relationships, including planned interactions with other PEPFAR partners.

- Potential for rapid mobilization post-award.

**Key Personnel.** The key personnel proposed for the project will be evaluated on the basis of:

- Experience working on similar initiatives.
- Technical skills and experience related to women living with HIV and HIV/AIDS care and treatment programming.
- Technical skills and experience in the design and conduct of assessments and evaluations.
- Experience in Viet Nam, or other background that demonstrates ability to work effectively in the Viet Nam context.
- Demonstrated networks with key stakeholders in Viet Nam—or proven ability to develop such networks.

**General Organizational Experience.** The applicant’s past performance will be evaluated to assess the overall quality of its performance in the past, with a focus on the following areas. References will also be checked to assess the applicant’s past performance based on the following factors:

- Quality of service (including consistency in meeting goals and targets, effectiveness in solving problems).
- Cost control (including forecasting costs as well as accuracy in financial reporting).
- Timeliness of performance (including adherence to schedules and ability to make prompt decisions and ensure efficient operation).
- Effectiveness of key personnel.
- Experience coordinating diverse activities that produced documented results.
- Demonstrated capacity to develop an effective system for managing sub-grants/sub-contracts, or any other method proposed for engaging other organizations in the conduct of the program.
- Prior work in Viet Nam or similar environments.

**Specific Experience implementing similar programs.** The review committee will consider the applicant’s (and partners’) demonstrated experience in undertaking similar assessments/interventions in HIV/AIDS, particularly those related to women and HIV/AIDS. Evaluation will be based on documented results and the same factors listed above for general experience.

<b>Cost</b>	<b>10 points</b>
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**Cost Realism (including Program vs. Administrative Costs) and Sub-grants.** The budget should be in keeping with applicable Cost Principles and USAID regulations and policy. The total budget will be evaluated for reasonableness and realism as it relates to the proposed program description. It should reflect an appropriate balance between program components as suggested above (estimated 50% for assessment and evaluation, and 50% for piloting interventions). The overall budgetary competitiveness of

the application may be determined based on composing an average ratio of program vs. administrative costs as well as activity costs.

#### IV. References

Esplen, Emily (2007). *Women and Girls living with HIV/AIDS: Overview and Annotated Bibliography*. Bibliography No. 18. Bridge. Institute fo Development Studies, University of Sussex.

Family Health International (2007)A<sup>2</sup>: *Analysis and Advocacy, The HIV Epidemic in Ho Chi Minh City; Where is it Going?* Hanoi:, p. 25.

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Leeder, Elaine, J. (2004). *The Family in Global Perspective: A Gendered Journey*. Sage.

Nguyen Huu Minh, Le Ngoc Lan, Nguyen Thi Mai Hoa, Tran Thi Cam Nhung (2005). *Research on Gender Based Domestic Violence in Vietnam*. Institute of Family and Gender, Vietnam Academy of Social Sciences. Unpublished literature review supported by Ford Foundation.

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UNAIDS (2004). *Women and HIV/AIDS: Confronting the Crisis*.

UNAIDS (2006). *2006 Report on the Global AIDS Epidemic*. Geneva: UNAIDS.

U.S. Department of State (2006). PEPFAR Country Profile for Viet Nam. Accessed online at:  
<http://www.state.gov/documents/organization/61632.pdf#search=%22Emergency%20Plan%20vietnam%22>.

WHO (2003). *Integrating Gender into HIV/AIDS Programs: A Review Paper*. Department of Gender and Women's Health, Family and Community Health. WHO.

## Appendix A: Summary Budget Template\*

Organization:

Project title:

US\$1 = \_\_\_\_\_ VND

Line Item Categories*	TOTAL
Personnel <i>(list each separately with LOE)</i>	
Fringe Benefits	
Travel <i>(separate lines for international, regional, domestic)</i>	
Equipment and Supplies	
Monitoring and Evaluation	
Subgrants <i>(list each separately)</i>	
Sub-contracts <i>(list each separately)</i>	
Other Direct Charges	
<b>Total Direct Charges</b>	
<b>Indirect Charges*</b> <i>(see instructions)</i>	
<b>TOTAL</b>	

Make sure all amounts are correct and in US dollars. Please include the current USD to VND exchange rate.

Indirect Charges - only include as a percentage of direct costs if organization has an approved Negotiated Indirect Cost Rate Agreement (NICRA) and/or an audited overhead rate by a major auditing firm.

**A DETAILED BUDGET and BUDGET NARRATIVE describing all costs are also required,** and may follow applicant's preferred format.

\*An excel template of this budget may be requested from Pact by contacting Mary Packard, RFA Coordinator, at [marypw@pactvietnam.org](mailto:marypw@pactvietnam.org)

## **Instructions for the Summary Budget**

Please be sure to review and confirm that all amounts and formulae are correct and in US dollars. Please include the current USD to VND exchange rate that you used in calculating the USD budget. A DETAILED BUDGET and BUDGET NARRATIVE describing all costs are also required.

### *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. One work day is considered to be 8 hours.

### *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 of this are 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. This should not include local transportation costs in the project area; these can be listed under "other direct costs," below. Please keep in mind that Pact Vietnam encourages the use of per diem rates that are less than those dictated by the US government. Under no circumstances may they exceed the USG limits.

### *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., computers, furniture, stationery, etc.

### *Monitoring and Evaluation*

Please include all costs associated with the monitoring and evaluation of your program activities. Monitoring and evaluation is a required element of your work plan. Do not include personnel or travel associated with M&E. These should be budgeted under personnel and travel, respectively.

### *Subgrants*

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

### *Sub-contracts*

Please list each sub-contract separately. Sub-contractors are usually identified through solicitation of quotations or bids. If they are not identified in a competitive way, include the name of the sub-contractor.

### *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., budget request to Pact as a proportion of the organization's total budget; staff time devoted to project as a proportion of the organization's total staff time on all projects, etc.) This section may also include other costs that do not fall into the categories above (personnel & fringe benefits, travel, equipment and supplies, monitoring and evaluation, subgrants and sub-contracts).

### *Indirect Charges*

Only US NGOs with a Negotiated Indirect Cost Rate (NICRA) approved by the US Government may charge for indirect costs as a proportion of the direct cost budget. (Other NGOs may charge these expenditures directly. See above "Other Direct Charges" for explanation.)

## **Appendix B: Organizational Background Questionnaire**

### **LOCAL ORGANIZATIONS**

**Directions: Complete form electronically and submit with application**

**RFA Number:** # 08-00-001

**Organization Name:**