

## **AMENDMENT NO.1 FOR RFA 05-A-1**

### **Extension of Deadline for Concept Papers**

Community REACH is amending the following Request for Applications (RFAs) #05-A-1 and released on August 10, 2005 by extending the initial due date for concept papers from September 7, 2005 to close of business (5:00pm Washington DC eastern standard time) **Tuesday, October 11, 2005**. Separate correspondence will be sent to all organizations who have applied during the initial concept paper solicitation time period.

Submission requirements will follow the same guidelines that were included in RFA (refer to Section D).

Questions may be sent via e-mail to [Reachgrants@pacthq.org](mailto:Reachgrants@pacthq.org) until October 4, 2005. All e-mails should include as the subject of the e-mail "RFA #05-A-1".



**Request for Applications (RFA) # 05-A-1**

**Pact's Community REACH Program for NGO HIV/AIDS Activities**

***Supporting Community Engagement in Antiretroviral  
(ARV) Treatment***

**Date of Issuance: 10 August 2005**

**Due Date for Concept Paper Applications: 7 September 2005**

**Applications Shall Be Addressed to:**

**Polly Mott, Program Director**

**1200 18<sup>th</sup> Street, NW; Suite 350**

**Washington, DC 20036**

**USA**

**Questions by email ONLY: [reachgrants@pacthq.org](mailto:reachgrants@pacthq.org)**

**Deadline for Questions: 25 August 2005**

**Issued by the  
Community REACH Program**



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# **RFA 05-A-1**

## **SUPPORTING COMMUNITY ENGAGEMENT IN ARV TREATMENT**

### **I. Purpose**

The purpose of this Request for Application (RFA) is to disseminate information about Pact's USAID-funded Community REACH Program and to solicit applications for funding from prospective NGO grant recipients. This RFA describes the program objectives, explains the technical area of focus, qualifications of organizations applying, criteria for evaluating applications and provides information on funding, application format and other relevant information.

These grants will focus on community engagement initiatives in antiretroviral (ARV) treatment. Pending the availability of funding, the Community REACH Program anticipates awarding grants or cooperative agreements (hereafter called agreements) to fund applications submitted in response to this RFA.

Concept papers must be submitted by 7 September 2005. It is anticipated that grants will be funded for a period up to two (2) years and will not exceed \$150,000 for the life of project. Organizations submitting successful concept papers will be requested to submit a full proposal and detailed budget from which final selections will be made.

Issuance of this RFA does not constitute an award commitment on the part of Community REACH or USAID nor does it commit to pay for costs incurred in the submission of an application. Furthermore, Community REACH 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 Community REACH and USAID.

### **II. Program Overview**

#### **A. Program Objectives and Focus**

The goal of the "Supporting community engagement in ARV treatment" RFA is to support initiatives that work to mobilize and increase the role of communities in rapidly expanding access to antiretroviral drug therapy (ART) in one or more of the following participating countries:

Malawi, Zimbabwe, Cambodia, India, Indonesia, Nepal, Dominican Republic, Honduras, Russia and Ukraine

Specifically, it calls for proposals that:

- Strengthen and support the capacity of PLWHA groups, NGOs, FBOs or CBOs in treatment preparedness, advocacy and education.
- Support community awareness raising and mobilization with the meaningful and influential participation of PLWHAs so that people who need treatment can access it without fear of being stigmatized and discriminated against (this can include stigma reduction activities/campaigns and treatment literacy, etc.)
- Support individuals in starting and remaining on treatment, including life-time adherence to treatment, positive living, prevention, psychological support, meeting economic and social needs, and referral to providers of care, support and prevention.

The focus of this RFA will be on promoting community engagement initiatives that promote and fulfill PLWHAs rights of access to ARV and other HIV-related treatment. **This RFA will not fund the procurement of ARV drugs but will support community initiatives that will form linkages with existing ARV service providers.**

## **B. Guiding Principles**

Community REACH provides a rapid response to the HIV/AIDS pandemic by achieving community-level impact in the hardest-hit regions and countries. The program's guiding principles include community participation, active stakeholder and target audience involvement, strengthening community-based networks and adding to the body of knowledge on effective responses to HIV/AIDS by documenting lessons learned by Community REACH grantees. Successful applicants will explicitly incorporate one or more of the following crosscutting strategic areas.

### *Community Participation and Stakeholder Involvement*

Applicants should explain in detail how they will involve the targeted communities in each aspect of the program. This participation can be at all levels, from the individual to the organizational, in all sectors from the social and cultural to the economic and political. In an operational sense, this involvement should include a variety of roles at many different levels. For instance, participation of PLWHAs is already accepted to some degree at the international level in multilateral institutions and in regional and international conferences. Also, at a national level, PLWHAs have been involved in national AIDS programs and at the community level in prevention, care and support interventions. However, too often PLWHAs play a limited role as either an observer or in an educational function. PLWHAs must be included in all aspects of a project including planning, implementation and monitoring and evaluation. Specifically, attention must be given to ensure that PLWHAs receive the training and support they need to be involved at different levels.

### *Strengthening Networks and Linkages*

Community REACH anticipates that its grants to NGOs will be components of larger scale initiatives and/or national programs. Applicants should detail the ways in which their program will encourage and foster linkages to networks, to other donor-funded programs, and to local USAID-sponsored programs as a way of encouraging grantees to establish close coordination and collaboration with other groups providing complementary services. These may include

hospitals, clinics, government programs, community groups, faith-based groups, PLWHA support groups and advocacy bodies, STI treatment facilities and others.

### **III. Supporting community engagement in ARV Treatment**

#### **A. Background**

*“Lack of access to antiretroviral treatment is a global health emergency. To deliver antiretroviral treatment to the millions who need it, we must change the way we think and the way we act”*

- Lee Jong-wook, Director-General, World Health Organization

The advent of antiretroviral therapy (ART) in 1996 led to a revolution in the care of people living with HIV/AIDS (PLWHA) in the developed world. Although the treatments are not a cure, they have dramatically reduced rates of mortality and morbidity, have improved the quality of life for PLWHAs and have revitalized communities. Where ART is available HIV/AIDS is now perceived as a manageable chronic illness.

Most of the 40 million people currently living with HIV/AIDS reside in developing countries and until recently, few had access to expensive life-preserving antiretroviral drugs. Experts have estimated that as of the end of 2003, some six million people in developing countries were in immediate need of treatment. However, fewer than 8% of them can access the medicines they need.

In recognition of the devastating impact of HIV/AIDS, a growing worldwide movement has led to increased momentum to channel funds into HIV/AIDS. An important aspect of this increased funding is the understanding that HIV treatment is a human right and that delivery of ART in resource-poor settings is feasible.

Since President Bush announced the Emergency Plan for AIDS Relief in 2003, the United States Government has committed significant energy and resources to turn the tide against HIV/AIDS. The initiative is focused on achieving the goals of treating at least two million HIV-infected persons with ARVs in 15 focus countries. As of March 2005, the Emergency Plan reached 235,000 people with treatment support and supported over 300 ART sites.

Other institutions such as the World Bank, the World Health Organization (WHO), the Global Fund for AIDS, Tuberculosis and Malaria, the Clinton Foundation, Médecines sans Frontières and many other partnerships are driving the global efforts for HIV/AIDS treatment scale-up.

Affected communities, groups of PLWHAs, nongovernmental organizations (NGOs), community-based organizations (CBOs) and faith-based organizations (FBOs) have been a driving force in the response to HIV/AIDS in many countries. These groups have mobilized to ensure better delivery of HIV/AIDS-related services and commodities. In many settings, they have been the only service providers.

## **B. Community engagement in ARV Treatment**

Early discussions on improving access to HIV/AIDS-related treatment focused on medical aspects of treatment delivery through strengthening of existing health systems. Despite early preconceptions that treatment was not an activity for “lay” people, experiences have shown that these groups have been critical in advocating for access to ARVs as a human right, as well as in strengthening health-sector capacity through direct provision of services. Provision of HIV/AIDS-related treatment within these community contexts has contributed to reductions in stigma and discrimination, empowered individuals and their communities and the expansion of health services to reach the most vulnerable.

There is strong consensus that, as ARV treatment is becoming more widely accessible, communities, PLWHA groups, NGOs, FBOs and CBOs have a critical role to play alongside the health/medical profession in ensuring access to effective and sustained treatment. Unless treatment and care provided are relevant to and respectful of community needs, people will not use the services.

As pilot programs have demonstrated, PLWHAs and communities are central to ensuring safe and effective ARV provision. The term “community engagement” is now being used to highlight the long term, inclusive and multi-sectoral nature of support for ARV treatment. A successful ARV treatment program involves far more than getting pills into the mouth of the patient. For real impact, ARV treatment must be linked strongly with prevention and care efforts. It should also involve and mobilize a range of stakeholders, including people with HIV, around ARV treatment programs.

Community engagement and mobilization around ARV treatment can range from participation in the design of national ART scale-up plans to providing information to acting as treatment supporters for a family member/friend. The WHO Community Mobilization Plan suggests that key elements include the following:

- Providing capacity-building grants for community-based organizations to strengthen their role in national HIV/AIDS treatment advocacy and education;
- Supporting community-driven approaches to HIV/AIDS treatment and care;
- Facilitating stronger linkages and partnerships between the public health sector and civil society groups;
- Offering standardized training for community HIV/AIDS treatment supporters and educators;
- Providing operational recommendations and policy guidance for ART implementers on involving communities in ART scale up at the service delivery/health facility level;
- Identifying and elaborating on the key ethical principles and mechanisms for fair and equitable distribution of ART;
- Promoting community-based operational research and quality assurance, including partnerships with academic and other institutions;
- Strengthening the performance, legitimacy and accountability of the community sector through support for the establishment of guiding principles and minimum standards of good practice;

The International HIV/AIDS Alliance's definition of community engagement includes the following key programmatic elements:

- Supporting and investing in meaningful and influential involvement of people with HIV and their communities in addressing needs for ARV and other HIV-related treatments;
- Specific involvement of people with HIV and their communities in planning, implementation, monitoring and evaluation of treatment services, whether in public, NGO or private settings;
- Support for community awareness raising and mobilization so that people who need treatment can successfully access, afford and use it as a life-time intervention;
- Increasing treatment literacy for people on treatment and communities; this includes accurate and accessible information about medicines, treatment and managing side-effects, how treatment fits in with daily life, prevention, how people on treatment can get what they need from health systems and other forms of material and psychosocial support;
- Support for individuals in starting and remaining on treatment, including life-time adherence to treatment, positive living, prevention, psychological support, meeting economic and social needs, and referral to providers of care, support and prevention;
- Community-focused delivery of clinical care, medication and treatment support, based on strong partnerships and linkages between health services and community organizations; and
- Advocacy and support for protecting, promoting and fulfilling people's rights of access to ARVs and other HIV-related treatment

*PLWHA involvement:*

The obstacles to the full participation of people living with HIV/AIDS (PLWHAs) in fighting the pandemic remain formidable. The United Nations has suggested a number of steps to realize PLWHA participation including:

- More aggressive efforts to combat stigma and discrimination, including reform of relevant legislative and regulatory frameworks and rigorous enforcement of human rights protections;
- Outreach to PLWHAs to educate them about their rights and available services and to involve them more explicitly as leaders in HIV/AIDS programs;
- Rapid scale-up of treatment, care and support programs, including access to antiretroviral drugs. In the absence of such programs, many PLWHAs will continue to believe that the personal risks of stepping forward outweigh the likely benefits.

One clear strategy to actively promote greater involvement of people living with HIV/AIDS (GIPA) is to work with individual PLWHAs, PLWHA organizations and networks in all stages of a project. GIPA is grounded in the fundamental understanding that the experience of living with HIV is not something that can ever be fully understood by those who are not infected, and no recent experience compares to the stigmatization associated with HIV/AIDS.

In the case of community engagement for ARV treatment, PLWHAs are the most important stakeholders. Ensuring the greater involvement of PLWHAs in all aspects of ARV treatment is a

true reflection of political commitment and it is consistent with a rights-based approach that acknowledges that people have a part to play in the decisions that affect their lives. PLWHAs can move from being passive consumers of health care to becoming leaders and equal partners in ensuring equitable, safe and effective ARV treatment to all those who need it. More information on GIPA principles can be found in the document “From Principles to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) UNAIDS. September 1999. HTML version: [http://www.unaids.org/html/pub/publications/irc-pub01/jc252-gipa-i\\_en\\_pdf.htm](http://www.unaids.org/html/pub/publications/irc-pub01/jc252-gipa-i_en_pdf.htm)

#### **IV. Program Indicators**

All applications must include specific, detailed plans to monitor and document program performance. Applicants for funding under this RFA should state clearly how activities they are proposing relate to program objectives and how data will be tracked, collected, verified and reported to document progress toward these objectives. Community REACH will evaluate progress by monitoring selected indicators and assessing these in relation to targeted program objectives, as listed in this RFA. A limited set of program monitoring indicators will be used to track the progress of key Community REACH funded activities, and are based on administrative records, project reports, and routine logistical and facility-based information systems. Applicants are encouraged to include in their application the measurement and reporting of indicators of program progress and effectiveness, as appropriate to proposed activities. Monitoring and Evaluation (M & E) efforts should be based on effective monitoring to measure the scope and reach of grantee activities

Applicants should be prepared for revisions in program indicators and reporting requirements during the lifetime of the award and as part of the project closeout processes.

The five-year targets that have been set by the Emergency Plan of treating two million HIV-infected persons with effective combination antiretroviral therapy, preventing seven million new HIV infections and caring for ten million HIV-infected persons and those orphaned by HIV/AIDS, is likewise focused on patient and clinical site-specific data. The program-level data required vary by service category. Applicants are required to submit Monitoring & Evaluation (M & E) plans that support the Emergency Plan’s 2-7-10 goals.

Expected outcomes include, but are not limited to:

- Increased numbers of PLWHAs and community based NGO partners engaged in ARV treatment advocacy activities;
- Increased numbers of HIV+ individuals reached by health promotion activities by treatment literacy activities;
- Increased numbers of targeted communication activities around ARV treatment;
- Increased numbers of PLWHAs trained or retrained (total/new in the reporting period);
- Increased number of PLWHAs working on or assisting with project implementation and M&E.
- Number of referral linkages established with ART sites.

- Number of **new** individuals with advanced HIV infection referred to and receiving antiretroviral therapy
- Number of HIV+ clients accessing ART
- Number of support groups for HIV+ clients;
- Number of HIV+ clients receiving counseling and emotional support through support groups or individual sessions;
- Numbers of HIV+ clients receiving HIV-related palliative care (including TB)

### *Quality Assurance*

Applicants are encouraged to conduct quality assurance activities, including program level assessments, or reviews, in order to monitor and manage their projects to: 1) ensure optimal efficiency; and 2) to improve programming by identifying whether the current activities are the best use of resources - financial and human resources.

## **V. Application**

### **A. Eligibility**

Community REACH is committed to moving resources to the beneficiaries of HIV/AIDS programming by funding initiatives at the grassroots level. Prime applicants must be locally registered indigenous national or local organizations (NGOs) implementing local, national and regional HIV/AIDS activities in one or more of the participating countries listed in Section IIa:

Partnerships between NGOs and local, national, regional and international PLWHA networks/associations are strongly encouraged.

The following organizations/programs are **not** eligible to apply for grants under this RFA:

- International organizations and local affiliates of international organizations (Note: these may be sub-applicants with local organizations as prime applicants)
- Pact and the Futures Group Inc. offices/programs
- Public International Organizations such as United Nations entities

Preference will be given to applicants with experience managing multi-year grants of \$100,000 or more. Pact's grants program will identify and support organizations that are poised to rapidly and accountably implement activities. Successful grant winners must commit to implement programming within forty-five (45) days of grant award.

### **B. Two tiered review process**

Applicants will participate in a two tiered review process as detailed below. Favorable evaluation of the concept paper, as described in Tier I of the review process, is not an indication that funding will eventually be awarded. Only full applications that have been invited following a Tier 1 review will be considered for further review and funding. Moreover, Community REACH reserves the right to make any number of awards or none at all.

*Tier I: Concept Paper and Summary Budget*

All interested applicants must submit a concept paper in English of **not more than five (5) pages**. This will be reviewed as part of the first tier. The concept paper should include all of the information listed below in Section D:

*Tier II: Full Application and Detailed Budget*

Based on review of the Tier I concept paper including the summary budget, those submitting applications deemed to be most responsive to this RFA will be invited to prepare and submit a full application. A format for submission of full applications and detailed budgets will be provided with the invitation.

**C. Administration of the Sub-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 its cooperative agreements No. GPH-A-00-01-00007-00 with the US Agency for International Development.

2. 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 web-sites below. If applicants are not able to access these documents via the web, they can request copies from Community REACH:

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 through Community REACH:

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

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

3. Substantial Involvement

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

1. Designation of key positions and approval of key personnel

2. Approval of annual workplans and all modifications, which describe the specific activities to be carried out under the Agreement and progress reports
3. Approval of monitoring and evaluation plans and involvement in monitoring progress.

#### **D. General Information/Concept Paper and Summary Budget Format**

Pact will acknowledge receipt to applicants within 15 days of receipt of a concept paper and summary budget. All concept papers and summary budgets received by the deadline will be reviewed for responsiveness to the program requirements and compliance with preparation guidelines provided below. Concept papers and summary budgets that are non-responsive will not be considered for further review.

1. Concept Paper and Summary Budget requirements are as follows:
  - in English
  - typed in a Microsoft Word compatible program, single-spaced with a 12 point font and one inch margins
  - received in hard copy and electronic copy on diskette or CD
  - a single-sided original of the application which should be "photo-ready," i.e., printed on one side only and **unbound; and three (3) copies for distribution**
  - labeled with page numbers, the RFA number (RFA 05-A-1) and name of applicant organization on each and every page.
  - simple in its presentation and reflective of the organization's cost consciousness
2. Concept Paper and Summary Budget content must include:
  - Cover Page with program title; organization name and contact information including address, telephone, fax, and email address
  - Executive summary; **not to exceed one (1) page**
  - Technical application including
    - Technical approach/intended results (project goals, objectives, types of activities/interventions and processes; sequence and time-frame for implementing each activity; anticipated outcome of each activity; proposed geographic coverage and rationale for selection; numbers and types of anticipated beneficiaries, with rationale for selection; target group participation strategic fit and linkages to community); **three (3) pages**
    - Project Management (past performance and experience implementing HIV/AIDS programs; proposed implementing/organizational development partners & division of responsibility; linkages to other HIV/AIDS interventions; sustainability plan); **one (1) page**
  - Summary budget organized in the following categories: Direct Labor; Fringe benefits; supplies & equipment; travel & per diem; administrative support costs; other direct costs; proposed sub-grants/sub-contracts. *(The summary budget is not included in the five-page limit for concept papers and should be prepared separately from the concept paper.)*
  - An organizational capacity statement that provides an understanding of the applicant's capacity to implement the proposed program. The statement should present a brief

overview of the applicant's mission and goals and how they relate to the present program; relevant experience in relation to the proposed program and geographic area; key personnel, including name and short description of experience and capacity relevant to the program objectives; comparative advantage in carrying out this work, such as prior successes in similar endeavors. All applicants must submit contact information for at least three (3) partners with whom they have worked in the past three (3) years, in the implementation of a similar program. The reference information shall include the procuring/financing organization, location, current telephone or e-mail information, points of contact, award number if available, dollar value of activity, and brief description of work and dates performed; **Attachment, maximum two (2) pages**

- Completed Organizational Background Questionnaire (Appendix A)

## **V. Evaluation Process and Criteria**

Community REACH will evaluate applications in keeping with the standards established in Sections VI.B and VI.C below.

### **A. Timing**

Applications (see Section V. D above) must be received by Community REACH no later than close of business (5:00pm EST) on **Wednesday, 7 September 2005** for consideration for funding. It is not anticipated that late applications will be reviewed. However, Community REACH reserves the right to consider any application for review at its discretion. Applications shall be addressed to: Polly Mott, Program Director  
Pact, Inc.  
1200 18<sup>th</sup> Street, NW, Suite 350  
Washington, DC 20036, USA

### **B. Evaluation Process**

Community REACH team members will conduct a technical review of each application for basic responsiveness to the instructions in this RFA and technical merit, including relevance to program objectives against the evaluation criteria set forth below.

Upon completion of the assessment, the Community REACH team will invite those applicants that have submitted technically superior concepts to submit full applications. Specific guidelines for full applications will be provided along with the invitation. A full application should **only** be submitted by invited applicants upon request by Community REACH.

### **C. Evaluation Criteria**

The criteria presented below have been tailored to the requirements of this RFA. A total of 100 points are possible for the complete application. The relative importance of each criterion is indicated by approximate weight by points. Applicants are advised that the questions under each bulleted scoring criterion are intended to broadly inform the scoring process and will not be individually scored or equally weighted.

The technical applications will be evaluated in accordance with the technical evaluation criteria set forth below. Applicants should note that these criteria: (1) serve as the standard against which all proposals will be evaluated, and (2) serve to identify the significant matters, which applicants should address in their proposals.

The following evaluation criteria will be used for the concept paper review and weighted in favor of results-oriented programs:

- Technical approach 50 points
- Project Management 25 points
- Organizational capacity and performance 15 points
- Cost 10 points

Technical approach	50 points
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- ***Excellence of design and feasibility to achieve results and impact*** A strong technical design will include discussion and analysis of current best practices in community mobilization as it relates to ARV treatment within the context of the applicant’s unique environment. Do the proposed activities respond to the needs of PLWHAs? Is there a clear linkage between individual positive prevention strategies and community mobilization strategies? Has the applicant addressed the gender dynamics that affect programming? Does the applicant have an adequate plan to assure the confidentiality needs of PLWHAs? **15 points**
- ***Demonstrated linkages to ongoing programs and commitment to target community.*** The review committee wants to see that the applicant has kept the context of its proposed program in mind and is not operating in a vacuum or without considering the community’s post-funding issues. The committee will review the application’s connectedness, plans for referrals, synergies, assessing whether the application explicitly identifies the gaps it will fill. Applicants should describe potential synergies with other ongoing ARV treatment programs, especially existing USG-funded activities. The committee will evaluate proposed partnerships in terms of planned sub-grants and capacity building activities. **10 points**
- ***GIPA*** Reviewers will evaluate whether the proposed technical approach conforms to recognized principles of GIPA and can be reasonably expected to produce the intended outcomes. How and to what extent are the principles of greater involvement of PLWHA integrated into the proposed project? What is the role of PLWHAs in the design, execution and evaluation of the project? These roles must be described in detail. The application should also discuss how the project will include PLWHAs as beneficiaries of the interventions. A clear link should be made between this project’s interventions and the resulting community engagement/community mobilization and individual empowerment of PLWHA. **15 points**
- ***Implementation, Monitoring and Evaluation Plan.*** Are the proposed implementation plan, inputs, and outputs realistic and achievable within the proposed budget and timeframe? The evaluators will assess if the application has proposed indicators that are feasible and relevant. Has the applicant proposed feasible methods to collect the data necessary to report on the

chosen indicators? Does the implementation, monitoring and evaluation plan include milestones and expected accomplishments? Are indicators disaggregated by sex, gender and target population? Additionally, does the application include a plan to use the data to identify and address programmatic weaknesses, so that the organization can use data to improve service delivery? **10 points**

Project management

25 points

- **Management plan.** Does the applicant have an existing presence in the geographic region where they are proposing to implement activities? Does the applicant have an existing and established network of local partners? What is the rationale provided for partnering with another organization (e.g. PLWHA organization)? Does the proposed partner have experience in positive prevention, care and support programming? What experience does the partner have in working with PLWHA associations/networks? **15 points**
- **Sustainability plan.** How is the grant application structured to increase the sustainability of the organization and what steps are put in place, so that funded activities will continue beyond the life of this project? **10 points**

Organizational capacity and performance

15 points

- **Key personnel.** It is important to determine if the key personnel are up to the task. This can be determined through a review of experience and education. Does the proposed staff have HIV/AIDS-related experience? Is there sufficient level of effort designated to the program to carry out the scope of work? Also, if volunteers will be used, what are their functional roles, and how will the organization address the issue of turnover? **10 points**
- **Past performance on similar programs:** The review committee will consider the following - quality of service (including consistency in meeting goals and targets, effectiveness in fixing problems); Cost control (including forecasting costs as well as accuracy in financial reporting); Timeliness of performance (including adherence to schedules and effectiveness of home and field office management to make prompt decisions and ensure efficient operation); Customer satisfaction; Effectiveness of key personnel. **5 points**

Cost

10 points

- **Cost Realism (including Program vs. Administrative Costs) and Sub-grants:** Budget should reflect cost realism in keeping with the 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. 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. **10 points**

## Appendix A: Organizational Background Questionnaire

**Directions: Complete form electronically, then print out and submit with hard copy application.**

**RFA Number:**

**Organization Name:**

Contact Name:

Title:

Address:

City:

State/Province:

Country:

Zip Code:

Telephone:

Fax Number:

E-mail Address:

Website:

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

Local NGO

Local Faith-Based Organization (FBO)

Local Foundation

Local Educational Institution

Local Private Company

Other  Please Explain \_\_\_\_\_

**Amount of Funding Requested (in US \$):**

**Duration of project:**

**Country where project will be implemented:**

**Geographic district where project will be implemented:**

**Estimated numbers of people targeted through this project:**

**Year when organization was established:**

**Years of experience in HIV/AIDS programming**

**What is your organization's approximate annual operating budget (in US \$)?**

**What is the number of staff members of your organization?**

**Does your organization have a board?**

Yes  No

**How many volunteers does your organization have?**

**Is your organization currently receiving direct USAID (e.g. mission) funds?**

Yes  No

If yes, please indicate:

**Is your organization currently receiving USAID funds through another NGO (eg. INGOs such as FHI, CARE, CRS, Pathfinder etc)**

Yes  No

If yes, please indicate:

**If you have other sources of funding, please indicate (list up to three):**

**Is your organization currently receiving UN/Other funds?**

Yes  No

If yes, please indicate:

**Does your application propose a partner/subgrantee?**

Yes  No

If yes, list organization (s) name and proposed subgrant amount (use a separate sheet if more than one partner is anticipated)

Local Partner Contact Name(s) (potential subgrantees only):

Organization:

Title:

Address:

City:

State/Province:  
Country:  
Zip Code:  
Telephone:  
Fax Number:  
E-mail Address:  
Website:

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

Local NGO  Local Educational Institution  Local Faith-Based Organization  
(FBO)  Local Foundation  Local Private Company   
Other  Please Explain \_\_\_\_\_

**What is your partner's approximate annual operating budget (in US \$)?**

**What is the number of staff members of your partner?**

**Does your partner currently receive direct USAID funds?**

Yes  No

If yes, please indicate:

**Is partner currently receiving USAID funds through another NGO (eg. INGOs such as FHI, CARE, CRS, Pathfinder etc)?**

Yes  No

If yes, please indicate:

**Is your partner currently receiving UN/Other funds?**

Yes  No

If yes, please indicate:

### Appendix III: Technical References

Bringing Hope and Saving Lives: Building Sustainable HIV/AIDS Treatment. U.S. Global AIDS Coordinator, Aug 2004.

<http://www.state.gov/documents/organization/36287.pdf>

Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief: First Annual Report to Congress. Office of the Global AIDS Coordinator, 2005.

<http://www.state.gov/documents/organization/43885.pdf>

USAID HIV/AIDS website:

[http://www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/)

USAID CFR and Standard Provisions

<http://www.usaid.gov/pubs/ads/cfr22/22cfr226.pdf>

<http://www.usaid.gov/pubs/ads/300/303.doc>

Other USAID publications:

[http://www.usaid.gov/pop\\_health/aids/Publications/index.html](http://www.usaid.gov/pop_health/aids/Publications/index.html)

Community Home-Based Care in Resource-Limited Settings. A Framework for Action. World Health Organization 2002.

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***Please note: all World Health Organization publications related to the 3 by 5 initiative listed below can be found at the following website: <http://www.who.int/3by5/publications/en/>.***

“A Public Health Approach for Scaling Up Antiretroviral (ARV) Treatment: A Toolkit for Programme Managers.” World Health Organization: Geneva, Oct 2003.

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[http://synkronweb.aidsalliance.org/graphics/secretariat/publications/cim0304\\_Zambia\\_ARV\\_treatment.pdf](http://synkronweb.aidsalliance.org/graphics/secretariat/publications/cim0304_Zambia_ARV_treatment.pdf)

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