

Aidsfonds call for proposals on improving treatment and care for children living with HIV

July 2018



1. Invitation

Aidsfonds is pleased to announce its 2018 Call for Proposals: improving treatment and care for children living with HIV in Mozambique, Nigeria and/or South Africa.

With this call, Aidsfonds aims to support civil society organizations to develop, implement and monitor an intervention model to find children exposed to HIV which are not found by the conventional health system approach. To find more children living with HIV that don't know their status yet, and to find them as early as possible. Of course this will include a strong focus on PMTCT and the prevention of HIV in children. We ask for programs with both a research component and a service delivery component, with a civil society organization in the lead.

This call for proposals directly contributes to two of the five long-term goals identified in the Aidsfonds strategic plan¹: a strong reduction in new HIV infections and access to treatment for all people living with HIV.

Organizations that meet the definitions and criteria set by this call for proposals are invited to apply for a grant to support the proposed programmes for three years (2019-2021).

The deadline for submission of proposals is 17 September **2018 at 12:00 (noon) CEST**.

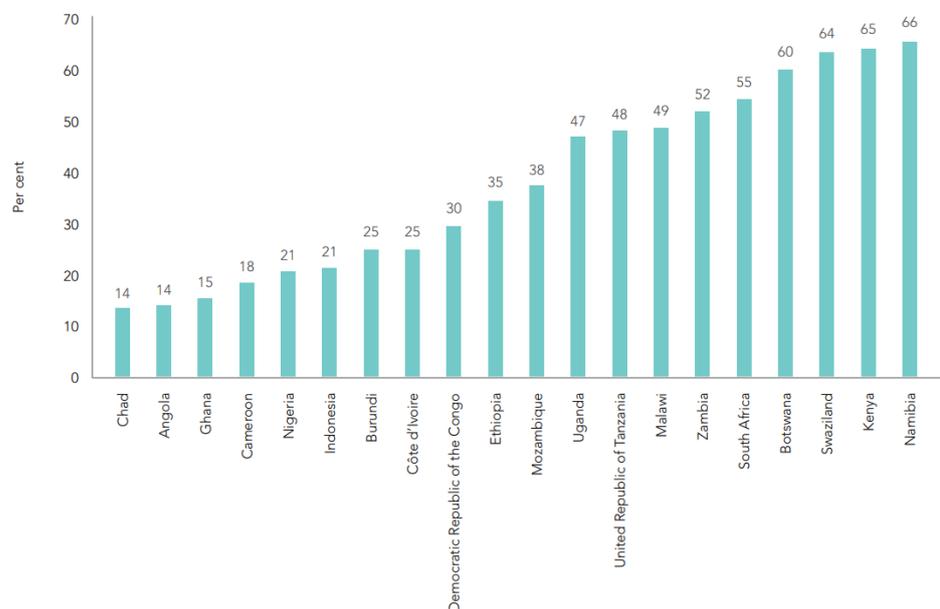
2. HIV in children

Background

Infants and young children who acquire HIV have a high risk of morbidity and mortality; among those who are infected during pregnancy and/or labour, this risk is exceptionally high, with a peak between three to four months of age. Half of infants with HIV infection will die before their second birthday if they do not receive treatment. WHO guidelines recommend that infants exposed to HIV are tested for HIV by four to six weeks of age, at the end of breastfeeding and at any point when they present with illness. This allows for early diagnosis of HIV infection among HIV-exposed infants and immediate linkage to life-saving treatment.²

Currently 2.1 million children (<15) are living with HIV with 150.000 new infections every year. 110.000 children die of AIDS related diseases. The majority of the infected children live in South Africa (320.000), Nigeria (270.000), Mozambique (200.000), Uganda (130.000) Kenya (120.000) and Zimbabwe (77.000). According to recent figures from NACA (Nigeria), ART coverage mid 2017 was 31 per cent for all PLHIV, 32 per cent for adults and 25 per cent for children respectively. This means that in Nigeria only one out of three people in need of the life-saving ART drugs is accessing treatment compared to South Africa where two out of three persons in need are accessing treatment.

Figure 9. Antiretroviral treatment coverage among children (aged 0–14 years), by country, 2016



Source: UNAIDS 2017 estimates; Global AIDS Monitoring, 2017.

² Start Free Stay Free AIDS Free — 2017 progress report, UNAIDS http://www.unaids.org/sites/default/files/media_asset/JC2923_SFSAF_2017progressreport_en.pdf

Global targets

Start Free Stay Free AIDS Free is a collaborative framework to accelerate the end of the AIDS epidemic among children, adolescents and young women by 2020.³ There is an urgent need to accelerate treatment for children living with HIV. Globally in 2016, 919 000 out of 2.1 million children aged 0–14 years were receiving treatment. The number of children receiving treatment had increased to 974 000 by June 2017, and will likely reach 1 million by the end of 2017. Despite this increase, the number of children reached is still well short of the AIDS Free target of 1.6 million by the end of 2018, as adopted in the 2016 Political Declaration on Ending AIDS.

Main challenges

Despite continuing progress in stopping new HIV infections among children, there are still major challenges in ensuring access to effective ART for children living with HIV.

The challenges start with diagnosing HIV among children. Four hundred children become infected with HIV every day. However, in 2015, only 54% of children exposed to HIV in the 21 highest-burden countries were tested for the virus within the recommended two months. This is largely because it requires complex laboratory technology that is often only available at central laboratories. Also, results can take a long time to come back, which means that families do not always return for the results and never learn of a child's HIV status. Without knowing the HIV status of a child it is impossible to access life-saving treatment. Without treatment, half of all children born with HIV will die by the age of two.

The barriers to access to treatment for children are far-reaching. Clinics are often far from home; stigma and fear prevent carers from bringing their children to the clinics for HIV testing and treatment; treatment is difficult to administer for children; there is a lack of training and support for families, carers and health-care workers to provide HIV services for young people; and there are not enough HIV medicines developed specifically for a child's needs.

Access to virologic testing for infants and rapid antibody testing in children over 18 months of age remains poor in many countries, creating a bottleneck for the scale-up of treatment for children. HIV treatments for children work. However, they can be complicated, requiring pills and liquids, some of which are difficult to swallow and can taste unpleasant. The volume of medicines recommended for children under the age of three is a challenge. Some of the medicines need to be kept cool. Refrigeration can be an issue if a health facility experiences electrical outages or has limited storage facilities. It is also a concern for families, especially in rural areas, who may not have refrigeration available. This requires the family or carer to return to the clinic, which may be far away, on a regular basis to pick up fresh supplies of the medicines.⁴

Aidsfonds strategy and programs focusing on children

At Aidsfonds, our vision is to achieve a world without AIDS and STIs. With our work we want to contribute to the following long-term goals:

- Less than 200,000 new HIV infections per year globally
- Everyone living with HIV worldwide receives treatment

³ http://www.unaids.org/sites/default/files/media_asset/JC2923_SFSFAF_2017progressreport_en.pdf

⁴ http://www.unaids.org/sites/default/files/media_asset/FactSheet_Children_en.pdf

Supporting communities, enabling them to prevent new HIV infections and giving people living with HIV access to treatment remains at the heart of our work. Our target groups include children, young women, men who have sex with men, transgender people, sex workers and people who use drugs. We pay special attention to people living with HIV. As an involved funder we ensure that these different groups receive the extra investment they need.

Aidsfonds acknowledges that a combination of efforts is needed to prevent new HIV infections among children, ensure that their mothers remain healthy and improve the diagnosis and treatment of HIV for children. HIV diagnosis, testing and treatment needs to be available closer to where the children most affected live. Health workers need to be trained to provide effective HIV services for children living with HIV. Community support systems are invaluable and need to be strengthened to allow them to effectively support children and carers to keep them healthy and ensure that they have access to the HIV services they require. Currently Aidsfonds is or will be targeting children in 3 highly affected countries, namely Uganda, Kenya and Zimbabwe through programs with a community system strengthening intervention model. This model is developed to be able to find missing children that are/will not be found by the large Pediatric HIV programs and to reach young women in reproductive age that are likely not to enroll in PMTCT. The main goal of this approach is to ensure an increase in children on treatment and the prevention of new infections among children.

Knowledge sharing

Aidsfonds promotes an evidence-based linking and learning by a *learning by doing approach*. A crucial element of this approach is capturing the lessons learned and translating them in concrete learning by doing products (such as model descriptions, case studies, learning reports, newsletters). Aidsfonds will not only disseminate these products among our networks, but will also actively engage with (inter)national stakeholders to adopt the products in their implementing work.

Through this active dissemination, it can create a multiplier effect. Successful strategies and methods can be scaled up and contribute to a stronger and more coordinated community response towards children living with HIV and their mothers. Important national and international HIV and AIDS conferences also provide a platform to present community intervention approaches, results and learning, to lobby for scale up of effective interventions and to learn from other organisations as input for the community intervention approaches.

Upon request from the partner, Aidsfonds can facilitate the partner (s) to be introduced into the Aidsfonds linking and learning platform. This platform will link the implementing partners in multiple countries to allow for exchange of best practices, tested community intervention models and potential co-creation of encountered challenges. Aidsfonds will play a facilitating role. The ultimate aim of the linking and learning platform is to:

- Improve the community intervention models to trace the children not found by others and link them to care
- Generate (universal) lessons learned which can be adopted by other NGO's
- Generate evidence of effective and tested community intervention models which will be used for lobbying purposes on national and international level

- Unified voice towards (inter) national stakeholders to lobby for scaling community intervention models in order to find the remaining children

Partners will be asked to describe in their application if they see an added value of such a platform for their work, and what type of activities should be facilitated. Optional, Aidsfonds will organize exchange visits, linking and learning events and other support. Budget for travel and related costs has to be included in the activity and budget framework.

Activities can include, but are not limited to:

1. Face 2 Face meetings. These F2F meetings provide a platform for all local, regional and international partners in the project to meet face to face and to reflect on the results achieved, discuss challenges and opportunities, and work together on planned future activities. Experts from the region can be invited to learn and experience first-hand the community intervention models, the consortium approach, and the integration of human rights monitoring and social science into the implementation of the program
2. Organisational capacity support towards individual partners based on the community intervention model.
3. Joint fundraising to further scale the community intervention models targeting children exposed to HIV
4. Exchange meetings towards other implementing countries

3. Call for proposals

Objectives

With this call for proposals Aidsfonds aims to find children living with HIV that don't know their status yet and link them to care. This includes the following objectives:

- To seek novel approaches in communicating to women most at risk for HIV and their children, incentivizing them to know their HIV status and prevent mother-to-children transmission of HIV
- To diagnose children living with HIV as early as possible, and link them to care effectively and sustainably.
- To develop and implement effective testing strategies to reach women and children most at risk for HIV (including but not limited to outreach services, home-based testing, community-intervention models, self-testing, routine testing in new settings, etc.). Strategies should include strong linkages to treatment, care and support, and can also include prevention interventions.
- To advocate for community based high-quality treatment and care for children living with HIV
- To stimulate partnerships between knowledge institutes, civil society organizations and governments, including innovate ways to integrate research into community outreach and services.

Type of programs

The main goal for a program under this call should be to find *more* children living with HIV that don't know their status yet, and to find them *as early as possible*. Of course this will include a strong focus on PMTCT and the *prevention of HIV* in children. We ask for programs with both a research component and a service delivery component, with a civil society organization in the lead. The program should cover the following activities:

- Develop, implement and monitor an intervention model to find children below 15 years exposed to HIV which are not found by the conventional health system approach. The model should be effective and efficient in testing the exposed children and their mothers and effective in linking the found positives to the formal health care system. The model should have the potential to scale to a nation-wide approach.
- The model should cover multiple counties or districts to allow for comparison of the intervention model in different settings
- A research component to assess (cost) effectiveness of the intervention models in their specific settings
- A financial risk management and sustainability plan

Eligible countries

Currently, Aidsfonds is targeting children with a community system strengthening intervention model in 3 highly affected countries, namely Uganda, Kenya and Zimbabwe. Aidsfonds seeks to intervene in other highly affected countries as well, therefore programs under this call for proposals should take place in **South Africa, Nigeria and/or Mozambique**.

4. Procedures

Publication

NGO's that meet the definitions and criteria set by this call for proposals and are working in the eligible countries are invited to submit an online application. NGO's will be reached via global networks and partners of Aidsfonds. The call is published on the Aidsfonds website and will be actively distributed.

All communication will be in English. Applicants are requested to submit a proposal covering a three-years period: 2019 - 2020 - 2021. Technical support from international organisations specialised in the type of work proposed may be included in the proposal. Applicants can submit one proposal. Once a proposal is submitted, revised versions or additional information will not be taken into consideration.

Access to the Aidsfonds [online application form](#). The application deadline is: **17 September 2018 at 12:00 (noon) CEST**. Please contact us through grants@aidsfonds.nl if your organisation requires information or technical assistance.

Budget

Budgets will be submitted in Euros, through the designated result and budget framework 2018 (part of the online application form). For each programme, a budget between € 350.000,- - € 500.000,- is available, for the duration of three years. Aidsfonds aims to support 3 to 4 programmes.

Eligibility

All proposals received before the closing date will be checked on the eligibility criteria for proposals and applicants by Aidsfonds. Proposals that do not meet these criteria, will not be considered eligible for further assessment and will receive notification of this by Aidsfonds.

Eligibility criteria for proposals

- The proposal is submitted before the deadline of 17 September 2018 at 12:00 (noon) CEST;
- The proposal is submitted in English;
- The proposal is submitted through the online application form 2018;
- The result and budget framework 2018, provided in the online application form 2018 (see also appendix I), is used to describe objectives, outcomes, indicators, activities and the budget for three years (2019-2020-2021);
- The result and budget framework 2018 is uploaded in Microsoft Excel as part of the online application form 2018;
- The proposed programme builds towards one or more of the long-term objectives mentioned above;
- The proposed programme takes place in one or more of the following countries: Mozambique, Nigeria, South-Africa;
- The proposal is supported by the latest available annual narrative and financial report (uploaded through the online application form).

Eligibility criteria for applicants

- The applicant is a registered organisation. Proposals by individuals will not

- be taken into consideration for funding;
- Funding will only be provided to an alliance that includes both a knowledge institute and one or more civil society organizations. (One of) the civil society organization(s) in the consortium should act as the lead agency and will be responsible for reporting and (financial) administration.
- The consortium should describe how they will work together with their government, and indicate how their plans fit into national programs and plans
- The lead applicant is a non-profit and non-governmental organisation.

Quality review

Once proposals are considered eligible for further assessment Aids Fonds identifies two or three technical experts with long-term and relevant expertise who will anonymously review the proposals. The independent reviewers will score proposals using a review form. Reviewers are asked to inform Aidsfonds of a potential conflict of interest. A potential conflict of interest leads to exclusion of the reviewer.

The independent experts will review the proposals and applicants according to the following criteria:

Review criteria for proposals

- Overall quality of the proposal;
- Quality of the context analysis;
- Expected impact of the proposed activities on finding undiagnosed children living with HIV;
- Relevance of the proposed programme in context;
- Coherence and feasibility of the proposed 3-year strategy working towards the long term outcome(s):
 - SMART formulation of objectives and results;
 - Clear explanation on how activities will contribute to these results and on the underlying assumptions;
 - Appropriateness of the budget compared to proposed activities and expected results;
 - Demonstrated need for items included in the budget;
 - Realistically planned implementation;
 - Complementarity with existing activities on PMTCT or children by the applicant or other organisations in context;
- The cost-benefit analysis in financial investment per found children or (pregnant) mother
- Innovativeness of the proposed intervention model and potential to scale-up
- Quality of the financial risk and sustainability plan.

Review criteria for applicants

- Track record in PMTCT and/or testing and treatment programs for children living with HIV;
- Capacity:
 - Appropriate governance and accountability structures;
 - Appropriate (financial) management and leadership;
 - Capacity to implement the proposed activities;
 - Capacity to monitor outcomes of the proposed activities.

Rebuttal

Applicants will receive the completed independent review forms (anonymously) in the beginning of November 2018. They will have the opportunity to address the review comments by writing a rebuttal.

Funding decision

Based on the reviews and the rebuttals, an external commission will provide its funding advice to the Board of Aidsfonds early December. Not only quality, but also the needs identified and the contribution of other proposals are weighed by the commission before it comes to its final funding advice. Aidsfonds aims for a diverse portfolio within one call for proposals. The Board will take a final funding decision before 15 December 2018.

Further monitoring and evaluation

If a proposal is rewarded with a grant, that proposal will become the basis for further monitoring. Annual financial statements and information on progress are required. After the official grant period has expired, Aidsfonds still highly values information with regard to the outcomes of the activities that were funded. This means that future grantees commit to reporting on results from the activities funded after the funding contract has expired. Programmes that receive support as part of a specific call for proposals will be evaluated by Aidsfonds in coherence with the other programmes rewarded with regard to this call for proposals.

5. Timeline

17 September 2018	Deadline for submitting proposals
1 November 2018	Proposals reviewed by experts, anonymous reviews sent to submitting organization
12 November 2018	09:00 am CET - Deadline for rebuttal by submitting organization
3 December 2018	Advice of the external advisory committee based on reviews and rebuttals
15 December 2018	Decision by the board of Aidsfonds, acknowledgements immediately afterwards

6. Appendix – activity framework and budget

[Link naar framework](#)