



Open Call for Proposals 2026-2028

Identification of children for HIV treatment

This open call for proposals invites community-based partners, medical institutions and non-governmental organizations (NGOs) to implement effective evidence-based approaches and interventions to reach new children and adolescents living with HIV (0-14) through testing and linking to anti-retroviral treatment and care in Malawi, Mozambique, South Africa, Tanzania and Nigeria.

Summary & Key information:

- As part of Aidsfonds Paediatric HIV Programme this call for proposals is to identify more children and adolescents living with HIV, age 0-14 years, through effective evidence-based approaches and interventions and link them to paediatric HIV treatment.
- The proposals must be largely focussed on case-identification and partly on health system strengthening in line with the Minimum Package of Care (figure 1). The proposal presents biomedical data on specific paediatric HIV identification and treatment gaps in densely populated areas with high HIV prevalence among children and young adolescents.
- Organisations that can apply are duly registered as a national organisation and are community-based, non- governmental and non-profit organisations, with a track record of four to five years in paediatric HIV programming. Your organisations objectives, as reflected in your constitution are aligned with the objectives in this call. Your constitution reflects a sound governance structure.
- Application can be submitted by one community-based organisation or by a consortium with a lead applicant who is a community-based organisation and/or is part of a consortium with community-based organisations and medical institutions, non-governmental organizations and/or educational institutes such as universities and/or research institutes. Each organisation can only apply once as a lead.

- The total amount available under this call is EUR 2,775,000 for the period 1st of April 2026-31st of December 2028. Proposed budgets vary between EUR 125.000 (Nigeria) and EUR 200.000 (Malawi, Tanzania, Mozambique, South Africa) per country per year. Aidsfonds anticipates funding 5 applications (one per country).
- Applications must be received by **30th January 2026 23.59 CET** in English through the [Aidsfonds good grants](#) platform.
- For any questions or clarifications, we will organise a **Q&A session on 10th of December 2025 at 13.00 CET**. **Please fill in [this form](#) to confirm your participation**. Kindly note that the session will be in English.

About Aidsfonds

Aidsfonds - Soa Aids Nederland, based in Amsterdam, is a Dutch organisation that also works internationally. At Aidsfonds - Soa Aids Nederland, we strive for a world where there are no longer any deaths from AIDS and where people enjoy good sexual health. A world in which everyone can love freely and without fear. We do this by working together with the people who are hit hardest by HIV, STIs, discrimination and exclusion. We strengthen their voices and support them with access to information, knowledge, and funding.

As an involved funder and fundraiser, Aidsfonds funds and secures funding for community-led solutions and HIV cure research with long-term, flexible and core funding. We work with communities and professionals in preventing, detecting and treating HIV and other STIs. We advance scientific research into an HIV cure and call on other donors to help make this possible.

Fundraising among the Dutch public

Aidsfonds raises funds in the Netherlands through donations from individual donors, the Dutch public. Their solidarity to support the fight against HIV, enables us to invest in initiatives like the Paediatric HIV programme. Selected partners in partnerships with Aidsfonds will be asked to contribute to fundraising efforts and raising awareness, for example, by sharing stories of impact, participating in communication efforts, or highlighting community achievements that demonstrate the value of public investment in paediatric HIV identification and treatment.

Identification of children living with HIV

Challenges

Despite global progress in the HIV response, children remain the most underserved population. While adult treatment coverage exceeds 75% in many high-burden countries, only 57% of children living with HIV are on life-saving antiretroviral therapy — a gap that costs lives, every day. Children account for 13% of AIDS-related deaths. Most of these children are never diagnosed (37%). Children do not receive the attention they deserve in the global HIV response ([UNAIDS, 2023](#)).

The (global) challenge is not a lack of medical tools, as paediatric HIV treatment is available now, but the failure to prioritize children in the identification and treatment of HIV. Aidsfonds is uniquely positioned to lead this change. We have a proven track record of community HIV programming, we were part of the lobby for paediatric treatment, we have partnerships with community organizations, governments and funders and we have a bold commitment to end paediatric HIV. Our Kids to Care model has pioneered community-based strategies to identify and link children living with HIV to treatment and care.

The main challenge of paediatric HIV is through vertical transmission before, during and after birth during breastfeeding (estimated 60%) [The global "stacked bar" analysis generated from the UNAIDS Spectrum... | Download Scientific Diagram.](#)

The main clinical efforts for early infant diagnosis (EID) happens at Antenatal Care (ANC)/delivery and Postnatal Care (PNC)/vaccination stage. Sometimes women are infected during pregnancy or breastfeeding while others deliver their baby at home and are not in touch with PMTCT services. The biggest gaps in identification happen among children who are born and breastfed while their mothers do not know their HIV status and/or are not virally suppressed. This emphasizes (1) the need for routine repeat testing in children age 0-5 years old to identify those children at risk. And (2) timely diagnosis of children (given the risk of early mortality in children less than 2 years old) who are not imminently started on treatment. (3) Ensure pregnant and breastfeeding women at risk of Sero-conversion¹ are provided with Pre-Exposure Prophylaxis (PrEP) and routinely tested as per country guidelines.

Opportunities

Community based partners will be challenged to go beyond EID into deeper analysis, assessment, use and tracking of biomedical data to guide case identification and related programming in their countries of operation. This is urgent especially now that global funding is reduced for community involvement and funding for paediatric HIV services and specialised ART clinics are at risk. Countries are seeking domestic funding to integrate HIV services into primary health care at regular health facilities which are often already understaffed, have irregular supplies, and lack adequately trained personnel. Community partners and health system strengthening partners will focus on improving case identification and access to paediatric HIV services in district health facilities and community health centres with a strong and sustained community engagement.

Objectives, priorities and interventions for the paediatric HIV programme

The Aidsfonds paediatric HIV programme partnership will be intentional and catalytic to identify significantly more children and address the specific paediatric HIV treatment gap in selected areas in Sub-Saharan Africa by finding, testing, treating, and retaining children living with HIV in care, especially in underserved (sub) urban areas with a high number of children living with HIV. We will support effective, impactful and sustainable ways of reaching children which address the barriers for children to access paediatric HIV services. The focus of this project is largely on the finding (case identification) of children living with HIV and that it is combined with linking the children to existing clinical paediatric HIV services for treatment and retention.

Priorities and key components

The application will include a **clear biomedical data gap analyses** of paediatric HIV services in the selected area of intervention. It should also include a demographic profile (a statistical snapshot of key characteristics such as age/age disaggregation, gender and their percentage coverage). The proposed interventions will primarily focus on **case identification of children and adolescents in the age 0-14 years** in densely populated high prevalence areas, addressing the gaps in paediatric HIV identification and paediatric HIV treatment and care service provision, identified through data analysis. The response will be **evidence-based** and outstandingly child focussed and **child friendly**. **Case identification and linkage to treatment**

¹ [Definition of seroconversion - NCI Dictionary of Cancer Terms - NCI](#)

are core elements of this call for proposals and this will be done in **close collaboration** with community², relevant focal points of the Ministry of Health and (district/community) health facilities, who are responsible for further treatment, retention and follow up within their line of work. The programme interventions will be designed, agreed and supported with **clear commitment from the ministry** and **aligned with national guidelines** relating to paediatric HIV, child health, child protection and integration policies/processes into mainstream paediatric health services.

A clear, **contextualised and strategic approach** must be outlined in the proposal, including a clear description of identification methods, geographical areas and social determinants, an analysis of current missed identification opportunities, and a clear description of expected inputs and outcomes, changes against current available data and well formulated realistic advocacy asks and plans.

A clear **learning cycle and data management system** is engrained in the proposed paediatric HIV programme and there is a clear focus on (advocacy for) continuous quality improvements in government health facilities, national guidelines and integration processes. Evidence generated from service provision will feed into advocacy to improve the national and district paediatric HIV services. Learning will be shared on a quarterly basis among all paediatric HIV programme partners, and each partner will be asked to play an active role in presenting data, documentation, policy briefs and contribute to programme visibility in consultation with the Aidsfonds Paediatric HIV partnership.

Activities that can be funded are aligned with the below **minimum package of paediatric HIV care**, which is closely aligned with the [Paediatric HIV service delivery framework](#). In this package we refer to what we consider crucial evidence-based interventions to ensure case identification, treatment and retention, viral load suppression and sustainability.

The applicant's main focus is on case identification and linkage to treatment, while the close collaboration with key focal persons in the Ministry of Health, in the district health authorities, local health committees and selected health centres focusses on alignment with their role for paediatric HIV service provision in the area of treatment, retention, AHD and viral load suppression for children living with HIV.

Kindly see figure 1 for a minimum package of paediatric HIV interventions³.

² Community includes children and youth living with HIV, young mothers, caregivers and mentor mothers/fathers. The structural engagement of community members improved ownership and programme quality.

³ With a minimum package of paediatric HIV care, we refer to what we consider crucial evidence-based interventions to ensure case identification, treatment and retention, viral load suppression and sustainability.

Figure 1: Minimum Package of Paediatric HIV care <i>DRAFT</i>	
Case identification ⁴	Community index testing and referrals.
	Community health workers ⁵ supported.
Treatment and retention	Treatment literacy, treatment initiation and follow-up.
	Community ⁶ – clinic – local government collaboration with clear division of roles. Psychosocial care and disclosure at clinics close to community.
Viral load suppression	Clinic data records and follow up
	Retesting children during breastfeeding periods.
Sustainability	Community led monitoring and advocacy for domestic funding and integration of paediatric HIV services in primary health care.

For more information about Aidsfonds' Paediatric HIV programme and the proposed interventions reflected in figure 1, kindly visit our website and have a look at [The Kids to Care model](#), [Towards an AIDS Free Generation project](#), [Find, Test and Treat project](#), [Lafiyan Yara project](#), [Kusingata project](#), [Paediatric HIV Breakthrough partnership](#) with [ViiV Healthcare Positive Action](#) and the [KidzAlive@home project](#).

Activities that cannot be done under this call for the 2026-2028 programme

- Large scale health system improvements such as setting up health information technology, clinical software, digital databases, laboratory systems, exclusive focus on community led monitoring, managing or building supply chains, facilitating task shifting.
- Direct funding of clinical staff or clinical services will not be supported.
- Purchase of pharmaceuticals such as PrEP, ARVs and medical commodities and purchase of products such as condoms and testing kits.
- Clinical trials and large-scale academic research
- Large scale community awareness campaigns and HIV prevention services
- Standalone advocacy that addresses structural barriers on its own, without a clear link to improving access to paediatric HIV services.
- Larger-scale service delivery beyond identification and linkage to treatment (e.g. counselling, income generating activities, psychosocial support, distributing of prevention products) are out of scope.
- Large-scale national campaigns managed by external actors (e.g., media agencies or consultancies) rather than the applicant organisation itself.
- Economic empowerment activities, even if linked to prevention of HIV or retention/adherence on ART.

Organisations that are eligible for this call for proposals

⁴ <https://pedaids.org/resource/technical-brief-on-paediatric-hiv-case-finding/>

⁵ Community health workers play a key role in the identification, treatment, retention for children living with HIV, as well as community education on paediatric HIV and move door-to-door to find children and pregnant women living with HIV. They closely work with the community, health centres and local government health authorities.

⁶ Community includes children and youth living with HIV, young mothers, caregivers and mentor mothers/fathers.

After the deadline for applications, organisations and their application will be checked for eligibility, including:

- (1) The applicant organisation holds a registration in the country of operation as a not-for-profit, community-based, non-governmental, national organisation. International organisations cannot apply. The country of operation and registration is Mozambique, South Africa, Malawi, Tanzania, or Nigeria.
- (2) A proven track record of four to five-years' experience in paediatric HIV programmes in the country of registration and operation. This is evidenced with publications, annual reports and/or websites.
- (3) Sound governance. This will be assessed based on the governance structure, the organisation's legal status, compliance with the government's requirements for registration and the clarity of the statutes of the organisation and the finance manual, as well as any other information on boards and governance structures.
- (4) A strong alignment of your organisation's objectives as described in your constitution, statutes or registration documents, with the objectives outlined in this call for proposals.
- (5) Your application is submitted in English through the [Aidsfonds online platform](#) and all required documents are uploaded including registration certificate, constitution/statutes, two recent annual reports (2023-2024), two recent audit reports (2023-2024), finance manual, human resource manual, integrity policy and child protection policy. Organisational documents may be submitted in English for all countries and in Portuguese for organisations registered in Mozambique.

In the application form, you can fill in the eligibility test, before you proceed with the proposal application.

Organisations that are NOT eligible for this call for proposals

Applicants and their applications that do not meet the above criteria, will not be considered for further assessment, and will receive notification of this by Aidsfonds. All organisations engaging in a consortium must meet the eligibility criteria.

- (1) Research institutions and medical institutions are not eligible to apply individually. However, these organisations may participate in a consortium only in a supporting role or to carry out specific, well-defined tasks that have a demonstrated contribution to reach the goal of the proposal. Such organisations cannot take the lead nor manage major parts of a country- or context-specific programme, nor hold the majority of the budget. The overall direction and accountability must remain with the lead applicant of the consortium.
- (2) Not eligible are non-community-led, general HIV or health organisations, and organisations without sufficient leadership and decision-making representation of communities living with HIV.
- (3) The following organisations and institutions are not eligible to apply individually, nor as part of a consortium:

- International NGOs (International Non-governmental Organisations)
- Local branches of International NGO's in South Africa, Malawi, Tanzania, Nigeria or Mozambique
- Multilateral organisations, e.g. UN bodies or equivalent international organisations
- Individuals, or educational, political, governmental, or religious institutions.
- Private or profitable organisations or companies.

Application process

Applications must be received in English through to the [Aidsfonds good grants](#) platform. Kindly open an account and log in to the Paediatric HIV application form. Applications must be received by **30 January 2026 23.59 CET**.

The total amount available under this call is **EUR 2,775,000** for the period 1st of April 2026-31st of December 2028 (two years and 9 months). Proposed budgets vary between EUR 125.000 (Nigeria) and EUR 200.000 (Malawi, Tanzania, Mozambique, South Africa) per country per year. Budgets proposed cannot include core funding, outside of organisational costs and programme staff relating to the paediatric HIV programme.

Proposed budgets should include sufficient allocations for paediatric HIV case identification, linking to treatment and care, monitoring and evaluation, paediatric HIV data management, annual project audits and for attending annual partner meetings (Euro 3000). Applicants should note that the amount of funding requested may not be fully granted and that they will be asked to share a full revised budget after the review process, aligned with the full annual work plans.

Kindly note that applications must be **in English** and that applications sent by emails will not be eligible. Submission of organisational documents like registration certificates and annual reports can be in English and Portuguese (for Mozambique only).

For any questions or clarifications, we shall organise a Q&A session on 10th of December 2025 at 13.00 CET.

After the eligibility check, all eligible applications will be **reviewed by our Paediatric HIV Advisory Panel** based on (a) compliance with call for proposals, (b) quality of biomedical country data on paediatric HIV and it's analysis, (c) efficiency, effectiveness, credibility of proposed interventions and budget (d) quality of the proposal, (e) the quality of the track record, (f) child-friendliness and (g) structural engagement of community within the proposed paediatric HIV programme. The outcome⁷ of this review will be communicated before the end of February 2026.

Important dates

Call for proposals - portal opens	1 st of December 2025 – 30 January 2026 23.59 CET
Question and answer session	10 th of December 2025 13.00 CET
Deadline for applications	30 th of January 2026 23.59 CET

⁷ Successful applicants may not receive the full amount requested, and approval might be subject to conditions depending on the advice of the reviewers and Aidsfonds.

Eligibility check and notification	1 st week of February 2026
Review of eligible applicants and final selection	1 st of February – 1 st of March 2026
Notification of final decision regarding reviewed applications	1 st of March 2026
Programme start and implementation	1 st of April 2026 – 31 st of December 2028