



CIVIL SOCIETY FUND

Strengthening civil society for improved HIV&AIDS
and OVC service delivery in Uganda



Request for Applications (RFA # 11-001)

Reduction Of New HIV Infections Through Enhanced Community Engagement In Combination HIV Prevention

SCOPE OF WORK (SOW)

1. INTRODUCTION

Uganda has had a generalized HIV/AIDS epidemic for more than two decades, and for the past five years, prevalence has stagnated at 6.4% of adults aged 15-49 years. The numerous and extensive efforts to support the Government's HIV/AIDS and OVC responses by civil society organizations have been widely acknowledged. Such efforts, however, have not been commensurate with the daunting scale of those needs which are cross-cutting and long-term. It is against this background that the Civil Society Fund (CSF) was formed.

Specifically CSF was established to support the objectives of the National Strategic Plan (NSP) for HIV/AIDS. The goal of CSF is to streamline and harmonize civil society participation in the national response to HIV/AIDS and support for orphans and other vulnerable children (OVC) with a focus on underserved areas. The oversight of the CSF rests with the Uganda AIDS Commission while the day-to-day operations are managed by three agents, the Technical Management Agent (TMA), Monitoring and Evaluation Agent (MEA), and Financial Management Agent (FMA). CSF is currently supported by five donor agencies namely; United States Agency for International Development (USAID), Department for International Development (DFID), Irish Aid, Danish International Development Agency (DANIDA), and the Swedish International Development Cooperation Agency (SIDA).

Under the leadership of the Uganda AIDS Commission, Uganda has developed a new national HIV Prevention Strategy premised on **Combination HIV Prevention**. This is in response to the increasing new infections in Uganda, estimated at 124,000 in 2009, with related evidence on risk factors and drivers responsible for HIV transmission and acquisition. CSF seeks to effectively support the strengthening of community engagement in bringing to scale, proven prevention interventions through the delivery of quality HIV Prevention services by improving awareness, demand, community trust and support. Community engagement will aim at promoting an environment free of fear, stigma and discrimination, where individuals, families and communities initiate actions that prevent transmission and acquisition of HIV. This will be achieved through full scale implementation of interventions that work as well as building multiple strategic partnerships, linkages and referral systems that are mutually supportive and

promote the effective delivery of Combination HIV Prevention in Uganda. The combination prevention approach is expected to promote effectiveness of biomedical, behavioural and structural interventions when delivered simultaneously to an agreed scale and intensity and with clearly defined linkages/referrals.

This solicitation focuses on supporting civil society organizations to implement behavioural and structural interventions in keeping with their noted comparative advantage in HIV Prevention in Uganda. The RFA seeks to strengthen civil society's contribution towards the delivery of these interventions in combination with other evidence based interventions targeting primarily the most at risk populations (MARPS) and people living with HIV/AIDS (PLHIV). The following categories of CSOs are eligible to apply; (i) Community Based Organisations (**CBOs**); (ii) cultural and religious institutions; and (iii) Non-Governmental Organisations (**NGOs**); networks and National Non-Governmental Organisations (**NNGOs**). All applicants must have **district presence of no less than 3 years** to apply as principal recipients. CSF strongly encourages applicants to respond to this RFA **as consortiums**. Applicants must provide evidence of clear benefits of this consortium to the target population and any cost efficiencies resulting from the partnership. Once again the lead applicant must have had a minimum of 3 years experience implementing interventions that address behavioural and structural drivers of the **HIV/AIDS epidemic**. This effort will initially focus on the 6 districts outlined in **Section 5** below. **All applicants are required to ensure that all sub-themes listed in Section 6 are addressed in the proposal.**

In this RFA, the CSF anticipates to award grants totalling UGX 26 billion in a period of 36 months. The focus districts include **Arua, Gulu; Kabale; Kasese; Mayuge and Rakai**. The award will fund the intervention areas listed under **Section 6**. All awards should contribute to the following general goal and purpose:

- **Goal:** To contribute to the reduction in the number of annual new HIV infections in Uganda
- **Purpose:** To increase coverage, demand and utilization of quality HIV prevention services by **focusing** on the behavioral and structural drivers of the HIV epidemic in the initial 6 focus districts.

2. PROGRAM DESCRIPTION

The Modes of Transmission Study¹ identified and analyzed key risk factors and drivers of HIV transmission and acquisition in Uganda. The review report preceding the development of the new National HIV Prevention Strategy, further discusses the risk factors, the drivers and implications for programming. This is further augmented by the Social Appraisal of the DFID-Uganda HIV Prevention Program report (May 2011) which noted that a broad range of biological, social, economic and cultural factors directly or indirectly contribute to the epidemic. In light of the mentioned challenges, the new National HIV Prevention Strategy promotes Combination HIV Prevention which takes cognizance of the fact that no single intervention on its own can effectively - control HIV transmission and acquisition.

Combination HIV prevention refers to a blend of behavioural, bio-medical and structural interventions that address the drivers of the epidemic in different socio-economic contexts. Interventions at each of these levels should be taking place at an agreed minimum standard in the same place and at the same time. Combination HIV prevention also means ensuring that strong systems for collaboration, referral

¹ Uganda AIDS Commission, UNAIDS. Uganda HIV Prevention Response and Modes of Transmission Analysis. Kampala, Uganda; 2009.

and co-ordination are in place between different interventions implemented by state and non state actors.

This RFA will support the civil society to focus on community engagement to respond to behavioral and structural drivers of the HIV epidemic. For purposes of this RFA, the term ‘community engagement’ is used to describe the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. The ultimate result will be the development of sustained, community-focused and led interventions, based upon explicit methodologies that engage people in discussion and collective action on the factors that influence risk and vulnerability to HIV in their particular communities. Paramount to this process is the development and/or strengthening of strategic partnerships and coalitions that help mobilize resources and influence systems, change relationships and serve as catalysts for changing policies, programs and practices. All applicants are required to clearly define the terms of engagement between the targeted beneficiaries and themselves. Details on how they will strengthen or nurture partnerships with other stakeholders who include CSOs and government must be outlined.

3. OBJECTIVES

The objectives for this RFA mirror those stipulated in the National Prevention Strategy. These include:

- To empower individuals and communities to effectively demand for quality HIV/AIDS services and to demand for inclusive delivery of these services.
- To increase adoption of safer sexual behaviors/practices
- To create a sustainable enabling environment that mitigates the underlying socio-cultural, gender based and other structural drivers of the HIV epidemic
- To achieve a well coordinated HIV prevention response

4. EXPECTED OUTCOMES

The expected outcomes for this RFA are similar to those listed in the National Prevention Strategy. However, for purposes of this RFA, these have been divided into higher and lower level outcomes. Applicants are expected to ensure that their interventions contribute to the achievement of these outcomes at both levels. These include though not limited to the following:

4.1 Expected higher level outcomes

- Increased demand for and utilization of HIV prevention and care services in the targeted districts
- Increased adoption of safer sexual behaviors /practices and reduced risky behavior among targeted men and women
- Improved community perception of the benefits of sustained behavior change.
- Well coordinated HIV prevention efforts at national, district and community level.

4.2 Expected lower level outcomes

- Increased proportion of adults who have ever received HCT and know at least two benefits of testing.
- Increased proportion of infected mothers and the exposed infants accessing a minimum package of PMTCT
- Reduced recent multiple concurrent partners among men and women in the targeted communities
- Increased average age for marriage or sexual debut for individuals especially youth in the targeted communities
- Increased proportion of risky sexual acts/encounters that are consistently protected by condoms
- Increased percentage of women who make decisions about their sexual and reproductive health rights independently or jointly with their partners
- Reduction of percentage of women who experience sexual violence
- Improved involvement of men in community based HIV prevention interventions
- Functional referral mechanisms/systems among the community and facility HIV/AIDS services

4 DISTRICTS OF FOCUS

Government will implement the new National HIV Prevention Strategy that emphasizes combination HIV prevention countrywide. This will be done with support from civil society organizations, the private sector and development partners. However, this RFA will initially support civil society organizations in the six (6) **focus districts**. The selection of the above districts was done jointly by partners including the UAC, and the UN joint Team on HIV/AIDS using an agreed selection criteria. The focus districts include **Arua, Gulu; Kabale; Kasese; Mayuge and Rakai**. Only applications that include targeting of the mentioned districts will be accepted.

5 AREA OF FOCUS AND SUGGESTED INTERVENTIONS

The RFA requires the applicants to develop innovative ways of addressing the structural and behavioral drivers of the HIV/AIDS epidemic to achieve the desired results with efficiency and cost effectiveness. Applicants should demonstrate knowledge of the epidemic, the response, the context they are working in and the cost of implementing their interventions. The areas of focus for this RFA include but are not limited to the following thematic areas which reinforce and complement each other:

6.1 Communication for social and individual behavior change including but not limited to:

- Increasing risk perceptions of individuals, families and communities and adoption of ABC+, stigma reduction, life skills and community support systems
- Empowering people and communities to make decisions, raise questions and problems and be part of the solution
- Addressing social cultural barriers that prohibit individuals from accessing HIV prevention services like HCT, condoms and PMTCT and safe male circumcision

- Ensuring the inclusion of both men and women and being sensitive to the range of factors which may exclude or marginalize specific social groups including but not limited to age and socio economic status
- Empowering individuals to be self accountable and to demand collective social accountability for quality services from the duty bearers
- Effectively engaging the community to fast track the process of community ownership of the HIV/AIDS response at their level

6.2 Gender norms and harmful social cultural practices including but not limited to:-

- Social cultural factors including GBV, gender inequality, MCP, early marriages and early sexual debut
- Stigma and discrimination
- Alcohol and substance abuse
- Social cultural factors that clearly focus on the power dynamics at household and community levels i.e. women's empowerment and empowerment of disadvantaged social groups

Applicants are expected to demonstrate the specific components they are contributing to the districts' efforts to implement combination HIV prevention. Furthermore the applicants must show the linkages and partnerships necessary for the implementation of comprehensive services. It is paramount that the applicants engage with district and any other relevant stakeholders to understand the drivers of the local epidemic and priority intervention areas. Applicants should indicate the sub counties and parishes where they will implement their programmes. These should be guided by evidence from their local epidemic.

6.3 Coordination, collaboration, strategic partnerships networks and referrals

All applicants will be required to show how they will develop/strengthen effective referral networks between communities and existing and/or potential HIV prevention service providers. Applicants must clearly outline who in their districts they will partner and/or refer people to for the different biomedical interventions.

6.4 Capacity building interventions for communities and selected duty bearers.

Applicants will be placed under the mentorship of one of the CSF institutional and technical capacity building models. A budget line that will support the participation of applicant in the models and other identified capacity building interventions should be included.

6.5 Cross Cutting Issues

Ensuring that all interventions implemented take into consideration the following critical issues:

- Gender inequality and social exclusion
- Human Rights Approach to Programming
- Promotion of evidence based community approaches
- Greater (Meaningful) Involvement of People Living with HIV/AIDS (G(M)IPA)
- Sustainability of interventions
- Capacity assessment and development

6.6 **NOTE:**

1. **Consortiums** may be considered to leverage resources and avoid duplication of efforts. Applications must build on existing programs and address or demonstrate linkages with multiple program areas so as to avoid duplication.
2. **Procurement restrictions:** Applicants are advised that funding from CSF is not expected to support the provision of the biomedical interventions at the health facility level particularly the ARV Drugs, MMC drugs and kits and related commodities procurement.
3. **Niche/comparative advantage:** All applicants will be required to demonstrate that they have a niche in the area of intervention to which they are applying. This means that applicants must prove that they have an advantage in their area, compared to their peers, and that they have focused on this area and have been successful in it. Applicants must therefore explain what is unique about their interventions and approaches, and how they have been able to achieve high impact in that particular area (impact being a noticeable positive change they have caused within the area of intervention). CSF reserves the right to verify the information provided.

6 **COVERAGE OF TARGET POPULATIONS**

Priority key populations in the communities must be served during the implementation of the grant. Applicants must provide justification for their selection of key populations in their districts.

7 **SYSTEMS FOR MONITORING AND EVALUATION**

Under this RFA, applicants will be required to describe clearly mechanisms through which progress and results will be tracked throughout the project lifespan. The framework should include a detailed plan of collecting, storing and analyzing project generated data for preparation of reports. The applicant will explain clearly how this data will be disseminated and utilized at different levels for knowledge management and application. Still under this RFA, the applicant will have to clearly describe their current M&E systems and personnel. CSF operates an on-line database and there are standard data collection and reporting tools in place. These shall be discussed in details during the post-award sessions and consequently applied in the course of implementation. However, the applicant will be required to demonstrate in the proposal how aspects of M&E of this RFA will be handled.

It is also important that the applicants identify external factors that may impact on project results and suggest ways to mitigate and monitor these factors. The applicant should state the relevant assumptions and risks that are likely to influence the project.

8.1 **Impact Evaluation**

In line with the overall goal of contributing to the reduction in the number of new HIV infections in Uganda, this particular RFA will lay special emphasis on measuring impact as a result of implementing a full combination of HIV prevention strategy. Successful applicants will be issued with a core set of indicators that they will mandatory collect in addition to any other indicators relevant to their interventions. CSF will guide the process of conducting impact evaluations and assessments. However the applicant should program and budget for these evaluations and any assessments that shall be conducted whether at baseline, mid-term and final evaluation to determine performance of identified outcome level indicators that relate to structural and behavioral drivers of the epidemic.

8.2 M&E Budget

The whole M&E plan should be presented with a detailed budget that adequately caters for baseline assessments, data collection, data entry, and analysis, routine field visits, M&E trainings, orientations on tools, mid-term evaluations etc. The budget should also include M&E human resources and equipment such as computers, soft-ware, internet connection, production of monitoring tools, submission of reports etc. The M&E budget should be in the range of 10 – 15 % of the total budget.

8 AWARD INFORMATION

The total funding for each respective district will be determined after ranking the weighted average of different factors that include but not limited to the following: population size, HIV/AIDS prevalence, presence of other service providers and the total number of sub counties in each district. All awards given will be for a period of 3 years. However, funding for each subsequent year will be determined by availability of funds and performance.

9.1 Application process

CSF will use a two-step application process. This process is designed to reduce unnecessary work to the applicants. The first step requires applicants to submit concept papers of the proposed project. Guidelines for developing the concept papers will be available from the FMA offices located at Deloitte, 1st Floor, Rwenzori House, 1 Lumumba Avenue, and CSF website www.csf.or.ug. Concept papers will be screened to determine if (i) the applicant is the type of institution that the CSF can support and (ii) the project idea addresses the objectives and expected outcomes stipulated in sections 3 and 4 respectively. The deadline for submission of concept papers to the FMA is Thursday 20th October, 2011 by midday. The FMA will inform applicants of the decision on their concept papers by email by Friday 4th November, 2011.

The second step will involve applicants with successful concept papers being invited to develop full proposals. If the applicant is invited to develop a full proposal, FMA will avail guidelines to support this. The deadline for submission of the full proposals is on/before Friday 18th November, 2011 by mid day. Successful applicants will be contracted by Monday 2nd January, 2012.

Note: Submission of full proposals does not in any way guarantee funding as all proposals will be subjected to a competitive bidding proposal.

9.2 Approximate Total Funding (for 36 months): UGX 26 billion.

Individual applicants should budget for not more than **UGX 600 million (including direct and indirect costs)**. However, CSF reserves the right to waiver this ceiling for those proposals with innovative behavioral and structural interventions that take advantage of economies of scale.

9.3 Dates for key activities

9.3.1 Prebidder's Workshops: Thursday 12th October, 2011 in each district (Venue TBD 9am-12.30pm)

9.3.2 Concept papers submission date: Friday 21st October, 2011 by midday

9.3.3 Completion of review of concept papers: Thursday 3rd November 2011

9.3.4 Notification of selected applicants: Friday 4th November 2011

9.3.5 Proposal Submission Date: On or before **Monday 21st November 2011 by midday**

9.3.6 Effective date of contracts: Monday 2nd January, 2012