West Nile Region CBO Request for Applications (RFA)

Preamble

The mission of the Infectious Diseases Institute (IDI) is *to strengthen health systems in Africa, with strong emphasis on infectious diseases through research, and capacity development*. IDI has five operational areas through which it works to achieve its mission: Prevention, Care and Treatment; Training, Research, Laboratory services and Outreach.

With funding from Centers for Disease Control and Prevention (CDC)/PEPFAR, IDI is implementing comprehensive HIV/AIDS services project 'Attaining and sustaining HIV epidemic control in the West and West Nile regions of Uganda through optimization of high impact interventions to achieve UNAIDS 95:95:95 targets' in the West Nile Districts of Uganda. These include Pakwach, Zombo, Arua, Nebbi, Maracha, Koboko, Yumbe, Moyo, Madi-Okollo, Obongi, Terego and Adjumani.

Objective of the project

To attain and sustain HIV epidemic control in the West Nile region of Uganda through optimization of high impact interventions to achieve UNAIDS 95:95:95 targets; and strengthening national, regional, district level capacities to meet MoH minimum performance.

Target Applicant

IDI is seeking to partner with local Community-Based Organizations (CBOs), People Living with HIV/Aids Networks (PLHAs) and Non-Governmental Organizations (NGOs) working in the West Nile region districts. All Applicants must have;
- o Experience in delivery of supportive services related to HIV and TB treatment and prevention interventions for special groups and populations within local/community settings.
- o Previous experience working in the area of community facility referrals and linkages
- o All applicants should be locally registered with the host District local government.

Activities

The organizations will implement activities in the following areas;

1. Follow up of lost clients (both HIV and TB) - 45%
2. Home based care (counselling and PSS to non-suppressed clients) -15%
3. House hold TB screening (Not contact tracing) - 5%
4. Follow up of mother baby pairs to complete the emerging infectious diseases (EID) cascade -15%
5. Index client testing (both at house hold and at their office) - 10%
6. Community facility linkages (referrals for ANC, GBV, TB etc.) -10%

GUIDING PRINCIPLES

Organizations that apply for funding should adhere closely to the following principles and sound practices.

Providing services according to priority needs: Organizations should make best use of the resources available to ensure that services provided have the greatest possible impact on the patient's needs. Community Linkage facilitators, who are supervised by CBO's, will assess the needs of eligible patients and facilitate and support them to get their priority needs. Services that are provided should make greatest impact on the patient's family needs for improved health and social wellbeing.

Working within the continuum of care: Continuum of care approaches are those that address needs of vulnerable families across their lifetimes. A key step in continuum of care is making sure that project activities are integrated with on-going initiatives. Organizations should coordinate with other programs aimed at improving the health and social wellbeing of children, youth and their families. The activities should also be in line with strengthening existing HIV service interventions for long-term care, treatment and support for clients living with HIV.

Gender sensitivity: All aspects of the program must address the different needs of boys and girls at various developmental stages. Within HIV affected communities, the girl child often faces particular risk and vulnerability which should be addressed. Services in general should also recognize the support required by girls and women, both young and older, who play such a significant role in the care of orphans and vulnerable children, youth and their families.

MONITORING AND EVALUATION

Monitoring and evaluation is considered an essential element of this project. Applicants must demonstrate ability to monitor progress according to the PEPFAR community indicators listed below and any other indicators that will be developed in the course of the project implementation. Successful applicants will be expected to have strong M&E system proportional with geographic coverage and volume of target clients to be served.

Target setting: It is important to note that the final targets will be determined at the selection phase based on available data.

Monitoring requirement: Successful organizations will be required to monitor the project deliverables on a continuous basis. The organization will be expected to have staff who will be able to implement, generate, analyze and use the data for decision making. An important aspect of project monitoring will be community – facility linkages and linkages to other service providers to ensure the clients receive the intended support.

Evaluation requirement: While organizations are not expected to conduct formal evaluations, throughout the project implementation period, the organizations may be asked to support IDI to prepare for various project-specific evaluations. Organizations may be asked to assist by identifying and informing client beneficiaries, communities, and stakeholders. Following the evaluation, organizations may also help IDI to ensure that feedback on evaluation results are provided back to communities.

Reporting Requirements: IDI expects Monthly program activity reports indicating but not limited to; summary of home visits conducted, summary of community sensitization sessions supported, number and details of referrals effected, number of counseling sessions and the number of clients counseled, contacts of TB clients screened, and number of clients supported with risk reduction interventions. Recipients will be required to submit reports as per table below;

	REPORT	TIMELINE		
1	Program Narrative		monthly	Quarterly
2	Data (statistics)	Weekly	monthly	Quarterly
3	Financial		monthly	Quarterly

IDI partners will be expected to avail/ provide data to the PEPFAR Uganda reporting systems (KP Tracker, HIBRID), the National OVC Data Management System (OVCMIS) and HMIS under the Ministry of Health. The applicants will submit narrative reports to Local government line departments. The organization will be expected to report on project activities to the sub county authorities in the operation areas at least quarterly.

Data quality and data quality assessment: IDI will pay particular attention to the quality of the data collected to ensure that services rendered are properly documented. Technical Assistance in Data management for the partners will be organized to further strengthen this area. The organization will be visited periodically by IDI and other officials from the Ministry for routine data quality assessment.

Indicators: Below are some of the selected indicators that the applicants will be expected to monitor and report on. IDI will provide training to organizations on how to collect this data and how to enter it into required databases. IDI will provide guidance to successful applicants on other project indicators depending on the interventions that will be implemented in each area.

Indicators	Indicator Definition and unit of measurement	Type	Source	Reporting Frequency
Percentage of clients referred from the community to the health facility for HIV care services and received the services during the reporting period.	**Numerator:** Clients referred from the community to the health facility for HIV care services and received the services during the reporting period. **Denominator:** Clients referred by the community to the health facility for HIV care services during the reporting period.	Custom (Disaggregate by TB test, HIV test, PMTCT, ART initiation, VMMC service, GBV etc)	Facility Community Linkages Register	Quarterly
Percentage of clients referred from the health	**Numerator:** Clients referred from the health facility to the	Custom (Disaggregate by OVC,	Facility Community	Quarterly

			linkages register	
facility to the community for HIV care and support services and received the services during the reporting period.	community for HIV care & support services and received the services during the reporting period. **Denominator:** Clients referred from the health facility to the community for HIV care & support services during the reporting period.	Adherence support, Social support etc)	linkages register	
Number of individuals counselled, tested and received HIV results at the targeted community service point during the reporting period.	**Numerator:** The number of individuals who received HIV Testing and Counseling (HTC) services for HIV at the targeted community service point and received their test results. **Denominator:** N/A.	PEPFAR (disaggregate by Gender, HIV status, KP/PP status, Finer age disaggregation), APN, SNS, Children of PLHIV	Community based HTS register	Weekly/ Monthly
Percentage of PLHIV receiving services from other community based service providers	**Numerator:** Clients referred to other service providers in the community received the services they were referred for during the reporting period. **Denominator:** Clients referred from the community service provider/CBO to other community based service providers *(not supported by IDI)* during the reporting period.		Improvised Facility Community Linkages register to become Community Community Linkages Register	Quarterly
Proportion of lost clients followed up in the community and returned to care	**Numerator:** lost clients followed up in the community and returned to care **Denominator:** lost clients followed up in the community	Disaggregated by age, Sex, KP/PP, PMTCT, TB, ART	Follow up/Missed appointment tracking register	Weekly/ Monthly

Number of individuals counselled, tested and received HIV results in the community by the CBO (not at targeted community service point) during the reporting period.	**Numerator:** The number of individuals who received HIV Testing and Counselling (HTC) services for HIV in the community by the CBO (not at targeted community service point) and received their test results. **Denominator:** N/A.	PEPFAR (disaggregate by Gender, HIV status, KP/PP status, Finer age disaggregation), APN, SNS, Children of PLHIV	Community based HTS register	Weekly/ Monthly
Proportion of PLHIV identified by the CBO linked to ART	**Numerator:** PLHIV identified by the CBO linked to ART **Denominator:** PLHIV identified by the CBO	(disaggregate by Gender, HIV status, KP/PP status, Finer age disaggregation), APN, SNS, Children of PLHIV	Community based HTS register	Weekly/ Monthly
Number of individuals provided with adherence support	**Numerator:** The number of individuals provided with adherence support	Disaggregated by KP/PP, TB Client, ART Client, Finer age disaggregation	Follow up logs	Monthly

Consideration

The maximum funding available is **UGX 70,000,000 million** per organization per year for a period (5) years subject to availability of funds. Only 25% should be budgeted for administration costs.

All applicants should not apply for more than one district.

Application guide

All interested CBOs and NGO should submit proposals detailing understanding of the key tasks above, how you intend to accomplish them, and your capabilities to implement the project. This should be accompanied by a budget clearly linking objectives, activities and outputs to resource requirements/inputs, and a work plan with clear activities, outputs and deliverables (Tabulated). In addition, you will be required to submit:

- A letter of declaration that the information provided is correct
- A list of your board of directors or equivalent with contact details
- Proof of your organization's registration (current and not expired)
- Recommendation letter/letter of support from the DHO/DCDO/Ministry of health as well as previous funders.
- Copy of your latest audited accounts or approved annual financial statements

Note:

- The letter of declaration should be printed on your official headed paper and signed by an authorized representative of your organization. A false statement will render your proposal inadmissible.
- References should have knowledge of your organization's work and should include a named contact with phone number and email.
- Validation of your organization's charitable status will be undertaken by the Infectious Diseases Institute before funding is made available.
- If you are a previous sub grantee of the infectious diseases institute, your previous record (financial, programmatic as well as compliance to the sub award conditions) will be assessed as a criteria for consideration.

GRANT APPLICATION FORM

1.	**Name of Organization:**	
2.	**Organization contact details:**	
	Key: Authorized Signatory (1)	Key: Authorized Signatory (2)
	Name:	Name:
	Designation:	Designation:
	Signature:	Signature:
	Phone Numbers:	Phone Numbers:
	Fax Number:	Fax Number:
	E-Mail Address:	E-Mail Address:
3.	**Project title:** Short English title- please provide a clear and concise project title that reflects the activities and/or objectives of your project **Project duration:** (total months plus start and end date)	
4.	**Project summary / abstract:** One paragraph (half page maximum) **5 marks**	
5.	**General rationale for proposal** (1 page maximum) **5 marks**	
6.	**Problem statement** – Summary of priority problems / gaps to be addressed by proposal (1 page maximum) **5 marks**	
7.	**Proposal goals and objectives** (1 page maximum) **5 marks**	

8.	**Detailed work plan with description of project objectives, activities** (with indicators of achievement) **and expected results** (to be attached as appendix in the format provided) **15 marks**
9.	**Matrix to indicate results logic of the project (Proposal activities and expected results)** (2 pages maximum) **10 marks**
10.	**Total budget and justification** (not to exceed UGX 70,000,000 million; detailed budget including quarterly breakdown and justification) – (to be attached as appendix in the format provided) **5 marks**
11.	**Definition of anticipated key risks/basic assumptions with plans for mitigation** (half page maximum) **5 marks**
12.	**Plan for management of activities, Financial management capacity and financial control** (CVs of key personnel, organogram of project management and sources of previous funding attached) **20 Marks**
13.	**Monitoring, Evaluation and Reporting** (M&E Plan with performance and reporting framework attached) **15 Marks**
14.	**Dissemination of results** (Plan to record and disseminate lessons learned) **5 marks**
16.	**Sustainability section to describe how the proposed developments, and their beneficial effects, will be sustained beyond the project period** (half page maximum) **10 Marks**
17.	**Appendices attached** (Budget & budget justification, Audited financial statements, Annual Financial reports, Detailed work plan, Capacity statement)

Application Review Process

Activity	Timeline
Issuance of RFA	Applicants will be given two weeks to respond
Organizational capacity assessment (for programmatic credibility and integrity)	This will take 2 weeks. Those successful will go to the next review.
IDI risk assessment	This activity will take two weeks.
Final Selection	At least one week before official notification of successful applicants
Finalize documentation detailing sub-grant selection process with cover letter and present to ED for signature	3 days

Official notification of successful applicants	1 day

A sub agreement shall be made between the IDI and the sub-grantee. Such an agreement shall be a binding contract between the two parties.

Deadline
Release of RFA: IDI will distribute this RFA directly through the following means:
- Published in the two leading daily newspapers (the New vision as well as the Monitor Newspaper)
- Distributed to all District local governments in the west Nile region
- Posted on the IDI website.

All applications must be received either through e-mail addressed to sub-grants@idi.co.ug or hard copies delivered to the IDI Arua Regional Office or IDI Kampala office at MKC building Makerere University to the attention of the Head sub granting by **3:00pm on 27th November 2020.**

Questions: Questions must be submitted in writing to the email below;
 sub-grants@idi.co.ug