



**Request for Proposal**  
**Community monitoring and mobilization of differentiated service delivery**  
Proposals will be received until 24 October 2018 at 08:00 UTC +02:00

**1. About the International AIDS Society:**

Founded in 1988, the International AIDS Society (IAS) is the world's largest association of HIV professionals, with members from more than 180 countries. IAS members work on all fronts of the global response to AIDS, and include researchers, clinicians, policy and programme planners and public health and community practitioners on the frontlines of the epidemic.

The IAS organizes the world's two most prestigious HIV conferences, each convened biennially in alternating years. The International AIDS Conference is the largest conference on any global health or development issue, and provides a unique forum for the intersection of science and advocacy. The IAS Conference on Pathogenesis, Treatment and Prevention brings together a broad cross section of HIV professionals and features the latest HIV science, with a focus on implementation – moving scientific advances into practice.

In addition, the IAS advocates for urgent action to reduce the global impact of HIV, including increased investment in HIV cure research; optimizing treatment and care for infants, children and adolescents with HIV in resource-limited settings; preventing and treating HIV-related co-infections; and expanding access to prevention, treatment and care for key populations at higher risk for HIV – such as men who have sex with men, people who inject drugs, sex workers and transgender individuals – including protecting their human rights by combatting punitive laws and discriminatory policies.

More information on IAS can be found at [www.iasociety.org](http://www.iasociety.org).

**2. About the IAS Differentiated Service Delivery initiative**

The IAS Differentiated Service Delivery (DSD) initiative is committed to supporting the scale-up of differentiated care through catalyzing country and community advocacy and amplifying global best practices, tools, and evidence to effectively reach the 37 million people worldwide in need of high-quality life-saving HIV care. The initiative has three key objectives: (1) to increase the number of countries that include DSD within national HIV policies and guidelines, (2) to support research and amplify the evidence for DSD, and (3) to ensure that DSD is client-centred and promotes the involvement and engagement of communities in the design and delivery of care.

To support the third objective, the initiative has previously supported work to: a) assess the 'readiness' of people living with HIV and healthcare workers in seven countries to advocate for differentiated models of ART delivery, b) develop an activist toolkit aimed at strengthening the engagement of people living with HIV in demanding DSD for ART and c) capacitate communities to demand access to routine viral load monitoring and DSD.

The role of communities in monitoring of HIV services is critical. While ongoing efforts are required to ensure demand creation for DSD and routine viral load, there is also a growing recognition of the critical role of communities including people living with HIV in monitoring the HIV response in their countries. This monitoring is essential in determining access, designing evidence-based advocacy and in ensuring that the health system is providing equitable services.

More information on the Differentiated Service Delivery initiative can be found at <https://www.iasociety.org/Differentiated-Service-Delivery>.

### 3. Purpose:

The IAS is seeking proposals from organisations that will be responsible for working with networks and communities of people living with HIV to i) monitor access to HIV testing and treatment, including routine viral load monitoring and ii) increase demand for differentiated service delivery and routine viral load monitoring - in either one of the selected or a few of the selected countries.

### 4. Deliverables:

Deliverables can be divided into three content areas: overarching project management, community monitoring activities and advocacy activities.

Content area 1: To provide overarching project management and advocacy, including:

- Engaging with key global and/or regional civil society and community networks on HIV issues related to access, human rights and involvement of people living with HIV;
- Providing advocacy strategies and approaches to support demand creation;
- Establishing and supporting national collaborations to support policy and advocacy for DSD and viral load monitoring within national strategic plans;
- Developing a detailed work plan with key outputs to ensure relevant and meaningful engagement of civil society in the DSD project;
- Management and adherence to the project budget; and
- Final project summary report including expenditure report.

Content area 2: To strengthen national partnerships/networks to advance **community monitoring** of HIV services (including, but not limited to, differentiated service delivery and routine viral load), through small grant(s) in Kenya, Malawi, South Africa, Tanzania, Zambia and/or Zimbabwe, including:

- Developing a strong methodology and definitions for community monitoring of HIV services;
- Determining the key data that needs to be collected to align with Ministry of Health data and reflect metrics that are important to the community;
- Overseeing the implementation and establishment of community monitoring systems in select regions in selected countries, including the provision of technical support;
- Documenting and disseminating outcomes and lessons learned from the community monitoring data;
- Selecting and managing sub-awardees including progress monitoring and financial management, as relevant.

Content area 3: To advance **community mobilization and demand creation** for differentiated service delivery and routine viral load monitoring, through small grant(s) to national or sub-national networks in Kenya, Malawi, South Africa, Tanzania, Zambia and/or Zimbabwe, including:

- Facilitating on-going demand creation activities for DSD and routine viral load;
- Documenting and disseminating best practices and lessons learned from advocacy on inclusion of DSD within national strategic plans;
- Selecting and managing sub-awardees including progress monitoring and financial management, as relevant.

### 5. Period: 15 November 2018 to 30 September 2019.

## **6. Proposal Requirements:**

The proposal should clearly outline how project deliverables (see point 4) will be met. The proposal should be no longer than ten (10) pages in length including 1) past experience (two pages), 2) approach and concept (three pages), 3) key objectives and activities alongside advocacy milestones (one page), 4) small grant selection process for the two content areas (one page), and 5) a monitoring and evaluation plan (one page). A detailed budget (one page) and timelines (one page) should be included as annexes.

The community monitoring work should ideally include small grant(s) of approximately \$100,000USD total in Kenya, Malawi, South Africa, Tanzania, Zambia and/or Zimbabwe. The community mobilization/demand creation work should include small grant(s) of approximately \$50,000USD total in Kenya, Malawi, South Africa, Tanzania, Zambia and/or Zimbabwe. Given the funding and time available, proposals should provide details as to what a reasonable scope of work is in terms of geography and intensity. Proposals can focus on a single country or a network of countries.

In addition to the small grants to local PLHIV and community networks, the workplan and budget should include allocations for highlighting lessons learned and best practices at appropriate national, regional and international events including, but not limited to, the 10<sup>th</sup> IAS Conference on HIV Science (IAS 2019).

The IAS reserves the right to give out more than one award. The total budget for proposals should be more than \$25,000 and should not exceed \$175,000 USD.

## **7. The following skills and experience are essential:**

- Substantial experience (at least 5 -7 years) in collaborating with people living with HIV networks and community organizations; preferably working in HIV, global health or development;
- A strong understanding of the HIV epidemic, particularly in sub-Saharan Africa;
- A recognized voice among networks of people living with HIV, including key populations (people who inject drugs, sex workers, men who have sex with men and transgender people);
- A proven track record of understanding and implementing community monitoring systems;
- A demonstrated commitment to human rights and the meaningful engagement of people living with HIV and communities at the centre of the HIV response;
- Considerable experience in advocacy, particularly at a global and regional level;
- A proven track record of managing small grants to community-based organizations, including a strong mentoring approach,
- Applied understanding of issues facing people living with HIV;
- Demonstrated advanced project management skills, including financial reporting;
- Highly organized with strong analytical skills;
- Strong written and oral communication skills.

## **8. Submission Details:**

Proposals must be received via e-mail, before 8am (UTC +02:00) on **24 October 2018**. Proposals should be addressed to Anna Grimsrud, HIV Programmes & Advocacy, IAS, with "RfP (name of your organisation) - Community monitoring and mobilization" listed in the title. Please email all proposals to [anna.grimsrud@iasociety.org](mailto:anna.grimsrud@iasociety.org).