Request for Proposal
Survey of contraceptive care needs and expectations and differentiated service delivery for HIV treatment
Closing date and time: 7 September, 23:00 CET

1. About the International AIDS Society (IAS)

The International AIDS Society (IAS) leads collective action on every front of the global HIV response through its membership base, scientific authority and convening power. Founded in 1988, the IAS is the world’s largest association of HIV professionals, with members in more than 170 countries. Working with its members, the IAS advocates and drives urgent action to reduce the impact of HIV. The IAS is also the steward of the world’s most prestigious HIV conferences: the International AIDS Conference, the IAS Conference on HIV Science, and the HIV Research for Prevention Conference.

The IAS promotes and invests in HIV advocacy and research on key issue areas through our strategic programmes, initiatives, and campaigns that advocate 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 vulnerable to HIV acquisition – such as men who have sex with men, people who inject drugs, sex workers and transgender people – including protecting their human rights by combatting punitive laws and discriminatory policies.

More information on the IAS can be found at www.iasociety.org.

2. About the Differentiated Service Delivery initiative

Differentiated service delivery (DSD) has been defined as “a client-centred approach that simplifies and adapts HIV services across the cascade, in ways that both serve the needs of PLHIV better and reduce unnecessary burdens on the health system”. With the recommendation in 2015 that all people living with HIV should be initiated onto antiretroviral therapy (ART), there has been growing acknowledgement that a “one-size-fits-all” approach will not be sufficient to reach global HIV targets. DSD, including adapting how people access their ART, has become a key component of HIV programmes.

In this context, the DSD initiative has been supporting the development of global and national level guidance for DSD since 2015. The initiative is committed to supporting the scale up of DSD through catalysing 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.

3. Purpose

Recently, the HIV response has shown a renewed interest in addressing the unmet needs of women living with HIV in regards to contraceptive care as a result of the introduction of dolutegravir and the results of the Evidence for Contraceptive Options in HIV Outcomes (ECHO) trial.
Concurrently, many countries in sub-Saharan Africa are scaling up DSD models for clinically stable clients on ART resulting in less frequent interactions with the healthcare system. Contraceptive choices and the provision sexual and reproductive health services often are not integrated with ART services meaning that women are still required to frequently visit health facilities.

The IAS invites proposals from regional and national networks to identify the needs and expectations related to contraceptive care of women living with HIV who are accessing ART through differentiated service delivery models.

The online survey will be used to better understand the current access to and uptake of contraceptive choices and family planning options for women and girls accessing ART through differentiated services delivery models.

The survey should include considerations in relation to demographics, current contraception method choice, summary of the DSD model, details of other or all contraception methods offered through that model, and an analysis of how the provision of contraceptive choices and other family planning options align with ART. Attention should also be given to analyzing preferences for long-acting reversible contraceptive methods, self-injectables, and other options.

Ideally, respondents would be from at least four countries in sub-Saharan Africa (including Kenya and Tanzania) with half of the respondents being under 30 years of age.

4. Proposal requirements

The proposal should include the following:

1) A brief overview of the organization/network
2) A summary of relevant and comparable experience with this type of work and the approach to the project
3) A plan outlining how and to who the online questionnaire will be circulated
4) A budget outlining expenses for completing the work
5) A sample of recent work (of a similar nature)
6) A declaration of any conflicts of interest

5. Deliverables

There are five anticipated grant deliverables:

1. The online survey, outreach and sampling strategy– shared for input with the IAS within three weeks of grant sign-off
2. An outline of the final report – shared for review and agreement with the IAS within three weeks of grant sign-off
3. A summary slide deck of the questionnaire findings one month before the grant closure date, including at least a summary of the findings in relation to the key points noted above
4. A draft final report submitted for input two weeks before grant closure.
5. A final report of the project summarizing the work submitted upon grant closure.


7. Budget

Proposed budgets will be reviewed with respect to the activities for delivering in a cost-effective and timely manner and should not exceed US$30,000.
8. Proposal Requirements

The proposal should be no longer than five (5) pages in length including a budget (as fixed fees). It should clearly outline how the project deliverables (see point 5) will be met.

9. Submission Details

Proposals must be sent by email to dsd@iasociety.org by 23:00 (CET) on 7 September 2020. Late proposals will not be considered. For further information, please contact Anna Grimsrud, anna.grimsrud@iasociety.org.