



Request for Proposal
Demand creation for differentiated service delivery among networks and communities of people living with HIV

Proposals will be received until 4 September 2017 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.

2. About the IAS Differentiated Care initiative

The IAS Differentiated Care 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 differentiated service delivery within national HIV policies and guidelines, (2) to support research into and amplify the evidence for differentiated care, and (3) to ensure that differentiated care is client-centred and promotes the involvement and engagement of PLHIV in the design and delivery of care.

To support the third objective, the initiative supported a rapid assessment to gauge the 'readiness' of people living with HIV and healthcare workers in seven countries to advocate for differentiated models of ART delivery. Based on these findings, the IAS is supporting the development of a toolkit for networks of people living with HIV and communities to create strengthened community engagement and demand for differentiated ART delivery. As part of this work, a workshop was held in Bangkok, Thailand in June 2017 with representatives from seven countries and more than 20 PLHIV networks.

Access to routine viral load monitoring is an enabler to the scale-up of differentiated ART delivery. Therefore, it is important that work to create demand for differentiated care is done in parallel to demand creation for routine viral load monitoring.

More information on the Differentiated Care initiative can be found at <http://iasociety.org/DifferentiatedCare> and more information on differentiated care can be found at www.differentiatedcare.org.

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 increase demand creation for (i) differentiated care and (ii) routine viral load monitoring.

4. Deliverables:

Deliverables can be divided into two content areas, and overarching project management and advocacy activities.

Content area 1: To build and strengthen national partnerships/networks to advance community mobilization around differentiated care, through small grants in eight countries in sub-Saharan Africa and Asia, including:

- Facilitating the dissemination and use of a toolkit to support demand creation for differentiated ART delivery (toolkit will be available Sept/Oct 2017);
- Convening meetings and building partnerships with external partners and /or providing support to the IAS on differentiated care;
- Documenting and disseminating best practices and lessons learned from advocacy on inclusion of differentiated care within national strategic plans; and
- Funding dependent, providing additional small grants to the same networks to support field-testing and feedback on a mobile phone application to improve client care among PLHIV in five countries.

Content area 2: To provide capacity to national partnerships/networks to advance community mobilization for routine viral load monitoring through small grants in three to five countries in sub-Saharan Africa, including:

- Facilitating the dissemination of a toolkit to support demand creation for routine viral load monitoring;
- Documenting and disseminating best practices and lessons learned from advocacy on inclusion of routine viral load within national strategic plans.

Overarching project management and advocacy, including:

- Engaging with key global and regional civil society and community networks on HIV issues related to access, human rights and involvement of PLHIV;
- Providing advocacy strategies and approaches to support demand creation;
- Establishing and supporting national collaborations to support policy and advocacy for differentiated care 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 Differentiated Care project;
- Management and adherence to the project budget; and
- Final project summary report including expenditure report.

5. Period: 15 September 2017 to 31 August 2018.

6. Proposal Requirements:

The proposal should clearly outline how project deliverables (see point 4) will be met. The proposal should be no longer than five (5) pages in length including 1) past experience, 2) approach and concept, 3) key objectives and activities alongside advocacy milestones, 4) small grant selection process for the two content areas, and 5) a monitoring and evaluation

plan. A detailed budget and timelines can be included as annexes.

The differentiated care demand creation work should ideally include small grants of approximately \$20,000USD in India, Kenya, Malawi, South Africa, Tanzania, Thailand, Vietnam, and Zimbabwe. The viral load monitoring demand creation work should include small grants of approximately \$30,000USD in at least Malawi, Tanzania and Zimbabwe.

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 International Conference on AIDS and STIs in Africa (ICASA) 2017 and the 22nd International AIDS Conference (AIDS 2018).

The total budget for proposals should not exceed \$400,000 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 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 with a strong mentoring approach,
- Applied understanding of issues facing people living with HIV;
- Advanced project management skills, including demonstrated experience managing and reports on finances;
- 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 **Monday 4 September 2017**. Proposals should be addressed to Anna Grimsrud, HIV Programmes, IAS. Please email all proposals to anna.grimsrud@iasociety.org.