

The President's Emergency Plan for AIDS Relief

New Partners Initiative





The Goals of NPI

- **Increase the Emergency Plan's ability to reach people with needed services:**
 - Identify potential new partner organizations and increase the total number of Emergency Plan partner organizations
 - Increase their organizational and technical capacity to provide prevention and care services
- **Build capacity in host nations:**
 - Develop indigenous capacity to address HIV/AIDS to promote the sustainability of host nations' efforts



Eligibility

- Eligible entities are *non-governmental organizations* (NGOs), working in any of the fifteen Emergency Plan focus countries, with little or no experience working with the U.S. Government – defined as no more than \$5 million awarded in U.S. Government funding during the preceding five years, excluding disaster or emergency assistance or funding as a subcontractor or sub-grantee.



Eligibility

- Eligible organizations are particularly encouraged that propose to establish or expand partnerships with indigenous community- and faith-based organizations (C/FBOs) and networks of such organizations.
- Special consideration will be given to applicants that provide the bulk of their resources for service delivery in-country through indigenous C/FBOs.



Eligibility

- A documented consortium of service providers that work across several countries may submit a single application to achieve administrative resource efficiencies & beneficial associations.
- Organizations that that dedicate the highest percentages of their funding to the direct provision of services will be most competitive.



Application Process

- **Stage One – Concept Paper**
 - Cover Page (1 page) should include the title of the proposed program & selected Funding Category, name of the applicant, appropriate contact person, & full contact information (telephone, fax, e-mail, & mailing address).
 - Concept Paper (5 pages) should describe how the project will address the APS objectives & one or more of the strategic approaches, identify any partnerships, proposed project activities, geographic scope and coverage, & anticipated results and outcomes, including information on beneficiaries.



Application Process

- **Stage One – Concept Paper**
 - Summary Budget (1 page) should indicate the amount of funding requested over the project period (3 years) & any proposed cost-sharing contribution. Do not provide a detailed budget, but rather use major budget categories!
 - Capability Statement (2 pages) should provide an understanding of the applicant's capability to implement the proposed project and should include a brief overview of the mission & goals & how they relate to the project, current annual budget & staffing, countries where currently working, relevant prior experience in relation to project and geographic area, & applicant's comparative advantage to implement project as in past successful performance.



Application Process

By Invitation

- **Stage Two – Full Applications**

Technical Applications should meet the following criteria:

- Be written in English
- Not exceed 30 pages, excluding attachments (applications that exceed limitation shall not enter the review process unless revised in a timely fashion)
- Avoid excessively elaborate presentations and be easy to duplicate
- Be single-spaced on one-side of page only
- Have one-inch margins & 12 point minimum font
- Superfluous materials included as attachments will detract from the application



Application Process

By Invitation

- **Stage Two – Financial Application**
 - No page limitation
 - Electronic copy of budget
 - SF 424
 - Certifications and Assurances



Key Objectives of the APS

A. Prevention

B. Counseling and Testing

C. Care of Orphans and Vulnerable Children

D. Care for Persons Living with HIV/AIDS

Note: No applicant is required to provide all services



Key Objectives of the APS

A. Prevention

- ✓ Increase abstinence or delay the sexual onset and increase “secondary abstinence” before marriage or partnership
- ✓ Increase fidelity & reduce the number of sexual partners
- ✓ Support & enable young people to choose abstinence before marriage or partnership & fidelity within marriage or partnership



Key Objectives of the APS

A. Prevention

- ✓ Increase parental involvement to support & reinforce prevention messages
- ✓ Increase recognition that multiple/concurrent sexual partnerships place individuals at risk for HIV infection
- ✓ Capitalize on synergies of partners, activities, and health care providers to support the ABC approach
- ✓ Work with established prevention of mother-to-child HIV transmission (PMTCT) partners to improve services & obtain maximum care for women & their babies



Key Objectives of the APS

B. Counseling and Testing (C&T)

- ✓ Increase recruitment & access to C&T, especially for couples & families who are or may be affected by HIV/AIDS
- ✓ Ensure that C&T programs have linkages to care, treatment & other services
- ✓ Link C&T to prevention & treatment programs as part of a national comprehensive response to HIV/AIDS



Key Objectives of the APS

C. Care of Orphans and Vulnerable Children (OVC)

- ✓ Provide comprehensive services & compassionate care so OVC develop physically, socially, emotionally, and intellectually

Note: While there is at times an important role for institutional arrangements, they are not optimal for child development, sustainability, or cost-effectiveness.



Key Objectives of the APS

- C. Care of Orphans and Vulnerable Children (OVC)
- ✓ Strengthen & improve the quality of OVC programs through the implementation, evaluation, and replication of best practices
 - ✓ Strengthen family, community, & government systems to help communities implement and monitor the delivery of high-quality services to the maximum number of OVC
 - ✓ Link C&T to prevention & treatment programs as part of a national comprehensive response to HIV/AIDS



Key Objectives of the APS

- D. Care for Persons Living with HIV/AIDS (PLWHA)
- ✓ Provide care for PLWHA – including the prevention & treatment of opportunistic infections, such as TB and STIs
 - ✓ Ensure training, materials, and support to promote clinically appropriate & other home-based care
 - ✓ Support interventions to promote positive community & individual responses to HIV/AIDS to reduce stigma & isolation



Key Objectives of the APS

D. Care for Persons Living with HIV/AIDS

- ✓ Support of PLWHA families
- ✓ Support community caregivers & healthcare providers in delivering care
- ✓ Support end of life care
- ✓ Link C&T to prevention & treatment programs as part of a national comprehensive response to HIV/AIDS

Note: While NPI will not fund enrollment of new patients on ART, applicants may propose to undertake programs that will support patients & their families who are already on ART or activities that will link HIV+ persons & their families to treatment programs funded by PEPFAR or other partners with separate funding streams.



Funding Categories

- Intermediary/Umbrella Organizations
- Small Organizations, Domestic and In-Country
- Twinning Center Partnerships

Note: Applicant is required to choose one funding category



Funding Categories

- *Intermediary/Umbrella Organizations*
 - Eligible organizations, associations, or networks may apply to serve as intermediary or umbrella organizations to build local capacity and scale up local HIV/AIDS responses by sub-granting funds to small, indigenous C/FBOs that can access populations with prevention and/or care programs.
 - Applicant should demonstrate capacity to reach out to multiple indigenous organizations that may not require large amounts of \$ but have access to local networks, community credibility, & demonstrable commitment to addressing HIV/AIDS.



Funding Categories

- *Small Organizations, Domestic and In-Country*
 - Eligible organizations, associations, or networks may apply to directly provide prevention and/or care programs.
 - Applicant should demonstrate its capacity to reach out to indigenous organizations, its credibility in targeted communities, & demonstrable commitment to addressing HIV/AIDS perhaps within the context of existing health care programs.



Funding Categories

- *Twinning Center Partnerships*
 - Eligible organizations able to partner with in-country C/FBOs may apply for funding to develop or strengthen twinning relationships with indigenous organizations in PEPFAR focus countries through the Twinning Center (TC).
 - TC provides administration, monitoring, & evaluation and on-going technical assistance to all partnerships.
 - Applicants are encouraged to identify their proposed in-country twinning partners in their concept papers.



Funding Categories

- Applicable to All Funding Categories
- **The applicant must demonstrate the capacity (administrative, fiscal management & reporting, programmatic reporting, evaluation, etc.) to administer the program, or, in the case of intermediaries, ensure the capacity of sub-awardees.**
- **The applicant should be prepared to work with USG field staff to ensure integration with the Country Operational Plan.**
- **The applicant shall establish clear goals, care targets, and an achievable plan to ensure program sustainability.**



Strategic & Program Principles

1. Service Delivery
2. Program Quality Improvement Practices
3. Linkages with Prevention and Care Programs and Treatment Programs
4. Strong Partnerships with Local NGOs
5. Local Ownership
6. Taking Programs to Scale
7. Public-Private Alliance
8. Developing Local Capacity
9. Volunteers



Geographic Focus

15 Focus Countries

Africa

- Botswana
- Cote d'Ivoire
- Ethiopia
- Kenya
- Mozambique
- Namibia
- Nigeria
- Rwanda
- South Africa
- Tanzania
- Uganda
- Zambia

Latin America and Caribbean

- Guyana
- Haiti

Asia and Near East

- Vietnam



Expected Outcomes

Prevention

- ✓ Increased number of individuals using PMTCT services and prevention strategies, including ABC

Counseling and Testing

- ✓ Increased number of individuals receiving HIV testing and counseling

Care of Orphan and Vulnerable Children

- ✓ Increased number of OVC who obtain comprehensive services and compassionate care

Care for Persons Living with HIV/AIDS

- ✓ Enhanced quality of life for PLWHA and their families and reduced suffering through mobilizing care throughout continuum of care



Partnerships & Leveraging

- Develop “New” Alliances with C/FBOs that have the capacity to scale-up effective HIV Prevention/Care programs
- Strengthen Indigenous Responses to HIV/AIDS Care and Treatment & be discerning of & responsive to local cultures
- Create Partnerships with National/Local Governments & Civil-Society Organizations, especially underrepresented groups such as C/FBOs



Partnerships & Leveraging

- Matching Funds: Not required
- Contributing Non-USG Resources may score up to 10 additional points
- They must foster Program Objectives
- They are subject to Verification and Audit
- Encourage Corporate/Philanthropic & Host-Country Government Partnerships



Substantial Involvement of USG

USG will be involved through the Cooperative Agreement.

- Approval of annual Implementation Plan & Budget (Work Plan)
- Approval of Key Personnel
- Approval of Sub-grants & Subawards
- Approval of Monitoring/Evaluation Plan
- NPI consultation with USG Country Team on implementation plan & specified key personnel



Substantial Involvement of USG

- Successful Concept paper applicants may seek USG Country Team consultation in preparing full application
- Continued Annual Funding will include USG Country Team consultation and be contingent on good performance



Capacity-Building Requirements

- Implement Strategies to Strengthen Existing Local Networks & Institutions to Facilitate Scale-Up & Sustainability
 - Strategic Planning: Organizations should have a BOD, mission statement, & short & long term strategies, including diversified funding & grant writing capability.
 - Registration: Organizations are registered with USG or in-country.



Capacity-Building Requirements

- Financial Management: Organizations have a practical accounting system & are able to account for all funds in accordance with USG & in-country audit requirements, analyze unit costs, make financial projections, and track funds.
- Human Resource Management: Organizations have an established personnel system for recruiting, paying, retaining, training, & supervising staff at all levels of the organization.



Capacity-Building Requirements

- Networks: Local networks are established/ strengthened that deliver prevention, care, & treatment services, monitor implementation, & report results.
- M&E/Quality Assurance: Organizations have institutionalized the capacity to collect, enter, store, & retrieve data for use in planning, monitoring, reporting, & improving quality & are able to fulfill reporting requirements.



APS Announcement

Stage 1: Concept Paper Due Dates

- July 15, 2006
- November 15, 2006
- February 15, 2007
- May 14, 2007
- All are depending on funding associated with this APS

The announcement is available at:

www.grants.gov M-OAA-GH-HSR-06-937



Funding

- Funding Instrument Type: Cooperative Agreement
- Expected Number of Awards: Undetermined
- Estimated Total Program Funding: \$200,000,000 (total for all 3 years)
- Award Minimum: \$250,000 per year
- Project Period: 3 years



Stage 1 Scoring

Points for the Concept Paper:

- A. Technical Approach/Project Management (30 points)
- B. Goals and Objectives (30 points)
- C. Partnerships (25 points)
- D. Capability of Organization (15 points)
- E. Matching Funds (10 Bonus Points)

Total Possible Points = 110



Stage 2 Scoring

Points for the Technical Application:

A. Goals and Objectives (20 points)

B. Technical Approach/Project Management
(25 points)

C. Partnerships (25 points)

D. Organizational Capability (15 points)

E. Cost/Budget (15 points)

F. Matching Funds (10 Bonus Points)

Total Possible Points = 110



Submission Address

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Thank you



For further information, please visit:

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