

## CALL FOR PROPOSALS

### “Strengthening high-quality health systems accessible for all”

Reference: AP-7PC-2018-02 / Access to healthcare for vulnerable populations

**THIS CALL WILL CLOSE ON FRIDAY 23 MARCH 2018 AT MIDDAY (UTC+1)**

#### 1. INTRODUCTION

The 7% Initiative AIDS, tuberculosis, malaria is the second means whereby France contributes to the Global Fund against AIDS, tuberculosis and malaria (GF). The operational implementation of the Initiative has been entrusted to Expertise France (a French international agency for technical expertise) acting under the authority of the French Ministry of Europe and Foreign Affairs (MEAE). The purpose of the 7% Initiative is to respond to requests for high-level technical expertise from GF grant recipient countries, including French-speaking countries, in order to support and build their capacity for design, implementation, monitoring and evaluation and impact measurement relating to GF grants. Deployed to complement the Global Fund programmes, the 7% Initiative is aimed at enhancing GF programmes' efficiency and health impact through two ways of intervention: short term expertise to respond to needs expressed by countries and funding for long term project aiming at enhancing GF programmes' impact.

In 2016, the 7% Initiative launched a multiyear thematic under the title “Strengthening the quality and accessibility of national and community health systems” to be rolled out each year in two calls for proposals covering the 2016-2018 three-year period. This theme sets out to embody an integrated approach to the pandemics and expressed at different levels in the public health pyramid from national strategies to action at regional and local community levels. This three-year programme will fund global initiatives mutually complementary between years and develop synergy between projects in the context of a continuous learning process.

This multiyear theme takes the form for the last year of the period of two mutually complementary, but distinct, calls for proposals: the present call, AP-7PC-2018-02, calls for projects aiming to improve access to high-quality health services for vulnerable populations; the call for proposals AP-7PC-2018-01 seeks projects aiming to strengthen health systems at all levels.

#### 2. CONTEXT<sup>1</sup>

The crosscutting, integrated approach to the three pandemics developed in the call AP-7PC-2017-01 is supplemented in this call by an enhanced commitment towards key and vulnerable populations who continue to be excluded from healthcare systems. That approach reflects a desire to promote work with and for populations affected by vulnerability, key populations, as well as women and girls, who now account for the majority of new HIV infections and who are particularly vulnerable to malaria and tuberculosis during pregnancy.

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<sup>1</sup> For more information on the Global Fund strategy 2017-2022, please refer to Annex 1 for this call for proposal.

Access to high-quality healthcare for vulnerable populations cannot be achieved unless **civil society** plays a major role, especially in supporting the community-based organizations that are often the only channel to marginalized and vulnerable populations and populations living in isolated, remote areas far from health facilities. The link between those systems must be strengthened, in a collaborative and complementary approach.

Calls for proposals AP-7PC-2018-01 and AP-7PC-2018-02 will jointly total approximately €10 million.

### **3. PURPOSE OF THE PRESENT CALL FOR PROPOSALS**

This call for proposals has been launched with a view to selecting projects that complement GF grants aimed at **improving access for the most vulnerable populations to high-quality healthcare, based on strategies that are appropriate and integrated into local communities<sup>2</sup>**.

Access to healthcare is defined here as access to information, prevention and treatment.

#### **TARGET BENEFICIARIES OF PROJECTS:**

The following vulnerable populations should be prioritized as project beneficiaries:

- **Key populations:** Key populations are those that are hardest hit by the epidemiological impact, have less access to services and/or are criminalized or marginalized. While it is difficult to offer a common definition for all three pandemics, it is possible to set out a small number of fundamental criteria as stated in the framework document of the Global Fund<sup>3</sup>, specifically:
  - From an epidemiological standpoint, the population presents a higher risk, vulnerability and/or morbidity load with regard to at least one of the three diseases due to a combination of biological, socioeconomic and structural factors.
  - Access to appropriate services is significantly reduced compared with the rest of the population, such that specific initiatives and strategic investments are required to extend coverage, fairness and accessibility.
  - The population is frequently victim to breaches of human rights, systematic deprivation of its rights, marginalization and/or social and economic criminalization, all of which aggravate its vulnerability and risk with regard to the disease and reduce its access to essential services.

“Key population” is a relatively clear concept for people living with HIV and patients suffering from tuberculosis. For HIV, UNAIDS considers men who have sex with men, sex workers and their clients, transgender people, people who use drugs and prisoners and other incarcerated people as the main key population groups. Prisoners and incarcerated populations, people living with HIV, migrants, refugees and indigenous populations, pregnant women and women living with HIV are all groups highly exposed to tuberculosis. When it comes to malaria, according to the Global Fund, vulnerable populations comprise “certain groups meeting the criteria outlined above. Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.”

- **Populations particularly exposed to health risks linked to the three pandemics**, especially those living in very isolated areas, such as fishermen and -women and farmers.

<sup>2</sup> Replication of strategies that have proved successful or new, innovative strategies

<sup>3</sup> Global Fund – Key Populations Action Plan 2014-2017.

- **Mobile and migrant populations:** Projects shall target populations for which access to healthcare or continuity of healthcare are not guaranteed in the context of their geographical movements. Such populations are stigmatized due to their lifestyle, their ethnic, religious or national ties and are generally particularly highly exposed to the pandemics due to their limited access to prevention and healthcare services and information. Depending on geographical context, these populations are not exclusively male and include women and girls.
- **Women and girls:** There is a close link between the pandemics and gender. Women are more vulnerable biologically, socioeconomically and culturally, because they are often less prepared when negotiating their sexuality, less educated and consequently less well-informed, more economically dependent on their families than men, and less represented in decision-making fora (ranging from the household to governments and including communities and parliaments). They currently account for the majority of new HIV infections and are particularly vulnerable to malaria and tuberculosis during pregnancy. Lastly, they are responsible in most cases for the healthcare and protection of their children, who are themselves particularly exposed to all three pandemics.
- **Children and adolescents:** according to UNICEF, the majority of adolescents, both male and female, lack access to prevention programmes. According to a report from Aidspace<sup>4</sup> related to the implementation of the Global Fund's New Funding Model, 27% of concept notes written in 2014 and 2015 (out of 22 concept notes analyzed for the report) contain no key action directed at adolescents, whether in the areas of screening, psychological support, antiretroviral treatment, family planning or voluntary medical male circumcision. During adolescence, girls are more vulnerable than boys both biologically and socially, a fact which makes an integrated approach to sexual and reproductive health and rights (SRHR), HIV/STI, violence and sexuality all the more necessary. The paediatric treatments now available are in fact frequently poorly judged, expensive and inappropriate for administration in situations characterized by limited resources and poor hygiene conditions.

**ELIGIBLE PROJECT TYPES:**

Various types of projects may be submitted:

**Capacity-building projects for national and community actors.**

Capacity-building projects for national and community actors may focus on the following, for example:

- **Implementing healthcare services decentralization to local communities** – while also linking such services up with those offered at regional and national levels (for example, via health workforce (M/F) training activities, creation of new professional categories or support for community health officers, task shifting, provision of mobile units offering access to the most geographically isolated populations, and/or by promoting decentralized community approaches).
- Facilitating access to care for the most vulnerable populations by **fostering a better understanding, grasp and communication of their specific needs**, by leveraging new solutions accessible on a permanent basis to those subject to the worst discrimination.
- **Putting childhood and adolescence back on the agenda in national policies** as well as for the health workforce, through advocacy projects and/or support for health and education professionals, or projects to facilitate access to prevention of parent-to-child transmission

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<http://www.aidspace.org/publication/children-and-global-fund>

(PPTCT) in connection with HIV and to diagnostic services (especially for co-infected children), to enrolment in treatment and strategies for improved observance for all three diseases.

- **Documenting, through reliable, regularly collected data**, difficulties and rights violations encountered by populations in gaining access to healthcare, whether for screening, treatment or access to essential medicines, particularly as regards the discrepancies between women and men, including within key populations, and new forms of intervention/tools aimed at reducing such M/F discrepancies.
- **Developing advocacy activities directed at ensuring the inclusion of representatives from vulnerable populations, including women, in coordination and decision-making mechanisms**, and systematic inclusion of their needs at every level (CCM, funding model, national strategies, training of care staff, etc.).

**Operational research activities may be included in the projects if it is not the main part of it.**

**The projects submitted must in all cases be responsive to the objectives of the call for proposals.**

Projects cannot be directly clinical research projects and/or operational research projects. They must obligatorily be focused on capacity-building aimed at strengthening existing forms of intervention or changing practices to make them more effective and innovative.

#### **4. ADMISSIBILITY CRITERIA**

**Projects that do not comply with all admissibility criteria will be rejected.**

Expertise France will check that each project meets all the following admissibility criteria:

##### **4.1 Duration**

Project duration must be between 24 and 36 months.

Initiative 7%-funded projects that have achieved their results at the end of their implementation period, and which lead to positive conclusions from the endline evaluation, may lead on to a second phase with a view to project scale-up.

##### **4.2 Amount requested and geographical coverage**

The total amount of the grant funded by the 7% Initiative must cover 50% to 100% of the total project budget and will range between €250,000 and €3,000,000.

**Applicants with an annual budget higher than €5 million<sup>5</sup> must obligatorily include a co-financing in the budget. For the other applicants, project co-financing in the budget will be viewed positively.**

Projects shall be implemented in one or more countries. Project implementation cannot include more than five countries unless they are backed by a network or a pre-existing regional organization. A clear rationale for a regional project must be provided and will be a specific focus of the evaluators if the project is eligible.

<sup>5</sup> The annual budget will be established using the most recent validated annual financial statements (i.e. for 2016 or 2017) submitted in Annex 5. This is the annual executed budget in the annual financial statement.

### 4.3 Applicants' status and partnerships

In order to apply for a 7% Initiative grant the applicant must:

- be a legal entity with a head office in an eligible country, or France (e.g. to have bylaws registered in an eligible country, or France) and
- propose a partnership approach (project implementation involving more than one organization) and
- include at least one partner from each of the implementation countries and
- must not have bylaws that would not permit Expertise France or any external auditor appointed by Expertise France to perform checks and verifications on site and enjoy an appropriate right of access to sites and premises where the project is to be conducted, including their IT systems, and access to all documents and computer data relating to the technical and financial management of the project.

Local organizations in eligible countries (see list in paragraph 4.4) can submit a project as prime applicant.

International Organizations<sup>6</sup> may participate as technical support providers but may not be prime applicants nor receiving funding from the 7% Initiative. This provision does not apply to Regional Organizations.

For the present call for proposals, each organization may apply only once as prime applicant (lead organization). However, an organization may be part of more than one project as partner.

A partnership approach means that the prime applicant involves the partners in the design of the project and that the partners have responsibilities in the implementation of the project, with the management of funds linked to activities.

### 4.4 Countries

Eligible countries for the present Call for Proposals are the following<sup>7</sup>:

- |                            |                         |
|----------------------------|-------------------------|
| ▪ Afghanistan              | ▪ Madagascar            |
| ▪ Albania                  | ▪ Mali                  |
| ▪ Armenia                  | ▪ Morocco               |
| ▪ Benin                    | ▪ Mauritania            |
| ▪ Bulgaria                 | ▪ Moldavia              |
| ▪ Burkina Faso             | ▪ Montenegro            |
| ▪ Burundi                  | ▪ Mozambique            |
| ▪ Cambodia                 | ▪ Myanmar               |
| ▪ Cameroon                 | ▪ Niger                 |
| ▪ Cape Verde               | ▪ Republic of Congo     |
| ▪ Central African Republic | ▪ Republic of Mauritius |
| ▪ Chad                     | ▪ Romania               |

<sup>6</sup> The term "International Organization" refers here to public-sector legal entities created by international treaties between States or between international organizations (e.g. United Nations agencies).

<sup>7</sup> Countries with member or observer status in the *Organisation Internationale de la Francophonie* and eligible for Global Fund grants, countries enjoying priority for official development aid.

- Comoros
- Costa Rica
- Côte d'Ivoire
- Democratic Republic of Congo
- Dominican Republic
- Djibouti
- Dominica
- Egypt
- Ethiopia
- Gabon
- Georgia
- Ghana
- Guinée-Bissau
- Guinea
- Equatorial Guinea
- Haiti
- Kosovo
- Laos
- Lebanon
- Rwanda
- São Tomé and Príncipe
- Saint Lucia
- Senegal
- Palestinian Territories
- Serbia
- Thailand
- Togo
- Tunisia
- Ukraine
- Vanuatu
- Vietnam

Projects may be implemented exclusively in one or more of the above countries and may only relate to programmatic components eligible for Global Fund grants (HIV, malaria, tuberculosis).

#### **4.5 Management capacity**

**The prime applicant organization must have sufficient management capacity to be able to manage the requested budget.**

Management capacity will be established on the basis of the presentation of the organization, its most recent validated annual financial statements, its most recent validated audit, its estimated budget for 2018 and the description of the team currently in charge of the organization's administrative and financial management.

The average annual cost of a project must not exceed 70% of the annual budget<sup>8</sup> of the prime applicant organization.

For example, in the case of an organization with an annual budget of €1 million, the total amount for the project must not exceed an annual average of €700,000, or a total of €1.4 million over 24 months or €2.1 million over 36 months.

#### **4.6 Completeness of applications**

Submitted applications must contain all the documents and information requested in **section 8**. Incomplete applications will be rejected. Missing documents will **not** be requested after submission.

Only projects meeting all the above admissibility criteria will be deemed admissible and move on to the next stage.

<sup>8</sup> The annual budget will be established using the most recent validated annual financial statements (i.e. for 2016 or 2017) submitted in Annex 5. This is the annual executed budget in the annual financial statement.

## 5. COST ELIGIBILITY

The following direct costs of the prime applicant and its partners will be considered **eligible**. Costs will be funded on the basis of the **actual expenses** incurred by the project partners (i.e. no flat-rate amounts will be permitted in the budget):

- Eligible costs include the following costs directly incurred by the project applicant and its partners:
- Costs entailed by personnel assigned to the project comprise actual salaries (gross) plus social charges payable by the employer and any other costs forming part of the remuneration paid. They must not exceed the wages and costs normally incurred by the Beneficiary or, where applicable, its partners, unless it can be demonstrated in advance that such extra costs are essential to Project implementation.
- Travel and living expenses for staff and other individuals participating in the project, provided that the chosen option be financially sound and the most economical. In the case of daily subsistence allowances (perdiem) the amount of the perdiem allowance must not exceed the rate set by the French Ministry of the Economy and Finance except in the case of national staff and participants, for whom daily perdiem are set in agreement with Expertise France. The rates applied by the French Ministry of the Economy and Finance can be found on the Internet via the following link: [http://www.economie.gouv.fr/dgfip/mission\\_taux\\_chancellerie/frais](http://www.economie.gouv.fr/dgfip/mission_taux_chancellerie/frais)
- Transportation: Travel arrangements must be in economy class unless prior specific authorization has been granted by Expertise France.
- The cost of purchasing or renting equipment and supplies (whether new or used) specifically for the requirements of the project, provided that these costs be in line with market costs.
- The costs of services, provided that these costs be in line with market costs, must be justified with respect to the requirements of the Project.
- The cost of consumables.
- Costs arising directly from requirements imposed by satisfactory execution of the project (e.g. dissemination of information, translations, copying, insurance), including charges for financial services (most notably the cost of fund transfers and financial guarantees) included in the budget.
- The cost of a mid-term evaluation in the case of projects over €500,000 with a duration exceeding 24 months.
- The budget must include a contingency provision of no more than 5% and may include a line for up to 7% in management costs (overheads).

**The following costs are not eligible:**

- Expenses arising directly from prevention, testing/diagnosis or patient treatment activities; other than testing/diagnosis and treatment forming part of the protocol of operational research activities; and other than reasonable costs for innovative activities of prevention, testing/diagnosis or patient treatment;
- Medical supplies and consumables; other than those necessary for operational research activities; and other than those necessary for the implementation of community-based innovative activities;
- Salaries paid to public servants;
- Salaries for staff already funded from other programmes, notably those of the Global Fund;
- Operating expenses for Country Coordinating Mechanisms (CCM);
- Building and construction costs; other than reasonable costs for rehabilitation works or

- upgrade to standard necessary to the implementation of specific activities;
- Purchase of vehicles; other than reasonable costs for essential vehicles for the implementation of crucial activities in the project;
  - Structural costs other than management expenses (not exceeding 7%) and costs directly linked to the project. Projects mostly including running costs of applicant organizations will be deemed ineligible and will not be considered.

**All applicant organizations must read the tab “3.1 Budget instructions” in Annex 3.**

## **6. EVALUATION CRITERIA**

**Only projects that are admissible will be evaluated.**

Stage 1: Expertise France will proceed to check that the concept notes meet the following criteria:

- **The project’s objectives must respond to the purpose of the call for proposals.**
- **Projects must reinforce and complement Global Fund grants.** Proposals submitted must describe in detail the link with Global Fund grants in terms of their approach to implementation, coordination, synergies and value-added.

The summary evaluation matrix for projects will be available at a later stage on the 7% Initiative website at <http://www.initiative5pour100.fr/en/partnerships-and-expertise/calls-for-proposals/>

For the stage 2, the following elements will be essential in the selection of the projects for funding (these elements will be explained further in detail to the prime applicants whose projects have been selected; this is just an indicative list):

- ***Projects totalling more than €1 million* must include at least one letter from one or more donors attesting to good management** of one or more projects involving similar amount.
- ***All projects* must demonstrate their complementarity with Global Fund programmes and must be based on a clear, argued analysis of the context and requirements for the Global Fund programmes. A letter of support from the CCM(s) of the country or countries where the project is implemented will be viewed positively.**
- ***All projects* must demonstrate the engagement with and involvement of project partners and beneficiaries based in the beneficiary country or countries. All applicant organizations must ensure and demonstrate **active participation and involvement of the target populations in defining requirements and project design and implementation.** All capacity-building projects must demonstrate that they respond to the beneficiaries’ needs. Additionally, close attention will be paid to the authenticity and long-term viability of partnerships.**
- ***All projects* must include, describe and budget for an approach for learning and knowledge sharing and must ensure that that approach is inherent throughout the project and from the outset.**
- ***All projects* must demonstrate their sustainability beyond funded activities.** Practical avenues for ensuring their long-term financial and institutional sustainability must be described.
- ***All projects* must contain a gender-sensitive approach and take into consideration the specific needs of women and men,** aiming to eliminate inequality between women and men and to change radically the gender roles allocated by society that increase vulnerability to the pandemics and



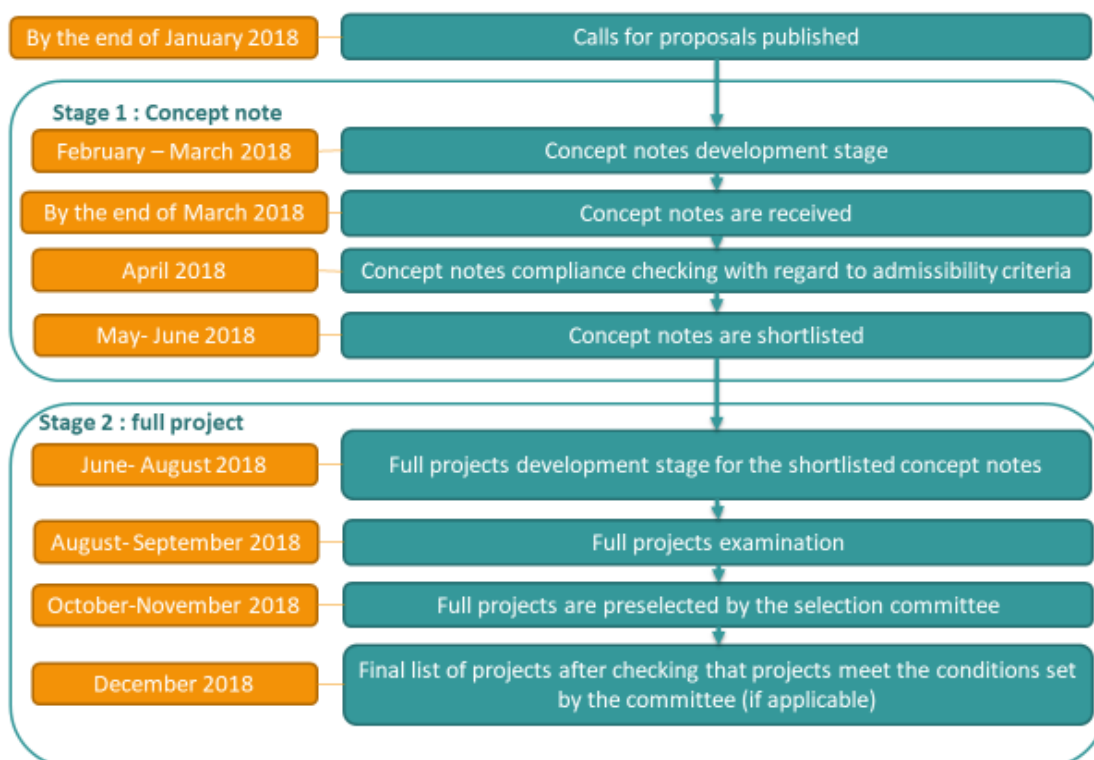
impede access to treatment.

- **Inclusion of technical expertise directed at building organizational and/or technical capacity in the prime applicant's organization and/or partner organizations will be viewed positively**, insofar as the capacity-building needs are described and justified in the project proposal. When it comes to capacity assessments, applicants are encouraged to make use of existing methodologies.
- **All projects must contain an analysis of the project potential impact on the environment.** The integration of environmental approaches and sustainable solutions into operations such as procurement, management of supplies, and waste management will be viewed positively.
- In the case of **projects totalling more than €500,000 with a duration of over 24 months**, the budget must include the cost of a mid-term evaluation.

## 7. PROJECT SELECTION

This year, the selection process is changed as the calls for proposals will be a two-stage process.

During the stage 1, the shortlist of projects will be based on the concept notes. During the stage 2, only prime applicants shortlisted will receive the application file for full projects. These full projects will be assessed and presented to the selection committee by the end of October or November 2018.



Membership of the Selection Committee<sup>9</sup> comprises representatives of the following bodies:

- The French Ministry of Europe and Foreign Affairs
- The French Ministry of Health and Solidarity
- The French Development Agency (AFD)

<sup>9</sup> Membership of the selection committee can be subject to change.

- The French National Alliance for Life and Health Sciences (AVIESAN)
- The French Red Cross
- Representatives of the health committee of Coordination SUD (French civil society)

The Global Fund against AIDS, tuberculosis and malaria is also invited to participate in the proceedings of the Selection Committee.

The grant agreement for each project selected by the 7% Initiative Selection Committee must be signed and project implementation must start within 12 months of the date of notification of selection. Funding for selected projects that do not meet these conditions will be withdrawn.

## **8. APPLICATION: DOCUMENTS TO BE PROVIDED**

The templates listed below are available in French and English on the 7% Initiative website: <http://www.initiative5pour100.fr/en/partnerships-and-expertise/calls-for-proposals/>.

Proposals must be drafted in French or in English and include the following documents:

- 1. The **concept note** (using the template provided in Annex 2).
- 2. A **simplified budget** in euros (using the template provided in Annex 3 – Tab 3.2 “Budget”),
- 3. The administrative **application form** (using the template provided in Annex 4).
- 4. A **copy of the bylaws** of the prime applicant organization.
- 5. **The most recent validated annual financial statements**, for 2016 or 2017.
- 6. The prime applicant organization’s **estimated budget** for 2018.
- 7. The most recent **Annual Report**.
- 8. The most recent validated **audit statement**.
- 9. **Letters of commitment** from each of the partner organizations contributing to project implementation, where applicable.

## **9. APPLICATION PROCESS**

Full applications must be uploaded to the Expertise France Cloud before **23 March 2018 Midday (Paris time - UTC+1)** (date and time of uploading).

Applicant organizations must **request a link for Cloud access between 22 February and 22 March** by sending an email with the heading “request for link + call for proposals reference + chosen theme (*HSS or VP*)” to the following address: [i7pc.ap2018@gmail.com](mailto:i7pc.ap2018@gmail.com). An email containing the link and access login details will be shared as soon as possible. This link will enable applicants to access individual Cloud spaces to which only they and the 7% Initiative administrators will have access and to upload their applications. **Requests for links sent after 22 March may be rejected.**

**Only one access link per project will be created and sent to the applicant, and upon request only.**

The Cloud will be open for the uploading of full applications from **1 March to 23 March 2018 Midday (UTC+1)**.

It is strongly recommended that applicants start uploading their applications to the Cloud as early as possible before the deadline of 23 March 2018 midday in order to allow for uploading time, which may vary according to the size of documents uploaded and the quality of the broadband connection.

Uploaded documents **must in all cases** be named as follows:

- 1. Concept Note\_call reference\_ initials of applicant organization
- 2. Budget\_call reference\_ initials of applicant organization
- 3. Administrative form\_call reference\_ initials of applicant organization
- 4. Bylaws\_call reference\_ initials of applicant organization
- 5. Financial year (or financial statements) (*insert year: 2016 or 2017*)\_call reference\_ initials of applicant organization
- 6. Budget 2018\_call reference\_ initials of applicant organization
- 7. Annual Report (*insert year*)\_call reference\_ initials of applicant organization
- 8. Validated audit statement (*insert year*)\_call reference\_ initials of applicant organization
- 9. Partner letter (*insert name of partner*)\_call reference\_ initials of applicant organization (*if more than one document, number 9a. 9b. 9c. etc.*)

## 10. FAQ

Questions relating to this call for proposals must be sent to the following address: [i7pc.ap2018@gmail.com](mailto:i7pc.ap2018@gmail.com), by email only, **no later than 12 March 2018 midday (UTC+1)**.

Responses to questions received before the stated deadline will be posted on the 7% Initiative website on a rolling basis at: <http://www.initiative5pour100.fr/en/partnerships-and-expertise/calls-for-proposals/>.

It is the applicants' responsibility to regularly check the 7% Initiative website for responses to their questions as and when they are published.