International Initiative for Impact evaluation  
*Improving lives through impact evaluation*

**Thematic Window 7**  
**Integration of HIV Services**  
**Request for Proposals**

**Issue date:** 15 July 2014  
**Deadline for questions:** 23:59 GMT, 8 August 2014  
**Application submission deadline:** 23:59 GMT, 15 September 2014

1. **Overview**

The *International Initiative for Impact Evaluation (3ie)* is issuing an open request for proposals (RFP) to promote innovation and rigorous evaluation around integrating HIV services with other health services in order to improve linkage, adherence and retention outcomes. The grants awarded under this RFP will fund projects that include both the implementation of pilot interventions that integrate HIV services with other health services and the impact evaluations of those pilot interventions. The impact evaluations will measure the net impacts on linkage to care, adherence to treatment, and retention. These projects should produce robust and actionable evidence of how to safely and effectively integrate HIV services in Sub-Saharan Africa.

Questions regarding this RFP must be submitted by 8 August 2014. A document with the questions and answers (Q&A) will be published on the 3ie website no later than 15 August 2014.

Applicants are responsible for knowing all of the information provided in this RFP as well as in the public Q&A document.

2. **Background**

There is increasing recognition of the ‘treatment cascade’—the attrition of patients along each part of the HIV care continuum (Gardner *et al.* 2011) from testing and diagnosis, through getting CD4 counts and enrolling in HIV care, to initiating antiretroviral therapy (ART), staying on treatment regimens, and continuing in care to attain and maintain viral suppression. New approaches and more concrete evidence and knowledge on how to address major attrition in service uptake and retention most efficiently and effectively are needed to address the loss of patients in the HIV and AIDS care continuum.
Evidence on the integration of HIV services, although often lacking the rigour of impact evaluations, shows promising potential for increasing testing coverage, treatment take-up and retention, and cost-efficiency and effectiveness, as well as addressing HIV-related social stigma, a factor in individuals’ willingness to test and seek care and treatment. In addition, there is some evidence to suggest that integration of HIV services with other services can improve non-HIV outcomes and outcomes related to the other health service(s).

3ie’s Thematic Window 7 (TW7) is a grant-making component of the 3ie evidence programme, Integration of HIV Services. This 3ie programme aims to help bridge the knowledge gap of what works and why in HIV care and treatment, and specifically whether and how integration of services could be a major tool to address the HIV and AIDS treatment cascade. The thematic window will award grants to fund projects that include pilot interventions and impact evaluations of under-researched HIV service integration programmes that aim to improve linkage to care, adherence and/or retention, with the purpose of contributing to better understanding of what works, why, through what channels and at what cost to maximise policy relevance and impact. 3ie will select five to six projects with the most promising interventions and well-designed impact evaluations.

As part of the 3ie Integration of HIV Services evidence programme, 3ie researched and produced a scoping report to determine the current evidence base and what evidence sources and evidence needs in the HIV and AIDS care community. The report looks at both what types of service integration have been evaluated and at what types of outcome indicators those studies measure and report. The results of this scoping report indicate that there are still many unanswered questions regarding which services are most likely to benefit from integration with other services in order to achieve which outcomes. While there is a perception that there is strong evidence to support integration of HIV services with maternal, neonatal, and child health (MNCH) services and sexual and reproductive health (SRH) and family planning services, much of the evidence does not come from rigorous studies. Instead it is based on before and after studies or non-randomised or uncontrolled evaluations.

Many practitioners and researchers would like more evidence about integrating HIV services into primary healthcare settings, since the current evidence base is limited. There is a surprising amount of evidence on integrating opioid substitution therapy, or other drug or alcohol treatment programmes, with HIV services, and comparatively strong evidence for integration of HIV services in antenatal care for the prevention of mother to child transmission (PMTCT) of HIV on short-term outcomes. However, evidence about longer-term outcomes such as enrolment in long-term ART programmes and adherence to treatment is less common.

The purpose of this grant window is to fund pilot interventions of innovative programmes to integrate HIV services with other health services along with the rigorous impact evaluations of those programmes in order to produce robust and actionable evidence of what works or what is most effective and cost-effective among those interventions.
3. Scope of the grant programme

3ie expects to fund six grants of about US$300,000 per grant. Each grant will fund one project, and each project will combine both the implementation of the pilot intervention and the conduct of the impact evaluation. While grant money may be used to fund the implementation, teams are encouraged to propose cost sharing arrangements if necessary to implement the pilot intervention across a large enough sample. A team applying for a grant may include multiple organisations (for example, one organisation that will implement the pilot programme and one organisation that will conduct the impact evaluation) but a single organisation must apply for the grant as the prime grantee and then issue sub-awards to other team members. It is not required, however, that teams include multiple organisations. A single organisation may apply to implement both the programme and the impact evaluation, but will need to describe the arrangements for maintaining independence in their proposal.

The pilot programmes must be interventions that integrate HIV services with other health services with an aim to improve linkage to care, adherence and/or retention in pre-ART care or ART programmes. The programmes proposed should be well-motivated by a theory of change that is supported by past experience or by research or both. Any well-motivated interventions integrating HIV services with other health services in order to improve linkage to care, adherence, and retention are eligible. Outcome measures must assess either linkage to care, adherence to treatment, and/or retention in pre-ART care or ART treatment. Applicants are encouraged to read the scoping report and consider those findings when designing interventions.

In the scoping report, we present the results from a literature review, an evidence gap map, and a stakeholder survey, along with the analysis of those results taken together. When considering the literature review, evidence gap map, and survey together, several integration areas emerge as particularly promising or relevant, although for different reasons. Stakeholders perceive that there is strong evidence, relative to other services, supporting the integration of MNCH and sexual and reproductive health and family planning with HIV services. Only for MNCH is there rigorous evidence. Conversely, stakeholders perceive that the strength of evidence for opioid substitution therapy is relatively low, while there are indeed several impact evaluations, albeit from high-income countries. Several respondents would like to have more evidence on the impact of integrating primary health care and general health services with HIV services. Cost effectiveness analysis also suggests this is a promising area for innovation. Finally, the most notable gap in evidence is for the integration of other health services with pre-ART care. The treatment cascade estimates suggest, however, that this is a key drop-off point.

The impact evaluation designs must meet 3ie’s definition of impact evaluation. They should measure net impact against a counterfactual, which may be constructed experimentally or quasi-experimentally. The impact evaluation designs should also incorporate mixed methods data collection and analysis, such as implementation science methods, to enable the research to address the evaluation questions about how and why the intervention worked or did not work in integrating HIV services, and to assess unintended consequences. The primary outcome measured by the impact evaluation should relate to the theory of change that underpins the pilot programme. Please see 3ie’s principles for impact evaluation.
The implementation of the intervention and endline data collection should be completed within approximately nine months after all ethical approvals, where necessary, have been granted but by no later than 31 January 2016. Grantees will have two months to produce the draft final report, which must include all analysis and results.

The projects may be implemented anywhere in Sub-Saharan Africa. The programmes and rapid impact evaluations should be designed with a view to producing evidence that is externally valid, that is, can be applied to other countries and contexts. The results from these pilot programmes will be of interest to many other countries that are contemplating if and how integrating HIV services into other health services can benefit their health systems and populations.

4. Eligibility

The call is open to organisations implementing HIV and AIDS programmes in Sub-Saharan Africa. The applicant organisation must be able to sign the 3ie grant agreement, which is available on the 3ie website.

For-profit organisations are eligible to apply, but are restricted to the same indirect cost limits as non-profit organisations and may not charge a fee.

Each proposal must be submitted by a single organisation that may include others as sub-grantees or sub-contractors (subject to 3ie’s direct and indirect cost policies).

Organisations may submit more than one proposal and may be included on more than one proposal. They should, however, have the capacity to implement any and all grants awarded to them under the window.

5. Timeline

Grant applications are due by 15 September 2014. 3ie plans to announce prospective awards by 20 October 2014. After the award announcements, 3ie will host a post-award workshop for awardees to receive feedback on the proposals from 3ie and from other awardees. Awardees will be required to submit their draft policy influence plans (template to be provided) prior to the workshop, and these will be reviewed as well. At least one principal investigator (PI) from the project team, one who fully understands the impact evaluation design, must be available to attend the post-award workshop if awarded the grant. The post-award workshop is planned for 2-3 November 2014 in Johannesburg, South Africa.

Grant signing is contingent on attendance at the post-award workshop and approval of requested revisions to the project. The grant signing process will take three to six weeks after the post-award workshop, depending on the degree of revisions requested to the proposed research designs. Applicants should be prepared to revise and resubmit their applications by 17 November 2014.

All studies should be completed with end-line data collected by 31 January 2016, and draft final reports are due no later than 31 March 2016.
6. Instructions for applicants

Each proposal shall consist of a cover page and four documents:

1) A technical proposal not to exceed 25 pages (including any attachments, tables, figures, etc. but excluding the cover page and CVs) submitted as a single Microsoft Word file with font size no smaller than 11 point.

2) The curriculum vitae of all proposed PIs, not to exceed four pages per person and compiled in a single Microsoft Word file with font size no smaller than 11 point.

3) A cost proposal submitted as a Microsoft Excel file in the 3ie budget template with all formulas visible; and

4) A budget narrative submitted as a Microsoft Word file.

The application deadline is 23:59 GMT, 15 September 2014. All applications must be submitted in a single email message with no more than four attachments (five if the cover letter is a separate scanned document) to tw7@3ieimpact.org.

The cover letter must include the following information:
• Complete legal name of applicant organisation
• Legal form of applicant organisation
• Country in which applicant organisation is legally registered
• Full postal address of applicant organisation
• Website address of applicant organisation (if applicable)
• Name, title, phone number, and email address of a single contact person for this application
• Name, title, phone number, and email address of individual authorised to sign the grant agreement documents

The cover letter must also include the following text as certification:

By submitting this proposal under 3ie’s Thematic Window 7, we certify that we are legally eligible to receive grants from organisations in other countries. We also certify that the individual authorised to sign the grant agreement documents has reviewed 3ie’s TW7 grant agreement template available on 3ie’s website and confirmed that the applicant organisation can agree to the terms of the agreement.

7. Technical proposal requirements

The technical proposal should be structured in two parts: the first part should include a technical proposal for the implementation of the pilot programme to integrate HIV services with other health services to improve linkage to care, adherence and/or retention, the second part should include a technical proposal for the implementation of the rapid impact evaluation. The proposal should include the following sections for each part (presented in the same order as indicated below):
I. Programme implementation

a. Overview of the pilot programme. This section should present a one to two paragraph description of the pilot programme that is appropriate for non-specialist readers.

Note: If the proposal is accepted for award, the text in this section may be used by 3ie in publications and on our website.

b. Intervention description and justification. This section should include a detailed description of the intervention, the theory of change (or programme theory) for the intervention, and the evidence that was used to inform the design of the intervention. This section should describe the currently available HIV services and the relevant operating environment (e.g. how the other health service functions). Applicants should also discuss the potential policy impact of the evidence produced from the pilot programme in this section. That is, why do the applicants believe that, if shown to be effective, this intervention will be adopted and scaled up? Applicants should also discuss the expected cost-effectiveness of the proposed intervention at scale.

c. Programme implementation and work plan. This section should describe the activities that will be undertaken in order to implement the intervention (i.e. how the intervention will be carried out) and should include a month-by-month work plan for the implementation of the intervention. This section should also describe the coordination necessary with any stakeholders, including the government and ethical approval boards, in order to implement the intervention, and discuss how this coordination has been or will be achieved and be included in the month-by-month work plan.

d. Staffing plan. This section should present the names and credentials of all key personnel for the implementation of the intervention. CVs (no more than four pages each) may be included in an annex, but all relevant qualifications should be summarised in the text of the technical proposal.

e. Organisational qualifications. This section should include three performance references for past or current projects implemented by the organisation primarily responsible for implementing the intervention. These references should be for projects related to the work of implementing the intervention proposed. The performance references should include a description of the past or current project and must include the contact name and information for the client or funder of each project. In addition, this section should describe any other past, current, or potential activities around integration of HIV services.

f. Management plan. The management plan should describe the overall management for the project, including the implementation and impact evaluation. The plan should identify a single PI for the project as a whole. This PI must have the authority to speak for the prime grant-holding institution. This PI will be the primary point of contact for 3ie, but the identification of this PI does not preclude multiple PIs for the impact evaluation. The plan should also document what policies and procedures are in place or will be put in place to ensure the independence of the research.
Note: The placement of the management plan in the first part of the technical proposal is not meant to indicate that if there are two partners, it should be the team implementing the intervention that provides overall project management. It could also be that the research team provides the overall project management. In either case, the management plan should be presented here in the proposal.

II. Impact evaluation

a. Overview of impact evaluation design. This section should introduce the evaluation questions and briefly describe the main characteristics of the impact evaluation design as an introduction to the following sections.

Note: If the proposal is accepted for award, the text in this section may be used by 3ie in publications and on our website.

b. Identification strategy (internal validity). This section should present the details of the identification strategy of the impact evaluation design. That is, how will the counterfactual be measured? How will issues such as confounding factors, selection bias, spillover effects, contamination of control groups, impact heterogeneity and other threats to internal validity be addressed? The description of the methodologies to be used for data analysis should be included here, including a description of the primary outcome(s) of interest and how it will be measured.

c. Data collection methods (including sampling strategy) and power calculations. This section should describe how the data will be collected and also present the power calculations to support the primary outcome measurement as well as any other outcomes to be measured for each relevant sub-group in support of the theory of change. The power calculation description should include any assumptions and a rationale for the proposed desired detectable effect size. This section should include a description of the mixed methods analysis to be conducted and how that analysis will answer evaluation questions related to the theory of change.

d. Policy impact. This section should describe how the impact evaluation will achieve policy impact. This section should also discuss the external validity of the impact evaluation design, as well as a presentation of the communication activities to be conducted by the project team in order to make the evidence available to the relevant policymakers and programme managers.

Note: The impact evaluation should also have policy impact if the findings are null or negative for the intervention piloted. That is, policymakers and programme managers should also receive evidence of what does not work or works poorly.

e. Work plan. This section should describe the activities that will be undertaken in order to conduct the impact evaluation and disseminate the findings in a month-by-month work plan. The work plan should include a detailed description of the ethical approvals necessary for the project and the projected timeline for requesting and receiving those
ethical approvals. Applicants are encouraged to check with local institutional review boards to see whether their project may qualify for an exemption.

f. **Staffing plan.** This section should present the names and credentials of the PIs and any other key personnel for the conduct of the impact evaluation. CVs (no more than four pages each) may be included in an annex, but all relevant qualifications should be summarised in the text of the technical proposal. This section should indicate which member(s) will be available to attend the post-award workshop.

g. **Organisational qualifications.** This section should include three performance references for past or current projects implemented by the organisation primarily responsible for conducting the impact evaluation. These references should be for projects related to the work of conducting the impact evaluation proposed. The performance references should include a description of the past or current project and must include the contact name and information for the client or funder of each project. If a single organisation is both implementing the intervention and conducting the impact evaluation, the proposal should still include six different past performance references—three related to implementation and three related to impact evaluation.

### III. Cost proposal

The cost proposal must include the following elements in the required formats:

a. Proposed line-item budget in the [3ie budget template](#) and conforming to the [3ie direct cost policies](#)

b. Budget narrative submitted as a Word file according to the instructions in the budget workbook template.

### 8. Submission and review process

**Any questions regarding this RFP should be submitted to TW7@3ieimpact.org no later than 23:59 GMT, 8 August 2014.** All submitted questions and the answers will be published on the 3ie website by 15 August 2014.

All applications must be sent via four attachments in a single email message to TW7@3ieimpact.org. The cover email message must include a certification that the applicant has read and is willing and able to sign the 3ie grant agreement. **Applications must be received by 23:59 GMT, 15 September 2014.**

Applications will be scored according to the following selection criteria and points by at least two internal and one external reviewer. To be eligible for further consideration, each proposal must receive a ‘sufficient’ total score for both the programme implementation and the impact evaluation.

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<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
<th>Weight</th>
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<tbody>
<tr>
<td><strong>Programme Implementation</strong></td>
<td>Justification for intervention</td>
<td>40%</td>
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<td></td>
<td>The intervention is well justified and well designed. It is likely to have policy impact and can be</td>
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<tr>
<td>Component</td>
<td>Description</td>
<td>Weight</td>
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<td>Feasibility and effectiveness of</td>
<td>The proposed programme is feasible and will be implemented in an effective way during the timeframe set forth by the RFP.</td>
<td>20%</td>
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<tr>
<td>implementation</td>
<td></td>
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<tr>
<td>Credentials of key personnel</td>
<td>The key personnel are qualified to implement the programme.</td>
<td>15%</td>
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<tr>
<td>Qualifications of organisation</td>
<td>The organisation is qualified to implement the programme.</td>
<td>10%</td>
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<tr>
<td>Quality of management plan</td>
<td>The management plan ensures that the full project will be carried out efficiently and effectively. The impact evaluation will maintain independence in the analysis of, interpretation of, and reporting of results.</td>
<td>15%</td>
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<td>Impact Evaluation</td>
<td>Internal validity</td>
<td>25%</td>
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<td></td>
<td>The impact evaluation design presents a valid identification strategy and appropriately handles threats to identification in order to achieve high internal validity.</td>
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<td></td>
<td>Sufficiency of data and statistical power</td>
<td>25%</td>
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<td></td>
<td>Data collection methods and measurement methods are appropriate to the evaluation questions and analytical methods proposed. There is adequate statistical power to measure effects for the key outcome variables.</td>
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<td>Policy impact</td>
<td>20%</td>
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<td>The evaluation questions addressed, design of the evaluation, and the communication activities all will help ensure that the findings of the impact evaluation will have policy impact in the pilot and in other countries.</td>
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<td>Feasibility of the work plan</td>
<td>5%</td>
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<td>The work plan is feasible within the timeframe set forth by the RFP.</td>
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<td>Credentials of key personnel</td>
<td>15%</td>
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<td>The key personnel (especially PIs) are qualified to conduct the impact evaluation.</td>
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<td></td>
<td>Qualifications of organisation</td>
<td>10%</td>
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<td></td>
<td>The organisation is qualified to conduct the impact evaluation.</td>
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Grants will be awarded on a best value basis. Therefore, cost proposals will not be scored, but the final selection will take into account cost-reasonableness of individual applications and relative prices across applications as well as total funding available.