Questions and Answers (Q&A)

Thematic Window Integration of HIV Services

Q1. Does 3ie have in mind more of a focus? Are adherence and retention more important than linkage to care?

A1. No. As stated in the Request for Proposals (RFP), any well-motivated interventions integrating HIV services with other health services in order to improve linkage to care, adherence, and retention are eligible.

Q2. What is the list of eligible countries? Which countries are considered eligible in Sub-Saharan Africa?

A2. This is the list of countries eligible for the call.

Angola  Côte d’Ivoire  Madagascar  Seychelles
Benin  Djibouti  Malawi  Sierra Leone
Botswana  Equatorial Guinea  Mali  South Africa
Burkina Faso  Eritrea  Mauritania  Swaziland
Burundi  Ethiopia  Mauritius  Tanzania
Cameroon  Gabon  Mozambique  Togo
Cape Verde  The Gambia  Namibia  Uganda
Central African Republic  Ghana  Niger  Western Sahara
Chad  Guinea  Nigeria  Zambia
Comoros  Guinea-Bissau  Réunion  Zimbabwe
Congo (Brazzaville)  Kenya  Rwanda
Congo (Democratic Republic)  Lesotho  Sao Tome and Principe

Unfortunately we cannot currently fund programmes in Somalia, Sudan or South Sudan.

Q3. Should the pilot implementations be nationwide?

The pilot implementations are not expected to be nationwide during the period they are being evaluated. However, the RFP states that 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.

Q4. What is the required or desired direction of integration for the pilot implementations?

A4. Either direction is eligible. However, part of the purpose of integration is to eliminate the need for multiple parallel systems. Proposals that integrate other services into existing HIV and AIDS clinics should remember that proposals must discuss the expected cost-effectiveness of the proposed intervention at scale.
Q5. How is integration of services defined? What types of integrations are eligible?

A5. Integration of services must include the combining of two or more services. Any well-motivated project that introduces an HIV service into another health service, or another health service into an HIV service, is eligible. The other health service cannot specifically target HIV-positive people (e.g., nutrition counselling to educate HIV-positive individuals about HIV-related nutritional needs). The integrated service cannot simply be an enhancement of current services within the same programme: adding point of care CD4 counts to prevention of mother to child transmission (PMTCT) programmes in antenatal care (ANC) and facility delivery programmes is an enhancement. Adding point-of-care CD4 and/or viral load testing to an existing integrated HIV testing and counselling (HTC) programme is not integration. The integration is a new integration of different services.

Q6. Is it possible to have point-of-care integration only?

A6. We are looking for integration of services, and not enhancing already integrated services. If the point-of-care integration is integrating two different services (HIV and other health), then it could qualify. If it is adding point-of-care HIV services to existing HIV services, then that is not integrating HIV services with other health services. If it is adding point-of-care services to existing integrated services (adding point of care CD4 testing at integrated HTC or ANC clinics), that is also not a new integration and would not be evaluating the integration, rather it would be evaluating the addition of point-of-care services. The evaluation question of interest is the effect of integration on linkage to care, adherence, and/or retention.

Q7. If we have partners on the proposal, is it required to have three past performance references for each partner?

A7. The RFP specifies that applicants need to supply three references for the programme implementation and three references for the impact evaluation in total. We do not require three from each partner, although it is advisable to have at least one (for a similar type of activity) for each partner playing a critical role.

The references presented for the implementation portion should be for implementation type activities in support of the team’s ability to implement an intervention such as the one proposed. Similarly, the references presented for the impact evaluation portion should be for impact evaluation work and must clearly support the team’s ability to plan and execute a rigorous impact evaluation.

Q8. What is the required number of CVs?

A8. Applicants must include at least one CV of the principal investigator. CVs must also be included for anyone else considered key to the implementation and completion of the intervention and impact evaluation. For example, the project lead for the implementation and the research lead for the impact evaluation, would likely be considered key.
Q9. What constitutes policy impact?

A9. Policy impact is the use of the results by key stakeholders. Use does not necessarily imply scaling up the intervention as the evaluation may show that it is not effective, or not cost effective. Also, stakeholders are not restricted to government officials and can include NGOs, donors, civil society, and the private sector.

Q10. Is it possible for 3ie to post an example of a successful proposal for a similar grants programme?

A10. We are working on posting an example of a proposal from the Voluntary Medical Male Circumcision grant programme (Thematic Window 3). We still need approval from the applicants/grantees. We hope to have it posted in a week or two.

Q11. Can we expect to be able to receive no-cost extensions?

A11. No. To have as great a policy impact as possible the window is designed to have all pilot interventions and impact evaluations finish at approximately the same time. This way, 3ie can help disseminate information that combines results of all studies. 3ie is also subject to an end date on the grant that is funding this window.

Q12. What do you expect to be the typical sample size for these studies?

A12. There is no typical sample size. Please remember that all proposals must include a sufficiently large sample size to be able to identify relevant effects. Proposals must clearly present the power calculations, including all the assumptions made, to defend the choice of sample size.

Q13. Is 3ie expecting a serial approach, whereby there is a small pilot study followed by a larger impact evaluation (once the intervention concept is proven)? Or, is the pilot intervention and impact evaluation to be done simultaneously?

A13. We are using the term pilot intervention for the interventions to be tested by all the studies under this funding window. The term pilot is meant to connote that the intervention is of limited scale so that a rapid impact evaluation can be conducted. It is also meant to connote that the window is intended to encourage innovation, although the interventions proposed need not be entirely new ideas.

If certain elements of a pilot intervention are entirely untested, project teams should indeed conduct some kind of formative evaluation to make sure these elements work. Formative evaluation typically does not involve a control group or a large sample. Some examples of formative evaluation are a short period of the intervention to ensure there is adequate take-up and field tests of technologies or processes to ensure that they work. The formative evaluation period needs to be incorporated into the work plan so that the total project (formative evaluation, pilot intervention, and impact evaluation of the pilot intervention) can be completed in the required period of time.
Q14. Could you please provide more details about the scale of the impact evaluation. Does TW7 mean impact evaluation of the intervention at scale (e.g., country or regional level)? Or is 3ie simply looking for rigorous evaluations that may be of limited geographic scope?

A14. The RFP states that 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. Please refer to answer 13 in this Q&A document for more information on what is meant by ‘pilot’. The pilot intervention, however, if proven successful, should be scalable. The applicants should be able to explain why they believe that, if shown to be effective, this intervention will be adopted and scaled up.

Q15. Often, we plan impact evaluations after an intervention has been piloted and intermediate indicators suggest that the intervention may have population-level impact on the outcome of interest. How much preliminary data is 3ie expecting on the pilot interventions?

A15. Please refer to answer 13 above. If formative evaluation is necessary to confirm sufficient uptake or feasibility of the proposed intervention, it should indeed be included in the work plan, and the results of the formative evaluation reported to 3ie. The bulk of the project, however, should be an intervention that is evaluated using an impact evaluation—an evaluation with a valid counterfactual and a large enough sample for both treatment and comparison that statistical inferences about effect sizes and other relevant hypotheses can be made. Given the timeline, we do not expect the intervention to be rolled out on a large scale during the time of the project. It should be one that can feasibly be scaled up should the impact evaluation show that it is a cost-effective intervention.

Q16. May applicants build-in time to the project plan in order to prepare the intervention for the impact evaluation?

A16. The proposal must include a work plan which describes how the project will both be implemented and evaluated. The work plan should include a month-by-month work plan for the implementation of the intervention and the coordination necessary with any stakeholders, including the government and ethical approval boards, in order to implement the intervention as well as “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. A draft final report is due within 12 months of Institutional Review Board approval.

Please also refer to answers 13 and 15 regarding formative evaluation.

Q17. The project period is very short (end line nine months after baseline). This may make meaningful assessments of adherence and retention difficult since participants can only be followed for a very short time. Is 3ie expecting to only assess short-term impact on linkage and adherence and retention shortly after antiretroviral therapy (ART) initiation?
A17. This grant is for a rapid impact evaluation. 3ie can only expect short-term effects. Measures of adherence and retention at later stages of engagement can be measured, but the effects of the intervention will be shorter term. For example, the outcome of interest could be retention between 12 and 24 months of enrolment in ART. The research question could be: what are the effects of 6 months of this programme on retention between 12 and 24 months of enrolment in ART?

Q18. I want to do HIV and AIDS, Income Generating Activities and reproductive health/family planning project. Is it possible to apply with this type of mixes of topics? The evaluation part is to be conducted by my organisation with my leadership while the pilot intervention project will be handled by another organisation which will be an implementing partner or sub-grantee. Can you, therefore, give me any advice about the possibilities of this idea or recommend other options if there is any specific issues of intervention to select and apply.

A18. The purpose of this grant programme is evaluate interventions that integrate HIV services with other health services to improve linkage to care, adherence and/or retention. Any well-motivated intervention integrating HIV services with other health services in order to improve linkage to care, adherence, and retention are eligible. 3ie cannot answer questions about specific proposals.

Q19. Would an intervention to increase coordination of maternal newborn and child health clinics and ART clinics for HIV positive pregnant women to reduce post natal loss to follow up and increase post natal adherence to ART, count as integration of HIV services as conceived by this RFP?

A19. 3ie cannot answer questions about specific proposals. Applicants must demonstrate in the proposal that the intervention integrates HIV services with other health services. Any well-motivated interventions integrating HIV services with other health services in order to improve linkage to care, adherence, and retention are eligible.

Q20. Would it be possible to extend the implementation period to 12 months in order to show a longer length of adherence and/or retention? We feel this would provide a stronger body of evidence with which to influence policy changes.

A20. All draft final reports (along with a progress report and fund utilisation statement) are due by 31 March 2016. While we have stated that studies should be completed by 31 January, with two months to write up the study, 3ie could consider a proposal that would have a draft final report completed by 31 March, even if the study activities are not finished by 31 January.

Q21. The RFP states pilot programmes must integrate HIV services with aims to improve linkages to care, adherence and/or retention. Could you clarify that the program could include linkages to care, adherence, or retention but is not required to contain all three.

A21. Yes. Outcome(s) of interest could be any, some, or all three.