Thematic Window 2, HIV Self-Testing in Uganda

Request for Proposals

Issue date: 19 August 2015
Deadline for questions: 23:59 GMT, 1 September 2015
Application submission deadline: 23:59 GMT, 29 September 2015

1. Overview

The International Initiative for Impact Evaluation (3ie) is issuing a request for proposals (RFP) to implement projects, including both a pilot interventions to use oral HIV self-tests in Uganda and conduct impact evaluations of those pilot interventions. These studies are expected to produce robust and actionable findings of how to promote safe and effective oral HIV self-testing as an additional testing option for checking HIV status in Uganda.

Questions regarding this RFP should be submitted by 1 September 2015. A document with the questions and the answers (Q&A) will be published on the 3ie website by 4 September 2015.

Applicants will be responsible for knowing all the information that has been provided in this RFP when submitting applications and in the public Q&A document.

2. Background

There is increasing interest internationally in the possibility of using HIV self-testing to help increase first-time testing and repeat testing both for prevention and to reach the UNAIDS 2020 targets of 90 per cent of people with HIV knowing their status, 90 per cent of people with HIV receiving antiretroviral treatment and 90 per cent of people on treatment having an undetectable viral load. UNAIDS released a brief technical note on HIV self-testing in May 2014 and the WHO sponsored a special issue of AIDS and Behavior on HIV self-testing published in July 2014. Both these documents can be found here.
In Uganda, like much of Sub-Saharan Africa, HIV testing and counselling (HTC) coverage has increased over the last five years. The 2011 Uganda AIDS Indicator Survey\(^1\) reported that the percentage of people aged between 15-49 who have ever been tested for HIV has increased from 14 per cent in 2004-5 to 60 per cent (70 per cent for women and 47 per cent for men) in 2012. Although different approaches including voluntary counselling and testing, provider-initiated counselling and testing, mobile testing and home-based testing have helped increase the uptake of HIV testing coverage is still below the goal to have 90 per cent of those who are HIV positive and who know their status. Numerous barriers limit individuals’ ability to access HTC services through current mechanisms, including stigma and discrimination, lack of privacy, transportation costs and long waiting times. There is a need for additional approaches to HTC that circumvent these barriers that could then potentially increase uptake of HIV testing.

HIV self-testing is a possible approach for overcoming some of the barriers faced by individuals accessing other testing approaches. If implemented appropriately, HIV self-testing, as a complement to other testing strategies, could dramatically increase knowledge of HIV status and increase repeat testing rates.

3ie’s Thematic Window 2 (TW2), HIV Self-Testing is designed to provide the Government of Uganda the evidence they want and need to best incorporate HIV self-tests into their national HIV and AIDS programme. By working closely with the Ugandan government, and using a transparent and competitive process, 3ie hopes to select two promising projects that include both the implementation of a pilot intervention and the rigorous impact evaluation of that intervention.

Findings from prior research\(^2\) in Kenya and Zambia indicated that:

1. There is nearly universal interest in HIV self-testing.
2. Respondents feel that communication for sensitisation and awareness around HIV self-testing is needed before and during the implementation.
3. An accuracy study on unsupervised HIV self-testing in Kenya reported 90 per cent sensitivity (percentage of people who were HIV positive who tested positive) and 99 per cent specificity (percentage of people who were HIV negative who tested negative), but 15 per cent of tests were invalid.
4. Respondents consider counselling before and after self-testing to be desirable.
5. There is a need for evidence about whether and how people who self-test will link to care for both confirmatory testing and counselling.
6. Multiple distribution outlets and mechanisms should be considered, including distribution through health facilities.

The results of the formative research indicate that there are still many unanswered questions regarding how oral HIV self-tests can best be used to increase overall testing rates and promote more frequent testing among specific populations.

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\(^2\) A summary report of the formative research in Kenya and the results from the Zambia formative research are available upon request.

\(^3\) 89.7 per cent sensitivity; 98 per cent specificity by an ELISA sub-sample, 99.4 per cent by staff finger stick.
The purpose of this grant window is to fund innovative pilot interventions to introduce the use of oral HIV self-tests to increase testing rates or testing frequency in Uganda and fund the rigorous impact evaluations of those pilot interventions 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 two grants of no more than US$450,000. 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 can be used to fund the implementation, it is expected that most of the intervention will be funded using other resources, with 3ie grant funding used for the impact evaluation and for adjustments or additions to current programming to facilitate the impact evaluation.

The pilot interventions must be meant to use oral HIV self-tests to increase testing rates generally or testing rate and/or frequency of testing among targeted populations. The proposed projects should be well-motivated by a theory of change that is supported by past experience or by research or both. As suggested by the 3ie-funded formative research, each pilot should include:

1. A plan for communication before and during the implementation of the pilot intervention for using oral HIV self-tests.
2. A mechanism to estimate or measure linkage to care after a positive HIV test.

Based on the priorities identified by the Ministry of Health, 3ie anticipates that one of the two projects funded will target couples or partners of women attending antenatal care clinics. For the second project, 3ie will give strong preference for projects that target sex work settings (which would include sex workers and could also include their clients and partners), although any proposal that addresses the Ugandan Ministry of Health’s HTC will be considered.

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 to enable the research to address the evaluation questions about how and why the intervention worked or did not work in using or offering oral HIV self-tests, and to assess unintended consequences. Please read 3ie’s principles for impact evaluation. In addition, 3ie will orient the successful bidder to its approach to impact evaluation prior to onset of implementation of the project during the mandatory post-award workshop.

3ie expects that the primary outcome measured will relate to the theory of change that underpins the pilot intervention. The implementation, data collection and draft final report should be completed within nine months after all ethical approvals, where necessary, have been granted but by no later than 31 January 2017. The grant will close on 31 March 2017.

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Footnote:

4 Couples HTC, key populations (sex workers, men who have sex with men, truck drivers, fisher folk, injecting drug users), pediatric and adolescent HTC.
The projects may be implemented anywhere in Uganda. The projects should be designed with a view to producing evidence that is externally valid, that is, can be applied to other countries and similar contexts. As HIV self-testing within the lay population (as opposed to health care workers) is relatively new, the results from Uganda’s pilot projects will be of interest to many other countries that are contemplating if and how oral HIV self-testing can be integrated into their national HIV and AIDS programmes.

4. Eligibility

The call is open to organisations implementing HIV and AIDS programmes in Uganda. The applicant organisation must be able to sign the 3ie grant agreement.

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.

A team applying for a grant may include multiple organisations (for example, one organisation that will implement the pilot intervention 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 pilot intervention and the impact evaluation, but will need to describe the steps taken for maintaining independence in their proposal. 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 and evaluate any and all grants awarded to them under the window.

All proposals must include at least one resident Ugandan national professional among their key personnel for the impact evaluation portion of the project. The Ugandan researcher should be able to provide advice related to the Ugandan HIV testing context and the practicalities of implementing HIV-related research studies in Uganda. The Ugandan researcher must provide meaningful contributions to both the design and the analysis of the impact evaluation.

5. Timeline

Grant applications are due by 29 September 2015. 3ie hopes to announce prospective awards by 30 October 2015. After grants are awarded 3ie will host a mandatory post-award workshop to share plans among awardees and for awardees to receive feedback on the proposals from both 3ie and from other awardees. At least one principal investigator (PI) from the study team must be able to attend the post-award workshop if awarded the grant. The post-award workshop is planned for 3-4 December 2015, at the International Conference on AIDS and STIs in Africa held in Zimbabwe. Grant signing is expected to be completed in the three to five weeks following award announcement. This timing will depend on whether revisions are requested to the proposed research designs.
All draft final reports are due no later than 31 January 2017.

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. The structure of the technical proposal is available in section 7 of this RFP.

2) The curriculum vitae of all proposed PIs, not to exceed five 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 deadline for applications is 23:59 GMT, 29 September 2015.

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 tw2@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 the 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 2, 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 TW2 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 intervention to use oral HIV self-testing to increase
overall HIV testing rates in Uganda, and among targeted populations that currently lag behind in HTC coverage or test less frequently than recommended. 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. Pilot intervention implementation

a. **Overview of the pilot intervention.** This section should present a one to two paragraph description of the pilot intervention 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 available HIV testing services and rationale for oral HIV self-testing in the area or sub-population. Applicants should also discuss the potential policy impact of the evidence produced from the pilot intervention 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. **Intervention 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, in order to implement the intervention, and discuss how this coordination has been or will be achieved.

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 appendix, but any 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 of the client or funder of each project. In addition, this section should describe any other past, current or potential activities around HIV self-testing.

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 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. The plan should include more than just pre-intervention and post-intervention communication activities but also include activities and plans related to stakeholder engagement through the course of project. Involvement of key stakeholders throughout the process is highly recommended.

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 including the resident Ugandan national researcher. CVs (no more than four pages each) may be included in an appendix, but any relevant qualifications should be summarised in the text of the technical proposal.

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 of 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 Microsoft 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 TW2@3ieimpact.org no later than 23:59 GMT, 1 September 2015. A document with the questions and the answers (Q&A) will be published on the 3ie website by 4 September 2015.

All applications must be sent via four attachments in a single email message to TW2@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, 29 September 2015.**
Applications will be scored according to the following selection criteria and points by at least two internal and one external reviewer.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Description</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pilot intervention implementation</strong></td>
<td>Justification for intervention The intervention is well justified and well designed. It is likely to have policy impact and can be scaled up in a cost-effective manner.</td>
<td>40%</td>
</tr>
<tr>
<td>Feasibility and effectiveness of implementation</td>
<td>The proposed pilot intervention is feasible and will be implemented in an effective way during the timeframe set forth by the RFP.</td>
<td>20%</td>
</tr>
<tr>
<td>Credentials of key personnel</td>
<td>The key personnel are qualified to implement the pilot intervention.</td>
<td>15%</td>
</tr>
<tr>
<td>Qualifications of organisation</td>
<td>The organisation is qualified to implement the pilot intervention.</td>
<td>10%</td>
</tr>
<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>
</tr>
<tr>
<td><strong>Impact evaluation</strong></td>
<td>Internal validity The impact evaluation design presents a valid identification strategy and appropriately handles threats to identification in order to achieve high internal validity.</td>
<td>25%</td>
</tr>
<tr>
<td>Sufficiency of data and statistical power</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>
<td>25%</td>
</tr>
<tr>
<td>Policy impact</td>
<td>The evaluation questions addressed, design of the evaluation, and the communication and the stakeholder engagement activities will help ensure that the findings of the impact evaluation will have policy impact in the pilot and in other</td>
<td>20%</td>
</tr>
<tr>
<td>Criteria</td>
<td>Description</td>
<td>Weight</td>
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<tr>
<td>Feasibility of the work plan</td>
<td>The work plan is feasible within the timeframe set forth by the RFP.</td>
<td>5%</td>
</tr>
<tr>
<td>Credentials of key personnel</td>
<td>The key personnel (especially PIs) are qualified to conduct the impact evaluation. Extra weight will be given to principal investigators that are resident Ugandan nationals.</td>
<td>15%</td>
</tr>
<tr>
<td>Qualifications of organisation</td>
<td>The organisation is qualified to conduct the impact evaluation.</td>
<td>10%</td>
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</table>

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.