Opportunity Announcement

RADIAN 2.0

RADIAN SUCCESS REPLICATION FUND

JANUARY 2025

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I. LIST OF ABBREVIATIONS

CSO – civil society organisation
EECA – Eastern Europe and Central Asia
GBV – gender-based violence
HTS – HIV testing services
KPs – key populations
LTFU – lost to follow-up
MSM – men who have sex with men
PEP – post-exposure prophylaxis of HIV infection
PLHIV – people living with HIV
PrEP – pre-exposure prophylaxis of HIV infection
PWUD – people who use drugs
STI – sexually transmitted infections
SW – sex workers
TB – tuberculosis
TG – transgender people

II. ABOUT RADIAN 2.0

Elton John AIDS Foundation ("the Foundation"), in partnership with Gilead Sciences, launched the groundbreaking initiative "RADIAN" in September 2019 to meaningfully address new HIV infections and deaths from AIDS-related illnesses in Eastern Europe and Central Asia (EECA). RADIAN focuses on action, investment, and resources to improve the quality of life, prevention, and care for people at risk of or living with HIV in the region. The Elton John AIDS Foundation and Gilead have an established presence in EECA and extensive experience working effectively with key local stakeholders in the region, including through the EECA Key Populations Fund that was active in 2017–2020.

Since the launch of RADIAN in 2019, the initiative has already had an impressive impact on communities throughout the EECA region. By November 2024, we have:

- Reached over 290,000 individuals from vulnerable communities with high-quality services;
- Tested almost 150,000 individuals for HIV;
- Newly identified almost 10,700 PLHIV;
- (Re)initiated on ART over 32,200 people living with HIV (PLHIV), including thousands of people previously lost to follow-up;
- Reduced stigma and discrimination towards key populations (KPs) and PLHIV by training almost 17,000 healthcare practitioners, law enforcement officers, and other specialists;
- Strengthened health and community systems by introducing high-impact service models, such as index testing and remote HIV self-testing; rolling out enhanced outreach strategies to expand hard-to-reach communities' access to services; and shortening ART initiation times for newly identified and lost to follow-up PLHIV.

RADIAN 2.0 implemented in 2024-2028 is an opportunity to build on these achievements while tackling recently emerged challenges to end the HIV epidemic in the EECA region. RADIAN 2.0 pursues the following four Strategic Objectives:

1. **Deliver high-quality community-based services** to address the unmet HIV-related needs of neglected KPs and PLHIV;
2. **Address structural drivers of the HIV epidemic** to improve the quality of life of KPs and PLHIV and ultimately improve HIV-related health outcomes;
3. **Strengthen health systems** to sustainably improve care for KPs and PLHIV;
4. **Strengthen community systems** to deliver community-led care effectively and increase access to sustainable funding.

RADIAN 2.0 continues to focus on 25 countries of the EECA region: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Romania, Russian Federation, Serbia, Slovenia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

RADIAN 2.0 includes:
- The Innovation Challenge Fund (opportunity open until June 30, 2027)
- The RADIAN Success Replication Fund (current opportunity)
- The Equity Challenge Fund (opportunity will be announces in Spring 2025)

Funding is provided through grants, which are assessed and administered by the Elton John AIDS Foundation. Gilead has no involvement in the selection and assessment of award applicants and winners.

III.OPPORTUNITY ANNOUNCEMENT

CURRENT OPPORTUNITY

The **RADIAN Success Replication Fund** under the RADIAN 2.0 programme, is designed with the overall Goal to **measurably improve HIV outcomes in the most affected territories[1] in EECA by disseminating and replicating in similar contexts evidence-based solutions that have demonstrated their effectiveness in projects funded through RADIAN or Ukraine Humanitarian Support Fund in 2019-2025**.

This opportunity is open to organizations that:
- Have been funded in 2019-2025 under the RADIAN or Ukraine Humanitarian Support programmes and demonstrated measurable success in implementing specific models to address the HIV epidemic in the original project location(s); or
- Are partnering with successful RADIAN or Ukraine Humanitarian Support implementers as sources of technical assistance; and
- Have the capacity to replicate successful project models in another territory[1] with similar needs.

Current opportunity is open until February 17, 2025, 23:59 London time. Further details, including applicable budget ceilings, timeframe and how to apply, are outlined in this announcement.

IV. WHAT WE WILL FUND

The Foundation is inviting **full Applications** from:
- Current or recent implementers of projects funded through RADIAN or Ukraine Humanitarian Support Fund, or
- Applicants who will partner with successful RADIAN or Ukraine Humanitarian Support implementers within the proposed project.

The Foundation is looking to support sustainable, evidence-informed interventions that:
- Address the most significant and urgent unmet needs of KPs and PLHIV; and/or
- Target the most important structural drivers of the HIV epidemic; and/or
- Aim at systemic issues in government healthcare or community-based HIV services that foster significant HIV-related problems faced by one or more of the KPs most affected by HIV; and
- Replicate successful evidence-based models from projects funded through RADIAN or Ukraine Humanitarian Support Fund in 2019-2025 to resolve these issues.

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[1] Territory means: country or region or district or city (страна или область или район или город).

For the purposes of this opportunity, **replication** means implementing a successful evidence-based model in **a different territory**[1].

Proposed projects must focus on PLHIV and/or one or more KPs: people who use drugs (PWUD), sex workers (SW), men who have sex with men (MSM), transgender people (TG), and particularly vulnerable subgroups of these KPs, such as migrants, displaced individuals and prisoners. Sexual partners of individuals from these populations are also a priority.

What should the projects do?

Applicants should propose ambitious but realistic solutions responding to the overall Goal of the **RADIAN Success Replication Fund**, and **at least two** of the four Strategic Objectives of the RADIAN 2.0 programme:

1. **Deliver high-quality community-based services** to address the unmet HIV-related needs of neglected KPs and PLHIV;
2. **Address structural drivers of the HIV epidemic** to improve the quality of life of KPs and PLHIV and ultimately improve HIV-related health outcomes;
3. **Strengthen health systems** to sustainably improve care for KPs and PLHIV;
4. **Strengthen community systems** to deliver community-led care effectively and increase access to sustainable funding.

Please see Section VIII below for illustrative interventions and expected outcomes under each Strategic Objective.

Where should the project be implemented?

Projects can implement in any of the eligible countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Moldova, Montenegro, North Macedonia, Romania, Russian Federation, Serbia, Slovenia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan.

Projects can be local, regional, or national in scope.

Projects under the RADIAN Success Replication Fund <u>must</u> implement in territories[2] <u>other than</u> those of the original RADIAN or Ukraine Humanitarian Support projects.

Projects may only implement in multiple countries if they provide a compelling argument for why a multi-country approach is optimal (for example, if the project is focused on the unmet needs of migrant, refugee or otherwise displaced KPs and/or PLHIV to ensure the continuity of services between source and receiving countries).

How long can the project last?

Applicants can apply for projects lasting **up to 42 months**.

What is the maximum amount that projects can apply for?

The maximum budget that projects can apply for depends on the project's objectives and the HIV prevalence in the location(s) of implementation, as follows:

Territories[2] with general HIV prevalence <u>higher than 1%</u>	Territories[2] with general HIV prevalence <u>less than 1%</u>
Up to $500,000	Up to $350,000

If the general HIV prevalence in the territory where you plan to implement is unknown, you should consider this a territory where general HIV prevalence is less than 1%.

If you are implementing in multiple territories, and at least one of the territories has general HIV prevalence higher than 1%, you may apply under the higher budget ceiling.

✗ **DON'T** apply for the full amount of the maximum budget ceiling if you don't need that much to achieve the results that you plan to achieve

✓ **DO** apply for the amount that you need (up to the maximum budget ceiling) to achieve the results that you plan to achieve

V. ELIGIBILITY REQUIREMENTS

All Applications will be reviewed for eligibility before they are assessed against the evaluation criteria. The eligibility review is a pass/fail test and covers both organizational and financial considerations. Once eligible, Application assessment will be based on our evaluation criteria listed below.

Eligibility criteria for Applications are:
- **Implementation Location:** Projects must be implemented in <u>one</u> of the 25 countries within the EECA region. Applicants are encouraged to design solutions that address specific needs and challenges unique to these countries, with the potential for broader regional impact and adaptability.
  - o Applicant must be based in the country of implementation but may partner with organizations in another country or outside of the EECA region for specific technical assistance.
  - o Applicant may implement their project in one or more cities or regions in the country of implementation.
  - o Project may only implement in multiple countries if the Applicant provides a compelling argument for why a multi-country approach is optimal.
- **Type of Applicant:** We encourage Applications from non-profit, academic and research organisations. We will consider Applications from commercial entities if their participation is justified and there is no profit included into the project budget. Ineligible entities include individuals and government entities. Under the RADIAN Success Replication Fund, **sole applicants may only be implementers of successful projects under RADIAN or Ukraine Humanitarian Support Fund**. Government entities may be consortium members.

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[2] Territory means: country or region or district or city (страна или область или район или город).

- **Consortia:** Applications are welcomed from consortia – or groups of partners working together to achieve the objectives – where each consortium partner brings unique strengths to achieve the expected results. Consortia should designate a lead applicant organisation to submit the Application. Applications are equally welcomed from solo applicant organisations. Under the RADIAN Success Replication Fund, consortia must include an organization that has implemented a successful project under RADIAN or Ukraine Humanitarian Support Fund either as the primary recipient or a member of the consortium, that will serve as the source of technical assistance and expertise.
- **Registration and Bank Account:** The Applicant must be a registered entity and must have an active separate organisational bank account. Unregistered community groups with a strong track record of achieving results are welcome to apply, but must apply in consortium with a fiscal agent, which must be an officially registered entity.
- **Project Timetable:** The proposed project should be implemented, and all funds disbursed within **42 months** from the date the Letter of Agreement is signed with the Applicant, or **until December 1, 2028**, whichever is earlier.
- **Completeness and Language:** The Application and supporting documentation must be submitted in English or Russian; any other language will be considered ineligible. Submission forms must be completed in full to be considered eligible for review; incomplete submissions will be considered ineligible.
- **Number of Applications:** Each Applicant may submit only one Application under this opportunity. The Applicant may be a non-primary member of the consortium in another application.
- **Budget and Eligible Costs:** The Foundation will assess each Application's budget in relation to the proposed objectives and results. Grants are open to supporting all costs that are justified in relation to achieving project objectives. Grant funds cannot be used to procure essential medicines (e.g. antiretroviral therapy), purchase real estate property, or support any political activities, such as election campaigns. The maximum budget that projects can apply for depends on the project's objectives and the HIV prevalence in the location(s) of implementation, as follows:

Territories[3] with general HIV prevalence <u>higher than 1%</u>	Territories[3] with general HIV prevalence <u>less than 1%</u>
Up to $500,000	Up to $350,000

VI. EVALUATION CRITERIA

After eligibility review, the Foundation will assess Applications using the evaluation criteria below. Applicants should reflect on the below questions when considering the competitiveness of their Application.

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[3] Territory means: country or region or district or city (страна или область или район или город). If the general HIV prevalence in the territory where you plan to implement is unknown, you should consider this a territory with general HIV prevalence of less than 1%. If you are implementing in multiple territories, and at least one of the territories has general HIV prevalence higher than 1%, you may apply under the higher budget ceiling.

APPLICATION EVALUATION CRITERIA

Strategic Alignment and Impact

- **Alignment:** How is the Applicant addressing the Strategic Objectives of RADIAN 2.0 and the current call? What are the specific successful RADIAN or Ukraine Humanitarian Support models that the Applicant is proposing to replicate?
- **RADIAN Priorities:** Is the project focused on territories and populations with high demonstrated HIV-related needs and where few other donor resources are available?
- **Theory of Change:** Is there a clear idea of what the Applicant is looking to change? What is a clear strategy for how the project would have significant impact on the HIV epidemic in the locations of implementation?
- **Data-informed Design & Desired Impact:** How well does the Applicant understand the HIV epidemic in the locations of implementation? What are the data showing that the desired impact is likely through the suggested intervention?
- **Proof of Concept:** How likely is the project to create lessons for, and improve HIV programming in the wider EECA region? Is there a clear strategy to produce and disseminate learnings and findings to a wide set of stakeholders?
- **Incremental Value:** Are additional funds for the specific type of activity, population, city and country needed? Will the proposed activity complement rather than duplicate existing activities? Do the proposed activities differ substantially from those that other actors, such as the local government and health system, or international donors and CSOs are already undertaking?
- **Risks:** How high are the risks of the proposed project? Are appropriate risk mitigation measures identified?

Effectiveness

- **History of Performance:** What is the Applicant's history in previous projects of successfully delivering results that it has promised to achieve?
- **Expertise & Relationships:** What is the Applicant's domain of expertise and knowledge in the necessary and relevant areas? What are the Applicant's relationships required for success (e.g. partnerships with communities, government, healthcare organisations)?
- **Cost Effectiveness:** How cost-effective is the project in delivering its outcomes?
- **Budget:** How reasonably estimated is the budget, and are actual costs likely to be close to budgeted costs?
- **Monitoring, Evaluation and Learning Strategy:** How appropriate are the outcomes/metrics identified and are they ready to be tracked? Will there be any reporting issues?
- **Organisational & Financial Capacity:** What are the Applicant's resources to deliver outcomes on time and on budget? Does the grantee have strong financial and management systems? *(This criterion will be assessed in the Foundation's due diligence process if your proposal is preliminarily selected.)*
- **Transparency:** How strong is the Applicant's history of transparency and accountability? *This criterion will be assessed in the Foundation's due diligence process if your proposal is preliminarily selected.)*

Sustainability

- **Sustainability:** What is a strategy to make a lasting impact beyond the life of the grant? Will the project have a significant lasting impact on the HIV epidemic in the location of implementation?

REVIEWERS

A review panel will assess Applications meeting the eligibility criteria. In addition to subject matter experts, Applications may be reviewed by a panel with broad expertise and a track record in working with key populations. Some of these reviewers may not be deep domain experts in an Application's particular field; as such, Applicants should describe their solution in clear language without the use of professional jargon.

VII. HOW TO APPLY

TIMELINE

The application process for the RADIAN Success Replication Fund includes **one step: Full Application**. All Applications should be submitted through our online portal, where detailed guidelines and instructions are available. Preliminary timeline is provided below.

Preliminary timeline (subject to change)

Opportunity announcement	Jan 13, 2025
Webinar for potential Applicants in Russian (Зарегистрируйтесь по **ссылке**)	Jan 17, 2025, 09:00 London
Webinar for potential Applicants in English (Register through this **link**)	Jan 17, 2025, 12:00 London
Full Application submitted	Feb 17, 2025, 23:59 London
Letter of Agreement signed (estimate)	Jun 2025

APPLICATION REQUIREMENTS

All Applications and supporting documents must be submitted via email to RADIAN@eltonjohnaidsfoundation.org. It is the sole responsibility of the Applicant to email the documents by the deadline. The Foundation is not responsible for human error, theft, destruction, or damage to Applications, or other factors beyond its control.

Applications for the **RADIAN Success Replication Fund** will require the following information:

- **General information about your project:** Organisation (grant recipient) name; project country(ies); project cost; project geography (country, region, city); intended project start date; intended project end date; project duration.
- **Applicant details:** contact details for the person submitting the proposal, and main contact person if different from the above; type of Applicant; CSO registration details; organisational income and number of employees; address.
- **Answers to the following questions**:
  1. **Executive Summary:** What are the main expected results and activities of your project? Please provide a brief summary of what your project will be achieving and how. (**150 words**)

2. **HIV-related problems:** What are the HIV-related problems in project territory(ies) that you are proposing to address? Please provide objective quantified information justifying the urgency and the scale of the problems. Why is it crucial to address these problems to end the HIV epidemic in the region? Provide verifiable data on HIV prevalence over 1% in the general population for each project territory. (**250 words**)

3. **RADIAN successes:** What is the successful RADIAN or Ukraine Humanitarian Support project and what are its models that you are proposing to replicate? What is the quantifiable evidence of their success? What learnings from this project are you planning to apply? (**250 words**)

4. **Strategic Objective 1** (if addressed by the project): What are the specific quantified results you will achieve by delivering high-quality community-based services? List specific activities you will implement (describing who will be doing what and how) to achieve these results. How will you ensure that your results are sustained after your project finishes? (**350 words**)

5. **Strategic Objective 2** (if addressed by the project): What are the specific quantified results you will achieve to address structural drivers of the HIV epidemic? List specific activities you will implement (describing who will be doing what and how) to achieve these results. How will you ensure that your results are sustained after your project finishes? (**350 words**)

6. **Strategic Objective 3** (if addressed by the project): What are the specific quantified results you will achieve to strengthen health systems? List specific activities you will implement (describing who will be doing what and how) to achieve these results. How will you ensure that your results are sustained after your project finishes? (**350 words**)

7. **Strategic Objective 4** (if addressed by the project): What are the specific quantified results you will achieve to strengthen community systems to deliver community-led care effectively and increase access to sustainable funding? List specific activities you will implement (describing who will be doing what and how) to achieve these results. How will you ensure that your results are sustained after your project finishes? (**350 words**)

8. **Consortium partners and other stakeholders**: Please list consortium partners (if any) and other key stakeholders, and their specific roles in the project. How will the principal grant recipient manage consortium partners to ensure activities achieve results and maintain sound financial management? If small sub-grants are planned as part of your project, describe your selection criteria and funding mechanisms (**200 words**)

9. **Multi-country proposals**: Projects may only implement in multiple countries if they provide a compelling argument for why a multi-country approach is optimal. Why is it optimal to implement your project in multiple countries? What is the value added to the project's results by being implemented in several countries? How will you ensure that your project is tailored to local conditions in each country and minimises management costs? (**200 words**)

10. **Risks:** What are the key risks to project success and how will you mitigate these? (**150 words**)

- **Project Workplan** in the Excel form provided.
- **Project Budget in USD** in the Excel form provided (the Foundation will assess each Application's budget in relation to the proposed results).
- **Audited financial statements** of the Applicant organization for the previous two years.

SUPPORT WITH APPLICATIONS

Applicants have the opportunity to ask clarification questions about this call and the selection criteria used to evaluate applications. All such requests must be made in writing via email to RADIAN@eltonjohnaidsfoundation.org.

VIII. ILLUSTRATIVE INTERVENTIONS AND EXPECTED OUTCOMES

What is included under Strategic Objective 1 "Deliver high-quality community-based services to address the unmet HIV-related needs of neglected KPs and PLHIV"?

Under Strategic Objective 1, projects should improve one or more specific HIV-related health outcomes in the territory(ies) of implementation utilizing the successes of previous RADIAN or Ukraine Humanitarian Support projects. Illustrative interventions could include, but are <u>not</u> limited to, the following:

- **Reducing all-cause mortality in KPs and PLHIV** by providing overdose prevention and treatment interventions for PWUD; screening for TB and referral to TB treatment for PWUD, PLHIV, and prisoners; evidence-based drug treatment services, and other interventions;
- **Improving HIV case finding** by implementing behaviour risk screening, PLHIV partner notification and testing (index testing), social network testing strategy, recency testing, enhanced peer outreach, optimized case finding and other interventions;
- **Increasing accessibility to HIV testing services** (HTS) by decentralizing HTS, providing community-based and mobile rapid HTS, and implementing creative HIV testing approaches, such as home-based remote rapid self-testing, peer-assisted self-testing for KPs and PLHIV partners, or HTS in prisons and other closed settings while ensuring confidentiality and voluntary consent;
- **Providing differentiated prevention services** tailored to the needs of specific KPs and their networks, such as harm reduction through needle and syringe programmes, abscess care, drug treatment and referrals, hepatitis B and C testing, STI screening, PrEP and PEP dispensing, contraceptive services and female hygiene items, condom and lubricant distribution, and other services;
- **Engaging hard-to-reach sub-groups** of KPs through creative outreach approaches combined with traditional physical outreach, such as online, social media and peer outreach;
- **Improving ART linkage rates** by shortening the time to ART initiation, decentralizing ART sites, providing peer navigation services, establishing networks of trusted doctors, or creating low-threshold lab and clinical specialist services ("green channel");
- **Improving ART retention** through multi-month dispensing, decentralized ART dispensing and viral load testing services, peer support, home visiting nurse or multi-disciplinary team support services, patient access to electronic medical records, and other digital solutions for PLHIV;
- **Tracing PLHIV who have been lost to follow up** (LTFU) or who have dropped off ART, and providing psychosocial services to ensure linkage and ART adherence/retention, including outreach, peer navigation and support services;
- **Improving HIV clinic services** in specific ways which result in measurably improved HIV-related outcomes. RADIAN successes included shortening the time from the positive HIV screening result to ART initiation; improved retention on ART and viral suppression with home visiting and multi-disciplinary team services; early LTFU tracing, etc.;
- **Using innovative digital technologies** in specific ways which result in measurably improved HIV-related outcomes. RADIAN experience includes mobile applications that provide PLHIV and KP access to their clinical records or CSO service records.

Illustrative specific results that you can propose under Strategic Objective 1 could include but are not limited to the following:
The number of PLHIV in the territory that knows their HIV status increased from #X to #Y (for example, through expanding innovative testing methods, including index testing, self-testing)
The number/proportion of PLHIV in the territory that are on ART increased from #X/%X to #Y/%Y
The number/proportion of PLHIV in the territory that are virally suppressed increased from #X/%X to #Y/%Y
The number of PLHIV dying annually in the territory reduced from #X to #Y
The number of new HIV infections annually reduced from #X to #Y
The proportion of key population community representatives accessing specific HIV prevention services increased from %X to %Y
HIV-related services [*services to be specified by the applicant*] provided to #N PWUD and/or #N MSM and/or #N TG and/or #N SW, etc.
HIV testing or self-testing provided to #N PWUD and/or #N MSM and/or #N TG and/or #N SWs and/or, with an expected positivity yield of %X
HIV index testing provided to #N sexual and injecting partners of PLHIV, with an expected positivity yield of %X
HIV self-testing provided to #N sexual and injecting partners of PLHIV, with an expected positivity yield of %X
#N of referral coupons provided to specific KPs, #N/%X of KPs tested by referral, with an expected positivity yield of %X
#N newly diagnosed PLHIV initiated on ART
#X LTFU PLHIV traced, contact established with #Y of them, and #Z of them (re-)initiated on treatment
You can propose any other specific HIV-related quantified results.

What is included under Strategic Objective 2 "Address structural drivers of the HIV epidemic to improve the quality of life of KPs and PLHIV and ultimately improve HIV-related health outcomes"?
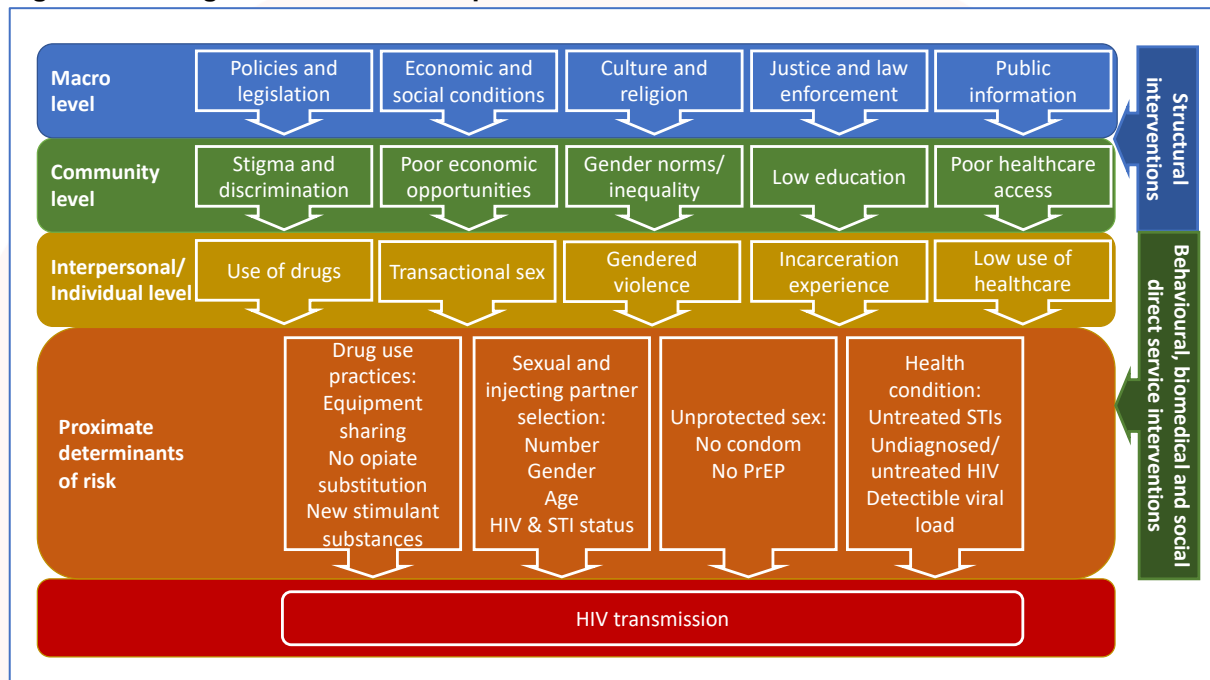
Under Strategic Objective 2, projects should address one or more structural drivers of the HIV epidemic that foster significant HIV-related problems faced by one or more of the KPs most affected by HIV. Such structural interventions may focus on the drivers of the HIV epidemic at the macro or community levels as demonstrated in Figure 1 below.

Structural interventions **at the macro level** may focus on, but are not limited to:

- **Changing policies and legislation** that discriminate against PLHIV, KPs and their particularly vulnerable subgroups. These may include laws criminalizing HIV exposure and transmission, drug possession and use, or sex work; banning entry for migrant PLHIV; preventing outreach and counselling services for MSM and TG; and other regulations than disadvantageously single out KPs and PLHIV. Interventions may also target adopting new regulations that would improve the quality of life of KPs and PLHIV and reduce their HIV risks, e.g. covering migrant KP and PLHIV with

government HIV prevention and treatment services, or providing migrant PLHIV with remote ART services from their counties of origin.

Figure 1. Driving factors of the HIV Epidemic

Level						
Macro level	Policies and legislation	Economic and social conditions	Culture and religion	Justice and law enforcement	Public information	**Structural interventions**
Community level	Stigma and discrimination	Poor economic opportunities	Gender norms/ inequality	Low education	Poor healthcare access	
Interpersonal/ Individual level	Use of drugs	Transactional sex	Gendered violence	Incarceration experience	Low use of healthcare	**Behavioural, biomedical and social direct service interventions**
Proximate determinants of risk	Drug use practices: Equipment sharing No opiate substitution New stimulant substances	Sexual and injecting partner selection: Number Gender Age HIV & STI status	Unprotected sex: No condom No PrEP		Health condition: Untreated STIs Undiagnosed/ untreated HIV Detectible viral load	
	HIV transmission					

- **Improving economic and social conditions** for specific subpopulations, such as ethnic minorities, migrants and refugees, to reduce their behaviours that increase risk exposure to HIV. Interventions may include regulatory changes described above, as well as projects targeting specific groups of vulnerable individuals in specific locations.
- **Modifying cultural and religious norms**, as well **public information** to change society's negative perception of PLHIV, KPs and their specific sub-populations. Examples of successful RADIAN models include training of religious leaders on the risks, needs and rights of PLHIV and KPs to change the attitudes of the general population through regular sermons; or social media campaigns to change the general public's attitudes towards TG.
- **Changing the legal justice and law enforcement practices** to prevent persecution of PLHIV and KPs under the existing regulations. Successful RADIAN models include educating judges and migration authorities on the Undetectable=Untransmittable principle and HIV genotyping evidence in HIV exposure or PLHIV migrant deportation cases, as well as training of legal attorneys on effective defence strategies in such cases.

Structural interventions **at the community level** may focus on, but are not limited to:
- **Reducing stigma and discrimination** of PLHIV and KPs, which may target professionals in specific facilities, such as healthcare, penitentiary or law enforcement, or general community. RADIAN models ranged from conventional training to photo exhibits, to social theatre performances, to interactive street art and other creative approaches.
- **Creating educational and economic opportunities** for KPs and PLHIV to improve their quality of life and reduce risk behaviours. These may include vocational training and social enterprises for PLHIV and KPs or encouraging local businesses to employ members of KP and PLHIV communities.

- **Changing gender norms and reducing inequality** that negatively affect KPs and PLHIV. Interventions may include those to improve economic livelihoods of women living with HIV, to assist survivors of gender-based violence (GBV), or to reduce recidivism among GBV perpetrators.
- **Improving access to healthcare services** for KPs and PLHIV under RADIAN included decentralizing HIV services from AIDS centres to primary healthcare, and from regional centres to remote rural communities; changing operating hours of government health facilities to include evening hours and weekends; facilitated access to services for newly diagnosed and LTFU PLHIV ("green channel"); or providing PLHIV with free municipal transportation to reach the ART site.

Illustrative specific results that you can propose under Strategic Objective 2 could include but are not limited to the following:
Number of existing laws and other regulatory documents successfully addressed by the project
Number of new laws and other regulatory documents successfully promoted by the project
Estimated number of people benefitting from regulatory changes and existing norms addressed by the project
Number of PLHIV and KPs benefitting from improved socio-economic conditions and new economic opportunities
Number of change agents (CSO, healthcare, religious leaders, judges, law enforcement, etc.) trained on key population-friendly service models, management or stigma and discrimination reduction
Number of PLHIV and KPs benefitting from improved justice and law enforcement practices
Levels of stigma expressed by professionals and/or community members reduced as a result of project activities
Levels of discrimination experienced by PLHIV and KPs reduced as a result of project activities
Number of GBV survivors benefitting from changed policies or direct services provided by the project
Estimated or actual number of PLHIV and KPs benefitting from improved access to HIV and other health services as a result of the project
You can propose any other specific quantified results related to structural drivers of the HIV epidemic.

What is included under Strategic Objective 3 "Strengthen health systems to sustainably improve care for KPs and PLHIV"?

Under Strategic Objective 3, projects should make concrete sustainable improvements to existing systems to provide HIV services more effectively for key populations and/or PLHIV. Illustrative interventions include changes in one or more health system elements, such as:

- **Service delivery**: increase the types, quality, accessibility and coverage of services available for PLHIV and KPs in government health facilities. RADIAN successes, among others, included introduction of remote rapid self-testing for KPs; PrEP provision; PLHIV partner notification and testing; decentralizing government HIV testing and ART services; home visiting services to PLHIV; etc.
- **Governance**: improve the basis on which decisions are made and services are provided (e.g. strategies), as well as mechanisms of how the decisions are made (e.g. the existence of patient boards at the facility level, or improving KP representation in coordinating councils at the country level). RADIAN successes included adoption or modification of country HIV strategies, recognition

of TG as a KP separate from MSM, inclusion of TG into the country coordinating mechanism under the Global Fund project, etc.

- **Finance**: increase the amount of funding available for HIV-related services for KPs available at the community or facility level; or improving the effectiveness of how funds that are already allocated for PLHIV/KP services get spent. RADIAN successes included first ever or renewed municipal funds allocated to HIV projects implemented by NGOs; increased funding allocated to KP services, and the use of result-based incentives both for government and CSO service providers.
- **Human resources**: increase the number of people available to provide quality services for PLHIV and KPs, and their knowledge and skills (e.g. sharing project staff with government institutions, or institutionalizing project staff positions and their functions by transferring them to government institutions). RADIAN successes included government health providers trained on KP-friendly services; peer counsellors providing services at government health facilities, and in some cases included into the government payroll, etc.
- **Information:** improve the information available to guide the allocation of resources and other decision-making, e.g. availability of an electronic patient record system, or availability of biobehavioral data on the needs of KPs. RADIAN successes included KP size estimates, integrated bio-behavioral surveys (IBBS), electronic data use to identify early LTFU cases or those at risk of LTFU, etc.
- **Supply chain**: improve processes to procure, transport, store and distribute ART and other commodities to end users, to reduce bottlenecks and other logistical issues; and other creative approaches. Applicants should specify which concrete improvements to systems will be achieved and how.

Illustrative specific results that you can propose under Strategic Objective 3 could include but are not limited to the following:
Specific new or higher quality services for PLHIV and KPs introduced in local health systems as a result of the project (*Applicants should demonstrate a clear theory of change*)
Number of PLHIV and KPs benefitting from new services introduced as a result of the project
Number of specific health governance changes introduced as a result of the project (*Applicants should demonstrate a clear theory of change*)
Estimated number of PLHIV and KPs benefitting from the governance changes introduced
Funding available for KP/HIV programming from local/national/international sources increased by X% from $Y to $Z as a result of the project (*Applicants should demonstrate a clear theory of change*)
Accessibility of specific existing local health services expanded as a result of the project (*Applicants should demonstrate a clear theory of change and specify how they will measure accessibility*)
Community-led monitoring of HIV-related services established (*Applicants should demonstrate a clear theory of change*)
Sustainable results-based incentive systems in health care services established (*Applicants should demonstrate a clear theory of change*)
Number of change agents (CSO, healthcare, religious leaders, judges, law enforcement, etc.) trained on key population-friendly service models, management or stigma and discrimination reduction
IBBS and population size estimation studies among KPs implemented, and results provided to decision-makers with specific objectives (*to be specified by the Applicant*)
You can propose any other specific improvements to existing health systems

What is included under Strategic Objective 4 "Strengthen community systems to deliver community-led care effectively and increase access to sustainable funding"?

Under Strategic Objective 4, projects should measurably strengthen the capacity of specific CSOs and community groups in several of the following capacity domains:

- Organizational strategy planning and implementation;
- Client needs assessment;
- The quality of services to PLHIV and KPs;
- Engagement with local communities of PLHIV and KP in their activities, as well community engagement into CSO activities;
- Delivering behaviour change interventions for PLHIV and KPs;
- Providing peer support services;
- Supporting ART retention;
- Preventing and responding to cases of GBV and other forms of violence;
- Assessing and reducing stigma and discrimination against PLHIV and KPs, including self-stigma;
- Monitoring, evaluating and learning from CSO activities, including community-led monitoring;
- Organizational management;
- Human resources management;
- Building and sustaining supportive partnerships; and
- Financial management, fundraising and grant writing.

In addition, Applicants may strengthen CSOs and community groups in the following domains in response to regulatory challenges by implementing the following activities:

- Building CSO **capacity to monitor the regulatory landscape**, prevent regulations from being adopted or enacted, promote decriminalization of KPs and PLHIV, and react to negative contextual changes;
- Assisting CSOs in **adapting to negative regulatory changes** that have taken place;
- Providing small grant opportunities to CSOs to implement relevant activities in response to regulatory challenges.

The changes in CSO and community group's capacity should be demonstrated through objective baseline, endline and potentially midline measurements using an integrated technical and organizational and capacity assessment or other relevant tools.

Illustrative specific results that you can propose under Strategic Objective 4 could include but are not limited to the following:
Number of CSOs with increased capacity in specific domains demonstrated by objective measurements
Number of change agents (CSO, healthcare, etc.) trained on key population-friendly service models, management or stigma and discrimination reduction
Number of CSOs supported by small grants to improve their capacity
Number of PLHIV and KPs benefitting from increased capacity of CSOs and community groups
Number of CSOs assisted in adapting to negative regulatory changes
You can propose any other specific quantified results related to CSO capacity

IX. TIPS FOR YOUR APPLICATION: DOS AND DON'TS

While preparing your Application for the RADIAN Success Replication Fund, you may find it useful to note the following tips to avoid mistakes which increase the probability of your Application being rejected.

✗ **DON'T** assume a RADIAN or Ukraine Humanitarian Support project or its models were successful.
✓ **DO** assess the evidence of effectiveness behind specific models implemented by a RADIAN-funded project, clearly describe the models and their evidence of effectiveness in your Application, and propose to replicate only evidence-based interventions.

✗ **DON'T** use general phrases to describe what you want to do in your project.
✓ **DO** describe concrete quantifiable activities that you plan to implement, with specific examples.

✗ **DON'T** use vague, unnecessarily complicated, or pseudo-scientific language.
✓ **DO** use practical, action-oriented language so that it is clear who will be doing what, where, how and when.

✗ **DON'T** describe your organisation's previous experience in generic terms.
✓ **DO** describe your organisation's specific track record of achievements with quantifiable detail to show that you have relevant experience (for example, describe specific results from your previous projects that you are particularly proud of; the number of clients from different key population communities that your organisation has served annually in recent years).

✗ **DON'T** describe the problems that you are trying to solve in your project in generic terms.
✓ **DO** provide objective quantified information, with reference to data sources where possible, to justify the urgency and the scale of the problems that you are trying to solve**.**

✗ **DON'T** propose interventions that are implausibly going to lead to the stated results, nor interventions that target problems other than those you have identified.
✓ **DO** propose a logical theory of change that includes plausible connections between the identified unmet needs, proposed interventions and expected results.

✗ **DON'T** apply for the full amount of the maximum budget ceiling if you don't need that much to achieve the results that you plan to achieve
✓ **DO** apply for the amount that you need (up to the maximum budget ceiling) to achieve the results that you plan to achieve

✗ **DON'T** try giving the impression that yours is the first and the only effort in your location to address the problems have identified if this is not the case.

✔ **DO** describe the existing work and resources in your city/region/country that are working on similar issues and that your project is building on, and explain how you will avoid duplication and ensure complementarity.

✗ **DON'T** be vague in addressing the sustainability of your project results.

✔ **DO** name specific impacts on structural drivers of the HIV epidemic, improvements to existing systems and other sustainable results that the project expects to achieve.

✗ **DON'T** plan surveys, studies and evaluations without including clear plans for how the data will be used in project implementation and/or for other strategic and sustainable purposes.

✗ **DON'T** forget to describe the specific roles each consortium member will play in the proposed project.