



**ELTON JOHN
AIDS FOUNDATION**



Opportunity Announcement

RADIANT 2.0

EQUITY CHALLENGE FUND

APRIL 2025

TABLE OF CONTENTS

I.	LIST OF ABBREVIATIONS.....	3
II.	ABOUT RADIAN 2.0	4
III.	OPPORTUNITY ANNOUNCEMENT	5
IV.	WHAT WE WILL FUND	6
V.	ELIGIBILITY REQUIREMENTS.....	7
VI.	EVALUATION CRITERIA	9
VII.	HOW TO APPLY.....	10
VIII.	ILLUSTRATIVE INTERVENTIONS AND EXPECTED OUTCOMES.....	13
IX.	TIPS FOR YOUR CONCEPT NOTE AND APPLICATION: DOS AND DON'TS.....	19



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 January 2025, we have:

- Supported 42 projects across 16 countries in EECA;
- Reached over 330,000 individuals from vulnerable communities with high-quality services;
- Administered 162,000 HIV tests;
- Newly identified 11,600 people living with HIV (PLHIV);
- Successfully traced almost 29,000 PLHIV lost to follow-up and reconnected them to care;
- (Re-)initiated on ART 34,900 PLHIV, including thousands of people previously lost to follow-up;
- Reduced stigma and discrimination towards key populations (KPs) and PLHIV by training 18,700 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 (closed in February 2025)
- The Equity Challenge Fund (current opportunity)

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

Providing HIV-related services that are tailored to the needs of KPs and PLHIV is vital, but not enough to end the HIV epidemic. There are deeper ‘structural drivers’ which spur the HIV epidemic onwards in EECA. These ‘structural drivers’ refer to “a range of factors, acting at macro and community levels, that fundamentally shape and influence patterns of HIV risk behaviour, and facilitate or impede an individual or group’s ability to access services and/or adhere to treatment.”¹ These drivers include but are not limited to regulatory framework, criminalization of certain behaviours, religious and cultural norms, different forms of violence, lack of economic opportunities for KPs and their sub-populations, reduced mobility, and social and mass media information (see Section VIII below for more detail).

These factors result in stigma and discrimination experienced by KPs and PLHIV and negatively affect the quality of life of KP and PLHIV. This in turn contributes to more immediate HIV risks, such as sharing of needles, unprotected sex, changing sexual partners, and lack of access to prevention and treatment services, which increases the risk for certain groups of acquiring and transmitting HIV, impede access to HIV testing and treatment services, and increase the chances of PLHIV developing AIDS and dying.²

If we don’t address these broader factors, we will never end the HIV epidemic. The original RADIANT programme has addressed these issues through its strategic objective to reduce stigma and discrimination and piloted interventions to address structural barriers. RADIANT 2.0 represents an opportunity to further build on these successes and mobilise action to address structural drivers of the HIV epidemic and improve the quality of life of PLHIV and KPs in the EECA region.

The **Equity Challenge Fund** under the RADIANT 2.0 programme is designed with the overall Goal to **measurably improve HIV-related health outcomes in the most affected territories³ in EECA by addressing the structural drivers of the HIV epidemic.**

This opportunity is open to non-governmental organizations and community-based initiative groups that:

- Have relevant experience and capacity in the area of HIV and key populations; **and**
- Are located in one of 25 countries covered by the RADIANT 2.0 programme; **and**
- Are able to meet the Foundation’s [due diligence requirements](#) by the time the grant is awarded.

As part of this opportunity, the Foundation will offer technical assistance to potential Applicants through the following:

¹ STRIVE Research Consortium; [Addressing the structural drivers of HIV: A STRIVE synthesis](#); London School of Hygiene & Tropical Medicine; UK, 2019

² <https://www.who.int/health-topics/social-determinants-of-health>

³ Territory means: country or region or district or city (страна или область или район или город).

- **Webinars** on international models addressing structural drivers of the HIV epidemic: **in English** (April 10, 2025, register through this [link](#)) and **in Russian** (April 11, 2025, зарегистрируйтесь по этой [ссылке](#));
- **Offline project development workshops** for Applicants with successful Concept Notes (June 2025);
- **Remote online assistance** in developing full Applications (July 2025).

Current opportunity is open until **May 07, 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

What should the projects do?

The Foundation is inviting **Concept Notes** for ambitious but realistic, sustainable, evidence-informed solutions **responding to the overall Goal** of the Equity Challenge Fund, **Strategic Objective 2** and at least **one other Strategic Objective** 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.

Most project activities, expected results and resources must focus on Strategic Objective 2.

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

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.

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 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 addressing the same structural driver(s) of the HIV epidemic in several countries with similar context; project approaches are the same across these countries, and the results are strengthened by cross-country collaboration and learning).

How long can the project last?

Applicants can apply for projects lasting **up to 36 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:

Territories⁴ with general HIV prevalence <u>higher than 1%</u>	Territories⁴ 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.

X 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 Concepts Notes and 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, Concept Note and Application assessment will be based on our evaluation criteria listed below.

Eligibility criteria are:

- **Implementation Location:** Projects must be implemented in one 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.
 - 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.
 - Applicant may implement their project in one or more cities or regions in the country of implementation.

⁴ Territory means: country or region or district or city (страна или область или район или город).

- 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 Concept Notes and Applications from non-profit, academic and research organisations. We will consider Concept Notes and 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. Government entities may be consortium members.
- **Consortia:** Concept Notes and 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. Concept Notes and Applications are equally welcomed from solo applicant organisations.
- **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.
- **Due Diligence Requirements:** The Applicant or its fiscal agent must be able to meet the Foundation's [due diligence requirements](#) by the time the grant is awarded. These include the memorandum and articles of association; the most recent financial statements or audited accounts for two years; financial manual; a set of policies: on conflict of interest, on procurement, on safeguarding, on subgranting, on anti-fraud, bribery and corruption; reference letters; and some others – see the link above.
- **Project Timetable:** The proposed project should be implemented, and all funds disbursed within **36 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 Concept Note and 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 Concept Note under this opportunity. The Applicant may be a non-primary member of the consortium in another Concept Note.
- **Budget and Eligible Costs:** The Foundation will assess each Concept Note and 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:

Territories⁵ with general HIV prevalence <u>higher than 1%</u>	Territories⁵ with general HIV prevalence <u>less than 1%</u>
Up to \$500,000	Up to \$350,000

⁵ 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.

VI. EVALUATION CRITERIA

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

Strategic Alignment and Impact

- **Alignment:** How is the Applicant addressing the Strategic Objectives of RADIANT 2.0 and the current call? What are the specific structural drivers of the HIV epidemic that the project is addressing?
- **RADIANT 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 Concept Notes and Applications meeting the eligibility criteria. In addition to subject matter experts, Concept Notes and 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 a project'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 Equity Challenge Fund includes **two steps: Concept Note and Full Application**. All Concept Notes should be submitted through the Foundation's [online portal](#), where detailed guidelines and instructions are available. Preliminary timeline is provided below.

Preliminary timeline (subject to change)

Opportunity announcement	Mar 31, 2025
Webinar for potential Applicants in Russian* (Зарегистрируйтесь по ссылке)	Apr 04, 2025 08:00-09:00 London
Webinar for potential Applicants in English* (Register through this link)	Apr 04, 2025 14:00-15:00 London
Concept Note form available on the Foundation's online portal	Apr 04, 2025 18:00 London
Webinar on models addressing structural drivers of the HIV epidemic in English* (Register through this link)	Apr 10, 2025 13:00-15:00 London
Webinar on models addressing structural drivers of the HIV epidemic in Russian* (Зарегистрируйтесь по ссылке)	Apr 11, 2025 09:00-11:00 London
Concept Notes submitted	May 07, 2025, 23:59 London
Offline project development workshops for Applicants with successful Concept Notes	Jun 2025
Full Applications submitted	Jul 2025
Letters of Agreement signed (estimate)	Nov 2025

*These webinars require separate registration

CONCEPT NOTE REQUIREMENTS

All Concept Notes and supporting documents must be submitted through the Foundation's [online portal](#) by **May 07, 2025, 23:59 London**. The Concept Note form and the budget form in MS Excel are available at the portal.

It is the sole responsibility of the Applicant to submit the Concept Note by the deadline. The Foundation is not responsible for human error, theft, destruction, or damage to Concept Notes or Applications, or other factors beyond its control. Applications will be invited from those organisations submitting the most relevant Concept Notes, as defined by the eligibility and selection criteria.

Concept Notes for the **Equity Challenge 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. **Theory of Change:** What are the structural drivers of the HIV epidemic you are planning to address and how to solve the HIV-related problems? **(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** (must be 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. What is the relevant experience and capabilities that make your consortium members best positioned to implement the proposed project? **(200 words)**
- **Project Budget in USD** in the Excel form provided at the online portal (the Foundation will assess each Application's budget in relation to the proposed results).

SUPPORT WITH CONCEPT NOTES

Applicants are invited to attend webinars on international models addressing structural drivers of the HIV epidemic: in English (on April 10, 2025, register through this [link](#)) and in Russian (April 11, 2025, зарегистрируйтесь по этой [ссылке](#)).

Applicants have the opportunity to ask clarification questions about this call and the selection criteria used to evaluate Concept Notes. All such requests must be made in writing **before April 30, 2025**, via email to RADIANT@eltonjohnaidsfoundation.org.

FULL APPLICATIONS

The Foundation will notify Applicants whose Concept Notes are selected to move forward to the Application stage and will invite them to an offline workshop to develop their concept into a full Application. Applicants with successful Concept Notes will be requested to submit a full Application with further details on their solution. Selection of your Concept Note does not obligate you to submit an Application or to participate in an offline workshop. The Foundation may provide feedback to applicants to help further hone their Applications. The Application will require information such as additional detail on the proposed project, a workplan, monitoring & evaluation (M&E) framework, and a detailed budget will also be required, as well as references and financial documentation. We will provide further information on this in the invitation to apply.

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 by providing direct services to KPs and/or PLHIV. Illustrative interventions could include, but are not 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. RADIANT 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. RADIANT 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 [<i>services to be specified by the applicant</i>] 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”?

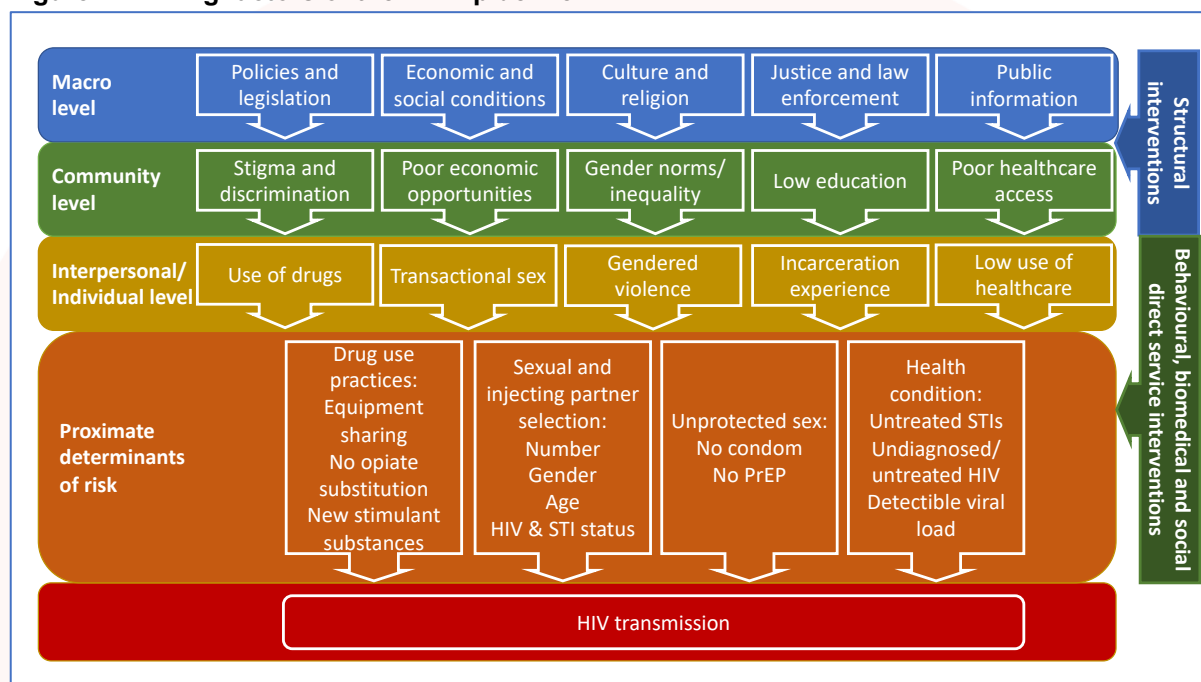
Under Strategic Objective 2, projects should address one or more structural drivers of the HIV epidemic that foster significant HIV-related problems faced by one or more of the KPs most affected by HIV. Such structural interventions may focus on the drivers of the HIV epidemic at the macro or community 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 that 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



- **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 RADIANT 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 RADIANT 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. RADIANT 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. RADIANT 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). RADIANT 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. RADIANT 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 (<i>Applicants should demonstrate a clear theory of change</i>)
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 (<i>Applicants should demonstrate a clear theory of change</i>)
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 (<i>Applicants should demonstrate a clear theory of change</i>)
Accessibility of specific existing local health services expanded as a result of the project (<i>Applicants should demonstrate a clear theory of change and specify how they will measure accessibility</i>)
Community-led monitoring of HIV-related services established (<i>Applicants should demonstrate a clear theory of change</i>)
Sustainable results-based incentive systems in health care services established (<i>Applicants should demonstrate a clear theory of change</i>)
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 (<i>to be specified by the Applicant</i>)
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 CONCEPT NOTE AND APPLICATION: DOS AND DON'TS

While preparing your Concept Note and Application, you may find it useful to note the following tips to avoid mistakes which increase the probability of your Application being rejected.

X 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.

X 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.

X 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).

X 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.

X 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.

X 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

X 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.

X 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.



X 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.

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