

## REQUEST FOR EXPRESSIONS OF INTEREST: RETHINK HIV GRAND CHALLENGE

### Terms of Reference

---

The United States Agency for International Development (USAID) and the National AIDS Control Organization (NACO) have launched “RETHINK HIV Grand Challenge”. Expressions of Interest are invited from potential innovators to provide ground-breaking technological solutions that can contribute to expanding the reach of the National AIDS Control Program (NACP) to hidden and unreached populations who are at-risk of HIV and AIDS so that they can be linked to HIV prevention, care and treatment services in India.

All Expressions of Interest for RETHINK HIV Grand Challenge grant will need to be submitted through the online application platform ([www.rethinkhiv.in](http://www.rethinkhiv.in)).

Please refer to the following guidance while filling up your Expression of Interest.

**NOTE:** Only shortlisted applicants will be asked to provide a detailed technical proposal, estimated itemized budget and budget narrative.

### 1. INTRODUCTION

#### 1.1. RETHINK HIV GRAND CHALLENGE

USAID in collaboration with the NACO and FHI 360 through RETHINK HIV Grand Challenge wish to demonstrate out-of-the box solutions to strengthen the national response and to contribute to achieving the 90-90-90<sup>1</sup> targets for India by 2020. The most promising solution, if found successful, will be taken to-scale.

#### 1.2. TYPES OF AWARDS

Through RETHINK HIV Grand Challenge, we are providing:

- **Seed Funds:** Grand Challenge will provide seed funds to up to five innovations for a period of six months for piloting and testing validity of the innovation. The total amount available for all the selected innovators (up to five) would be USD \$250,000.
- **Transition to Scale Funds** will be provided to the most promising solution(s) that is identified in the seed funding stage to develop, refine, and rigorously test the impact of innovative solution. Transition to scale is subject to availability of funds.

#### Who and What will we fund?

We solicit expression of interests from agencies / NGOs / for-profit organizations / individuals to provide an innovative, ground-breaking technological solution to reach populations present in virtual space who are at-risk of HIV infection, with prevention, care, testing and follow up services. Potential applications can be:

- A unique innovative technological solution to increase awareness and drive behavioral changes among hard to reach population, indulging in behavior that makes them

---

<sup>1</sup> Diagnose 90% of HIV-infected individuals, place 90% of these individuals on ART, and achieve viral suppression among 90% of those receiving treatment

vulnerable to HIV infection

- An innovation that manages virtual media community or app (anonymous or otherwise) for reaching hidden population with mechanisms to access and connect with HIV prevention, care and support services
- An innovation that reduces the workload of last man on the ground by streamlining the process of onboarding and registration of groups vulnerable to HIV infection using IVR, SMS, Web, Tab, App channels, etc.

### Who and What will we NOT fund?

RETHINK HIV Grand Challenge will NOT be able to fund the following

- Not for profit organizations without FCRA
- Government entities
- Innovative solutions that require longer than six months to demonstrate results

Further, the below scenarios are not likely to be funded

- Innovations which require larger systems restructuring
- Innovations with non-measurable outcomes and where end-point cannot be defined
- Academic research both qualitative and quantitative which involves people
- Innovations addressing gaps in implementation for which solutions are known for example, data integration across care continuum for HIV
- Implementing newer global guidelines in India like PrEP (Pre-exposure prophylaxis), HIV self-testing, etc.

## 1.3. CONTEXT

HIV prevalence in India is estimated at 0.26% (0.22% – 0.32%) in 2015, 0.30% among males and 0.22% among Females<sup>2</sup>. The adult HIV prevalence at national level has continued its steady decline from an estimated peak of 0.38% in 2001-03 to 0.26% in 2015<sup>2</sup>. In 2015 India estimated to have around 86,000 new HIV infections, which is a 66% decline in new infections from 2000 and 32% decline from 2007. Although India has seen a downward trend in the number of HIV cases in past 15 years, the number of deaths due to HIV infection remain very high. In 2015 an estimated 67,600 people died of AIDS related causes nationally<sup>2</sup>.

The declining figures can be attributed to key strategies implemented through NACP (National AIDS Control Program) since its launch in 1992. The primary focus of NACP for preventing spread of HIV epidemic has been interventions for High Risk Groups (HRGs) especially targeting prevention, outreach, HIV testing and counselling and Information Education & Communication (IEC). The current program, NACP-IV (2012-2017 extended till 2020), aims to reduce annual new HIV infections by 50% through the provision of comprehensive HIV treatment, education, care and support for the general population and build on targeted interventions for key affected groups and those at high risk of HIV transmission such as Female Sex Workers (FSWs), Men having Sex with Men (MSM), People Who Inject Drugs (PWID), Transgender (TG) called as Key

<sup>2</sup> NACO (2015) 'Annual report 2015 -16'

Populations (KPs).

Although India has made a noteworthy improvement in its fight against HIV/AIDS, newer pockets of high HIV prevalence among key populations in low-prevalence states are emerging over the past few years. HIV is concentrated among the most marginalized, and particularly in the communities who, because of real or perceived stigma and discrimination are among the least likely to access HIV-related services. Due to socio-cultural barriers and in some cases legal barriers, health care providers may also hold their own prejudice, discouraging people who are at risk of HIV from disclosing their behaviors and thereby jeopardizing healthcare services they receive. More over populations who are at risk of HIV transmission are not homogenous groups, there are clear intersections.

The achievements of India in prevention and control of HIV/AIDS are remarkable and India has set a formidable bench mark for other national HIV/AIDS programs around the world. But to continue such achievements, strategic focus on newly emerging challenges is required. One of the gap areas is the lack of information on the size, risk and vulnerability of population exhibiting high risk behavior operating through virtual spaces. The RETHINK HIV Grand Challenge aims to address this critical gap through innovative, ground-breaking technological solutions to inform the national program. Considering various socio-cultural barriers in India innovative approaches are required to reach the unreached population.

#### **1.4. THE PROBLEM**

Globally 1.8 million people became newly infected with HIV in 2016, in India as per 2015 estimates 26 out of every 10,000 adults (15-49 years) are estimated to be HIV positive. Some of the primary HIV prevention activities in India are focused around groups called key populations (KP) who have the highest risk of contracting and transmitting HIV. These include Female Sex Workers (FSWs), Men having Sex with Men (MSM), People Who Inject Drugs (PWIDs) and Transgenders (TG). HIV prevention activities have also focused on Bridge Populations, mainly clients or partners of male and female sex workers and are at the risk of contracting HIV, for example section of truckers and migrant workers. Both KPs and bridge populations are provided with specialized prevention services and messages called Targeted Interventions (TIs). The prevalence of HIV among these KPs and bridge population has shown a downward trend, however the continuous detection of new cases raises questions about new pockets of epidemic. This raises the question of reaching the unreached high-risk populations with awareness and HIV related services.

The NACP has maintained a large focus on physical and site-based intervention i.e. intervention takes places at physical places where key populations and bridge populations (migrants and truck drivers) are available in person, for example, brothels, highways, MSM cruising sites etc. While this may be the most suitable outreach in most cases even today, it is being increasingly observed that there is a trend among interested population to use newer and technology driven means to access other interested partners for sexual encounters. Increasing number of sexually active populations have taken to these methods quite comfortably, and are not necessarily available on the physical sites for interactions and interventions. Additionally, there is a gap in knowledge about the nature, risk and vulnerability of the population accessing sexual networks through virtual space. To address this gap, the HIV prevention, care and support program should keep pace with diffusion of technology.

On the side of opportunity, digital technology and virtual media, have opened a large spectrum

of possibilities in terms of its ability to address various health and development challenges including HIV/AIDS. Even though there have been efforts to use these for efficient HIV/AIDS response, their possibilities remain infinite making it imperative to involve stakeholders to explore the potential of digital technology and virtual media in the context of HIV/AIDS.

## 2. APPLICATION

**2.1. All Expressions of Interest for RETHINK HIV Grand Challenge grant MUST BE submitted through the online application platform; submissions will NOT be accepted via email.**

### 2.2. BASIC APPLICANT INFORMATION

- Name and address of the applicant
- Type of organization (e.g., for-profit, non-profit, individual, etc.)
- Name and contact details
- Introduction to your project with a concise title **(300 Characters)**
- Brief objectives of the proposed activities **(1200 Characters)**
- Focus of the proposed innovation – one or more of the following
  - Reaching the unreached
  - Awareness generation
  - Increase risk perception
  - Drive behaviour change
  - Demand creation for HIV services
  - Increase access to HIV services
- Geographies where the proposed innovation will be implemented (Name of state/s/districts/blocks)
- A summary paragraph/abstract of the project innovation **(1800 Characters)**

Applicants are encouraged to include responses to the following two questions in the summary paragraph/abstract

1. What is the essence of your innovation and how will it significantly and sustainably address the problem statement?

Consider including the following information in your response:

- Rationale: How does the proposed innovation address the stated problem? Please be specific.
- Approach: What approach does this innovation take to address the problem
- Objective, End point, and Impact: What is the primary objective and expected end point of your innovation within the award period? Over the longer term? What is the impact that the innovation could result in if successful?

2. What makes this concept innovative and a significant improvement upon existing standard practices?

**NOTE:** The summary paragraph of all finalists and eventual award recipients may be used for public communication before and after the awards are made. The RETHINK HIV Grand Challenge partners reserve the right to make minor edits to summaries in order to enhance their readability for public communication. Because the summaries will be used publicly, proprietary

information should not be disclosed in the project summary.

## 2.3. TECHNICAL CONCEPT NOTE

The Technical Concept Note, or body of the Expression of Interest, should be presented in Sections I-IV. If an applicant chooses to include charts or graphs, add them within the appropriate section. Applicants are requested to be specific about the geographic location(s) where the proposed activities will occur and the potential geographic or regional applicability. Additionally, applicants are encouraged to consult the evaluation criteria when formulating the technical concept note.

**NOTE: - Applicants are requested not to reveal their organization's and/or individual identities in the sections of technical concept note. If revealed, RETHINK HIV Grand Challenge partners reserve rights to disqualify the application.**

### Section I. Problem Statement: What is your understanding? (1200 Characters)

Use this section to briefly articulate your understanding of the problem statement presented in the Expression of Interest and what aspect of it will be addressed by your innovation.

### Section II. Innovation: What is your idea? (3000 Characters)

Use this section to briefly describe your idea and the project design. Ensure that your idea directly fits the scope of RETHINK HIV Grand Challenge grant to avoid disqualification.

- Indicate the essence of your idea – the specific problem you are addressing, your proposed solution, how it will be delivered, and who are the primary beneficiaries
- Explain how your idea is substantially different from other approaches to address the stated problem and how it improves upon the best existing alternatives. If alternatives exist, please provide specific examples for comparison
- Describe the scientific and/or technical basis for your idea and why you expect it to succeed
- Identify specific project goals to be achieved with this level of funding within the six-month time frame for seed funds. Identify the expected end point of the One-year time frame for transition to scale funding (ex. working prototype, validation of innovation in the field, etc.)

### Section III. Execution: How will you implement your innovation? (1800 Characters)

Use this section to briefly describe the project implementation plan, specific to the results envisioned to be achieved with the funding from the RETHINK HIV Grand Challenge grant. The work proposed in your application must include a clear set of key methodologies or activities to be completed within the time period of the award.

- Describe the project execution plan and critical milestones that demonstrate progress towards the project outcome to be achieved during the funding period (six months)
- Describe the experimental plan to meet the key milestones, objectives, and ultimately the project outcome

- Provide a schedule or timeline for the attainment of key milestones and/or objectives.
- Describe potential risks and/or harmful unintended consequences and how your project will address them
- Identify the next steps of the project toward meeting its total addressable reach if the innovation under this funding is successful

#### **Section IV. Scalability and sustainability: How does your solution demonstrate its potential to scale and sustain? (1200 Characters)**

Briefly describe your project's potential for scalability and sustainability. Describe how the proposed solution will demonstrate the potential to sustain impacts at full scale, if successful

- Describe your vision for success in the context of the RETHINK HIV Grand Challenge funding and in the longer term, i.e., What is the expected result in the longer duration, five years beyond the RETHINK HIV Grand Challenge funding?
- What is your long-term exit strategy (start-up/spin-off company, license product, continued donor funding, etc.)? If continued donor funding, from what donors and how do you expect to sustain it?
- For revenue-generating projects, provide projections of the long-term expenses and revenue/income stream

#### **DISCLAIMER**

By submitting Expression of Interest to RETHINK HIV Grand Challenge the applicant must undertake that the proposed innovation does not infringe upon any existing copyrights. The applicant also accepts that he/she will be solely responsible for any legal and/or financial consequence/s that may arise if the innovation is found to be in violation of any copyright laws. RETHINK HIV Grand Challenge and its partners will not be liable for any litigation and/or damages that may arise from any copyright violations

For any EOI related queries communicate at [rethinkhiv@taru.co.in](mailto:rethinkhiv@taru.co.in) on or before 31<sup>st</sup> January 2018.

### **3. EVALUATION CRITERIA**

Partners will conduct a review of the full submission against the criteria listed below.

- **INNOVATION**
  - Demonstration that the proposed solution offers a creative approach to the problem outlined in the challenge and is clearly differentiated from existing approaches in the proposed setting
  - Potential to provide significant improvements in access to essential HIV services, relative to standard practice and/or current offerings in the proposed market
- **SUSTAINED IMPACT**
  - Demonstration that an investment in the proposed solution could result in transformational gains in continuum of HIV prevention, care, support and treatment



cascade in India.

- Provide a clear and compelling description of the potential scale at which the innovation could be applied
- Have the potential to be sustained beyond RETHINK HIV Grand Challenge funding

- **EXECUTION PLAN**

- Extent to which the proposed implementation methodology is doable yet robust in the given time frame
- Extent to which the proposed project objectives and interim milestones are appropriate, feasible and technically sound within the budget and time allocated for seed funding
- Extent to which the proposed outcomes / results that the innovation expects to achieve

#### 4. SELECTION PROCESS

##### **Stage I – Expression of Interest**

Expressions of Interest received through online application platform will be evaluated by a review committee, upon successful completion of evaluation, 15 applicants will be shortlisted at this stage.

##### **Stage II – Request for Proposal (RFP)**

Fifteen shortlisted applicants will be invited to submit detailed technical and financial proposals, for which a RFP will be shared. Technical and financial proposals will be reviewed and evaluated by a Selection Committee comprising of subject matter experts, key stakeholders and community representatives. This will facilitate selection of 10 finalists for a final round of face to face evaluation.

##### **Stage III - Boot Camp**

Our team will conduct the needs assessment of the 10 shortlisted finalist innovators to identify and understand their needs, gaps, issues and challenges and prepare a list of key concerns and requirements with respect to the technical, execution and revenue model, scalability, sustainability, replicability and overall cost effectiveness. Based on which, the Mentorship Board at RETHINK HIV Grand Challenge will design and use the customized capacity building and mentoring support package for the finalist. A three-day boot camp for the 10 finalist innovators will be organized to guide innovators through issues and concerns identified during need assessment, at the end of this stage all finalist innovators will have the opportunity to present their mock pitches to the Mentorship Board in a showcase event. The board will provide feedback on the pitch highlighting the gaps and additional areas to be addressed.

##### **Stage – IV Selection of Final Five**

Ten finalist innovators will present their final pitches to Selection Committee. Each presentation will be followed by individual face-to-face interviews. Based on the performance during the presentation and interview, each member of the Selection Committee will provide a score along with comments to each innovator. Scores from all Selection Committee members will be compiled, and average score will be calculated and the comments from each Selection Committee members will be thoroughly discussed based on which the Selection Committee will select five most suitable final innovators who will be supported technically and financially as RETHINK HIV Grand Challenge innovations.

## 5. TIMELINE

EOI Advertised	22 <sup>th</sup> January 2018
Last date for queries	31 <sup>st</sup> January 2018
Response to queries	2 <sup>nd</sup> February 2018
EOI Submission Deadline	13 <sup>th</sup> February 2018
RFP Circulation	20 <sup>th</sup> February 2018
RFP Submission Deadline	17:00 IST, 5 <sup>th</sup> March 2018
Selection of Finalists	8 <sup>th</sup> March 2018
Boot Camp	12 <sup>th</sup> - 14 <sup>th</sup> March 2018
Final Pitch to Selection Committee	19 <sup>th</sup> - 20 <sup>th</sup> March 2018
Selection of Final Five	21 <sup>st</sup> March 2018
Grand Challenge – Round 1	1 <sup>st</sup> June 2018