



THE ViiV HEALTHCARE POSITIVE ACTION FUND

[Open Call](#) for Proposals, Innovator 2024 – **Paediatrics**.

Countries: **Côte d'Ivoire, Democratic Republic of the Congo (DRC), Kenya, Malawi, Nigeria, South Africa and Uganda.**

Funding amount: £100,000 total for two years (£50,000 per year).

Guidance Notes

Please read this document carefully as it explains the application criteria for ViiV Healthcare's Positive Action Fund and what you should include in your application. Please check that your application clearly reflects this guidance.

Call for Proposals

This **Innovator** open call for proposals is focused on community-based and community-led innovative approaches to support the transition of HIV care and management from caregiver care to self-care for Adolescent Boys (AB) and Adolescent Girls (AG) aged 10-14.

Proposals for the Innovator grant should focus on **testing and piloting new approaches**. These approaches must be new to the funding applicant but can have been delivered by another organisation in a different location or aimed at a different target population. The project should be a two-year pilot that aims to build evidence before scale-up.

Applications are welcomed from the following countries: **Côte d'Ivoire, DRC, Kenya, Malawi, Nigeria, South Africa and Uganda** and grants of up to a maximum of £100,000 per applicant will be awarded for project implementation over a two-year period (£50,000 per year).

Positive Action invites applications from **8th April 2024 (00:01 BST) to 26th April 2024 (23:59 BST)** and will host two webinars to provide more information for applicants during the application window. Join the [first webinar](#) on 12th April 2024 at 9am BST and the [second webinar](#) on 18th April 2024 at 1pm BST. Applications will be reviewed by the ViiV Positive Action Technical Review Committee in May 2024.

As part of the application, grantees must clarify which activities will be supported by ViiV Positive Action.

Funding Round Information

Funding available and funding duration

Grants of up to £100,000 will be awarded for implementation over a two-year period (£50,000 a year).

ViiV funding cannot account for more than 50% of an organisation's annual income if that organisation is based in a Low-Income or Lower-Middle Income country or in Sub-Saharan Africa. For organisations in Upper-Middle Income and High-Income countries, ViiV funding cannot account for more than 25% of an organisation's annual income. This will be calculated by ViiV Positive Action using the requested amount for the first year of the project and the organisations' 2023 income, based on secured funds from a donor and/or other income streams during the period of January to December 2023. The organisation's overall income should include any previous ViiV Healthcare grants (or 10% over a 12-month period for US-based organisations). [World Bank Country and Lending Groups – World Bank Data Help Desk](#).

You can apply for less than £100,000 if your annual income does not enable you to apply for the full amount available.

Funding Round Context

The HIV context for adolescents

The focus on treatment and care for adolescents living with HIV has increased in recent years globally as adolescents and young people represent a growing share of people living with HIV.¹ In 2022, adolescents accounted for about 4% of all people living with HIV.²

However, while more than three quarters of all adults living with HIV are receiving some kind of treatment, the number of children doing so, stands at only 52% worldwide³. In 2022, approximately 660,000 children living with HIV were not receiving antiretroviral therapy (ART). As a result, children accounted for 13% of AIDS-related deaths, even though they represent only 4% of people living with HIV.⁴

Globally the health outcomes of children who do receive HIV treatment remain worse than adults. Approximately 81% of children living with HIV had a suppressed viral load in 2022, compared with 93% of adults (aged 15+ years). This is partly due to the challenges in retaining children in care. HIV-related stigma, including from

¹ [Recent Interventions to Improve Retention in HIV Care and Adherence to Antiretroviral Treatment Among Adolescents and Youth: A Systematic Review - PMC \(nih.gov\)](#)

² [Adolescent HIV prevention - UNICEF DATA](#)

³ [New global alliance launched to end AIDS in children by 2030 | UNAIDS](#)

⁴ [2023_report.pdf \(unaids.org\)](#)

health-care providers, unsupportive school environments and the emotional and behavioural challenges associated with adolescence make it difficult for many Adolescents Living with HIV (ALHIV) to remain in care and adhere to treatment.⁵

Adolescence is a time of transition

The period of adolescence represents a transition from early childhood to puberty to independence and self-sufficiency. During adolescence, there are significant biological, psychological and behavioural developments, which occur alongside busy schedules and explorative learning.⁶ For ALHIV this also includes the period where they start to be more active in the management of their own care and transition from caregiver care to self-managed care. Successfully transitioning adolescents to self-managed HIV care is critical for optimising their health outcomes and improving their retention on HIV treatment.

What do we mean by transition from caregiver-care to self-care?

Adolescence is a period of transition, when adolescents gain independence and begin to take responsibility for many aspects of their life, including their health. For ALHIV, navigating this transition successfully is essential to their long-term health and data shows that currently this transition is not being managed well. Globally ART coverage for children is at 57% compared to 77% among adults⁷

For this funding round, 'transition of care' means shifting the management of HIV care from the adult caregiver to the ALHIV. This aims to ensure ALHIV are engaged in their care, enabling them to be retained on treatment and achieve viral load suppression as they move into adulthood. This funding round is **not** aimed at supporting adolescents transition from paediatric clinical care, to adult clinical care.

Why this Geographic Focus?

Among children living with HIV (CLHIV) in West and Central Africa (WCA), treatment coverage has increased more than fivefold since 2010, but programmes still struggle to reach the estimated 400 000 CLHIV. In 2022 only 38% of CLHIV were receiving life-saving ART compared to 82% of adults. As a result, a disproportional share of AIDS-related deaths in WCA are among children: they comprised about 8% of people living with HIV in 2022 but accounted for 28% of AIDS-related deaths.⁸

The treatment gap is also prevalent in Eastern and Southern Africa (ESA). CLHIV in this region are still much less likely than adults to receive ART – and that gap is widening. Treatment coverage among children was 63% in 2022, almost 20 percentage points lower than among adults.⁹

⁵ [2023_report.pdf \(unaids.org\)](#)

⁶ [Adolescent lives matter: preventing HIV in adolescents - PMC \(nih.gov\)](#)

⁷ [2023_report.pdf \(unaids.org\)](#)

⁸ [231130-WCARO_Snapshot_HIV-FINAL.pdf \(unicef.org\)](#)

⁹ [231201_ESARO_Snapshot_HIVFinal_0.pdf \(childrenandaids.org\)](#)

There are over 20,000 children living with HIV in each of the following countries: Côte d'Ivoire, Democratic Republic of the Congo (DRC), Kenya, Malawi, Nigeria, South Africa and Uganda however viral suppression rates are much lower than the target of 95% in these countries at an average of 48% (34-74%)¹⁰. In comparison, adults' suppression rates are at an average of 76% (62-89%)¹¹.

What we are looking for

Positive Action seeks to support community-based and community-led innovations that support the transition of the management of HIV care from the adult caregiver to the ALHIV (boys and girls aged 10-14). We are looking to fund interventions that focus on ensuring ALHIV are retained on HIV care as they start to become independent and responsible for their own health.

Research highlights that many CLHIV will only learn of their status in their teens. Delays in disclosure not only impacts access to care, but influences the likelihood of an adolescent being retained in care¹². Non-disclosure of HIV status has been identified as one of the potential barriers to optimum adherence, especially in children and adolescents. We are seeking interventions that support adolescents to learn about their status, enabling them to feel confident to disclose when they want, to the people they want.

As ALHIV gain independence, it's important that they understand their HIV status and live well with HIV. We are seeking innovations that empower ALHIV with the knowledge they need to stay healthy, as well as innovations that support and encourage them to be retained in care and continue with ART with the right nutritional practices. Interventions that also focus on age-appropriate comprehensive sexuality education for ALHIV are also encouraged.

We are also seeking interventions that build the resilience of adolescents, giving them the life skills and confidence to progress into adulthood successfully. This could include addressing self/internalised-stigma, as well as enhancing their leadership skills.

It is vital to still engage caregivers as ALHIV transition from caregiver-care to self-care. Funding will be provided to innovative interventions aimed at engaging caregivers, increasing their knowledge of HIV and HIV care, as well as supporting caregivers to enable ALHIV to become responsible for their own health.

Understanding that in order for ALHIV to thrive, there needs to be a supportive environment in place, we are seeking innovations that engage adolescents not living with HIV, supporting them to become allies to their peers living with HIV. In

¹⁰ [UNAIDS data 2023](#)

¹¹ [UNAIDS data 2023](#)

¹² [Understanding disclosure behaviours in HIV-positive young people - PMC \(nih.gov\)](#)

addition, interventions that ensure schools and the wider community are safe and supportive places for ALHIV will also be supported through this funding.

Your application should explain in detail how your community-based approach to services for ALHIV addresses specific gaps and unmet needs in the HIV response, within the context you are working in.

Your application should address work areas 1, 2, 3 and 4 as detailed below.

1. Retaining ALHIV in care

Under this work area, we are seeking innovations focused on ensuring ALHIV know their status and are able to manage their own HIV care. As a first step, ALHIV must know their status, therefore interventions that provide safe spaces and settings for disclosure will be supported by this funding.

Retaining adolescents in care is key to ensuring positive health outcomes for ALHIV. We are seeking to fund interventions and services that increase ALHIV knowledge of HIV and how to stay healthy when living with HIV. Innovations aimed at encouraging ART adherence, including the roll-out of existing and potentially new digital health interventions to support retention in care will be supported.

Acknowledging the importance of nutrition in the health of ALHIV, activities aimed at increasing the nutritional knowledge and practice of ALHIV will be supported. This could include investment in sustainable ways to access the range of nutrients required by ALHIV, as well as interventions that ensure ALHIV have the knowledge and skills to stay healthy.

We are also seeking to fund approaches that provide comprehensive sexuality education (CSE) for ALHIV and their peers. As adolescents grow into young adults, they begin to engage in the world in a new way, building new relationships, taking chances and experiencing unfamiliar emotions. It is important for adolescents to receive the knowledge to understand their bodies, understand the changes they may be experiencing and to prepare for future relationships. CSE curricula should include how to maintain healthy relationships and tackle harmful gender norms and stereotypes that could impact their relationships with others. The CSE provided should be age appropriate and provided in safe settings.

2. Building the resilience of ALHIV

It is key that ALHIV are not defined by their status and that they receive the opportunities to progress into adulthood as successfully as their peers. Under this Work Area we are looking to support interventions that provide ALHIV with the tools to live well and gain confidence as they transition into young adults.

Effective psychosocial support can have a significant impact on adolescents' social wellbeing, education and health and enable them to address

internalised/self-stigma. We are looking to fund initiatives that offer mental health support to ALHIV through counselling, support groups or other appropriate approaches.

Interventions that equip ALHIV with the skills and confidence that they need to thrive will also be supported. This could include leadership training and leadership opportunities for ALHIV, youth-camps, youth-clubs, sporting activities, music initiatives, drama initiatives and peer mentoring.

To address stigma, we encourage the engagement of adolescents not living with HIV in proposed activities. We expect that at least 50% of activity participants are ALHIV.

3. Supporting caregivers to support ALHIV

Although this funding round focuses on transitioning ALHIV from adult caregiver care, to self-care, it is still important to engage caregivers in supporting ALHIV as they progress into adulthood. Caregivers sometimes lack the knowledge and skills to support ALHIV. Interventions focused on enhancing the HIV and HIV care knowledge of caregivers will be supported, as well as training and support to enable them to provide care to ALHIV and facilitate the transition from caregiver-care to self-care.

Disclosure in a supportive manner supports treatment adherence, reduces self/internalised-stigma and helps adolescents accept their HIV status. However, caregivers are often reluctant to disclose, as they may feel ashamed and burdened with guilt as well as fearful of stigma toward their child and themselves. Interventions should support caregivers by helping them to lead the disclosure process, by giving them the information and tools to manage the process well.

4. Creating a supportive and enabling environment for ALHIV through community sensitisation

Many people are still not properly informed about HIV and HIV related stigma is evident in most communities. For adolescents this could lead to them feeling unable to identify with their peers or they may feel singled out due to HIV-related stigma and discrimination. If adolescents feel different from their peers, they have a harder time bonding with them.¹³

We are looking to support interventions that increases knowledge of HIV within communities and addresses the stigma which can adversely impact ALHIV. In particular, we are interested in interventions that increase knowledge that people living with HIV who achieve an undetectable viral load through consistent

¹³ [Adolescent HIV programming: Good Practice Guide \(frontlineaids.org\)](http://frontlineaids.org)

antiretroviral treatment and monitoring cannot transmit HIV¹⁴ (undetectable=untransmissible (U=U)).

Focus should be given to interventions that educate other children in the community through collaboration with schools or youth groups, as well as sensitisation of wider community members such as school teachers and other community members that are in regular contact with ALHIV.

Key Principles for ViiV Grants

- This grant must not be used for the purchase or promotion of prescription only medicines (including medicines for treatment and/or prevention of HIV).
- This grant must not be used for the advertisement of prescription only medicines (including medicines for treatment and/or prevention of HIV) to the public, including patient organisations; if the grantee discusses ViiV Products and/or products of other companies in any forum, the Recipient shall ensure that such discussion is balanced and objective for all products and does not give undue prominence to any ViiV Products such that it would be considered promotion of those products (for example, if ViiV has the only approved product for prevention in a particular country, or is the only preventive medicine available in that country, then there needs to be careful consideration by the grantee as to whether any public-facing materials referring to the ViiV product might be considered promotional. Equally ViiV expects the grantee to also be responsible for assessing whether any local laws or regulations do not permit the naming of specific products in any publicly facing materials).
- The grantee shall at all times undertake all activities under or in connection with this project with all due professional diligence, skill and care and in strict compliance with all applicable Laws and Regulations.

Key considerations for this open Innovator call for proposals

Funding criteria:

1. Who can apply?

Positive Action is targeted at supporting communities affected by HIV. Any not-for-profit non-governmental national or community-based organisation that represents, or is working with or for, affected communities is eligible to submit a proposal.

¹⁴ [Preventing transmission and tackling stigma: The power of U=U | UNAIDS](#)

International non-governmental organisations that can deliver change at a community level through their links with or representation of the communities affected can also apply for this funding.

2. New/Pilot projects

The project proposed should be a two-year pilot that aims to build evidence before scale-up. It should focus on **testing and piloting new approaches** which must be new to the funding applicant but can have been delivered by another organisation in a different location or aimed at a different target population.

3. Community Focus

Positive Action believes that engaging affected and local communities is critical to addressing the drivers of health and life inequalities, it therefore seeks to promote community responses that work at the level of changing beliefs, attitudes, and behaviours to improve health and rights at the community level.

Community engagement and participation are mandatory requirements for all Positive Action grants. Your proposal must demonstrate how your target group/recipients of care are involved in your project.

Timelines

The Positive Action application, review and grant process can take up to four months to complete. The following table outlines the review process for this invitation.

Funding Round opens	8 th April 2024
Funding Round closes	26 th April 2024
Webinar 1	12 th April 2024
Webinar 2	18 th April 2024
Technical Review Committee meeting to review applications	14 th May to 6 th June 2024
Recommended applications pass through validation	June 2024
Final decision and contracting	June 2024 onwards

****Please note that these dates are a guide****

Application language

The application **MUST** be submitted in English. Any applications submitted not in English will not be considered.

Outline Budget

The budget template embedded in the online application form will require you to enter a detailed budget. This should show planned spend for each year of the project against lines including any assets, staffing, travel, training, monitoring and evaluation, and communications.

Please follow the instructions provided in the budget template, noting the following:

- ViiV funding cannot account for more than 50% of an organisation's annual income if that organisation is based in a Low-Income or Lower-Middle Income country or in Sub-Saharan Africa. For organisations in Upper-Middle Income and High-Income countries, ViiV funding cannot account for more than 25% of an organisation's annual income. This will be calculated by ViiV Positive Action using the requested amount for the first year of the project and the organisations' 2023 income, based on secured funds from a donor and/or other income streams during the period of January to December 2023. The organisation's overall income should include any previous ViiV Healthcare grants (or 10% over a 12-month period for US-based organisations). [World Bank Country and Lending Groups – World Bank Data Help Desk](#).

You can apply for less than £100,000 if your annual income does not enable you to apply for the full amount available.

- **85%** of project budgets must be spent in country.
- Overheads (indirect costs) over **15%** of the total project budget will not be accepted; and
- **Budget limits will be strictly adhered to** – do not request more than the allowable amount for the Innovator Grant as you will not be able to submit your application.

We request that all budgets are submitted in Pound Sterling (at the prevailing rate of exchange). **You must include an annual and total budget for your project in Pound Sterling to be considered for funding.**

Workplan

You will be required to complete a workplan as part of your application. Please outline the activities that will be completed for each Work Area in the template provided via the online application system. Activities outlined in the workplan should be consistent with what is written in the narrative application and shown in the budget.

Monitoring and Evaluation

Please note that relevant indicators are pre-selected for this thematic area and will be agreed prior to contracting. However, you must provide a high-level description of how your organisation will measure effectiveness of your interventions. Please complete the relevant template included in the application portal if you are planning data collection and/or to carry out an evaluation.

References and Validation

Two references are required. References should have knowledge of your organisation's work and should include a named contact with phone number and

email. References must use the template embedded on the application portal and tick the box in the template confirming that you have their permission to share their personal details with ViiV Healthcare Positive Action.

Please do not upload any additional documents to support your reference, we will only accept and review your completed "reference template".

If your funding is approved by the committee, validation of your organisation's charitable status is required before funding is made available. Validation will be undertaken by the Charities Aid Foundation (CAF). Please see the FAQs for more details on Validation.

Designating a Primary Contact

We require that all international organisations with a country office where the project will be located provide a contact in-country. A secondary contact out of country may also be included.

Amplify Impact

If your application is successful, you will have the opportunity to apply for additional funding (up to £10,000) from the Positive Action Amplify Impact fund to invest in interventions aimed at strengthening your organisation. Because of this, do not include organisational strengthening activities in your proposal.

Amplify Impact allows organisations to focus on strengthening areas such as governance, systems, processes, policies and procedures to achieve the desired strategy and goals of an organisation.

More information will be provided on the Amplify Impact fund once an application has been approved.

Applications through CyberGrants portal

All applications should be submitted through the CyberGrants online portal. The link to the application is available on the ViiV Positive Action website. A version of the application form to download will be made available. This version can be made to draft your application ahead of your submission into CyberGrants.