



NATIONAL AIDS COMMISSION
GUIDELINES FOR RESPONDING TO
HIV/AIDS

Guidelines for the Private Sector

Draft
July, 2003

List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-Natal Clinic
ARV	Antiretroviral
BCI	Behavior Change Interventions
CBO	Community Based Organization
CHBC	Community Home Based Care
FMA	Financial Management Agency
FBO	Faith Based Organization
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MSM	Men having Sex with Men
MTCT	Mother-to-Child-Transmission of HIV
NAC	National AIDS Commission
NGO	Non-Governmental Organization
OI	Opportunistic Infection
PLWA	People Living With AIDS
PMTCT	Prevention of Mother-to-Child-Transmission of HIV
SC	Steering Committee
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TWG	Technical Working Group
VCT	Voluntary Counseling and Testing

Table of Contents

PART 1. INTRODUCTION

1. Background and Introduction
 - 1.1 Purpose of this document
 - 1.2 Why should the private sector be involved?
 - 1.3. The role of the private sector today
 - 1.4 Introduction to the National AIDS Commission
 - 1.5 Introduction to the national funding mechanism
2. Private Sector HIV/AIDS Projects Eligible for Funding Support
 - 2.1 Eligible Private Sector Organizations
 - 2.2 Eligible Private Sector HIV/AIDS Service
 - 2.3 Counterpart Funding
 - 2.4 Workplace Interventions
3. Funding Support versus Technical Support
4. Proposal Review
 - 4.1 Proposal Review Process
 - 4.2 Timeline for Proposal Review

PART 2. PROPOSAL WRITING FORMAT AND GUIDELINES

1. Cover page
2. Proposal summary
3. Situation analysis and target population
4. Organizational capacity
5. Project design: objectives and activities
6. Project implementation: Workplan
7. Monitoring and evaluation plan
8. Analysis of sustainability
9. Detailed budget, inputs and human resources
10. Attachments

ANNEXES

1. Project Overall and Specific Objectives and Activities
2. Project Activity Annual Workplan
3. Project Activity Monitoring Format
4. Project Progress Monitoring Format
5. Budget Summary, and Details
6. Procurement Planning Format
7. Proposal Review Criteria and Format
8. Checklist for Organizational Appraisal
9. Menu of Project Options
10. Contact Information

Part 1: Introduction

1. Background and introduction

1.1 Purpose of this document

This document is meant for private sector companies, small or large, wanting to submit an HIV/AIDS project proposal to the National AIDS Commission (NAC) for funding. Part 1 of this document explains the purpose and scope of the funding mechanism, and proposal review procedures. Part 2 explains in detail the proposal requirements.

Specific guidelines for other civil society organizations (e.g. NGOs) are also available from the National AIDS Commission.

1.2 Why should the private sector be involved?

“For the private sector, the implications of AIDS are felt both at the micro and macro level. The impact on the workforce is felt in greater absenteeism, high turnover and reduced productivity. At the macro level, AIDS affects the environment in which businesses operate, including markets, investment, services and education.”
Peter Piot, Executive Director, UNAIDS; James Wolfensohn, President, World Bank, July 2000.

In addition to the enormous impact of HIV/AIDS on the private sector in terms of human, financial and social costs, companies and professional business associations represent powerful stakeholders and effective partners in the war against the epidemic. Many private companies are already implementing HIV/AIDS prevention, care and support and mitigation programs that can easily be scaled up.

- **Coverage and Influence.** A large proportion of Africans spend much of their lives working in private companies which are in unique positions to influence behavior both within their own work forces (and their families) and with the broader constituencies with which they deal. Employees of certain industries, such as mining and transportation, have high levels of vulnerability to HIV and therefore carry a significant burden;
- **Results Approach.** The “bottom line” discipline and the results-oriented approach with its emphasis on efficiency and effectiveness are important to HIV/AIDS programs. Many effective HIV/AIDS programs were initiated by and piloted in the private sector, both in Africa and around the world;

- **Special Expertise.** The private sector has various core competencies which could be of use. These include: financial and accounting skills, technical know-how, understanding of communications products, marketing and selling of products and services, marketing and selling products and services. It also possesses particularly valuable knowledge to reach and change opinions/behavior of large numbers of people;
- **Financial Resources.** Many private companies are prepared to shoulder a much higher percentage of the costs of HIV/AIDS programs than the public sector or other segments of civil society, thus leveraging donor funds.

1.3 The role of the private sector today

The private sector has started HIV/AIDS programs itself both in industries whose workers are severely impacted by or transmitters of HIV/AIDS and more generally. However, the ability of small and medium-sized companies to provide sufficient financial and technical resources has been far less than for large companies and for local branches of international companies. The private sector has also participated in NACs and has begun to mobilize, often through professional associations, resources for various HIV/AIDS activities. The private sector participation in fighting the epidemic should fall under overall national HIV/AIDS strategies, and companies that seek resources from donors should fulfill established eligibility criteria. These criteria can be different depending on the size of the company, as well as taking into account the local business environment. NAC resources should supplement funds already mobilized within the private sector.

1.4 Introduction to the National AIDS Commission

The National AIDS Commission is responsible for coordinating the implementation of the National HIV/AIDS Strategic Framework, which has the following dual goal:

1. To reduce the transmission of HIV and other Sexually Transmitted Infections (STI)
2. To improve the quality of life of people infected and affected by HIV/AIDS

Implementation and ultimate success of the national response to the HIV/AIDS epidemic depends on concerted and collaborative efforts by public, private and non-governmental sectors to support the implementation of HIV/AIDS prevention and mitigation programmes. The NAC recognizes that civil society -- including private businesses, NGOs, local government, central ministries and communities -- understand and appreciate the gravity of the HIV/AIDS situation and that they are willing to organize themselves for concerted action.

1.5 Introduction to the Funding Mechanism

NAC has instituted a funding mechanism to engage and support civil society partners, which include private businesses, NGOs, local government, central ministries and communities. The goal of the funding mechanism is increased utilization of HIV/AIDS prevention and care services.

Specific objectives are:

1. Increased financial resources available to civil society organizations to implement HIV/AIDS services and activities;
2. Increased number and range of civil society partners receiving resources and support;
3. Improved human and organizational capacities to implement quality services.

2. HIV/AIDS Projects Supported Through the Funding Mechanism.

2.1 Eligible Private Sector Organizations

Any private sector organization can apply for support through the NAC funding mechanism. Eligibility criteria for private sector organizations are:

- Legal status allowing the institution to enter into contracts and carry out work.
- A minimum of 18 months of existence in business
- A clear and efficient accounting system that can handle the funds requested.
- Skilled staff to implement proposed activities.
- Ability to mobilize human and material resources.
- An organizational structure in place to support effective decision-making, implementation, follow-up and accountability.

2.2 Eligible Private Sector HIV/AIDS Services

The National AIDS Commission seeks implementing partners among private sector organizations to massively scale up prevention, care and impact mitigation interventions. Proposed services should be:

- Consistent with national priorities. These are mentioned in the National Strategic Framework and the HIV/AIDS Operational Plan, including the workplans supported by the Global Fund for AIDS Malaria and Tuberculosis (GFATM).¹
- Consistent with national technical guidelines and protocols.
- Consistent with community needs.

¹ These documents are available from NAC.

2.3 Counterpart Funding

All private sector applications are subject to cost-sharing. There is a []% of total counterpart funding required. This funding can be reflected in cash or in-kind contributions.²

2.4 Workplace Interventions

Workplace Prevention and Care Interventions

NAC encourages private sector and public sector organizations to develop interventions in the workplace and beyond for workers, their families and/or clients, including:

1. Prevention information and education through IEC materials, training and peer education programmes;
2. HIV/STD prevention services such as STD treatment and condom distribution;
3. Voluntary testing and counseling (VCT) services, at the workplace or through referral
4. Care and support services such as nursing care, treatment of opportunistic infections
5. Provision of anti-retroviral treatment to people with HIV/AIDS according to national guidelines
6. Involvement in community education and support to the establishment of community care schemes

² See 9.6 for examples.

Workplace Policy Development

NAC also encourages all companies to develop supportive workplace policies and procedures to reduce workers' vulnerability, or the impact of HIV infection, for example

1. Development of workplace policies that adequately address HIV/AIDS related concerns, e.g. decreasing vulnerability of male workers by reducing male-only housing;
2. Restructuring of medical and retirement benefits for infected and affected, e.g. enabling positive workers to remain productive as long as possible;
3. Policies and programmes for succession planning, (re)training employees, etc.;
4. Establishment of mutual support fund for funeral costs;
5. Workplace level programmes to reduce stigma and discrimination, etc.

Other Activities that can be supported

Activities that are not service-oriented but increase capacity of organizations for service delivery are also supported. Examples are:

1. Networking and information support to increase collaboration, and share best practice between companies, NAC, NGOs;
2. Capacity building of private sector, e.g. a training module for managers, or for employee induction programmes;
3. Surveys, e.g. assessment of the impact of HIV/AIDS on companies, HIV/AIDS prevalence and needs assessments among workers.

Case Study

Southern Bottlers Ltd.

HIV/AIDS Workplace Policy and Programme

The Southern Bottlers Ltd. HIV/AIDS programme is part of an initiative of 40 bottlers across Africa, in partnership with the Coca Cola Africa Foundation, UNAIDS and others, reaching 60,000 employees.

The HIV/AIDS policy states that Southern Bottlers Ltd.

- *will not discriminate against any employee on the basis of HIV or AIDS status;*
- *will ensure that any information related to an employee's health status will remain private;*
- *will offer voluntary HIV testing to employees but will not require employees to be tested;*
- *will sponsor extensive education and awareness programmes to help prevent the spread of AIDS.*

The workplace program will offer employees, their spouses and children medical treatment for HIV and AIDS related conditions, including anti-retroviral drugs.

The Chief Executive said: "no single organization can stand up to AIDS alone, but Southern Bottlers Ltd. is determined to do its part" (Daily Times, 17/4/2003)

www.aidsprogramsinafrica.coca-cola.com

3. Funding Support versus Technical Support

Different organizations will have different support needs. Obviously, your needs, financial, technical or organizational, will depend on the characteristics of the intervention, and the target population: your managers, all workers, their families, clients, or the community surrounding your company. Some may need financial support; others may have sufficient resources, but need technical assistance for project design or research. Technical or organizational assistance needs, e.g. special training or consultant support, should be reflected in a project proposal. Costs for capacity building should be reflected in the proposed budget.

The Private Sector Liaison Officer at the NAC or the national business coalition against AIDS can suggest sources for specific technical assistance. (see also the country page)

4. Proposal Review

4.1 Proposal Review Process

Each country has its own proposal review process. **The following is an example of such a process.**

Proposals should be submitted to [] related to the NAC, who will acknowledge receipt overnight, and start the proposal review process.

If organizations are not sure if their plans are within the scope of the Grant Facility, or if they are not able to prepare a proposal, [] can assist interested organizations with project planning, and proposal writing. In that case organizations should submit a one-page letter of interest instead of a full proposal, and you will receive guidance.

Each proposal is reviewed on merit and quality, and on the extent to which it conforms to the scope and objectives of the national strategy.

- Final proposals are reviewed on **project content** according to a set of criteria evolving around intervention design, sustainability, organizational capacity, and budget³. At least 3 independent expert reviewers, drawn from a national roster of reviewers⁴, will score the proposal (in some cases, international reviewers may also be involved). Each reviewer judges the proposal as “acceptable as is”, “not acceptable”, or “acceptable under conditions/with clarifications”. Once conditions are met and/or clarifications given, the proposal is cleared for content/technical design. If reviewers do not agree, [] will forward the proposal to NAC for mediation, if the proposal is satisfactory on the following two assessments (see below).
- [] will assess the proposed **budget** against budgeting rules and guidelines, and will contact the applicant organization if any changes are to be made.
- [] will assess **organizational capacity**, either through a visit or through other means, to implement the proposed intervention, and to handle the requested grant⁵.

Once organizational capacity, project content and budget are found in order, [] will submit the proposal to NAC for approval. After approval, NAC will send an approval letter to the applicant agencies, with a contract for signature, and a Funding Operational Manual explaining grant and reporting requirements⁶.

The Steering Committee of the funding mechanism ratifies criteria and procedures, and supervises their correct and impartial implementation.

³ See Annex 9 for Proposal Review Format

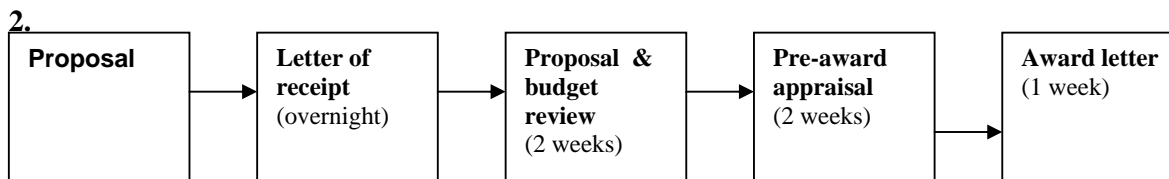
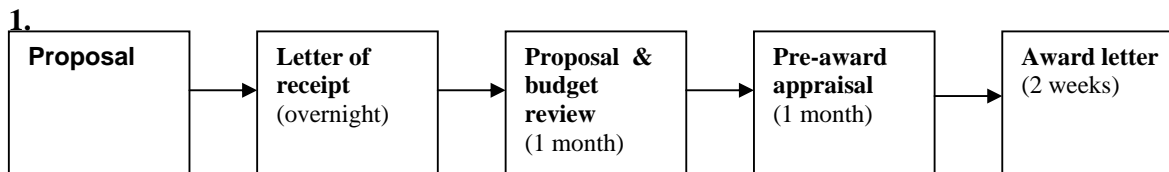
⁴ A business coalition against AIDS might be appropriate to suggest reviewers for the national roster.

⁵ See Annex 10 for Appraisal Checklist

⁶ Available from NAC Secretariat

4.2 Timeline for Proposal Review

There needs to be a transparent timeline for review as well as award. **The following are samples of proposal review processes.**



Part 2: Proposal Writing Guidelines

SAMPLE

Note:

These guidelines describe all required components of a project proposal, and refer to formats where needed. Applicant organizations are encouraged to keep narrative sections as short as possible (maximum length is given per section).

1 Cover Page

1. Name(s) of the implementing organization(s)
Address
Contact Person
Managing Director
Accountant
2. Name of the project
3. Location of the project
4. Duration of the project
5. Amount of funding requested
6. Date of submission

2 Proposal Summary

Maximum 1 page

Provide the key information about the project, including:

1. Situation Analysis
2. Project goals and objectives
3. Main activities
4. Inputs, i.e. staff and requested budget

3 Situation Analysis

Maximum 2 pages

Describe the company, including:

- Number of years in operation since date of registration
- Size and number of employees:
 - Multinational
 - Large Domestic Corporate (>200 employees)
 - Small to Medium Enterprise (50-200 employees)
 - Micro- Enterprise Organizations (5-50 employees)
 - Other (please give details)
- Number of permanent workers (pensionable employees) and casual workers (on contract or daily wages)

- Area of work: Agriculture, Trade, Restaurant and Hotels, Manufacturing, Financial Services, Building and Construction, Information Technology, Health and Health Services, etc

Provide a situation analysis related to HIV/AIDS, including:

- Description of target population plus socio-economic background. Are they employees, their (extended) families, clients and/or the wider community?
- HIV/AIDS/STD epidemiology, prevalence of risk behaviors and factors of vulnerability;
- The problem, and what are the needs of the target population(s); Describe if and how problems and needs are different for men and women;
- Impact of HIV/AIDS at individual, family, community and company level;
- Current HIV/AIDS policies and programmes in the company, or NGOs/others. Include any technical and organizational support needs;
- Constraints facing a project, e.g. others who influence the lives of the target population; socio-political factors; threats to the target population or the way that the target population relate to one another.

4 Organizational Capacity

Maximum 1 page

Describe the organization's experience in:

- HIV/AIDS workplace interventions
- HIV/AIDS policy development
- Coordination with other organizations and service providers
- Non-HIV/AIDS projects/campaigns. Please describe the campaign, achievements and approach used.

State the names and describe roles of key decision makers in the project. Is there a project committee, taskforce or dedicated project manager? Explain lines of responsibility in the organization and the project. Provide an organogram.

Identify needs for capacity building in relation to the proposed project, and propose a strategy to meet these

Describe if, and how employees/target population are involved in identifying their needs, and the planning, design and implementation of the project.

**5 Project Design:
Objectives and
Activities**

Format⁷ and maximum 1 page

Describe what the project wants to accomplish and how this will be done. Be realistic about the length of time and the amount of resources available.

Overall Objective: Mention the overall objective of your project, i.e. what you want to achieve in terms of providing HIV/AIDS prevention and/or care services to your target population.

Specific Objectives: List the objectives of your project, i.e. what specific outcomes do you expect at the end of the project year? Objectives should be **SMART:**

- Specific
- Measurable
- Achievable
- Relevant to the purpose
- Time-bound

Project activities related to objective: Describe the major project activities to achieve the project objectives. How were these activities influenced by your prior experience?

Describe how the project design deals with existing inequalities that affect the target population, such as disease status, behaviors, gender, and income.

Describe any risks to the target population that the project may pose, and how these risks are mitigated through project design.

**6 Project
Implementation:
Workplan**

Maximum 2 pages, plus workplan format⁸

List the activities in order of the objectives they relate to. Prepare a time line, listing what you will accomplish in each month of the grant period, and who will be responsible.

Prepare a detailed implementation plan for year 1

**7 Monitoring and
Evaluation plan**

Maximum 1 page plus formats provided

Monitoring service statistics⁹: Determine which of the project activity indicators are useful service statistics for your project to monitor. This format needs to be submitted monthly

⁷ See Annex 1 for format

⁸ See Annex 2

⁹ See Annex 3

	<p>Monitoring progress towards objectives¹⁰: The format is an evaluation tool to assess if the objectives of the project are fulfilled. Define at least one meaningful and measurable indicator of success for each project objective. Determine targets to reach, and describe how you will verify each target. If an indicator cannot be measured quarterly, you fill in the annual target only.</p> <p>Mention if and how you will report progress and success to key stakeholders in and outside the company, e.g. employees, board, and media.</p> <p>Describe any additional evaluation activities you propose as part of your project. Indicate who will be responsible for designing and executing this evaluation.</p>
8 Analysis of Sustainability	<p><i>Maximum 1 page</i></p> <p>Describe how the intervention will continue after the NAC grant, in terms of</p> <ul style="list-style-type: none">• Project impact• HIV/AIDS services• Funding for the project
9 Detailed Budget, Inputs and Human Resources	<p><i>Use formats¹¹</i></p>
9.1 Project staff and volunteers	<p>Describe project positions and staff. Include all paid staff, volunteers, and consultants.</p> <p>Describe for each position whether it is full/part time; the main responsibilities; the qualifications and/or experience required, and the names and qualifications of the person(s) if already appointed</p> <p>Describe if/how the project you will recruit, support, and remunerate volunteers.</p>
9.2 Project Budget	<p>Itemize all direct and indirect costs associated with your project. All costs must be specified. The project proposal budget must follow the formats given. Relevant budget notes, estimates and calculations should support all figures.</p> <p>During proposal review, NAC will assess the relative budget proportions for sub programme activities, salaries and office costs.</p>

¹⁰ See Annex 4

¹¹ see Annex 5 A-C for Budgeting Formats

9.3 Budget Categories

A: “Personnel Costs, Travel and Office Operating Costs”

Contains the cost centers Office Operation, Travel and Personnel Costs: recurrent costs that cannot be apportioned to a fixed programme activity, e.g. office running, rent of premises, communication, bank charges, transportation and personnel.

B: “Programme Delivery”

Includes all costs related to programme activities (e.g. meetings, workshops, trainings, materials, networking, procurements).

C: “Capital Assets”

Includes one-off expenses needed to acquire the budgeted equipment and services to start programme operations and major capital expenditure. These are the programme and non-programme assets capitalized in the books of accounts.

9.4 Budget Items | See table below

Cost center	Line items	Costs
Category A - Personnel Costs, Travel and Office Operating Costs		
Personnel	Salaries	Individual positions (titles) and salaries of all proposed project staff. The percentage fulltime equivalent for the project should be noted for all programme and administrative staff. Salaries should be within the normal market range. Include consultants and staff support from headquarters here
Travel	Local travel	Regular expenses incurred for project related transportation. Includes travel expenses such as bus fares, lodging and meal costs while traveling. Costs for project related supervision/field trips should be included under this line item. Indicate maximum diem/travel allowance rates for local or international travel
	Vehicle operating costs	Fuel and maintenance of project bicycles, motorcycles, and vehicles. It does not apply to office vehicles used for private purposes. If a vehicle is used for more than one project, the proportionate cost should be budgeted
Office Operating Costs	Office Rent and Utilities	Expenses related to office rent and office utilities, e.g. electricity, water, garbage removal etc.
	Office Supplies	General office supplies for office and administrative use such as paper, stationery to support the project
	Postage and Telecommunication	Mail and general communications such as telephone, fax charges, internet access fees, etc.
	Subscriptions	Subscription for journals/magazines etc.
	Insurance	Insurance of project related assets and office space
Category B - Programme Delivery Costs		
	Activity	Costs per activity as mentioned in the programme proposal, insofar as these costs are not covered in other budget categories
	Medicines	Cost of medicines used in the project
	Condoms	Cost of procurement of condoms. (If condoms are socially marketed, then such income should be reflected as Income in the financial reports)
Category C - Capital Assets		
	Capital Costs	Any non-consumable item of equipment, needed to start programme operations, and major capital expenditures

**9.5 Budget
Justification**

Use format

Describe how you arrived at the amounts requested per line item in your budget. Justify all costs in your budget.

**9.6 Funds From Other
Sources**

Maximum 1 page

Indicate any counterpart contributions made by the company either financially or in-kind to the project. Examples of in-kind contributions are meeting locations, use of information technology, staff time, etc.

Also indicate any additional funds from other donors, or in-kind contributions from the community as. All additional funds should be reflected in the budget.

Indicate anticipated income related to the project (e.g. sale of materials, fee for service, consultancy services or condom social marketing). Explain how this income will be used to support the programme objectives, and fill in the estimated amounts in the column 'Funds from other sources'.

**9.7 Procurement
planning**

Use format¹²

Describe how and when you plan to purchase items listed in your proposed budget.

10 Attachments

Include with this proposal a copy of each of the following items:

1. For registered organizations, include documents such as Memorandum and Articles of Association (for micro-enterprise organizations, a business license.)
2. Constitution of the organization
3. List of Board of Directors
4. Most recent annual report
5. Most recent audited financial statement
6. Bank account number and address of bank
7. Letter of support for the project from the Managing Director

¹² See Annex 6

ANNEXES

Annexes

1. Project Objectives and Activities Format
2. Project Annual Workplan
3. Project Activity Monitoring Format
4. Project Progress Monitoring Indicators
5. Budget Proposal & Summary formats
6. Procurement Planning Format
7. Proposal Review Criteria and Format
8. Checklist for Organizational Appraisal
9. Menu of Project Options
10. Contact Information

Annex 1 - Objectives and Activities

OVERALL OBJECTIVE What changes are anticipated in the long term?	SPECIFIC OBJECTIVES What are the specific expected outcomes over the project period?	ACTIVITIES What has to be done to achieve the objectives?
<p><i>e.g.</i></p> <p><i>"# number of employees and family members use (specify!) prevention and care services"</i></p>	<p>1. <i>e.g.</i></p> <p><i>"Increased demand for ...services"</i></p>	1.1
		1.2
		1.3
		etc.
	<p>2. <i>e.g.</i></p> <p><i>"Improved quality of services"</i></p>	2.1
		2.2
		2.3
		etc.
	<p>3. <i>e.g.</i></p> <p><i>"Increased capacity of our staff and volunteers"</i></p>	3.1
		3.2
		3.3
		etc.

Annex 3 – Project Activity Monitoring Format

Date of Report:

Name of Organization:

Project Code:

Reporting Month:

Please fill in only what is relevant for your organization !

PREVENTION SERVICES						
		0-24 yrs		25+ yrs		Tot.
		M	F	M	F	
IEC materials						
IEC1	# new IEC materials produced					
IEC2	# IEC materials distributed					
BCC						
BCC1	# 1-1 communication contacts					
BCC2	# first contact					
BCC3	# repeat contact					
BCC4	# people reached through group sessions/mass media					
STD services						
STD1	# people referred for suspected STD					
STD2	# people treated for STD					
PMTCT						
PMT1	# ANC attendees counseled on PMTCT					
PMT2	# ANC women tested for HIV					
PMT3	# HIV positive women provided with Nevirapine					
PMT4	# women provided with infant feeding					
VCT						
VCT1	# people receiving pre-test counseling					
VCT2	# people tested					
VCT3	# tested for the first time					
VCT4	# repeat tests					
VCT5	# people receiving result & post-test counseling					

CARE, SUPPORT & IMPACT MITIGATION SERVICES						
		0-24 yrs		25+ yrs		Tot.
		M	F	M	F	
PLWA support¹³						
PWA1	# counseling sessions with PLWA					
PWA2	# first contact					
PWA3	# PLWA receiving additional support services ¹⁴					
PWA4	# new clients					
Orphan support¹⁵						
OVC1	# counseling contacts with orphans					
OVC2	# first contact					
OVC3	# orphans with schooling or foster support					
OVC4	# new orphans					
Widows/carers¹⁶						
WID1	# counseling contacts with widow(er)s					
WID2	# first contacts					
WID3	# widow(er)s receiving material/community support					
WID4	# new clients					
Home care						
CAR1	# home visits for nursing/medical care					
CAR2	# new home patients					
Clinical care						
OI1	# PLWA treated for OI or complications					
OI2	#new patients					
ARV Treatment¹⁷						
ARV1	# PLWA currently on ARV					
ARV2	# people started ARV for first time					
ARV3	# PLWA who fail to adhere ¹⁸					
OTHER ACTIVITIES						
		0-24 yrs		25+ yrs		Tot.
		M	F	M	F	
Training						
CB1	# project staff trained					
CB2	# target population/volunteers trained					

¹³ Do **not** include orphans/young children with HIV/AIDS

¹⁴ Include income generation/material support, spiritual support, nutritional support, etc. – but **not** medical treatment/prophylaxis

¹⁵ Include here children affected and infected with HIV

¹⁶ Includes widowers/grandparents/other who care for bereaved family

¹⁷ Do **not** include Nevirapine for PMTCT – see prevention indicators

¹⁸ Defaulting patients or those who stop (due to side-effects etc.)

Annex 4 - Project Progress Indicators

Obj. No	Indicator	Quarter 1			Quarter 2			Quarter 3			Quarter 4			Annual ¹⁹		
		-			-			-			-					
		T	A	%	T	A	%	T	A	%	T	A	%	T	A	%
1																
2																
3																
4																
5																

T= target, A=Achievement, %= percentage achievement (A:T)

Notes/Explanations:

¹⁹ Note: fill in the annual column in every quarterly report, to indicate the **cumulative progress** towards the **annual target**

Annex 5A - Budget Proposal

Description	Monthly Budget	Annual Budget	Funds from Other Sources	Budget Requested
		1	2	1 -/ 2
PERSONNEL				
1.				
2. Etc				
3.				
Etc.				
TOTAL SALARIES				
Casual labor				
Consultants				
TOTAL PERSONNEL				
TRAVEL & TRANSPORT				
Transport				
Vehicle operating cost				
TOTAL TRAVEL AND TRANSPORT				
OFFICE OPERATING COSTS				
Office rent & utilities				
Insurance				
Office supplies				
Telecommunication, Internet & postage				
Subscriptions				
TOTAL OFFICE OPERATING				
PROGRAMME DELIVERY				
Activity 1:				
Activity 2:				
Activity 3: etc.				
Medicines				
TOTAL PROGRAMME DELIVERY				
CAPITAL ASSETS				
Office equipment				
Furniture				
Other				
TOTAL CAPITAL ASSETS				
TOTAL PROJECT BUDGET				

Annex 5B - Budget Summary

BUDGET SUMMARY	Total Costs	Funds from other sources	Requested Budget
TOTAL PERSONNEL			
TOTAL TRAVEL AND TRANSPORT			
TOTAL OFFICE OPERATING COSTS			
TOTAL PROGRAMME DELIVERY			
TOTAL CAPITAL ASSETS			
TOTAL PROJECT COSTS			

Annex 7 – Proposal Review Score Sheet

Organization:

This score sheet is meant primarily as a review guide to the proposal content, and the scores assigned may not be the final appraisal of the proposal.

The proposing organization will be appraised separately on organizational capacity and financial management capacity.

Please indicate assigned points for each category in the space to the left.

Project Design		
1. Overall strength of the intervention design: intervention strategy and choice of target population		Out of 10
2. Responsiveness of the project purpose to needs of the target population		Out of 5
3. Sensitivity to gender and social inequalities		Out of 5
4. Clarity of purpose and logical link to objectives and intervention activities		Out of 10
5. Quality and adequacy of monitoring and evaluation plan		Out of 10
6. Feasibility: can the stated objectives be achieved within given time plan and budget		Out of 5
7. HIV/AIDS service delivery: technical strength and consistency with best practice		Out of 10
Total points for section 1		Out of 55
Sustainability and Collaboration		
1. Cost-effectiveness of the intervention		Out of 10
2. Reasonable level of counterpart contribution of the company/organization		Out of 10
3. Extent to which the proposal articulates a collaboration plan with other organizations/service providers		Out of 5
Total points for section 2		Out of 25
Organizational Capacity		
1. Current of past experience in HIV/AIDS or relevant projects		Out of 10
2. Adequacy of human and financial resources to implement the intervention technically and administratively		Out of 10
3. Adequacy of overall organizational management		Out of 10
Total points for Section 3		Out of 30
TOTAL POINTS FOR PROPOSAL		Out of 110

Accepted	Accepted conditionally (Give conditions separately)	Not accepted
-----------------	---	---------------------

Annex 8 - Checklist for Organizational & Financial Management Appraisal

Please use this checklist in consultation with senior staff of the organization, to identify strong and weak areas, as well as capacity building needs. The project proposal should be used in the appraisal.

Factor	Assessment ²⁰					Key issues
	1	2	3	4	5	
Governance and management						
Mission statement of organization						
Values re. HIV/AIDS						
Board of trustees/directors						
Staffing and organization						
Organogram						
Staff numbers						
Team work						
Job descriptions						
Team skills and experience in:						
Project management						
HIV/AIDS prevention & care						
Capacity building						
Personnel policy						
Personnel files present						
Recruitment policy						
Written induction programme						
Staff/team development policy						
Salary structure and procedures						
Staff appraisal						
Record of staff's work with clients						
Staff meetings						
Written code of practice on working procedures						
Accommodation/office						
Financial management/systems						
Registration with Government						

²⁰ 1 = poor; 5 = excellent

Factor	Assessment ²⁰					Key issues
	1	2	3	4	5	
Accounting systems						
Separate bank account						
Other sources of income						
Financial planning/budgeting						
Financial monitoring						
External audit system						
Audited accounts of last 3 years						
Capital assets available						
Contracting services/consultants						
Project management						
Project planning system						
Performance monitoring system						
Evaluation/review system						
Participation of stakeholders						
External relations						
With NAC						
With DACC/DA						
With other NGOs						
With private practitioners						
With community						
With PLWA						

Strong points:

- 1.
- 2.
- 3.

Weak points/ TA needs

- 1.
- 2.
- 3.

Conditions for funding:

- 1.
- 2.
- 3.

Annex 9 – MENU OF PROJECT OPTIONS

Programme item	Description
Policy statement	A 'public' policy statement endorsing the Company's commitment in respect of HIV/AIDS for internal briefing and, on request, provision to third parties.
Board level programme responsibility	The Company Board should be clearly identified with the programme, with a Board member formally responsible and a quarterly Board review of the programme and associated strategic decisions.
HIV/AIDS committee	Company/National Committee responsible for developing the detail of policies and programmes and for on-going review of progress, reporting back to the Board. Dependant upon company size and geography, subordinate committees should be in place for units of >200 people.
Management guide	This document should provide the detail of the HR response to HIV/AIDS. What should and should not be done with respect to employees with HIV/AIDS. May be based upon adoption of third party best practice documents.
Training modules and targeting of high risk groups	HIV/AIDS education should be a component of all new employee induction programmes and their should be a training module for managers. High risk groups, such as long-distance drivers and migrant workers, should be targeted.
Awareness programmes started	Posters, news clips on notice boards, talks, video, live theatre, radio, television, competitions (eg poster), sponsored events, messages on pay packets, in-house magazine articles.
Workplace discussion forum	A key step in the educational process is to engage in a dialogue and the opportunity for this should be established (with union involvement) in all workplaces.
Peer group educators	Informed dialogue is essential for properly developing an understanding of how HIV is spread and the impact it can have. Target ratio should be 1 educator : 50 employees.
PLWA involved	The involvement of People Living with Aids is a powerful way of strengthening the educational process, especially if they are representatives of the immediate community
Condoms distributed	Condom distribution is an essential component of an education and prevention programme. They should be free of charge (or at nominal cost).
In-house counsellors trained	Trained counsellors are a pre-requisite to ensuring appropriate support is available to those affected by HIV/AIDS and for the roll-out of voluntary testing. A call centre can also support convenient and confidential access
Voluntary testing available	Access to safe, confidential and convenient voluntary individual HIV testing, supported by pre-test and post-test counselling > (VCT)
Prevention vertical transmission	Transmission of HIV from infected parent to child. Includes education for aspirant fathers and use of anti-retroviral drugs for mother/child. Side effects require close monitoring
Post exposure prophylaxis policy/procedure	All employees with potential exposure to blood or body fluids should have access to PEP packs.
Provision of nutritional programme	Appropriate dietary supplements to support good general health and resistance to opportunistic infections will significantly delay the onset of AIDS
Treatment for opportunistic infections	The impact of a decline in the immune system with the onset of AIDS can be mitigated by prophylactic medication for opportunistic infections and quick response when they occur
Anti-retroviral (ARV) treatment	The correct use of ARV treatment can lengthen life expectancy and quality of life of an advanced HIV+ patient. Continuity and appropriate delivery

	infrastructure are critical
Home-based care	Terminally ill patients with AIDS require specific care. This could include hospice or home-based care developed in the support of appropriate third parties
Business impact assessment	To ensure appropriate evolution of HIV/AIDS programmes and to plan for the future, studies required to evaluate impact of HIV/AIDS on the business (productivity, absenteeism, health services, group benefits, recruitment and training).
Prevalence studies	To support business impact assessment, assumptions are required as to HIV prevalence amongst employees. Most accurate assessment will be from voluntary testing of the whole workforce. Initial studies likely to rely upon interpolation from associated data (e.g. cause of death from provident fund records).
KAP surveys	Knowledge, Attitudes, Perceptions and Practices Analysis can be important to understanding the epidemic and planning effective programmes, and subsequently assessing the success of the interventions and initiatives taken.
Business forum participation	External liaisons and partnerships can support joint efforts and the sharing of best practice to solve common HIV/AIDS challenges. The forum could be business, employer association, NGO or government led.
Customers, suppliers and other business partners	Business partners should be encouraged to put in place their own programmes and to ensure they have assessed and are able to deal adequately with the relevant risk. For key suppliers, the latter could involve a system of supplier compliance certification.
Involvement in community education	An important potential spin-off from work-place programmes is to extend the educational process to the associated community, including schools and churches
Involvement in community care	An extension of the home-based care programmes for company employees and their dependants would include support to the establishment of community care schemes

Annex 10 – CONTACT INFORMATION

If you want to know more about the Multi-Country HIV/AIDS Program you can contact the following people:

Country	Designation	Name	Email	Phone and Fax
Benin	Secrétaire Permanent du CNLS	Dr. Alphonse Gbaguidi	pnls@nakayo.leland.bj	Tel: (229) 315488 Fax: (229) 317848
Cameroon	Permanent Secretary NAC	Dr leopold Zekeng	cnls@camnet.cm	
Cape Verde	Executive Secretary	Jacinto Estrela	ccssida@cvtelecom.cv	Tel: +238 – 619527, 600343 Fax +238 - 618576
Central African Republic	Coordinator Technical Secretariat NAC	Jean Willibyro	cnlsca_st@yahoo.fr	
Chad	Directeur du Programme	Dr. Marie Francke Puruehnce	PNlscongobrazza@hotmail.com	
Cote d'Ivoire	Secrétaire Executive Permanent		sep-cnls@usan-bu.net	
Eritrea		Dr. Eyob Tekle, PMU	eyob@pmu.cts.com.er	Tel: 291-1-122978 Fax: 124357
Ethiopia	Head, HAPCO	Ato Negatu Mereke	Hiv.aids@telecom.net.et	Tel: 215-1-635101/ 251-9-229705 Fax: 251-634789/84
Ethiopia	Head, PCU	Ato Tibebe Shenie	tibebeshenie@yahoo.com	Tel: 251-1-665039 Fax: 251-1-663-801
Gambia	Director	Mr. Saihou M. Ceesay	nas1@gamtel.gm or nas2@qanet.gm or smama@qanet.gm	Tel: +220 903344; 797644
Ghana	Director-General of Ghana Aids Commission	Prof. S. A. Amoa	Sakyi_2000@yahoo.com	Tel: 233-21-762492 Fax: 233-21-782264
Guinea	Secrétaire Executive du Comité National de Lutte contre le SIDA (CNLS)	Dr. Mariama Dielo Barry	cnls02@yahoo.fr	Tel: (224) 29-46-87 or 21-62-88
Kenya	Deputy Director, National AIDS Control Council	Dr Patrick Orege	porege@iconnect.co.ke	Tel: 254-202711261 Fax: 254-202711072
Kenya	Private Sector/Civil Society Manager, National AIDS Control Council	Harriet Kongin	hkongin@yahoo.com	Tel: 254-22715109/ 254-722616027 Fax: 254-22711231
Madagascar	Acting National Director	Mrs. Andriamananoro Monique	ugp@dts.mg	Tel : (261) 20 22 401 25 Fax : (261) 20 22 413 90

Proposal Writing Guidelines for the Private Sector

Country	Designation	Name	Email	Phone and Fax
Malawi	Executive Director of the National AIDS Commission	Dr. B. Mwale	mwaleb@aidsmalawi.org.mw	Tel: (265) 727 900 Fax: (265) 727 398
Mauritania (under preparation)	Coordinateur du Programme de Lutte contre le SIDA (not related to NAS that does not exist yet)	Mr. Abdallah Ould Horma	abhorma@yahoo.fr	
Mozambique	Executive Secretary, Secretariat to the National Council to Combat HIV/AIDS and STDs (CNCS)	Mrs Janet Mondlane	janet@virconn.com	Tel: 258 1 495604 Fax: 258 1 485 001
Mozambique	National Coordinator of Planning and Coordination, National AIDS Council	Cornelio Balane	Cornelio.balane@cncs.org.mz	Tel: 258-1-495604(495605) Fax: 258-1-485001(495395)
Niger	NAS Secretariat Coordinator	Dr Bagnou Abdoulaye	Bagnouai@Yahoo.Fr	
Nigeria	Chairman National Action Committee on HIV/AIDS	Professor Babatunde Osotimehin	nptnigeria.map@linkserv.e.com osotimehin2000@yahoo.co.uk	Tel: (234)-9-4131795 (96) Fax (234)-9-4131794
Sierra Leone	Director NAS	Prof. Sidi T. O. Alghali,		Tel: 076-605-151
Tanzania	Executive Chairman, Tanzania Comisión on AIDS	Major-General Lupogo	Tacaids@Raha.Com	Tel: (255-22) 2125124, 2125127 Fax: (255-22) 2122427
Togo	Coordinator (Medical Doctor)	Dr Togma Gilbert Barandao	cnls.tg@hotmail.com	Tel: (228) 220 06 96 Fax: (228) 220 06 95
Uganda	Project Coordinator	Dr. Peter Nsubuga	uacp@infocom.co.ug	Phone: 256-41-257619 Fax: 256-41-257176
Zambia	Actino Director General	Dr. Rosemary Musonda	rmusonda@zamnet.zm	Tel: 260-1255044 Fax: 260-1253881
Zambia		Dr Bolla	aidsec@zamnet.zm	