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U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

ANNOUNCEMENT

CALL FOR PUBLIC-PRIVATE ALLIANCE PROPOSALS RELATED TO Information and Communication Technology (ICT) in Health Programs UNDER EXISTING ANNUAL PROGRAM STATEMENT APS No: M/OAA/GRO/EGAS – 10-000001

This program is authorized in accordance with Part 1 of the Foreign Assistance act of 1961 as amended.

USAID/South Africa is making a special call for the submission of concept papers for a public-private partnership (PPP) which capitalizes on the use of information and communication technology (ICT) to reduce the impact of HIV/AIDS in South Africa. PPPs are collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish development goals.

Background

Information and Communication Technology

Innovation is a cornerstone to progress and sustainability. Advancements in technology can have positive impacts on development programs by increasing efficiencies in programs, allowing more people to be reached at a lower cost. Increased penetration of mobile and computer technology have changed communication streams in Africa, particularly in rural areas. For example, mobile subscriptions in Africa rose from 54 million to almost 3,500 million between 2003 and 2008, the quickest growth in the world (UN Conference on Trade and Development, October 2009). In South Africa, cell phone ownership more than doubled, from 37.6% to 79.1% from 2002 to 2008 (Statistics SA). There are an estimated 50 million SIM cards in circulation in South Africa, which is greater than the population (48.5 million). Africa has the highest rate of new subscriber growth and will continue to be an important emerging market for new technology, including cell phones and computers. As the developed world becomes saturated, the developing world's rural poor will account for a major growth area in future years.

With over 3 billion SIM cards in circulation and a growing number of computers in Africa, there is unprecedented access and reach to people and to information. The number of users presents an opportunity to deliver health services; to do systematic data collection; to monitor and evaluate programs; to extend the reach of existing health care

workers; to train new health care workers; to track infectious diseases and improve surveillance networks; and to provide diagnostic treatment and support.

HIV/AIDS in South Africa

USAID is one of the key US government agencies implementing the President's Emergency Plan for AIDS Relief (PEPFAR) in South Africa. The PEPFAR program supports the South African government's (SAG) *National Strategic Plan for HIV& AIDS and STI (2007-2011) (NSP)*, which spells out some explicit goals for addressing HIV/AIDS, including providing 80% coverage for treatment services by 2011 and reducing new infections by 50% by 2011. The SAG has also recently launched a massive campaign to mobilize all South Africans to get tested for HIV, and scaling up treatment with the goal of 1.4 million people on treatment by 2011.

South Africa, with a population of 48.5 million, has a highly generalized AIDS epidemic. The *2008 UNAIDS Report on the Global AIDS Epidemic* estimated that approximately 5.7 million people of the total population are HIV positive and the HIV prevalence among those aged 15-49 is estimated at 15.8%. South Africa has the largest antiretroviral treatment (ART) program in the world, with over 918,407 people on treatment. New treatment guidelines, including changes to the CD4 threshold for treatment eligibility, may increase this burden.

Transmission of HIV in SA is primarily heterosexual followed by mother-to-child transmission. The HIV epidemic is not uniform and varies between and within provinces. Recent data from the *2007 National Antenatal Sentinel HIV and Syphilis Prevalence Survey* indicates that one or two districts in each province contribute disproportionately to the epidemic. For example, in three districts of KwaZulu-Natal and one in Mpumalanga, HIV prevalence exceeds 40%. A significant driver of new infections in South Africa is believed to result from multiple and concurrent sexual partnerships in which consistent condom use is low. Other factors associated with high HIV transmission include age mixing in sexual partnerships, informal transactional sex, and early sexual debut. The mean age at first sex, currently about 17 years, is declining. Alcohol and substance abuse also contribute to risky sexual behavior and rates of sexual violence in South Africa are among the highest in the world. These behaviors, coupled with low rates of circumcision, are the key drivers of the HIV epidemic. Frequent labor mobility and low marriage rates further contribute to HIV transmission.

The HIV epidemic in South Africa is described as a hyper-endemic; however it is also heterogeneous with extremely high levels of HIV in certain geographic areas in comparison with others. This calls for an intensified effort within these geographic "hot spots" while still continuing on-going HIV prevention efforts in all areas of the country. The National Department of Health (NDOH) has identified 18 priority districts and sub-districts (see table below). It is targeting those districts and a handful of others for an intensified HIV prevention effort. These districts are classified as the most deprived because they have the poorest health status, have poor access to health care and have poor

health service delivery. Of the eighteen districts, ten also have the highest burden of HIV and thus the risks for new infections are extremely elevated.

Province	District	Sub-District	Provincial A Survey 2007 Prevalence	HIV Prev among AL clients tes 07/08
Eastern Cape	Amathole	Umzimvubu Health Sub-District	26.0%	21.3%
	Alfred Nzo	Mbhashe Health Sub-District		15.2%
	Ukhahlamba	Camdeboo Health Sub-District		6.7%
	Cacadu	Ngcobo Health Sub-District		20.2%
	OR Tambo	Quakeni Health Sub-District		24.9%
	Chris Hani	Senqu Health Sub-District		19.3%
Free State	Thabo Mofutsanyana	Maluti a Phofung al Municipality	33.5%	28.7%
Gauteng	Metsweding	Kungwini Local Municipality	30.3%	23.9%
KwaZulu-Natal	Zululand	Dannhauser Local Municipality	37.4%	29.9%
	Ilembe	Maphumulo Local Municipality		20.2%
	Umkhanyakude	Umhlabuyalingana Local Municipality		27.5%
	Amajuba	Nongoma Local Municipality		26.6%
Limpopo	Mopani	Greater Giyani Local Municipality	18.5%	18.5%
Mpumalanga	Ehlanzeni	Bushbuckridge Local Municipality	32.0%	20.5%
North West	Bojanala	Moretele Local Municipality	29.0%	21.4%
	Bophirima	Kagisano Local Municipality		18.0%
Northern Cape	Kgalagadi	Moshaweng Local Municipality	16.1%	12.8%
Western Cape	City of Cape Town	Khayelitsha Health Sub-District	12.6%	29.7%

In addition, the South African HIV epidemic continues to create a growing number of vulnerable children without adult protection. The 2007 data from the United Nations Millennium Development Goals Index indicates that 1.4 million South African children had been orphaned due to AIDS. Even more children are highly vulnerable because of HIV infection at birth or through unprotected sex, abandonment, and living in households with sick or elderly caregivers or high numbers of children. Many communities can no longer protect the rights of OVC without outside assistance. USG support for vulnerable children in South Africa focuses on community-based initiatives that keep vulnerable children in their households and communities.

Solicitation

USAID/South Africa seeks to develop innovative public private partnerships that use ICT to reduce the impact of HIV/AIDS in South Africa. This PPP should be driven by needs and gaps in HIV/AIDS programming, and should strengthen evidence-based interventions that take epidemiological and socio-cultural factors into account. It is anticipated that this partnership will improve cost efficiencies; capitalize on new ways to use technology to advance development objectives; and increase the sustainability of programs.

The project should address one of the following areas of HIV/AIDS:

- Prevention:
 - Prevention of Mother to Child Transmission
 - Sexual Prevention
 - Male Circumcision
 - Counseling and Testing
- Care:
 - Adult Care and Support
 - Pediatric Care and Support
 - Orphans and Vulnerable Children
 - TB/HIV
- Treatment:
 - ARV Drugs
 - Adult Treatment
 - Pediatric Treatment
- Other:
 - Strategic information
 - Health Systems Strengthening
 - Gender

The HIV/AIDS issues should be addressed through some form of ICT, including but not limited to:

- Mobile/cellular technology (e.g. cell phones, PDAs)
- Computer-based technology (e.g. open source software, portable hardware)
- Radio (e.g. national, community, and interactive radio instruction)
- Video/television
- Low-cost, low-bandwidth, and low-power technologies (e.g. last mile, solar)
- Web 2.0 Social Networking

The project should be structured as a global development alliance (GDA), which is a type of public-private partnership (PPP), and will likely include at least one (private sector) resource partner and an implementing partner. It is also advantageous to include the South African Government in the partnership and any other relevant civil society or academic organizations that might increase the impact of the partnership. The applicant shall be responsible for identifying potential resource partners. In a GDA, both parties jointly define a problem, situation, and solution, thereby capitalizing on the combined knowledge, skills, and expertise of all partners. Partners are expected to invest new resources toward a common purpose, and agree to share resources, benefits, risks and

responsibilities. A collaborative partnership should leverage the respective core capabilities of each of its individual members. It is beneficial to include all partners at the outset, including USAID/South Africa, the resource partner, and the implementing partner, in order to provide strategic input and manage the relationship long-term. This project should engage the core strengths, intellectual and economic authority, brands, and products of ICT and health companies to address the multiple challenges of HIV/AIDS. The USAID/South Africa Mission is looking for partnerships which demonstrate convergence between business core interests and USAID's development objectives.

Applicants are encouraged to conceptualize how funding of this magnitude can make an impact that will reduce the incidence of HIV infection; increase the number of (and retention of) patients on ART; and/or strengthen the health care system. Concept papers should clearly identify the problem being addressed, and the proposed solution. ICT should be used as a vehicle to create greater efficiencies and/or reach hard to reach populations. USAID is looking for solutions which are far-reaching and scalable, and responsive to both USAID's and SAG's priorities. USAID is also hoping to create synergies between and among partners and build upon existing programs, in order to capitalize on core competencies and reduce duplication.

Alliance partners are expected to bring significant new resources, ideas, technologies, and/or partners to address these development challenges. To meet the definition established under the GDA APS, there must be at least a 1:1 leverage ratio; 25% of the leverage from the resource partner must be cash, though it is also possible to value in-kind assistance, such as services, property, volunteer time, technical assistance, equipment, supplies, commodities, training, innovative technology /communication/ capital assets. Applications with greater resource leverage ratios will be considered more competitive. Potential applicants are strongly encouraged to think innovatively and creatively about ways to leverage significant resources, be they in-cash or in-kind, and to specifically incorporate how such commitments would be used to increase the project's impact. Local ownership, leadership, and beneficiary participation are also important to PPPs. This APS Addendum is NOT a solicitation for matching grants.

Evaluation Criteria

Alliances will be evaluated based on the general criteria set forth in the APS. In addition, the following criteria will be used:

- The overall quality of the proposed technical approach, and the ability to yield significant development results
- Relevance and appropriateness of the ICT solution to the development context within the communities being served
- The concept's originality, precision, and relevance to the USAID/South Africa objectives in HIV/AIDS
- The usefulness, innovativeness and likelihood that proposed partnerships will contribute to sustainable development. Alliances that include private sector partners with long-term commitment to the region and a recognized business interest in the proposed concept are seen as particularly advantageous

- Demonstrated familiarity and ability to work within the SAG's NSP. Alliances which include government counterparts as partners are more competitive
- Ability to implement the proposed initiative in a manageable and affordable way within existing cost and time constraints, including readiness for implementation.
- Cost effectiveness and cost realism
- Ability to demonstrate commitment (financial and in-kind) from resource partners
- Experience in building partnerships, including leverage achieved under previous projects and evidence of results from past partnerships (if available)
- Demonstrated long-term interest in the sustainability of the program beyond the performance period
- High leverage potential and high development impact, as measured for example by the number of direct and indirect beneficiaries of the program and/or by the potential for replication or scaling up over time

In reviewing the concept paper, the technical panel will consider the extent to which the proposal addresses these objectives. If USAID requests a full proposal, applicants will be given additional, specific evaluation criteria that speak to the subject matter of the concept at that time.

USAID/South Africa intends to make up to three of awards for a total of \$1,000,000 for an alliance lasting up to three year(s), subject to final USAID approval and availability of funding. Other USAID Missions may also contribute funding. As stated APS No: M/OAA/GRO/EGAS – 10-000001, USAID expects to receive alliance proposals that leverage resources at a minimum of 1:1.

Proposed alliances should be consistent with USAID legal and policy restrictions including those set forth in USAID's Automated Directives System (ADS) and in the Foreign Assistance Act of 1961.

For information regarding guidelines and procedures to submit a concept paper, please refer to the 2010 Annual Program Statement posted by the USAID's Office of Development Partners, Global Development Alliance. The APS can be found at the following website: http://www.usaid.gov/our_work/global_partnerships/gda/aps.html

Before submitting a concept paper we encourage applicants to speak with key staff involved in the USAID/South Africa program. The staff can discuss with you the extent to which your idea is appropriate and aligned with USAID's goals. The contact person is Lauren Marks, Health Program and Public Private Partnership Advisor, lmarks@usaid.gov, and she will connect you to others, as appropriate, for your questions.

Evaluation Process

USAID/South Africa will be responsible for the proposal review process and management of the awards. Applicants are required to submit a five page concept paper plus a one page budget to USAID/South Africa through Chris Frost, cfrost@usaid.gov and Lauren Marks, lmarks@usaid.gov. Applicants will receive instructions on whether or not to proceed with a full proposal.

Concept papers or applications received in response to an APS shall be collected until a reasonable number can be competed and evaluated in accordance with the APS evaluation criteria. If USAID/South Africa establishes a specific time frame for review of concepts or applications, e.g. quarterly reviews, and only one concept paper or application has been received during that time, it may be considered to be a reasonable number. If the solicitation becomes irrelevant for any reason or funding is unavailable, USAID/South Africa reserves the right to close the solicitation.

This APS will be open for the period of six months from March 30, 2010 to September 30, 2010. The initial cutoff date for submission of concept papers is May 1, 2010. At that time, all concept papers received will be considered to be a reasonable number, even if it is just one. Concept papers submitted after this initial due date will be reviewed but awards will be pending the availability of funding. USAID/South Africa will review concept papers or applications on an ongoing basis until the cut off date, and select those that it intends to fund, and will proceed to negotiate an award with each successful applicant subject to the availability of funding. Once the initial awards are made, if funding is still available, more awards may be considered. The final decision for funding will be based on both a technical review and the availability of USAID funding. USAID reserves the right to fund one or more or none of the applications which may be submitted.

Note that all applicants may be subject to a pre-award financial and management review and must demonstrate that they have a rigorous financial and monitoring system in place that will ensure auditable systems and records.

Concept Papers

Concept papers must be strictly limited to no more than five pages in length using 12-point font. Concept papers should be sharply focused, technically sound, and demonstrate a clear sense of the applicant's key objectives and ability to carry out the program. The concept paper shall include:

a. Cover Page/Introduction:

- 1) Name and address of organization;
- 2) Type of organization (e.g., for-profit, non-profit, university, etc.);
- 3) Contact point (lead contact name; relevant telephone, and e-mail information). Regional or multi-country applications should provide the name of at least one local partner for each country targeted in the program;
- 4) Names of other organizations (federal and non-federal as well as any other USAID offices) to whom you are/have submitted the application and/or are funding the proposed activity; and
- 5). Signature of authorized representative of the applicant.

b. Technical Information:

- 1) Concise title and objective of proposed activity;

2) Discussion of the objectives, the method of approach, the amount of effort to be employed, the anticipated results, and how the work will help accomplish USAID/South Africa's specific strategic results within the field mission's timeframe; and

3) Type of support the applicant requests from USAID (e.g., funds, facilities, equipment, materials, personnel resources, etc.).

c. Supporting Information:

1) Proposed estimated cost;

2) Brief cost breakdown (e.g., salaries, travel, etc.);

3) Proposed amount of the applicant's financial as well as in-kind participation;

4) Proposed amount of prospective or existing partner's (or partners') financial as well as in-kind participation;

5) Proposed duration of the activity; and

6) Brief description of applicant's, as well as prospective or existing partner's (or partners'), previous work and experience.