**ELTON JOHN
AIDS FOUNDATION**

RADIAN

Helping to end HIV in
Eastern Europe & Central Asia

Opportunity Announcement

RADIAN 2.0

COMPREHENSIVE SUPPORT FOR KP AND PLHIV REFUGEES FROM UKRAINE

July 22, 2024

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I. LIST OF ABBREVIATIONS USED

CSO – civil society organisation
EECA – Eastern Europe and Central Asia
HTS – HIV testing services
KPs – key populations
MSM – men who have sex with men
OST – opiate substitution treatment
PLHIV – people living with HIV
PWUD – people who use drugs
STI – sexually transmitted infections
SW – sex workers
TB – tuberculosis
TG – transgender people

II. ABOUT RADIAN 2.0 AND THE NEED ADDRESSED THROUGH THIS CALL

The Elton John AIDS Foundation ("the Foundation") in partnership with Gilead Sciences, in September 2019, launched the ground-breaking RADIAN initiative to meaningfully address new HIV infections and deaths from AIDS-related illnesses in Eastern Europe and Central Asia (EECA). RADIAN focuses on action, investment, and resources to improve the quality of life, prevention, and care for people at risk of or living with HIV in the region. The Elton John AIDS Foundation and Gilead have an established presence in EECA and extensive experience working effectively with key local stakeholders in the region, including through the EECA Key Populations Fund since 2017.

Funding is provided through grants, which are assessed and administered by the Foundation. Gilead has no involvement in the selection and assessment of award applicants and winners.

Since the launch of RADIAN in 2019, the initiative has already had an impressive impact on communities throughout the EECA region. By June 2024, we have already:

- Reached over 271,000 people from key populations and their partners with HIV services;
- Tested for HIV, STIs, HBV and HCV more than 114,000 people;
- Identified almost 8,000 people living with HIV;
- Traced over 24,000 PLHIV who had been lost to follow-up;
- (Re-)initiated on ART over 26,500 people living with HIV;
- Trained more than 14,000 frontline workers to reduce stigma and discrimination, and provide person-centered care for key populations
- Strengthened health and community systems by introducing high-impact service models, such as index testing and remote HIV self-testing; rolling out enhanced outreach strategies to expand hard-to-reach communities' access to services; and shortening ART initiation times for newly identified and lost to follow-up PLHIV.

In 2024, Gilead and the Foundation extended the RADIAN initiative for another five years, 2024-2029. RADIAN 2.0 is an opportunity to build on the achievements of the previous phase while tackling recently emerged challenges to end the HIV epidemic in the EECA region.

EECA is one of three regions in the world where the pace of the HIV epidemic continues to grow. Approximately 2.1 million people are living with HIV in Eastern Europe and Central Asia, and the estimated number of people who acquired HIV since 2010 has more than doubled. Each day, more than 380 people in EECA acquire HIV, and 120 die from AIDS-related illnesses. The most vulnerable key populations (KPs), including people who use drugs, men who have sex with men, transgender people, sex workers, and their sexual partners, make up over 90% of new HIV infections. These populations are now also among those affected and displaced by the conflict in Ukraine.

The full-scale invasion of Ukraine by Russia has led to a humanitarian crisis and the mass displacement of over 12 million Ukrainians, including KPs and PLHIV, disrupting healthcare, social, and community-based services. Countries neighbouring Ukraine, particularly Moldova, Poland, Romania, and Slovakia, are each hosting hundreds of thousands of refugees and persons with the temporary protection status

(further referred to as "refugees"). These countries now need to provide the refugees with healthcare services, including HIV prevention, testing, and treatment, which were previously limited to cover their local smaller-scale needs. Germany has also received a large number of refugees from Ukraine. Country estimates of the number of PLHIV and KPs among refugees from Ukraine are demonstrated in the table below.

Table. Estimated numbers of PLHIV and members of key populations among refugees from Ukraine in select receiving countries.[1]

	Germany	Hungary	Moldova	Poland	Romania	Slovakia
Number of Ukrainian refugees	1,248,370	34,500	118,250	956,180	148,295	116,800
Refugees rate (per 1,000 population)	14.8	3.59	47.06	26.02	8.02	21.55
Est. number of PLHIV among Ukrainian refugees, median (min; max)	1,996 (937; 5,397)	55 (1; 132)	433*	1,529 (950; 3,444)	244 (45; 695)	187 (98; 532)
Refugee PLHIV maximum rate (per 1,000,000 population)	64	13.7	172.2	93.7	36.5	98
Est. number of PWID	8,359	188	649	4,817	1,192	769
Est. number of MSM	6,368	130	476	5,215	1,020	539
Est. number of SW	3,378	91	283	2,425	359	362
Est. number of TG	389	10	31	253	49	39

* High and low estimates not available.

While access to health services, including ART, is generally available for refugees in these receiving countries, there are regional variations and challenges. Outreach activities among refugees are mostly unavailable (except for Moldova), which leads to the reliance on refugees' initiative to seek HIV services. Differences between Ukrainian and the EU health systems pose adjustment challenges for refugees, with EU systems requiring more individual responsibility with regard to self-navigation. Language barriers persist across all countries except Moldova hindering effective services, especially those that require counseling and establishing the rapport. Self-stigma among refugee PLHIV often delays access to care, exacerbated by systemic issues like inadequate access to services such as OST, PrEP, and HIV testing.

Under the RADIAN 2.0 program, the Foundation calls for grant proposals for projects aimed at providing refugees from Ukraine with access to quality HIV prevention, testing, and treatment services, as well as addressing structural barriers such as limited access to government services and stigma.

This grant competition presents an opportunity for registered organizations and initiative groups working in healthcare and social services to develop and implement innovative projects that improve the lives of refugees from Ukraine, including KPs and PLHIV, and provide them with access to essential services during the crisis.

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[1] Regional Expert Group on Migration and Health. Population size estimate and needs assessment for HIV, humanitarian and psychosocial services for people living with HIV and key populations among Ukrainian refugees in six receiving countries: Hungary, Moldova, Poland, Slovakia, Romania, and Germany. May 2024.

III.OPPORTUNITY ANNOUNCEMENT

With this announcement, the Foundation is accepting grant proposals to provide **COMPREHENSIVE SUPPORT FOR KP AND PLHIV REFUGEES FROM UKRAINE.**

The Foundation is looking to support evidence-informed interventions with the goal **to measurably improve access to HIV services for KPs and PLHIV from Ukraine, and to improve their mental and social well-being in receiving countries.**

Proposed interventions **must contribute to Objective 1** and **at least one of the other three objectives**:

1. Deliver high-quality community-based services to address the unmet HIV-related needs of KPs and PLHIV refugees from Ukraine;
2. Address structural drivers of the HIV epidemic to improve the quality of life of KPs and PLHIV refugees from Ukraine and ultimately improve HIV-related health outcomes;
3. Strengthen health systems to sustainably improve care for KPs and PLHIV refugees from Ukraine;
4. Strengthen community systems to deliver community-led care to Ukrainian refugees effectively and increase access to sustainable funding

Applicants can apply for projects lasting up to 24 months. Programmes may be implemented in Germany, Hungary, Moldova, Poland, Romania, and Slovakia.

Further details, including applicable budget ceilings and how to apply, are outlined in this announcement.

IV. WHAT WE WILL FUND

The Foundation is inviting applications from non-governmental organisations for projects that aim to provide COMPREHENSIVE SUPPORT FOR KP AND PLHIV REFUGEES FROM UKRAINE in the eligible countries of implementation.

What should projects do?

Applicants should identify the most significant HIV-related need(s) faced by one or more of the key populations (KPs) among refugees from Ukraine who are most affected by HIV/AIDS: people who use drugs (PWUD), sex workers (SW), men who have sex with men (MSM), transgender people (TG); and people living with HIV (PLHIV). Sexual partners of individuals from these populations are also a priority.

Applicants should provide an objective analysis of the context in the proposed location(s) of implementation to demonstrate the scope and urgency of the identified problem(s), and why the identified problem(s) are not adequately addressed through existing government or non-governmental programmes.

Applications need to propose evidence-informed solutions with measurable outcomes that contribute to achieving Objective 1 and at least one of the other three specified objectives:

1. Deliver high-quality community-based services to address the unmet HIV-related needs of KPs and PLHIV refugees from Ukraine;
2. Address structural drivers of the HIV epidemic to improve the quality of life of KPs and PLHIV refugees from Ukraine and ultimately improve HIV-related health outcomes;
3. Strengthen health systems to sustainably improve care for KPs and PLHIV refugees from Ukraine;
4. Strengthen community systems to deliver community-led care to Ukrainian refugees effectively and increase access to sustainable funding

Where can projects implement?

Projects can implement in any of the eligible countries: Germany, Hungary, Moldova, Poland, Romania, and Slovakia.

Projects can be local, regional, or national in scope.

Projects may only implement in multiple countries if they provide a compelling argument for why a multi-country approach is optimal (for example, if the project is implementing standard interventions across several countries; or if the project is focused on ensuring the continuity of services for KP and PLHIV refugees from Ukraine across several countries).

How long can projects last?

Applicants can apply for projects lasting **up to 24 months**.

What is the maximum amount that projects can apply for?

The maximum budget that projects can apply is: $500,000

✗ **DON'T** apply for the full amount of the maximum budget ceiling if you do not need that much to achieve the results that you plan to achieve
✓ **DO** apply for the amount that you need (up to the maximum budget ceiling) to achieve the results that you plan to achieve

What is included under Objective 1 "Deliver high-quality community-based services to address the unmet HIV-related needs of KPs and PLHIV refugees from Ukraine"?

Under Objective 1, projects should address specific HIV-related needs of one or more KPs and/or PLHIV refugees from Ukraine in eligible countries. Illustrative interventions could include, but are not limited to, the following:

- Providing **peer outreach services** (physical and/or online) to Ukrainian refugees to identify KPs and PLHIV among them and offer HIV counseling, prevention, testing and linkage services;
- **Increasing accessibility to HIV testing services** (HTS) for Ukrainian refugees by providing community-based and mobile rapid HTS, and implementing creative HIV testing approaches, such as home-based rapid self-testing, or HTS in refugee camps and other closed settings while ensuring confidentiality and voluntary consent;
- Providing **high-yield HIV testing services**, such as PLHIV partner notification and testing (index testing), social network testing strategy, enhanced peer outreach, optimized case finding and other interventions.
- **Linking KPs to the existing differentiated prevention services** tailored to the needs of specific KPs and their networks, or providing direct services where they are not available: harm reduction through needle and syringe programmes, abscess care, hepatitis B and C testing, STI screening, PrEP and PEP dispensing, contraceptive services and female hygiene items, condom distribution, and other services;
- **Effectively linking KPs and PLHIV to government and private health and social services** available in the receiving country by providing information, counseling, navigation and translation services to Ukrainian refugees;
- **Organizing peer support groups, information activities, individual and groups counseling sessions** for KPs and PLHIV to reduce self-stigma and improve mental and social well-being of Ukrainian refugees.

Illustrative specific quantified results under Objective 1 may include but are not limited to the following:
Number of unique KP and PLHIV refugees from Ukraine reached with services
Number of unique KP and PLHIV refugees from Ukraine tested for HIV, STIs, hepatitis, and the number of them testing positive
Number of unique KP and PLHIV refugees from Ukraine successfully linked to specific services
Number of unique KP and PLHIV refugees from Ukraine who received specific direct services as a result of project activities

Illustrative specific quantified results under Objective 1 may include but are not limited to the following:
Number of unique PLHIV refugees from Ukraine (re-)initiated on ART and who achieved and maintained an undetectable viral load
Applicants may propose any other specific HIV-related quantified results

What is included under Objective 2 "Address structural drivers of the HIV epidemic to improve the quality of life of KPs and PLHIV refugees from Ukraine and ultimately improve HIV-related health outcomes"?

Under Objective 2, projects should address structural drivers of the HIV epidemic as they relate to KP and PLHIV refugees from Ukraine in the receiving countries. Such structural drivers are laws and policies, criminalization of certain behaviours, religious and cultural norms, violence, lack of economic opportunities, reduced mobility, and social and mass media information. Structural drivers are acting at the macro level, community level, or both. Illustrative interventions could include, but are not limited to, the following:

Interventions at the **macro level**

- **Changing policies and legislation** that inequitably affect KPs, PLHIV and their subpopulations (e.g. refugees) by criminalizing certain behaviours, infringing people's rights, and preventing access to HIV and other health and social services thus increasing the risks of HIV among these populations.
- **Addressing justice and law enforcement authorities** that may abuse their powers in interpretation and application of the laws and regulations against KP and PLHIV refugees. This is particularly important in closed settings, such as refugee camps and detention centres.
- **Changing cultural and religious norms** that normalize gender roles and stigmatizing attitudes towards KPs (particularly MSM and transgender people), PLHIV and their subgroups.
- **Modifying public information**, including social and mass media, to change gender norms that promotes gendered violence, reduce xenophobia towards refugees, or correctly inform the public about KPs, their subpopulations, their needs and roles in the HIV epidemic.

Interventions at the **community level**

- **Reducing stigma and discrimination,** including **self-stigma** in KP and PLHIV refugee communities and **service provider bias** (health, social, judiciary, law enforcement and other) that results in stigma and discrimination enacted against KP and PLHIV refugees.
- **Improving economic opportunities** that enable KP and PLHIV refugees from Ukraine to obtain the same standard of living with the rest of the population in receiving countries, thus reducing risky behaviours, such as transactional sex or drug use; interventions could include helping KP and PLHIV refugees from Ukraine with social and language skills, assistance with employment, developing business skills or vocational training.
- **Improving the level of education** for KP and PLHIV refugees, which is an enabler for economic opportunities for some populations, and for accessing knowledge about risky behaviours and skills to prevent HIV. Specific interventions may include referral and placement of KP and PLHIV refugees from Ukraine into educational programmes available in local communities.

- **Improving access to healthcare**, which is a function of legal and insurance status of refugees, distance, costs, physical and language barriers, time schedules and unavailability of services resulting in unattended health conditions, including untreated HIV, STIs, TB, and hepatitis.

Illustrative specific quantified results under Objective 2 may include but are not limited to the following:
Measurably improved quality of life of KP and PLHIV refugees from Ukraine as demonstrated by the WHO Quality-of-Life-HIV Bref or other instruments
Measurably reduced stigma and discrimination, including self-stigma, to KP and PLHIV refugees, at the individual, community, or national levels, demonstrated by objective measures.
Number of specific policy changes achieved by the project
Number of service providers, law enforcement agents or individual clients who improved their knowledge and attitudes and demonstrated reduced stigma levels (including self-stigma)
Number of unique KP and PLHIV refugees from Ukraine who have measurably improved their livelihoods as a result of economic opportunities provided by the project
Number of unique PLHIV refugees from Ukraine who have improved their level of education as a result of educational opportunities provided by the project
Applicants may propose any other specific results achieved by addressing the structural drivers of the HIV epidemic

What is included under Objective 3 "Strengthen health systems to sustainably improve care for KPs and PLHIV refugees from Ukraine"?

Under Objective 3, projects should strengthen the capacity of local health systems by improving one of the following:

- **Human resources**, or the number of people available to provide quality services for PLHIV and KP refugees, and building the knowledge and skills of health providers on PLHIV-, KP- and refugee-friendly services;
- **Finance**, or the amount of funding available to pay salaries, purchase medicines and other commodities, and support facilities and equipment for PLHIV and KP services, including NGO-based services, and how this funding is used (e.g. using blended finance and innovative finance models, including pay for performance to align incentives);
- **Governance**, or the basis on which decisions are made and services to KP and PLHIV refugees are provided (e.g. strategies), as well as mechanisms of how the decisions are made (e.g. the existence of patient boards at the facility level, or improving KP representation in coordinating councils at the country level);
- **Information** for the allocation of resources and other decision-making, e.g. availability of biobehavioral data on the needs of KP and PLHIV refugees in the receiving countries;
- **Supply chain,** or the processes to procure, transport, store and distribute ART and other commodities to service providers, to reduce bottlenecks and other logistical issues (given the scale and complexity of national supply chains, any activities focused on improving health system supply chains may be focused on discrete supply chain elements and tailored to local conditions and resource gaps; activities may include policy changes and resource re-allocations that drive larger changes in the logistics chain); and/or

- **Service delivery**, or the kinds of services, their quality, accessibility and coverage among KP and PLHIV refugees from Ukraine in the receiving countries.

Illustrative specific quantified results under Objective 3 may include but are not limited to the following:
Increased funding available for services for KP and PLHIV refugees from Ukraine from local/national sources by X% from $Y to $Z (*applicants should specify how this will be achieved*)
Specific new or higher quality services introduced for KP and PLHIV refugees from Ukraine in local health systems (*applicants should specify which new services will be introduced and how*)
Accessibility of existing local health system services is expanded for KP and PLHIV refugees from Ukraine (*applicants should specify which existing services will be made more accessible and how*)
Sustainable results-based incentive systems in healthcare are implemented to provide services for KP and PLHIV refugees from Ukraine (*applicant should specify specific ways this will be implemented)*
Number of unique healthcare service providers trained to provide friendly services to KP and PLHIV refugees from Ukraine (*applicant to specify topics to be addressed*)
Integrated biobehavioral surveys and population size estimation studies among KP and PLHIV from Ukraine are implemented, and results provided to decision-makers with concrete objectives (*to be specified by applicant*)
You can propose any other specific improvements to existing health systems

What is included under Objective 4 "Strengthen community systems to deliver community-led care to Ukrainian refugees effectively and increase access to sustainable funding"?

Under Objective 3, projects should strengthen the capacity of the civil society organizations (CSO) or community-based initiative groups to provide services to KP and PLHIV refugees from Ukraine in the receiving countries by improving one of the following:

- **The quality of community-based HIV services** by training CSO staff and volunteers on the most up-to-date effective approaches along the HIV cascade. These may include effective outreach methods, such as social network strategies, enhanced outreach and online outreach that allow engaging the most hard-to-reach KP subpopulations, including people who use new stimulant psychoactive substances, or MSM involved in chemsex or sex work; HIV testing methodologies to increase the testing yield; ART linkage strategies, such as same-day ART initiation; ensuring ART retention, such as home visiting nursing program; HIV prevention strategies, such as PrEP; and others.
- **Sustainability of community-based services and project results** by building CSO's capacity to access government funding, implementing alternative funding mechanisms (social entrepreneurship, crowd funding mechanisms, etc.), and securing private funding through corporate donations or grants, public-private partnerships, and other mechanisms.

Illustrative specific quantified results under Objective 4 may include but are not limited to the following:
Number of NGOs whose organizational and technical capacity has objectively increased as a result of project activities, as objectively measured by a standardized capacity assessment instrument (*to be specified by applicant*)

Illustrative specific quantified results under Objective 4 may include but are not limited to the following:
The level of NGO funding to provide services to KP and PLHIV refugees from Ukraine has objectively increased as a result of project activities

Can existing or previous grantees of the Elton John AIDS Foundation apply?

Yes, existing or previous grantees of the Foundation are welcome to apply. Applications from existing or previous grantees will be assessed against the same criteria as all other applications (which are described in Section VI of this announcement). We expect existing or previous grantees to apply either to implement different interventions to their previous project which was supported by the Foundation, or to strategically build on what they have achieved in their previous grant. We will not support projects that repeat activities of previous projects without significantly and strategically building on the results of the previous project.

V. ELIGIBILITY REQUIREMENTS

All Applications will be reviewed for eligibility before they are assessed against the evaluation criteria. The eligibility review is a pass/fail test and covers both non-financial and financial considerations. Once eligible, Application selection will be based on our selection criteria listed below.

Eligibility criteria for funding are:

- **Implementation Location:** We welcome applications for projects implementing in any of the following countries: Germany, Hungary, Moldova, Poland, Romania, and Slovakia.
  - Applicants must be based in the country(ies) of implementation, but may partner with organizations in another country or outside of the EECA region for specific technical assistance.
  - Applicants may implement their project in one or more cities or regions in the country of implementation.
  - Projects may only implement in multiple countries if they provide a compelling argument for why a multi-country approach is optimal (for example, if the project is implementing standard interventions across several countries; or if the project is focused on ensuring the continuity of services for KP and PLHIV refugees from Ukraine across several countries).
- **Type of applicant:** We encourage applications from non-profit, academic and research organisations. Ineligible entities include individuals and governments.
- **Consortia:** Applications are welcomed from consortia – or groups of partners working together to achieve the objectives - where each consortium partner brings unique strengths to achieve the expected results. Consortia should designate a lead applicant organisation to submit the application. Applications are equally welcomed from solo applicant organisations.
- **Registration and Bank Account:** The Applicant must be a registered entity and must have an active organisational bank account, separate for the project. Unregistered community groups with a strong track record of achieving results are welcome to apply, but must apply in consortium with a fiscal agent, which must be an officially registered entity.
- **Project Timetable:** The proposed grant should be implemented and all funds disbursed within two years from the date the grant agreement is signed with the Applicant or by December 30, 2026, whichever is earlier.
- **Completeness and Language:** All Application information and supporting documentation must be submitted in English; any other language will be considered ineligible. Written submissions must be completed in full to be considered eligible for review; incomplete submissions will be considered ineligible.
- **Number of Applications:** Applicants with more than one project idea may submit multiple Applications. Please note each idea requires a separate Application and applicants may submit no more than two Applications.
- **Budget and Eligible Costs:** The Foundation will assess each Application's budget in relation to the proposed objectives and results. Grants are open to supporting all costs that are justified in relation to achieving project objectives. Grant funds cannot be used to purchase or procure essential medicines (e.g. antiretroviral therapy), or purchase real estate property. The maximum budget that projects can apply is up to $500,000.

VI. SELECTION CRITERIA

After eligibility review, the Foundation will score each Application holistically, using the below selection criteria. Applicants should reflect on the below questions when considering their solution's competitiveness and crafting their submission. While selection criteria will be used to objectively assess each Application, the Foundation reserves the right to make final award decisions to ensure an optimal portfolio of awardees and solutions.

SELECTION CRITERIA

Strategic Alignment and Impact
- **Alignment:** Is the applicant addressing the four objectives of the current call.
- **RADIAN Strengths:** Is the project focused on territories and populations with high demonstrated HIV-related needs and where few other donor resources are available?
- **Theory of Change:** Is there a clear idea of what the applicant is looking to change, and how? Is there a clear strategy for how the project would have significant impact on the HIV epidemic in the location of implementation?
- **Evidence-informed Impact:** Does the applicant understand the HIV epidemic in the location of implementation? Is there evidence showing that the desired impact is likely through the suggested intervention?
- **Proof of Concept:** Is the proposal likely to create lessons for, and improve programming in the wider EECA region? Is there a clear strategy to produce and disseminate learnings and findings to a wide set of stakeholders?
- **Incremental Value:** Are additional funds for the specific type of activity, population, city and country needed? Will the proposed activity complement rather than duplicate existing activities? Do the proposed activities differ substantially from those that other actors, such as the local government and health system, or international donors and NGOs are already undertaking?
- **Risks:** How high are the risks of the proposed project? Are appropriate risk mitigation measures identified?

Effectiveness
- **History of Performance:** Does the applicant have a history of successfully delivering results that it has promised to achieve in previous projects?
- **Expertise & Relationships:** Does the applicant possess deep domain expertise and knowledge in the necessary and relevant areas? Does the applicant have the relationships required for success (e.g. partnerships with communities, government, healthcare organisations)?
- **Cost Effectiveness:** Is the project cost-effective in delivering outcomes relative to similar programmes in comparable regions?
- **Budget:** Is the budget reasonably estimated, with actual costs likely to be close to budgeted costs?
- **Monitoring, Evaluation and Learning Strategy:** Are the right outcomes/metrics identified and ready to be tracked? Will there be any reporting issues?
- **Organisational & Financial Capacity:** Does the applicant have the resources to deliver outcomes on time and on budget? Does the grantee have strong financial and management

systems? *(This criterion will be assessed in the Foundation's due diligence process if your proposal is preliminarily selected.)*

- **Transparency:** Does the applicant have a strong history of transparency and accountability? (*This criterion will be assessed in the Foundation's due diligence process if your proposal is preliminarily selected.*)

Sustainability

- **Sustainability:** Is there a strategy to have a lasting impact beyond the life of the grant? Will the project have a significant lasting impact on the HIV epidemic in the location of implementation?

REVIEWERS

A review panel will review all Applications. In addition to subject matter experts, submissions may be reviewed by a panel with broad expertise and a track record in working with key populations. Some of these reviewers may not be deep domain experts in an applicant's particular field; as such, applicants should describe their solution in clear language without the use of jargon.

VII. HOW TO APPLY

TIMELINE

The application process for this round of RADIAN grants has one stage. Applicants are expected to submit full applications responding to all criteria of this call.

An expected timeline is below.

Preliminary timeline (subject to change):

Opportunity announcement	Jul 22, 2024
Webinar for Applicants (register at www.eltonjohnaidsfoundation.org/radian)	Aug 16, 2024
	11:00-12:30 London
Deadline for Applications	**Sep 6, 2024**
	by 18:00 London
Notification to awardees	Oct 2024
Negotiation and Terms of Agreement	Nov/Dec 2024
Implementation start	January 2025

Applications

All applications must be submitted via email to radian@eltonjohnaidsfoundation.org by September 1, 2024, at 23:59 London time. It is the sole responsibility of the Applicant to update or correct information provided in the application forms. The link to the application form and any additional information is available on the Foundation's website **www.eltonjohnaidsfoundation.org/radian**.

The Foundation is not responsible for human error, theft, destruction, or damage to applications, or other factors beyond its control. The Foundation will only contact applicants whose applications are supported.

APPLICATION REQUIREMENTS FOR GRANTS

Applications for grants will require the following information:

- **General information about your project:** Organisation or Consortium name; project country(ies); project cost; project geography (country, region, city); intended project start date; intended project end date; project duration.
- **Answers to the following questions**:
    1. Executive Summary: What are the main expected results and activities of your project? Please provide a brief summary of what your project will be achieving and how. (150 words)
    2. What is the problem related to HIV in key population(s) in your city/region/country that you are proposing to address? Please provide objective quantified information justifying the urgency and the scale of the problem. Why is it crucial to address this problem to end the HIV epidemic in your city/region/country? (250 words)

3. Objective 1: What specific quantified results will you achieve to deliver high-quality community-based services that address the unmet HIV-related needs of KPs and PLHIV refugees from Ukraine? List specific activities you will implement (describing who will be doing what and how) to achieve these results. What is the evidence that the intervention(s) will be effective? How will you ensure that your results are sustained after your project finishes? (350 words)

4. Objective 2: What specific improvements will you introduce to address the structural drivers of the HIV epidemic to improve the quality of life for KPs and PLHIV refugees from Ukraine and ultimately enhance HIV-related health outcomes? List specific activities you will implement (describing who will be doing what and how) to achieve these results. How will you ensure that your results are sustained after your project finishes? (350 words)

5. Objective 3: What specific improvements will you introduce to strengthen health systems to sustainably improve care for KPs and PLHIV refugees from Ukraine? Please describe the specific results you will achieve and explain how you will achieve them. (200 words)

6. Objective 4: What specific improvements will you introduce to strengthen community systems in order to deliver community-led care to Ukrainian refugees effectively and increase access to sustainable funding? (150 words)

7. Why is your proposal an optimal use of limited funds on top of the programming already present in your city/region/country from government and local/international donors? How will you avoid duplicating existing efforts? Why can your proposed intervention(s) not be funded by other funders present in your country/region/city (national and local government, local private donors, Global Fund, PEPFAR, other international donors)? (200 words)

8. For multi-country proposals only: Projects may only implement in multiple countries if they provide a compelling argument for why a multi-country approach is optimal. Why is it optimal to implement your project in multiple countries? What is the value added to the project's results by being implemented in several countries? How will you ensure that your project is tailored to local conditions in each country and minimises management costs? (200 words)

9. History of Performance and Expertise & Relationships: Why are you (and your consortium partners, if relevant) best placed to undertake this work? Please be specific about quantifiable results that your organisation (and consortium partners, where relevant) has achieved to help end the HIV/AIDS epidemic and/or other similar goals. (300 words)

10. Consortium partners and other stakeholders: Please list consortium partners (if any) and other key stakeholders, and their specific roles in the project. How will the principal grant recipient manage consortium partners to ensure activities achieve results and maintain sound financial management? (Up to 150 words)

11. What are the key risks to project success and how will you mitigate these? (150 words)

- **Detailed budget in USD** using the format provided
- **Detailed workplan** using the format provided describing the following:
  - **Outcomes with targets** that the project expects to achieve under each objective
  - **Activities** that the project plans to implement to achieve its objectives
  - **Outputs** for each activity planned
  - **Timeframe** to implement each activity

- **Names and contact details for two referees** from well-known organisations who can attest to your track record of achieving results**.** For each referee, please provide their name, organisation, job title, email address, and phone number.
- **Applicant details:** contact details for the person submitting the proposal, and main contact person if different from the above; charity registration details; organisational income and number of employees; address

SUPPORT WITH APPLICATIONS

All applicants have the opportunity to ask clarification questions about this opportunity announcement and the selection criteria used to evaluate applications. All such requests must be made in writing via email to radian@eltonjohnaidsfoundation.org.