

PROPOSAL FORMAT

Please use formats provided – add extra photocopies if necessary.

The proposal must include all the following sections in the order listed:

1. Cover Page
2. Proposal Summary
3. Review of past one year's work
4. What do you propose to do in the current year? What are your strategies for the different aspects of interventions?
5. Organisational analysis
6. Goals and objectives of the intervention
7. Project implementation: activities, time frame, staff requirement and work plan
8. Monitoring and evaluation
9. Detailed budget, inputs and human resources

Attachments (if any)

1. Cover Page

The cover page must show

1. Name(s) of the implementing organisation(s)
2. Title of the project
3. Location of the project
4. Amount of funding requested

2. Proposal Summary (Maximum 1 page)

This section provides the key information about the intervention. It should be clear and short, but it should provide information on the following:

- Achievements and lessons learnt from last year's work

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- A brief analysis highlighting significant changes from last year's approach/strategy (if any)
 - Current year's strategies and organisational analysis
 - Objectives
 - Activities
 - Inputs i.e., staff and requested budget
 - Expected outputs

3. Review of Past One Years' Work (Maximum 4 pages)

The information for this section needs to be drawn from the self-appraisal by the Grantee on its previous year's work. The Grantee needs to provide information regarding the changes observed (if any) in the background and knowledge- attitude of the target audience. Differences as observed regarding the following should be explained:

- Any change in their knowledge level regarding (any one or few of the following areas):
 - Transmission modes of STD/HIV
 - Transmission and treatment relationship between HIV & STDs
 - Myth & misconceptions related to STD/HIV
- Any change in their attitude towards (any one or few of the following areas):
 - Use of condoms for safe sex
 - Perception of self at risk of acquiring STD/HIV
 - Reducing the number of sex partners
- Any change in their behaviour related to (any one or few of the following areas):
 - Seeking health care from qualified and trained health care professionals
 - Seeking general health care services from the services provided by the project
 - Buying condoms for their use

The information on change in the knowledge, attitude and behaviour can be gathered through focus group discussions and key informant studies that may have been carried out as a part of review process in the past year. The reports of the field staff may also be used as another source of information to identify these changes

- Any change in demographic profile relating to:
 - Information related to the target audience
 - Any visible changes in the population of the target group and reasons for it
 - Participation level of the secondary stakeholders in the project during the past year.
 - Any information gathered on sex partners

- Constraints
 - Constraints faced by the project in the past one-year and the strategy adopted to overcome these.

- Differences/Changes Observed in the Project Area

This needs to be provided in terms of:

 - Involvement of community in the project
 - Availability of target audience & sites for conducting BCC intervention
 - Availability of sites for condom outlets
 - Distance and feasibility for providing BCC intervention and health care services
 - Participation/involvement of secondary stakeholders and the potential of initiating peer education

- Other Analysis to be carried out
 - The Grantee can analyse its achievements (process indicators as part of PIF) and arrive at reasons for inability to meet its targets in technical strategies. Even if targets have been achieved, then the effectiveness of the intervention needs to be analysed.
 - Coverage from BCC to STD

A denotes the number of people intervened through BCC

B denotes the number of STD cases provided treatment through STD services of the project

Then the, percentage of people intervened through BCC utilising STD services is given by $B/A * 100$

If this percentage is very low, then during the current year the organisation needs to identify methods of improving it.

- Effectiveness of referral services

A denotes the number of persons referred from the field to Project Services such as clinic, camps, vans, etc.

B denotes the number of persons utilising services

Then percentage of referred persons attending clinic/Camps/mobile services is $B/A * 100$

If this percentage is low, then during the current year the organisation needs to identify methods of improving it.

- Condom Distribution

A denotes the number of condoms distributed

B denotes the number of people contacted through BCC intervention

Then Per capita condoms distributed = B/A

If this is very high, then the organisation needs to think in terms of repackaging and relocate condom outlets itself.

- Cost of STD services

If the cost of provision of STD services is higher than what has been envisaged then the reasons needs to be analysed and presented.

4. Technical Strategies for Interventions

4.1 BCC

Based on the analysis of the past year's work in the project area, the Grantee should provide a narrative on the strategies in the three technical areas of BCC, STD Services and Condom Promotion.

- **BCC Objective**

- Set an objective for BCC (i.e. what does the Grantee want to achieve through BCC).
- Write the activities to be performed which would help achieve these objectives. Identify the means by which the success or otherwise of these activities can be verified (output & process indicators).

- **BCC Plan**

BCC plan for the current year: A matrix describing the factors, target audience (primary & secondary), desired behaviour and/or attitude changes, messages, communication channels and media and intervention strategies. The Grantee should add a narrative on peer education (PE) component and its future plans.

- **BCC Intervention**

What BCC interventions would the Grantee use? The strategy can be a combination of the following options- interpersonal communication –one to one, one-to- many, out-reach, peer education, small media and special events. The Grantee should also identify the behavioural characteristics of the target audience and the changes proposed to be achieved at the end of one year.

- **BCC – Peer Education**

If the Grantee is planning to use peer educator (PE) based interventions in BCC, a clear narrative is to be provided in the following critical areas:

- Activities expected of PE by organisation
- Qualities to look for in recruitment and selection

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- Comprehensive training of PE to match the desired level of behaviour change in target audience
 - Support and supervision of PE by ORWs
 - Community acceptance and support to PE

A peer education approach may lead to some difficulties from the community. A brief listing of these difficulties / problems may be provided and strategies to address the same listed.

If the organisation has used PE as part of health promotion work in the previous year, the impact of the same in planning the current intervention may be stated.

4.2 STD Care Facilities

The Grantee needs to develop an objective for the STD care facilities, and clearly provide the steps for improving it from the previous year, such as:

- Improving the visibility of services in the project area
- Improving the effectiveness of the referral system
- Locating the services in a place that is convenient for the target audience, to access services from. Timing the services so as to encourage the target audience to avail of them.

The Grantee should provide a narrative covering the below:

- Describe the rationale for the choice of services at each point
- Describe the strategies to be adopted by the Grantee to address the barriers to use of existing health care services
- Describe how the project's services are likely to increase the access of target population to quality health care.
- Describe the strategies proposed by the Grantee to improve the quality of communication between health care providers and the target audience.

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- Enumerate the services that are to be provided by the health care facility of the project.
 - How the BCC interventions are likely to support/strengthen STD service delivery
 - Availability of trained staff (medical doctors & RMPs) to adopt Syndromic approach to diagnose and treat STDs
 - Availability of trained staff to do counseling as an integral part of syndromic case management
 - System for maintaining privacy and confidentiality
 - System for maintaining case records
 - Development of MIS at the service locations
 - Training needs of the staff (if trained staff are not available)

4.3 Condom Promotion and Distribution Programme

The Grantee should provide a narrative describing the following:

- Sales plan for condoms, based on the target audience's willingness or ability to pay
- Assessment of current condom distribution systems, including storage facilities, wholesale/retail distribution, i.e. number of shops selling condoms and the brands being sold there.
- The community's experience in using condoms (as reported by the community itself)
- Condom brands preferred by the target audience
- Condom events and other promotional activities to be planned
- Steps to be followed for introducing brands at affordable prices
- Source and method of procurement/storage space and means of re-packaging of condoms
- Number of outlets proposed to be set up
- System to be developed for recording condom distribution
- Accessibility of proposed condom outlet sites to the target audience
- Mechanism to prevent stock-out situations at condom outlets and replenish the stock

4.4 Staff Capacity Building

The Grantee should provide a narrative on the training/capacity building needs of its staff to provide quality services in the project. The Grantee should also make suggestions regarding the following:

- The steps involved in planning a training programme
- Identification of resource person/organisations for training
- Proposed frequency for conducting training
- Coverage of the training

If the Grantee is not able to identify the exact training needs at that juncture, a separate proposal may be sent for the same later in the year.

4.5 Addressing the Other Issues

The Grantee should outline its strategies to make the intervention gender sensitive. It should also present its strategies to reach out to the sexual partners of the primary stakeholders. The Grantee should also list the organisational changes it proposes to carry out to strengthen service delivery. It should also list the monitoring and information system it proposes to adopt. The processes to be adopted for monitoring the quality in each technical area should also be listed. In case the Grantee is planning to expand its operations to other geographical areas, it should list the following- the methodology to be adopted (already adopted) for need's assessment and the report on the same.

5. Organisational Analysis: (One Page)

The Grantee should also provide a one-page write- up on the following:

- Strengths of the Grantee and how they relate to the intervention being planned.
- Weaknesses of the Grantee, how they would impact the execution of the SACS intervention and the plans to overcome the same.

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- Classification of weaknesses into those that can be addressed internally and those that require external support

The organisation's strength could be in terms of:

- Sufficient field experience and understanding of grassroots realities
- Availability of trained, qualified, experienced, motivated, committed and skilled staff
- Presence of and ability to build a good network
- Availability of good project management systems
- Strong training capability
- Leadership.

In each of the cases the proposal needs to reflect, how the Grantee proposes to translate these in implementing the intervention. Similarly, the Grantee needs to analyse its weaknesses and provide plans for overcoming these. The weaknesses could be:

- Absence of systems
- Planning
- Project management
- Documentation and recording
- Finance and accounting
- Monitoring and evaluation
- Purchasing and inventory system
- Training needs identification & capacity building system
- High turnover of staff
- Overburdening of staff as the operations expand
- Lack of formal structures and clearly defined roles

6. Goal And Objectives

The Grantee should think through the design of the proposal to ensure that it is realistic and logical. It should be clear about its goals and objectives

6.1 Define the Goal of the Intervention

The Grantee should frame the goal in such a way so as to define the scope of the intervention.

6.2 Defining the Objectives

The Grantee should state its objectives in a positive and active way, be realistic, answer who, what, when, and how many/much, and be a logical step towards accomplishing the goal.

6.3 Defining the Activities

Activities are the tasks that are to be performed to accomplish objectives. Each objective will have multiple activities. The Grantee should describe, in the proposal and work plan, the three or four primary activities that will lead to the achievement of the objective.

It is advisable to make sure that the activities proposed match the strengths of the organization.

6.4 Develop a Work Plan

Work plan is a detailed schedule that describes how the activities will be accomplished, by whom and when. The Grantee should think through in detail who would accomplish the activities, when, how and with what these resources.

7. Monitoring And Evaluation

7.1 Development of Output Indicators for Activities

Output indicators that are measures that will help you determine the level of achievement of the activities can be developed. They are standard measures that can be tracked over time to see how effectively the activities are accomplished. Clear measurable output indicators can both be qualitative and quantitative.

An activity output indicator is a quantified statement of what has been accomplished by the activity. Each activity needs to be translated in terms of an output-qualitative or quantitative. If the activity deals with a qualitative factor then the output would be in qualitative terms, but whenever possible, this can be quantified. For example – if the activity were to train the staff, then the indicator can be induction training completed for all the newly recruited staff.

Example:

The activity is 20 community workers trained in condom use for 2 days.

The indicator is 20 community workers attended the training and can correctly demonstrate condom use, by end of first quarter.

7.2 Monitoring Systems

The Grantee would be required to think through their information generation system. The information system needs to describe the information they expect to periodically capture at the field level, through whom and how it will be gathered. Further, the flow of information and periodicity of reporting would have to be identified. The responsibility for consolidation, analysis and reporting also needs to be planned and presented. Therefore, this part of it needs to provide:

- The parameters that the organisation wants to monitor.
- What information would be gathered, at what level and by whom.
- The formats for gathering information.

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- The periodicity of information gathering, flow and analysis needs to be specified.
 - The type of analysis that would be carried out would also have to be specified.

The information tracked needs to be able to assess, for example:

- The basic media which are most effective and preferred by the target audience
- Priority prevention indicators, such as number of target audience being able to cite at least two ways to protect themselves from STD/HIV, number of people who sought STD services, and who received appropriate advice on condoms and partner notification.
- Establish the effectiveness and linkage between BCC, STD care and condoms.

8. Detailed Budget and Staffing Pattern

The detailed budget and staffing pattern may be provided as per formats to be developed by SACS .