

The Child Blindness and Eye Health Grants Fund

An activity of A2Z: The USAID Micronutrient and Child Blindness Project

Request for Letters of Interest (R-LOI)

Applications Due: **October 15, 2009**

Service Delivery Grants focus on high-impact and sustainable programs which deliver eye care services to children and vulnerable populations. Service Delivery Grants may not exceed \$400,000 over an 18 month period of activity.



Cycle V: Service Delivery Grant Proposal Guidelines

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Cycle V: Service Delivery Grant - Request for Letters of Interest (R-LOI)

This document contains instructions and guidance for preparing a letter of interest to the Child Blindness and Eye Health Grants Fund. This is the first step in a two-step application process. Based on LOI submissions, selected finalists will be asked to complete full proposals. **Please note, not all applicants who submit LOIs will be asked to develop full proposals.**

I. BACKGROUND

The goal of the USAID-funded A2Z Child Blindness Program is to contribute to reductions in childhood blindness and improve eye health. Managed by the Academy for Educational Development (AED), the Child Blindness and Eye Health Grants Fund is the central activity of the A2Z Child Blindness Program. The Grants Fund was created to deliver high-impact and cost-effective eye care services to populations in need through NGOs.

The priorities of the A2Z Child Blindness Program are to:

- Expand delivery of high-impact direct services (including screening, treatment, education and rehabilitation)
- Scale-up of innovative approaches to service provision and program implementation
- Contribute to the global knowledge base on effective approaches to large-scale child eye health programs

II. CYCLE V PRIORITIES

This latest cycle ('Cycle V') represents the fifth round of competitive grant awards under the A2Z Child Blindness Program. Cycle V awards will focus on the first two priorities of the Program, namely expanding delivery of high impact services and scaling-up innovative approaches to service provision and program implementation. Based on grantee experiences from previous program implementation, applicants should:

- Build upon, expand, and strengthen local health, education, or other services.
- Emphasize direct and comprehensive services to children.
- Support innovative approaches to expanding access to care.
- Focus on the most vulnerable populations, including children, the poor, and/or marginalized groups like refugees

Past recipients of A2Z Child Blindness Grants are encouraged to seek additional funding through this current grant cycle to strengthen previously funded initiatives. Recipients must demonstrate an approach to systems strengthening that promotes long-term sustainability. Additionally, please note that the A2Z Child Blindness Program will coordinate another competitive grants round to support targeted initiatives which contribute to increasing the global knowledge base on large-scale eye health interventions. Grant funding will specifically fund global advocacy efforts, human resource development, and research activities. Cycle V does not exclude such activities, provided the focus of Cycle V programs is on expanding high impact services and scaling-up innovative approaches. The guidelines for the global knowledge base round (Cycle VI) will be announced around May 2010.

Applicants must demonstrate that they will be able to implement proposed activities in a timely and efficient manner and in compliance with USAID rules and regulations. Applicants must be in a position to accept funds and begin implementation by January 1, 2010.

III. TYPE OF GRANT

This R-LOI is exclusively for the Service Delivery (SD) Grant category. ('Organizational Development' grants are not being issued at this time.) SD grants focus on high-impact and sustainable programs which deliver eye care services to children and other vulnerable populations. SD grants may not exceed \$400,000 over an 18 month period of activity. The preferred funding level for programs during this cycle is \$250,000 to \$400,000.

Please note, funding is contingent upon satisfactory progress towards accomplishing the objectives of the grant during the first phase of programming (first nine months) by the recipient and upon availability of

funds.

IV. GEOGRAPHIC FOCUS

Organizations may submit proposals with either a single country or regional focus. Preference will be given to activities in countries or regions with the greatest need for eye care services, in particular sub-Saharan Africa and Asia. The evaluation criteria include 3 points awarded if the proposed program is in a priority country. A list of priority countries can be found in Attachment C.

V. GRANT ELIGIBILITY

A. Who may apply for a grant?

Grants will be awarded to non-governmental organizations (NGOs) and to collaborating NGOs that agree to work together to deliver eye care services. All recipients must have prior experience conducting relevant eye care activities, and must demonstrate prior experience in efficient and effective fiscal management. Past experience managing large international donor funding is also preferred.

B. Who may not apply for a grant?

The following groups are not eligible to receive grants:

- Government entities including Ministries, public educational institutions, government clinics, and government hospitals;
- Firms operated as commercial companies or other organizations (including nonprofit and nongovernmental organizations) which are wholly or partially owned by foreign governments or agencies thereof.

Applicants must be registered in the country/countries where the proposed project will be implemented.

C. What activities are eligible for funding?

Grant activities should support the goals and priorities of the A2Z Child Blindness Program. Activities eligible for funding include:

- Treatment of specific eye conditions and/or diseases such as cataracts, refractive error, and low vision.
- Training and capacity building initiatives to strengthen local eye and health care staff.
- Treatment of children in an integrated setting.
- Education and rehabilitation programs for blind children and children with low vision.

D. What activities are NOT eligible for funding?

- **Prevention of xerophthalmia (vitamin A deficiency), onchocerciasis, and trachoma.** There are several other mechanisms for the funding of these interventions. Please contact UNICEF in the country where you are working, Vision 2020, or the USAID Child Survival & Health Grants Program if you are interested in more information on these topics.
- **Retinopathy of Prematurity (ROP).** Programs for treating children for ROP in an integrated setting will be considered; however, programs which focus a majority of effort on ROP are not eligible for funding.

E. What types of costs are covered by grant funds?

Grant monies may be used to pay for the following types of costs:

- Operational costs related to the provision of direct eye care services, including salaries of personnel, medical equipment, supplies, facilities rental, financial administration, and other costs directly related to implementing the project
- Operational costs for activities related to the delivery of eye care services, including trainings,

- workshops, and communication initiatives
- Materials development, production and distribution
- Indirect costs are allowable for organizations with an audited and certified indirect rate. Due to changes in USAID regulations, we may no longer accept indirect rates from organizations which do not have an external annual audit.

F. What types of costs are not covered by grant funds?

Grant monies may not be used to cover the following types of costs:

- Subcontracts to other organizations (unless part of a partnership)
- Purchase of motor vehicles, furniture, or office equipment
- Pharmaceuticals and/or medication, defined as any substance intended for use in the diagnosis, cure, mitigation, treatment or prevention of diseases in humans or animals; any substances (other than food) intended to affect the structure or any function of the body of humans or animals; and, any substance intended for use as a component in the above.
- Construction or physical improvement of offices/facilities
- Government personnel (either full or partial salaries)

G. Disclaimer

Issuance of this R-LOI does not constitute an award commitment on the part of AED nor does it commit AED to pay for the costs incurred in the submission of a proposal. AED reserves the right to make an award based on initial submissions; hence, applications should be submitted on the most favorable terms, from a technical and cost perspective. Furthermore, AED reserves the right to reject any or all submissions received, and to negotiate separately with an applicant, if such action is considered to be in the best interest of AED’s client organization - USAID.

VI. SELECTION TIMELINE

The R-LOI is the first step in a two-step award process under Cycle V. A review panel of staff from USAID and the A2Z Child Blindness Program will select finalists from the submitted LOIs. Finalists will then be contacted to develop full Service Delivery proposals. The highest ranking proposals may also be invited to present their project to the review panel. Regular updates on the review and selection process will be shared as necessary.

The review and award process under this cycle will follow the general timeline detailed below:

A2Z Child Blindness Program: Cycle V General Timeline
(Note: Except for the October 15, 2009 LOI deadline, all other dates are subject to change)

Date	Activity
September 21, 2009	· R-LOI announced and guidelines disseminated
October 15, 2009	· LOIs due to A2Z in Washington, DC
October 16-26, 2009	· Review panel evaluate submitted LOIs and determine finalists · Finalists contacted to request development of full proposals and presentations
December 1, 2009	· Final Cycle V SD proposals due to A2Z Child Blindness Program in Washington, DC
December 2-9, 2009	· Cycle V SD proposals evaluated by review panel
December 10, 2009	· Cycle V award recipients selected

January 1, 2010	· Cycle V SD implementation begins
January 1, 2010 - June 30, 2011	· Cycle V period of performance (18 months)

VII. EVALUATION PROCEDURE

Proposals will be evaluated by a panel of USAID and A2Z Child Blindness Program staff. The scoring for each section is noted to the right of each section title.

To be eligible for review, all submissions must:

- Comply with the application guidelines
- Include the provision of direct eye care services which meet the priorities of the A2Z Child Blindness Program
- Consist of outcomes which directly relate to improving children's eye health needs

VIII. LOI APPLICATION PROCEDURES

Please carefully follow the instructions detailed below. **Submissions which do not follow the guidelines will not be reviewed.** If you have questions about this procedure, please email childblindness@aed.org or fax 202-884-8844. All questions must be submitted in writing.

A. General

The LOI process enables your organization to succinctly present a proposed project, including a general budget and workplan. The LOI submission (not including cover page) should be **NO MORE** than **three** pages. Finalists selected from the LOI process will be asked to further develop their LOI into a detailed proposal, 18-month budget, detailed workplan, and M&E plan. The LOI cover page can be found in Attachment A.

Basic requirements include:

- All submissions must be completed in English and preferably submitted in MS Word or PDF format.
- Submissions should only be submitted by one delivery method (email or fax). If you do not receive a receipt confirmation within two business days of submitting your LOI, please send an email to childblindness@aed.org.
- Applications must have a minimum of one-inch margins on all sides of the paper and be formatted on A4 or 8.5 x 11-inch paper.
- Submissions must be typed in Arial or Time New Roman (11 point) font. Text in tables and references may be in 10 point font. Please use endnotes for references or additional notes. These will not be included in overall page limit.
- Completed LOI applications should consist of 4 pages total: 1 cover sheet (Attachment A) and 3 pages for the LOI document. The only additional attachments should consist of endnotes. Please do not include annual reports or any other organizational documentation at this time.

B. LOI Section Details

1. Statement of need (10 points)

Briefly describe the need for your activities in the area which you are proposing. Public health and/or clinical data (as available) should be referenced which support the need for services in the area. Indicate how your project fits within existing eye care services and infrastructure, and describe the critical role your project will play in meeting these needs. This includes 3 points for priority country selection.

2. Project approach (35 points)

Describe the strategic approach of the project in the context of the A2Z Child Blindness Program priorities of scaling-up model delivery systems and high-impact services. Summarize the overall approach of the

project touching upon:

- How the applicant will deliver services including a description of the role of any implementing partners.
- The role of community-based workers or volunteers in accomplishing proposed activities and/or delivering services.
- Explain how the approach aligns with the stated needs and existing infrastructure in the area.
- Indicate target age groups (by intervention if applicable).
- Describe current plans for project sustainability, and how project activities fit within larger local, national, global, and/or organizational plans as appropriate.
- Indicate how this project’s approach will enhance the global knowledge base for effective child eye health interventions

3. General workplan for phase 1 (30 points)

Given the condensed activity period of 18 months, grant recipients must demonstrate the ability to quickly initiate activities upon the proposed start date of January 1, 2010. Please include a general workplan for the first nine months of activity (Phase 1), which summarizes overall objectives, activities and expected measureable outcomes. The measureable outcomes should be in line with A2Z Child Blindness Program common indicators (Attachment B), which are included in regular reporting to USAID on the overall progress of the A2Z Child Blindness Program.

List your proposed key activities, and expected outcomes. There is no need to submit a full monitoring and evaluation (M&E) plan at this time. Your preliminary workplan may be formatted as follows:

Example: Phase 1 General workplan

Objective 1: To increase identification and treatment of children with visual impairment in X community.		
Time period	Proposed activity	Measureable outcome
January 2010	Training activities: Two-day training for volunteer key informants in X community to identify children with cataract or other visual impairment.	# of personnel trained
April 2010	Screening activities: Community-based vision screening in X community	# of children (0-14 years) screened for eye conditions # of children (0-14 years) referred by screening for additional services # of adults (≥ 15 years) screened for eye conditions # of adults (≥ 15 years) referred by screening for additional services
January-June 2010	Refraction activities: Provide eyeglasses to children (14 years and under) with refractive error	# of children (0-14 years) having received eyeglasses to correct refractive error

4. Role of the project in addressing the Priorities of the A2Z Child Blindness Program (10 points)

It is not expected that all projects meet each priority of the A2Z Child Blindness Program. However, proposed initiatives should demonstrate an alignment of the project activities and objectives with the priorities. Briefly describe how the proposed project meets and contributes to the priorities of the Program.

5. Organizational Capacity (15 points)

Please indicate your organizational capacity to successfully manage project activities and the budget within the specified period of activity. Please provide a concise and detailed overview of your organization's past success with specific evidence of your track record managing funds and programs of the scale and scope proposed.

IX. Attachments

Attachment A. Cover Sheet

**A2Z Child Blindness Program
Child Blindness and Eye Health Grants Fund
Cycle V - Service Delivery Grants
Cover Sheet**

Date of submission:	
Full name of Organization submitting LOI:	
Primary & secondary contact person:	
Title of primary contact person:	
Physical mailing address:	
Telephone:	
Email:	
Fax:	
Title of proposed project:	

Summary Budget, in US dollars (no other budget figures are due at this time):

	Phase 1*	Phase 2*	Total
Funds requested from A2Z/USAID Grants Fund			
Total Budget:			

* Since the total grant activity period of this grant is 18 months, each 'phase' represents 9 months of activities.

Please include this form with your completed LOI:
A2Z: The USAID Micronutrient and Child Blindness Project
Academy for Educational Development (AED)
1825 Connecticut Avenue, NW, Washington, D.C. 20009-5721
Email: childblindness@aed.org / fax: (202)884-8844
www.a2zproject.org

Attachment B. A2Z Child Blindness Program Common Indicators

A2Z Common Indicators	
Training Activities	# of personnel trained to perform screenings and/or detect basic eye conditions
	# of eye care personnel trained to form pediatric surgery
	# of eye care / health care personnel trained to provide treatment/simple surgery
Examine/Screenings/Referrals Provided	# of children (0-14 years) screened for eye conditions
	# of adults (≥ 15 years) screened for eye conditions
	# of children (0-14 years) referred by screening for additional services (includes, but not limited to, referral for refractive error correction or surgery consult)
	# of adults (≥ 15 years) referred by screening for additional services (includes, but not limited to, referral for refractive error correction or surgery consult)
Refraction Activities	# of children (0-14 years) with refractive error whose error is corrected. (Received eyeglasses.)
	# of adults (≥ 15 years) with refractive error, or with presbyopia, whose error is corrected. (Received eyeglasses.)
Cataract and other surgeries	# of children (0-14 years) having received cataract surgery
	# of adults (≥ 15 years) having received cataract surgery
	# of children (0-14 years) having received surgery for other eye condition
	# of adults (≥ 15 years) having received surgery for other eye condition
Medical Treatment Received	# of children (0-14 years) having received treatment for non-surgical needs
	# of adults (≥ 15 years) having received treatment for non-surgical needs
Low Vision Services	# of children (0-14 years) with low vision who receive low vision device and/or therapies.

Attachment C. A2Z Child Blindness Program: List of Child Blindness Program Priority Countries

Sub-Saharan Africa	Asia & Near East	Latin America & Caribbean
Angola	Afghanistan	Bolivia
Benin	Bangladesh	Dominican Republic
Burkina Faso	Cambodia	Ecuador
Burundi	India	El Salvador
Cameroon	Indonesia	Guatemala
Chad	Laos	Haiti
Congo, Democratic Republic of (DRC)	Nepal	Nicaragua
Cote d'Ivoire	Pakistan	Peru
Ethiopia	Philippines	
Gambia	Thailand	
Ghana	Vietnam	
Guinea	Yemen	
Guinea Bissau		
Kenya		
Liberia		
Malawi		
Mali		
Mauritania		
Mozambique		
Namibia		
Niger		
Nigeria		
Rwanda		
Senegal		
Sierra Leone		
Somalia		
South Africa		
Sudan		
Tanzania		
Togo		
Uganda		
Zambia		