



Writing a Funding Proposal

BEST PRACTICE : EXAMPLE OF A PROPOSAL

Here is an example of what a good proposal might look like. Remember, though, that each proposal is different.

Funding Proposal

FOR THE MERVIS FOUNDATION

Submitted by:

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PROJECT TITLE:

Communities in Support of AIDS Orphans:

A project to train communities in urban and peri-urban areas to take care of AIDS orphans without dividing families or institutionalising children.

March 2003



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SUMMARY OF THE PROPOSAL

The Agency Supporting Our Children (ASOC) is setting up a project aimed at preparing communities to support AIDS orphans in a home-based, community context. The project will be run in two pilot districts, one urban and one peri-urban, over two years. The project will include:

- Material support (to be administered by ASOC and provided by District Governments);
- Training of professionals at community level to enable them to provide the professional support needed to AIDS orphans within their districts;
- Co-ordination of community-based project activities.

The project is expected to reach between 150 and 300 professionals and 10 000 AIDS orphans.

The project, which is viewed as a pilot, will emphasise :

- Enabling children to reach their full potential by providing psychological, material and social support;
- Keeping families together in a community context;
- Establishing community-based projects and co-ordinating structures to ensure sustainability;
- Careful monitoring, evaluation and recording in order to facilitate replicability.

ASOC will cover all administrative costs through donations from member congregations. We are requesting support from the Mervis Foundation towards the costs of training and co-ordination.



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SECTION 1: CONTEXT

1.1 Background to HIV/AIDS epidemic in Developing Country

Over the past 20 years, the HIV/AIDS epidemic in our country has escalated enormously. According to a World Health Organisation (WHO) report (2001), there are currently 6 million infected people living in the country, or one in every three people. Over the past ten years, AIDS has become the main cause of mortality in the country, and in the past three years, there have been nearly one million AIDS-related deaths (WHO 2001). The WHO report estimates that there are at least 250 000 AIDS orphans in the country. On the encouraging side, the rate of new infections has dropped over the past three years. Whereas in 1998, there was an annual increase of 10% in the rate of infection among adults, this dropped to 5% in 2001 (National Health Department Report for 2001). Most health experts attribute this reduction in the rate of infection to the powerful education campaign which has been conducted by non-governmental and governmental agencies in the country over the past five years. In addition, the fact that affordable anti-retroviral drugs are now available at all government clinics throughout the country means that the death rate from AIDS is likely to drop over the next few years.

However, we already have a sizeable AIDS orphan population in this country. Research in other developing countries has shown that, where the problem of AIDS orphans is not addressed successfully, infection rates begin to climb again when these orphans reach young adulthood. Children growing up without parental or community support are more likely to contract the disease than those who enjoy such support (UNDP Report, 2000).

Our country has very few facilities or services for addressing the issue of AIDS orphans. What resources exist are in the form of institutions. Not only can these institutions provide care for very few children, but studies such as that of the UNDP mentioned above confirm that children raised in institutions are more vulnerable to HIV than those cared for in the community. Institutional care can lead to the break-up of young families, already devastated by the loss of a parent or parents. The difficult logistics of cost-effective institutional care often mean that siblings are separated and children lose their last contact with their family support system.

Institutional care has also been shown to be very costly. In studies done in other developing countries (UNDP 2000), the cost of providing support to an AIDS orphan within the community has been shown to be less than a third of the cost of institutionalised care. This support can take the form of, for example, grants to households headed by teenage family members, special care centres at places like schools and clinics, where such families can receive guidance and support, and surrogate grandparenting schemes.

1.2 Background to the Agency Supporting Our Children (ASOC) involvement in work with AIDS orphans

ASOC was set up in 1995 by a consortium of religious organisations, cutting across all denominations and mainstream religions. Current members of our Board of Trustees include prominent figures in the Muslim and Christian communities (see list of Board members in Appendix 1). During the past six years, we have focused on providing support to AIDS orphans through the structures of our religious communities. This has included:



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- a service for finding foster homes for such orphans through which 1 250 orphans have been placed;
- an education and support project in existing institutions; and
- a nationwide education project for teachers to help them deal with the challenges of having AIDS orphans in schools and classes.

Details of this work are included in our annual report for 2002 (see Appendix 2).

Until now, the work has been funded by contributions from our congregations. However, we believe that a more concerted effort is needed to prepare communities to deal with the challenges. We are, therefore, proposing an extended education approach which, we believe, will also stimulate community-based activities to address the issue. For such a project, more resources will be needed than we can hope to raise from our congregations, many of which are themselves poor. We are aware of the excellent work that has been done with the support of the Mervis Foundation in our neighbouring countries. In particular, we have been inspired by the work of the AIDS Orphans Support Consortium in Neighbouring Developing Country 1. As the project we have in mind is very similar to the AOSC Community-based Orphan Support Project, we are sending you this proposal in the hope that you will be able to support our work.



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SECTION 2: OBJECTIVES OF THE ASOC COMMUNITIES IN SUPPORT OF AIDS ORPHANS PROJECT

The overall vision of ASOC is encapsulated in the following statement:

ASOC works to create a society in which every child is celebrated as a unique and valued creation of God, and is encouraged to fulfil his or her full potential.

We do this through:

- Involving our communities and congregations in supporting orphans;
- Conducting education campaigns among professionals to equip them to face new challenges; and
- Piloting cost-effective and family-friendly approaches to orphan support and care.

The goal of the Communities in Support of AIDS Orphans Project can be stated as follows:

Within the next five years, every child orphaned by the HIV/AIDS epidemic in this country will be living in a family context, supported by the community, and enjoying an acceptable standard of social, psychological and material care.

More specifically, the purpose of the project is:

Within two years, community-based support and care is provided to all HIV/AIDS orphans living in District A (peri-urban) and District Z (urban), with an emphasis on keeping families together and ensuring that there is adequate social, psychological and material care for the orphans.



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SECTION 3: ENVISAGED PROCESS

3.1 Overview

The intention is to use Districts A and Z (where the numbers of orphans, according to the WHO report quoted above, are highest) to pilot our approach. An estimated 5 000 orphans are living in each District. The intervention will be carefully monitored and evaluated (baseline studies have already been conducted) and recorded in order to make replicability in other districts and by other agencies possible.

In order to achieve success in the pilots, we have entered into a partnership with the District Governments who have agreed to provide grants to cover the material needs of the orphans for a five year period. The grants will be administered by a central office of ASOC in each district. ASOC funds, raised from member congregations, will be used to cover administrative costs. The ASOC district offices will be responsible for locating orphans and ensuring that grants are appropriately used. Detailed reports will be provided to District Governments. To achieve this, ASOC will employ approximately ten trained community workers in each District. Costs of these community workers will be covered through the ASOC administration fund.

However, we believe that, for the project to succeed, extensive community training is needed in the form of intensive interventions with professionals from the following fields:

- educators;
- religious community leadership (clerical and lay);
- health professionals;
- social workers;
- district government officials in other categories.

It is for this work that we are seeking support from the Mervis Foundation as we are aware that your emphasis is on education and training.

Training, which will involve both theoretical and practical work, will be made specific to each group, but, in general, will cover:

- Identifying AIDS orphans in the community;
- HIV/AIDS – causes and impacts of the epidemic;
- The needs and care of at-risk children;
- Counselling at-risk children – psychological, social and health counselling;
- Providing support to households headed by teenagers;
- Setting up and running projects.

Each group will consist of a minimum of 15 participants and a maximum of 30. The groups will be run in each district. The intention, therefore, is to reach between 150 and 300 professionals across the two districts. Because of the importance of involving both men and women in this work, we will aim to have 50% of the participants from each gender group.

Training will be conducted in four three-day sessions per year over two years, making a total of 24 days training per group in each district. The National Technical Institution (NTI) has agreed to accredit the training at certificate level. This means that it will approve materials and do quality control on delivery of training. Certification qualification will be assessed at



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the end of the two years by evaluation of project involvement. This will be done by ASOC personnel with quality control by the NTI.

In addition, it is our intention to hold quarterly co-ordinating sessions at which representatives of each of the identified groups in a district can share experiences and work out ways to co-ordinate activities.

We see this as a two-year process, at the end of which we believe that the district communities will be able to sustain their efforts without our direct support. All the training interventions will be aimed at creating district community level independence and co-operation. ASOC will, however, continue to administer the material grants for at least a further three years, as per our agreement with the District Governments.

Training will be conducted by skilled and experienced community workers based on materials developed for the project by experts in the field. The intention is to draw on materials from other countries and to make our materials widely available through the Internet. We would welcome suggestions from the Mervis Foundation with regard to us being able to access existing materials and to make our materials available to others.

3.2 Outputs

The planned outputs for the two-year period are as follows:

- Five courses, each consisting of eight modules;
- Participants' workbooks and facilitators' guides for each Module;
- A total of 80 three-day modules run (40 in each district, eight for each of the five groups);
- Between 150 and 300 certificated graduates of the programme;
- At least five projects operating effectively in each district;
- Independent District Co-ordinating Committees in each of the two districts as a basis for sustainability;
- A report detailing the experiences and impact of the project as a basis for replicability.



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4 SECTION 4: CONCLUSION

In summary:

- We are requesting support from the Mervis Foundation for the training component of our Communities in Support of AIDS Orphans Project.
- This project is specifically aimed at ensuring that every AIDS orphan in this country has the social, psychological and material support required to fulfil his/her potential.
- We believe that the context in which we are operating makes such a project an imperative. Our intention is to pilot the project in two districts, as models for replicability by other agencies.
- The emphasis on district development and community-based projects makes it likely that the project will be sustainable at community level.
- We already have substantial support from, and have entered into a partnership with, the two District Governments involved in the project to provide material support to AIDS orphans in the district communities, outside of the concept of institutional care.
- We believe that our track record and our management and financial competencies (see Appendix 2, a copy of our most recent annual report, for confirmation of this) qualify us to make a success of this project. The staff from our head office who will be involved are highly skilled and experienced (brief biographies of the two key staff members are included as Appendix 3).



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SECTION 5: BUDGET SUMMARY

A full budget, detailing line items, is included as Appendix 4. In brief, we are asking the Mervis Foundation to provide the sum of US\$ 70 000 in Year 1, and US\$ 100 000 in Year 2. This would cover the following:

	Year 1	Year 2
Materials development and production	US\$ 20 000	US\$15 000
Co-ordination workshops	US\$ 15 000	US\$ 20 000
Training sessions - logistics	US\$ 30 000	US\$ 45 000
Additional staff costs	US\$ 5 000	US\$ 20 000

This averages out at between US\$ 1 133 and US\$ 567 per professional, and US\$ 17 per AIDS orphans helped. The ratio of benefits to costs will be substantially increased if the project proves replicable, as we expect it will.

We have also requested funding from the Steinhobel Foundation and the Backbrunberger Foundation, to cover the costs of staff training and counselling, and the cost of supporting community-based projects (seed money) respectively.

All costs related to administration will be born by ASOC, from donations made by member congregations. District Governments have agreed to cover the direct material grants. A letter from each of the District Government heads to this effect is included as Appendix 5.

Should you feel that this amount is more than you can contribute, we ask you to consider funding one of the proposed two districts, at half the cost of the total requested.

We look forward to hearing from you and hope that we can work together in the future.

ASOC
March 20 2003