

**ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) Program**

**Program Guidelines**

Contents

[Section 1: Background and Introduction 3](#_Toc5711856)

[Section 2: Operational objectives 4](#_Toc5711857)

[Section 3: Eligibility criteria 5](#_Toc5711858)

[Section 3.1: Organisation eligibility 5](#_Toc5711859)

[Section 3.2: Country eligibility 6](#_Toc5711860)

[Section 3.3: Proposal eligibility and eligible expenses 6](#_Toc5711861)

[Section 4: Application process and indicative timeline and timeframes. The program area 7](#_Toc5711862)

[Section 4.1: Indicative timeline 7](#_Toc5711863)

[Section 4.3: Deadline for proposal submission 8](#_Toc5711864)

[Section 4.4: Conformance check 8](#_Toc5711865)

[Section 4.5: Selection Process 8](#_Toc5711866)

[Section 4.6: Debriefing of applicants 8](#_Toc5711867)

[Section 4.7: Complaints 8](#_Toc5711868)

[Section 5: Assessment 9](#_Toc5711869)

[Section 5.1: Assessment outcome 9](#_Toc5711870)

[Section 5.2: Assessment criteria 9](#_Toc5711871)

[Section 6: Safeguards and cross-cutting issues 11](#_Toc5711872)

[Section 7: Activity proposal format 11](#_Toc5711873)

[Section 8: Contractual, reporting and acquittal requirements 11](#_Toc5711874)

[Section 9: Contact 12](#_Toc5711875)

**Australian Federal Election – Caretaker period**

Applicants are advised that a Federal Election has been called for 18 May 2019. The Commonwealth Government has therefore entered into a ‘caretaker period’ which places limitations on Commonwealth Agencies entering into major new commitments.

The grant selection process will continue, however, DFAT may defer entering into a agreement or contract with a preferred applicant(s) until after the end of the caretaker period. Applicants are further advised that there is also the possibility that, by convention, any incoming Government may decide to terminate a grant if it does not wish to proceed with a particular process. All other information as set out in the Grant Guidelines remains unchanged.

# Section 1: Background and Introduction

1. The Australian Government, through the Indo-Pacific Centre for Health Security (CHS) within the Department of Foreign Affairs and Trade (DFAT), is requesting Activity Proposals for partnership grants under the ASEAN-Pacific Infectious Disease Detection and Response (APIDDaR) program. These Grant Guidelines outline application and assessment processes for selecting successful organisations to design and implement activities under the program.
2. The APIDDaR program is a component of the $300 million, five-year Health Security Initiative for the Indo-Pacific region (the Initiative) managed by CHS. As articulated in the Initiative’s Provisional Strategic Framework[[1]](#footnote-1), the goal of the Initiative is to contribute to the avoidance and containment of infectious disease threats in the Indo-Pacific with the potential to cause social and economic harms on a national, regional or global scale. The Initiative has three principal objectives (Table 1).

**Table 1: Goal and objective of the Health Security Initiative**

|  |  |  |  |
| --- | --- | --- | --- |
| GOAL | To contribute to the avoidance and containment of infectious disease threats in the Indo-Pacific with the potential to cause social and economic harms on a national, regional or global scale | | |
| OBJECTIVES | ANTICIPATE | AVERT | ARREST |
| To help countries assess their infectious disease threats and capacity deficits, and equip themselves with appropriate policy and regulatory arrangements, particularly with respect to access to medicines and vector control technologies | To mitigate infectious disease threats through support for improved infection prevention and control; vector control; and surveillance of infectious diseases, immunisation coverage and treatment-resistance in pathogens and vectors | To build capacity to detect and respond to infectious disease outbreaks through laboratory strengthening; targeted public health workforce development; and support for improved outbreak detection and management systems |
| ENABLE: To provide expertise, financing and support to key multilateral, regional and whole-of-Australian-government partner organisations in support of the above objectives | | |

1. Approximately one third of funding under the Initiative is earmarked for health security partnerships at the country or multi-country levels. Total funding allocated to the APIDDaR program is $28 million over three years from July 2019 to June 2022.

# Section 2: Operational objectives

1. Activity Proposals must align, within the relevant geographic regions of Southeast Asia and the Pacific, with the objective and desired end-of-program outcomes of the APIDDaR program, as follows.

**Objective:** To build capacity to detect and respond to infectious disease outbreaks through laboratory strengthening; targeted public health workforce development; and support for improved outbreak detection and management systems.

**End-of-Program Outcomes**: Measurable progress towards sustainable capacity, relative to globally accepted World Health Organization (WHO), World Organisation for Animal Health (OIE) or other relevant capacity assessment methodologies and processes, in the program component areas of:

* capacity building in public health and veterinary diagnostic laboratories;
* public health workforce development with particular attention to building field epidemiology and public health leadership capacity; and
  + strengthening outbreak detection and management systems and processes.

1. Activity Proposals should be presented as broad concepts addressing one or more of the three program component areas above, making reference to the indicative program logic outlined in the APIDDaR Investment Concept. Proposals should outline activities that will add value to existing investments and activities or fill clearly identified gaps, and should offer good prospects for achieving sustainable results in the long-term while also achieving concrete and significant intermediate outcomes over the three-year investment period.
2. Proponents will be selected on the basis of their organisational capabilities, track records, and the quality of their broad activity concepts. DFAT does not require at this stage fully specified activity designs. Activity designs, including project milestones, monitoring, evaluation and learning plans and detailed budgets will be developed through a collaborative design process, involving both CHS and other selected program partners, following partner selection. The approval or endorsement of partner governments for proposed activities is not required at this stage but will in general need to be obtained prior to finalisation of full activity designs.
3. The program will not support investments:

* without strong potential to have a positive impact on health systems and/or health policy and, in turn, health security in the region;
* duplicating current programs and projects;
* focused on the provision of infrastructure;
* including salary replacement or supplementation for in-country partners; or
* involving social research of a primarily investigational nature (certain operational or implementation research activities may be considered where there is judged to be strong potential for policy and/or human resource development impacts).

# Section 3: Eligibility criteria

## Section 3.1: Organisation eligibility

1. Activity Proposals are open to all organisations – public, private, academic and research, and non-government. Regional and international organisations may participate in or associate themselves with consortia.
2. Where two or more organisations wish to enter into a consortium arrangement, one partner must be nominated as the Lead Organisation that will sign the Grant Agreement if successful. This organisation will be accountable to DFAT for financial management and the performance of the consortium in achieving activity objectives.
3. Consortia that include partnerships between Lead Organisations and organisations within the relevant region (Southeast Asia and the Pacific) are encouraged.
4. Consortium proposals are required to be supported by letters of association from each partner, noting the relationship between the Lead Organisation and partner organisation(s) and expressing the intention to collaborate.
5. There are no restrictions on consortium membership and organisations may be involved in several consortia for the purpose of responding to this call for proposals.
6. DFAT reserves the right to reassess any proposal if, following submission, the membership of a consortium proposal changes, including through the withdrawal of a consortium member.
7. Individuals can apply as project team members on a maximum of two (2) proposals for this program.
8. Individuals with conflicting commitments and current and recent DFAT employees (see below) must not be included in the Activity Proposal or as individuals who may be engaged if selected through the assessment process. DFAT may reject any Activity Proposal that does not disclose that a proposed team member has an existing and continuing commitment to another program or project.
9. Activity Proposals compiled with the assistance of current or recent DFAT employees will be excluded from assessment.
10. Recent DFAT employees are those whose employment ceased within the nine months prior to the submission of the Activity Proposals and who were substantially involved in the design, preparation, appraisal and/or review of this or substantially related programs.
11. Applicants must ensure that proposals meet all eligibility requirements at the time of submission and for the duration of the period of assessment and review.
12. Proposals that do not meet eligibility requirements will be ruled ineligible and excluded from assessment.
13. An eligibility ruling may be made by DFAT at any stage following the close of applications, including during review. Where an eligibility ruling is being considered, DFAT may request further information in order to assess whether eligibility requirements have been met. Organisations will be notified in writing of ineligible proposals and are responsible for advising consortium partners (where relevant).
14. An Activity Proposal may be excluded from further consideration if it contravenes an eligibility rule or other requirement as set out in these Guidelines or of organisations and/or people named in the Proposal contravene an applicable law or code.

## Section 3.2: Country eligibility

1. The program will be implemented in developing Southeast Asia (any of Vietnam, Cambodia, Laos, Myanmar, the Philippines, Indonesia or Timor-Leste), PNG and priority Pacific island countries (any of Solomon Islands, Vanuatu, Fiji, Tuvalu, Kiribati, Nauru, Samoa, Tonga, Cook Islands and Niue).
2. Grant decisions will ensure an appropriate balance of support across the relevant countries, and will in general seek to avoid an undue concentration of benefits in any one country within individual activities and across the suite of activities supported.

## Section 3.3: Proposal eligibility and eligible expenses

1. The Invitation to Submit an Activity Proposal has been provided as a separate document. This document can be downloaded from the Business Notifications page on the DFAT website (refer: https://dfat.gov.au/about-us/business-opportunities/Pages/business-notifications.aspx). The preferred method for applicants to submit a proposal is via the [SmartyGrants portal](https://healthsecurity.smartygrants.com.au/APIDDaR2019) (https://healthsecurity.smartygrants.com.au/APIDDaR2019). The Invitation sets out the questions that will be asked in [SmartyGrants](https://healthsecurity.smartygrants.com.au/APIDDaR2019).
2. Applicants are required to become familiar with all documentation for this Invitation to Submit an Activity Proposal. It is the responsibility of applicants to ensure they review all addenda.
3. Key elements of proposal eligibility include:

**Project funding** – The proposal should include a budget envelope and indicative information, as outlined below, on how the budget will be utilised. It should be noted that funding for the APIDDaR program is up to $28 million over the three years from July 2019 to June 2022; project proposals to the value of $2 million or more will be preferred but high-quality smaller projects may considered. Exact allocations to the three program components will be determined following partner selection but the following is provided as a rough guide: $8-10 million for laboratory strengthening; $10-12 million for workforce development; and $8-10 million for outbreak detection and management systems and processes.

**Budget overview** - The indicative budget may include costs for:

* *Personnel* - Proposed salaries for each member of the team and/or associated staff should be based on operational requirements. The inclusion of project personnel from Pacific and Southeast Asian countries is encouraged. Personnel support packages requested for personnel from eligible countries should reflect the rate of pay relevant to that country.
* *Capacity development activities* – Costs of capacity development activities in these areas can include, inter alia, specialised training, mentoring, seminars and workshops.
* *Fieldwork* – In-country fieldwork expenses, including costs associated with establishing the project in-country.
* *Travel* - Costs for domestic and/or international economy class airfares and modest accommodation and per diems that are essential for delivery of the project.
* *Equipment* – DFAT will only fund ‘small equipment’ or software specific to the Activity Proposal. ‘Small equipment’ is defined as equipment under a total of $10,000 that is used collaboratively and, where possible, is Australian-made. DFAT will not fund general equipment or software that would be normally provided by institutions, such as standard computers or the Microsoft software suite. Computing equipment or software should be specialised and required for the completion of the project.
* *Monitoring, evaluation and learning* – As a key component of the program, costs associated with MEL processes and activities to inform program reporting and learning should be identified separately.
* *Administrative support*
* *Other associated costs* – Budget items that cannot be appropriately placed in other categories.

**Referee information** – Proposals must attach letters of support from two referees for the Lead Organisation and, where relevant, each of the consortium partners. These should address the Organisation’s experience and capacity to achieve the objectives of the APIDDaR program.

**Organisation’s Certification** – An Organisation’s Certification must be completed in [SmartyGrants](https://healthsecurity.smartygrants.com.au/APIDDaR2019) as per Attachment 1 of the Invitation to Submit an Activity Proposal.

# Section 4: Application process and indicative timeline and timeframes. The program area

## Section 4.1: Indicative timeline

1. The indicative timeline for this competitive grants process is summarised in the table below:

|  |  |
| --- | --- |
| **Event** | **Date** |
| Applications open | 3 April 2019 |
| Applications close | 31 May 2019 |
| Review of proposals by technical panel | 21 June 2019 |
| Panel review outcomes to DFAT | 28 June 2019 |
| DFAT makes offer(s) to preferred applicant(s) | 26 July 2019 |
| Negotiation of Grant Agreements | 9 August 2019 |
| Program implementation commences | Third quarter 2019 |
| Payment of first tranches of funding | Third quarter 2019 |

Section 4.2: Applicant briefing

1. DFAT will not hold an applicant briefing under this Invitation to Submit an Activity Proposal. Applicants are encouraged to check the Business Notifications page on the DFAT website for all documentation related to the program and invitation. Questions requiring clarification should be sent by email to the program contact (refer Section 9 below). All questions and answers and any resulting addenda to these Guidelines will be published on the DFAT website so that all organisations have equal access to information.

## Section 4.3: Deadline for proposal submission

1. Completed Activity Proposals, with supporting documents, should be submitted through [SmartyGrants](https://healthsecurity.smartygrants.com.au/APIDDaR2019) no later than 5pm Australian Eastern Daylight Time (AEDT) on 31 May 2019.
2. Late applications will not be accepted.

## Section 4.4: Conformance check

1. Activity Proposals will be checked by DFAT for conformity in terms of the requirements set out in these Guidelines and the Invitation to Submit an Activity Proposal. At the discretion of DFAT, those proposals deemed non-conforming will be excluded from assessment and applicants will be advised by DFAT.

## Section 4.5: Selection Process

1. There will be a two-step assessment and selection process:
2. DFAT will establish a Grant Review Panel (GRP), comprising technical experts, to assess and rank conforming applications against the Selection Criteria (refer Section 5.2 below). The panel will include members with appropriate expertise to:
3. review applications against the assessment criteria
4. review budgets to ensure value for money
5. score applications to produce a ranked list of applications with recommendations for funding to provide to DFAT.

The panel is conducted on a confidential basis and panel members are required not to discuss matters relating to the assessment of any proposal with any external party. Applicants must not seek contact with any members of the panel, and any such contact will be considered a breach of confidentiality and may result in DFAT rejecting the proposal of the applicant concerned.

1. DFAT will undertake an internal review of the GRP’s ranked list of applications and recommendations. DFAT may seek additional advice on any Activity Proposal if required.
2. Issues not relevant to the Selection Criteria and budget will not be considered.
3. DFAT reserves the right to make final grant funding decisions.

## Section 4.6: Debriefing of applicants

1. Applicants are entitled to request a written debriefing on the results of the assessment of their proposals once a Grant Agreement has been signed with the successful applicants. This debriefing will provide information on scores achieved against selection criteria.
2. DFAT will not enter into discussion or communications on the content of the debrief once it has been issued.

## Section 4.7: Complaints

1. DFAT’s Complaints Handling Procedures Relating to Procurement will apply. Refer: <http://www.dfat.gov.au/about-us/publications/Pages/complaints-handling-procedures-procurement.aspx>

# Section 5: Assessment

## Section 5.1: Assessment outcome

1. In making final funding decisions, DFAT may consider additional factors relevant to the suitability, capacity and qualifications of an applicant organisation and its consortium partners (where applicable), including but not limited to:
2. checking with other persons or organisations on the accuracy of information and quality of previous work performed, including the resourcing of previous work (past performance information); and
3. information obtained from any legitimate, verifiable source, which is relevant to the capacity of the applicants.
4. Such information will be raised with the applicant if needed.
5. On receipt of the assessment results from the DFAT review, the DFAT delegate will make final decisions on which proposals to fund and to what value.
6. In making final decisions, DFAT will reserve the right to ensure an appropriate balance of investments across the Indo-Pacific region.

## Section 5.2: Assessment criteria

1. Activity Proposals will be assessed and ranked against the weighted Selection Criteria listed below.
2. In framing applications against the Selection Criteria, applicants should outline how the proposal will address the criteria to meet the program’s objectives.

|  |  |  |
| --- | --- | --- |
| **No.** | **Selection Criteria** | **Description** |
| **1.** | National and regional health security significance of the development needs to be addressed by proposed activities  (20%) | * Quality of articulation of the potential social and economic impacts of inaction * Relevance of proposed actions in increasing country compliance with the International Health Regulations (2005) and/or relevant globally accepted capacity assessment frameworks and processes * Level of alignment of proposed assistance with partner governments’ national action plans for health security and other relevant health and development policy and strategic frameworks * Benefits of proposed assistance for strengthening national and regional health security in general, beyond benefits in terms of reducing the burden of specific infectious diseases * Contribution of proposed activity toward filling demonstrated gaps in, or else complementing, current national or regional action on health security and/or external assistance * Benefits of proposed assistance for multiple geographic locations, including through replicability, scalability or multi-country scope |
| **2.** | Quality of the broad activity concept  (40%) | * Contribution to End-of-Program Outcomes, taking account of the over-arching program logic and DFAT’s country/regional Aid Investment Plan objectives * Extent to which consideration of options for action is evidence-based and analysis clear-sighted * Extent to which the partner is able to articulate who will benefit from the project, and how, with clear reference to women and girls * Extent of understanding of principles and good practices in the field of capacity-building * Clarity of plans to strengthen the capacity of personnel, institutions and coordination networks * Clarity and realism of strategy for ensuring that improvements in capacity will as far as possible be sustained once funding ends * Clarity of strategy for undertaking information dissemination, advocacy for policy uptake and/or other actions to effect systems changes * Extent to which the proposal is able to attract or leverage parallel external or domestic funding now or in the future (as relevant) * Clarity of responses to cross-cutting themes (including climate change, innovation and private sector development as relevant) * Clarity of plans and quality of indicators for activity monitoring, evaluation and learning * Quality of risk identification and mitigation strategies addressing issues of sustainability, fiduciary risk and compliance with safeguards in line with DFAT requirements * Value for money[[2]](#footnote-2) |
| **3.** | Organisational capability and track record  (40%) | * Extent to which there is a demonstrated organisational capability to deliver the proposed activities, including experience of relevant work in infectious disease prevention in the relevant geographic region * Extent to which proponent organisations have a demonstrated track record in capacity building and mentoring * Extent to which there is evidence of previous effective engagement and communication with key in-country partners and stakeholders * Quality of key team leaders and members, who must demonstrate proven expertise and influence in relevant aspects of health security * Extent to which proponents can demonstrate the existence of strong, well-functioning governance and administrative structures including established and strong and financial systems |

# Section 6: Safeguards and cross-cutting issues

1. Safeguards and cross-cutting issues must be incorporated in proposals (refer to the program’s Investment Concept).
2. Further information on DFAT’s gender equality and disability inclusion policies and approaches is available online:

<http://dfat.gov.au/about-us/publications/Pages/gender-equality-and-womens-empowerment-strategy.aspx>

<http://dfat.gov.au/about-us/publications/Pages/development-for-all-2015-2020.aspx>

1. Activity Proposals must outline the organisation’s approach to risk identification and management.
2. Proposals will also be required to outline the extent of contact with children and, where relevant, how risks will be assessed and managed through recruitment, deployment and monitoring processes in line with DFAT’s Child Protection Policy requirements. For successful applicants, evidence must be provided of the DFAT-compliant child protection policy of organisation and consortium partners (where relevant).
3. Further information on safeguards and DFAT’s approach to risk management is available at:

<http://dfat.gov.au/about-us/publications/Pages/child-protection-policy.aspx>

<http://dfat.gov.au/aid/topics/safeguards-risk-management/Pages/default.aspx>

# Section 7: Activity proposal format

1. Proposals must be submitted using the Invitation to Submit an Activity Proposal template – with significant detail included within the prescribed page limit.

# Section 8: Contractual, reporting and acquittal requirements

1. Successful applicants will be engaged under a Grant Agreement with the Lead Organisation and DFAT that will detail agreed implementation, accountability, funding, reporting and acquittal requirements. Applicants may be requested to amend parts of their proposals, such as project plans or risk management approaches as part of this process.
2. The Investment Concept provides further detail on required annual planning and reporting requirements.
3. A template of the Grant Agreement is included with the Program documents.

# Section 9: Contact

1. Enquiries in relation to the Invitation to Submit an Activity Proposal should be directed to chs@dfat.gov.au no later than 5pm Australian Eastern Daylight Time (AEDT) on 17 May 2019. DFAT will not respond to any enquiries after this date.
2. All enquiries, replies and associated addenda (where required) will be posted on the Business Opportunities page of the DFAT website.

1. [Health Security Initiative: Provisional Strategic Framework](https://indopacifichealthsecurity.govcms.gov.au/sites/default/files/Health%20Security%20Initiative_Provisional%20Strategic%20Framework.pdf?v=1554340970), DFAT (<https://indopacifichealthsecurity.govcms.gov.au/sites/default/files/Health%20Security%20Initiative_Provisional%20Strategic%20Framework.pdf?v=1554340970> ) [↑](#footnote-ref-1)
2. Refer: www.dfat.gov.au/aid/who-we-work-with/value-for-money-principles/pages/value-for-money-principles.aspx [↑](#footnote-ref-2)