

CALL FOR APPLICATIONS UNDER GFATM FOR SHORTLISTING AS SUB RECIPIENTS UNDER NACO

The Global Fund has announced an allocation of USD 155 million for HIV component for grant implementation period April, 2021 - March, 2024. NACO being the key implementation Principal Recipient for the Global Fund for HIV component, requests applications from organizations interested in being short-listed as its Sub Recipient for grant implementation period April, 2021 - March, 2024. The total grant amount for SR under this EOI would not exceed USD 5million.

2. NACO has defined priority areas for seeking Sub Recipient proposals which are available in public domain on www.naco.gov.in & www.india-ccm.in along with Application Template.

3. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies. Proposals will be evaluated by the screening committee constituted by programme division, based on their inherent strengths.

4. Contingent upon proposals received from other Civil Society Organization/Private Sector partners selected as Non-Government Principal Recipients under HIV grant, Programme division reserves the right to accept or reject the SR proposals without assigning any reason or may advise organizations to explore options for engagement with other CSO partner organizations shortlisted as PRs under HIV grant.

5. The application in the prescribed format along with supporting documents is to be submitted to the NACO electronically and in hard copy (both). The electronic copy should be sent at the email id snacoqf@gmail.com and the hard copy at the following address in person or via speed post– DDG (GF), National AIDS Control Organization, 9th Floor, Chandralok Building, 36, Janpath, New Delhi-110011 (Ph. No.-011-23736851/43509916). The last date for submission of application to the India CCM Secretariat is **1st April 2020**. Please note that applications submitted later than this date will not be accepted.

Priority areas for SRs under Global Fund grant 2021-24

1. Community System Strengthening

To achieve the 95-95-95, the role of community becomes critical. Under the community system strengthening, SR partners would be required to supplement the efforts of the programme for:

- Engage, build and nurture the network of PLHIV, HRG and bridge population
- Identification of community champions/ second generation leadership at State, district and community level
- Facilitate capacity building initiatives for the community as master trainers
- Facilitate formation of district level advisory board for feedback to DAPCU
- Build feedback mechanisms for routine and robust engagement between community and the programme at State and district levels
- Facilitate innovations such as community level services, dispensations, community ART Refill Groups (CAGRs), peer counselors etc

The role foreseen for communities in strengthening the response will include creating an enabling environment including moving towards zero stigma and discrimination, demand generation for prevention and increasing testing, care and support for those on ART including social protection, treatment literacy and adherence.

2. Evaluation of TI/LWS

Under the National AIDS Control Programme (NACP), the Targeted Interventions (TI) are designed to control and reverse HIV among the High Risk Groups (HRGs) including FSW, MSM, IDU, TG and Hijra and Bridge Population (BP) like high risk migrants and truckers with specific strategies and deliverables.

TI/LWS programme evaluation is carried out by the respective SACS in consultation NACO engaging external consultants. The evaluation team consists of 3 external evaluators; 2 programme persons and 1 financial finance person. Out of the 2 programme persons one would lead the team, who is a senior consultant.

This exercise is primarily aimed at assessing the quality and performance of targeted interventions projects being implemented by NGOs/CBOs. This process, based on various parameters, will determine the continuation or discontinuation of individual TIs in the state.

Periodicity of Evaluation: TIs/LWS have been evaluated once in two years, i.e., 21st or 22nd month of the contract period. At the state level, SACS will lead the evaluation process with additional technical inputs from NACO's TI division wherever is applicable.

Proposed Institutional mechanism for TI Evaluation: Suitable Institutions may be engaged to take up the task of identifying, recruiting and orienting State/Region wise Consultants for TI evaluation. This will be in line with NACO's engagements with Apex Regional Institutes for Surveillance, Apex and National/State Reference Laboratories for HIV EQAS/Viral load, Centre of Excellence for Capacity Building, and TSU Management Agencies. This collaborative model would pave way for ensuring transparency, accountability and quality evaluation, which is totally external.

NACO is looking out for establishing partnership with appropriate institutes/agencies, who could join hands to engage third party consultants to evaluate the TIs across the country.

Through the SR, it is proposed to evolve a system of evaluation in terms of processes, mechanism, identifying pool of State or region specific evaluators, capacity strengthening of evaluators and SACS in undertaking TI evaluation.

3. Communication

Communication efforts will be focused to reach out to pregnant women, adolescents, vulnerable youth, newer 'at-risk' populations and young people. IEC and SBCC activities will be customised for creating awareness on the benefits of safe behavior, prevention and HIV care continuum. SR partners would supplement the efforts of NACO for:

- Advocacy with NALSA/SALSA
- Advocacy with elected representatives
- Innovative approaches to reach out to key adolescent populations
- Communication efforts focused on adherence package for pregnant women in EMTCT
- Development of toolkit on HIV/AIDS Act, 2017, and social protection schemes for PLHIV
- Development of toolkit for promotion of PrEP and CBS among key populations

Newer technology needs to be tapped into with extensive multimedia approach with specific messaging and interventions to reach out to target groups esp. on virtual platforms. Innovative use of social media and efforts to incorporate HIV messaging in youth programmes, virtual population would be encouraged. Interventions would include developing mass campaigns to address different aspects of HIV continuum of care.

4. Capacity Building

Trainings on NACP will be undertaken for strengthening the capacities of Programme managers from NACO, SACS, TSU and district level. A cross-cutting capacity building module has been developed with support from the partners. The module has been piloted and one national level ToT has also been undertaken with a pool of trainers, identified from the programme across different States.

Support from GFATM will be sought to take this activity forward. NACO would seek the involvement of implementation partners to act as sub-recipients and build the capacity of national level officers, state level functionaries, officers in DAPCU and TSUs on regular programmatic aspects on an ongoing basis. Structured capacity building through integrated & cross-cutting capacity building modules will be undertaken on key aspects of programme management, monitoring & evaluation, reporting within NACP.

Capacity building will be required for:

- Programmatic guidelines
- Capacity building on revamped strategies for HIV Prevention and Care Continuum
- Capacity building of state and district level networks of PLHIV on HIV/AIDS Act, 2017 (awareness generation, informed consent, confidentiality, data security etc.)

5. Programme Evaluation

Evaluation of various programme components will be undertaken to inform the programme on successes and gaps in service delivery. This will help in mid-course corrections. It is proposed to undertake third party independent, quick and concurrent evaluations that do not require too much budget. Programme evaluation will be conducted to develop an understanding of programme

relevance and appropriateness, reach and coverage, quality, outcome/impact and cost effectiveness. NACO would undertake systematic evaluation of different interventions such as:

- Impact evaluation of TI interventions
- Impact evaluation of Link Worker Scheme
- Assessing the effectiveness of satellite OST centers
- Impact evaluation of Community Based Screening activities
- Impact evaluation of HIV Counseling and Testing Services
- Baseline, Concurrent, endline evaluation of communication campaigns for recall, key messages etc.
- Impact evaluation of Link ART Centres

6. Engagement with Private Practitioners

In recent years, NACO has undertaken initiatives to engage with private providers/ practitioners through Professional medical associations like Indian Medical Association and Federation of Obstetric & Gynaecological Societies of India etc. on HIV testing and treatment. It is proposed that SR partners would supplement the efforts of NACO for:

- Engagement with professional associations for expanding the coverage of services
- Involvement of FOGSI for engagement with private nursing homes, for active case detection, increased outreach and reporting
- Engaging private practitioners for CME on different aspects of the HIV programme
- Engagement with Private Practitioners for increased access to HIV services & outreach using virtual platforms (eg. on combination prevention, PrEP)

7. Strengthening existing IT systems

Strengthening existing IT systems under National AIDS Control Programme by providing application and server maintenance support through helpdesk capable enough to handle the Admin level functionalities, providing resolution through on-call support to the users, keep a track of the issues raised and automate the frequently occurring issues, coordinate with states in order to implement and enhance the system usage, troubleshooting and bug fixing, development of any new module/functionalities as per the National AIDS Control Programme requirements as an enhancement to the existing system and align the database structure accordingly, provide business intelligence & data analytics support by conducting the data assessments and building algorithms and provide support for on-site capacity building of the frontline healthcare workers.

Expression of Interest

Applications for shortlisting as Sub Recipients for NACO grant under the Global Fund for period 2021-2024

Applicati on under the comp onent (Please Tick)	Communi ty System Streng thening	Evalu ation of TI/LW S	Communi cation	Capa city Buildi ng	Progra m Evalu ation	Engag ement with Private Practiti oners	Streng thening existing IT system
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION1- BACKGROUND INFORMATION

Name of applicant organization	
Type of Organization/Institution (Govt., NGO, CBO, Consortium, Private Company, Academic, Society, Trust/ Others)	
If Consortium, please indicate name(s) of organization	
Date of registration with Statutory authorities	
Registered under FCRA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Registered under NGO-Darpan Portal (Under NITI Aayog)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Unique ID No.
List the States where your organization/institution is active	
Turnover of previous three financial years as per certified statements of accounts	2016-17, 2017-18 & 2018-19
Brief description of maximum three projects undertaken in the past three years	
Please notify if worked as PR/SR for Global Fund grant earlier	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, brief description of the project and implementation period.

Details of Available Resources		
Number and type of trained personnel on regular payroll of organization		
Existing offices of the organization in the proposed project area		
Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.)		
Availability of external audits over the last three years and date of the last audit	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of the last audit _____ Name and address of the Audit Company:	
Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.	
Existing linkages/network with other organizations (mention if they will participate in the delivery of the proposal)		
Contact information for the Applicant/Lead organization of the Consortium		
Name	Primary Contact	Secondary Contact
Title		
Mailing Address		
City and State		
Telephone		
Mobile		
E- mail address		
Organization website		

If Consortium, please give details of all the organization

Contact information for the other member organizations of the Consortium			
Organization- 1			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

Organization- 2			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

Note: Please add more columns/tables, if required.

SECTION 2- PROJECT DETAILS

This should not be more than 10pages. Please use Arial font size -10

Proposed title of intervention/Project	
Geographic area covered by the proposal	

2.1 Background (Clearly indicate current situation, the gaps, weaknesses and inequalities, and the present efforts to meet these gaps, weaknesses and inequalities not more than 10-12 lines)

2.2 Objective (State the objectives and purpose of the proposal not more than 7-8 lines)

2.3 Target Population (Describe the target population for your proposal not more than 5 lines)

2.4 Methodology (Please describe the specific activities required to achieve the objectives. Briefly describe coordination mechanisms or among implements- not more than two pages)

2.5 Monitoring and Evaluation Framework (Briefly outline how you propose to monitor and evaluate –not more than ½ page).

2.6 Self-assessment of the applicant organization
(Please indicate the strengths including managerial skills, MIS system and the system of internal

controls of the organization that makes it best suited to implement the project in not more than 8-10 lines)

2.7 Equitable Access (Describe how principle of equity will be ensured in your proposal specially gender equity, support to marginalized populations and key affected populations etc. in not more than 8-10 lines)

2.8 Linkages to Grants from the Global Fund and Other Donors (Please explain how this project is linked to other funding you are currently receiving from the Global Fund or other donors if applicable. Also indicate if you are implementing Targeted Interventions or other Government programmes in not more than 5 lines)

2.9 Sustainability (Indicate how the services outlined in your proposed project could be sustainable at the end of the proposal period in not more than 8-10 lines).

2.10 Risks and its management including Financial Risk Management (Briefly outline the major internal and external risks and how you propose to reduce or avoid such risks in not more than 8-10 lines).

SECTION 3- PROJECT BUDGET: (Detailed Budget Attached as Annexure 2)

3.1 Budget Breakdown by Source (This table is intended to clarify part of the budget you already have (Provided by the organization), the part of the budget financed by other donors (Provided from other sources) and part of the budget from Global Fund (Requested from the Global Fund)

Table 3.1 Budget by Source (In USD)

Source	Year (1)	Year (2)	Year (3)	Total
Provided by the organization				
Provided from other sources(indicate the source)				
Requested from the Global Fund				
Total Budget				

(*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

3.2 Budget Breakdown by Cost Category (Total budget of Table 3.2 should equal the total budget shown in Table 3.1)

Table 3.2 Budget by cost category

Source	Year (1)	Year (2)	Year (3)	Total
Human Resources				
Technical Assistance				
Training				

Health products and Health Equipment (including laboratory products and equipment)				
Medicines and pharmaceutical Products				
Procurement and Supply Management costs Infrastructure and other equipment				
Others (specify)				

(*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

3.3 Describe why your proposed project cannot be financed under current mechanisms within NACO?