

**REQUEST FOR PROPOSALS
FROM
ORGANIZATIONS WISHING TO REGISTER AS SUB-SUB RECIPIENTS (SSR)
WITH ALLIANCE INDIA
FOR SAMAGRA (VIHAAN) - THE GFATM SUPPORTED PROGRAMME**

I: Introduction

India HIV/AIDS Alliance (Alliance India) as Principal Recipient (PR) has been awarded the Grant funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), for the programme known as SAMAGRA (Previously known as VIHAAN) care and support programme for People Living with HIV across India.

II: Background of the programme:

India revised care and support strategies in 2013 under NACP IV and under the new strategy, National AIDS Control Organization (NACO) is providing all treatment including treatment for opportunistic infections through Govt. healthcare facilities and a civil society organisation will provide care and support services to all needy PLHIV. India Country Coordination Mechanism (CCM) selected the India HIV/AIDS Alliance as the Principal Recipient (PR) to implement care and support programme across the country.

The programme is being named as 'SAMAGRA' is providing care and support services to needy PLHIV since June 2013. Until March 2024, the programme reached about 1.68 million PLHIV provided with care & support services through 310 care and support centres. The programme is being implemented in close coordination with NACO, SACS and ART centres at national, state and district levels respectively.

Alliance India has received approval from Global Fund for programme continuation from April 2024 to March 2027. During this period, care and support centres (CSCs) exclusively supported by Global Fund will be functional to cater for the service needs of PLHIV enrolled in ART centres across the country.

India HIV/AIDS Alliance (Alliance India) is a Principal Recipient (PR) for 11 states and is providing the hand holding support to the 75 CSCs and will be collecting the applications of the interested NGOs/CBOs

III: Objectives of SAMAGRA (VIHAAN):

SAMAGRA programme has evolved over a period of time as one of the good models of community-based care and support programme supporting the national HIV programme through enhancing the quality of life of PLHIV.

The specific objectives of SAMAGRA (VIHAAN) include:

- To accelerate HIV prevention and promote testing among family members/sexual partners of PLHIV
- Eliminate Vertical Transmission of HIV among HIV Positive pregnant women and HIV-exposed infants
- To increase retention of PLHIV On ART through intensified peer-led outreach by tracking
- To augment viral Load testing to improve coverage and reach third 95 targets by 2027.

IV: Scope of Work of Care & Support Centre 2.0

CSC 2.0 will prioritise outreach services for 11 specific groups. The ART centre will provide CSC 2.0 staff with a monthly list outlining outreach service requirement. Additionally, priority cases, including

follow-up of Positive Pregnant women and HIV-exposed infants and weekly follow-up of those awaiting viral load results, Early Infant Diagnosis (EID) cases, MIS cases, and Lost to Follow-Up cases for which line list & outcomes will be shared on a weekly basis. Following the completion of outreach services, CSC 2.0 will update the ART centre with outcomes for inclusion in the white card and master line list. Each priority population will receive specialized follow-up from the Community Health Liaison (CHL) within specific time frames.

V: What are Care Support Centres?

Care and support centres (CSCs) are friendly places where PLHIV receive information on care and support, access to a range of health referrals, education and linkages to social welfare schemes and entitlements.

Apart from these, clients will be able to access the services including counselling services, resting, recreational facilities, entertainment etc. The team at the CSCs would also conduct home visits for the registered clients at their convenience and agreed timing to provide information and treatment education, adherence, and any health referrals not only to the registered clients but the family, which would be taken as a unit for information, education and referrals especially to social welfare schemes and entitlements. Building on the lessons learnt from the programmatic experience since inception, the programme will now adopt the provision of differentiated care and support services to different categories of clients.

For more details on the functions of a CSC and other details, please visit: [NACO CSC guidelines](#)

CSC: Key features

1. **Differentiated Care Services**
 - Target groups: Newly registered clients, MIS and LFU cases, Positive Pregnant Women (PPW), HIV-exposed infants (HEI), clients eligible for viral load testing, family members and sexual partners eligible for HIV testing.
2. **Community-based Screening**
 - Conduct HIV screening and other health checks within the community to enhance accessibility and coverage.
3. **ART Refilling at CSC**
 - Facilitate ART medication refills directly at the CSC to improve convenience and adherence.
4. **Linkages to Social Schemes and Entitlements**
 - Connect priority clients to social welfare schemes, entitlements, and support services to enhance their quality of life.
5. **TB Screening**
 - Regular screening for TB symptoms among priority clients, including referrals for diagnosis and treatment.
6. **Family Member HIV Screening/Testing**
 - Encourage and facilitate HIV testing for family members and sexual partners of PLHIV.
7. **Services for Specific Client Groups**
 - Provide targeted services for:
 - TB-HIV co-infected clients
 - Clients on 2nd and 3rd line ART
 - Clients with CD4 counts below 200 or viral loads above 1000 copies
8. **ICTC-ARTC Linkage Loss**
 - The CSCs aim to bridge the ICTC-ARTC gap, ensuring early linkage to care, improving treatment adherence, and ultimately enhancing the health outcomes of PLHIV
9. **Community System Strengthening**
 - Strengthen community systems through advocacy, capacity building, and support for community-based initiatives.

10. Special Focus on Vulnerable Groups

- Prioritize services for adolescents, key populations (KPs), and children registered at the CSC

VI: Management of CSCs

Any Non-Govt. Organization (NGOs) or Community-Based Organizations (CBO) who have legal entity, with the appropriate expertise in implementing HIV programmes at the district or state level and presence in the district where application has been called for are eligible to apply. Discontinued NGOs/CBOs are not eligible to apply.

The core area of CSC's work is linking PLHIV to various services. Hence the agency should have excellent rapport with all key stakeholders in the district and proven leverage skills. Therefore, a track record of working successfully with the local PLHIV community/KP groups and proven experience of effective advocacy with SACS/DAPCU or local government for the treatment or care of PLHIV will be an advantage.

VII: Details of the RFP

Alliance India calls for proposals/applications for the following districts in the states of Gujarat, Madhya Pradesh, and Maharashtra.

Name of the States	CSC Districts	Number of CSCs	Number of ART Centres
Gujarat	Ahmadabad	1	6
	Dahod	1	1
	Jamnagar	1	1
	Junagadh	1	1
	Kheda	1	2
	Kutchh	1	2
	Mehsana	1	3
	Rajkot	1	2
	Surat	1	3
	Surendranagar	1	1
	Bhavangar	1	2
	Vadodara	1	4
	Vadodara	1	-
	Banaskantha	1	2
	Amreli	1	1
Navsari	1	1	
Madhya Pradesh	Bhopal	1	6

	Gwalior	1	1
	Indore	1	3
	Jabalpur	1	1
	Khandwa	1	1
	Ratlam	1	1
	Rewa	1	1
	Sagar	1	1
	Seoni	1	1
	Ujjain	1	1
	Neemach	1	1
Maharashtra	Ahmadnagar	1	3
	Akola	1	2
	Amravati	1	2
	Aurangabad	1	3
	Beed	2	2
	Bhandara	1	1
	Buldana	1	1
	Chandrapur	1	2
	Dhule	1	2
	Hingoli	1	1
	Jalgaon	1	1
	Jalna	1	1
	Kolhapur	2	6
	Latur	1	2
	Mumbai	1	
	Nagpur	2	4
	Nanded	1	1
	Nandurbar	1	1
	Nashik	2	3
	Osmanabad	1	2

Nandurbar	1	1
Nashik	2	3
Osmanabad	1	2
Parbhani	1	1
Pune	2	10
Raigad	1	3
Ratnagiri	1	2
Sangli	2	4
Satara	1	3
Solapur	2	3
Thane	2	7
Wardha	1	2
Washim	1	1
Yavatmal	1	1

Alliance India invites requests for proposals from the agencies/ organisations to be submitted to Alliance India. Later with the support of external agency/ies carry out the field visit for capacity assessment in consultation with the State AIDS Control Societies, PR representatives (Alliance India representatives) will identify potential applicants and (as per the selection criteria given below) from the concerned districts for the site assessment.

Eligibility Criteria for NGO/CBO Setting Up CSC

- Organisations that have been discontinued are not eligible to apply.
- The agency should be a non-profit organisation and legally registered under:
 - The Societies Registration Act of 1860 or an equivalent Act of a State; or
 - The Charitable and Religious Act of 1920; or
 - Indian Trusts Act of 1882 or an equivalent Act of a State; or
 - Section 25 C of the Companies Act, 1956 (Section 8 of the Companies Act, 2013)
- It should have a clearly defined organisational structure.
- The agency should also have all statutory requirements including 12A and 80G certificates.
- It should have established administrative and management systems.
- It should have a sound financial track record with an established financial management system (latest three years' audit reports and audited accounts required in the case of NGOs and one year report for CBOs).
- It should have a minimum of three years of experience in managing public health programmes or allied programmes in health.
- Experience in the field of HIV/AIDS, especially in the area of care and support, be an added benefit.
- The organisation should have been working for a minimum of three years in the case of NGOs and one year in the case of CBOs in the same district and have a good track record in providing services.
- Readiness to make available adequate infrastructure deemed necessary to carry out all the activities planned in CSC.

How to Apply

- Interested NGOs/ CBOs can submit proposals/applications on Alliance India Email ID: ssrselection2024@allianceindia.org by 10 September 2024 with the subject line: Application for SSR for SAMAGRA under GFATM.

Queries and Responses

- Queries regarding this RFP should be sent only to ssrselection2024@allianceindia.org by **31st August 2024**. Responses to questions shall be compiled and sent to all the applicants who raised the queries through email only by September 2024.

Applicants wishing to respond to this **RFP** are required to submit their applications in the prescribed format (**Form 1**) with supporting documents by or before 10 September 2024. Form 1 is available as **Annexure A**.

While submitting, agencies should ensure that the application documents are password protected. And the agencies should retain the password with them. The password should be provided only after receiving a written request from the 3rd party agency managing the assignment.

Applications received after the above date and time shall be summarily rejected.

All eligible applications received shall be carefully appraised and assessed, considering all details provided in the prescribed format.

The appraisal process shall inter alia consider:

- HIV experience of organization in the district, where applying for SSR
- Financial Systems
- Governance and management systems
- Depth of work in the area of care and support, social protection, stigma reduction and advocacy
- Level and nature of involvement of PLHIV in the organisation
- Linkages of the organisation with SACS/DAPCU
- Monitoring and evaluation experience and systems
- Successful district-level advocacy
- Site visit for the detailed appraisal as mentioned will be carried out by a Joint Appraisal Team (JAT) comprising representatives from Sub Recipient organisation, representatives from the third party agency and respective SACS.
- The field visit with shortlisted agencies will commence on any day from **16 September 2024** for a detailed **site assessment**. Due to tight timeframes, the team may not be able to give some shortlisted organisations more than a day's notice for the proposed site assessment.
- The Proposal/ Application and all the documents submitted along with the Proposal/ Application should be signed by the Authorised Signatory.

Requests for a change of dates shall not be entertained due to the limited timeframe for this exercise.

All correspondence/communications regarding the application should be made at the above contact details through e-mail only. Any action taken by the interested agencies directly/indirectly to influence the selection procedure for obtaining undue advantage may lead to the rejection of the application submitted by the said agency.

The decisions made at the end of the process of assessment will be considered final and binding.

Shortlisted organizations shall be required to cooperate with the JAT team by providing detailed information regarding organizational functions, structure and/or arranging meetings with the senior

management team, details of ongoing and/or concluded projects executed for any donor agency, management systems, community involvement, outreach of the organization, etc.

Shortlisted organizations failing to provide or cooperate with the above information needs, including due scrutiny of documents and/or interviews with management and/or staff, shall be automatically considered ineligible for final selection.

Submission of Proposals:

Name of the District applied for: MAXIMUM 3 (preference will be given to the same district or the nearest neighbouring district)

ORGANIZATIONAL PROFILE

S. No.	Item	Information
1.	Full Name of Organization (as per registration document)	
2.	Registered Office Address (Please provide complete address with PIN Code)	
3.	Contact/ Telephone Number/s	
4.	Legal Status (Please specify whether Registered Society/Trust/Section 25Company/Other)	
5.	(1) Registration No. and Date: (2) Place of Registration and Other Details:	
	(Please append a self-attested copy of the Certificate of Incorporation/Registration to this application form)	
6.	Name of the Director/President/Head of the Organisation	
7.	Name and Designation of Contact Person(s)	
8.	Mobile No. and Email ID of Contact Person(s)	
9.	Total number of paid staff working full time	

10. Names of districts in state (same state as SSR application) where organisation has programmes

Applicants are required to ensure that soft copy of their applications in Form 1 and attached all document requested in form-1 are send by via email to the id given below by or before 6 pm on 10 September 2024 for the initial screening of applications:

ssrselection2024@allianceindia.org

***Note: Telephone calls will not be entertained for any reference and this may disqualify the NGO from the application process.**

Annexure A Form – 1

Name of the States	CSC Districts	Number of CSCs	Number of ART Centres
Gujarat	Ahmadabad	1	6
	Dahod	1	1
	Jamnagar	1	1
	Junagadh	1	1
	Kheda	1	2
	Kutchh	1	2
	Mehsana	1	3
	Rajkot	1	2
	Surat	1	3
	Surendranagar	1	1
	Bhavangar	1	2
	Vadodara	1	4
	Banaskanth	1	2
	Amreli	1	1
Navsari	1	1	
Madhya Pradesh	Bhopal	1	6
	Gwalior	1	1
	Indore	1	3
	Jabalpur	1	1
	Khandwa	1	1
	Ratlam	1	1

	Rewa	1	1
	Sagar	1	1
	Seoni	1	1
	Ujjain	1	1
	Neemach	1	1
Maharashtra	Ahmadnagar	1	3
	Akola	1	2
	Amravati	1	2
	Aurangabad	1	3
	Beed	2	2
	Bhandara	1	1
	Buldana	1	1
	Chandrapur	1	2
	Dhule	1	2
	Hingoli	1	1
	Jalgaon	1	1
	Jalna	1	1
	Kolhapur	2	6
	Latur	1	2
	Mumbai	1	
	Nagpur	2	4
	Nanded	1	1
	Nandurbar	1	1
	Nashik	2	3
	Osmanabad	1	2
	Nandurbar	1	1
	Nashik	2	3
	Osmanabad	1	2
Parbhani	1	1	
Pune	2	10	

Raigad	1	3
Ratnagiri	1	2
Sangli	2	4
Satara	1	3
Solapur	2	3
Thane	2	7
Wardha	1	2
Washim	1	1
Yavatmal	1	1

Note: This is a self-administered form. Please fill ALL sections of the form and provide supporting evidence, where mentioned. Supporting evidence MUST be self-attested by an authorised signatory. Please mention section and item no on the evidence provided. If required, please use additional pages. Only forms that have been accurately filled in their entirety will be considered)

S.No.	Item	Response	Please Attach Supporting Documents
Section A			
1.	The organisation has been operational for at least two years in the district where applying for SSR	<ul style="list-style-type: none"> • Yes • No 	Annual Report AND Financial report for FY(financial year) 2020- 2021 & 2021 -2022, 2022- 2023
2.	A Bank account exists in the name of the organisation	<ul style="list-style-type: none"> • Yes • No 	Copy of bank passbook showing A/c name and address
3.	At least two signatories are required for all banking transactions	<ul style="list-style-type: none"> • Yes • No 	Name and designation of authorised signatories
4.	The organisation is registered with income tax authorities as a charitable organisation (registered under Sections 12A AND 80G of the Income Tax Act 1961)	<ul style="list-style-type: none"> • Yes • No 	Copy of registration certificate u/ section 12A and 80G

- | | | | |
|-----|--|--|--|
| 5. | Organisation has a Permanent Account Number (PAN) | <ul style="list-style-type: none"> • Yes • No | Copy of PAN Card |
| 6. | Executive committee/ board/trustee formed through a democratic process | <ul style="list-style-type: none"> • Yes • No | The latest copy of meeting minutes from last one year (Not earlier than April 2022) |
| 7. | Annual turnover/grant portfolio in each of the last 2 years | <ul style="list-style-type: none"> • More than 2 lakh • Less than 2 lakh | Audited financial statements for each of the last 2 years

FY 2021-2022, 2022-2023 |
| 8. | The organisation receives grants from last 2 years: | <ul style="list-style-type: none"> • Government • Private sector • NGOs • Individual donations • Others, pls. specify | |
| 9. | The organisation has been blacklisted by a government agency or funding withdrawn by a donor | <ul style="list-style-type: none"> • Yes • No | Please provide details |
| | NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute a reason for the rejection of the application | | |
| 10. | The organisations activities have been evaluated by SACS | <ul style="list-style-type: none"> • Yes • No, skip to Section B | |
| 11. | Organisation activity evaluated by SACS | <ul style="list-style-type: none"> • DIC • CCC • DLN • GIPA Project • Stigma reduction • TI | Copy of evaluation/s with score |

Section B

- | | | | |
|----|-------------------------------------|---|-------------------------|
| 1. | Salary to staff paid through cheque | <ul style="list-style-type: none"> • Yes • No | Copy of bank statements |
|----|-------------------------------------|---|-------------------------|

- | | | | |
|----|---|---|----------------------------|
| 2. | Appointment letters issued to all staff with job description and signed copies kept by HR | <ul style="list-style-type: none"> • Yes • No | Copy of appointment letter |
|----|---|---|----------------------------|

Section C

- | | | | |
|----|--|--|--|
| 1. | The period that the organization has been implementing HIV programmes in the district where applied as SSR | <ul style="list-style-type: none"> • > 3 years • > 2 years • < 2 Years | Annual Report/ programme documentation |
|----|--|--|--|

- | | | | |
|----|---|--|---------------------------------------|
| 2. | The HIV activities of the organisation cater to | <ul style="list-style-type: none"> • PLHIV • MSM • Sex workers • IDU & partners • TGs/Hijra • WLHIV • CLHIV • Truckers • Migrants | PI attach, project contract documents |
|----|---|--|---------------------------------------|

For others, pls specify

- | | | | |
|----|---|--|--|
| 3. | The HIV focus of the organisation is on | <ul style="list-style-type: none"> • HIV prevention • HIV care and support • Stigma reduction • Advocacy | |
|----|---|--|--|

- | | | | |
|------|--|---|--|
| 3. A | The organisation provides counselling on issues of positive prevention, family planning, couple counselling, and maternal health | <ul style="list-style-type: none"> • Yes • No | |
|------|--|---|--|

- | | | | |
|------|--|---|--|
| 3. B | The organisation works on treatment literacy | <ul style="list-style-type: none"> • Yes • No | |
|------|--|---|--|

- | | | | |
|------|---|---|--|
| 3. C | The organisation conducts activities to improve the adherence level for people taking ARV | <ul style="list-style-type: none"> • Yes • No | |
|------|---|---|--|

4	The organisation conducts HIV-related advocacy at the district level	<ul style="list-style-type: none"> • Yes • No 	Please provide evidence of successful advocacy efforts
5.	The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services	<ul style="list-style-type: none"> • Yes • No 	Annual report/program reports
6.	The organisation has experience of providing home-based care to PLHIV and their families	<ul style="list-style-type: none"> • Yes • No 	Annual report/program documentation
7.	The organisation provides information on access to treatment, education and adherence	<ul style="list-style-type: none"> • Yes • No 	Programme documentation
8.	The organisation provides psychosocial counselling to PLHIV & their families	<ul style="list-style-type: none"> • Yes • No 	Annual report/program documentation
9.	Organization has referrals and linkages for PLHIV to avail of legal aid services in the district	<ul style="list-style-type: none"> • Yes • No 	Program documentation
10..	Organization regularly participates in the district-level coordination meetings with DAPCU, SACS & ART coordination; other line departments e.g. TSU, STRC Or is a member of the academic committee/empanelled with SACS	<ul style="list-style-type: none"> • Yes • No 	Program documentation, invitation letter, meeting minutes
11.	In the case of NGOs, the organisation has referrals and linkages with local-level PLHIV networks	<ul style="list-style-type: none"> • Yes • No 	
12	The organization addresses issues of stigma and	<ul style="list-style-type: none"> • Yes • No 	Please provide evidence

discrimination reported at the district or taluka level

Section D

- | | | | |
|----|---|---|--|
| 1. | The organisation routinely collects data and submits monthly/quarterly reports on time to donor | <ul style="list-style-type: none"> • Yes • No | Copy of monthly/quarterly reports from last 6 months |
| 2. | The organisation maintains the confidentiality of all clients | <ul style="list-style-type: none"> • Yes • No | |

Section E

- | | | | |
|----|--|--|-----------------|
| 1. | PLHIV are involved in the decision-making in your organisation | <ul style="list-style-type: none"> • Yes • No | Meeting minutes |
| 2. | The organisation has paid full-time staff openly living with HIV | <ul style="list-style-type: none"> • Yes • No | |
| 3. | The organisation has board members openly living with HIV | <ul style="list-style-type: none"> • Yes, some members • All members • No members | |

Section F: Operational Plan

Please describe in no more than two pages: (Please use font Ariel Size 11 with a line spacing of 1.5 and all four margins of 2.54cms)

- 1) Activities that your organisation will conduct to make CSC a safe space for PLHIV from high risk groups (HRG - including FSWs, MSM, Transgender, Hijras and IDUs) to access information and services
- 2) Outreach strategy to reach loss to follow up cases and to address treatment adherence of PLHIV, including orphans and vulnerable children
- 3) Mechanisms at CSC to ensure that PLHIV and their families receive social protection/entitlement benefits from various government schemes

- 4) Plans for meaningful involvement of PLHIV from HRG in the programme

- 5) What are the constraints or hurdles for PLHIV to access care and support services and how do you plan to address them?

- 6) Please provide details of any innovation/unique approach that your organisation has been responsible for in the area of care and support

Section G: UNDERTAKING on the organisation letter head (By authorised office bearer)

I (name) _____ in my capacity as (Designation) _____ of (organisation Name) _____ do hereby undertake that should my organisation be selected as SSR, the organization will establish a CSCs within 15 days of confirmation, no more than 2kms radius from of a major ART centre in the district

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of (organisation Name) _____ to sign this undertaking.

Signature: _____

Name of Authorized Person _____

Designation _____

Section H: UNDERTAKING (By authorised office bearer)

I _____ in my capacity as _____ of _____

do hereby undertake that should my organisation be selected as SSR, the organization will work with any organisation that has been selected as a Sub-Recipient for the State/Region to effectively implement the project.

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of _____ to sign this undertaking.

Signature: _____

Name of Authorized Person: _____

Designation: _____

Please Note:

If the applicant is already running a CSC in the same district, provide answers to the following questions:

- 1 Name of the district and state where the CSC is located:
2. Name of the ART centre to which CSC is currently attached with:
3. What is the total no. of clients registered in the CSC as on 31st March 2024
4. Provide the list of staff in place with details of joining dates.

Section I: DETAILS OF KEY PROJECTS EXECUTED BY THE ORGANIZATION IN THE DISTRICT WHERE APPLIED FOR SSR

Project Period (month & year)	Name of Project*	Source of Funding	Amount (in Rs.)	List of Key Project Activities	Major Outcomes/Outputs of the Project	Identify Specific Activities Similar to TORs/Scope of Work for SSRs	Geographical Area of Activities Mentioned in Column 5 (mention districts)	Specify Project Involvement with PLHIV/PLHIV Networks, if any
1	2	3	4	5	6	7	8	9

* Please provide details of projects for the past three years