



**REQUEST FOR PROPOSALS FROM
ORGANISATIONS WISHING TO REGISTER AS SUB-SUB-RECIPIENTS (SSR) WITH
ALLIANCE INDIA UNDER THE GFATM GRANT FOR THE STATES OF MANIPUR AND
MIZORAM**

This is a re-advertisement of the same RFP advertised earlier in August 2024. Those agencies who have already submitted their applications in response to the previous RFP are not required to submit their applications again. Earlier submitted applications also will be considered for evaluation.

I Introduction

The India HIV/AIDS Alliance (Alliance India) is a diverse partnership that brings together committed organisations and communities to support sustained responses to HIV in India. Complementing the Indian national programme, we work through capacity building, knowledge sharing, technical support and advocacy. Through our network of partners, we support the delivery of effective, innovative, community-based HIV programmes to key populations affected by the epidemic.

Working in India since 1999, we work through NGO and CBO partners to support efforts that have a sustainable impact on HIV. We place communities at the centre and work to ensure that vulnerable and marginalised people are meaningfully involved in all aspects of our response, including sex workers, men who have sex with men (MSM), transgenders, injecting drug users (IDUs) and people living with HIV. Our programming and policy efforts are driven by evidence of what works; quality and accountability are core priorities in our interventions, technical support and grant management.

Alliance India as Principal Recipient (PR) of the Grant funded by **Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)**, implementing **Samagra programme - Care and Support 2.0** programme for PLHIV supplementing the National Care, Support and Treatment programme.

The programme is designed as the care & support component of the country's HIV response under [National AIDS Control Programme IV \(NACP IV\)](#). Working in collaboration with the National AIDS Control programme operates in 11 states and territories and provide the service to all People living with HIV (PLHIV) who are registered in HIV care.

II Background of the programme

The National AIDS & STD Control Programme (NACP) Phase V strategies and activities aims at maximising benefits of its diverse target population in a friendly eco-system offering a basket of tailored integrated services across prevention, detection and treatment spectrum. Breaking the silos as well as building synergies will promote coordinated action along with functional and measurable referral & linkages within NACP and across National Health Programmes (NHP) and related sectors for an efficient service delivery.

To achieve a rapid decline in burden of HIV related morbidity and mortality, the NACP focuses on the Reduction in annual new HIV infections; Elimination of vertical transmission of HIV and Syphilis; Elimination of HIV/AIDS-related stigma & discrimination; Promotion of universal access to quality STI/RTI services to at-risk & vulnerable populations.

To strengthen the National efforts of NACP-V objectives, India's HIV/AIDS Alliance as principal recipient with the support of other Sub recipient partners is implementing the GFATM grant cycle (GC-7) from April 2024 to March 2027 in 11 states of India.

The overall goal of the project includes improving the quality of life of People Living with HIV through increased adherence and retention of the ART and scaling up prevention activities among family members of PLHIV, creating enabling environment to reduce stigma and discrimination related to HIV and at-risk populations (youth) and key populations (KPs); increasing the access and uptake of HIV and TB related screening, diagnosis, treatment and care services and building the capacity of the health system, community and community-based organization to improve the quality health care of HIV and TB and reduction of stigma and discrimination related to these diseases.

The Care and Support Centre (CSC 2.0) initiative, for Global Fund Grant (July 2024 - March 2027), is a strategic enhancement of the National AIDS Control Programme's efforts to combat HIV in India. Focused on addressing the gaps in care and support for People Living with HIV (PLHIV), CSC 2.0 aims to facilitate early initiation of Antiretroviral Therapy (ART), track and recover individuals lost to follow-up, support viral suppression, and link PLHIV to necessary social entitlements and protection schemes. Operating across 11 States, CSC 2.0 targets a wide range of individuals, including newly diagnosed PLHIV, those lost to follow-up, pregnant and lactating women, and HIV-exposed infants, ensuring comprehensive care and support across the HIV treatment continuum.

III: Objectives of CSC 2.0

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

The specific objectives of CSC 2.0 include:

- To accelerate HIV prevention and promote testing through innovative approaches including Incarcerated & hard to reach key populations, Index Clients etc.
- Eliminate Vertical Transmission of HIV and Syphilis among HIV Positive pregnant women and exposed infants
- To increase retention of PLHIV On ART through intensified peer-led outreach by tracking
- To increase Community-led monitoring and accountability through a sustainable community System.
- To augment viral Load testing to improve coverage and to reach the third 95 targets by 2027.

IV: 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, PLHIV will be able to access the services including counselling services, rest, recreational facilities etc. The team at the CSCs would also conduct home visits for the registered PLHIV on their convenience and agreed timing to provide information and treatment education, adherence, 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 provision of differentiated care and support services to different categories of clients.

For more details on the functions of a CSC, please visit: https://naco.gov.in/sites/default/files/Final%20NACO%20-%20CSC%20Guidelines%20Report_0.pdf

CSC: Key features

Providing services to priority clients as per the below-mentioned details:

- **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.
- **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
- **To augment viral load testing among PLHIV :** Follow-up PLHIV eligible for viral load testing to ensure suppressed viral load through enhanced treatment adherence.
- **Elimination of vertical transmission of HIV and Syphilis:** Extending services to positive pregnant women and HIV-exposed infants through follow-up for viral load testing and EID.
- **Family Member HIV Screening/Testing:** Encourage and facilitate HIV testing for family members and sexual partners of PLHIV
- **Linkages to Social Schemes and Entitlements:** Connect priority clients to social welfare schemes, entitlements, and support services to enhance their quality of life.
- **TB Screening:** Regular screening for TB symptoms among priority clients, including referrals for diagnosis and treatment.
- **Community System Strengthening:** Strengthen community systems through advocacy, capacity building, and support for community-based initiatives and addressing stigma and discrimination.
- **Special Focus on Vulnerable Groups:** Prioritize services for adolescents, key populations (KPs), and children registered at the CSC
- **Community-based HIV Screening:** Conduct HIV screening and other health checks within the community to enhance accessibility and coverage.
- **ART Refilling at CSC:** Facilitate ART medication refills directly at the CSC to improve convenience and adherence.
- **Linkages to social schemes and entitlements of priority clients.**
- **TB screening of priority list.**
- **Community system strengthening**

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

Detail of the State and component

S. N	Name of the State	CSC to be established in the districts
1	Manipur	Imphal West
2		Churachndrapur
3		Chandal
4	Mizoram	Lunglei
5		Champai
6		Aizawl

Alliance India invites requests for proposals from the agencies/ organisations to be submitted to Alliance India. Later in consultation with the Manipur State AIDS Control Society, PR representatives (Alliance India representatives) will identify potential applicants and shortlist (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 Company Act
- The agency 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 for NGO and 1 year for CBO for managing public health programmes or allied programmes in health.
- Experience in the field of HIV/AIDS, especially in the area of care and support, will be an added benefit and have due weightage.
- 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 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.

Details of the RfP

Applicants wishing to respond to this **RfP** and participate in the assessment are required to submit their applications in the prescribed format (Form 1) by or before **6.00 PM on Saturday, 7th September 2024**.

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

All eligible applications received by Alliance India shall be carefully appraised and assessed, considering all details provided in the prescribed formats and supporting documents.

The appraisal process shall inter alia consider:

- (1) Organizational Values and Vision
- (2) Governance and Executive Leadership
- (3) Expertise in Programme Management
- (4) Financial Management Systems
- (5) Monitoring & Evaluation Systems
- (6) Prior Experience of Working on HIV Programmes
- (7) Prior Experience of managing or working with district-level organizations
- (8) Prior Experience of Advocacy to SACS or Local Government for Treatment or Care of **PLHIV**
- (9) Feedback on Applicant by Donor/ SACS/ DAPCU or other stakeholder
- (10) Operational Plan (please refer Form 1 for details) submitted by the organisation.

Detailed appraisal as above shall result in the shortlisting of applicants who would be further assessed by **a team comprising of representatives from SACS, Alliance India and or an external evaluator** with respect to their capacity to perform as SSRs, through site visits. Shortlisted agencies shall be contacted by Alliance India and informed of their preliminary selection and the visit-based assessment process in the month of September 2024.

Following notification of shortlisting, the **Assessment team** shall visit shortlisted agencies on any day within the intimated time for detailed assessment. Requests for change of dates shall not be entertained due to the limited timeframe for this exercise.

Please note that the **Assessment team** may be required to visit shortlisted organizations on working days or weekends because of the need to conclude SSR selection within a short period of time. Shortlisted organizations shall be required to cooperate with the **Assessment team** by providing detailed information regarding organizational functions, structure and/or arranging meetings with the top 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, staff or beneficiaries, shall be automatically considered ineligible for final selection.

Please note that the SSR shortlisting and selection process is being independently managed and administered by **Alliance India**. Any queries regarding the RFP should be made only through E-mail to procurement@allianceindia.org

Procedure to be followed for Submission of Proposals

Applicants are required to ensure that hard copy of their applications in Form 1 along with all supporting information defined in Section F, are received by **Alliance India** via Registered AD, through Courier or By Hand, in a sealed envelope, by or before, 6:00 PM on 7th September 2024 addressed as follows:

The Senior Administrative Officer
India HIV/AIDS Alliance
6 Community Centre, Kailash Colony Extension
New Delhi – 110 048

The Hard copy of the proposal should be submitted in a sealed envelope and mention “PROPOSAL TO REGISTER AS SUB SUB RECIPIENTS (SSR) FOR SAMAGRA FOR THE STATES OF MANIPUR/MIZORAM AND NAME OF THE DISTRICT” on the top of the envelope.

All supporting documents need to be self-attested by the Authorised Office Bearer of the applicant organization.

In addition to the hard copy of their applications, the applicants are also required to send their application Form - 1 along with supporting documents 2,3,4,5,10,11 and 13 defined in Section F in MS Word by e-mail to procurement@allianceindia.org indicating the name of the applying organization in the subject line. However, please note that applications received only through e-mail will be rejected. In case of any discrepancy in the hard copy submitted and the soft copy e-mailed, the documents received in hard copy will be considered final. The e-mail with application documents as mentioned above should also be sent within the timeline prescribed above, that is, by Saturday, 7th September 2024 latest by 6:00 PM.

Queries in respect of **RfP** are to be sent to procurement@allianceindia.org latest by Wednesday, 3rd September 2024. Alliance India shall endeavour to collate and respond to all meaningful queries received from prospective applicants by or before 4th September 2024

Responses to queries shall merely be compiled and sent to all the applicants who raised the queries through e-mail only.

If any agency wishes to submit proposals for more than one district, they should send a separate application for each district they are interested in. This ensures that each proposal is reviewed independently and allows for a more focused evaluation of the agency's plans and capabilities for each specific district.



All correspondence/communications regarding the proposal 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 will 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. Attempts to influence decisions will not be considered favourably.

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	Telephone Number/s	
4	Legal Status (Please specify whether Registered Society/ Trust/ Section 25 Company/ 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	

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

(Note: This is a self-administered form. Please fill out 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 / Financial report for 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 OR 80G of the Income Tax Act 1961)	<ul style="list-style-type: none"> • Yes • No 	Copy of registration certificate
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	<ul style="list-style-type: none"> • CBO more than 1 lakh • NGO More than 2 lakh 	Audited financial statements
8.	The organisation receives grants from:	<ul style="list-style-type: none"> • Government • Private sector • NGOs • Individual donations • Others, pls. specify 	
9.	The organisation has been blacklisted by a	<ul style="list-style-type: none"> • Yes 	Please provide details

	<p>government agency or funding withdrawn by a donor</p> <p>NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute a reason for the rejection of the application</p>	<ul style="list-style-type: none"> • No 	
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 	Project contract documents

		<ul style="list-style-type: none"> • CLHIV • Truckers • Migrants <p>Others, pls specify</p>	
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 discrimination reported at the district or taluka level	<ul style="list-style-type: none"> • Yes • No 	Please provide evidence

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 (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 Principal Recipient/ 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 managing a CSC in the same state, 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 provided definitive outcome for Lost to Follow up cases 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