

# REQUEST FOR PROPOSALS FROM ORGANIZATIONS WISHING TO REGISTER AS SUB-SUB RECIPIENTS (SSR) FOR Vihaan – A Global Fund Supported Programme

## Contents

REQUEST FOR PROPOSALS FROM ORGANIZATIONS WISHING TO REGISTER AS SUB-SUB RECIPIENTS (SSR) FOR Vihaan – A Global Fund Supported Programme .....	1
I: Introduction .....	2
II: Background of the programme:.....	2
III: Objectives of <i>Vihaan</i> : .....	2
IV: What are Care Support Centres? .....	2
CSC: Key features .....	3
V: Management of CSCs.....	3
VI: Submission of Proposal.....	3
Eligibility Criteria for NGO/CBO Setting Up CSC.....	4
Form-1.....	7
ORGANIZATIONAL PROFILE.....	6
Undertaking: .....	11
If the applicant is already running a CSC in the same district, provide answers to the following questions:.....	12

## 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 Vihaan (which means Dawn's First Light) 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 new strategy, National AIDS Control Organization (NACO) is providing all treatment including treatment for opportunistic infections through Govt. health care facilities and a civil society organization will provide care and support services to all needy PLHIV. India Country Coordination Mechanism (CCM) selected India HIV/AIDS Alliance as Recipient (PR) to implement care and support programme across the country. The programme is being named as 'Vihaan' (Sanskrit word which means dawn's first light) is providing care and support services to needy PLHIV since June 2013. Till November 2017, the programme has reached to **1,037,856** PLHIV (**82%** of total PLHIV registered at ART centres and on active care) provided with care & support services through 358 care and support centres and 32 Help Desks. The programme is being implemented in close coordination with NACO, SACS and ART centres at national, state and district level respectively.

Alliance India has received the approval from Global Fund for continuation of programme from Jan 2018 to March 2021. During this period, 310 (10 TG specific) care and support centres (CSCs) exclusively supported by Global Fund will be functional to cater the service needs of PLHIV enrolled in ART centres across the country. In addition to this, there are 7 CSCs supported by NHM in Gujarat and 1 CSC supported through CSR initiative in Maharashtra will continue to be functional.

## III: Objectives of Vihaan:

Vihaan 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 Vihaan include:**

- Early linkages of PLHIV to Care ,Support and treatment services
- Provide differentiated care and support services to most needy PLHIV
- Improved treatment adherence and education for PLHIV and addressing behavioural & social factors impacting adherence
- Expanded positive prevention activities
- Improved social protection and wellbeing of PLHIV
- Early detection and management of co-infection-Tuberculosis among PLHIV

## 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, 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 on their convenience and agreed timing to provide information and education on home based care, 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 of functions of a CSC and other details, please visit: [NACO CSC guidelines](#)

## CSC: Key features

- **Link** between health care service delivery & community
- **Peer led treatment literacy, adherence counseling and other related** care & support services
- **Peer led outreach activity** tracking LFU and MIS cases
- Access to **health referrals**
- Education & referrals to **social welfare schemes**
- Easily **accessible**
- **Differentiated care for PLHIV**
- **Safe space** for PLHIV &HRGs (FSWs, MSM, transgender, hijra and IDUs)
- Provision of differentiated care and support services for PLHIV, first of its kind in the world
- **ART dispensation at CSCs** for PLHIV on ART with good adherence in coordination with ART centres
- Effective use of **eMpower Tablet Application** to enhance outreach activity for improved health monitoring of clients
- **Key population led outreach model**, Peer Model for treatment literacy, adherence and retention.
- **Transgender specific CSCs** to enhance access to Care and Support Services

## V: Management of CSCs

Any Non Govt. Organization (NGO) or Community Based Organization (CBO) who have legal entity, with appropriate expertise of implementing HIV programmes at district or state level and presence in the district where application has been called for are eligible to apply.

The core area of CSC's work is linking PLHIV in 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 treatment or care of PLHIV will be advantage.

## VI: Submission of Proposal

Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus) is working as Sub Recipient (SR) for Vihaan programme in the State of Uttar Pradesh invites request for proposal from

the all eligible agencies to implement CSC in **Maharajganj, Saharanpur, Ghaziabad, Jhansi, Azamgarh, and Faizabad** district attached to **Maharajganj, Saharanpur, Ghaziabad, Jhansi, Azamgarh, and Faizabad** ART centre/s. The application (hard copy) has to be submitted in the prescribed format (form1) along with all supportive documents on or before **20 January 2018 by 6:00 PM** through by hand or registered post, address as follows:

**UPNPplus office,  
266, Vill: Durjanpur, Anadwa Bai Pass,  
Jhansi, Allahabad-211019,  
Uttar Pradesh**

The proposal should be submitted in a sealed envelope.

Mention **“PROPOSAL TO REGISTER AS SUB-SUB RECIPIENTS (SSR) FOR VIHAAN – A GLOBAL FUND SUPPORTED PROGRAMME”** on the top of the envelope.

Applicants are also required to ensure that soft copy of their applications in Form 1 are received by Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus) via **email** to the id given below by or before **6 pm on 17 January, 2018** for the initial screening of applications: [upnpvihaanrfp@gmail.com](mailto:upnpvihaanrfp@gmail.com)

Applications received after the above date and time shall be summarily rejected. Upon receipt of application, expert team from PR and SR will shortlist organization based on the selection criteria for Joint Appraisal Team (JAT) comprised of representatives of PR, SACS and SR visit.

Agencies meeting the eligibility criteria and who are interested in carrying out this assignment are requested to submit their proposal for the same as per the details outlined in the RFP.

**Pre-bid queries:** Agencies who have any query regarding this RFP or the selection procedure are requested to forward the same in writing to [upnpvihaanrfp@gmail.com](mailto:upnpvihaanrfp@gmail.com) latest by 09 January 2018 by 6:00 PM. The queries will be consolidated and the response will be sent to the interested agencies by Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNPplus).

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 may lead to the rejection of application submitted by the said agency.

### **Eligibility Criteria for NGO/CBO Setting Up CSC**

- 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 all statutory requirements including 12 A, renewal as per Govt. norms, separate bank account etc
- It should have a clearly defined organisational structure.
- It should have established administrative and management systems.
- It should have sound financial track record with an established financial management

- System (three years audit reports and audited accounts required in case of NGOs and two years report for CBOs).
- It should have a minimum of three years' 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, will be an added benefit.
- **The organisation should have been working for minimum three years in case of NGOs and one year in case of CBOs in the same district and have a good track record in providing services. Only those organisations previously working in the district will be considered for the selection.**
- Readiness to make available adequate infrastructure deemed necessary to carry out all the activities planned in CSC.

The JAT members shall visit shortlisted agencies on any day detailed **site assessment**. Due to tight timeframes, the team may not be able to give some shortlisted organisations more than a days' notice for the proposed site assessment.

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

Shortlisted organizations shall be required to cooperate with JAT team by providing detailed information regarding organizational functions, structure and/or arranging meetings with the top management team, details of on-going 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.

## 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 25Company/Other)	
5.	(1) Registration No. and Date:  (2) Place of Registration and Other Details:  (Please append self-attested copy of 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	

**Annexure A**

**Form1**

**(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 authorized signatory. Please mention section and item no on evidence provided. If required, please use additional pages. Only forms that have been accurately filled in its entirety will be considered)**

Name of State where applying for SSR	Uttar Pradesh
Name of District where applying for SSR	

Form-1 S.No.	Item	Response	Supporting Documents
<b>Section A</b>			
1.	The organisation has been operational for at least two years in the district where applying for SSR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Report/ Financial report for last two year (2015-16& 2016-17)
2.	Bank account exists in the name of the organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of bank passbook showing A/c name and address
3.	At least two signatories are required for all banking transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and designation of authorised signatories
4.	Organization is registered with income tax authorities as charitable organization (registered under Sections 12A OR 80G of Income Tax Act 1961)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of registration certificate
5.	Organization has Permanent Account Number (PAN)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of PAN Card
6.	Executive committee/board/trustee formed through a democratic process	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of meeting minutes from last one year (Not earlier than March 2017)
7.	Annual turnover/grant portfolio in each of the last 2 years	<input type="checkbox"/> More than 2 lakh <input type="checkbox"/> Less than 2 lakh	Audited financial statements for each of the last 2 years (2015-16, 2016-17)
8.	The organisation receives grants from :	<input type="checkbox"/> Government <input type="checkbox"/> Private sector <input type="checkbox"/> NGOs	Copy of grant agreement can be shown to JAT members during the visit

		<input type="checkbox"/> Individual donations <input type="checkbox"/> Others, pls. specify	
9.	<p>The organisation has been blacklisted by a government agency or funding withdrawn by a donor</p> <p>NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute reason for rejection of application</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details
10.	The organisations activities have been evaluated by SACS	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to Section B	If yes, provide details to JAT members during the visit
11.	Organisation activity evaluated by SACS	<input type="checkbox"/> DIC <input type="checkbox"/> CCC <input type="checkbox"/> DLN <input type="checkbox"/> GIPA Project <input type="checkbox"/> Stigma reduction <input type="checkbox"/> TI <input type="checkbox"/> Any others (specify)	Copy of evaluation/s with score
<b>Section B</b>			
1.	Salary to staff paid through cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of bank statements
2.	Appointment letters issued to all staff with job description and signed copies kept by HR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of appointment letter
<b>Section C</b>			
1.	Period that the organisation has been implementing HIV programmes in the district for where applied as SSR	<input type="checkbox"/> > 3 years <input type="checkbox"/> > 2 years <input type="checkbox"/> < 2 Years	Annual Report/ programme documentation
2.	The HIV activities of the organisation cater to	<input type="checkbox"/> PLHIV <input type="checkbox"/> MSM <input type="checkbox"/> Sex workers <input type="checkbox"/> IDU & partners <input type="checkbox"/> TGs/Hijra <input type="checkbox"/> WLHIV <input type="checkbox"/> CLHIV <input type="checkbox"/> Truckers <input type="checkbox"/> Migrants <input type="checkbox"/> HIV -TB	Project contract documents



		Others, pls specify	
3.	The HIV focus of the organisation is on	<input type="checkbox"/> HIV prevention <input type="checkbox"/> HIV care and support <input type="checkbox"/> Stigma reduction <input type="checkbox"/> Advocacy	
3.A	The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health and differential care to PLHIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.B	The organisation works on treatment literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details
3.C	The organisation conducts activities to improve the adherence level for people taking ARV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	The organisation conducts HIV related advocacy at district level and effective local resource mobilization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide evidence of successful advocacy efforts and local resource mobilization
5.	The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program reports
6.	The organisation has experience of providing home based care to PLHIV and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program documentation
7.	Organisation provides information on access to treatment, education and adherence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Programme documentation
8.	Organisation provides psychosocial counselling to PLHIV & their families on differential care to PLHIV Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program documentation
9.	Organization has referrals and linkages for PLHIV to avail legal aid services in the district	<input type="checkbox"/> Yes <input type="checkbox"/> No	Program documentation
10..	Organization regularly participates in the district level co-ordination meetings with DAPCU, SACS & ART coordination; other line	<input type="checkbox"/> Yes <input type="checkbox"/> No	Program documentation, invitation letter, meeting minutes

	department's e.g. TSU, STRC Or is member of academic committee/empaneled with SACS		
11.	In case of NGOs, organisation has referrals and linkages with local level PLHIV networks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Organization addresses issues of stigma and discrimination reported at the district or taluka level	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide evidence

#### Section D

1.	The organisation routinely collects data and submits monthly/quarterly reports on time to donor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of monthly/quarterly reports from last 6 months
2.	Organisation maintains confidentiality of all clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Section E

1.	PLHIV are involved in the decision making in your organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting minutes
2.	Organisation has paid full time staff openly living with HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Organisation has board members openly living with HIV	<input type="checkbox"/> Yes, some members <input type="checkbox"/> All members <input type="checkbox"/> No members	

#### Section F: Operational Plan

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

- If selected as a CSC, how your organization will proactively work with PLHIV registered in ART centres to ensure that they are retained in HIV care with improved treatment adherence?
- Describe the outreach strategies to ensure all clients are reached at least once in six months
- How do you ensure PLHIV and their family members avail social benefit schemes from various Govt. schemes
- Plans for meaningful involvement of PLHIV from HRG in the programme
- What are the constraints or hurdles for PLHIV to access care and support services and how do you plan to address them?
- Please provide details of any innovation/unique approach that your organisation has been responsible for in the area of care and support

## Undertaking:

### Section G: 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 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 \_\_\_\_\_ 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 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 \_\_\_\_\_

**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 30<sup>th</sup> November 2017?**
- 4. Provide percentage of achievement in proportion of LFU brought back to the treatment and No. PLHIV whose at-least one family member is referred for HIV testing and received the result**
- 5. Provide the list of staff in place with details of joining dates.**

