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| **Partners for Plan International (India Chapter) – 2015-20**  |
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| Location: India  |

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|  |  | Posted onApply by: 11 August 2017  |

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| Relevant Sectors | Maternal, Child and Adolescent Health |
|  | WASH, Quality Education, Livelihoods |
|  | Child Protection, Disaster Risk Management  |

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| **Plan International (India Chapter) is empanelling potential implementing partners for next Country Strategic Programme (CSP IV 2015-2020)** Plan India has been registered as society as per Indian society registration Act in the year 1996. Plan India is a member of the Plan International which was founded in 1937 and works in 68 countries reaching more than 10 million children, their families, and communities. Plan began its work in India in 1979, and it is one of the largest non-governmental organizations working in the country. Plan now works in 12 states in India in partnership with more than 30 NGO partners. Plan India is headquartered in Delhi with state offices in Andhra Pradesh (Hyderabad), Odisha (Bhubaneswar), Uttar Pradesh (Lucknow), Rajasthan (Jaipur), Bihar (Patna), Uttarakhand (Dehradun), Maharashtra (Mumbai and Pune) and Jharkhand (Ranchi). Presently Plan India is working in nearly 4,000 communities. Plan in India reaches out to more than 1.2 million vulnerable children in remote areas and facilitates development processes that result in increased security for children, their families and communities.The CSP IV (2015-2020) mandates Plan India to focus its child rights programming and advocacy in 10 states, namely - **Rajasthan, Delhi, Uttarakhand, Uttar Pradesh, Bihar, Jharkhand, Odisha, Andhra Pradesh, Telengana and Maharashtra**. Within these states more than 60 priority districts have been identified for intensive programmatic and advocacy interventions to achieve the CSP IV goals and objectives. The sectoral/thematic programs of CSP IV will focus on **Maternal, Child and Adolescent Health, WASH, Quality Education, Livelihoods, Child Protection; and Disaster Risk Management**. 1. **Maternal Child and Adolescent Health**
2. **Maternal & new-borns health** - Survival and health of girls, adolescents and women during pregnancy, and of new-borns in the first month of life including: access to quality maternal, obstetric and neonatal healthcare services, PMTCT, maternal mental health, and community- and family-based care with positive male engagement;
3. **New-borns, Infant and child health and nutrition** - Health and nutrition of children from 1 month to 5 years: access to quality child health services; access to adequate care and nutrition within the family and community: disease prevention, health promotion, home treatment and Infant and Young Child Feeding; monitoring of growth and development and early identification and referral of children with developmental delay/disability;
4. **Responsive care and early learning** - Strengthened parent-child relationships, parent/caregiver capabilities to provide responsive care, early stimulation, non-violent disciplining, opportunities for learning for children from birth and gender-equal socialization; Expanded access to quality community-based early learning opportunities (playgroups, ECD spaces/centres); Support for mothers, couples and families with young children through strengthening of couple and intra-family relationships, the promotion of men's positive engagement in childrearing, domestic chores and maternal wellbeing, and community based solidarity and support mechanisms for vulnerable or struggling parents and for women's mental health.
5. **Pre-primary education** - Formal early education for children aged 3-7 years: legislation/policy and investment; expanded access to quality, gender-sensitive and inclusive pre-primary schools; teacher training; school readiness and transition to primary
6. **Public health and Universal Health Coverage** - Health systems strengthening, access to essential services free at point of use, public health measures including vaccinations, TB, vector and pest control; epidemic preparedness
7. **Adolescent- and youth-friendly SRHR services -** Access, quality and capacity comprehensive SRHR services for e.g. contraception, sexually transmitted infections, advice and counselling on sexuality issues and relationships; for HIV and Aids prevention, treatment and care; promoting integral approaches to adolescent health including mental health e.g. suicide and alcohol/substance abuse. Support and promote access and use of services to adolescents and youth, their families and communities and referral to other health or support services.
8. **Sexuality education and information -** Policies and public awareness about sexual and reproductive rights for children, adolescents and youth, promoting equal rights for children with disability, girls and young women and children with other sexual orientation and identity; access to correct and timely information about SRHR. Comprehensive sexuality education for children, adolescents and youth in formal and non-formal settings; education and information to parents, caregivers and service providers to support healthy sexuality and reproduction for all children, adolescent and youth. Supporting adequate and safe menstrual hygiene practices, access to supplies and addressing underlying misinformation and negative practices/attitudes regarding menstruation.
9. **HIV and AIDS prevention, treatment and care -** Targeted work on prevention, testing, treatment, care, counselling, care and support including access, quality and capacity of services and public systems; attitudes and practices of families and communities, support to PLHIV and their families.
10. **WASH**
11. **Water supply and effective use-** Access to clean water, and improving management of water infrastructure and water allocation, promoting private sector engagement and responsibilities, effective use at household level.
12. **Sanitation Management and Practice -** Access to sanitation and waste disposal facilities for families and communities; sanitation marketing and community led approaches to total sanitation and behaviour change; promoting appropriate private sector investment.
13. **Hygiene -** Hygiene education and awareness-building to strengthen knowledge, attitudes, practices and behaviours for personal, food, household and community hygiene
14. **Quality education**
15. **Primary Education** - Access to quality formal primary education opportunities including curricula, methods, materials and infrastructure incl. wash in schools, school governance and accountability mechanisms.
16. **Secondary education -** Access to quality formal secondary education opportunities including curricula, methods, materials and infrastructure incl. wash in schools, school governance and accountability mechanisms, supporting pregnant girls and child mothers supported to go back to/finish school and break social isolation.
17. **Alternative education and learning opportunities** - Access to quality, alternative education and learning opportunities including rapid education and mechanisms for re-entry to formal education; literacy/financial literacy, community learning initiatives and mobilization for education for children and young people, linking youth to education opportunities.
18. **Livelihoods**
19. **Savings Groups & Financial Inclusion** - Access to/quality and inclusiveness of financial services through informal and formal financial institutions, linkages between formal and non-formal institutions, promoting savings and good financial management.
20. **Formal job creation and employment for youth** - The track to waged/professional employment in the formal sector i.e. engagement with private business, apprenticeships, mentoring to work, linking training with demand of the job market, linkages to formal education and technical/vocational skills opportunities.
21. **Capacities for Self-employment/entrepreneurship -** The non-formal path to livelihoods, i.e. entrepreneurship & business skills training, life-skills, TVET aimed at self-employment, financial literacy, literacy and numeracy, income generation activity, other empowerment activity for youth, girl empowerment to build assets.
22. **Social Protection Floors -** Public and community provisions for essential economic support to families such as cash benefits, cash for work, food for work, food assistance, health expenditure support, education expenditure support, parental leave/daycare, insurance etc.
23. **Child Protection**
24. **National Policy and Service Provision on Child Protection** - International and national policy and investments in protection systems and services; integration of protection mechanisms in social services of all sectors and referral systems and restorative justice; juvenile justice; public systems of monitoring and reporting of protection incidences and response on violence against children and youth.
25. **Community systems and processes for child protection -** Reducing social and domestic violence against and children and youth including peer violence and online violence through: Community level formal/non formal mechanisms, processes, systems and initiatives including CP committees, local support and referral mechanisms and initiatives on behavior change and improved capacity for CP, linking to other opportunities and initiatives to reduce violence.
26. **Harmful practices -** Targeted efforts at all levels and actors to change policies, attitudes and behaviors in order to prevent and respond to harmful practices such as FGM, early marriage, breast ironing, forced pregnancy, etc.
27. **Violence within the family** - Preventing and responding to violence and abuse against children and adolescents in the family setting including physical, emotional, psychological abuse/maltreatment and sexual violence; exploitation of children such as child labor, slavery, transactional sex; intra family relationships and domestic /partner violence.
28. **Disaster risk Management**
29. **Disaster Risk Reduction, Resilience Building and Climate Change Adaptation** - Strengthen children and young people’s ability to participate and take leading roles in humanitarian action and to build resilience, including to climate change; Increased awareness and capacity of communities to adapt to climate change and reduce disaster risks. Reduction of risks associated with disasters and climate change; conflict resolution and peacebuilding.
30. **Humanitarian Response-Protection -** Protective care and support including preventing family separation and care for unaccompanied children; preventing and responding to violence and exploitation incl. case management and referral; and promoting safe spaces and psychosocial well-being.
31. **Humanitarian Response-Education -** Maintaining access to education during conflict and emergencies for children 6-24 years, aiming to minimize disruption in services, ensuring safe and protective learning environment, access to alternative opportunities; and restoration of services during the recovery phase.
32. **Humanitarian Response-ECCD -** Immediate, life-saving, multi-sectoral support for children from 0-8 years, covering basic need for nutritious food, health care, shelter, and psychosocial support, and a protective and nurturing environment; and supporting services for parents and caregivers.
33. **Humanitarian Response-SHRH -** Increased access to child and youth friendly sexual and reproductive health services and support in humanitarian settings, including improved referral to SRHR services. Reduced risk for girls and boys, young women and young men of being subjected to sexual violence and harmful practices in humanitarian settings.
34. **Humanitarian Response – Other Survival Needs -** Critical support during and in recovery phase of emergencies, covering food assistance, adequate nutrition, basic livelihood costs, wash, health, temporary shelter etc.

Plan India has appointed Grant Thornton as a professional/technical expert agency as Consultant to facilitate the selection and due diligence of additional grassroots NGO Partners (additional to the NGOs with whom Plan India is presently working with) in the 10 priority states. This is in anticipation of possible grant projects that Plan India is actively working to acquire over the coming years to achieve the 6 sectoral program of the CSP IV. **Grant Thornton**Grant Thornton India LLP is one of the largest assurance, tax, and advisory firms in India. With over 2,000 professional staff across 13 offices, the firm provides robust compliance services and growth navigation solutions on complex business and financial matters through focused practice groups. The firm has extensive experience across a range of industries, market segments, and geographical corridors. It is on a fast-track to becoming the best growth advisor to dynamic Indian businesses with global ambitions. With shorter decision-making chains, more senior personnel involvement, and empowered client service teams, the firm is able to operate in a coordinated way and respond with agility.Over the years, Grant Thornton India LLP has added lateral talent across service lines and has developed a host of specialist services such as Corporate Finance, Governance, Risk & Operations, and Forensic & Investigation. The firm's strong Subject Matter Expertise (SME) focus not only enhances the reach but also helps deliver bespoke solutions tailored to the needs of its clients.**Partners for Plan International (India Chapter) Country Strategic Programme IV (2015-2020)** For CSPIV, Plan India requires implementation partners with the capacity to co-plan, implement, and monitor interventions in the field. For this purpose, Plan India is empanelling implementing partners, which comprise registered societies, trusts and Section 8 companies. **Pre-Eligibility Requirements**Organizations must fulfil the following criteria to be eligible for registration as Implementing Partner:1. Organisation must be from not-for-profit or community based organizations, registered as a Society, Trust or Section 25/8 Company in India on or before “30th June 2014”;
2. Organisation must have experience of working in state for which registration is sought’
3. Organisation must have a FCRA registration;
4. Organisation should not have any political/religious affiliations;
5. Organisation should not had been debarred, blacklisted by any Government/ Private Organization in India by any multilateral or international donor agency.
6. Organisation should not have any pending litigations;

***During the evaluation process all the applicants would be requested to furnish the detailed information/ supporting document to verify the eligibility requirements*** **Stages of application and Selection process****Stage I -** In the first stage of the Selection process Expression of Interest (EOI) will be invited from the interested applicants to establish their relevant experience and organizational capacity as potential partner with Plan India. The applicants can propose to work on one or more States in the EOI format. All eligible applications received shall be carefully appraised and assessed, considering all details provided in the prescribed formats;**Stage II -** The organisations shortlisted through the evaluation of the EOIs will be invited to submit a detailed form. Assessment team may select one organisation for more than one State/ Theme if the organisation is able to demonstrate substantial work experience of working in each State. Shortlisted organisations will be contacted and informed of their selection and shall be empanelled with Plan India. Plan India will contact these shortlisted organisations as per the requirement and conduct visit based assessment process;**Stage III -** Following notification of short listing, Assessment Team shall visit shortlisted organisations for detailed assessment as per Plan India requirements. Requests for change of dates shall not be entertained due to the limited timeframe for this exercise. Please note that Assessment team may be required to visit shortlisted organizations on working days or on weekends because of the need to conclude selection within a compressed period of time. Shortlisted organizations shall be required to cooperate with Assessment teamby 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, staff or beneficiaries, shall be automatically considered ineligible for final selection. Post the site visit, organisations would be shortlisted from each State. The Plan India will contact individual organisations and other contractual formalities would be conducted.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. If your organization is interested in being empanelled with Plan India, you are kindly requested to submit the necessary information online using this link.    <http://planindiaempanelmentform.co.in> **The last date for submitting information is 11 August, 2017.** Applications received after the above date and time shall be summarily rejected.Please note that the shortlisting and selection process is being independently managed and administered by Grant Thornton. Any queries regarding the EOI document should be made only through E-mail to Ngo.Empanelment@in.gt.com |
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