

Madhya Pradesh Network of People Living with HIV/AIDS – (MPNP+)

REQUEST FOR PROPOSALS FROM ORGANIZATIONS WISHING TO REGISTER AS SUB-SUB RECIPIENTS (SSR) in Sagar and Gwalior (Madhya Pradesh) WITH ALLIANCE INDIA FOR Vihaan – A Global Fund Supported Programme

I: Introduction

Alliance India (AI) 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.

MPNP+, is a community base organization and Sub Recipient for Grant funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), grant for Madhya Pradesh.

II: Background of the programme:

Current HIV/ AIDS estimates in India suggest overall prevalence of 0.26% among adults (15- 49 years) in 2015, with approximately 2.1 million people living with HIV (PLHIV) as per NACO Report (2015). Children under 15 years of age account for 6.54% of all infections, while 40.5% of all HIV infections are estimated to be among women. Care, Support & Treatment (CST) is an integral component of the National AIDS Control Programme (NACP). During NACP II, the emphasis was on low cost AIDS care that included treatment for Opportunistic infections and Community Care Centres for PLHIV. However, the component of ART was added in the later part of NACP II. Subsequently, CST was included as major component in NACPIII. The inclusion of care and support in the target was a major step forward in recognizing the holistic needs of people living with HIV and positioned care and support as one of three critical pillars of a comprehensive HIV response. The evidence from roll out of ART in India has provided further impetus to expansion of treatment services. As of now 350 Care Support Centres (CSCs) are set up in 31 states across the country to respond to the care and support needs of PLHIV. In MP, there are 12 CSCs functional as of now. Recently CSC in Sagar and Gwalior has been closed down and replacement to be made as approved by NACO and MPSACS.

III: Objectives of Vihaan:

Over the life of the programme, a total of 350 CSCs will be developed and linked to high-burden ART centres in 31 states, in accordance with the NACP IV CSC guidelines developed under NACO's leadership.

CSCs will leverage community and local NGO/CBO capacity to serve as a comprehensive unit for providing treatment support, encouraging positive living and strengthening the enabling environment for PLHIV.

The CSCs established under this programme will support PLHIV, including underserved populations who have had difficulty in accessing treatment, including women, children and High Risk Groups (HRGs – FSWs, MSM, TGs, Hijras and male and female IDUs) in both high and low prevalent states and territories.

The specific objectives of *Vihaan* include:

1. Early linkages of PLHIV to Care ,Support and treatment services
2. Improved treatment adherence and education for PLHIV
3. Expanded positive prevention activities
4. Improved social protection and wellbeing of PLHIV
5. Strengthened community systems and reduced stigma and discrimination
6. 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, key population members like FSW, IDU, TG, Hijra and MSM; women and children 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 of Drop-in centre like 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.

The structure of the CSC will be in accordance with the vision, mission, scope and objectives of NACP IV. The CSCs will be structured in an ideal way to deliver optimum services to PLHIV and support the NACP in achieving its goal.

It is envisaged that the CSC will be a small unit which will be located at a central place which is easily accessible to the PLHIV and well connected with different modes of transportation available in the district. It shall be close to major district/taluk level service delivery institutions. CSCs could be set up in a leased out space or in a rented space.

Ideally, the CSC should have enough space to enable various operations and mechanisms of support to the PLHIV. The place may be ideally kept away from hospitals managing patients with infectious diseases. The availability of open areas for the members to rest and relax will be an added advantage. The space maybe used for resting, relaxing or entertainment as well as for counseling.

CSC: Key features

- **Link** between health care service delivery & community
- **Information** on care & support
- Access to **health referrals**
- Education & referrals to **social welfare schemes**
- Easily **accessible**
- **Safe space** for PLHIV & HRGs (FSWs, MSM, transgenders, hijras and IDUs)
- Centrally located **within 2kms** of ART centre with provision for recreation and relaxation

Special provision have been made for children, women or key populations like TGs, MSM, IDUs or FSWs (on rotation basis, support group meetings may be organised with the help of TIs). The main focus of the functioning of the CSC is to act as the **vital link between the health care service delivery system and the community and the families.**

The most critical function of CSC will be to ensure stigma free, time-appropriate support to PLHIV. The secondary activities are working long term for building a sustainable system of support at local levels through advocacy and taking action against stigma.

Outreach workers will function in geographical areas and will be linked to the service providing centers (like ICTCs, ART centers). The ORWs will conduct home visits and will provide support for the holistic wellbeing of the family, starting by ensuring that every eligible member of the family is tested for HIV, children (if there, both living with and affected) are supported for education and nutrition and health referrals are done.

Since there is already counselling service available at ICTC and ART centres, the counsellor at CSCs will focus on providing psychosocial support in accepting the HIV status, education on adherence and positive prevention. Through periodic meetings with various groups, education and support will be provided through participatory activities. Some of these activities may include:

- a. Education on succession planning for couples living with HIV with children
- b. Home based care for primary care givers and PLHIV
- c. Activities and play therapy with children under 16 – both affected and infected
- d. SRH education to young people living with and affected by HIV
- e. Positive prevention with discordant couples
- f. Special meeting of MSM, TGs, IDUs and FSWs living with HIV for each

Project coordinators will take responsibility of advocacy and linkages with SACS, health and other departments like women and child welfare, social defence, etc. to ensure social protection and entitlement services for the community, in coordination with ORWs. Information and forms for various social welfare schemes, social entitlement facilities and helplines will be available at the CSCs, along with periodic camps for such services in coordination with SACS and DAPCUs.

To know more about CSC, kindly check the below link:

V: Management of CSCs

The CSCs will be established by civil society organisations (SSR) that can be a state or district-level non-governmental organisations (NGOs) or community-based organisation (CBO) organisations with appropriate expertise of implementing HIV programmes at district-level. The SSRs should be involved in in care & support/ social entitlement/self-help groups/stigma reduction programmes pertaining to communities affected by HIV.

CSCs will be expected to leverage community and local NGO/CBO capacity when possible and appropriate, and 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 critical. To ensure transparent and accountable implementation of the programme, the SSRs will need to have good governance, management and financial systems in place.

MPNP+ is existing Sub-Recipients (SR) in Madhya Pradesh since inception of the program and this will act as intermediary organization for the effective implementation of the program in their respective state/region.

VI: Details of the RfP

MPNP+ invites request for proposal from the shortlisted agencies to be submitted to MPNP+. Later in consultation with the Madhya Pradesh State AIDS Control Society (MPSACS) and PR representatives, MPNP+ 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

- 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
- 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 RfP is open from: **20th November 2016**

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 6pm IST on **5th December 2016** Form 1 is available as **Annexure A**.

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:

- 1) HIV experience of organisation in district where applying for SSR
- 2) Financial Systems
- 3) Governance and management systems
- 4) Depth of work in the area of care and support, social protection, stigma reduction and advocacy
- 5) Level and nature of involvement of PLHIV in the organisation
- 6) Linkages of the organisation with SACS/DAPCU
- 7) Monitoring and evaluation experience and systems
- 8) Successful district level advocacy

Site visit for the detailed appraisal as mentioned will be carried out by a Joint Appraisal Team (JAT) comprising of representatives from MPNP+, representative from PR and MPSACS

The JAT team 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. As a result, the team may be required to visit shortlisted organizations on weekends and holidays.

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.

Submission of Proposals

Applicants are required to ensure that hard copy of their applications in **Form 1** along with all supporting documents mentioned are received by Alliance India via Registered Post with AD or through Courier, in a sealed envelope, **by or before 6 pm on 5th December 2016** addressed as follows:

**Admin Department,
Madhya Pradesh Network of People Living with HIV/AIDS (MPNP+),
116, Ashok Vihaar, Nagar Nigam colony, Near Ashoka Garden police Station,
Bhopal- 462023**

Applicants are also required to ensure that soft copy of their applications in Form 1 are received by MPNP+ via email to the id given below by or before 6 pm on 5th December 2016 for the initial screening of applications:

mpnpplus@gmail.com

Annexure A Form-1

Name of State where applying for SSR	
Name of District where applying for SSR (as per Annexure A)	

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	

(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 evidence provided. If required, please use additional pages. Only forms that have been accurately filled in its entirety will be considered)

S.No.	Item	Response	Supporting Documents
Section A			
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 2015 & 2016
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 2014)
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

8.	The organisation receives grants from :	<input type="checkbox"/> Government <input type="checkbox"/> Private sector <input type="checkbox"/> NGOs <input type="checkbox"/> Individual donations <input type="checkbox"/> Others, pls. specify	
9.	The organisation has been blacklisted by a government agency or funding withdrawn by a donor NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute reason for rejection of application	<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	
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"/> S t i g m a reduction <input type="checkbox"/> TI	Copy of evaluation/s with score
Section 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

Section C			
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 Others, pls specify	Project contract documents
3.	The HIV focus of the organisation is on	<input type="checkbox"/> HIV prevention <input type="checkbox"/> HIV care and support <input type="checkbox"/> S t i g m a reduction <input type="checkbox"/> Advocacy	
3.A	The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.B	The organisation works on treatment literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Others, pls specify	Project contract documents
3.	The HIV focus of the organisation is on	<input type="checkbox"/> HIV prevention <input type="checkbox"/> HIV care and support <input type="checkbox"/> S t i g m a reduction <input type="checkbox"/> Advocacy	
3.A	The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.B	The organisation works on treatment literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide evidence of successful advocacy efforts

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	P r o g r a m m e documentation
8.	Organisation provides psychosocial counselling to PLHIV & their families	<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 department's e.g. TSU, STRC Or is member of academic committee/empaneled with SACS	<input type="checkbox"/> Yes <input type="checkbox"/> No	P r o g r a m documentation, invitation letter, meeting minutes
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 , s o m e 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)

- 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 _____ 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 _____

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 30th September 2014?
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 two years