

**CALL FOR APPLICATIONS UNDER GFATM FOR SHORTLISTING AS SUB-RECIPIENTS UNDER
NACO GLOBAL FUND GRANT 2024-27**

1. The Global Fund has announced an allocation of USD 155 million for HIV component for grant implementation period April, 2024 - March, 2027. NACO being the key implementation Principal Recipient for the Global Fund for HIV component, requests applications from organizations interested in being short-listed as its Sub Recipient for grant implementation period April, 2024 - March, 2027.
2. NACO has defined priority areas, activities, timelines and budget for seeking Sub Recipient proposals on proposed thematic priority areas which is available in public domain on www.naco.gov.in & www.india-ccm.in along with Application Template.
3. Applicants are encouraged to demonstrate their understanding of the activities, gaps and suggest modalities of implementation and innovative strategies. Proposals will be evaluated by a screening committee constituted by NACO, based on their inherent strengths.
4. Programme division reserves the right to accept or reject the SR proposals without assigning any reason or may advise organizations to explore options for engagement with other organizations under HIV grant.
5. The application in the prescribed format for each priority area separately along with supporting documents is to be submitted to NACO in hard copy at the following address in person or via post– Deputy Director (Global Fund), National AIDS Control Organization, 6th Floor, Chandralok Building, 36, Janpath, New Delhi- 110011 (Ph. No.-011-43509993/ 43509953). The last date for submission of application to the National AIDS Control Organization is **11th January 2024**. Please note that applications submitted later than this date will not be accepted.

Expression of Interest
Applications for shortlisting as Sub Recipients for NACO grant under the Global Fund for
the period 2024-2027

	Application under the component (Please Tick)	
1	Evaluation of TI & LWS	<input type="checkbox"/>
2	NACP Evaluation	<input type="checkbox"/>
3	Capacity Building - Region 1	<input type="checkbox"/>
4	Capacity Building - Region 2	<input type="checkbox"/>
5	Capacity Building - Region 3	<input type="checkbox"/>
6	Capacity Building - Region 4	<input type="checkbox"/>
7	SR Activities Management Hub	<input type="checkbox"/>
8	Communication	<input type="checkbox"/>
9	DISHA System Strengthening	<input type="checkbox"/>
10	IT enabled virtual strategy & Management of NACO Helpline (1097)	<input type="checkbox"/>
11	Strengthening integrated AIDS response through IT enabled systems (SOCH)	<input type="checkbox"/>
12	Supply Chain Management	<input type="checkbox"/>

SECTION1- BACKGROUND INFORMATION

Name of applicant organization	
Type of Organization/Institution (Voluntary organization, Non- Government Organisations, any other (please specify)	
If Consortium, please indicate name(s) of Organization	
Date of registration with Statutory authorities	
Registered under section 12 (A) of Income tax act	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Registered under NGO-Darpan Portal (Under NITI Aayog)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, Unique ID No. (Please specify the reason for N/A)
List the States where your organization/institution is active	

Whether managed projects of >= 3 crores annually over 3 years out of last five financial years	Yes/No If yes, specify the value
Turnover of previous three financial years as per certified statements of accounts (Rs. in crore.)	2020-21 2021-22 2022-23
Brief description of maximum three projects undertaken in the past three years.	
Expertise in relevant area: HIV, TB, Vector Born diseases, Hepatitis, including Health Systems in India Brief description on projects undertaken in the past 3 years.	
Experience in Global Fund Grant/ Externally Aided Projects	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, brief description of the project and implementation period.
Experience of Working on Central or State Government projects in last three consecutive years 2020-21, 2021-22 & 2022-23.	Central Government <input type="checkbox"/> State Government <input type="checkbox"/> No Experience <input type="checkbox"/>
Published Annual Report- 2022-23	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enclosed/ provide a link or hard copy

Details of Available Resources	
Existing offices of the organization in the proposed project area	
Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.)	
Availability of Statutory audit reports including financial statements over the last three years and date of the last audit	Yes <input type="checkbox"/> No <input type="checkbox"/> 1. If yes, date of the last audit _____ 2. Name and address of the Audit Company: 3. Enclose audit reports for the year 2020-21, 2021-22 & 2022-23.

Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications/ disqualifications	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.
Existing linkages/network with other organizations(mention if they will participate in the delivery of the proposal)	

Contact information for the Applicant/Lead organization of the Consortium		
Name	Primary Contact	Secondary Contact
Title		
Mailing Address		
City and State		
Telephone		
Mobile		
E- mail address		
Organization website		

If Consortium, please give details of all the organization

Contact information for the other member organizations of the Consortium			
Organization- 1			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	
Organization- 2			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

Note: Please add more columns/ tables, if required.

SECTION 2- PROPOSAL DETAILS

This should not be more than 10 pages. Please use Arial font size -10

Proposed title of intervention/Project Name of sample proposed proposal	
Geographic area covered by the proposal	

2.1 Background (Clearly indicate current situation, the gaps, weaknesses and inequalities, and the present efforts to meet these gaps, weaknesses and inequalities not more than 10-12 lines)

2.2 Objective (State the objectives and purpose of the proposal not more than 7-8 lines)

2.3 Target Population (Describe the target population for your proposal not more than 5 lines)

2.4 Methodology (Please describe the specific activities required to achieve the objectives. Briefly describe coordination mechanisms or among implements- not more than two pages)

2.5 Monitoring and Evaluation Framework (Briefly outline how you propose to monitor and evaluate –not more than ½ page).

2.6 Self-assessment of the applicant organization (Please indicate the strengths including managerial skills, MIS system and the system of internal controls of the organization that makes it best suited to implement the project in not more than 8-10 lines)

2.7 Equitable Access (Describe how principle of equity will be sure in your proposal especially gender equity, support to marginalized populations and key affected populations etc. in not more than 8-10 lines)

2.8 Linkages to Grants from the Global Fund and Other Donors (Please explain how this project is linked to other funding you are currently receiving from the Global Fund or other donors if applicable. Also indicate if you are implementing Targeted Interventions or other Government programmes in not more than 5 lines)

2.9 Sustainability (Indicate how the services outlined in your proposed project could be sustainable at the end of the proposal period in not more than 8-10 lines).

2.10 Risks and its management including Financial Risk Management (Briefly outline the major internal and external risks and how you propose to reduce or avoid such risks in not more than 8-10 lines).

SECTION 3- PROPOSAL BUDGET: (Detailed Budget Attached as Annexure 2)

3.1 Budget Breakdown by Source (This table is intended to clarify part of the budget you already have (Provided by the organization), the part of the budget financed by other donors (Provided from other sources) and part of the budget from Global Fund (Requested from the Global Fund)

Table 3.1 Budget by Source (In USD)

Source	Year (1) (2024-25)	Year (2) (2025-26)	Year (3) (2026-27)	Total
Provided by the organization				
Provided from other sources (indicate the source)				
Requested from the Global Fund				
Total Budget				

(*Conversion rate of 1 USD to INR = 80 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

3.2 Budget Breakdown by Cost Category (Total budget of Table 3.2 should equal the total budget shown in Table 3.1)

Table 3.2 Budget by cost category (In USD)

Source	Year (1) (2024-25)	Year (2) (2025-26)	Year (3) (2026-27)	Total
Human Resources				
Technical Assistance				
Training				
Health products and Health Equipment (including laboratory products and equipment)				
Medicines and pharmaceutical Products				
Procurement and Supply Management costs Infrastructure and other equipment				
Others (specify)				

(*Conversion rate of 1 USD to INR = 80 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

3.3 Describe why your proposed project cannot be financed under current mechanisms with in NACO?

3.4 List of documents to be submitted with application

1. Copy of organization/Institution registration certificate.
2. Registration certificate under section 12 (A) of Income tax act
3. Copy of organization/Institution registration under NGO-Darpan Portal
4. List of existing offices with addresses
5. External Statutory audit report including financial statement of the last three years 2020-21, 2021-22 & 2022-23
6. Copy of grant agreements if worked as Principal Recipient /Sub-Recipient for Global Fund grant/ Externally aided projects earlier.
7. Published annual report 2022-23.

Evaluation of TI & LWS

Under the National AIDS Control Programme (NACP), the Targeted Interventions (TI) are designed to control and reverse HIV among the High-Risk Groups (HRGs) including FSW, MSM, IDU, TG, and Hijra and Bridge Population (BP) like high-risk migrants and truckers with specific strategies and deliverables. To assure the quality of service, TI/LWS program assessment is carried out by the SACS in coordination with NACO, using external experts as per technical guidelines. The evaluation process helps in deciding the continuation or discontinuattion of particular TIs/LWS in the state depending on various indicators.

The TI and LWS Evaluations are being implemented currently by five Regional Institutes for Capacity building and Evaluations (RICE) across India. This is being undertaken through a Sub Recipient (SR) under Global Fund Grant 2021-24. The SR has created institutional mechanism to conduct evaluation of TI/LWS. In the upcoming grant, it is envisaged that the process will be strengthened with renewed focus on quality, ensuring pool of evaluators in the state.

Proposed Mechanism for TI/LWS Evaluation:

The SR of NACO will identify, recruit and orient State/Region wise Consultants for TI evaluation either directly or through regional institutes to ensure transparency, accountability, and quality evaluation.

Through the SR, it is proposed that a system of evaluation in terms of processes, and mechanisms for identifying the pool of State or region-specific evaluators, capacity building of evaluators, and SACS for undertaking TI/LWS evaluation will be developed.

The SR through its evaluators will also be expected to hold meeting at each SACS before a set of evaluations begin and also de-brief at the end of all the evaluations where the evaluation reports will be shared and key findings be presented to the PD. To keep the sanctity of the process and ensure objectivity, the fees and reimbursements for evaluation will be undertaken by the Implementing Partners

Table: Number of targeted interventions state-wise and languagerequirements

State	Number of TI	Local language
Assam	51	Assamese
Meghalaya	9	Khasi-Garo
Manipur	63	Meitei
Nagaland	45	Nagamese
Arunachal Pradesh	28	Hindi
Sikkim	6	Hindi-Nepali
West Bengal	37	Bengali
Tripura	14	Bengali
Mizoram	30	Mizo
Odisha	53	Oriya
Tamil Nadu	73	Tamil
Puducherry	5	Tamil
Kerala	62	Malayalam
Maharashtra	141	Marathi
Mumbai	35	Marathi
Goa	15	Marathi/ Konkani
Karnataka	81	Kannada

Andhra Pradesh	88	Telugu
Telangana	53	Telugu
Gujarat	99	Gujarati
Dadra & NH & Daman & Diu	9	Gujarati
Rajasthan	42	Hindi
Uttar Pradesh	88	Hindi
Delhi	81	Hindi
Madhya Pradesh	68	Hindi
Chhattisgarh	33	Hindi
Bihar	28	Hindi
Jharkhand	32	Hindi
Jammu & Kashmir	14	Kashmiri
Himachal Pradesh	18	Hindi
Uttarakhand	26	Hindi
Haryana	5	Hindi
Chandigarh	12	Hindi
Punjab	59	Punjabi
Total	1502	

Deliverables

- Timely evaluation of TI/ LWS as per prepared calendar for the year
- Updation of Evaluation reports/results on the online platform
- Timely grievance redressal of Evaluators
- Yearly Quality assessment of the evaluators and updating the pool accordingly
- Fees and reimbursements for evaluation to be incorporated as per NACP guidelines.

Specifications

	TI and Link Worker Scheme Evaluation
Targets	1500 TI + 137 LWS
Frequency	All TIs/LWS will be evaluated once in two years, i.e., the 21st or 22nd month of the contract period. 820 evaluations per year 70 evaluations per month
Evaluators/ Agencies	Consultants/ Evaluators will be selected based on the ToR from a pool of faculty from Schools of Social Work, Psychology, SIHFW, SHSRC, Representatives from PLHIV and community networks, and especially people with experience in the field of HIV/AIDS especially TI. This pool will continue beyond the project period.

Budget Outlay

Rs. 21 crore

NACP Evaluation

NACP-V's strategy is strongly embedded in evidence-based programming. Under this grant, it is proposed to continue the concurrent evaluation of select programme interventions under NACP.

Proposed Activities

It is proposed that NACO's SR will

- In consultation with NACO will identify areas for program evaluation on an annual basis.
- Develop the technical proposal alongwith study instruments.
- Through a formal process of Request for Proposals, invite agencies to undertake the evaluations.
- MoU will be formalized with the selected agencies outlining the deliverables and targets and the evaluation process will be monitored to ensure processes are followed and timelines are adhered to.
- The report of each evaluation will be submitted to NACO as per the decided timelines.
- The SR will undertake annual dissemination meetings to share the major findings of these evaluations and develop technical briefs based on the results aimed at providing policy and programmatic inputs.
- The SR will be responsible for the entire process from developing protocols, ethical clearances, collecting data, progress update and providing a report with actionable recommendations.

Specifications

Targets	Conduct studies on specific areas under the NACP programme
Frequency	1. Two minor and one major studies per year. 2. Concurrent evaluation of 2 communication campaigns will be undertaken throughout the grant cycle. 3. Mid-term evaluation of NACP V
Evaluators/ Agencies	Agencies with experience in conducting health surveys will be given preference.

Priority areas

The priority areas for studies will be decided in consultation with NACO.

As Gender and Human Rights perspective are critical for public health programmes, endeavor will also be made to include studies on 'gender' and 'human rights' under NACP-V. This may include the following:

- How the HIV programs for key and vulnerable populations have integrated interventions to reduce human rights- and gender-related barriers.
- Stigma and discrimination reduction activities for PLHVs and KPs in health care and other settings.
- Legal literacy and access to justice activities are accessible to PLHIVs and KP.

Budget Outlay

Rs. 9 crore

Capacity Building of NACP cadres – Four regions

A. Background

The National AIDS and STD Control Programme is being implemented by MoHFW through NACO since 1992 to combat and control HIV/AIDS epidemic in the country. Presently NACP is in its fifth phase (2021 – 26) with the aim to achieve 95:95:95 i. e 95% persons living with HIV (PLHIV) should know their HIV status, 95% of PLHIV who know their HIV status are put on anti-retro viral treatment and 95% of PLHIVs on ART are virally suppressed.

In order to achieve the programmatic goals and objectives Capacity Building of the NACP workforce across the country through regular training (induction as well as refresher) is important to maintain high level of knowledge and skills of the NACP workforce at national, state, district and sub district level (including all facility and field staff)

B. Present Mechanism for Capacity Building of NACP Cadres through Global Fund Grant 2021 – 2024:

In the NACP V, NACO as Principal Recipient has engaged a Sub Recipient under Global Fund Grant 2021 – 2024 for capacity building of NACP workforce at national, state, district and sub district level on programme management. The district TB officers who have also been designated as District AIDS Control Officer are also been trained to build synergy between NACP and NTEP at field level for better programmatic out comes.

Facility level staff of ART, ICTC, DSRC, Labs etc. is being trained through projects under a Non-Government Principal Recipient including induction training for new cadres and refresher trainings for previous cadres. It has strengthened the electronic platform titled Learning Management System (LMS) and integrated with the existing IT systems of the national program.

Under the Non-Government Principal Recipient, existing training institutions called Kshamta Kendras, have been identified, and capacity has been built for imparting training to the providers of the prevention programs and supporting them in rolling out of the trainings. It is planned that the training to the providers of prevention programs in TIs & LWS will continue to be included under a Non-Government Principal Recipient through Kshamata Kendras.

C. Proposal to continue and strengthen Capacity Building initiative under NACP through Global Fund Grant 2024 – 2027

In order to strengthen the capacities (knowledge and skills) of the NACP workforce at national, state, district and sub district level (including all facility and field staff). It is proposed to continue the capacity building initiative through Global Fund Grant 2024 – 2027.

Deliverables:

- Identify and capacitate a pool of Master Trainers under NACP for down training.
- Utilization of existing LMIS for online training of all NACP cadres
- To build the Capacity of different Cadres of NACP Staff (ART, ICTC, DSRC, Labs) from national to district, sub district and facilities level.
- To develop managerial skills and leadership qualities of Program managers at all level.

Proposed Methodology & timelines

It is proposed that the SR Activities Management Hub will coordinate all capacity building activities of all State/ UTs including creating the pool of Master trainers.

- Mixed approach: Physical and online training
- Physical training

- with engagement of Master Trainers
- through Kshamata Kendras
- Govt/Private training institutes/Universities
- One time induction and one time refresher training to all cadres.
- Any new staff on board, to be enrolled for online training within 30 days of joining.
- Ideal classroom batch size-25 to 30 (Exception in case of small states)
- Set up of four Regional (CB Hub) at regional level covering different States/UTs in each region to roll out the trainings.

Proposed activities of Regional CB Hub:

Regional CB Hub will be implementing capacity building activities by engaging Kshamata Kendras/ Universities/ Govt/ Pvt Institutions/ Centres of Excellence and/or by directly engaging Master trainers.

Major activity is to implement following activities:

- Coordination with SACS/DACS to nominate Master Trainers, make training calendar (Induction and refresher) and planning of batches,
- To roll out the trainings in region/state
- Make logistic arrangements for MT training, Program Management and Facility staff training at regional/state/district level
- Ensuring quality of training
- Administering pre & post assessment, feedback and its analysis, all training documentation

The estimated training load during the Global Fund Grant period 2024 – 27 is **22679**(Training load of Facility level 18283 +919, DISHA + 2702, PM training +775 DACO)and a pool of 915master trainer will be trained. Details of the training of State into 4 regional capacity building hubs along with their trainer load is at table below:

Regional Training load and batches

Regional CB Hub	State Name	States	Training load (Facility level)	Batches (Per batch 30)	MT	Batches (per batch-30)	DISHA Training load	Batch	PM training	Batches	DACO	Batches
1	North Region: J&K, Punjab, Chandigarh, Haryana, HP, UK, Delhi, UP, Rajasthan, Gujarat, DDNH,	11	5338	178	267	9	195	7	795	27	252	10
2	North Eastern Region: Arunachal Pradesh,	8	1693	56	85	3	136	5	502	17	123	8

	Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura											
3	Central Region: Bihar, Jharkhand, West Bengal, Odisha, MP, Chhattisgarh, Maharashtra , Mumbai	8	5753	192	288	10	285	9	699	23	262	9
4	South Region: Kerala, Tamilnadu, Puducherry, Telangana, Andhra Pradesh, Karnataka, Goa, Andaman- Nicobar, Lakshadwee p	9	5499	183	275	9	303	10	706	24	138	7
		36	18283	609	915	31	919	31	2702	91	775	34

Budget outlay:

Name of the Hub	Budget Outlay
Regional CB Hub-I (North Region)	Rs. 8 crores
Regional CB Hub-II (North East Region)	Rs. 6 crores
Regional CB Hub-III (Central Region)	Rs. 8.5 crores
Regional CB Hub-IV (South Region)	Rs. 8 crores

SR Activities Management Hub

Under the Sub Recipients of NACO, key activities such as Capacity Building, Community System Strengthening, and DISHA System Strengthening are planned to be implemented under GF Grant 2024-27.

In order to provide monitoring support, supervision and handholding, a SR Activities Management Hub may be created at the national level under the aegis of National Programme. The key roles and responsibilities of the hub will be to:-

1. Work in close collaboration with NACO officials and other consultants and ensure the effective implementation of Capacity Building, Community System Strengthening, and DISHA System Strengthening implemented by SRs of NACO.
2. Coordinate work plans for undertaking monitoring and support of ongoing projects.
3. Facilitation of technical evaluation/ review of projects.
4. To assist in the mid-term/ end term assessments and evaluation of projects
5. Wherever required, ensure module updation and enhancement
6. Assist regional/ state level units in preparing their progress reports and analyse reports/ data received from partners.

Community System Strengthening

With Support from Global Fund (2021-24 grant cycle), NACP-V initiated strategies including Community Systems Strengthening (CSS) to achieve strategic outcomes to improve HIV/AIDS prevention response and access to high-quality services to the key population (KP), hard to reach and vulnerable population, reduce stigma and ensure dignity and achieve improved outcomes of NACP. This activity is being implemented through NACO's Sub Recipient along with Non-Government PRs. Further, KP and C-19 RM grants are also being undertaken to enhance community engagement in the HIV response.

In the ongoing GF grant 2021-24, CSS activities have focused on identifying and building the capacity of the communities, community organizations, and networks; reducing stigma and barriers; ensuring meaningful involvement of the community for implementation of HIV /AIDS response in India.

Under the proposed grant, CSS activities particularly related to data collection for the Community Led Monitoring process is planned.

It is proposed that this hub will supplement the efforts of the NG-PRs to support coordination, monitoring, and implementation of various activities at the field level:

- i. Monitoring and supervision
- ii. Review meeting with SACS and other stakeholders implementing CSS (partners, bilateral partners, etc.)
- iii. Coordination with National, state, and district community resource groups (through SACS)
- iv. Support the PRs, build plans to engage champions as per the CSS national-level work plan, concentrating on macro and micro indicators based on state or regional requirements and challenges, and coordinate through the SACS, the integration of particular activities at the state and district levels.
- v. NACO'S SR will work with national-level working groups to develop a uniform tool and mechanisms to ensure the successful implementation of the CLM program.
- vi. Strengthen community systems to streamline the process of lodging complaints with the help of community leaders; Regular monitoring and compilation of reports of the Ombudsman and

Complaints Officer; National GIPA/PLHIV Network Consultation for roll out of community-led interventions; Regional Consultations for SGRC to strengthen GRM in healthcare settings.

A team of technical experts may be engaged with for undertaking the above mentioned activities.

Capacity Building

National AIDS Control Organisation (NACO) envisions undertaking the capacity building activities for different cadres of National AIDS Control Program (NACP) under Global Fund Grant 2024-27. The initiative will address the training needs of the NACP workforce covering all States/UTs and build the capacity of staffs under NACP from National to sub-district (facility) level in a region wise manner.

This proposed hub will provide monitoring and coordination support to the SRs managing the four regional level capacity building activities. It will help in

- Coordination with NACO, SACS, SR, MT, Training Institutes/Universities, Kshamata Kendra
- Review of all Capacity Building activities and SRs
- Facilitate finalization of the Master Trainers, training calendar and batches in guidance of NACO
- Ensure finalization of training materials (module, presentations), agenda, questionnaires and other training requirements.
- Compile all training data and reports and submit to NACO
- Facilitation of 3rd party training evaluation mid-term and end-term
- Manage online training through LMIS for all NACP cadres.
- Internal quality assessment through direct observation of training and provide feedback.

A team of technical experts may be engaged with for undertaking the above mentioned activities.

DISHA System Strengthening

With regard to the activity of DISHA System Strengthening to be implemented by Sub Recipient of NACO, technical experts will be placed for providing supportive supervision to DISHA and NACP facilities. In order to provide monitoring support, conduct regular reviews and facilitate the SR activities under the supervision of NACO, the support of this hub may be utilized. A team of technical experts may be engaged with for undertaking the above mentioned activities.

Budget outlay

Rs. 13 crores

Strengthening strategic communication to enhance the delivery of HIV prevention to care continuum programs

With more than 99.5% of the adult population free of HIV, IEC is a crucial component of HIV communication efforts and can play a significant role in preventing new infections, promoting treatment, reducing stigma, and involving the community.

Deliverables

To augment the achievement of targets by strengthening critical enablers like IEC and BCC for the various population groups, both at risk and vulnerable, including pregnant mothers through a mix of multimedia campaigns and outdoor activities. Support of a SR under NACO is proposed for the same.

Broadly the activities should cover-

- i. Develop and roll out tailor-made, new-generation communication strategies suitable to the current context for the key and vulnerable population across the prevention-to-care continuum.
- ii. Maintain and augment the behaviour change communications for the general population
- iii. Sustain focus on the adolescent and youth population

Proposed Activities

1. Development of SBCC packages, Treatment literacy, STI, and routes of transmission.
2. Development of Multi-Media Campaigns: Youth & HIV, EVTHS, HIV testing
3. Social Media campaigns.
4. Support for observance of national-level mega events like World AIDS Day.
5. Publishing of NACO Publications.
6. Establishing a strong GRM to address stigma and discrimination.
7. Strengthen multi-sectoral achieving the goal of ending HIV as a public health threat by 2030.

Development of SBCC packages: SBCC packages which comprise different types of material are important tool to address various health related issues. They allow for harmonization of priorities, approaches and messages among the relevant stakeholders and target population. Sub Recipient for NACO Grant under the Global Fund for the period 2024-27 should support NACO through a creative agency to develop three packages on below mention thematic areas:

Treatment Literacy: Addressing the issues related ART adherence are the key to reach the second and third 95. The SBCC package will address the following areas to aware PLHIVs about the importance of treatment and related issues- What is ART & ART preparedness, Tips to improve taking, ART and Side effects, Positive living, Viral Load, Discordant Couples, Co-morbidity and Social Protection Schemes.

Sexually Transmitted Infections: One of the goals of NACP-V is to achieve universal access to quality STI/RTI services to at-risk and vulnerable populations and attainment of vertical transmission of syphilis. To achieve this goal a SBCC package may be developed to create awareness around the issues related to STIs and promotion of related services. This material may be developed for both service providers and beneficiaries. The proposed thematic areas are Signs and symptoms, the Importance of early diagnosis, Prevention strategies, and Syndromic management

Route of transmission: In India, only 20% of young women and 29% of young men aged 15-24 have comprehensive knowledge of HIV (NHFS-5). To address this issue, a package may be developed to address the topics of the route of transmission, preventive strategies, early diagnosis, and myths and misconceptions.

These packages are required to be developed in Hindi, English, and 13 regional languages. Posters, Leaflets, GIFs, Animated videos, Narrative videos, and Wall paintings can be developed.

Development of Multi-Media Campaigns: Mass media campaigns are used to reach large populations through existing media, such as television, radio, newspapers, and outdoors. The Sub Recipient of the NACO Grant under the Global Fund should support NACO through a creative agency to develop campaigns on the following thematic areas.

- i. *Youth* are more vulnerable to HIV due to limited awareness, risk-taking behaviour, and experimentation. A campaign may be developed to increase understanding and awareness, initiate dialogue between parents and youth, and promote HIV testing.
- ii. The Govt. of India is committed to *eliminating vertical transmission of HIV and syphilis*, and EVTHS is a priority area. Mother-to-child transmission is the primary route of HIV transmission to children, and effective interventions can reduce the rate to below 5%. An EVTHS campaign may be undertaken to spread awareness and attempt to change the behavioural attitude of target groups.
- iii. *Promotion of HIV testing:* To achieve the target of the first 95, a campaign may be undertaken on the promotion of HIV testing. The campaign will also address the key behaviours and promote HIV-related services.

These campaigns should be developed in Hindi, English, and 13 regional languages. Video and Audio spots can be used.

Social Media: NACO is active on Facebook, Twitter, Instagram & YouTube as @NACOINDIA. Through these platforms, NACO has developed, uploaded, and shared content on topics such as safe behaviour, condom usage, stigma and discrimination, myths and misconceptions about HIV and AIDS, important health days observed around the globe, and other national and international significance. The goal is to bring forward issues related to the well-being of people living with HIV and to eliminate stigma and discrimination. The SR should support the IEC division in the following activities of social media by hiring a social media agency:

- i. Develop Social Media campaigns or social media toolkits on various thematic areas.
- ii. Execution of the campaign
- iii. Monitoring and reporting of the campaign.
- iv. Onboarding and active involvement of influencers
- v. Development & Execution of campaign on Promotion of Helpline.

Support for observance of mega events like World AIDS Day: World AIDS Day is observed to strengthen HIV/AIDS response and provide care and treatment to those infected and affected. NACO organizes a mega event, and SR will be required to support NACO by hiring an event management agency for the same.

Publishing of NACO Publications: SR to provide technical support in designing and printing with the strategic directions from NACO for publications, compiling content, coordinating with creative agencies, and disseminating e-newsletters.

Strengthen multi-sectoral response including the private sector and not-for-profit organisations towards achieving the goal of ending HIV as a public health threat by 2030

1. Support Bi-Annual Consultations with Employers' Associations/Chambers for sensitization on HIV and AIDS (P&C) Act, 2017
2. Develop an Advocacy Tool to advocate in various settings on HIV mainstreaming.
3. Promote integration, strengthening referrals and linkage systems and other HIV/AIDS-related services.

Budget Outlay

Rs. 19 crore

Strengthening the systems of District Integrated Strategy for HIV/ AIDS

NACP-V sets the tone, strategies, and priorities for the future course of the program. New strategies have been developed in the current phase to implement at the facility level. The programme contour has evolved with new and differentiated approaches of 'Test and Treat', Routine Viral Load monitoring, Community based screening, revamped TI strategy, enactment of HIV/ AIDS act, Sampoorna Suraksha Strategy, Prison Intervention and Virtual Intervention.

In order to encompass these in the ongoing ambit of monitoring structure at the district level, District Integrated Strategy for HIV/ AIDS (DISHA) was developed, transitioning from DAPCU model to DISHA mixed model (an integrated approach), enhancing the scope of work to cater to the changing requirement of the program, revamping the structure of district level monitoring.

By the end of 2023-24, 176 DISHA cluster units and 52 single DISHA units will be in place to cater to 586 districts, which has been formulated based on district level estimates and re-categorization of districts into high, medium, low and very-low priority, and personnel placed at DAPCUs.

There is a felt need for building a mechanism to support DISHA and strengthen its systems to facilitate the implementation of its activities at regional and cluster level, monitoring the activities, and provision of mentoring support, which may be supported by a Sub Recipient of NACO.

Proposed Activities

- Post managerial and technical capacity building, supportive supervision and onsite handholding support to DACO & DISHA in a timely and effective manner at the facility level.
- To support in advocacy, coordination and regular regional level review meetings between the facilities for continuum of care.
- Facilitate conduction of field visits with a focus on the perceived need for assistance.
- Facilitate for conducting district profiles, and supporting strengthening of data management systems.
- Facilitating DISHA's role in supporting newer strategic interventions under NACP V such enhancing index testing, dual testing strategy, virtual intervention and Sampoorna Suraksha Strategy.
- To validate the DISHA findings on quarterly basis and to maintain the quality of intervention.
- Regular coordination and provision of updates to the national level SR Management hub at NACO with regard to functioning of DISHA

The mechanism of conducting this activity may be to engage with technical experts at the states, and each expert may provide support to 3-4 DISHA in order to strengthen their

Deliverables

To achieve the last mile effort to reach 95-95-95 targets, NACP-V requires the technical rigor, sustained push and support for implementation of NACP services to the beneficiaries. Given Scale up of newer initiatives, support to strengthen the systems at the regional and cluster level is essential.

The gap areas are to strengthen the operations of DISHA – to have an integrated district level strategy of monitoring the National AIDS Control programme activities, through enhanced supportive supervision.

Budget outlay:

Rs. 33 crore

IT enabled Virtual Strategy and Management of NACO Helpline (1097)

Background:

The National AIDS Control Programme (NACP) is the comprehensive response towards prevention and control of HIV epidemic in India that is implemented by the National AIDS Control Organization (NACO) under the aegis of 'Ministry of Health and Family Welfare' (MoHFW) since 1992. Aiming to pave the way for AIDS free India by 2030, through "three Zeros –i.e. zero new infections, zero AIDS-related deaths and zero discrimination", NACP has initiated a set of innovative strategies in its fifth phase (NACP – V) with support from Global Fund (GF). One such innovative strategy is 'Virtual Intervention' that emphasizes upon generating demand on HIV comprehensive services and strengthen linkages specifically for the higher at-risk population that pre-dominantly use virtual platforms for information, socialising, soliciting and other networking purpose.

India has joined a global trend of rapidly expanding internet access, with 658 million users expected by 2022. This shift to digital interactions varies across sub-populations, with 16-29 year-olds spending most time on the web. Higher-risk groups, such as men with sex with men, transgender individuals, and sex workers, are increasingly using virtual channels to find sex partners and build social networks.

The White Paper¹ released by NACP recognizes the existence of a sizable number of HRGs functioning purely through virtual spaces, notably among MSM and FSWs, and the necessity for a standardized technique to quantify their size. The approaches for responding to size estimations are still being developed. Current program experience points to the importance of a strong referral mechanism and there is need to mainstream this activity, under the national programme.

Virtual Intervention in NACP under Global Fund (GF) grant (2021 – 2024):

Many partner organizations have implemented Virtual Intervention, through small grants in select geographies. Under GF grant 2021-2024, the 'Netreach Project' was launched by SR of India HIV AIDS Alliance - Humsafar Trust. In three years, the project aimed to make HIV comprehensive services referrals, along with HIV testing referrals for higher at-risk populations accessing virtual platforms.

Proposed Activities for GF Grant 2024-27:

Given the strategic guidance under NACP-V to scale up IT-based systems, the priority is to develop a sustainable model to reach high-risk people, in virtual spaces. It is anticipated that virtual intervention will remain to be an important strategy in regard of HIV comprehensive service provision for the next decade particularly for the high at-risk population, along with youth with multiple risk association that prefer to remain anonymous and beyond reach of traditional HIV programmes. In line with the learnings accumulated from different virtual intervention models implemented for HIV comprehensive service promotion in the country, the following key areas are suggested for NACO's SR to strengthen virtual intervention activities in the next round of Global Fund under the national programme:

- i. **Development, maintenance & hosting of the website with the landing page:** A new hosting platform is to be developed under NACO, which will integrate NACO App, 1097, and SOCH platforms to provide a sustainable, government-led program. All efforts are to be made to integrate Email, Chatbot, Mobile app, and social media handles into a unified platform for a

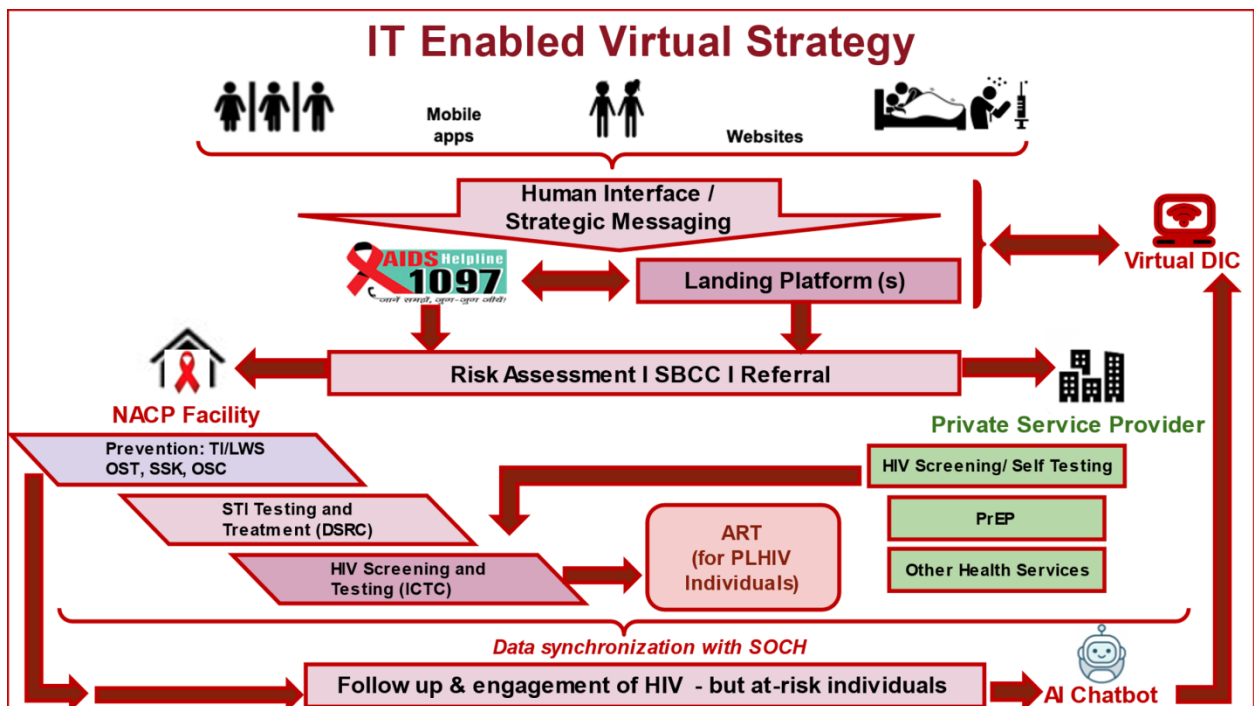
¹ White Paper on Strategies for Engaging with HIV at-risk populations in Virtual Spaces, NACO, GOI.

seamless experience to enable clients to switch between channels without any disruption to enable constant virtual client engagement and interactions. The platform may also provide links to other existing platforms like NETREACH and Safe Zindagi.

The approach of the landing page should provide the beneficiary access to information, risk assessment, and a “chatbot” (AI-based) towards the engagement of the HIV services and commodities, while outreach workers and 1097 counselors will complement the work by connecting with the beneficiary on the landing page as well as connecting them to the landing page. The landing page should be hosted on the NIC server for sustainability in the national program.

- ii. **Data synchronization** with the SOCH. This will also support the follow-up of beneficiaries as they are converted to physical facilities.
- iii. **Development of a SoP for implementation of virtual intervention covering all components and approaches-** This SoP will be based on the learnings from the Virtual Intervention under GFATM grant 2021-24 towards ensuring uniform implementation of interventions for youth/adolescents and persons with high-risk behaviour for NACP facilities.
- iv. **Curriculum development and capacity building of approx. 30 Master Trainers-** Development of CB modules on implementation of Virtual Interventions. The pool of Master Trainers identified and trained under CSS grant 2021-24 can be utilized. The down trainings may be conducted by SACS to ensure the capacity building of NACP facilities staff in batches on the counseling, identification, strategies for reaching out and conversion of persons from virtual to physical spaces.

Representation of operational flow:



Broad requirements under Virtual intervention strategies are as follows:-

- **Contact establishment with the population over virtual platforms:** It is required that a mechanism for Virtual outreach and communication for at-risk and vulnerable communities using popular social media platforms (apps and websites) may be built. The process may be facilitated through approaches such as:-
 - Advertisement: broadcasting of strategic messages over virtual platforms to attract attention of at-risk population
 - Human interaction: a dedicated cadre of individuals tracking and contacting at risk population over virtual platforms.
 - 1097: the use of the helpline for at risk population for referral to and fro the landing platform with prior consent
 - NACP facilities: Dissemination of information of intervention including the website landing page to the at-risk population through NACP facilities like TI, SSKs, OSTs, etc.
- **Risk Assessment:** The beneficiaries should be then linked to interactive mechanisms, information sites, website landing pages, and the National HIV Helpline – 1097. These mechanisms should complement each other in risk assessment, behaviour change communication, referrals, and linkages to services and communities, private sector service providers, and online forums supported by NACP facilities or partners.
- **Service and commodities provision:** Following risk assessment, beneficiaries should be assisted through referral to a spectrum of HIV comprehensive services at both public and private health facilities as per individual requirements and availability of the services. Beneficiaries may be referred to a spectrum of HIV comprehensive services at both public and private health facilities. A landing page may provide access to a chatbot, while outreach workers may connect with beneficiaries on the landing page and provide a virtual DIC for support and information provision. The aim is to connect or convert the beneficiary from the virtual space to the physical spaces like NACP Facilities, Pvt practitioners, TIs, OST and SSK, support groups or virtual forums, etc. Provision of Comprehensive services including HIV, STI, and condom awareness should be the main focus of the package for KPs. PrEP, PEP, OST, referrals for HIV/STI testing, and links to treatment and support may be offered.
- **Follow-up and engagement in seroconversion risk reduction:** In context with service retention and sustainable reduction of seroconversion risk, the HIV-negative but at-risk beneficiaries are to be engaged through a set of digital mechanisms including chatbot and virtual drop-in-centre for regular prevention service uptake.

Deliverables

- Comprehensive services referrals, along with HIV testing referrals for higher at-risk populations accessing virtual platforms.
- Develop a sustainable model to reach high-risk people, in virtual spaces.

Budget outlay

Rs. 11 crore

Strengthening integrated AIDS response through IT enabled systems

Strengthening Overall Care for HIV Patients (SOCH)

- 1. Background:** Govt of India is committed to attainment of ending of AIDS as a public health threat by 2030. The strategy document of the NACP Phase-V identifies leveraging technology as a critical enabler not only to expand the reach but also for re-shaping of existing HIV interventions improving the efficiency¹. The current proposal aims to maintain and augment the IT ecosystems under the NACP across the spectrum of prevention-detection-treatment-retention-programme management-strategic information towards attainment of the NACP Phase-V goals by 2025-26 and SDG 3.3 goal by 2030.
- 2. Overview of current IT systems under NACP Phase-V:** Technology is integral to the national AIDS response. There are growing interventions on virtual platforms in an effort to expanding the reach of programme coverage to unreached population in line with changing dynamics². 1097 (National Helpline) is the gateway connecting the at-risk people, both at physical and in virtual space, to service delivery facilities³. Telemedicine is gradually expanding its footfall for providing quality services to the needed persons in most efficient manner^{4,5}. SOCH (Strengthening the overall care of HIV beneficiary) system is currently the single IT platform for facilitating person-centric programme monitoring system across the domains of prevention, testing, treatment and viral load management⁶. IESE portal is the one-point data system for the integrated and enhanced surveillance & epidemiology (IESE) of HIV, STIs and related co-infections under NACP Phase-V⁷. Learning management systems are gradually getting tractions across different component and cadre of NACP as efficient tools for administration, documentation, tracking, reporting, automation, and delivery of training programs^{8,9,10}.
- 3. Opportunities for strengthening the IT enabled systems:** The use of technology across the domains under NACP offers opportunities for an improved IT environment. Stabilization and enhancement of the SOCH, in terms of hardware and software is essential. The enhancement, supported through offline and online technologies and enabled by artificial intelligence, may provide the users a single digital identity facilitating access to integrated IT landscape and allowing the service delivery across prevention-testing-treatment-retention continuum.
- 4. Priority area:** The plan for strengthening integrated AIDS response through IT enabled systems for the year 2024-27 is a key priority area proposed to be implemented by a Sub Recipient to NACO. The aim is To stabilise and augment the existing MIS systems (SOCH) for improving the person-centric services delivery and augmenting strategic information while also plugging the artificial intelligence (AI) enabled tools across the domains of awareness generation-service delivery-information management-programme management

¹ National AIDS Control Organization (2022). Strategy Document: National AIDS and STD Control Programme Phase-V (2021-26). New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

² White Paper on Strategies for Engaging with HIV at-risk populations in Virtual Spaces. 2022. National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India: New Delhi.

³ [https://naco.gov.in/hotlines-helplines#:~:text=National%20AIDS%20Control%20Organisation%20\(NACO,code%20toll%2Dfree%20number%201097](https://naco.gov.in/hotlines-helplines#:~:text=National%20AIDS%20Control%20Organisation%20(NACO,code%20toll%2Dfree%20number%201097).

⁴ Manglani M, Gabhale Y, Lala MM, Balakrishnan S, Bhuyan K, Rewari BB, Setia MS. Reaching the Unreached: Providing Quality Care to HIV-Infected Children through Telemedicine—An Innovative Pilot Initiative from Maharashtra, India. International Journal of Pediatrics. 2020 Oct 23;2020.

⁵ National AIDS Control Organization (2021). National Guidelines for HIV Care and Treatment, 2021. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

⁶ <https://soch.naco.gov.in/>

⁷ <https://iesee.in/>

⁸ <http://edakshata.naco.gov.in/>

⁹ <https://www.lms.naco.gov.in/>

¹⁰ <https://sochlms.naco.gov.in/>

through integration, enhancement and interoperability for better use of data. The key components to be proposed must include strategies for the following:

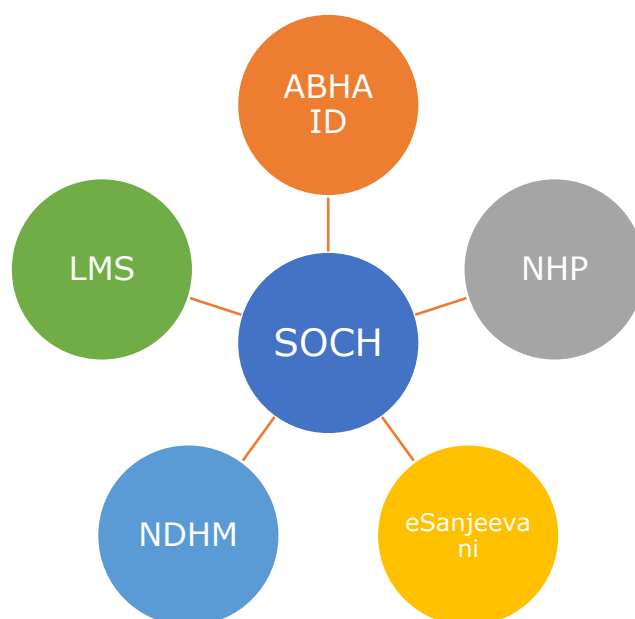
- a. **Augmenting the unified SOCH Application:** Augmenting the comprehensive, unified SOCH application that integrates all NACO related day-to-day work with features for alerts, dashboards and monthly progress reporting for users at various levels. The application to serve as a central hub for helpline services, service scheduling, health education materials, real-time communication with healthcare providers, and access to relevant resources. Having a single application simplifies the user experience and ensures consistent and coordinated care delivery across different aspects of HIV/AIDS management.

Special focus to be given on the supply chain module within the SOCH system can optimize the management of HIV-related commodities, such as antiretroviral drugs, testing kits, and preventive measures. Strengthening of SCM module in SOCH would track inventory levels, monitor expiration dates, forecast demand, and facilitate timely procurement and distribution of essential supplies to healthcare facilities and community-based organizations.

- b. **Interlinking with Govt of India's Digital Health Initiatives:** Interlinking the SOCH system with GoI (Government of India) Digital Health Initiatives presents a significant opportunity for enhancing the overall effectiveness and reach of HIV/AIDS interventions. By integrating with these initiatives, the SOCH system will leverage existing digital health infrastructure and capitalize on established networks and platforms.

National Digital Health Mission (NDHM), which aims to create a robust digital health ecosystem in India. By interlinking with NDHM, the SOCH system can benefit from interoperability with electronic health records (EHRs), ensuring seamless exchange of health information across different healthcare providers and facilitating continuity of care for individuals living with HIV/AIDS. This integration enables healthcare professionals to have a comprehensive view of a patient's health history and deliver more personalized and targeted interventions.

Interlinking with GoI Digital Health Initiatives also opens avenues for collaboration with other stakeholders in the healthcare ecosystem. Integration with platforms like the National Health Portal (NHP) and eSanjeevani (telemedicine platform) can facilitate the dissemination of accurate and up-to-date information on HIV/AIDS, as well as enable remote consultations and telemedicine services. This collaboration can ensure that individuals have access to quality healthcare services, regardless of their geographical location.



Linking the SOCH system with ABHA ID is indeed an important aspect of strengthening the IT-enabled systems in NACO - MOHFW. Integrating the SOCH system with ABHA ID can provide a unique identifier for each individual accessing HIV/AIDS-related services. This linkage enables seamless data exchange and sharing between different components of the IT landscape, ensuring a holistic view of an individual's healthcare journey and facilitating coordinated care delivery.

- c. **Leveraging Telemedicine:** NACP has been using telemedicine in the past to deliver services among the PLHIV. The current proposal aims to streamline and expand the medical services for PLHIV through teleconsultation, in partnership with programme division of NACO, in a phased manner while using platform of eSanjeevaniOPD of Govt of India. The telemedicine expansion will not only facilitate initiation of PLHIV on ART in scenarios with Medical Officers post is vacant but would be also reduce need for direct client contact with health services by spacing out clinical visits for stable PLHIV on multi-month dispensation thus decreasing the frequency of in-person appointments, cutting down travel costs or waiting time in the facility.
- d. **Machine Learning and Predictive Analytics:** By leveraging machine learning and predictive analytics algorithms within the SOCH system, the system can analyse historical data, patient characteristics, and treatment outcomes to develop predictive models. These models can help anticipate disease progression, identify high-risk populations, and inform targeted interventions for HIV prevention, testing, and treatment. This data-driven approach can enhance decision-making and resource allocation, leading to improved health outcomes.

Requirement at National Level:

S.No.		Unit
1	Human Resource	
1.1	State Coordinator (Programme)	1
1.2	Mobile App Developer	1
1.3	Document Assistant	1
2	Technical Assistance	
A	Operational & Management Support	

2.1	Technical Head -Operations	1
2.2	Senior Technical Head	1
2.3	Full stack developer	4
2.4	PMU -Technical Assistance	1
B	Data Quality Assurance Support	
2.5	Senior Architect and BI & Server Administrator	1
2.6	Data Based Administrator	1
C	System Analyst and Support	
2.7	System Analyst	1
2.8	IT Assistant	1
D	Help Desk	
2.9	Help Desk	4

Further, Monitoring and Evaluation (M&E) framework under Targeted Intervention, Link worker scheme and Sampoorna Suraksha Kendra is critical to collect data through outreach to enable progress monitoring as well as documenting learnings in order to course correct strategy and quality control. To collect real time data and analyze the same, data must be acquired in digital formats. Steps to gather and comprehend data through digitalization through the introduction of tablets is a requirement to improve the existing M&E processes under SSK, and TIs, LWS.

- *MIS Data collection:* The identified indicators with NACO will be collected under SOCH and other MIS as part of routine programmatic activities.
- *Analysis:* Rigorous data analysis will be carried out from the data collected under project components of TI, LWS and SSK components. Real time data analysis will be possible through the use of tablets and be used for the program improvement, cascade loss monitoring and reduce the leakages. Tablets will guide in real time follow up of the clients due for services and provide guidance towards prioritized and differentiated client outreach approach.

Total requirement:

The requirement is to improve Data collection, data management, data reporting, data analysis and use under Targeted Intervention and SSK components through procurement of tablets. Approximate requirements as follows:-

- Targeted Intervention & Link worker Schemes: Total 6,000 tablets for the use of outreach staffs
- SSK: 978 tabs for the use of outreach staffs under 489 SSK Intervention programs.

Budget outlay:

Rs. 22 crores

Supply Chain Management Strengthening Project (SCM)–NACP

1. Background

The SCMSPP will continue to address the supply chain challenges through an agile, responsive and effective system for all commodities under NACP. It would be an extension of the previous phase of the SCM Project and would establish system strengthening processes which were developed and initiated in the last phases. As in the previous phase, this phase of the project has PAN India coverage and will be providing support to all 36 SACS across the country. Under the Project, 10 regions are proposed to be created and each Regional supply Chain Managers(RSCM) will be responsible for implementing the activities for achieving project objectives in the SACS and facilities of their allocated region.

- The details of divisions and products under the project’s scope of work are as follows:

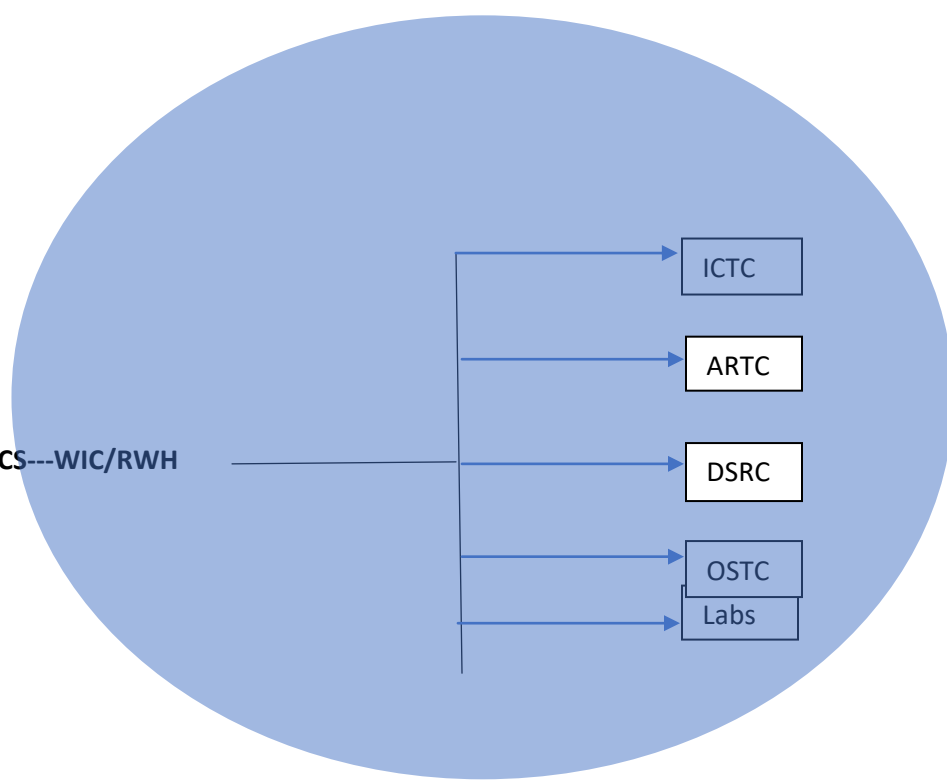
S.No	Division	Facilities	Products
1	Basic Services	SA-ICTCs (Approx. # 5500)	HIV Test kits, Syrups, DBS Card & Kits (~9 commodities)
2	Care Support & Treatment	ARTCs, ARTC Plus, FIART, CoE, P CoE (Approx. # 550)	ARV Drugs (~17-20 commodities)
3	STI-RTI	DSRCs (Approx. # 1160)	Colour coded kits and RPR test kit (~8 commodities)
4	Targeted Interventions	OSTCs (Approx. # 213),	OST drugs (~3 commodities), Condoms (Emergency Relocation Only)
5	Lab Services	Laboratories (Approx. # 64)	Viral Load & EID Kits (Relocations Only)- Dry Ice relocations

- The details of commodities distribution of boxes under the project’s scope of work are as follows:

S.No	Division	Commodities Supply –FY-Apr 21 to Mar 22(Approx.)	Commodities Supply FY-Apr 22 to Mar 23(Approx.)	Commodities Supply FY-Apr 23 to Nov 23(Approx.)	Total Supply of Commodities-FY-Apr 21- to Nov 23(Approx.)
1	Basic Services	18,649	46,942	24,843	90,434
2	Care Support & Treatment	2,03,840	1,88,352	1,26,399	5,18,591
3	STI-RTI	11,275	4,895	3,468	19,638
4	Targeted Interventions(OST)	559	974	498	2,031
5	Lab Services	5,118	17,666	17,442	40,226
6	Emergency Relocations				2,967

Project’s Operational area for 3 PL services

NACO---CMSS---Manufacturer---CMSS WH---SACS---WIC/RWH



2. Proposed Objectives & Activities

1. To provide third-party logistics services (3PL) for the distribution of all commodities under NACP to ensure the availability of last mile.

1.1 Transportation and distribution to and from SACS/WIC to ARTC/ICTC/OSTC/DSRC/Labs across the country is undertaken through the following selected model

- **Model 1:** Dedicated Vehicle: A vehicle of Capacity 1MT will be deployed in all the state by the SR for ARV drugs, HIV test Kits and other commodities with (cold chain mechanism). The number of vehicles deployed per state will be determined by SR as per the need.
- **Model 2:** Full Truck Load: This will model will be used whenever the volume is beyond the 1MT for distribution.
- **Model 3:** Courier Service: The small packet of less than 50 kgs (intrastate) and 300Kgs (interstate) of drugs, diagnostics, and other commodities will be transported through the courier service (surface courier and Air cargo-100kgs).
- **Model 4:** Refrigerated Vehicle: Inter and Intra state relocations of bulk quantities of cold chain items between Walk-in Coolers (WICs) will be undertaken through Refrigerated Vehicles

Timeline- Regular activity

Around 50Pcs of cold chain boxes utilised each quarter in last project period

1.2 Monitoring and Supervision for 3PL activities.

- 3PL activities monitored through DDMS(Drug Distribution Management System) on a regular basis
- Bi-Annual review meeting within SR team
- Annual Regional review meeting of SR and respective SACS- Five in total (Region Wise).

2. To provide technical assistance to states (SACS) to strengthen the SCM system for sustainability

2.1 Ensure the implementation of SCM objectives and activities at state level as per the Standard Operating Procedure (SOP) for SCM of NACP.

- Monitoring and supervision visit and hand holding support carried out by Regional Supply Chain Managers (RSCM)* deployed by SR at state level.

Intrastate travel- Annually

On an average each RSCM will undertake 15 trips of two days each in a year in the base state. 1 ARTC and 2 ICTCs should be covered per visit.

Interstate travel- Annually

On an average each RSCM will undertake 15 interstate trips of three days in a year. 1 ARTC and 2 ICTCs should be covered per visit.

- Organization of warehouses and WICs as per the SOPs. Through infrastructural support and advocacy by RSCMs
- Face-to-face refresher trainings of SACS staff on SCM through 5 region-wise workshops.

2.2 Support and maintenance of Dakshata for continuous capacity building of facility staff.

- Enrolment of learners (remaining from last phase) and completion of training in DAKSHATA to be coordinated by RSCMs

Timeline- Regular Activity

3. To increase usage of e-LMIS under SOCH for real-time data visibility for informed decision-making

- Orientation and training on SOCH to SCM staff at last mile through SACS level training or hand holding support during Monitoring and supervision visit by RSCM
- Support facilities to increase usage of SOCH for real time data recording and reporting for informed decision making with continued monitoring and advocacy by RSCM.

Timeline- Regular Activity

4. **Proposed HR Structure-** The agencies may have a structure at national level and Regional level. At regional level there were 10 Regional Supply Chain Managers and 3PL coordinators in last project period.

Budget Outlay:

Rs. 55 crores