

**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. The total grant amount for SR under this EOI would not exceed USD 15 million.
2. NACO has defined priority areas for seeking Sub Recipient proposals which is available in public domain on [www.naco.gov.in](http://www.naco.gov.in) & [www.india-ccm.in](http://www.india-ccm.in) along with Application Template.
3. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies. Proposals will be evaluated by the screening committee constituted by programme division, based on their inherent strengths.
4. Contingent upon proposals received from other Civil Society Organizations/Private Sector partners selected as Non-Government Principal Recipients under HIV grant, 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 CSO partner organizations shortlisted as PRs under HIV grant.
5. The application in the prescribed format along with supporting documents is to be submitted to NACO in hard copy at the following address in person or via speed post–Deputy Director (Global Fund), National AIDS Control Organization, 6th Floor, Chandralok Building,36, Janpath, New Delhi-110011 (Ph. No.-011-43509984/43509953). The last date for submission of application to the National AIDS Control Organization is **25<sup>th</sup> April 2023**. Please note that applications submitted later than this date will not be accepted.

## Priority areas for SRs under Global Fund grant 2024-27

### 1. Community System Strengthening

To achieve the 95-95-95, the role of community becomes critical. Under the community system strengthening, SR partners would be required to supplement the efforts of the programme for:

- Create a community resource pool at national and sub national level for all typologies of and build their capacity
- Strengthen leadership and governance/ organizational capacity of Community Based Organizations (CBOs)
- Strengthen community led monitoring and advocacy
- Build networks, linkages, partnerships and coordination among different stakeholders including Government Ministries, Departments, Faith based organization, Civil society organizations etc.

The role foreseen for communities in strengthening the response will include creating an enabling environment including moving towards zero stigma and discrimination, demand generation for prevention and increasing testing, care and support for those on ART including social protection, treatment literacy and adherence.

### 2. Evaluation of Targeted Intervention /Link Worker Scheme

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.

**TI/LWS programme evaluation** is carried out by the respective SACS in consultation NACO engaging external consultants. The evaluation team consists of 3 external evaluators; 2 programme persons and 1 financial finance person. Out of the 2 programme persons one would lead the team, who is a senior consultant.

This exercise is primarily aimed at assessing the quality and performance of targeted interventions projects being implemented by NGOs/CBOs. This process, based on various parameters, will determine the continuation or discontinuation of individual TIs in the state.

**Periodicity of Evaluation:** TIs/LWS have been evaluated once in two years, i.e., 21st or 22nd month of the contract period. At the state level, SACS will lead the evaluation process with additional technical inputs from NACO's TI division wherever is applicable.

**Proposed Institutional mechanism for TI Evaluation:** Suitable Institutions may be engaged to take up the task of identifying, recruiting and orienting State/Region wise Consultants for TI evaluation. This will be in line with NACO's engagements with Apex Regional Institutes for Surveillance, Apex and National/State Reference Laboratories for HIV EQAS/Viral load, Centre of Excellence for Capacity Building, and TSU Management Agencies. This collaborative model would pave way for ensuring transparency, accountability and quality evaluation, which is totally external.

NACO is looking out for establishing partnership with appropriate institutes/agencies, who could join hands to engage third party consultants to evaluate the TIs across the country.

Through the SR, it is proposed to evolve a system of evaluation in terms of processes, mechanism, identifying pool of State or region specific evaluators, capacity strengthening of evaluators and SACS in undertaking TI evaluation.

### **3. Communication**

Communication efforts will be focused to reach out to pregnant women, adolescents, vulnerable youth, newer 'at-risk' populations and young people. IEC and SBCC activities will be customised for creating awareness on the benefits of safe behavior, prevention and HIV care continuum. SR partners would supplement the efforts of NACO for:

- Development of SBCC package for Treatment literacy, STIs and route of Transmission along with language translation
- Development of multi-media campaigns on Youth & HIV, EVTHS and Promotion of HIV testing
- Streamlining/establish strong grievance redressal mechanism to address stigma & discrimination
- Strengthen multi-sectoral response including the private sector and not-for profit organizations the towards achieving the goal of ending HIV as a public health threat by 2030.
- Observance of mega event of World AIDS Day.
- Advocacy with NALSA/SALSA
- Advocacy with elected representatives

Newer technology needs to be tapped into with extensive multimedia approach with specific messaging and interventions to reach out to target groups esp. on virtual platforms. Innovative use of social media and efforts to incorporate HIV messaging in youth programmes, virtual population would be encouraged. Interventions would include developing mass campaigns to address different aspects of HIV continuum of care.

### **4. Capacity Building**

Trainings on NACP will be undertaken for strengthening the capacities of Programme managers from NACO, SACS, TSU and district level. A cross-cutting capacity building module has been developed with support from the partners and a ToT has also been undertaken with a pool of trainers, identified from the programme across different States.

NACO would seek the involvement of implementation partners to act as sub-recipients and build the capacity of national level officers, state level functionaries, officers in DAPCU and TSUs and engage with regional institutes to build the capacity of NACP field level staff and TI/OST/Link Worker staff on regular programmatic aspects on an ongoing basis. Structured capacity building through integrated & cross-cutting capacity building modules has been developed with support from the partners on key aspects of programme management, monitoring & evaluation, reporting within NACP.

Capacity building will be required for:

- Programmatic guidelines
- Capacity building on revamped strategies for HIV Prevention and Care Continuum
- Capacity building of state and district level networks of PLHIV on HIV/AIDS Act, 2017 (awareness generation, informed consent, confidentiality, data security etc.)
- Revisions of modules will be done as and when required as per changes incorporated in NACP guidelines.

## 5. Programme Evaluation

Evaluation of various programme components will be undertaken to inform the programme on successes and gaps in service delivery. This will help in mid-course corrections. It is proposed to undertake third party independent, quick and concurrent evaluations that do not require too much budget. Programme evaluation will be conducted to develop an understanding of programme relevance and appropriateness, reach and coverage, quality, outcome/impact and cost effectiveness. NACO would undertake systematic evaluation of different interventions such as:

- Impact evaluation of TI interventions
- Impact evaluation of Link Worker Scheme
- Assessing the effectiveness of satellite OST centers
- Impact evaluation of Community Based Screening activities
- Impact evaluation of HIV Counseling and Testing Services
- Baseline, Concurrent, endline evaluation of communication campaigns for recall, key messages etc.
- Impact evaluation of Link ART Centres

## 6. Virtual Intervention

Aligning with the global advancement in information technology and subsequent increase in virtual networking towards faster and easy communication, 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 higher at risk population, along with youth with multiple risk association that prefer to remain anonymous and beyond reach of traditional HIV programmes. SR partners would be required to supplement the efforts of the programme for:

1. **Contact establishment with population over virtual platforms:** The primary component of the virtual intervention will remain to be virtual outreach and contact establishment with at risk population over popular social media platforms.
2. **Risk Assessment:** Post contact establishment, the beneficiaries to be linked with the dedicated interactive mechanisms, the information sites or website landing page for more information on HIV along with safer practices. The 'National HIV Helpline – 1097' will also be utilised complimenting the website landing page. Both these mechanisms will work in complementary mode in risk assessment of the beneficiaries, along with providing 'Behaviour Change Communication' (BCC) support along with referrals and linkages towards services and communities under NACP as well as to private sector service providers and online forums supported by NACP facilities or partners.

3. **Service and commodities provision:** Once a beneficiary is linked to the landing page or 1097, and have undergone risk assessment, this will be followed with referral to a spectrum of HIV comprehensive services at both public and private health facilities as individual requirement and availability of the services.
4. **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 will be engaged through a set of digital mechanism including chatbot and virtual drop-in-centre for regular prevention service uptake.
5. **Data synchronization with 'Integrated Information Management System' (IIMS)** will also be an important component of the intervention. This will also support in the follow up of beneficiaries as they are converted to physical facilities.

**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)	Community System Strengthening <input type="checkbox"/>	Evaluation of TI/LWS <input type="checkbox"/>	Communication <input type="checkbox"/>	Capacity Building <input type="checkbox"/>	Program Evaluation <input type="checkbox"/>	Virtual Intervention <input type="checkbox"/>
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**SECTION1-BACKGROUND INFORMATION**

Name of applicant organization	
Type of Organization/Institution (Govt., NGO, CBO, Consortium, Private Company, Academic, Society, Trust/ Others)	
If Consortium, please indicate name(s) of organization	
Date of registration with Statutory authorities	
Registered under FCRA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (Please specify the reason for N/A)
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 (in Rs. Crore.)	2019-20 – 2020-21– 2021-22–
Brief description of maximum three projects undertaken in the past three years.	
Expertise in relevant area brief on last 3 years projects	
Please notify if worked as Principal Recipient /Sub- Recipient for Global Fund grant earlier	Yes <input type="checkbox"/> No <input type="checkbox"/>

	If yes, brief description of the project and implementation period.
Published Annual Report- 2021-22	Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, enclosed.

<b>Details of Available Resources</b>		
Number and type of trained HR support personnel on regular payroll of organization		
Existing offices of the organization in the proposed project area		
Expertise in the relevant area – HIV, TB, Malaria, Vector Borne, including Health Systems in India.		
Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.)		
Experience of Working on Central or State Government projects in last three consecutive years 2019-20, 2020-21 & 2021-22	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Availability of Statutory audit reports 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 2019-20, 2020-21 & 2021-22.	
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)		
<b>Contact information for the Applicant/Lead organization of the Consortium</b>		
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

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

<b>Organization- 2</b>			
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.**

## **SECTION2- 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. Copy of organization/Institution FCRA certificate (if registered).
3. Copy of organization/Institution registration under NGO-Darpan Portal
4. List of existing offices with addresses
5. Copy of 3 years out of last 5 years certified statements of accounts.
6. Copy of grant agreements if worked as Principal Recipient /Sub-Recipient for Global Fund grant earlier.
7. Detail of number and type of trained personnel on regular payroll of organization
8. Published annual report 2021-22