

## Request for Proposal (RFP) RFP\_002\_2024-2025

Services Required:	To run Care and Support Centres under the aegis of The Global Fund to Fight AIDS, Tuberculosis and Malaria
RFP number	RFP_002_2024-2025
Type of Procurement:	Services Agreement
Type of Contract:	Service
Term of Contract:	33 months
Contract Funding:	Global Fund to Fight AIDS, Tuberculosis and Malaria through Hindustan Latex Family Planning Promotion Trust (HLFPPT), as a Non-Government Principal Recipient to implement the “SSHAKTI (Strategizing & Strengthening HIV/AIDS and TB Initiative) through YRGCARE (Sub Recipient)
Submit Quotation to:	RFP@yrgcare.org
Date of Issue of RFP:	22 May 2024 (Wednesday)
Due Date to receive questions from the Bidder:	25 May 2024 (Saturday)
Date YRGCARE responds to queries	27 May 2024 (Monday)
Due Date to receive the completed application	03 June 2024 (Monday)
Pitch Presentation of Shortlisted Organisation	Between 11 and 13 June 2024
Site Visit	Between 14 and 25 June 2024
Finalising the Award and execution of Sub-Sub-Agreement	25 June 2024 (Tuesday)

### **REQUEST FOR PROPOSALS FROM ORGANIZATIONS WISHING TO REGISTER AS SUB-SUB RECIPIENTS (SSR) WITH HLFPPPT FOR CARE AND SUPPORT CENTRE 2.0 (CSC) – THE GLOBAL FUND SUPPORTED PROGRAMME**

#### **I: Introduction**

Hindustan Latex Family Planning Promotion Trust (HLFPPT) as Principal Recipient (PR) has been awarded the Grant (GC 7) funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), for the care and support programme will be known as Care and Support Centre 2.0. (CSC 2.0) for People Living with HIV across India.

#### **II: Background of the programme:**

The National AIDS & STD Control Programme (NACP) Phase V strategies and activities aim at maximising the benefits of its diverse target population in a friendly eco-system offering a basket of tailored integrated services across the prevention, detection and treatment spectrum. Breaking the silos as well as building synergies will promote coordinated action along with functional and measurable referral & linkages within NACP and across National Health Programmes (NHP) and related sectors for an efficient service delivery.

To achieve a rapid decline in the burden of HIV-related morbidity and mortality, the national programme focuses on the Reduction in annual new HIV infections; Elimination of vertical

transmission of HIV and Syphilis; Elimination of HIV/AIDS-related stigma & discrimination; Promotion of universal access to quality STI/RTI services to at-risk & vulnerable populations.

To strengthen the National efforts of NACP-V objectives, Hindustan Latex Family Planning Promotion Trust (HLFPPT) as principal recipient with the support of other implementing partners is implementing the next GFATM grant cycle (GC7) from April 2024 to March 2027 in more than 350 districts across 15 States in India.

The overall goal of the project includes scaling up interventions for HIV, TB, STIs, and Hepatitis B & C for general and vulnerable populations; elevating awareness, and cultivating an atmosphere that is devoid of stigma and discrimination related to HIV and TB for at-risk populations (youth) and key populations (KPs); increasing the access and uptake of HIV and TB related screening, diagnosis, treatment and care services and building the capacity of the health system, community and community-based organization to improve the quality health care of HIV and TB and reduction of stigma and discrimination related to these diseases.

The Care and Support Centre (CSC 2.0) initiative, for Global Grant (April 2024 - March 2027), is a strategic enhancement of the National AIDS Control Programme's efforts to combat HIV/AIDS in India. Focused on addressing the gaps in care and support for People Living with HIV (PLHIV), CSC 2.0 aims to facilitate early initiation of Antiretroviral Therapy (ART), track and recover individuals lost to follow-up, support viral suppression, and link PLHIV to necessary social entitlements and protection schemes. Operating across 15 States, CSC 2.0 targets a wide range of individuals, including newly diagnosed PLHIV, those lost to follow-up, pregnant and lactating women, and HIV-exposed infants, ensuring comprehensive care and support across the HIV treatment continuum.

YR Gaitonde Medical, Educational and Research Foundation (YRGCARE) is a Sub Recipient for Zone 2 which includes Rajasthan, Delhi, Odisha, Chhattisgarh, and Jharkhand State and is providing the hand-holding support to the 24 Global Fund Supported CSCs and will be collecting the applications of the interested NGOs/CBOs.

### **III: Objectives of CSC 2.0:**

The CSCs under the Care and Support Programme has evolved over a period of time as one of the good models of community-based care and support programme supporting the national HIV programme through enhancing the quality of life of PLHIV.

The specific objectives of CSC 2.0 include:

- To accelerate HIV prevention and promote testing through innovative approaches including Incarcerated & hard-to-reach key populations, Index Clients etc.
- Eliminate Vertical Transmission of HIV and Syphilis among HIV Positive pregnant women and exposed infants
- To increase retention of PLHIV On ART through intensified peer- led outreach by tracking
- To increase Community-led monitoring and accountability through sustainable community System.
- To augment viral Load testing to improve coverage and to reach the third 95 targets by 2027.

#### **IV: What are Care Support Centres?**

Care and support centres (CSCs) are friendly places where PLHIV receive information on care and support, access to a range of health referrals, education and linkages to social welfare schemes and entitlements.

Apart from these, PLHIVs will be able to access the services including counselling services, resting, recreational facilities, entertainment etc. The team at the CSCs would also conduct home visits for the registered PLHIVs at their convenience and agreed timing to provide information and treatment education, adherence, and any health referrals not only to the registered clients, but also the family, which would be taken as a unit for information, education and referrals especially to social welfare schemes and entitlements. Building on the lessons learnt from the programmatic experience since inception, the programme will now adopt provision of differentiated care and support services to different categories of clients.

For more details on the functions of a CSC and other details, please visit: [NACO CSC Guidelines 2018](#)

#### **CSC: Key features**

1. Providing services to priority clients as per below-mentioned details:
  - a. PLHIV Registered (Active in Follow-up Care) at the CSC
  - b. Newly identified PLHIV at ICTCs pending to be linked with ARTC tracked with the definite outcome (ICTC-ARTC Linkage)
  - c. MIS-PLHIV, who are tracked with a definite outcome
  - d. PLHIV who are lost to follow-up (LFU) tracked back with a definite outcome
  - e. PLHIV who are overdue for VL test that have been tested for VL
  - f. Eligible PPW due for VL test at 32- 36 weeks that have been tested for VL
  - g. PLHIV on 3rd line ART due for VL that have been tested for VL
  - h. PLHIV with unsuppressed VL underwent repeat VL test and /or SACEP review
  - i. HIV-exposed infants (HEI) tested for HIV at (Cascade F/Up) 6 months of birth
  - j. HIV testing of spouse/sexual partner/biological children (older than 18 months and less than 19 years) of PLHIV
  - k. Discordant couple (HIV-negative spouse/partner eligible at 6 months for HIV test)
2. Linkages to social schemes and entitlements of priority clients.
3. TB screening of priority list.
4. Community system strengthening

#### **V: Management of CSCs:**

Any Non-Govt. Organization (NGO) or Community Based Organization (CBO) that are registered as a legal entity, with the appropriate expertise in implementing HIV programmes at the district or state level and presence in the district where the application has been called for are eligible to apply. Discontinued NGOs/CBOs are not eligible to apply.

The core area of CSC's work is linking PLHIV to various services. Hence the agency should have excellent rapport with all key stakeholders in the district and proven leverage skills. Therefore, a track record of working successfully with the local PLHIV community/KP groups and proven experience of effective advocacy with SACS/DISHA or local government for the treatment or care of PLHIV will be an advantage.

**VI: List of Districts and the linked ART Centre**

S. No.	State	District	Linked ART centre
1	Rajasthan	Ajmer	ARTC Ajmer
2	Rajasthan	Alwar	ARTC, Alwar
3	Rajasthan	Banswara	ARTC, Banswara
4	Rajasthan	Barmer	ATRC, Barmer
5	Rajasthan	Bharatpur	ATRC. Bharatpur
6	Rajasthan	Bhilwara	ARTC, Bhilwara
7	Rajasthan	Bikaner	ARTC, Bikaner
8	Rajasthan	Dungarpur	ARTC, Sagwara
9	Rajasthan	Jaipur	ARTC, SMS Hospital,
10	Rajasthan	Jalore	ARTC, Jalore
11	Rajasthan	Jodhpur	ARTC, Jodhpur
12	Rajasthan	Kota	ARTC, Kota
13	Rajasthan	Nagaur	ARTC, Nagaur
14	Rajasthan	Pali	ARTC, Pali
15	Rajasthan	Sikar	ARTC, Sikar
16	Rajasthan	Shri Ganganagar	
17	Rajasthan	Udaipur	ARTC, AIIMS, Udaipur
18	Delhi	North-East	GTB Hospital, Delhi
19	Delhi	West	DDU Hospital ND.
20	Delhi	North-West	Dr. Baba Saheb Ambedkar Hospital
21	Delhi	South	All India Institute of Medical Science (AIIMS)
22	Delhi	Central	Lok Nayak Hospital, New Delhi
23	Odisha	Bhubaneswar	ARTC, Bhubaneshwar

**Note: The Number of CSC and Location of CSC may change in consultation with Respective SACS**

YRGCARE is requesting proposals from agencies/organizations. Please submit your proposals to YRGCARE. Following this, in consultation with the respective State AIDS Control Society and PR representatives, YRGCARE will identify and shortlist potential applicants from the concerned districts, based on the selection criteria provided below, for site assessment.

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

- Organisations that have been discontinued are not eligible to apply.
- The agency should be a non-profit organization 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 of the Companies Act 1956 or Section 8 of the Companies Act 2013
- It should have a clearly defined organizational structure.
- It should have established administrative and management systems.
- It should have a sound financial track record with an established financial management system (latest three years audit reports and audited accounts required in case of NGOs and one year report for CBOs).

- It should have a minimum of three years' experience in the case of NGOs and one year in the case of CBOs in managing public health programmes or allied programmes in health and have a good track record in providing services.
- Experience in the field of HIV/AIDS, especially in the area of care and support, will be an added benefit.
- Readiness to make available adequate infrastructure deemed necessary to carry out all the activities planned in CSC.
- **The organisation should not be a member/trustee/associated with SR Board. The copy of Byelaws and Board of Directors/Trustees details has to be submitted along with RFP.**

Applicants wishing to respond to this **RFP** are required to submit their applications in the prescribed format (**Form 1**) with supporting documents before the due date for submission of completed documents. Form 1 is available as **Annexure A**. **We urge the applicants to submit the completed application well before the due date, as the scrutiny of the applications shall be taken up on accrual basis, viz., immediately upon receipt.**

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 organization in the district, where applying for SSR
2. Financial Systems
3. Governance and management systems, including Registration under Section 12A of the Income Tax Act.
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 representatives from YRGCARE, PR and respective SACS.

The JAT team shall visit shortlisted agencies on any day during June 2024 for detailed **site assessment**. Due to tight timeframes, the team may not be able to give some shortlisted organisations more than a few days' notice for the proposed site assessment.

**Requests for a 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 ongoing 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

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: <b>(Please append self-attested copy of Certificate of Incorporation/Registration to this application form)</b>	
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	

**Applicants are required to ensure that soft copy of their applications in Form 1 is received by YRGCARE via email to the id given above, before the due date for the initial screening of applications.** Please note that, in the event of the attachment to the email exceeds the prescribed limit, the applicants can submit multiple emails, ensuring that the completed application along with all the mandatory attachments are sent to YRGCARE.

A signed copy of the application, along with the annexures be sent to the following address, superscribing “RFP/02/2024-2025” on the envelope.

**The Procurement Division,  
Y.R. Gaitonde Medical, Educational and Research Foundation  
58, Alsa Crescent, Alsa Gardens, Harrington Road,  
Chetpet, Chennai 600031**

*\*Note: Telephone calls will not be entertained for any reference and this may disqualify the NGO from the application process.*

**Annexure A Form - 1**

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

(Note: This is a self-administered form. Please fill out 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 the 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	Please Attach Supporting Documents
<b>Section A</b>			
1.	The organisation has been operational for at least two years in the district where applying for SSR	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Annual Report / Financial report for 2020- 2021 & 2021 - 2022, 2022- 2023
2.	Bank account exists in the name of the organization	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of bank passbook showing A/c name and address
3.	At least two signatories are required for all banking transactions	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of registration certificate

5.	Organization has Permanent Account Number (PAN)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of PAN Card
6.	Executive committee/board/trustee formed through a democratic process	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Latest copy of meeting minutes from last one year (Not earlier than April 2022)
7.	Annual turnover/grant portfolio in each of the last 2 years	<ul style="list-style-type: none"> <li>• More than 2 lakh</li> <li>• Less than 2 lakh</li> </ul>	Audited financial statements for each of the last 2 years  2021-2022, 2022-2023
8.	The organisation receives grants from :	<ul style="list-style-type: none"> <li>• Government</li> <li>• Private sector</li> <li>• NGOs</li> <li>• Individual donations</li> <li>• Others, pls. specify</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Please provide details
10.	The organisations activities have been evaluated by SACS	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No, skip to Section B</li> </ul>	
11.	Organisation activity evaluated by SACS	<ul style="list-style-type: none"> <li>• DIC</li> <li>• CCC</li> <li>• DLN</li> <li>• GIPA Project</li> <li>• Stigma reduction</li> <li>• TI</li> </ul>	Copy of evaluation/s with score



<b>Section B</b>			
1.	Salary to staff paid through cheque	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of bank statements
2.	Appointment letters issued to all staff with job description and signed copies kept by HR	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of appointment letter
<b>Section C</b>			
1.	Period that the organization has been implementing HIV programmes in the district for where applied as SSR	<ul style="list-style-type: none"> <li>• &gt; 3 years</li> <li>• &gt; 2 years</li> <li>• &lt; 2 Years</li> </ul>	Annual Report/ programme documentation
2.	The HIV activities of the organisation cater to	<ul style="list-style-type: none"> <li>• PLHIV</li> <li>• MSM</li> <li>• Sex workers</li> <li>• IDU &amp; partners</li> <li>• TGs/Hijra</li> <li>• WLHIV</li> <li>• CLHIV</li> <li>• Truckers</li> <li>• Migrants</li> </ul> <p>Others, pls specify</p>	Project contract documents
3.	The HIV focus of the organisation is on	<ul style="list-style-type: none"> <li>• HIV prevention</li> <li>• HIV care and support</li> <li>• Stigma reduction</li> <li>• Advocacy</li> </ul>	
3.A	The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
3.B	The organisation works on treatment literacy	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

3.C	The organisation conducts activities to improve the adherence level for people taking ARV	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
4	The organisation conducts HIV related advocacy at district level	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Please provide evidence of successful advocacy efforts
5.	The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Annual report/program reports
6.	The organisation has experience of providing home-based care to PLHIV and their families	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Annual report/program documentation
7.	Organisation provides information on access to treatment, education and adherence	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Programme documentation
8.	Organisation provides psychosocial counselling to PLHIV & their families	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Annual report/program documentation
9.	Organization has referrals and linkages for PLHIV to avail legal aid services in the district	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	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/empanelled with SACS	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Program documentation, invitation letter, meeting minutes

11.	In case of NGOs, organisation has referrals and linkages with local level PLHIV networks	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
12	Organization addresses issues of stigma and discrimination reported at the district or taluka level	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Please provide evidence
<b>Section D</b>			
1.	The organisation routinely collects data and submits monthly/quarterly reports on time to donor	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Copy of monthly/quarterly reports from last 6 months
2.	Organisation maintains confidentiality of all clients	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
<b>Section E</b>			
1.	PLHIV are involved in the decision making in your organisation	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	Meeting minutes
2.	Organisation has paid full time staff openly living with HIV	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
3.	Organisation has board members openly living with HIV	<ul style="list-style-type: none"> <li>• Yes, some members</li> <li>• All members</li> <li>• No members</li> </ul>	

**Section F: Operational Plan**

Please describe in no more than two pages: (Please use font Arial 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 (name) \_\_\_\_\_ in my capacity as  
(Designation) \_\_\_\_\_ of (organisation Name)

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 (organisation Name) \_\_\_\_\_ 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 PLHIVs registered in the CSC as on 31<sup>st</sup> March 2024**
- 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**

<b>Project Period (month &amp; year)</b>	<b>Name of Project*</b>	<b>Source of Funding</b>	<b>Amount (in Rs.)</b>	<b>List of Key Project Activities</b>	<b>Major Outcomes/ Outputs of the Project</b>	<b>Identify Specific Activities Similar to TORs/Scope of Work for SSRs</b>	<b>Geographical Area of Activities Mentioned in Column 5 (mention districts)</b>	<b>Specify Project Involvement with PLHIV/ PLHIV Networks, if any</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

\* Please provide details of projects for the past three years