

CALL FOR APPLICATIONS UNDER GFATM FOR SHORTLISTING AS PRINCIPAL RECIPIENTS

The India Country Coordinating Mechanism (CCM) for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) requests applications from organizations interested in being short-listed as Principal Recipients to submit Comprehensive India Country Proposal for HIV, Tuberculosis and Malaria to the Global Fund for funding period 2018-2020.

The India CCM has defined priority areas for the HIV, Tuberculosis and Malaria disease component which are available in public domain on www.india-ccm.in and www.mohfw.nic.in along with Application Template. Identified priority areas are indicative only. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies.

The application in the prescribed format along with supporting documents may be submitted to the India CCM Secretariat electronically and in hard copy. The electronic copy should be sent at the email id iccmsect-mohfw@gov.in and the hard copy at the following address in person or via speed post– India CCM Secretariat, Room No. 243, Wing-A, Nirman Bhawan, New Delhi-110011. Ph. No. 23063398/ 23061334.

The last date for submission of application to the India CCM Secretariat is **7th March, 2017 Tuesday by 5:00 PM**. Please note that applications submitted later than this date will not be accepted by the CCM Secretariat.

Priority Areas for Malaria Application

1. LLIN procurement and distribution.
2. To study storage practices, distribution, utilization, impact and community behaviour/knowledge about the use of LLINs under IMCP-3 (through an experienced agency)
3. Surveillance & response for malaria prevention & control; Cross- border control of Malaria with neighbouring countries esp. Nepal, Bhutan, Myanmar and Bangladesh
4. Treatment seeking behaviour and provision of treatment in Tribal predominant areas.
5. Involvement of Private sector (formal, non-formal) for malaria treatment and control
6. Management Information System: epidemiological data, logistic supply, HR management for malaria prevention & control with special focus in hard to reach areas.

Priority Areas for Tuberculosis Applications

- 1. Private Sector Engagement (US\$ 40 million) :** Enhanced **notification of missing cases**, specifically through enhancing the **private sector response including private laboratories**, including follow up on treatment outcomes
 - Private provider mapping
 - Notification of TB cases from private sector
 - Collaboration with private sector laboratories for notification and for ensuring treatment initiation of all diagnosed drug sensitive and drug resistant TB cases
 - Monitoring and reporting of treatment outcomes of all patients notified by the private sector

- 2. Active Case Finding in Key Affected Populations (US\$ 15 million) :** TB care and prevention for key affected populations including ACF in urban slums, tribal populations, miners, prisoners, etc
 - Mapping of vulnerable and key affected populations.
 - Screening and diagnosis of TB through ACF in KAPs
 - Treatment initiation, Monitoring and reporting of treatment outcomes of all patients notified from the KAPs

- 3. Research (US\$ 5 million): Implementation and Operational Research**
 - Preferably, in priority areas defined by the program as available on CTD website www.tbcindia.nic.in

Priority Areas for HIV Applications

1. **Reaching towards Targets of 90:90:90** -India is committed to work towards achieving targets of 90-90-90, in line with global recommendation. Currently Out of estimated 2.1 million PLHIV it is estimated that 71% are aware of their status, out of which 66% are on ART (based on programmatic data) and since routine viral load is not available estimating achievement against third 90 is not possible yet. Based on this scenario there are three sets of sub priorities under this goal:
 - a. Testing (to reach the first 90 of global 90:90:90 target) with following key focus areas:
 - i. Capacity building of service providers (among general health system and community) to diagnose HIV early with special focus on key populations
 - ii. Innovative testing models such as Community Based Testing, multi center Provider Initiated Testing and Self Testing
 - iii. Community System Strengthening
 - b. Treatment (to reach the second 90 of global 90:90:90 target)- key focus areas are:
 - i. Linking all- between prevention - testing - treatment facilities by establishing strong linkages, communication and follow up activities between various facilities
 - ii. Treating all – Currently India is following 500 CD4 cut off, in line to achieve second 90, one of the strategy will be to treat all as per recent WHO guidelines. This involves procurement of ARVs.
 - iii. Retaining all – Retaining PLHIV under lifelong care, maintaining adherence and thereby suppressing viral load is one of the key necessity for ending AIDS as epidemic. Provision of adequate care and support is required. A strong and an effective mechanism is needed for constant patient education, adherence support and follow up of those lost from the cascade. Involvement of PLHIV and Key population communities in these intervention is required to be improved. Also, analysis and intervention to reduce AIDS related deaths must be established.
 - c. Viral Load Suppression: (to reach the third 90 of global 90:90:90 target) –
 - i. Scale up Routine Viral load testing for all PLHIVs
 - ii. Adherence support, monitoring and interventions

2. Elimination of Mother to Child Transmission:

Government of India is committed to eliminate mother to child transmission of HIV by 2020. It is essential that every pregnant woman is tested for HIV. Currently only 45% of pregnant women is being test for HIV.

- a. Reaching to pregnant women and outreach activity further continuum of care
 - i. In Public Sector
 - ii. In Private Sector: 30-40% of pregnant women accessing private sector
- b. Early infant diagnosis:
Currently, >90% of the pregnant women detected HIV are initiated on ART but there are challenges in implementing EID services for HIV exposed baby
- c. Unmet need for family planning
- d. Addressing adolescent population to prevent HIV in young reproductive age population

3. Monitoring & Evaluation :

- a. Tracking of PLHIV or key population between facilities is a challenge as different IT mechanisms are used for prevention, testing and treatment component. Hence it is essential to link all existing software and create one M & E comprehensive system.
 - b. Digital records at facilities including all facilities providing prevention-testing-treatment
 - c. Case based surveillance.
4. Evidence generation for policy changes: **Operation research proposals** to guide the national programme on evidence based policy changes.
5. Last mile solutions for supply chain management of all commodities: Country has already rolled out a web based Inventory Management System for streamlining supply chain mechanism from suppliers till end user for ARV drugs. This needs to be further strengthened and expanded for regular and real time monitoring of the consumption, accurate forecasting, facilitating necessary relocations, timely procurement, and ensuring buffer stock for at least 3 months for all commodities in the facilities to avoid stock outs.
6. Mentoring and monitoring: It is critical to adequately and regularly train, monitor and build capacity of all healthcare staff to ensure provision of quality services for the patients under NACO's care. Timely dissemination of guideline changes is also critical to ensure standardized, high quality of care for all PLHIV. Additionally, innovative and sustainable service delivery models need to be implemented to ensure optimal

utilization of existing human resources under NACO and customization of services for PLHIV with differing needs.

**Selection/Scoring Criteria for Selection of Non Government
Principal Recipients for Global Fund grant (2018-2020)**

Selection/Scoring Criteria	Score	Sub- Criteria	Score
Organizational Strength	80	Expertise in relevant area	25
		Financial capacity	25
		Existing infrastructure and HR support	30
Technical Proposal	20	Relevance of Project	5
		Feasibility	5
		Scalability	5
		Sustainability	5

Application No.

(For Official use)

Expression of Interest

Application for shortlisting of Non-Government Principal Recipients for the Global Fund to Fight HIV, Tuberculosis and Malaria (GFATM) grant for period 2018-2020

Application under the component	HIV/AIDS	<input type="checkbox"/>	TB	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Health System strengthening	<input type="checkbox"/>
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SECTION 1- BACKGROUND INFORMATION

Name of applicant organization				
Type of organization/institution (Company/Society/Trust/Others)				
If Consortium, please indicate number of organization				
Date of registration with statutory authorities				
Registered under FCRA	<input type="checkbox"/> Yes	<input type="checkbox"/>	No	<input type="checkbox"/> N/A
List the States where your organization/institution is active				
Turnover of previous three financial years as per certified statements of accounts	2013-2014			
	2014-2015			
	2015-2016			
Brief description of maximum three projects undertaken in the past three years including experience in handling donor projects				

Details of available resources		
Number and type of trained personnel on regular payroll of organization		
Existing offices 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 external audits over the last two years and date of the last audit	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, date of the last audit /.../....</p> <p>Name and address of the Audit Company:</p>	
Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify:</p> <p>-</p>	
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		
Fax		
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, if required.

SECTION 2- DETAILS OF PROPOSED PROJECT

This should not be more than 5 pages. Please use font Arial font size-11

2.1 Title of proposed Project

2.2 Geographical Area to be covered by Project

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

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2.4 Objectives (State objectives and purpose of the proposal in not more than 7-8 lines)

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

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2.6 Methodology (Please describe specific activities required to employed to achieve the objectives including partnerships with private sector, if applicable. Briefly describe coordination mechanisms between implementers, in not more than two pages)

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2.7 Monitoring and Evaluation framework (Briefly outline how you propose to monitor and evaluate the project, in not more than ½ page)

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

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

2.10 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)

2.11 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)

2.12 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-PROJECT BUDGET

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

Source	Year (1)	Year (2)	Year (3)	Total
Provided by the organization				
Provided from other sources (indicate the source)				
Requested from the Global Fund				
Total Budget				

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

Table 3.2 Budget by cost category

Source	Year (1)	Year (2)	Year (3)	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)				

3.3 Describe why your proposed project cannot be financed under current mechanisms within the NACP-IV, RNTCP or NVBDCP?