

REVISED EXPRESSION OF INTEREST
CALL FOR APPLICATIONS UNDER GFATM
FOR SHORTLISTING AS NON GOVERNMENT 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 **Non Government Principal Recipients** to submit Comprehensive Country Proposals for HIV, Tuberculosis and Malaria with Government Principal Recipients to the Global Fund for funding period April, 2024-March, 2027.

The applicants are required to submit a proposal/ concept note around the priority areas for the HIV, Tuberculosis and Malaria disease components developed after multiple stakeholder consultations available in public domain on www.india-ccm.in ; www.mohfw.gov.in ; www.tbcindia.gov.in ; www.naco.gov.in and www.nvbdc.gov.in and summarized at Annexure ---- on the enclosed **Application Template**. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies and models of implementation for the country in management of the three diseases HIV, TB and Malaria including strengthening Health systems. Applications will be shortlisted by screening committee of India CCM based on the documents submitted keeping in view the **Eligibility, Organizational Capacity, Experience** and the **Proposal/Concept note**, that will be considered to gauge the technical acumen of the organization and will be subject to revisions based on the national disease programme requirements after the selection of organization. Shortlisted organizations must be willing to work in consortium or copartner with each other (in Principal recipient and/or Sub Recipient engagement) to work for identified interventions in different geographies/sector/component in accordance to the national programme's guidance. Preference will be given to Indian organizations

The application in the application template along with supporting documents is to be submitted to the India CCM Secretariat electronically and in hard copy (both). The electronic copy should be sent to the email id iccmsect-mohfw@gov.in and the hard copy at the following address in person or via speed post- India CCM Secretariat office, 9th Floor, NACO, Chanderlok Building, 36-Janpath, New Delhi-110001 (Ph. No.-011-43509905) on or before last date of submission.

The last date for submission of application to the India CCM Secretariat is **13th July 2023**. Please note that applications submitted later than this date (beyond **13th July 2023 23:59 hrs**) will not be accepted.

Application No.

(For Official use)

Application Format

Application for shortlisting of Non-Government Principal Recipients for the Global Fund to Fight HIV, Tuberculosis and Malaria (GFATM) grant for period 2024-27

Application under the component (If willingness to work in more than 1 disease component, kindly tick on one or more disease component in which you propose to work)	HIV/AIDS	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Malaria	<input type="checkbox"/>
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SECTION 1- BACKGROUND INFORMATION

Name of applicant organization																					
Type of organization/institution (Company/Society/Trust/Others)																					
Whether Indian organization/International organization/or affiliate or chapter of International organization																					
If Consortium, please indicate number and names of organization																					
Details of registration with statutory authorities																					
1. Registration at Darpan Portal under NITIAayog	Yes	No	If yes, Specify Registration number																		
2. Registered under FCRA	Yes	No/NA	If yes, specify Registration number																		
3. Any other																					
List the Countries/ States where your organization/institution is implementing programmes/ projects																					
Whether managed projects of more than 10 million USD cumulatively 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	2019-20																				
	2020-21																				
	2021-22																				
Annual amount of funding/ grants, on average, that your organization has been managing in the last five years (Please indicate year-wise)	<table border="1"> <thead> <tr> <th>FY</th> <th>In Rs.</th> <th>In mUSD</th> </tr> </thead> <tbody> <tr> <td>2017-2018</td> <td></td> <td></td> </tr> <tr> <td>2018-2019</td> <td></td> <td></td> </tr> <tr> <td>2019-2020</td> <td></td> <td></td> </tr> <tr> <td>2020-2021</td> <td></td> <td></td> </tr> <tr> <td>2021-2022</td> <td></td> <td></td> </tr> </tbody> </table>	FY	In Rs.	In mUSD	2017-2018			2018-2019			2019-2020			2020-2021			2021-2022				
FY	In Rs.	In mUSD																			
2017-2018																					
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<p>*(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)</p>																					

List the thematic areas of programmes/ projects implemented across public health and disease control in last three years	
List of current and previous partnerships related to health, TB, HIV and Malaria with bilaterals/ multilaterals, stakeholders and communities.	
Please provide examples of a few programs/projects of similar nature and scale that your organization has been managing over the past five years that shows that it will be able to handle the size and scale of a Global Fund grant	
Brief description of maximum three projects undertaken including experience in handling donor projects (Specify time period)	

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SECTION 2- INFORMATION ON ORGANIZATION

Details of available resources	
Number and type of trained personnel on regular payroll of organization	
Existing offices	
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 three 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>...../.../</p> <p>....Name and address of the Audit</p> <p>Company:</p>
Were there any quality concerns or compliance issues in the last audit report? If yes, list the major audit observations and corrective action taken	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify:</p> <p>-</p>
Linkages/network with other organizations who partner in existing projects and/or provide technical support	Names with brief write up
Any other information about organization	

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

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 3A- DETAILS OF PROPOSED TECHNICAL PROPOSAL

This should not be more than 10 pages. Please use font Arial font size-11

3.1 Title of proposed Project

3.2 Geographical Area to be covered by Project

3.3 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)

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

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

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



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

3.8 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)

3.9 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)

3.10 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)

3.11 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)

3.12 Risk management (Briefly outline the major internal and external risks and how you systematically manage risk in your organization in not more than 8-10 lines).

3.13 Financial Controls and Fiduciary Management

(Briefly describe your financial internal control environment and explain how fiduciary management of grant funds are maintained including with Sub- Recipients and Sub-sub-recipients)

SECTION 3B-PROPOSED PROJECT BUDGET:

I: 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 I Budget, by source (in USD)

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				

(*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)

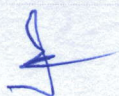
II: Budget Breakdown by Cost Category (The total budget shown in Table II should equal the total budget shown in Table I)

Table II Budget by cost category (In USD)

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)				

(*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)

III. Describe why your proposed project cannot be financed under current mechanisms within the NACP, NTEP or NVBDCP?



Annexure I

Checklist of documents to be submitted

S No	Detail	Yes / No/ Remarks if any
1.	Registration details of organization	
2.	NITI Ayog Darpan portal	
3.	FCRA if applicable	
4.	Proof of managing projects of cumulative value of 10 million USD in any 3 years of last 5 years.	
5.	Certified statement of expenditure of last three financial years indicating turnover 2019-20 2020-21 2021-22	
6.	Audit reports for any three years of the last five financial years	
7.	Supporting documents for thematic areas/ existing projects/ programmes/ partnership/ community engagement/ consortium etc	
8.	Supporting documents for Organizational capacity and Governance	
9.	Technical and Financial proposal	
10.	Any other relevant supporting document or testimonial	

Annexure II

Key Priority areas for HIV, TB Malaria

HIV	TB	Malaria
<input type="checkbox"/> Intervention on linkage loss from confirmatory site to ART centre, bringing back MIS/ LFU clients, index testing, prison Intervention, Private Sector Engagement, with positive pregnant women for EVTHS, Interventions for HIV exposed Infants	<input type="checkbox"/> Interventions related to improving TB care in Key populations	<input type="checkbox"/> Strengthening of malaria surveillance
<input type="checkbox"/> Supportive supervision of program management	<input type="checkbox"/> Integration with general health system to amplify TB service delivery	<input type="checkbox"/> Strengthening of malaria drugs and logistic monitoring system
<input type="checkbox"/> Supply Chain Management	<input type="checkbox"/> Improving case finding in public and private sector <input type="checkbox"/> Targeted ACF, Intensified Case finding, telemedicine <input type="checkbox"/> Improving access to newer technologies for screening and diagnostics (Handheld X-rays, AI etc) <input type="checkbox"/> Supplementing private sector engagement efforts	<input type="checkbox"/> Vector Control: <input type="checkbox"/> Surveillance, Survey and Research <input type="checkbox"/> Insecticide resistance study <input type="checkbox"/> LLIN Procurement
	<input type="checkbox"/> TB prevention interventions in public and private sector	<input type="checkbox"/> Maintenance of central Surveillance unit

	<input type="checkbox"/> Strengthening surveillance efforts under NTEP	<input type="checkbox"/> Gender effectiveness study on malaria
	<input type="checkbox"/> Innovative strategies to support/augment TB elimination efforts in low burden geographies	<input type="checkbox"/> Strengthening of IEC/BCC system
	<input type="checkbox"/> Community engagement interventions	<input type="checkbox"/> Capacity building
	<input type="checkbox"/> Strengthening and decentralizing laboratory network and quality assurance systems <input type="checkbox"/> Strengthening DR-TB management	<input type="checkbox"/> RSSH: Human resources for health, including community health workers <input type="checkbox"/> HR at National level <input type="checkbox"/> HR at regional level <input type="checkbox"/> HR at State level <input type="checkbox"/> HR at district level
	<input type="checkbox"/> Pradhan Mantri TB Mukh Bharat Abhiyan -Sustaining the adoption initiative and strengthening service delivery linkages	<input type="checkbox"/> Programme Management <input type="checkbox"/> Travel related cost <input type="checkbox"/> Equipments
	<input type="checkbox"/> Innovative strategies for addressing migration (within country and outside)	<input type="checkbox"/> Sub Nation Elimination Certification Field visit cost
	<input type="checkbox"/> Innovative strategies for Behavior change communication	
	<input type="checkbox"/> Strengthening counselling and patient support systems	



Annexure III

Eligibility and Selection criteria

Eligibility Criteria:

Selected Non Government PR

1. Should be a legal registered entity in India with valid proof of NITI Ayog Darpan Portal registration where applicable
2. Should be FCRA compliant where applicable
3. Should have demonstrated experience of managing funding grants at National/ State level
4. Should have managed projects of more than 10 million USD cumulatively over 3 years out of last five financial years
5. Should have demonstrated experience of working in health sector preferably in HIV/TB/Malaria.

Score Sheet for Screening Committee:

	Scoring
Eligibility Criteria	Yes/No
Organizational Capacity	25
Experience in Grant management and Health sector	25
Proposal	50
Total score	100