

ADVERTISEMENT FOR INVITING APPLICATIONS FROM NGOs/ CBOs FOR EMPANELMENT

The Government of India has received a Credit (Credit- 4299-IN) from the International Development Association (IDA) and a grant from the Department for International Development (DFID), U K in various currencies towards the cost of the Third National HIV/AIDS Control Project and it is intended that a part of the proceeds of this credit/grant will be applied to eligible payments under the contract for which this invitation for consultancy is issued. **The project is an intervention with a goal of reducing the burden of HIV/AIDS cases in the country. The components of the project are prevention, care and support and treatment, programme management and strategic information management with one of its sub-components being targeted interventions for high risk groups, as well as utilizing civil society organisations for providing access of vulnerable populations to various HIV/AIDS interventions.** It is proposed that applications would be invited from interested civil society organisations in the State / UT of _____ for empanelling themselves to (a) implement HIV/AIDS targeted interventions with highly vulnerable population groups (b) work in providing access to HIV/AIDS interventions like care and support, people living with HIV/AIDS and other vulnerable groups.

CBOs/NGOs that are registered societies / trusts and active in community work are eligible to apply. Applications in the specified format which is available in the following web-site or would be mailed on request would need to be submitted on or before _____ (DD/MM/YY)

Letters of interest with accompanying materials (formats are available at the web-site given below) seeking empanelment should be submitted to the:

Project Director/NGO Coordinator

_____ State AIDS Control Society

(_____) (Address of SACS)

e-mail: _____

_____ (web-site)

Please note that this is not a request for proposals.

Annexure - 2

EMPANELMENT DATA FORM FOR NEW NGOs

Section A: Basic Information

1. Name of the Organisation : _____
2. Postal Address : _____
 PIN: _____ District: _____
3. Telephone : Telex Fax E-mail
4. Legal status : () Society () Company () Others (specify)
5. Registration Details : Registered on (Date)
 By _____
6. Contact person : _____
 Designation : _____

Section B: Organisational Background

7. Assets/Infrastructure of the organisation
 Category Worth in rupees
 (eg. Land, building)
- 8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2006-07		
2005-06		
2004-05		

- 8.b.: Whether blacklisted by CAPART or any other government organization in the past?
 If yes, provide details:

Section C: Current Programmes being run by the organisation

9. Geographical location of Work - List Village, Panchayat, Block, Taluk/Sub-Division, District (Each location should be separately specified)
10. Population with which they are presently working:
 () Rural/Urban :
 () Socio-economic group :
 () Occupational group :

- () Sex groups :
- () Students/Educational Institution :
- () Youth :
- () Women groups :
- () Others :

11. Please provide basic information on the key projects carried out by your organisation since the last three years (5 lines for each subject – attach separately).

- Community served
- Objective
- Strategies
- Main outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organisation currently runs

(no more than three pages)

Section D: Documentation Required

13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board/Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

Qualification and experience :

Designation :

Address :

Annexure - 3

FIELD - APPRAISAL SHEET (for Joint Appraisal Team)

1. Name of NGO visited : _____
2. Office Address : _____
Telephone No. : _____
Fax : _____
e-mail : _____
3. Is the office located in the project area
4. Registration number as verified from original incl. Act under which registered
5. Registered under FCRA
6. Administration of the NGO
 - i. Details of the Governing Board / Exec. Committee

Sr. No.	Name	Age	Sex	Educational Qualification	Designation	Occupation	Years with NGO

- ii. Method of election of Bard/Exec Committee (verify records of the process)
 - iii. Frequency of meetings of the FC/GB
 - iv. Are minutes book/sheet maintained?
 - v. Are the meetings held within regular intervals?
 - vi. Total membership of the General body
 - vii. Total meetings of the general body in the last three years
 - viii. Has the NGO prepared an annual report for the last three years?
7. Financial systems:
 - i. Budgeting practices and compliance to budget
 - ii. Bank, Branch and A/C number
 - iii. Books of A/C maintained

- iv. Does the NGO have a system of financial approvals and drawing of cheques (Briefly describe the system)
 - v. Cash payment and control system
 - vi. Procurement system and maintenance of asset registers
 - vii. Mode of audit:
8. Details of staff employed by the organisation

Full Time

Name	Designation	Qualification	Experience

Part Time

Name	Designation	Qualification	Experience	Time allocated to NGO

9. Activities of the NGO
- i. Major activities of the NGO
 - a.
 - b.
 - c.
 - ii. Major source of funding
 - iii. Projects undertaken by the NGO in the last three years

Project/Programme	Target area	Beneficiary groups	Budget	Duration

10. Details of the infrastructure / Assets of the organisation
 - i. Buildings
 - ii. Furniture
 - iii. Equipment
11. Assess the NGO in the following counts through discussion / observation / local enquiry
 - i. Quality of leadership
 - ii. Acceptability / Reputation of the NGO in the locality
 - iii. NGOs relationship with other NGOs
 - iv. NGOs relationship with other government agencies/departments
 - v. Gender sensitivity
 - vi. Staff morale
 - vii. Sustainability of the organisation
12. Recommendation of the Appraisal of the Appraisal Team Member:
 - i. Strengths
 - ii. Weaknesses
 - iii. Final recommendation

Appraisal Team Member _____

Date of visit _____

- 1) Enter all applications received from NGOs/CBOs in district specific database.
- 2) Establish criteria for preliminary screening (Criteria as indicated in the document)

TERMS OF REFERENCE FOR PERFORMING THE NEEDS ASSESSMENT BY THE NGO/CBO

The Needs assessment that has to be done by the NGO/CBO refers to the assessment of the characteristic of the sub population, nature and extent of the risk behaviours, the 'needs' of the sub population in question for building a health intervention.

Specific Scope of Work

The following Key Messages need to be kept in mind when the NGO/CBO is working with the target population during the Needs Assessment process.

- The involvement of the community in needs assessment is crucial for which the NGO/CBO shall not only befriend them but also become closely associated with them.
- Information should be collected about behaviour, social, economic, cultural and political aspects around the life of the sub population being targeted
- Baseline data should be collected at the beginning of any intervention
- A mix of qualitative and quantitative methods must be used for needs assessment and analysis of qualitative and quantitative data must be done together
- Needs assessment is not a one-off static activity but is a continuous process throughout the intervention period.

Needs Assessment Issues that are to be explored are as follows:

- Demographic, social or other characteristic of those at risk
- Factors influencing risk behaviours
- Nature of Risk Behaviours, frequency and extent of risk behaviours, trends of risk behaviour over time
- Magnitude of various health problems among the sub population
- Trends over time regarding HIV/AIDS
- Knowledge and perceived risk of health hazards among the sub population
- Sexual behaviour and characteristics of sex partners
- Contact with health care facilities or other agencies that they are in contact. Perceptions related to health care seeking
- Contextual assessment as to the risks generated in the context of specific social environment
- Social environment assessment
- Legal environment

- Economic assessment relating to the control the various sub populations have over resources they earn and how it is spent
- Political and governance assessment relating to the political and administrative situation. Advocacy required and with whom
- Resource assessment which includes the description of existing resources such as agencies, funds, trained human resources that are or possibly available to deal with the HIV problem. Identification of additional resources required and sustainability.
- Assessment of organisations working in the field of HIV/ AIDS which impact from a secondary level with respect to their location, accessibility, integrity, and reliability
- Intervention assessment with rest to interventions that have already taken place in response to HIV/ AIDS problem to document good practice. Important areas of interventions, nature and appropriateness of specific interventions, factors facilitating or potential obstacles to interventions are to be identified.

Secondary data collection and Analysis shall have to be done from sources given below:

- 1) information and data sources
 - Policy documents in respect of HIV/ AIDS
 - NGO/CBO program reports
 - Research reports
 - HIV/ AIDS, STI and other surveillance data
 - Media reports
- 2) Informing Key Informants based on a Stakeholder Analysis
- 3) Ethnographic Observation
- 4) Mapping - geographic location of sub populations, mobility and migration patterns of the target group and the location of the Service Facilities
- 5) Focus Groups - to ascertain the opinions of the group, social norms and obstacles faced by the group
- 6) In depth Interviews of informants based on stakeholder analysis
- 7) Structured Interviews of the informants based on stakeholder analysis

Ethical Issues Involve in Needs Assessments that have to be kept foremost in mind while undertaking the process are as follows:

- Informed Consent and voluntary nature of participation
- Confidentiality of the participants
- Non endangering participants
- Sensitivity to the rights of target group members

During the Needs Assessment process a mentor and field team from other NGO/CBO working in the field of HIV/AIDS to conduct the field work on your behalf would be provided which would work in close coordination with your organisation.

The scope of work of the mentor is given below:

1.0 Objective

The Mentors will work with the SACS/TSU teams to develop the formative research involved in the baseline needs assessment. They shall be involved in the application of these tools and preparing reports as desired with regards to tool based outputs. Mentors would be leading a team of 5+1 field workers for application of these tools after they train these workers in the methodology.

2.0 Scope of Work

Mentors would be working on full time basis for the period of the stipulated work to:

- A) Understand the basis of the study and to disseminate the same for all the stakeholders of TI projects.
- B) Mentors would conduct the field related functions involved in baseline assessment. Study and data should be of the highest quality to draw the information from the project and the High Risk Behaviour groups.
- C) Assisting in the analysis process so that outputs are standardised and reflect the reality. Project reports would then be utilised for providing support to further appraisal process.
- D) Continuous interaction with the consultants to seek guidance and draw support to the assessment process. This would involve:
 - An initial discussion for a day with the consultants and Project Coordinators
 - Training for a day or two for all field investigators to train them in application of tools. Ensuring best quality data from the field.
 - Answer queries raised by the investigators and project stakeholders
 - Crosscheck and validation of data
 - Submission of all collected data in time
 - Interpretation of data with consultants, data entry team, SACS/TSU.
 - Report writing for the midline needs assessment and submission

4.0 Composition and tasks for Teams of Baseline needs Assessment

Field team under the Mentor would comprise of 1 Team Leader and 5 Field Investigators. Time for fieldwork completion would be about 5-10 days depending on the sample size and geographical locations covered by the baseline needs assessment. Immediately preceding the field work, Mentor would train the field workers so that tools are well understood by them

5.0 Specific Outputs of the mentorship

The mentors would work further and implement the research strategy developed by consultants, which would encompass training of field workers, application of the sampling frame and assuring quality of field activities where proper tools and instruments. At the end of the field study, mentors would immediately submit the raw data to an agency identified for entry, compilation and analysis. In other words, mentors would work specifically for the following.

1. Mentoring the assessment
2. Provide training to the field investigators
3. Concurrent support to the team and solving process related difficulties
4. Collection and analysis of qualitative data
5. Assuring quality of the information collected from the field
6. Timely submission of report of organisation specific BSS, ethnographic, organisational related data for analysis.
7. Interpretation of data collected from the various tools apart from KABP, epidemiological findings and writing the report for each organisation
8. Submission of reports before the due date.

6.0 Timeframe

Fieldwork would be completed in about 15 days for each project assigned to a mentor. A report on the mentoring process and outcome should be submitted at the end of the analysis/interpretation. Mentors would need to submit their reports within 15 days after the data analysis is completed by the identified agency.

7.0 Competency and Expertise Requirement

Each mentor should have knowledge about survey methodology and data collection and should have experience in in-depth interview, FGD and should have published work. Since the data on which they have to write reports are from the field of STD/ HIV/ AIDS prevention, people working in the field should be included. In exceptional cases, RCH/health experts may also be included who have worked in the field and have published work. Background in conducting behavioural studies as well as experience in project design of interventions of a STD / HIV / AIDS prevention would be necessary.

8.0 Reporting

They would be in touch with the TSU/SACS as the case may be. At the end of the consultancy they will submit a report on their outputs.

The tools that would be used and the outputs are given below:

Tools, Tasks & Output in Needs Assessment

Tools	Used by Org. applying for	Tasks of a mentor	Details of responsibilities for NGO	Output
Organizational capacity assessment tool of the NGO/CBO	FSW, Truckers, IDU, Street children, Positive network, Hospice, WPI	Assessment of the organizational capacity	Secretary/President Managerial Staffs Accountant	Organizational capacity report
Ethnography tool to understand the cultural factors that promote risk behaviours	FSW, Truckers, IDU, Street children, except Positive network, Hospice, WPI	Assessment of the ethnographic characteristics, mapping	Managerial Staffs, PC level employee Supervisors	Report on ethnography of TG including map & mobility
KABP instrument for assessing the Knowledge, Attitudes, Behaviours of the target group	FSW, Truckers, IDU, Street children, Positive network, Hospice, WPI	Conducting KABP by training & facilitation	PC level employee Supervisors	KABP study conducted smoothly as per sampling methodology
Medical examination schedule for obtaining the baseline epidemiology of the target group	FSW, Truckers, WPI IDU, Street children	Medical examination, sample collection, testing, informing status, liaison with KABP	Secretary/President PC level employee Supervisor	Epidemiological study conducted from same KABP group and results given
Focussed Group Discussion (FGD) guidelines	NBB FSW, IDU, truckers & street children	Conducting FGD, recording findings	Supervisor, PC level employee	Reports prepared on FGD
In-depth interview checklist of Key informants	Positive network & hospice	Conducting in-depth interviews & recording the findings	Supervisor, PC level employee	Reports prepared on in-depth interviews addressing specific need
Case study collection checklist	Positive network & hospice	Interviewing experiences of TG based on convenience & purpose	Supervisor, ORW	Case study reports addressing issue of specific need
Guideline for TG population estimation	MSM, FSW, IDU, Truckker	Conducting snow ball sampling, recording of TG population	Supervisor, ORW	TG average number stated in the format
Checklist for secondary data collection	All	Probing stakeholders by secondary data and compilation	MIS Staff, Managerial Staffs	Compiled secondary data, reports (section 1-7) complementing the secondary data
Sampling methodology	All	Using the sampling technique for KABP/Epidemiology/FGD/ in-depth interviews	PC level employee, Supervisor	Cluster chosen during study as per technique

Annexure - 5

Log Frame of Activities for Female Sex Worker Projects

GOAL : Reduce infection of STI among the female sex workers of project area less than 10% within three years.

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
Program Management To increase effectiveness and efficiency of providers for strong governance to ensure quality service.	Quality service delivery	Setting up an office to manage the programme	Hiring a space for running an office	Address of Project office	Rent Bill
	Team motivation increase	Work friendly environment in the office	Maintenance of office	No. of person appointed for maintaining office	Vouchers
		Team formation	Recruitments/ Renewal of Project personnel	No. of post renewed No. of Personnel recruited	Appointment Letter Renewal Letter
		Well furnished office	Procurement of required furniture.	No. of furniture procured	Inventory List
		Maintaining telecommunication	Procurement of telephone	No. of telephone connected/ retained	Telephone Bill

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Maintain networking through internet	Procurement of Internet connection	E-mail ID	Voucher and telephone bill
		Well equipped clinic	Procurement of required clinic equipments	No. of equipment procured	Inventory List
	Quality STD management	Recruitment of staffs To increase coverage of STD patients under counseling service.	Advertisement for the important posts	No. of advertisement made for required post	Paper Cuttings and Bills
		To provide confidentiality in counseling service.	Recruitment of two more counselor	No. of counselor appointed	Appointment Letter
			Arrangement of infra-structure of quality counseling & STD Treatment	No. of counseling chamber developed	Inventory List
Behaviour Change Communication	Development of health seeking behaviour among the community.	Newly appointed peers Oriented	Arranging orientation programme for the newly appointed staffs.	No. of programme arranged	Programme Books / Registers.
To provide innovative and effective BCC to FSWs and stakeholders of the community		Awareness will be given through one to one interaction.	Pay regular field visit through one to one interaction	No. of One to One interaction held through PEs / ORWs	Field Visit reports.Field Record Books

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Target communities responding to peer educators	Bring Patients suffering from STDs by Peer motivation to nearest clinic	No. of patients attended through PEs / ORWs in STD clinic	Supervisors Report
		Arrangement of training according to the need	Assessing the capacity need of the PEs & ORWs.	Number of assessment session held.	Session reports.
		Capacity increased of PEs / ORWs .	A r r a n g i n g Training for PEs and ORWs on sex & sexuality, gendar, vctc etc.	No. of PEs attended No. of PEs responded correctly during interaction session	Programme Register
		Capacity increased of Staffs.	A r r a n g i n g Training for Staffs on sex & sexuality, gendar, vctc etc.	No. of Staffs attended No. of Staffs responded correctly during interaction session	Programme Register
		Community needs / community acceptance assessed.	Participatory planning of quality IEC materials relevant to TI	No. of planning / Pre testing session held	Planning and Pre testing Report
		IEC gaps addressed.	Pre testing of IEC in the field	No of community people expressed their opinions	Pre testing Reports

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Acceptance among the community.	Development of IEC	Type of IEC developed, No. of IEC developed	IEC Register
	Risk perception increase	Availability of the IEC to the community.	Distribution of IEC among the community	No. of IEC distributed, No. of person give a look to the IEC	IEC Register
To increase STD/HIV/AIDS awareness knowledge score from existing 70% to 90% within three years.	Reduction in rate of infection of Sexually Transmitted Diseases.	Availability of essential equipments for promoting quality service delivery. Drug availability in project.	Development of quality infrastructure of the clinic. Procurement of drugs	No. of infrastructural equipments purchased Types of drugs purchased, Amount of money expended on drugs.	Vouchers Medicine stock register. Vouchers.
		Provide STD service through strategic clinic points.	To run 3 clinics in a week in five strategic points.	No. of STD clinic held	OPD Register
		Provide STD treatment by qualified doctors	Recruitment of part time qualified doctors	No. of doctors recruited	Appointment Letter
		Treatment of STD cases and general cases	Diagnosis and treatment of STD cases and general ailments	No. of STD patients treated, No. of patients treated	OPD Register

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Availability of STD Treatment	Treatment of STD cases among CSWs.	No. of STD patients treated among CSWs	OPD Register
		Availability of STD Treatment	Treatment of STD cases among partners and clients	No. of cases of partners & clients treated among partners & clients	OPD Register
	Reduction in relapse rate of STDs.	Availability of STD Treatment	Treatment of STD cases among stakeholders and spouses	No. of STD cases treated among sexual partners	OPD Register
		Physical examination facilities available	Physical examination of STD cases	No. of cases examined	OPD Register
		Provide STD drugs at free of cost	Provision of Medicine free of cost	No. of medicine issued	OPD Register Patient Card Medicine Register.
		Provide follow up of STD cases	Follow up of treated cases	No. of STD cases followed up	Follow up register
		Strengthen networking of services	Provide Referral cases	No. of cases referred to Govt. and other service provider	Referral formats
		Programme acceptance of patient.	Follow ups of referred cases	No. of feedback meeting occurred	Supervisors report.
		Availability of clinic services to the client group.	Health camps addressing specific client group.	No. of camp conducted	OPD registers

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To promote and consistent use of correct use of condom among the communities through various channels.	Sustained and proper usage of condom	Strategy of free distribution & SM finalized.	Participatory meeting for condom promotion planning.	No. of person expressed their opinion	Meeting registers
		Condom stock generated.	Procurement of good quality condoms for free distribution	No. of condom procured	Free condom stock register
			Procurement of good quality preferred condoms for social Marketing through tendering.	No. of condom Purchased	CSM stock register Condom Quotation.
		Quality of condom is maintained	Safe Storage of Condom	No of condom damaged of expired	Condom stock registers.
		Availability in the community	Distribution of free condom by PE's and ORWs.	No. of condom Purchased	Free condom stock register
			Create CSM outlets in the Community.	No of outlets created	Supervisors Report

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
	Rate of reduction in relapsed STD cases.		Social Marketing of Condom through PEs and ORWs	No. of condom sold through social marketing	Condom stock register
			Create Non traditional outlets in the community.	No. of outlets created	Supervisors report
		Motivating peers by incentives through CSM.	Generation of profit from CSM	How much amount came as profit	Books of Accounts.
			Incentive to the peers for sale of condom	How much incentives given.	Vouchers, Books of Accounts.
		Condom visibility and acceptance increase.	BCC sessions for condom popularizations.	No. of meeting held for popularization of condom	Programme register
			Preparing & distributing IEC materials regarding condom.	NO. of materials developed & distributed	IEC Registers
			Selling of condom in affordable price.	No. Of condom sold	Sale bill, vouchers, Books of Accounts, CSM Register.
			IEC support to the traditional outlets	No. of IEC distributed.	IEC register.

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Motivation increase in outlets owners.	Recognition by Gift to the outlet owner in half yearly basis.	No. of gift distributed	Voucher.
		Skill generation for proper use.	C o n d o m demonstration by PEs & ORWs.	No. of demonstration made.	Supervisors report
		Enable them to demonstrate condom and to learn utilities of condom.	Retailer training and point of sale promotion	No. of retailer trained No. of points for Social Marketing	Programme Register Condom Outlet Register
To provide Care and Support to people living with HIV/AIDS within T.I. command area.	Prevention of further infection	Deliver services to PLWHA	Identification of PLWHA	No. of PLWHA identified	Documents of Counsellor
		Deliver counseling services to PLWHA	Provide Counseling service to PLWHA	No. of PLWHA counselled	Counseling reports
		Deliver HBC services to PLWHA	Provide Home base care service to PLWHA	No of time HBC service provided	Counsellors report.
		Deliver HBC services to PLWHA	Provide Nutritional service to PLWHA	No of time Nutritional service provided	Counsellors report .

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Deliver OI services to PLWHA	Provide medicine for Opportunistic infection PLWHA as per requirement.	No. of medicine given	Counsellors report Books of Accounts
		PLWHA are provided with quality services	Networking with the organization working with Positive people	No. of organizations working with PLWHA in the network	Referral Register Letters of communication
Increase quality of Life		Linkage between TI & Govt. Services for PLWA's established. Networking of the services by Govt. and NGO's.	Testing support to PLWA's Referral to Govt. Setup as & when required.	No. of cases referred for testing in VCTC. No. of cases referred other services such as DOTs.	Counselling Supports Referral format.
		Documentation of counseled patients.	Keep records of counseled person	No. cases recorded for counselling	Counselling Report
Enabling Environment To create an environment supportive to service delivery and community development.		Awareness generation on HIV/STD among the target community through field visit	Arranging supervised field visit with condoms & IEC by PEs 5 days in a week	No. of field visit held No. of condom distributed free No. of IEC distributed.	Field Visit Report Field Record Books Condom Registers IEC Registers

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
	Develop community participation	Infiltration of information among the target community through Street Drama.	Perform street theatre by expert and experienced group in B.C.C.	No. of person attended the programme	Report and Video documentation of Street Drama
		Generation of awareness through magic show	Arrange magic show for B.C.C.	No. of person attended No. of person interacted	Report and Video documentation of magic show
		Dissemination of information through Talking doll show	Arrange Talking doll show for B.C.C.	No. of person attended No. of person interacted	Report and Video documentation of Talking doll show
		Spread awareness through video show	Arrange video show	No. of person attended No. of person interacted	Report and Photography of video show
	Creation of supportive environment.	Administrative support in implementing TI activities.	Arrange advocacy with Local Administration & political persons.	No. of person attended the meeting	Programme Register
		Strengthen networking with quacks	Arranging workshop for local quack practitioner	No. of quacks attended No. of quacks responded positively	Programme Register
		Decrease of Raids.Support in case of social problems.	Arranging orientation programme with policemen and other securities.	No. of Policemen attended	Programme Register

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
	Community involvement in TI Activities	Capacity building and experience sharing	Arrange Exposure visit	No. of staff participated in the exposure visit	Programme Register
		Capacity building of Madam to promote behaviour change.	Training of madams.	No. of madams attended	Programme Register
		Learnt safe sexual practice and involve them in TI	Sensitization program for the Babus.	No. of attended	Programme Register
		Learnt safe sexual practice and involve them in TI	Sensitization program for the industrial labors.	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	Sensitization program for the Rickshaw puller.	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	Sensitization program for the hawkers & vendors.	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	Sensitization program for the Jewellery Workers	No. of industrial labor attended	Programme Register
		Mobilizing youths on the locality.	O r i e n t a t i o n program for the Local Youth club Members	No. of LYC members attended	Programme Register

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Mobilizing youths for safe & responsible sexual behaviour.	O r i e n t a t i o n program for the College students.	No. of college students attended	Programme Register
		Learnt safe sexual practice and involve them in TI	S e n s i t i z a t i o n program for the Traders & Business man association	No. of Traders & Business man attended	Programme Register
		Mass awareness among the target as well as general community	O b s e r v a n c e of World AIDS Day	No. of Rally conducted No. of stall arranged No. of participants in rally	World AIDS Day Report Vouchers
To ensure sustainability of the program.	E c o n o m i c sustainability of the community	Alternative source of income	A r r a n g i n g V o c a t i o n a l training programs	No of persons trained on various trades	Training register
	C o m m u n i t y empowerment	Awareness on human rights and women rights	A r r a n g i n g a w a r e n e s s program on legal issues	No of persons participated in the program	Program register
		Literate community	Literacy program for the sex workers	No of persons become literate	Attendance register
			Arranging child education program for the children of the sex workers	No of children brought under education program	Attendance register

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
			Running drop in center for the children of the sex workers Formation of self help groups	No of children attending drop in center No of self help group formed	Attendance register of drop in center Bank account of the SHGs
	Financial stability	Development of savings habit	Development of self help groups	No of self help group formed	Bank account of the SHGs
	Healthy living	Hygienic atmosphere of life	Development of community latrine and urinals	No of latrine and urinals built	Completion certificate of the competent authority
		Hygienic atmosphere of life	Arrangement for safe drinking water	No of wells/water purifier provided	Bills and vouchers
Monitoring and Evaluation To ensure quality of service.	Effective Project implementation	Plan of action prepared	Preparation of monitoring plan through participatory meeting	No. of meeting held	Meeting books
		Review of MIS	Analysis of inputs from field.	No. of discussion held on field input analysis	Meeting Minutes Book
		Develop documents	Documentation of activities.	Types of documents available	Files of formats
		Review of strategy	Dissemination of important and relevant analyzed inputs from fields to staffs.	No. of meeting for Project Review	Meeting Minutes Book

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
		Find out gaps and identify quality of services	Monitoring and evaluation of ongoing activities.	No. of monitoring visit arranged	Monitoring Report
		Develop data bank	Collection of data from fields.	No. of schedules/ Formats filled	Field visit reports
		Designing and re strategies Programme	Programme redesigning.	No. of meeting for programme redesigning	Meeting Minutes Book
		Find out needs area and identification of gaps.	Arranging meeting on review of programme activities.	No. of meeting held on programme review	Meeting Minutes Book
		Impact analysis of T.I.	Conduct KABP study quarterly basis to analyze the impact of TI.	No. of beneficiaries interviewed No. of In-depth interview taken No. of Key informant's interview taken No. of FGD conducted for data collection.	Schedule of KABP Field Note Books Survey Reports

PROJECT LOGICAL FRAMEWORK FOR IDUs

Item	Indicators	Means of verification
<p>1. GOAL</p> <p>To contribute to the reduction of HIV/AIDS incidence among injecting drugs users, their partners and families and reduces the pool of infection. This will in turn contribute to increased quality of life for IDUs in Calcutta and the Suburbs.</p>	<p>Efficient and client friendly risk reduction service centres Enabling community environment Safer drug use and sexual behaviours Healthy and prolonged survival</p>	<p>External evaluations</p>
<p>1. OBJECTIVES</p>		
<p>To increase the utilization of risk reduction services by IDUs in Calcutta and the Suburbs. The project will provide risk reduction services to at least 1000 IDUs and 800 shadow users & 200 partners in 4 different zones spanning the entire city.</p>	<p>No of IDUs befriended through Outreach programmes & Needle Exchange programmes. No. of Drug Users accessing 4 Substitution-cum-Day Care Centres No. of IDUs and families counseled No. of IDUs treated for abscess No. of referrals for TB to DOT programs No. of people counseled and investigated for STDs No. of people treated for STDs No of referral to VCTC No of clients undergone HIV Testing among counselled for</p>	<p>Internal and external evaluation NSEP registers Clinic registers Counseling case histories Abscess management registers .STD registers Referral registers Case studies</p>
<p>To bring about Behavioural Change by switching from Needle use/sharing to safer injecting practices and Oral Buprenorphine.</p>	<p>No of IDUs using disposable kits No of IDUs practising safe injecting methods No. of old needles returned No of IDUs receiving ADDNOK from DIC</p>	<p>KABP study report Outreach registers</p>
<p>To reduce the number of the people who are injecting</p>	<p>Percentage of IDUs shifting to oral Buprenorphine Percentage of IDUs undergone stepladder detoxification Percentage of IDUs on complete abstinence Percentage of shadow users shifting to injection</p>	<p>Trend Analysis report (SPSS software)</p>

Item	Indicators	Means of verification
To reduce the transmission of HIV/AIDS among the IDU community	Incidence of HIV positive cases (baseline and endline) in the IDUs No of HIV positive IDUs among referred cases	Sentinel surveillance report
To reduce the transmission of HIV/AIDS from IDUs to partners, offspring's and wider community.	Incidence of HIV positive cases (baseline and endline) in the community (partners, offspring's and wider community) No of HIV positive IDUs among referred cases	FGD findings from community/ sentinel
To create an enabling environment people already suffering from AIDS	No of families taking care of HIV/AIDS cases No of NGOs counseling or referring cases to VCTC No of PLWHAs employed No of PLWHAs getting treatment for O. I.	Evaluation report
2. OUTPUTS		
<ul style="list-style-type: none"> • <i>Drop In Centre including clinics and counseling facilities established</i> • <i>Care and support system for PLWHA initiated</i> • <i>Partnerships with stakeholders established</i> • <i>Community groups created</i> • <i>Research and monitoring mechanisms</i> 	No of efficient drop in centres established No of new outreach pockets identified and work started No of new groups created in each zone No of partnerships with various agencies No of PLWHA getting care and support at home and institutions	Reports from monitoring Donor report
3. ACTIVITIES		
2. 1. Risk reduction service delivery for 1000 IDUs and 800 shadow users & 200 Partners <ul style="list-style-type: none"> • Befriend IDUs through Outreach programmes & Needle Exchange programmes. • Setting up Substitution-cum-Day-Care-Centres • Provide counselling for IDUs and their families • Focus group discussions 	Amount of Buprenorphine distributed No of condoms distributed No of abscess managed at DIC No of typologies and total number of job skills training	Case studies

Item	Indicators	Means of verification
<ul style="list-style-type: none"> • Abscess Management • Condom demonstration and distribution • Primary health care with sexual health check-up for STD Management • Training Peer groups • Set up user groups • Jobs Skills training (printing, nursing) 		
<p><i>2.2 Community mobilization through establishment of user groups in each zone.</i></p> <ul style="list-style-type: none"> • Focus Group Discussions with clients • Capacity building of partners on community mobilization • User group development • Capacity building of user groups 	No of outreach programmes No. of Training Peer Educators/Volunteers No of training for user groups No of Focus Group Discussions with clients No. of meetings with local community leaders No of programmes to sensitize youth and community key informants	<ul style="list-style-type: none"> • Donor report • Internal monitoring report
<p><i>2.3. Awareness programmes for the general population on IDU and HIV/AIDS.</i></p> <ul style="list-style-type: none"> • Hold meetings with local community leaders • Sensitize youth and community key informants 	No of meetings with community leaders No of sensitization meetings No of mass campaigns	Community participation in helping IDUs
<p><i>2.4 Establishing linkages</i></p> <ul style="list-style-type: none"> • Help the Police to stabilize and manage petty criminal users in lock-up and prison • Linkage with nearest government and private healthcare agencies • Linkage with Community Based Organizations 	No of police stations and prisons linked No of government institutions linked No of community based NGOs linked	Report of meetings with police Mode of care in treated referral cases
<p><i>2.5 Monitoring and Evaluation</i></p> <ul style="list-style-type: none"> • Continuous monitoring • Quality Assurance • Process and end term evaluation 	No of supervisory visits Strengths and weaknesses identified	Internal reports Evaluation Client feedback

Item	Indicators	Means of verification
<p><i>2.5 Research, documentation and dissemination</i></p> <ul style="list-style-type: none"> • KABP study • Preparing reports • Dissemination best practices, project experiences • Innovative scaling up strategy 	<p>No of learnings added to add values from research findings</p>	<p>Research reports Published articles Replicable strategy document</p>
<p><i>2.6 Staff Capacity Building Participation in training and workshops Exposure visits Sharing experiences to fellows</i></p>	<p>No of total participation Areas of capacity enriched</p>	<p>Reports of training and workshops Reports of exposure visits</p>

LOGICAL FRAME WORK for MSM Projects

GOAL: To improve the sexual health of 1000 Men who have sex with Men in and reduce the HIV infection

Objectives	Activities	Indicators	Output	Means of Verification
<p>(A) Programme Management</p> <p>1. Project Implementation To execute the smooth functioning of project design, implementation and monitoring feedback of male-to-male sexual health promotion project of 1000 population in overall</p>	<p>1. Design and Plan the implementation of the Project</p>	<p>Evaluation, Debrief Meeting, Approved Project Proposal, 1st Staff Meeting after the proposal is passed</p>	<p>Project design and plan in-place</p>	<p>Design and plan Records from Evaluation Report, Debrief Meeting Minutes, Approved Project Proposal, 1st Staff Meeting Minutes after the proposal is passed</p>
	<p>2. Execute Implementation of the Project</p>	<p>Communication and travel, documentation, meeting covering all components of the project</p>	<p>Project plan executed</p>	<p>Communication and Travel Documents, Monthly Reports, Monthly Meeting Minutes</p>
	<p>3. Execute Monitoring of the Project</p>	<p>feedbacks</p>	<p>Project monitored</p>	<p>Feedback Reports</p>
	<p>4. Conduct Review / Evaluation of the Project</p>	<p>review / evaluation</p>	<p>Project reviewed / evaluated</p>	<p>Review / Evaluation Reports</p>

Objectives	Activities	Indicators	Output	Means of Verification
2. Systems and Information Management To execute the smooth running of project systems and establish male-to-male sexual health promotion project in overall	6. Run Project Office, Drop-in centre (DIC) and Drop-in Extension Centres (DECs)	Project Office, DICs, 2 DECs	Running Project office, DICs, DECs	Rent Agreements, Rent Receipts / Rent Vouchers, Project Office / DICs / DECs Registers
	7. Recruit TSOs (viz. Finance Officer, MIS & Doc. Officer, Medicinal Officer, BCC Officer), Project Coordinators (PCs), 8 OSS Cum Accts, Counsellors, Outreach Workers, Peer Counsellors in the first 4 months from start	Recruit TSOs (viz. Finance Officer, MIS & Doc. Officer, Medicinal Officer, BCC Officer), Project Coordinators (PCs), 8 OSS Cum Accts, Counsellors, Supervisors, Outreach Workers, Peer Counsellors	Recruitment (viz. TSOs, Project Coordinators (PCs), OSS Cum Accts, Counsellors, Outreach Supervisors, Outreach Workers) over by next four months	Newspaper Ad, Short listed Candidates' list, Interview Process Documents, Score Sheets, Contract / Appointment letters, Staff Registers, Vouchers
	8. Carry on MIS jobs like collecting work-plan and reports	Plan of work, work activities	Running Systematic and Methodical project activities	Telephone Records, Work-Plan, Monthly Reports
	9. Communicate with Project Office Staff, DICs, DECs for maintaining files, registers and records as per project requirement	Feedback reports	Documents and Records in place	Communication Records like Remarks / Feedback Reports

Objectives	Activities	Indicators	Output	Means of Verification
	10. Compile the collected data	Data compilation	Updated data	Compiled Report
	11. Analyse the high scale of data collected through project activities	Data analysis	Analysed data for feedbacks and re-plan	Data Analysis Reports
	12. Receive requisition, supply required materials, update the overall stocks	Updated stock	Requisition received, Required materials supplied, Stocks updated	Requisition Form, Stock Registers
3. Finance/Accounts Management To execute the proper financing of male-to-male sexual health promotion project in overall for 1000 population	13. Plan the finance / accounts for the project	Budget plan	Financial estimates done	Monthly Financial Plan
	14. Receipt of advance / accounts budget requirement	Advance / accounts budget	Advance / accounts budget received	Advance / Accounts Forms
	15. Checking / Verification of advance / accounts submitted	Checking / verification	Checked / verified advance / accounts	Advance / Accounts Forms

Objectives	Activities	Indicators	Output	Means of Verification
	16. Clearing advance / accounts	Advance / accounts clear	Cleared advance / accounts	Advance / Accounts Forms
	17. Accounting the activities	Financial accounts	Updated financial accounts	Monthly Financial Reports
	18. Purchasing the required items for project activities	Purchased items	Items purchased	Bills, Receipts, Vouchers, Stock Register
(B) BCC				
<u>1.Outreach Work and Peer Education to consolidate outreach work and peer education for 1,000 men who have sex with men in one year</u>	19. New recruitment of Peer Educators within first 4 month	Peer Educators (PEs) recruited	Recruitment of Peer Educators over by next 4 months	Contract / Appointment letters, Staff Registers, vouchers, Workshop / Training Reports
	20. Carry out outreach work and peer education in the Mapped Sites and Private Networks of males who have sex with males in throughout the year	The Covering Sites and Private Networks	Outreached and Peer Educated Sites and Private Networks	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards

Objectives	Activities	Indicators	Output	Means of Verification
	21. Identify more Private Networks of males who have sex with males	The newly identified Private Networks	Newly Penetrated Private Networks	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	22. Outreach / Befriend with males who have sex with males in Mapped Sites and Private Networks belonging to different subgroups viz. <i>Koti, Hijra, Dupli, Parik</i>	The Covering Individuals under each subgroup like <i>Koti, Hijra, Dupli, Parik</i> taking services	Reached all subgroups	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	23. Carry out outreach and peer education with vulnerable professions like <i>Commercial Male Sex Workers (CMSWs), Parlour Boys, Hotel Boys</i> from all the mentioned sub-groups of males who have sex with males	The covering <i>Commercial Male Sex Workers (CMSWs), Parlour Boys, Hotel Boys</i> taking services	Vulnerable professions like CMSWs reached	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	24. Carry out outreach and peer education with <i>Adolescent and Youth Males, Hostel Boys, Folk Group Males</i> having male to male sexual behaviour	The covering <i>Adolescent and Youth Males, Hostel Boys, Folk Group Males</i> with same sex behaviour taking services	Reached <i>Adolescent and Youth Males, Hostel Boys, Folk Group Males</i> having same sex behaviour	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards

Objectives	Activities	Indicators	Output	Means of Verification
	25. Carry out outreach and peer education with <i>Security Forces (i.e. Men In Uniform - MIU)</i> , Migrant Labourers, Truckers, Prison Inmates having male to male sexual behaviour	<i>The covering Security Forces</i> , Migrant Labourers, Truckers, Prison Inmates with same sex behaviour taking services	Reached <i>Security Forces</i> , Migrant Labourers, Truckers, Prison Inmates having same sex behaviour	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	26. Carry out outreach and peer education with <i>the female partners</i> of males having sex with males	<i>Female partners</i> of males who have sex with males taking services	Reached <i>female partners</i> of males who have sex with males	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	27. Review outreach work and peer education	1 Review meeting on outreach work and peer education feedbacks in 4 months later	Reviewed	Review Meeting Minutes
2. Drop-in Centre 2. (a) To establish model drop-in facilities for men who have sex with men in One location (beyond the drop-in facilities mentioned under DICs)	28. Develop and maintain model drop-in centre in one location for males who have sex with males	1 model sexual health drop-in centre for males who have sex with males in One location.	Model Drop-in Centre established	Rent Agreement, Rent receipts, Vouchers

Objectives	Activities	Indicators	Output	Means of Verification
	29. Develop and maintain a <i>sexual health resource centre</i> with books, journals, newsletter, edutainment materials, audio-visual materials like compact disks, audio-cassettes, etc.	1 sexual health resource centre for males who have sex with males	Sexual health resource centre established	Resource centre Records
	30. Develop and maintain a centralised <i>sexual health help-line</i> as information dissemination centre for males who have sex with males with fixed time duration. Also develop a sexual health help line in One location in next year	1 sexual health help-line for males who have sex with males in Kolkata 1 sexual health help line for males who have sex with males in One location in next year	Sexual health help-line established in Kolkata Sexual health help line established in One location in next year	Help-line Records
	31. Initiate and carry out a regular <i>face-to-face</i> psycho-social counselling facility with fixed time duration for staff, Peer Educators and Volunteers for overall development	200 face-to-face psycho-social counselling for staff members, Peer Educators and Volunteers	Psycho-social counselling for staff, peer educators and volunteers established	Counselling Register
	32. Initiate and carry out <i>vocational training classes</i> for income generation according to market needs for males who have sex with males	Vocational training classes for income generation according to market needs.	Effective scope for income generation	Vocational Training Documentations

Objectives	Activities	Indicators	Output	Means of Verification
	33. Develop a <i>space with supporting facilities</i> for special interaction with staff from all components like BCC, Advocacy and Networking, Medicines and Condoms, etc.	4 Staff meeting held with representatives from all components of project	4 coordination meetings held	Coordination Meeting Records
	34. Conduct <i>audio-visual shows</i> and participatory programs on health issues of males who have sex with males	Audio-visual shows and participatory programs on health issues	Audio-visual shows and participatory programs held	Drop-In Register, and Reports
2. (b) To consolidate <i>drop-in</i> facilities for men who have sex with men in designated locations	35. Run full fledged drop-in centres in designated locations	Full fledged drop-in centres	Running drop-in centres	DIC Registers
	36. Promote the use of drop-in facilities among males who have sex with males in	Drop-In	Dropped In	Drop-In Registers
	37. Implement health promotion and supportive / facilitative activities for males who have sex with males through discussion (D), group discussion (GD), focussed discussion (FGD)	Discussion (D), group discussion (GD), focussed group discussion (FGD), persons taking part in health promotion and supportive / facilitative activities	Discussion (D), group discussion (GD), focussed group discussion (FGD) done, People taken part in health promotion and supportive / facilitative activities	D / GD / FGD Reports

Objectives	Activities	Indicators	Output	Means of Verification
	38. Conduct cycle of celebration (COC), community event (CE), edutainment for greater participation	Occasional activities, persons taking part in the activities	Occasional activities done, People participated	Events Report
	39. Develop and continue appropriate peer counselling facility from four months(NB: To be started along with a formal training for six months after the lapse of 4 months	Peer counselling	Peer counselling done	Peer Counselling Register
	40. Continue appropriate psycho-social counselling facility	Psycho-social counselling	Psycho-social counselling done	Psycho-social counselling Register
	41. Continue appropriate STI Counselling facility	STI counselling	Patients counselled on STIs	STI Counselling recorded in Clinical Report
3. Capacity Building To conduct Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	46. Conduct External and/or Centralised Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	2 External Workshop / Training, and / or, 2 Centralised Workshop / Training	Workshop / Training imparted	Workshop / Training Reports

Objectives	Activities	Indicators	Output	Means of Verification
	47. Conduct Centre-Based Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	Centre-Based Workshop / Training	Workshop / Training imparted	Workshop Reports / Training
4. Information Education Communication (IEC) Materials, Behaviour Change Communication (BCC) Materials To facilitate "behaviour (Attitudinal) change" among men who have sex with men (and their influencers/ stakeholders in the context of sexual health and related aspect) through Communication Materials	48. Develop IEC Materials like Brochures, Leaflets / Handouts, Drop-In Cards, Articles, Listings, Newsletter, Posters, Boards, Wall Hangings, Bookmarks, Calendars, Greetings, Handicrafts, T Shirts, Bags, etc.	Needs Assessment had identified the requirements	IEC Materials developed	IEC Materials of the Project
	49. Develop BCC Materials like Print Materials, Exhibition Materials, Audio-Visual Materials, Photography Shows / Slide Shows, Video shows / Film Shows, Open Play / Dance Forms / Theatre Forms (TFD), Folk Songs, Quiz Performance, etc.	BCC Needs Identification and Strategy formulation through BCC Workshop start, BCC Materials developed accordingly (e.g. 1 Condom and Lube Usage Flip Chart 1 STI Symptoms Flip Chart	BCC Materials developed	BCC Materials of the Project

Objectives	Activities	Indicators	Output	Means of Verification
		HIV / AIDS Flip Chart Condom and Lube Usage Flex Theatre Form (TFD) Safer Sex Poster for Male to Male Sexual Behaviour along with Male to Female Sexual Behaviour, etc.)		
(C) Treatment Support				
1. Non-stigmatised Clinic To continue with non-stigmatised clinics (with appropriate counselling facility) and also encourage STI treatment and HIV testing referral systems sensitive to male to female sexual health and related issues	48. Continue clinics with doctors for STI Treatment	Clinics, doctors, STI patients, referral systems, STI Treatment and HIV Testing referrals	Running Clinics, and established referral systems, referrals done	Clinical Reports and Registers, Referral System, Reports, Referral Registers (for STI treatment and HIV testing)
	49. Disburse medicines 50. Develop and continue referral systems (for STI treatment and HIV testing) and make referrals	Medicines for STI patients Referrals done	Medicines disbursed Referrals made	Medicine Register and Stock, Clinical Report Referral Register, Referral Cards

Objectives	Activities	Indicators	Output	Means of Verification
	51. Document <i>feedback on referral services</i> and use it for development of this service provision	Feedbacks on referral services	Feedbacks taken	Feedback Reports on Referral Services
	52. Implement <i>round the year VDRL at 1 Clinic</i> for males who have sex with males	VDRL Test at 1 centres	VDRL Test done	Clinical Registers, VDRL Test Registers
	53. Implement <i>round the year community-based VCCTC at One location</i> for males who have sex with males	Community-based VCCT at One location centre	Voluntary HIV test report	VCCTC Registers
2. Condoms To promote the proper use of condoms and awareness of sexual health issues related to condom use amongst males who have sex with males	54. Promote peer lead health education on condom use and safer sex for using in anal sex	Condom demonstration, persons taking part in the condom demonstration	Condom demonstration done, People participated	Condom and Lube Demonstration Report
	55. Distribute free condoms (NB: Subject to Free Condom availability)	Free distribution of condoms	Free distributed condoms	Outreach Report, Condom and Lube Distribution Register

Objectives	Activities	Indicators	Output	Means of Verification
	56. Launch a condom social marketing programme for males who have sex with males in the first 3 months of one year	Social marketing of condoms	Condoms sold	Outreach Report, Condom Sale Register
	57. Initiate a dialogue with a condom manufacturer towards developing a condom with a tensile strength appropriate for use during anal sex	Dialogue with a condom manufacturer	Spoken to Condom manufacturer	Meeting Minutes and Records
	58. Document <i>feedback on attitudes to condom use</i> and use this information in Communications	Feedback on attitudes to Condoms	Feedbacks collected	Feedback Reports on Condoms
	59. Document <i>feedback on actual condom use</i>	Condom Usage, <i>Voluntarily</i> asking for condoms	Data on Condom Usage and <i>Voluntarily</i> asking for Condoms collected	Outreach Reports
3. Water based lubricants To promote the use of water based lubricants with condoms during anal sex amongst males who have sex with males	60. Promote peer lead health education on appropriate lubricants during anal sex and awareness of the issues relating to oil based and water based lubricants and condom use	Lubricant demonstration (along with condom demonstration for anal sex) Persons taking part in the demonstration	Lube demonstration along with condom demonstration (for anal sex) done People participated	Condom and Lube Demonstration Reports

Objectives	Activities	Indicators	Output	Means of Verification
	61. Supply 12,48,000 sachets of water based lubricants to males who have sex with males for using in anal sex(NB: Subject to Lube availability)	Water based lubricant sachets distributed	Free Lube distributed	Outreach Reports,Condom and Lube Distribution Registers
	62. Document <i>feedback on actual lubricant use</i>	Lubricant usage (along with condoms in anal sex),People <i>voluntarily</i> asking for lubricant sachets	Data on Lube Usage and <i>Voluntarily</i> asking for Lubes collected	Outreach Reports
4. PLWHA Support	63. Support PLWHA with male to male sexual behaviour through Drop-In, Counselling, Clinic, Referral and through Financial Support to the needy	No. of PLWHA Support	PLWHA Supported	PLWHA Support Document
(D) Enabling Environment				
To raise awareness among stakeholders / influencers in on issues relating to male-to-male sex, sexual health and HIV	63. Conduct Sensitisation Workshop for Police personnel, Lawyers, Policy Makers and Administration (NB: To be conducted centrally)	Sensitisation Workshops	Sensitisation Workshop Conducted	Sensitisation Workshop documentation

Objectives	Activities	Indicators	Output	Means of Verification
	64. Conduct Orientation Workshop for Medical Practitioners, Clinicians, ICTC Counsellors (NB: To be conducted centrally)	Orientation Workshops	Orientation Workshop Conducted	Orientation Workshop documentation
	65. Conduct Sensitisation Meeting at Police Station (NB: To be conducted by each centre)	Sensitisation Meetings	Sensitisation Meeting Conducted	Sensitisation Meeting documentation
	66. Conduct 45 minutes (approx) Sessions on HIV / AIDS at educational institutions, NGOs and clubs (NB: To be conducted by each centre)	Sessions	Sessions Conducted	Session documentation
	67. Develop referral system with sensitised counsellors, psychotherapists, psychiatrists, medical practitioners, lawyers	Referral system	Referral system developed	Referral Document
	68. Interact with media for advocacy and sensitisation	Media interaction	Interacted with media	Documentation, Media Reports
	69. Build networks and conduct sessions	New networks, Sessions	Networks built and sessions taken	Session documentation

Objectives	Activities	Indicators	Output	Means of Verification
	70. Conduct Community and Special Events	Events	Events Conducted	Events Report
	70. Address immediate needs	Immediate needs (as per requirement)	Immediate needs met	Immediate Needs Report
(E) Monitoring and Evaluation				
To monitor and evaluate the men-to-men sexual health project with 1000 population reach towards effective functioning of the project activities	71. Execute monitoring of staff, peer educator, field, drop-in, clinic and associated activities of the Project Develop detailed evaluation and appraisal system	Feedbacks 1 Detailed evaluation and appraisal system	Monitored Developed evaluation and appraisal system	Feedback Reports Evaluation and Appraisal Format
	72. Conduct KABP Study	One KABP Study	KABP Study done in the first 2 months	KABP Study Report
	73. Conduct Review / Evaluation	One review / evaluation	Reviewed / Evaluated	Review / Evaluation Report
	74. Documentation	documents	Documented	Documentation Records

Objectives	Activities	Indicators	Output	Means of Verification
(F) Desirable Support				
To enhance the project quality and involvement through insurance cover, self-help group, audio-visual equipments, etc.	75. Select Part Time Director or Mentor along with other recruitments	Part Time Director or Mentor along with other recruitments	Selected by next four months	Board Resolution in Board Meeting Minutes
	78. Conduct Audio-visual shows	Audio-Visual Shows	Audio visual shows conducted	Show documents
	79. Maintenance of equipments	Equipment under maintenance	Running equipments	Maintenance Contract records
	80. Involve PLWHA (GIPA)	1 PLWHA as ambassador for Prevention and Care and Support	Advocated PLWHA	Advocacy Records on PLWHA

Log Frame of Activities for Trucker Projects

GOAL : To facilitate behaviour change in the truckers by reducing their high-risk practices and create an environment favorable to such behaviour change in designated area.

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To build the capacity of the service provider	(a)(i)Clarity between staff about vision and mission (ii)all project will relate vision and mission of the organisation	(a)Keeping vision and mission of the org transparent to all	Organisational development through : (a) Orientation and induction training	1. (a) Training organized	1.(a) training report
	(b)Gender sensitive organisation and project design	(b)Development of gender policy	(b)Develop Gender policy with consultation of review documents, management staff, board members.	(b)Meeting with different levels held	(b)minutes of the meeting
	(c)Ensure project sustainability	(c) Development of exit policy	(c) Develop Exit policy in project activity with consultation of review documents, management staff, board members.	(c)Meeting with different levels held	(c) minutes of the meeting

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To reach 75% knowledge level on STD/HIV/AIDS and creating awareness towards adoption of safer sexual practices among target group in the target area during a year.	1. Knowledge level of truckers and FSWs on HIV/AIDS will be at least 75% 2.Promotion of ICTC	1.Awareness level on HIV/AIDS will increase among truckers and FSW Reduce alcoholism among truckers Reduce stigma/discrimination for PLWHAs Partner notification will take place Follow-up of STD patient will increase 2.Testing of HIV will increase	(d)Capacity building on : (i)Counselling, (ii)Communication, (iii)Sex & Sexuality, (iv)Gender and (v)Syndromic case management 1.(a) 1800/month, i.e. 21600/year (36% of the total intrn) O n e - t o - o n e interaction with the targeted community (b) 3600 One-to-group interaction with the targeted community every month i.e. 43200/year (72% of the total interaction).	(d)training organized as per annual training plan 1.(a)No of people reached through one to one interaction (b) No of people reached through One to group interaction monthly/yearly 2. 15%-20% of the total interaction.	(d) (i)training report (ii)Staff Post evaluation sheet 1., 2.,& 3. (a)Daily IPC, (b) T i m e s h e e t , (c)Register (d)MIS

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
	3.Reduce vulnerability towards STD/HIV	3.(a)Increase proper usage of condom	3. Monthly 1000 Condom demonstration will take place at the time of one interaction	3.no of condom / month	
	4.Promotion of safe sexual practice among them	4.Risk perception will increase among truckers	4. (a)20 Audio visual show / month / centre (b) 4 Mobile exhibition / month/ centre	4. (a)No of shows (b) No of shows	4. (a) BCC register (b)MIS
		5.Develop proper knowledge on HIV/AIDS	5.12 Small events	5.No of small events/ year/centre	5.(a)Daily IPC(b)MIS
	6.Promotion of ICTC	6.(a)Testing on HIV will increase(b)Early diagnosis	6. 12 Community sensitization meeting/ year/ centre	6. No of CSM organised	6. Report
	7.Mass level awareness	7. Visibility of the program	7.18wall painting & 2 hoarding /centre Disseminating messages through wall painting and hoarding.	7.No of wall paintings and big hoarding for each centre	7.Physical verification
		8.Reinforcement of the messages	8.Issue based BCC materials development like:	8.50% of the total interaction	8.(a)IPC(b)MIS

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
			(a)Condom promotion (b)STD (c) Partner treatment (d)Risk perception (e) VCCTC etc and distribution of BCC materials		
9. Sustainability	Ensure Sustainability	9.(a)Reach more beneficiaries (b)Develop ownership of the program	9. (a) Identification and selection of 70 peer educators. (b) 4 Peer educator training / year / center (c) Monitoring Peer educators activities (d) 2 Peer Educator meet/centre 10.Exposure visit for peer educators at least 2 in a year. 11. 9/centre (1 big meet TIAP meet	9. (a)No of peer educators Identified two centers (b)No of training P.E / year/centre (c) (i)Identification of STD cases (ii)Condom SM (iii) BCC distribution (iv) Meeting organized (d) No meet/ year/ centre 10. No of peer educator meet. 11. No TIAP meet organized	9.(a)Peer educator register (b)Peer educator training register (c)Peer monitoring sheet (d) M e e t i n g registerReport Register 1.(a)Doctors register (clinic) (b) Doctors register (camp)(c)Medicine register 2. (a)Doctors Register. (b)MIS

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To reduce the incidence of various sexually transmitted diseases (STD) among truck drivers, helpers and their clients (primarily the sex workers) and maintain a low prevalence rate among them.	1.(a)Prevention of STD (b)Ensuring flow of STD patient (c)Reach more remote and population (d)Quality assurance	1. (a) Ensuring availability of STD treatment through proper SCM (b)Ensure supply of medicine	1. (a)6 days Daily clinic service (b) 8 Static camp/ month /centre (c) 2 Mobile health camps/month in CPT 2. 1800 STD cases treated/yr/centre. 3. Counselling STD cases by duly trained Counsellors / outreach workers	1.(a)No of patient treated from daily clinic (b) No camps/month/centre(c) No of mobile camps/month 2.No of patient/year/centre to be treated 3.All STD cases will be counseled.	3.counselling register 4.Training report and register 5.Physical verification. 6.Meetings report and register.
	4.Ensure quality medical service	4.Capcity building of medical practitioners and ground health care providers	4. 4 Training/ yr/ centre on syndromic Case management for medical officers and RMPs	4. No of training for doctors and RMPs	
	5.Ensuring the clinic service at the door step of the community and targeted population	5. Visibility of the clinic service among the target population	5. 18 Clinic board display/centre.	5. No of display board/centre	
	6. & 7.(a) Maintain a low prevalence rate of STD	6. & 7. (a)Early diagnosis of STD/ HIV	6. Organizing VCTC camps by 50 nos testing yearly	6. No of testing	

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To undertake social marketing of condoms to ensure 40% of condom usage by generating demand and ensuring supply of condoms.	(b)Reduce spread of HIV 1.(a)Ensuring more condom promotion (b)Promotion of safe sexual behaviour. (c) H e a l t h y competition and social responsibility build up. 3. Develop ownership by local people 4. Ensure sustainability on condom promotion	(b)HIV Testing will increase 1.(a)Availability of condom at their door step 2.(a)Increase condom usage(b)Involvement of target group through selling condom by them. 3.(a)Community's perception (liking/dislikings) about condom usage/ brand promotion (b) Develop marketing strategy on social marketing of condom	1. 50 condom selling outlets 2. 1,00,000 condom sold through Clinic, direct selling, peer, outlet selling 3. 2 Condom retailers meet. 4. 3 Awareness program on condom promotion. 5. 2 Training of condom retailers on Social marketing techniques/ 6. Once in 15 day Monitoring social marketing outlets by Social workers / outreach workers	1. No of active condom outlets. 2.No of condom sold from two centers. 3. No of meet/centre. 4. No of awareness program /centre 5. No of training/year/centre 6. PC will visit condom outlets	7. VCTC register 1.(a)Condom Retailer register (b)MIS 2.(a)IPC (b)MIS and register 3.Meeting register 4.Program report 5.Meeting register 6.IPC
Create an enabling environment for the beneficiaries Community participation in the programme		1. (a)Sensitizing community (b)Develop Capacity at all levels.	1. Organizing yearly big advocacies meets with primary and secondary stakeholders.	1. No of advocacy/centre	1.(a)Advocacy report (b)MIS (c)Photo Documentation

Objectives	Outcome	Output	Activities	Indicators	Means of Verification
To create an enabling environment for the project at a long term basis by involving / sensitising trucking and allied industry, local civic, health industry people and enforcement authorities to various issues related to STD/HIV/AIDS	Ensure program sustainability	(c)Visibility and community initiative (d)Stake holder involve as decision-makers	2. 2 Training program for CISF and 4 for BSF personnel/yr/centre 3. Half yearly Meeting/centre with other important stakeholders like other NGOs, CBOs, and health officials, ICDS Works etc. 4. Organising 1 community mobilization events/year/centre like sports, football tournament, local mela 5. Organising international days	2. No of training program held for men in uniform 3. No of meeting held /centre 4.No of program organized yearly/centre 5. (a)World AIDS Day (b) Condom day and world health day	2.Training report 3.&4.Meeting report 5. (a)Photo documentation, (b)Report
To develop an internal system for monitoring and reviewing the effectiveness and the quality of the program.	6. Develop resource team for capacity building of others and better project implementation 1.Incorporation corrective/ Preventive action to make the program appropriate for beneficiaries	6.Better program implementation 1.Ongoing program monitoring by beneficiaries and by implementing agency 2. Evaluation of the program	1. 4 Focus Group discussion/per yr/centre 2.Weekly Monitoring field visit by PC 3.Quarterly Monitoring visit by Program manager/Director. 4. Half yearly Review meetings	1.No of FGD organized 2. No of visit by PC 3. No of monitoring visit done by PM and PD 4.No of review meeting done.	1.FGD report 2. & 3 Filled in Monitoring format 4. Minutes of Review meeting

PROPOSAL FORMAT

Please use formats provided – add extra photocopies if necessary.

The proposal must include all the following sections in the order listed:

1. Cover Page
2. Proposal Summary
3. Review of past one year's work
4. What do you propose to do in the current year? What are your strategies for the different aspects of interventions?
5. Organisational analysis
6. Goals and objectives of the intervention
7. Project implementation: activities, time frame, staff requirement and work plan
8. Monitoring and evaluation
9. Detailed budget, inputs and human resources Attachments (if any)

1. Cover Page

The cover page must show

1. Name(s) of the implementing organisation(s)
2. Title of the project
3. Location of the project
4. Amount of funding requested

2. Proposal Summary (Maximum 1 page)

This section provides the key information about the intervention. It should be clear and short, but it should provide information on the following:

- Achievements and lessons learnt from last year's work
- A brief analysis highlighting significant changes from last year's approach/strategy (if any)
- Current year's strategies and organisational analysis
- Objectives

- Activities
- Inputs i.e., staff and requested budget
- Expected outputs

3. Review of Past One Years Work (Maximum 4 pages)

The information for this section needs to be drawn from the self-appraisal by the Grantee on its previous year's work. The Grantee needs to provide information regarding the changes observed (if any) in the background and knowledge- attitude of the target audience. Differences as observed regarding the following should be explained:

- Any change in their knowledge level regarding (any one or few of the following areas):
 - Transmission modes of STD/HIV
 - Transmission and treatment relationship between HIV & STDs
 - Myth & misconceptions related to STD/HIV
- Any change in their attitude towards (any one or few of the following areas):
 - Use of condoms for safe sex
 - Perception of self at risk of acquiring STD/HIV
 - Reducing the number of sex partners
- Any change in their behaviour related to (any one or few of the following areas):
 - Seeking health care from qualified and trained health care professionals
 - Seeking general health care services from the services provided by the project
 - Buying condoms for their use

The information on change in the knowledge, attitude and behaviour can be gathered through focus group discussions and key informant studies that may have been carried out as a part of review process in the past year. The reports of the field staff may also be used as another source of information to identify these changes

- Any change in demographic profile relating to:
 - Information related to the target audience
 - Any visible changes in the population of the target group and reasons for it
 - Participation level of the secondary stakeholders in the project during the past year.
 - Any information gathered on sex partners
 - Constraints
 - Constraints faced by the project in the past one-year and the strategy

adopted to overcome these.

- Differences/Changes Observed in the Project Area

This needs to be provided in terms of:

- Involvement of community in the project
- Availability of target audience & sites for conducting BCC intervention
- Availability of sites for condom outlets
- Distance and feasibility for providing BCC intervention and health care services
- Participation/involvement of secondary stakeholders and the potential of initiating..... peer education
- Other Analysis to be carried out
 - The Grantee can analyse its achievements (process indicators as part of PIF) and arrive at reasons for inability to meet its targets in technical strategies. Even if targets have been achieved, then the effectiveness of the intervention needs to be analysed.
 - Coverage from BCC to STD
 - A denotes the number of people intervened through BCC
 - B denotes the number of STD cases provided treatment through STD services of the project
 - Then the, percentage of people intervened through BCC utilising STD services is given by $B/A \times 100$
 - If this percentage is very low, then during the current year the organisation needs to identify methods of improving it.
- Effectiveness of referral services
 - A denotes the number of persons referred from the field to Project Services such as clinic, camps, vans, etc.
 - B denotes the number of persons utilising services
 - Then percentage of referred persons attending clinic/Camps/mobile services is $B/A \times 100$
 - If this percentage is low, then during the current year the organisation needs to identify methods of improving it.
- Condom Distribution

- A denotes the number of condoms distributed
- B denotes the number of people contacted through BCC intervention
- Then Per capita condoms distributed B/A
- If this is very high, then the organisation needs to think in terms of repackaging and relocate condom outlets itself.
- Cost of STD services
If the cost of provision of STD services is higher than what has been envisaged then the reasons needs to be analysed and presented.

4. Technical Strategies for Interventions

4.1 BCC

Based on the analysis of the past year's work in the project area, the Grantee should provide a narrative on the strategies in the three technical areas of BCC, STD Services and Condom Promotion.

- **BCC Objective**
 - Set an objective for BCC (i.e. what does the Grantee want to achieve through BCC).
 - Write the activities to be performed which would help to achieve these objectives. Identify the means by which the success or otherwise of these activities can be verified (output & process indicators).
- **BCC Plan**

BCC plan for the current year: A matrix describing the factors, target audience (primary & secondary), desired behaviour and/or attitude changes, messages, communication channels and media and intervention strategies. The Grantee should add a narrative on peer education (PE) component and its future plans.
- **BCC Intervention**

What BCC interventions would the Grantee use? The strategy can be a combination of the following options- interpersonal communication -one to one, one-to- many, out-reach, peer education, small media and special events. The Grantee should also identify the behavioural characteristics of the target audience and the changes proposed to be achieved at the end of one year.
- **BCC - Peer Education**

If the Grantee is planning to use peer educator (PE) based interventions in BCC, a clear narrative is to be provided in the following critical areas:

 - Activities expected of PE by organisation
 - Qualities to look for in recruitment and selection

- Comprehensive training of PE to match the desired level of behaviour change in target audience
- Support and supervision of PE by ORWs
- Community acceptance and support to PE

A peer education approach may lead to some difficulties from the community. A brief listing of these difficulties / problems may be provided and strategies to address the same listed.

If the organisation has used PE as part of health promotion work in the previous year, the impact of the same in planning the current intervention may be stated.

4.2 STD Care Facilities

The Grantee needs to develop an objective for the STD care facilities, and clearly provide the steps for improving it from the previous year, such as:

- Improving the visibility of services in the project area
- Improving the effectiveness of the referral system
- Locating the services in a place that is convenient for the target audience, to access services from. Timing the services so as to encourage the target audience to avail of them.

The Grantee should provide a narrative covering the below:

- Describe the rationale for the choice of services at each point
- Describe the strategies to be adopted by the Grantee to address the barriers to use of existing health care services
- Describe how the project's services are likely to increase the access of target population to quality health care.
- Describe the strategies proposed by the Grantee to improve the quality of communication between health care providers and the target audience.
- Enumerate the services that are to be provided by the health care facility of the project.
- How the BCC interventions are likely to support/strengthen STD service delivery
- Availability of trained staff (medical doctors & RMPs) to adopt Syndromic approach to diagnose and treat STDs
- Availability of trained staff to do counseling as an integral part of syndromic case management
- System for maintaining privacy and confidentiality
- System for maintaining case records
- Development of MIS at the service locations

- Training needs of the staff (if trained staff are not available)

4.3 Condom Promotion and Distribution Programme

The Grantee should provide a narrative describing the following:

- Sales plan for condoms, based on the target audience's willingness or ability to pay
- Assessment of current condom distribution systems, including storage facilities, wholesale/retail distribution, i.e. number of shops selling condoms and the brands being sold there.
- The community's experience in using condoms (as reported by the community itself)
- Condom brands preferred by the target audience
- Condom events and other promotional activities to be planned
- Steps to be followed for introducing brands at affordable prices
- Source and method of procurement/storage space and means of re-packaging of condoms
- Number of outlets proposed to be set up
- System to be developed for recording condom distribution
- Accessibility of proposed condom outlet sites to the target audience
- Mechanism to prevent stock-out situations at condom outlets and replenish the stock

4.4 Staff Capacity Building

The Grantee should provide a narrative on the training/capacity building needs of its staff to provide quality services in the project. The Grantee should also make suggestions regarding the following:

- The steps involved in planning a training programme
- Identification of resource person/organisations for training
- Proposed frequency for conducting training
- Coverage of the training

If the Grantee is not able to identify the exact training needs at that juncture, a separate proposal may be sent for the same later in the year.

4.5 Addressing the Other Issues

The Grantee should outline its strategies to make the intervention gender sensitive. It should also present its strategies to reach out to the sexual partners of the primary stakeholders. The Grantee should also list the organisational changes it proposes to carry out to strengthen service delivery. It should also list the monitoring and information system it proposes to adopt. The processes to be adopted for monitoring the quality in each technical area should also be listed. In case the Grantee is planning to expand its

operations to other geographical areas, it should list the following- the methodology to be adopted (already adopted) for need's assessment and the report on the same.

5. Organisational Analysis: (One Page)

The Grantee should also provide a one-page write-up on the following:

- Strengths of the Grantee and how they relate to the intervention being planned.
- Weaknesses of the Grantee, how they would impact the execution of the SACS intervention and the plans to overcome the same.
- Classification of weaknesses into those that can be addressed internally and those that require external support

The organisation's strength could be in terms of:

- Sufficient field experience and understanding of grassroots realities
- Availability of trained, qualified, experienced, motivated, committed and skilled staff
- Presence of and ability to build a good network
- Availability of good project management systems
- Strong training capability
- Leadership.

In each of the cases the proposal needs to reflect, how the Grantee proposes to translate these in implementing the intervention. Similarly, the Grantee needs to analyse its weaknesses and provide plans for overcoming these. The weaknesses could be:

- Absence of systems
- Planning
- Project management
- Documentation and recording
- Finance and accounting
- Monitoring and evaluation
- Purchasing and inventory system
- Training needs identification & capacity building system
- High turnover of staff
- Overburdening of staff as the operations expand
- Lack of formal structures and clearly defined roles

6. Goal And Objectives

The Grantee should think through the design of the proposal to ensure that it is realistic and logical. It should be clear about its goals and objectives

6.1 Define the Goal of the Intervention

The Grantee should frame the goal in such a way so as to define the scope of the intervention.

6.2 Defining the Objectives

The Grantee should state its objectives in a positive and active way, be realistic, answer who, what, when, and how many/much, and be a logical step towards accomplishing the goal.

6.3 Defining the Activities

Activities are the tasks that are to be performed to accomplish objectives. Each objective will have multiple activities. The Grantee should describe, in the proposal and work plan, the three or four primary activities that will lead to the achievement of the objective.

It is advisable to make sure that the activities proposed match the strengths of the organization.

6.4 Develop a Work Plan

Work plan is a detailed schedule that describes how the activities will be accomplished, by whom and when. The Grantee should think through in detail who would accomplish the activities, when, how and with what these resources.

7. Monitoring And Evaluation

7.1 Development of Output Indicators for Activities

Output indicators that are measures, will help you determine the level of achievement of the activities can be developed. They are standard measures that can be tracked over time to see how effectively the activities are accomplished. Clear measurable output indicators can both be qualitative and quantitative.

An activity output indicator is a quantified statement of what has been accomplished by the activity. Each activity needs to be translated in terms of an output-qualitative or quantitative. If the activity deals with a qualitative factor then the output would be in qualitative terms, but whenever possible, this can be quantified. For example – if the activity were to train the staff, then the indicator can be induction training completed for all the newly recruited staff.

Example:

The activity is 20 community workers trained in condom use for 2 days.

The indicator is 20 community workers attended the training and can correctly demonstrate condom use, by end of first quarter.

7.2 Monitoring Systems

The Grantee would be required to think through their information generation system. The information system needs to describe the information they expect to periodically capture at the field level, through whom and how it will be gathered. Further, the flow of

information and periodicity of reporting would have to be identified. The responsibility for consolidation, analysis and reporting also needs to be planned and presented. Therefore, this part of it needs to provide:

- The parameters that the organisation wants to monitor.
- What information would be gathered, at what level and by whom.
- The formats for gathering information.
- The periodicity of information gathering, flow and analysis needs to be specified.
- The type of analysis that would be carried out would also have to be specified.

The information tracked needs to be able to assess, for example:

- The basic media which are most effective and preferred by the target audience
- Priority prevention indicators, such as number of target audience being able to cite at least two ways to protect themselves from STD/HIV, number of people who sought STD services, and who received appropriate advice on condoms and partner notification.

Establish the effectiveness and linkage between BCC, STD care and condoms.

8. Detailed Budget and Staffing Pattern

The detailed budget and staffing pattern may be provided as per formats to be developed by SACS .

CRITERIA FOR SCORING PROPOSALS

In order to enable the scoring for each of the factor blocks, the breakdown of factors is provided below:

1. Reflection of the understanding of the needs of the target population and district scenario

- Out of 5 Understanding the socio-demographic profile of the target community.
- Out of 5 Understanding of the district profile including prevalence, health infrastructure and services including development programs
- Out of 5 Understanding of the target communities knowledge attitude and practices in HIV/AIDS prevention
- Out of 5 Proposed intervention design based on the needs of the target community and the geographical characteristics.
- Out of 20 Total points for factor block 1

2. Clarity in drawing up goals, objectives and activities including output and outcome indicators

- Out of 5 Developing goals, objectives, outputs and outcomes based on the needs assessment.
- Out of 5 Clearly stated measurable goal, objectives, output and outcome indicators
- Out of 5 Linkages between goals, objectives, outputs and outcome indicators
- Out of 15 Total for factor block 2

3. Demonstrate linkages between prevention to care continuum projects

- Out of 5 Has the proposal listed out the agencies providing prevention, care and treatment services and other developmental programs / schemes.
- Out of 5 Does the proposal indicate the approaches that would be adopted for seeking support.
- Out of 5 Does the proposal articulate appropriate mechanism for networking, referral and follow-up.
- Out of 15 Total for factor block 3

4. Clear Sustainability and exit strategies

- Out of 10 Does the proposal have a section on sustainability and exit strategies
- Out of 10 Is the strategies proposed for sustainability logical with clear milestones during the life of the project.
- Out of 20 Total for factor block 4

5. Monitoring and Evaluation Plan

- Out of 5 Whether the Logframe of activities for each TI strategy has been made in the proposal as per key TI indicators?
- Out of 5 Whether the monitoring mechanisms (staff meeting, field based information system including documentation, deliverables, benchmarks etc.) has been clearly listed out in proposal along with timeline ?
- Out of 10 Total for Factor block 5

GRANT AWARD LETTER SPECIMEN
(on letterhead of Project Director)
STATE AIDS CONTROL SOCIETY

GRANT AWARD LETTER

Memo No. _____

Dated _____

To,

Dear Sir/Madam,

Subject: **Grant Award Letter**

We are pleased to convey the approval for your Project Proposal titled - _____ for Grant Award at a total cost of Rs. _____/- of which State AIDS Control Society Grant Fund Rs. _____ (Rs. _____/-) and NGO Contribution Rs. _____/- . Your **Project ID No.** is _____. Please quote your Project ID No. given above for all future correspondence with the State AIDS Control Society.

The following documents are enclosed along with this Grant Award Letter:

1. Grantee Contract between State AIDS Control Society and your Organization
2. Grantee Manual for State AIDS Control Funds with Annexure
3. Agreed Project Proposal
4. Agreed Budget
5. Performance Bond

The details of our Grant support are as follows:

- | | | | |
|----|--|---|-------------|
| 1. | Duration of the Project | : | One year |
| 2. | Date of commencement of the Project | : | _____ |
| 3. | Date of end of the Project | : | _____ |
| 4. | Total grant from State AIDS Control Society for the Year I from DD/MM/YY to DD/MM/YY | : | Rs. _____/- |

The terms and conditions of release of Grant is as mentioned in the Grantee Agreement.

The following members shall be the one point contact for assisting your project:

Technical Assistance:

1. Team Leader, Technical Support Unit

Financial Assistance:

1. Finance Controller/ Finance Officer

Kindly let us know the one point contact from your side.

The grant will be given in quarterly installments and release of installments will be based on satisfactory progress of the project as given in the agreed proposal and achievement of output as given in the project Summary Sheet

You are requested to send the other documents duly signed by the chief functionary of the NGO with official seal. Each page shall be initialed and affixed with official seal.

On receipt of your signed documents, we will arrange to release the 1st Installment.

In case if you need any clarification, you can call on us during official working hours.

Kindly arrange to send us a copy of this letter duly signed and sealed as a token of your acceptance of the terms and conditions.

Thanking you and with all good wishes,

Yours sincerely,

For **State AIDS Control Society**

(_____)

Project Director

Encl: as above

**AGREEMENT FORMAT BETWEEN NGO/CBO AND THE SACS
FOR IMPLEMENTATION OF TARGETED INTERVENTIONS AND/
OR CARE, SUPPORT & TREATMENT SERVICES**

AGREEMENT BETWEEN SACS AND NAME OF NGO/CBO

AGREEMENT NUMBER

/Date/ Month/Year

This AGREEMENT (hereinafter called this AGREEMENT) is made on the

Date/Year/Month between NAME of NGO/CBO , a society registered under Societies Act .and having its office at , in the State of _____ hereinafter called the GRANTEE, which unless repugnant to the contrary shall include its successors, administrators, heirs, assigns and nominees OF FIRST PART

AND

NAME OF SACS having its office at ADDRESS hereinafter called the GRANTOR, which expression shall unless repugnant to the context be deemed to include its successors-in-interest.

WHEREAS

- (a) The Government of India (GOI) has received a credit from the International Development Association (the BANK) and a grant from the Department for International Development (DFID) towards the cost of the Third National Aids Control Program (NACP-III) and the GRANTOR intends to apply a part of the proceeds of the said credit and grant made available to it for the purpose of certain Targeted Interventions and/or Care, Support & Treatment Services as defined in this AGREEMENT (hereinafter called the SERVICES) on the terms and conditions set forth in this AGREEMENT
- (b) the GRANTEE has represented to the GRANTOR that it has the required professional skills, and personnel and technical resources, to provide the SERVICES on the terms and conditions set forth in this AGREEMENT

NOW THEREFORE the parties hereto hereby agree as follows:

1. Documents

The following documents shall be deemed to form an integral part of this AGREEMENT:

- (a) SECTION I - Terms and Conditions of this AGREEMENT
- (b) SECTION II - Approved Project Proposal and Detailed Implementation Plan describing the SERVICES to be performed
- (c) Section III - Schedule of Grant Disbursements

(d) The NGO/CBO Guidelines of National Aids Control Organisation (NACO) dated ____.

2. Previous Communications

This AGREEMENT between the parties supersedes all previous communications, whether oral or written, in relation to the implementation of the SERVICES to be undertaken in accordance with this AGREEMENT.

3. Implementation of the SERVICES

The GRANTEE shall in accordance with the terms and conditions as specified in Section I of this AGREEMENT implement the SERVICES as described in Section II of this AGREEMENT. The GRANTEE shall submit to the GRANTOR necessary documents and reports as specified in this AGREEMENT.

4. Financial Limit

The total financial grant for the SERVICES shall not exceed Rs. _____ (Rupees _____ Only).

5. Disbursement

The GRANTOR shall disburse grants to the GRANTEE for the SERVICES in such manner as provided in Section III - Schedule of Grant Disbursements, within the financial limit specified in Clause 4 above. The disbursement shall be subject to receipt of grant funds by the GRANTOR from NACO.

6. Duration of this AGREEMENT

This AGREEMENT shall remain in FORCE from _____ to _____ unless terminated earlier in accordance with the provision of this AGREEMENT or in the event the period is extended through a mutually agreed amendment to this AGREEMENT. The total duration of the AGREEMENT including extension, if any, shall not exceed a period of one year.

IN WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be signed in their respective names as the day and year first above written.

FOR AND ON BEHALF OF THE GRANTEE

Signed by (1) _____

Name

Designation

Address

Date

Signed by (2) _____

Name

Designation

Address

Date

In the presence of

Signature of Witness 1 _____

Name

Address

Date

Signature of Witness 2 _____

Name

Address

Date

FOR AND ON BEHALF OF THE GRANTOR

Name

Position

Signature

Date

In the presence of

Signature of Witness 1 _____

Name

Address

Date

Signature of Witness 2 _____

Name

Address

Date

Location:

Section I. Terms and Conditions of this AGREEMENT

1. Construction of this AGREEMENT

1.1 This AGREEMENT shall be governed by and construed in accordance with the laws of India.

2. Definitions

- 2.1. GRANTEE means the Non-Government Organization (NGO) or non-profit institution or non-profit association or Community Based Organization (CBO) that is a party to this AGREEMENT. In case of a NGO network implementing this AGREEMENT, the Lead GRANTEE shall be a party to this AGREEMENT.
- 2.2. GRANTOR means the State Aids Control Society (SACS) of the State that is a party to this AGREEMENT
- 2.3. AGREEMENT means this AGREEMENT between the GRANTOR and the GRANTEE consisting of this AGREEMENT and the documents listed in Clause 4 therein.
- 2.4. SERVICES means those activities related to targeted interventions and/or care, support and treatment (as defined hereinafter) that shall be performed by the GRANTEE for which the GRANTOR has agreed to provide funds and which are specifically defined in Section II of this AGREEMENT.
- 2.5. Approved Budget means the budget sanctioned by the Executive Committee of the GRANTOR for the implementation of the SERVICES based on which, the grant funds shall be released in installments.
- 2.6. Quarter days means the quarter days referred in the contract letter notified by the GRANTOR to the GRANTEE.
- 2.7. The NGO/CBO Guidelines means NACO's guidelines dated ___ as referred to in Clause 1 of this AGREEMENT.

3. Instructions and Approvals

- 3.1 The GRANTEE shall carry out the SERVICES with due diligence and efficiency and in conformity with appropriate administrative, technical, financial, economic, environmental and social standards and practices, and in accordance with the provisions of this AGREEMENT.

- 3.2 No variation in the Approved Proposal and/or the Implementation Plan and/or the budget shall be valid or binding unless expressly agreed to in writing by the GRANTEE and the GRANTOR in the form of an Amendment. Each Amendment shall be allotted a distinctive number and shall constitute a part of the current agreement.
- 3.3 The GRANTOR shall not provide grant funds in respect of work done outside the scope of work and/or the geographical area as defined in Section II of this AGREEMENT and takes no responsibilities whatsoever for such work.

4. General Provisions

- 4.1 Nothing contained in this AGREEMENT shall be construed or have effect as constituting a relationship of employer and employee or principal and agent between the GRANTOR and the GRANTEE. The GRANTEE for this purpose refers to its own employees, whether permanent or contractual and any persons, association, institution and organization acting on behalf of the GRANTEE.
- 4.2 The GRANTEE shall be responsible for all acts and omissions of its employees and any persons, associations, institutions or organizations engaged by the GRANTEE including the GRANTEE's network partners (if any) and service providers (if any), whether or not in the course of implementing the SERVICES and for the health, safety and security of such persons or entities and their property.
- 4.3 The GRANTEE shall indemnify the GRANTOR in respect of any claims made against the GRANTOR pursuant to the implementation of the SERVICES including legal costs incurred by the GRANTOR in defending such claims.

5. Financial Limit

- 5.1 The financial limit under this AGREEMENT shall be the amount stated in Clause 4 on second page of this AGREEMENT.
- 5.2 Subject to availability of grant funds from NACO, the funds shall be released to the GRANTEE in installments in accordance with Section III of this AGREEMENT, but in no case shall exceed the financial limit laid down in Clause 4 of this AGREEMENT.
- 5.3 If the GRANTOR becomes aware of the misuse of funds by the GRANTEE or its employees or agents, the GRANTOR reserves the right to stop all future disbursements and shall initiate action to recover all the amounts disbursed to the GRANTEE under this AGREEMENT
- 5.4 Grant funds are only to be used for the purpose stated in the Section II of this AGREEMENT and shall not be used as a source of profit.
- 5.5 In such cases where the GRANTOR is not able to meet the disbursement schedule as stated in Section III the same shall be notified to the GRANTEE and the expected delay be agreed upon. Any additional costs incurred by the GRANTEE for generating funds to keep the SERVICES operational during the period of delay shall be reimbursed on an agreed basis (bank interest rate of lending) by The Grantor over and above the financial limit agreed upon.

5.6 Budget revisions may not necessarily increase the financial limit and if any agreed revisions results in a financial limit increase/decrease the same may be made operational through an amendment to this AGREEMENT and appropriately serially numbered.

6. Disbursements

6.1 On signing of this AGREEMENT by the GRANTEE, the GRANTOR shall release the grant amount approved for the SERVICES in three installments. The first installment will cover the estimated expenses as provided in SECTION II of this AGREEMENT that are likely to be incurred by the GRANTEE during the first six months of the implementation of the SERVICES.

6.2 Subject to the GRANTOR being satisfied with the progress of implementation of the SERVICES in accordance with the Approved Proposal and/or the Implementation Plan, the second grant installment duly approved, shall be disbursed in accordance with the Schedule of Grant Disbursements.

6.3 Disbursements to the GRANTEE shall be made in Indian Rupees. The funds so disbursed shall be deposited by the GRANTEE in a separate registered bank account of the GRANTEE.

6.4 In the event the implementation of the SERVICES is not as per this AGREEMENT, the GRANTOR reserves the right to - withhold or reduce the grant installment approved for the SERVICES to the GRANTEE or- stop further disbursement of grant installments to the GRANTEE. In such event, the GRANTOR shall identify the particular activities which are not implemented in accordance with this AGREEMENT together with the effect thereof and inform the GRANTEE in writing. Release of grant installments shall be made upon remedying of the unsatisfactory work, and on resolution of the outstanding queries by the GRANTEE, to the satisfaction of the GRANTOR.

6.5 Should the GRANTOR notice a lack of progress in implementing the SERVICES by the GRANTEE, and the GRANTEE fails to take corrective steps to implement the SERVICES within 30 days of a written notice being served to this effect to the GRANTEE by the GRANTOR the GRANTOR may terminate this AGREEMENT in accordance with the terms of this AGREEMENT. The GRANTEE shall refund the grant funds received in excess of the cost of implementation as determined after an Audit of the accounts of GRANTEE is carried out by the GRANTOR or on its behalf.

7. Procurement

7.1 The GRANTEE shall carry out all procurement required for implementation of the SERVICES in accordance with the requirements set forth or referred to in Section I and Sections I and IV of the BANK's Procurement Guidelines and Consultant Guidelines respectively, published in May 2004, and the NGO/CBO Guidelines.

7.2 The GRANTEE shall carry out procurement of pharmaceuticals and medical supplies, if required under this AGREEMENT, in accordance with the following:

- (a) The GRANTEE shall purchase pharmaceuticals and medical supplies that are manufactured by firms included in list of WHO GMP certified firms included in the NGO/CBO Guidelines at Annexure 11
- (b) The GRANTEE shall not spend an amount greater than Rs.1,50,000 per annum on procurement of such pharmaceuticals and medical supplies
- (c) The GRANTEE shall obtain the receipt from the medical store/ supplier clearly indicating the name of the pharmaceuticals and medical supplies procured and the name of manufacturing firm. Such invoices and other records evidencing the expenditures on pharmaceuticals and medical supplies shall be properly maintained by the GRANTEE and furnished to the GRANTOR or the BANK/DFID and when required for review and
- (d) The GRANTEE shall purchase pharmaceuticals and medical supplies in accordance with the Shopping and Direct Contracting procedures as listed in the NGO/CBO Guidelines.

7.3. Notwithstanding the provisions of paragraph 7.2 above, the expenditures on procurement of pharmaceuticals and medical supplies by the GRANTEE shall remain eligible for financing in accordance with the provisions of this AGREEMENT, except that, after the completion of the detailed implementation review being carried out by the BANK, the BANK and the GOI shall discuss the conclusions of said review with a view to formulating a mutually acceptable solution to the issues identified thereunder, pertaining to procurement of pharmaceuticals and medical supplies under this AGREEMENT. In the event the BANK and the GOI are unable to formulate, within a reasonable time-frame, a mutually acceptable solution, the BANK may notify the GOI that the expenditures referred to hereinabove shall no longer remain eligible for financing until a mutually acceptable solution is formulated by the BANK and the GOI. Upon such notification by the BANK, the expenditures on pharmaceuticals and medical supplies by the GRANTEE shall not be eligible for financing under this AGREEMENT.

7.4. The compliance to above agreed procurement procedure shall be monitored through various reviews/audits as listed in this AGREEMENT or through other special review if so commissioned by the BANK/DFID.

8 Accounts, Records and Audit

8.1 The GRANTEE shall maintain financial management system, accurate accounts and records, prepare financial statements (The Accounts, Records and Financial Statements) in respect of the SERVICES and carry out financial audit, in such form and detail which identifies all expenditures incurred for the SERVICES, all in a manner satisfactory to the GRANTOR and the BANK/DFID and in accordance with the NGO/CBO Guidelines. The GRANTEE shall furnish the financial statements to the GRANTOR in accordance with the NGO/CBO Guidelines.

8.2 The GRANTEE shall abide by all the terms and conditions specified in this AGREEMENT and the GENERAL FINANCIAL RULES, July 2005 as amended from time to time and any orders or instructions that may be issued by the Government

of India or the State Government, where the GRANTOR is situated, from time to time.

- 8.3 The GRANTOR or its representatives and/or Auditors appointed by the GRANTOR (Panel of Auditors), and /or the BANK/DFID shall on giving reasonable notice to the GRANTEE, visit the GRANTEE's offices to review and audit the Accounts and Records including review of the adherence to terms and conditions of this AGREEMENT or to inspect the pharmaceuticals, medical supplies, other goods or services procured for the SERVICES. The GRANTEE shall
- co-operate with such teams during the review and inspection
 - provide access to the Accounts and Records pertaining to the SERVICES whether on computer or in manual form
 - provide copies of accounts and records
 - provide oral or written explanations of the Accounts and Records as may be reasonably required during the review and audit.
- 8.4 In the event the review and audit undertaken by the GRANTOR identifies any errors or inaccuracies in the Accounts and Records of the GRANTEE, the GRANTEE shall within 30 days of a written demand served by the GRANTOR, carry out suitable rectification in its Accounts and Records. The GRANTOR shall either adjust excess disbursements arising from errors in accounting by the GRANTEE from future installments or the GRANTEE would refund the excess disbursement arising from errors in accounting to the GRANTOR.
- 8.5 The GRANTOR shall appoint a panel of auditors who shall visit the GRANTEE once in six months to carry out the audit of the accounts and the financial records and the audit certificate issued by the auditor jointly signed by the Head of GRANTEE, Finance Officer of the GRANTEE and the auditor would form the basis of further release of grants.

. Review, Monitoring and Reporting

- 9.1 The GRANTEE shall prepare and furnish to the GRANTOR, reports on progress (financial and physical progress) in implementation of the SERVICES as may be required by the GRANTOR from time to time and in a manner and substance satisfactory to the GRANTOR.
- 9.2 (a) The GRANTOR shall review and monitor annually the performance and progress of the GRANTEE in implementation of the SERVICES using third party monitoring focusing, inter-alia, on purchases of pharmaceuticals and medical supplies by the GRANTEE according to the list of firms referred to in paragraph 7.2(a) of this Section I. The GRANTEE shall participate in and facilitate such review by the GRANTOR and
- (b) The GRANTEE shall take all actions to improve performance and progress in implementation of SERVICES, as may be required by the GRANTOR on the basis of review referred to in (a) above.

- 9.3 The GRANTEE shall, at the request of the BANK/DFID, (a) exchange views with the BANK/DFID with regard to the progress of carrying out the SERVICES and other matters relating to this AGREEMENT and (b) furnish all such information related thereto as may reasonably be required by the BANK/DFID.
- 9.4 The GRANTEE shall promptly inform the GRANTOR, the GOI, the BANK and DFID of any condition which interferes with or threatens to interfere with the progress of its obligations under this AGREEMENT.

10. Amendment

- 10.1 This AGREEMENT shall be amended by written mutual consent of the parties to this AGREEMENT. The amendments shall be documented and allotted a distinctive number.

11. Suspension and Termination

- 11.1 In the event of this AGREEMENT being terminated, the GRANTEE shall take such steps as are necessary to bring the SERVICES to a close in a cost effective, timely and orderly manner.
- 11.2 The GRANTEE shall not be entitled to payment of any amount by way of compensation for termination of this AGREEMENT.
- 11.3 The GRANTEE shall submit full accounts of all the receipts and payments and commitments incurred for the purposes of the AGREEMENT, which shall be audited by the GRANTOR or its representative
- 11.4 Provided that payments are within the Financial Limit and not subject to dispute, the GRANTOR shall disburse funds to the GRANTEE to meet approved expenses and commitments related to the SERVICES up to and including the date of termination including expenses necessarily incurred by the GRANTEE after the date of termination in winding up the SERVICES.
- 11.5 In the event of excess disbursement to the GRANTEE, the GRANTOR shall demand and recover from the GRANTEE such excess disbursements and the GRANTEE would be liable to refund the excess disbursements within a period of 30 days of ascertainment of the final amount. The GRANTOR reserves the right to appoint an Auditor to ascertain the amount to be paid to or received from the GRANTEE.
- 11.6 Without prejudice to any other remedies, the GRANTOR may, by notice in writing to the GRANTEE, suspend or terminate the right of the GRANTEE to use the proceeds of the grant under this AGREEMENT upon the happening of any of the following events
- (a) The GRANTEE shall have failed to carry out the SERVICES or any part thereof to the satisfaction of the GRANTOR in accordance with the provisions of this AGREEMENT or
 - (b) The GRANTEE shall have failed to perform any of its obligations under this AGREEMENT or
 - (c) The GRANTOR shall have determined on the basis of the review referred

to in paragraph 9 of this Section that the performance of the GRANTEE under this AGREEMENT is not satisfactory or

- (d) Upon suspension by the BANK of the financing under the agreement dated ____ between the GOI and the BANK (Credit No.____) for the purposes of financing the Third National HIV/ AIDS Control Project supporting NACP-III or upon issuance of a notice by the BANK declaring an intent to suspend such financing.

11.7 The GRANTOR shall terminate this AGREEMENT with immediate effect by serving a notice in writing to the GRANTEE in case of the following events:

- GRANTEE becomes bankrupt
- GRANTEE is wound up.
- GRANTEE is blacklisted by CAPART or by Ministry of Home Affairs or any other government agency and the same is notified.
- Upon occurrence of any of the events listed under paragraph 11.6.

11.8 If at any point of time during period of implementation of the SERVICES it comes to notice of the GRANTOR that the GRANTEE is receiving multiple funding for SERVICES or any part thereof, then the AGREEMENT shall be terminated forthwith without any further notice.

11.9 If at any point of time it is noted that the full time staff being funded by this AGREEMENT are being used on multiple projects by the GRANTEE then the GRANTOR reserves the right to terminate this AGREEMENT forthwith.

11.10 It is essential that the GRANTEE maintains the staff having adequate qualification and experience satisfactory to the GRANTOR throughout the period of this AGREEMENT as has been provided in the proposal failing which the GRANTOR may require the GRANTEE to ensure such staff is provided. If the GRANTEE does not comply with the requirement the GRANTOR may proceed to terminate this AGREEMENT.

11.11 Notwithstanding the causes for termination of this AGREEMENT, Clauses 13.2, 20.1, 20.2, 20.5, 20.6 and 20.7 shall survive the termination of this AGREEMENT

12. Force Majeure

12.1 If the performance of this AGREEMENT by either party is delayed, hindered or prevented or is otherwise frustrated by reason of force majeure, which shall mean war, civil commotion, fire, flood, action by any Government or any event beyond the control of the parties to this AGREEMENT, then the party so affected shall promptly notify the other party in writing specifying the nature of the force majeure and of the anticipated delay in the performance of this AGREEMENT. From the date of the notification the GRANTOR shall at its discretion, either terminate this AGREEMENT forthwith or suspend the performance of this AGREEMENT for a period not exceeding 6 months. If at the expiry of such period of suspension, any of the reasons for the suspension still remain, the GRANTOR and the GRANTEE shall

either agree to a further period of suspension or treat this AGREEMENT as terminated.

- 12.2 If at the expiry of the second period of suspension, the reasons for the suspension still remain, the GRANTOR and the GRANTEE shall treat this AGREEMENT as terminated.

13. Indemnity

- 13.1 The GRANTEE shall exercise reasonable skill, care and diligence in the performance of its obligations under this AGREEMENT.

- 13.2 The GRANTEE shall indemnify and keep indemnified the GRANTOR in respect of any loss, damage or claim howsoever arising out of or related to the breach of this AGREEMENT or legal provisions or negligence by the GRANTEE or the GRANTEE's employees, agents, partners or service providers, in relation to the performance or otherwise of this AGREEMENT.

14. Assigning to Others

- 14.1 The GRANTEE shall not, without the prior written consent of the GRANTOR, assign or transfer or cause to be assigned or transferred, whether actually or as the result of take over, merger or other change of identity or character of the GRANTEE, any of its rights or obligations under this AGREEMENT or any part, share or interest therein. Upon any such assignment or transfer, the GRANTOR shall forthwith terminate this AGREEMENT.

15. Settlement of Disputes

- 15.1 All disputes arising out of the meaning or interpretation of any of the Clauses of this AGREEMENT or any other matter arising out of this AGREEMENT will be attempted to be sorted out in mutual consultation between the Project Director of the GRANTEE and the Joint Director of the GRANTOR within 15 days of the matter being referred to one party by the other in writing.

- 15.2 Should the parties be unable to settle disputes through mutual consultations as mentioned in Clause 15.1 or within a period of 15 days from the time the matter is referred by one party to the other, the Grievance Redressal Cell (GRC) comprising a retired High Court Judge (as Chairperson), the Project Director of GRANTOR, the Finance Officer and/or the Joint Director (NGO Co-ordination) from the GRANTOR and the GRANTEE's representative elected to represent the GRANTEE in the Executive Committee of the GRANTOR shall discuss the matter in dispute with both the parties in the next monthly meeting of the GRC and take a decision on the same. The decision of the GRC will be binding on both parties.

- 15.3 Should either party have cause to disagree with the decision of the GRC, the matter in dispute shall be referred to a panel of 3 Arbitrators of which one Arbitrator shall be nominated by the GRANTEE, one by the GRANTOR and the third Arbitrator shall be chosen by the two Arbitrators and will act as the presiding arbitrator of the tribunal. The decision of the Arbitrators will be on the basis of a simple majority (i.e. at least 2 of the 3 Arbitrators should be in favor of any decision). The decision of

the panel of Arbitrators shall be final and binding on both the parties. The Arbitration proceedings shall be conducted in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

- 15.4 The place of arbitration shall be the city where GRANTOR is located.
- 15.5 All disputes arising between the parties shall be subjected to the jurisdiction of the Courts in the city where GRANTOR is located only and in no other courts.

16. Evaluation

- 16.1 The GRANTOR shall undertake or cause to be undertaken, evaluation of the impact and cost-effectiveness of the SERVICES. Such evaluation shall be carried out during the tenure of this AGREEMENT. The GRANTEE shall,
- co-operate with such teams during the review
 - provide access to the Accounts and Records pertaining to the SERVICES whether on computer or in manual form
 - provide copies of accounts and records
 - provide oral or written explanations of the records as may be reasonably required during the evaluation.

17. Conflict of Interest

- 17.1 Neither the GRANTEE, their personnel, agent, network partner or service provider nor their personnel shall engage in any personal business/professional activities, either during the course of or after the termination of this AGREEMENT, which conflict with or could potentially conflict with the object of the SERVICES.
- 17.2 The GRANTEE shall notify the GRANTOR immediately of any such activities or circumstances, which give rise to or could potentially give rise to a conflict and shall advise the GRANTOR how, they intend to avoid such a conflict.
- 17.3 In the event of a conflict as described above arising during the tenure of this AGREEMENT, the GRANTOR reserves the right to terminate this AGREEMENT on giving written notice to the GRANTEE.

18. Prevention of Corruption

- 18.1 The Bank requires that the GRANTEE (including SUB-GRANTEE, if any), as well as GRANTOR participating in Bank-financed projects adhere to the highest ethical standards, both during the selection process and throughout the execution of a contract. In pursuance of this policy, the Bank:
- (a) defines, for the purpose of this paragraph, the terms set forth below as follows:
- (i) corrupt practice means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of a public official in the selection process or in contract execution

- (ii) **fraudulent practice** means a misrepresentation or omission of facts in order to influence a selection process or the execution of a contract
 - (iii) **collusive practices** means a scheme or arrangement between two or more GRANTEES with or without the knowledge of the GRANTOR, designed to establish prices at artificial, noncompetitive levels
 - (iv) **coercive practices** means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a selection process, or affect the execution of a contract.
- (b) will reject a proposal for award if it determines that the recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for the contract in question
 - (c) will cancel the portion of the credit allocated to a contract if it determines at any time that representatives of the GRANTOR or of a beneficiary of the credit were engaged in corrupt, fraudulent, collusive or coercive practices during the selection process or the execution of the contract, without the GRANTOR having taken timely and appropriate action satisfactory to the Bank to remedy the situation.
 - (d) will sanction a GRANTEE, including declaring the GRANTEE ineligible, either indefinitely or for a stated period of time, to be awarded a Bank-financed contract if at any time determines that the GRANTEE has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for, or in executing, a Bank-financed contract and
 - (e) will have the right to require that, in contracts financed by the Bank, a provision be included requiring GRANTEE to permit the Bank to inspect their accounts and records and other documents relating to the submission of proposals and contract performance, and have them audited by auditors appointed by the Bank.

1 . Commissions and Discounts

19.1 The GRANTEE shall not accept for their own benefit any commission, discount or similar payment or benefit, in connection with this AGREEMENT. In addition, the GRANTEE shall use their best endeavors to ensure that persons and organizations associated with the implementation of the SERVICES shall not receive any such additional remuneration or benefit.

20. Disclosure of Information, Intellectual Property Rights and Official Secrets Act

20.1 The GRANTEE shall not during or after the termination of this AGREEMENT disclose to any third party any confidential information arising from this AGREEMENT (other than in the proper performance of their duties hereunder or as may be required by a court or arbitration panel of competent jurisdiction) except with the prior written permission of the GRANTOR.

20.2 For the purposes of this clause, **confidential information** shall mean information relating to proprietary, technological, economic, legal, administrative business and

technical matters of the GRANTOR that is not available in the public domain. The GRANTEE shall not use any information in a way, which would cause embarrassment to the GRANTOR or to the NACO or to the BANK/DFID, or to the Government of India.

- 20.3 Before any publication is made, the approval of the GRANTOR shall be obtained. Any publication shall contain an express acknowledgement of the relevant copyright.
- 20.4 The GRANTEE shall within 10 days of the date of publication, supply the GRANTOR with as many copies of any publication as the GRANTOR may reasonably request.
- 20.5 Reports and any other document or materials prepared or inventions or information produced as a result of the performance of this AGREEMENT and all intellectual property rights therein, unless otherwise specifically stated in this AGREEMENT, shall be and remain the property of the GRANTEE. The GRANTOR shall have the right to request for copies and access documents and materials stated above.
- 20.6 Where the GRANTEE is in agreement with the GRANTOR to supply Project Reports to a Recipient, the reports shall be addressed to the GRANTOR. All intellectual property rights in such reports and any other documentation or materials prepared or inventions or information produced as a result of the performance of this AGREEMENT shall be and remain the property of the GRANTEE.
- 20.7 When the Project Reports are supplied directly to the GRANTOR, the GRANTEE shall take all reasonable steps to ensure that personnel engaged on The Intervention have notice that the provisions of the Official Secrets Act apply to them and will continue to apply after completion or earlier termination of this AGREEMENT.

21 Notices

- 21.1 All notices, demands, and other communications in connection to this AGREEMENT shall be deemed to have been duly given if personally delivered or sent through registered post, or through speed post, or by overnight courier with package tracing capability as provided elsewhere in this AGREEMENT, to the address set forth below. Either party may change the addresses set forth for it herein upon written notice thereof to the other.

Notices to GRANTOR

NAME & DESIGNATION OF CONCERNED OFFICER IN THE SACS

ADDRESS OF SACS

Notices to GRANTEE

NAME & DESIGNATION OF CONCERNED OFFICER IN THE NGO

ADDRESS OF NGO

SECTION II

Please attach the Approved Project Proposal and Detailed Implementation Plan describing the SERVICES to be performed

e t on

Attach the Schedule of Grant Disbursements

Stage	Month	Disbursement%	Conditions
Start	Month 1	45%	Advance (This will cover 100% Non Recurring Expenditure and 5 months RE)
SOE for Qtr 1	Month 4		Review SOE and recommend for release 2 nd installment by end of month 4.
	Month 5	35%	2 nd Installment for RE for the months 6,7,8,9
	Month 6		Audit
SOE for Qtr 2	Month 7		Review SOE and recommend for release 3 rd installment by end of month 7.
	Month 8	20%	3 rd Installment for RE for the months 10,11 12
SOE for Qtr 3	Month 10	Nil	Review SOE.
SOE for Qtr 4	Month 13	Nil	Review SOE & Audit

PERFORMANCE BOND of NGO/CBO (on stamp paper)

This bond made this day the _____ between _____ a Non Governmental Organisation registered under The Societies Registration Act 1860/ The Bombay Trusts Act 1950 and having its registered office at _____ hereinafter called 'the obliger' (which expression shall, unless excluded by or repugnant to the context, be deemed to include its successor-in-interest) of the First Part and (1)..... son of resident of (2).....son of.....resident of hereinafter jointly called the sureties (which expression shall unless excluded by or repugnant to the context be deemed to include their respective heirs, executors, administrators and legal representatives) of the second part and _____ State AIDS Control Society a registered society, a Joint Project of Government of _____(State) and the National AIDS Control Organisation (NACO) launched for HIV/AIDS prevention and control in the state of _____ of the third part.

Whereas at the request of the obliger, State AIDS Control Society has sanctioned a grant-in-aid of Rs. _____/- and as _____ Contribution . The total amount of the grant in aid is Rs _____/- (Rupees: _____ only) vide their Grant Award letter no _____ dated _____ hereinafter referred to as the said letter, which forms an integral part of these presents and a copy whereof is annexed hereto and marked with the letter 'A' for the purpose of and on condition of the obliger executing along with two sureties a bond in favour of State AIDS Control Society on the terms and conditions and in the manner hereinafter contained which the obliger has agreed to do.

Now this bond witnesseth and it is hereby agreed and declared as follows:

1. That the obliger shall utilize the said grant-in-aid of Rs _____/- (Rupees: _____ only) for the purpose specified in the said letter and for no other purpose whatsoever.
2. That the obliger shall abide by all the terms and conditions specified in the Grantee agreement and the General Financial rules, and any orders or instructions that be issued by State AIDS Control Society from time to time.
3. That in the event of any failure in the part of the obliger to abide by any of the terms and conditions of the grant-in-aid specified in the said letter or his committing any breach thereof State AIDS Control Society will be at liberty to order the obliger and to repay in full forthwith the State AIDS Control Grant amounting to Rs. _____/

- Rupees: _____ only) or any part thereof with interest thereon at the rate of 6 % percent per annum and any order made by the State AIDS Control Society in this respect will be final and binding on the obliger and on receipt of the said order, the obliger shall forthwith and without any objection pay to State AIDS Control Society such sum not exceeding a sum of Rs. _____/- Rupees: _____ only) plus interest thereon as may be fixed by State AIDS Control Society and the amount so decided will be final and conclusive.

4. _____ agrees and undertakes to surrender/pay to State AIDS Control Society the monetary value of all such pecuniary or other benefits which it may receive or derive/ have received or derived through unauthorized use such as letting out the premises for adequate or less than adequate consideration or use of premises for any purpose other than that for which grant was intended of the property/building created/acquired constructed largely from out of the grant. The decision of the State AIDS Control Society as regards the monetary value aforementioned to be surrendered/paid to the State AIDS Control Society will be final and binding to _____.
5. Upon the obliger utilizing the grant-in-aid only for the purpose specified in the said letter and abiding by fulfilling and performing all the terms and conditions of the said letter the written obligation shall be void and of no effect but otherwise it shall be and remain in full force, effect and virtue.

Provided always and it is hereby agreed and declared that the decision of State AIDS Control Society as to whether the obliger had or has not performed and observed the obligations and conditions herein before received shall be and binding.

The stamp duty on the bond borne by State AIDS Control Society.

IN WITNESS WHEREOF these presents have been signed by Shri./ Smt. _____ and Shri. / Smt. _____ for and on behalf of the obliger as witnesses

1. Witness

(Name and address of the witness of obliger)

2. Witness

(Name and address of the witness of obliger)

Dated _____ Signed by (Project Director) for and on behalf of State AIDS Control Society in presence of

1. Witness : _____
2. Witness : _____

GENERAL CONDITIONS FOR THE RELEASE GRANT-IN-AID TO ORGANISATIONS

1. In the event of any failure to comply with these conditions or committing any breach of the bond will be liable to refund to State AIDS Control Society the entire amount of the grant together with interest at such rate as is stipulated in the bond.
2. The grant-in-aid is to be utilized within the period of six months from the date of receipt of the money for the purpose for which it is sanctioned.

If the grant or any part thereof is proposed to be utilized for a purpose other than that for which it is sanctioned, prior approval of State AIDS Control Society should be obtained by _____ .

The payment of the grant-in-aid will be made by State AIDS Control Society through demand draft /cheque after all the requirements mentioned in this sanction letter have been fulfilled by the grantee. A separate account exclusively for this purpose should be opened in a bank if not done before, the name of which may kindly be intimated to State AIDS Control Society.

The payment of grant is subject to the following condition.

- a) _____ should furnish a certificate that a person signing the understanding is duly authorized to operate upon and bind the funds of the grantee organization
- b) _____ should furnish the certificate that _____ is not involved in any proceedings relating to the account or conduct of its office bearers. A certificate to the effect that the organization is not involved in corrupt practices should also be furnished.
- c) _____ should furnish the certificate to the effect that _____ has not been sanctioned grant-in-aid for the same purpose by any other organization during the period to which the grant relates.
- d) _____ will not, without the prior sanction of State AIDS Control Society, dispose of, or divert or use for any other purpose of permanent and semi-permanent assets that may be created or acquired of the grant. If and when such body is dissolved the assets are to be reverted to the government.
- e) _____ should maintain a register in G.F.R. Form 19 of all assets acquired out of this grant. This register is required to be maintained separately in

respect of each sanction and two copies of the same duly signed by _____ be furnished to State AIDS Control Society annually

- f) The register of assets maintained by _____ be available for scrutiny by audit or any other person authorized on this behalf by State AIDS Control Society.
- g) _____ should forward to State AIDS Control Society a signed utilization certificate (copy enclosed) along with three copies of the Audited Statement of Accounts duly certified by a Chartered Accountant as mentioned in item nos. (i), (ii), & (iii) below as soon as possible after the close of the current financial year and in any case not later than six months of its closing.
 - i. The receipts and payments accounts of the body as a whole for the year in which the grant has been received
 - ii. The income and expenditure accounts of the body as a whole for the financial year in which the grant has been received.
 - iii. The balance sheet at the end of the current financial year for the body as a whole.

_____ would give an undertaking in writing that _____ agrees to be governed by the condition of the grant mentioned in this annexure and the sanction letter.

Certificate / Undertaking to be given by _____ in terms of State AIDS Control Society's Grant Award letter No: _____ dated _____

1. We undertake that our organization namely _____ agrees to the conditions of the grant as laid down in the above mentioned letter.
2. We certify that our organization is not involved in any proceedings relating to the account or conduct of any of its office bearers.
3. We certify that all the Rules and regulations are being followed and the prescribed documents are being maintained.
4. We certify that the office bearers signing/ Undertaking are duly authorized to operate upon and bind the funds of the organization.
5. We certify that our organization namely _____ is not engaged in any corrupt practice.
6. We certify that our organization namely, _____ has not received grants from any other Organisation for the same purpose during the period of the grant.

7. We, _____ undertake that the funds made available by State AIDS Control Society under the grant award for Targeted Intervention project with _____(Target group & location) for the period from DD/MM/YY to DD/MM/YY shall not be used for any purpose spelt out in the contract. Any violation of this shall be ground for unilateral termination of the grant award by State AIDS Control prior to the end of the grant period.

Signed & sealed for and on behalf of _____

Name of the Official:

Designation

PARTICIPATORY SITE VISIT (PSV) REPORT FORMAT

I. General Details

Name of the Organization	
Project Title	
Address	
Date of commencement of Project	
Renewed date	
Date of Desk Review	
Date of PSV	
Conducted by	
Debriefing Date	
Methodology	
PSV No.	

II. Background of the project:

- Past experience in number of years and types of programs. This information is already available with the SACS. Why is this being repeated here?
- Geographical area covered for the project
- Size of target population covered

III. Desk Review:

- a. Past Observation:
- b. Current Desk Review:

IV. Participatory Site Visit

A. Behaviour Change Communication (BCC)

(1-1, 1-group, events, IEC distribution, numbers reached, how this reach is achieved, quality of these activities, what are the organization quality assurance and quality improvement plan, how are these activities monitored and other observations should be noted)

- BCC program

One to one sessions (Achievements/barriers)

One to group (Achievements/barriers while dealing with specific population)

Events (With primary, secondary and tertiary target population)

The understanding of the NGO of the concept of the BCC activities should be based on the inputs given by the consultants in the earlier PSV and further reiterated during various review meetings.

B. STI Program

(how are client identified, process, how is the counseling done, how are referrals made, how are follow-ups done, review the case records of counselor and the method of preparing individual case sheets etc, how is complete treatment assured)

- Identification of HCPs
- Referral system (hand hold on the establishment of effective referral system)
- Acquaintance of the staff with STI symptoms identification
- Partner treatment
- STI counseling (Training needs)
- Availability and accessibility of STI services.

C. Counseling

has the counselor received training, how was the training, what improved can be seen. Type of counseling done by counselor, how are the report/ case sheet maintained, how is the follow-ups done etc.)

D. Condom Promotion

No. of condom distributed, demo & re-demo done, quality of the CP, no. of outlets, how they are functioning, availability and accessibility of condoms, is the community desensitized on the use of condoms)

- Condom demonstration
- Availability of penis models
- Addressing myths and misconceptions with regard to condom usage
- Establishment of NTOs for priced condoms and their sustenance
- Availability and accessibility of condoms. Free and priced
- System for gathering information on condom sale and distribution.

(Handholding on the entire processes involved in condom promotion)

E. Enabling Environment

(Type of Advocacy & networking meetings, community mobilization, mass events done to promote EE. Its impact, as it helped in referrals to police, STI clinics, PHCs, VCTC etc.)

Understanding of the NGO on the difference and the interconnection between Advocacy and EE. (Inputs given to be reiterated)

Various advocacy initiatives undertaken

Role clarity in terms of initiatives. Who should do what

F. Peer Educators System

(have they received training from BIRDS, was it useful, review the trainings they have conducted, quality of training, type of additional value, PEs render to the project etc)

Process of identification

- Nature of training
- Role of PE
- Monitoring of the PE
- Sustenance of the PE
- PE turnover
- Graduation of PE

G. Organizations structure

(involvement of Project holder in the organization, timings of work, how other activities are feeding into this program,)

- Number of staff per the project requirement
- Training programs undergone
- Further training needs
- Staff turnover
- Job descriptions
- Involvement of senior management in the project
- Autonomy given to the projects staff

H. Observations of Systems and processes

Meeting with Project holder, staff meeting, how frequent, minutes maintained. Attendance registers, do all have appointment letter, what does the appointment letter say, how are files maintained. MIS system, how are registers filled, time taken in filling. Etc)

- Documentation system (how frequent is the documentation, how is quality analyses ensured)
- Reporting system (Clarity on accountability and reporting to whom and how)
- Internal monitoring system (Vertical and horizontal communication)

I. Summation and Follow up

Observations and recommendations to be shared with NGOs during debriefing

Handholding done during visit should be reiterated by the NGO during debriefing

The consultants are expected to follow the given guidelines during PSV. Apart from the components listed above, if there are any other issues of concern the same should be first clarified with the concerned technical officer at Avert and then resolved during debriefing.

PSV Consultant:

Signature:

Date: