

**CALL FOR APPLICATIONS UNDER GFATM FOR SHORTLISTING SUB  
RECIPIENTS UNDER MALARIA GRANT, Dte. NVBDCP**

The Global Fund has announced an allocation of USD 65 million for Malaria for grant implementation period April, 2021-March, 2024. Directorate of National Vector Borne Diseases Control Programme (NVBDCP) being the key implementation Principal Recipient (PR) for the Global Fund grant for Malaria programme, invites applications from local Non-Governmental Organizations (NGOs) interested in being short-listed as its Sub Recipient (SR) for grant implementation period April, 2021-March, 2024.

2. NVBDCP has defined priority areas (**Annex-1**) for seeking Sub Recipient proposals which is available in public domain on [www.nvbdc.gov.in](http://www.nvbdc.gov.in) & [www.india-ccm.in](http://www.india-ccm.in) along with Application Template (**Annex-2**).

3. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies. Proposals will be evaluated by the Screening Committee constituted by NVBDCP, based on their inherent strengths and work experience.

4. NVBDCP reserves the right to accept or reject the SR proposals without assigning any reason or may advise NGOs to explore options for engagement with other Civil Society Organizations (CSO)/ Private Sector Partners shortlisted as PRs under Malaria grant.

5. The applications (for the states of Chhattisgarh and Jharkhand) in the prescribed format (**Annex-2**) along with supporting documents are to be submitted to the Dte. NVBDCP electronically and in hard copy (both). The electronic copy should be sent to the email id [srnvbdcpgf@gmail.com](mailto:srnvbdcpgf@gmail.com) and the hard copy (in a sealed cover) at the following address in person or via speed post: Director, Dte. of National Vector Borne Diseases Control Programme (NVBDCP), 22 Shamnath Marg, Civil Lines, Delhi-110054 (Tel. 011-23910298). The last date for submission of applications is **10<sup>th</sup> February 2021**. Please note that applications submitted after the last date will not be considered and rejected.

**Priority areas for Sub Recipients (SR) under Intensified Malaria Elimination  
Project-2 (IMEP-2) for the Global Fund grant, 2021-24**

India has committed for malaria elimination in the country by 2030. Accordingly, National Framework for Malaria Elimination, 2016-30 (NFME) was launched in February 2016 which gives clear vision as well as time bound strategies for malaria elimination by 2030. Global Fund (GF) has been assisting Government of India in the fight against malaria especially in 7 North East and other high endemic states like Odisha, Chhattisgarh, and Jharkhand. For achieving malaria elimination, the support of NGO SRs may be required in the following priority areas:

**Strengthening of Surveillance and Rapid Response:**

A robust and responsive surveillance system is critical for achieving malaria elimination. Though, NVBDCP has, in general, an efficient surveillance system, strengthening is required in hard to reach/ difficult areas in high-endemic states/ districts. Although the malaria cases are declining in the country, the surveillance system needs strengthening to engage private health care providers and augmenting of existing IT systems. It is proposed that SR partners would support strengthen the malaria surveillance and response (incl. diagnosis, treatment, vector control, IEC/BCC etc.) in cut off/ hard to reach/ difficult areas in the states of Chhattisgarh and Jharkhand; supplement the efforts of NVBDCP engagement with professional associations for expanding the coverage of services; engaging private practitioners on different aspects of the Malaria elimination programme.

**Community Awareness, Involvement & Participation:**

Encouraged by the success achieved in malaria control in recent years, the vision of India's malaria programme has now shifted to achieve elimination by 2030 in a phased manner. To achieve malaria elimination by 2030 and sustain it thereafter, IEC/ SBCC campaign would play a vital role for community awareness, involvement & participation. NVBDCP would require support of local NGO SRs for need-based State & District-specific strategies & plans, with local innovations to reach all relevant groups through most appropriate channels, materials and tailored activities to address local needs in line with the local culture. Newer technology needs to be tapped into with extensive multimedia approach with specific messaging and interventions to reach out to target populations, including on virtual platforms, to achieve malaria elimination and sustain thereafter. Innovative interventions, besides advocacy with all concerned, would include developing mass campaigns to address different aspects of malaria prevention, control and elimination.

### **Human Resource Support and Capacity Building:**

Human resource management (HRM), including capacity building, is crucial for overall programme management to achieve the targeted goal of malaria elimination. There is a need of SR partnership to provide/ manage trained HR at district and sub-district levels so that implementation of programme activities is carried out efficiently.

**Expression of Interest****Applications for shortlisting Sub Recipients (SRs) for Malaria grant, Dte. of NVBDCP under the Global Fund for period 2021-2024**

|                                                  |                                                                           |                                                    |                                                                     |
|--------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|
| Application under the component<br>(Please Tick) | Strengthening Surveillance Systems & Response<br><input type="checkbox"/> | Human Resource support<br><input type="checkbox"/> | Community awareness/ IEC/BCC activities<br><input type="checkbox"/> |
|--------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|

**SECTION 1- BACKGROUND INFORMATION**

|                                                                                                                   |                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Name of applicant organization                                                                                    |                                                                                                                                 |
| Type of Organization/Institution (Govt., NGO, CBO, Consortium, Private Company, Academic, Society, Trust/ Others) |                                                                                                                                 |
| If Consortium, please indicate name(s) of organization                                                            |                                                                                                                                 |
| Date of registration with Statutory authorities                                                                   |                                                                                                                                 |
| Registered under FCRA                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>                                           |
| Registered under NGO-Darpan Portal ( Under Niti Aayog)                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, Unique ID No.                                               |
| List the States where your organization/institution is active                                                     |                                                                                                                                 |
| Turnover of previous three financial years as per certified statements of accounts                                | 2016-17:<br>2017-18:<br>2018-19:                                                                                                |
| Brief description of maximum three projects undertaken in past three years                                        |                                                                                                                                 |
| Please notify if worked as PR/SR for Global Fund grant earlier                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, brief description of the project and implementation period. |

| <b>Details of Available Resources</b>                                                                                                  |                                                                                                                                            |                   |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Number and type of trained personnel on regular payroll of organization                                                                |                                                                                                                                            |                   |
| Existing offices of the organization in the proposed project area (s)                                                                  |                                                                                                                                            |                   |
| Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.) |                                                                                                                                            |                   |
| Availability of external audits over the last three years and date of the last audit                                                   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, date of the last audit _____<br>Name and address of the Audit Company: |                   |
| Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications         | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, please specify.                                                        |                   |
| Existing linkages/network with other organizations (mention if they will participate in the delivery of the proposal)                  |                                                                                                                                            |                   |
| <b>Contact information for the Applicant/Lead organization of the Consortium</b>                                                       |                                                                                                                                            |                   |
| Particulars                                                                                                                            | Primary Contact                                                                                                                            | Secondary Contact |
| Name                                                                                                                                   |                                                                                                                                            |                   |
| Title                                                                                                                                  |                                                                                                                                            |                   |
| Complete Mailing Address                                                                                                               |                                                                                                                                            |                   |
| City and State                                                                                                                         |                                                                                                                                            |                   |
| Telephone                                                                                                                              |                                                                                                                                            |                   |
| Mobile                                                                                                                                 |                                                                                                                                            |                   |
| E- mail address                                                                                                                        |                                                                                                                                            |                   |
| Organization website                                                                                                                   |                                                                                                                                            |                   |

If Consortium, please give details of all the organizations

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

|                          |  |                 |  |
|--------------------------|--|-----------------|--|
| <b>Organization- 2</b>   |  |                 |  |
| Name of the Organization |  | Mailing address |  |
| Contact Person           |  | City and State  |  |
| Title                    |  | Telephone       |  |
| Mobile                   |  | Fax             |  |
| Organization Website     |  | E-mail address  |  |

**Note: Please add more columns/tables, if required.**

## **SECTION 2- PROJECT DETAILS**

This should not be more than 6 pages. Please use Arial font size -10

|                                                                    |  |
|--------------------------------------------------------------------|--|
| <b>Proposed title of intervention/Project</b>                      |  |
| <b>Geographic area (States, districts) covered by the proposal</b> |  |

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

**2.2 Objective** (State the objectives and purpose of the proposal not more than 7-8 lines)

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

**2.4 Methodology** (Please describe the specific activities required to achieve the objectives. Briefly describe coordination mechanisms or among implements- not more than two pages)

**2.5 Monitoring and Evaluation Framework** (Briefly outline how you propose to monitor and evaluate –not more than ½ page).

**2.6 Self-assessment of the applicant organization**

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

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

**2.8 Linkages to Grants from the Global Fund and Other Donors** (Please explain how this project is linked to other funding you are currently receiving from the Global Fund or other donors if applicable. Also indicate if you are implementing Targeted Interventions or other Government programmes in not more than 5 lines)

**2.9 Sustainability** ( Indicate how the services outlined in your proposed project could be sustainable at the end of the proposal period in not more than 8-10 lines).

**2.10 Risks and its management including Financial Risk Management** (Briefly outline the major internal and external risks and how you propose to reduce or avoid such risks in not more than 8-10 lines).

**SECTION 3- PROJECT BUDGET: (Detailed Budget to be Attached as Annexure 2)**

**3.1 Budget Break down by Source** (This table is intended to clarify part of the budget you already have (Provided by the organization), the part of the budget financed by other donors (Provided from other sources) and part of the budget from Global Fund (Requested from the Global Fund)

**Table 3.1 Budget by Source (In USD)**

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

(\*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

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

**Table 3.2 Budget by cost category**

| <b>Source</b>                                                                      | <b>Year ( 1)</b> | <b>Year (2)</b> | <b>Year (3)</b> | <b>Total</b> |
|------------------------------------------------------------------------------------|------------------|-----------------|-----------------|--------------|
| Human Resources                                                                    |                  |                 |                 |              |
| Technical Assistance                                                               |                  |                 |                 |              |
| Training                                                                           |                  |                 |                 |              |
| Health products and Health Equipment (including laboratory products and equipment) |                  |                 |                 |              |
| Medicines and pharmaceutical Products                                              |                  |                 |                 |              |
| Procurement and Supply Management costs<br>Infrastructure and other equipment      |                  |                 |                 |              |
| Others (specify)                                                                   |                  |                 |                 |              |

*(\*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)*

**3.3 Describe why your proposed project cannot be financed under current mechanisms within NVBDCP?**