

GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH & FAMILY WELFARE

WBSAP&CS

Swasthya Bhawan, 1st Floor, Wing-B, GN-29, Sector-V, Salt Lake, Kolkata-700 091

ANNEXURE – I OF MEMO NO: HFW-28014(99)/3/2021-CST SEC-DEPT. OF H&FW/396 DATE:06.08.2021

TOR /SCOPE OF WORK INVOLVED:

Care and Support Centres (CSC) is a community-based service delivery point established with a aim to provide comprehensive care and support services to the People Living with HIV (PLHIV) to ensure treatment adherence and retention in treatment. CSC provides peer counselling, psychosocial support, outreach activities, linkages to welfare schemes and enabling environment for PLHIV. Largely, CSCs are considered as a safe space for PLHIV and act as a bridge to all continuum of care, support and treatment services. Through knowledge sharing during support group meetings, the clients are encouraged to adhere with the treatment. CSCs work as an extended arm of the ART centers by reaching out to PLHIV with peer supportive services

It provides the following key services:

- Early linkages of PLHIV to Care ,Support and treatment services for rapid initiation of ART
- Provide differentiated care and support services to most needy PLHIV
- Improved treatment adherence and education for PLHIV and addressing behavioural & social factors impacting adherence
- Expanded positive prevention activities
- Linkages to social protection schemes
- Provide psychosocial support to PLHIV
- CSCs serve as ARV refill centres
- Early detection and management of co-infection-Tuberculosis among PLHIV
- Ensure wellbeing of PLHIV and reduced mortality among PLHIV.

Components of CSCs under NACP:

The CSCs strengthen provision of care and support services through **differentiated care and support** approaches reaching out to different categories of PLHIV depending on their clinical characteristics, adherence rates, risk behavior and vulnerabilities, gender, age and geographical locations to improve their treatment adherence and retention in HIV care. Major activities under CSCs are:

1. Intensified prevention of LFU: CSCs follows newly ART initiated PLHIV and less than 80% ART adherence for three months and ensure PLHIV are retained in treatment with high adherence to medication.

2. Focused tracking of all line lists of LFU and MIS cases: CSCs focused contact Lost to follow up (LFU) for ARV treatment and bring back to ART centres for the continuation of treatment.

3. Follow up of all eligible family members of PLHIV for HIV testing and early linkages to the treatment: Tracking of discordant couples, partners and children for follow up HIV testing along with prevention counseling and if found positive, linking them to the treatment.

4. Counseling and support group meetings: Intensive peer support and adherence counseling will be provided to the all the PLHIV PLHIV.

5. Intensive Case Finding (ICF) for TB amongst PLHIV who have not yet screened for TB symptoms and follow up screening after every 6 months will be carried out by CSC team as done currently.

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6. **Sensitization with state and national government stakeholders to enhance social protection services to PLHIV**, reduction of stigma as well as better livelihood options. Linkages with social welfare schemes and social entitlements.
7. **CSCs have been spearheading in local resource mobilization** and leveraging additional direct support services such as nutritional items, educational items, transportation support, and many other household and clothing materials for the PLHIV community.
8. **CSCs serve as ARV-Refill Centres under NACP.**
9. **Prevention of linkage loss from ICTC to ARTC.**
10. **Follow up of Second Line and Third Line patients for adherence.**
11. **Follow up of TB positive PLHIV for treatment adherence.**

Key Expected Deliverables

1. The NGO/CBO contracted by SACS is expected to maintain separate full time staff as per the provisions and ensure that they are performing as per their TOR.
2. The CSC would work with PLHIV registered in ART centre/s of designated location allotted by SACS.
3. The CSC is expected to provide regular services as mentioned in the contract i.e regular follow-up with newly initiated PLHIV and other priority groups for prevention of LFU and track back of LFU cases.
4. The CSC is expected to perform based on the performance indicators as agreed in the contract. This includes prevention of new LFUs, tracking of most recent LFU, screening all PLHIV for TB, linking PLHIV for social welfare schemes and other indicators as mentioned in the contract
5. The CSC is expected to maintain financial records and other documents in the CSC office as agreed in the contract and would be required to report to SACS/NACO or any other agencies authorized by SACS.
6. Function as ARV refill centers and follow guidance and instructions from ARTC/SACS.
7. The NGO/CBO is expected to provide support in terms of advocacy and networking with local stakeholders to ensure that there is an enabling environment is maintained in the project area.

Qualifying and Evaluation Criteria

1. NGOs/CBOs who are legally registered in India under Societies Registration Act of 1860, Charitable and Religious Trust Act, 1920, The Indian Trust Act, 1920 or State Society Registration Act., Cooperatives professional bodies such as IIPA, IMA.
2. In case of NGOs, Minimum requirement is three years of registration as on due date of submission of EOI. In case of CBOs, Minimum requirement is one year of registration as on due date of submission of EOI. The CBO board members should be from respective community and should have been constituted as per the bye law of the relevant Act.
3. Agencies already having experience of at least 3 years in case of NGOs and 1 year in case of CBOs in social development sector with experience of working in similar projects as required in the scope of work (mentioned in the website) i.e. experience of working with marginalized communities (HRGs, vulnerable groups such as women, old aged, children, sexual minorities, **PLHIV**, persons with different abilities), with field level operation (i.e. field offices and staffs) in the same geographical area.
4. Agencies are required to submit an affidavit indicating that they have never been blacklisted/debarred by any agency (both government, private and World Bank/UN bodies). In case the agency has been blacklisted/debarred in the past, the details of such blacklisting/debarment should be provided in the Affidavit. Affidavit should also indicate that no

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staff or board member is part of any SACS/TSU staffs currently (or in the past which may create conflict of interest).

5. The annual report and audited account statement for 3 years in case of NGOs and of one year in case of CBOs.

6. The agencies with experience in Health and HIV sector especially with PLHIV would be preferred. The agencies should submit the details of the project/s implemented and presently implementing (name of the Client/ donor agency, nature of projects, project period, contract value, continuing/ completed).

7. Agencies should submit the details of projects supported by any SACS/DACS (name of the SACS/DACS, nature of projects, project period) continuing / completed/ terminated with any SACS in the country. (If terminated reason for termination).

8. NGO/CBO should be registered on Darpan portal of NITI Ayog and registered number is to be mentioned in the application form.

9. Please note that incomplete application, in any respect will be out rightly rejected.

10. Please note that, this is not a request for proposal. The request for proposal will only be issued to shortlisted NGOs/CBOs.

Conflict of Interest

Neither the NGOs/CBOs 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 contract, which conflict with or could potentially conflict with the object of the SERVICES.

The NGOs/CBOs 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 SACS/NACO how, they intend to avoid such a conflict.

NGOs/CBOs (including their personnel, agent, network partner or service provider) shall not have a close business or family relationship with a professional staff of the SACS/NACO who are directly or indirectly involved in any part of the selection process or the supervision of services provided under this Contract/Project/Intervention.

In the event of a conflict as described above arising during the tenure of this Contract, the SACS/NACO reserves the right to terminate this Contract on giving written notice to the NGOs/CBOs.