



**Call for Proposals from NGOs
73-2019-CFP-UNDP-GF-HIVAIDS**

DEADLINE IS EXTENDED TILL 20 August 2019

Provision of access to Harm reduction programs (including NSEP and low threshold services) for PWID in Kulyab and Bokhtar regions of the Khatlon Oblast and GBAO (3 LOTS)

INSTRUCTIONS

I. BACKGROUND

UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in 177 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

This Call for Proposals (CFP) is specifically related to the UNDP's HIV project. The Tajikistan Funding Request has been awarded by the Global Fund (GF) for the period of 2018 - 2020 aimed at reducing new HIV infection and integration of HIV services into primary health care, emphasizing rights-based approach for key populations in Tajikistan. The project will continue building up on the results and achievements of the previous HIV/AIDS grants and will focus on prevention, treatment, social support and removing legal barriers for improving access to HIV related services to key affected populations. People who inject drugs (PWID), Sex workers (SW), Men having sex with men (MSM) and prisoners are targeted by the project activities alongside the people who live with HIV (PLHIV).

II. OBJECTIVES AND EXPECTED OUTPUTS/ DELIVERABLES

This Call for Proposals provides for submission of the offers by lots in line with geographical coverage below:

Lo11: GBAO

Lot 2: Kulyab region of Khatlon Oblast

Lot 3: Kurgan Tube region of Khatlon Oblast

Please clearly indicate in the subject line of CSO's proposal the Lot for which the proposal is submitted!

The main goal of this Call for Proposals is to:

- Reduce new HIV infections among PWID;
- To continue improve HIV care for key populations and PLHIV;
- Improve critical enablers for KP and PLHIV (activities that are necessary to support the effectiveness and efficiency of basic program activities) in Tajikistan, through provision of access to HIV prevention services in GBAO, Kulyab and Kurgan Tube regions of the Khatlon Oblast of Tajikistan.

The objectives of the Call for Proposal are:

- 1) PWID reached with comprehensive package of services through CSO run Trust Points (TP) and outreach;
- 2) Standardized communication materials on HIV prevention, legal protection and human rights for PWID distributed;
- 3) Peer educators and social workers are trained for on HIV prevention, and PWID case management;
- 4) Sterile injecting commodities and condoms are provided to PWID;
- 5) PWID referred to HTC and know their test results.

Detailed objective and related outputs and deliverables are provided in the Terms of Reference – **Annex 1**

Final Beneficiaries

Eligible proposals will be those focused on **PWID**; and targeting **the following number of PWID** as the direct and final beneficiaries:

Year	October 2019 - December 2020		
District/ Period	Oct – Dec 2019	Jan – Jun 2020	Jul – Dec 2020
GBAO (lot 1)	1311	1358	1392
Kulyab region of Khatlon Oblast (lot 2)	2572	2661	2728
Kurgan Tube region of Khatlon Oblast (lot 3)	1288	1358	1392

III. ELIGIBILITY & QUALIFICATION CRITERIA

The parameters that will determine whether a NGO is eligible to be considered by UNDP will be based on the completed NGO Request for Information (RFI) template that needs to be submitted together with the completed Call for Proposals template.

Criteria for determination of eligibility:

- Only one applicant (CSO). The joint/consortium applications will not be considered;
- The CSO legally registered in compliance with registration requirements of Tajikistan;
- The CSO received United Nations resources in the past
- The CSO successfully implemented similar activities within three years in the same geographical location;
- The CSO show basic financial stability in-country (core resources; funding trend for the current and prior three fiscal years);
- the CSO can easily receive funds. Have no any major problems in the past in the receipt of funds;
- The CSO work plans specify expected results and the activities to be carried out to achieve results, with a time frame and budget for the activities;
- the CSO carry out and document regular monitoring activities such as project review meetings, on-site project visits, etc.;
- The organizational structure of the finance and programme management departments, and competency of staff, appropriate for the complexity and the scale of activities;
- The CSO have an accounting system that allows for proper recording of financial transactions from United Nations agencies, including allocation of expenditures in accordance with the respective components, disbursement categories and sources of funds
- The CSO's overall financial statements audited regularly by an independent auditor in accordance with appropriate national or international audit standards;
- No any major issues related to ineligible expenditure involving donor funds reported in the audit reports of the CSO over the past five years;
- The CSO's financial management system is computerized;
- CSO is registered and is active in the field (not less than three years)

Additionally, in case if a CSO intends to submit the proposals for multiple lots it shall meet the following minimum eligibility criteria:

Enough capacity to operate in the applied provinces/regions:

1. Human resources (relevant staff in place);
2. Availability of the regional branch offices;
3. Successful implementation of the similar activities in the applied regions within the last three years.

Please enclose the documents proving CSO's compliance with the above eligibility criteria to your Proposal!

Request for Information template can be found in **Annex 2**

IV. PROPOSAL format

The organization should describe the Proposed Methodology, Approach, Quality Assurance Plan and Implementation Plan that should demonstrate the NGO's response to the Terms of Reference by identifying the specific components proposed, how the outputs/ delivery shall be addressed, as specified; providing a detailed description of the essential performance characteristics proposed; identifying the works/proportions of the work that will be subcontracted.

Moreover, the proposal should demonstrate how the proposed methodology meets or exceeds the TOR, while ensuring appropriateness of the approach to the local conditions and the rest of the project operating environment. This methodology must be laid out in an implementation timetable and a quality assurance.

The proposal should also describe Management Structure and Resource (Key Personnel) that should include the comprehensive description of the management structure and information regarding the required resources including curriculum vitae (CVs) of key personnel that will be assigned to support the implementation of the proposed methodology, clearly defining the roles and responsibilities vis-à-vis the proposed methodology. CVs should establish competence and demonstrate qualifications in areas relevant to the TOR.

V. EVALUATION CRITERIA & METHODOLOGY

a) Proposals will be evaluated based on the following criteria:

- 1) Sound technical proposal that includes innovative and replicable inclusion mechanisms to maximize the value transfer to the beneficiaries.
- 2) High impact interventions directly targeting and responding to the needs established in the ToR.
- 3) Size of budget requested proportionate with the organization's proven administrative and financial management capacity.
- 4) Participatory monitoring and evaluation that will contribute to building a sense of ownership among the beneficiaries to promote the sustainability of the interventions.

Summary of Technical Proposal Evaluation Forms		Score Weight	Points Obtainable
1.	NGO Eligibility and qualifications	30%	300
2.	Proposed Methodology, Approach and Implementation Plan	40%	400
3.	Management Structure and Key Personnel	30%	300
Total			1000

Detailed sub-criteria are provided in Annex 3.

b) Evaluation methodology: Quality based under Fixed Budget Selection (QB-FBS)

QB-FBS methodology implies that all proposals have the same maximum overall price (which cannot exceed a known fixed budget amount), focusing the selection on the quality of the proposal and the CSO/ NGO proposed approach and methodology. CSO have to provide their best technical proposal and financial breakdown in one single envelope (clearly stating proposed overheads). Evaluation of all technical proposals shall be carried out, in accordance with below outlined evaluation criteria, and the institution which obtains the highest technical score shall be selected. In situations where two or more proposals obtained the same highest technical score, the one with the lowest budget will be selected. CSOs/ NGOs exceeding or below the range of established fixed budget (as reflected in section "c" below) in their financial proposals will not be considered eligible for competing.

Proposals have to translate community needs into implementable activities by the NGOs/CSOs. Under QB-FBS, assessment focuses on maximizing transfer of value to the beneficiary user within a given budget.

c) Budget size and duration

District	PWID, 15 months. October 2019- December 2020, TJS	Proposals amounts should be in a range of the table below from:
GBAO (Lot 1)	534 610,41 TJS	a minimum of 427 688,77 TJS to a maximum of 534 610,41 TJS only, for direct interventions in target districts.
Kulyab region of Khatlon Oblast (Lot 2)	1 047 713,50 TJS	a minimum of 838 171,67 TJS to a maximum of 1 047 713,50 TJS only, for direct interventions in target districts.
Kurgan Tube region of Khatlon Oblast (Lot 3)	534 610,41 TJS	a minimum of 427 688,77 TJS to a maximum of 534 610,41 TJS only, for direct interventions in target districts.

The maximum accepted percentage of overhead costs is 20% (e.g. rent, electricity, utilities, communication costs (mail, phone, internet), insurance, fuel, security, cleaning). The amount requested in the proposal should be commensurate with the organization's administrative and financial management capabilities, project duration: fifteen months.

VI. SELECTION PROCESS:

The UNDP will review proposals through a five-step process: (i) determination of eligibility; (ii) technical review of eligible proposals; (iii) scoring and ranking of the eligible proposals based on the assessment criteria outlined in the previous section to identify highest ranking proposal; (iv) round of clarification (if necessary) with the highest scored proposal; and (v) Sub-Recipient Agreement (SRA) signature

VII.SUBMISSION PROCESS

Applicants shall bear all costs related to proposal preparation and submission.

Applicants must submit their proposals on or before **12:00 hrs, Tuesday, August 20, 2019** and via email, courier mail or fax to the address below:

United Nations Development Programme
Tajikistan, Dushanbe, 39 Ayni street
elbids.tj@undp.org

- Two copies of the following documents should be submitted.

- 1) Technical Proposal in line with the requirements of section IV above.
- 2) Information stipulated in the Request for interest (Annex 2)
- 3) Documentation requested in the Request for Information (RFI)
- 4) Detailed budget in local currency as per template in Annex 4
- 5) If interested and relevant, Annex 5. The description of the proposed storage facilities as well as the associated rent costs should be provided in a separate Annex 5 to a CSO's proposal.

Proposal for each lot should be submitted separately. Once the application is complete and submitted, revised versions of proposal documents will not be accepted.

Submission Deadline

Proposals, with supporting documents, should be submitted by extended deadline 12:00 hrs., on August 20, 2019

Potential applicants should refer to the "Frequent Asked Questions" posted in UNDP's website.

For additional questions about the Call for Proposals Guidelines or application forms, please e-mail

procurement.tj@undp.org

Note: UNDP reserves the right not to fund any proposals arising from this Call for Proposals

Pre-tender consultation will occur on July 22, 2019, at 14:00 p.m. Location: UNDP Premises, 1 passage, 5 Lohuti Str., Dushanbe.

Estimate Competition Timeline

Below is an estimated timeline for this Call for Proposals.

18.07.2019: Call for Proposal opens, and relevant documents are posted online.

20.08.2019: **Deadline (EXTENDED) for organizations to submit proposals under this Call.**

30.08.2019: Assessment and selection processes will take place.

10.09.2019: Selected applicants will be notified.

IMPORTANT ADDITIONAL INFORMATION

UNDP implements a policy of zero tolerance on proscribed practices, including fraud, corruption, collusion, unethical practices, and obstruction. UNDP is committed to preventing, identifying and addressing all acts of fraud and corrupt practices against UNDP as well as third parties involved in UNDP activities. (See http://www.undp.org/content/dam/undp/library/corporate/Transparency/UNDP_Anti_Fraud_Policy_English_FIN_AL_june_2011.pdf and <http://www.undp.org/content/undp/en/home/operations/procurement/protestandsanctions/> for full description of the policies)

In responding to this Call for Proposals, UNDP requires all Proposers to conduct themselves in a professional, objective and impartial manner, and they must at all times hold UNDP's interest's paramount. Proposers must strictly avoid conflicts with other assignments or their own interests, and act without consideration for future work. All Proposers found to have a conflict of interest shall be disqualified. Without limitation on the generality of the above, Proposers, and any of their affiliates, shall be considered to have a conflict of interest with one or more parties in this solicitation process, if they:

- * Are or have been associated in the past, with a firm or any of its affiliates which have been engaged UNDP to provide services for the preparation of the design, Terms of Reference, cost analysis/estimation, and other documents to be used in this competitive selection process;
- * Were involved in the preparation and/or design of the programme/project related to the services requested under this Call for Proposals; or
- * Are found to be in conflict for any other reason, as may be established by, or at the discretion of, UNDP.

In the event of any uncertainty in the interpretation of what is potentially a conflict of interest, proposers must disclose the condition to UNDP and seek UNDP's confirmation on whether or not such conflict exists.

ANNEX 1. TERMS OF REFERENCE

73-2019-CFP-UNDP-GF-HIV/AIDS

Provision of access to Harm reduction programs (including NSEP and low threshold services) for PWID in Kulyab and Bokhtar regions of the Khatlon Oblast and GBAO (3 LOTS)

Background

The Tajikistan New Funding Request has been awarded by the Global Fund (GF) for the period of 2018 - 2020 aimed at reducing new HIV infection and integration of HIV services into primary health care, emphasizing rights-based approach for key populations in Tajikistan. The GF allocation for the Tajikistan HIV component for the 2018 to 2020 allocation period is decreased on 43% compared to 2015-2017 allocation.

Although there are no epidemiological changes in Tajikistan, however, the Ministry of Health and social protection of population (MOHSPP) and other partners involved, anticipate implementation of major programmatic changes under this Funding Request and the new National HIV/AIDS Program for 2017 – 2020.

Tajikistan has a concentrated stage of HIV epidemic which is spread mainly among most at risk / key population groups. The trend of HIV was on the rise, with Tajikistan being one of the few countries in which HIV prevalence increased by more than 25% in the past 10 years. As of the end of December 2016, it is estimated that 16,321 people in Tajikistan are living with HIV, according to the Tajikistan MOHSPP. However, there are currently a cumulative total of 8,750 people (67% M; 33% F) in country who have been diagnosed with HIV. Among this total, 1,968 have died. Only 41% of estimated people living with HIV (PLHIV) are aware of their status and 27.2% of estimated PLHIV who are aware of their HIV status are on ART. Tajikistan is currently adjusting the national HIV treatment protocols to align with latest WHO recommendations to "test and treat?" people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with co-infections. Currently, 70% of PLHIV who are aware of their status (who have been diagnosed) are in care, and 59% (56% M; 44% F) are in ART.

The ratio of enrolment into ART is high among children living with HIV, but significantly low among adults.

Linkage to care and the continuum of care are one of the primary issues, however, continuum of care increased from 40% in 2010 to approximately 80% in 2016. In addition to leakage in the care system, late diagnosis and entry into care is also a major issue. Many patients commence the care but quit during the process due to stigmatized social and cultural setting in the country. Dushanbe has the highest prevalence of HIV, followed by Khatlon Oblast, Sughd Oblast and District of Republican Subordination (DRS), and Gorno-Badakhshan Autonomous Region (GBAO).

Among PLHIV, 3,585 (53.1%) have a history of injecting drugs, and 1,997 have had sex with PWID¹. The HIV epidemic is primarily PWID-driven. The estimated size of people who inject drug (PWID) as of March 2016 is 23,100 people. According to IBBS, the HIV prevalence among the population varies from 1.5% in Istaravshan (as a minimum level) to a maximum of 26.5% in Dushanbe. The average prevalence among PWID is 13.5%. During 2016, PWID have made a total of 14,079 visits to needle and syringe exchange programs, 7,979,694 needles and syringes have been distributed, and 7,284 received HIV testing. The numbers of individuals who receive opioid substitution therapy (OST) increased from 1% to 3.2% of estimated PWID under the current plan. A total of 740 PWID are receiving OST services in 5 narcology centers, and in 3 OST integrated services in primary healthcare polyclinics. As part of the integration process of ART in OST sites, 143 OST clients are enrolled in ART provided at OST sites. The overall trend of HIV among PWID has been decreasing since 2010 from 16.3% to 13.5% in 2014.

This project will scale up comprehensive HIV prevention including NSEP, low threshold services and OST up to 80% of estimated people who inject drug (PWID), and HTC to 64% of estimated PWID.

¹ Tajikistan country application to the GF for 2018-2020, National Program to fight the HIV epidemic in the Republic of Tajikistan for 2017-2020

Objectives:

- Reduce new HIV infections among PWID;
- Improve HIV care continuum for key populations and PLHIV;
- Improve critical enablers (in all directions to be able to advocate, facilitate and provide HIV related services) for KP and PLHIV;

D. Expected results by the end of the project.

Required coverage of PWID by project services and activities by the end of the project:

Year	October 2019 - December 2020		
District/ Period	Oct – Dec 2019	Jan – Jun 2020	Jul – Dec 2020
GBAO	1311	1358	1392
Kulyab region of Khatlon Oblast	2572	2661	2728
Kurgan Tube region of Khatlon Oblast	1288	1358	1392

Program duration – 15 months

Program implementation areas: GBAO, Kulyab and Kurgan Tube regions of the Khatlon Oblast of Tajikistan;

Tasks to be performed in line with the Funding Mechanism (FM) strategic directions
(the modules and interventions numbering are indicated as per FM project document)

MODULE A: Comprehensive Prevention Programs for PWID.

There is an estimated 23,100 PWID in Tajikistan. The target coverage for the population by the end of the funding period is 80%. Due to regulations which limit the numbers of patients who can use OST and NSP, traditional guidelines are being updated throughout 2017 to better accommodate patients. The project will continue implementation of harm reduction including information, education, and communication services; needle and syringe exchange; and condom promotion and distribution; and HTC. PWID will receive overdose management; legal counselling; cognitive behaviour therapy; motivational interviewing. In order to increase the number of PWID seeking service, the role of civil society organizations led by key populations will be increased (clients increase around 30%), and governmental primary healthcare services will be increased by 2 times. Ongoing surveys to measure satisfaction and document feedback will also be increased in order to increase acceptability and quality of programming. Cultural barriers prevent women from accessing services. For instance, surveys showed that it is considered inappropriate for women to go somewhere on their own, and even more so to a place run by male staff. To ensure gender equity in programming for women who inject drugs, services will be available for women patients by women healthcare workers and professionals.

Intervention 1. Community empowerment

May include a package of interventions to enhance community empowerment, such as:

- Community mobilization; Training on sexuality; Strengthening and supporting organizing of PWID; Providing safe spaces (e.g. community roundtables, informal surveys, participatory assessment of community needs for program design)

Intervention 2. Addressing stigma, discrimination and violence against PWID

May include interventions related to addressing stigma, discrimination and violence, such as:

- Monitoring and documenting violence and other human rights violations
- Legal literacy, and legal empowerment of people who inject drugs and referral to specialized organizations for provision of legal support,
- Awareness raising of people who inject drugs on human rights

Intervention 3. Behavioral interventions and targeted information, education and communication (IEC) for PWID

Activities could include:

- Provide low threshold services to meet every day essential needs of PWID (food, shower, laundry) in addition to socio-psychological support to create favorable and confidential environment (consultation, Peer Consultant and Social worker); art therapy (painting, modelling, poetry, etc); assistance in accessing lectures on healthcare; handicraft and computer trainings;
- Provision of BCC materials to PWID and their partners.
- On job training and developing of job description for peer educators/outreach workers and social workers on harm reduction case management and social escort
- Individual-level and community-level behavioral interventions
- Promotion of personal preventive/adaptive strategies
- Targeted Internet-based information on strategies
- Safe injection, vein care, wound management and other harm reduction-based behavioral interventions
- Venue-based peer outreach strategies
- One-on-one and group risk-reduction sessions
- Referral and link to behavioural interventions, HIV testing and counseling, care and treatment
- Peer-to-peer counselling on issues related to harm reduction, HIV prevention, referral for medical and psychosocial support;

Intervention 4. Condoms and lubricant programming for PWID

Activities could include:

- Promotion and distribution of female and male condoms and condom-compatible lubricants
- Demand generation through peers and other strategies
- Referrals to other prevention program components
- Dedicated services for women who use drugs

Intervention 5. Overdose prevention and management

Activities could include:

- Education about the causes of opioid overdose and strategies for minimizing overdose risk
- Distribution to and administration by first responders of naloxone

Intervention 6. HIV testing services for people who inject drugs and their partners

The activity intends to provide awareness raising and referral services to PWID and their partners to HIV testing and counselling (HTC) through trust points and mobile units. The project will also support in enhancing the capacity of three CSOs (1 per each region) to conduct (blood) HTC. In case of needs, UNDP jointly with the Republican AIDS center will provide on-line training on HTC;

May include activities related to HIV testing and counseling among people who inject drugs, such as:

Testing:

- Trained lay providers using rapid diagnostic tests
- In close consultation and collaboration for action with the local AIDS centers (and trust points) to provide community-based saliva and trust point based blood HTC to PWID
- Provider-initiated testing

- Couples and partner testing
- Counseling:
- Pre-test information and post-test counseling
- Disclosure support
- Referrals to HIV prevention, treatment and care services and clinical support services

Intervention 7. Needle and syringe programs for people who inject drugs and their partners

Includes activities related to needle and syringe programs and their partners, such as:

- Distribution of clean needles, through direct and secondary distribution, mobile clinics, peer-driven interventions, and safe collection of used needles
- On the job coaching of providers
- Referral and link to behavioral interventions, HIV testing and counseling, care and treatment

Intervention 8. Opioid substitution therapy and other drug dependence treatment for people who inject drugs

The activity intends to provide awareness raising and referral services to PWID to OST program.

- Promotion of the OST program among PWID (raising awareness and referral), as well as assisting in the enrolment and retention of PWID in the OST program;
- Case management for access to OST, as well as assistance in completing all required periodic medical examinations for entry and stay in the OST if necessary) consultation, to address social issues (case - management)
- Promote and facilitate access to short term courses of professional training in adult education centers of employment agencies under the Ministry of Labor, Employment and Migration RT. The priority are the OST patients;

Specific outputs:

- # PWID reached by end of the project with comprehensive package of services through CSO run trust points, drop in centers and outreach;
- # of standardized communication material on HIV prevention, legal protection and human rights for PWID & their partners distributed;
- # of clients received actual low-threshold services (shower, laundry, food, shelter)
- # of outreach and social workers are trained on case management of the OST and ART patients and referral to the existing social protection (medical and legal) and other relevant services;
- # of PWID enrolled in OST program with high treatment adherence (5% from overall coverage)
- # of overdose cases prevented;
- # of condoms provided to PWID & their partners;
- # of syringes provided to PWID through direct and secondary distribution, mobile clinics, peer-driven interventions;
- % of beneficiaries referred to HCT;
- % out of referred to HCT know their test results;
- Quarterly reports on monitoring the violation of rights of KP will be provided.

Table 1. The semi-annual program coverage of PWID by project services and activities within October 2019 - December 2020

Year	October 2019 - December 2020		
District/ Period	Oct – Dec 2019	Jan – Jun 2020	Jul – Dec 2020

GBAO	1311	1358	1392
Kulyab region of Khatlon Oblast	2572	2661	2728
Kurgan Tube region of Khatlon Oblast	1288	1358	1392
Referral to HCT: # of PWID who know the result of their test (80%) # of PWID enrolled in OST program with high treatment adherence after 6 months on OST (10% from overall coverage)			

KEY OUTPUTS (to be completed by the end of the project)

- a. Number of PWID (as per table 1) received basic HIV prevention services;
- b. 80% of PWID referred and tested for HIV and know their result;
- c. All program beneficiaries have continued access to HIV prevention commodities and services (at least three services: distribution of BCC educational materials; provision of condoms and sterile injecting commodities; counseling / peer counseling; referral to HTC and other medical services, legal support);
- d. 5% of PWID (out of overall coverage) enrolled in OST program demonstrate high treatment adherence after 6 months on OST
- e. Capacity of partnering NGOs has increased to provide quality HIV prevention services to key populations in case if UNDP or another NGO provides relevant training.
- f. Quarterly reports on monitoring the violation of rights of KP will be provided.

Equipment and materials:

- CSO should ensure and secure the availability of premises to conduct the HTC. UNDP will support in enhancing the capacity of three CSOs (1 per each region) to conduct (blood) HTC by end of project. The expenditures will cover the cost for light refurbishment, procurement of required equipment and other cost associated to licensing and functioning of the HTC on basis of CSO as per requirements of active legislation and procedures;
- CSO should ensure and secure the availability of premises for duly implementation of the NSEP and low threshold services;
- CSO should provide list of disposable materials required to carry out activities under this Project (syringes, condoms, disinfection solutions, medicine for STI treatment etc) and indicate preferred technical characteristics. Materials will be procured by UNDP, while final technical specification will be defined on results of focus-group discussions and other studies, aimed to define needs of target groups. Materials will be transferred to implement project activities based on list provided by Bidder. Expenditures related to procurement of materials must not be included into Proposal's Budget.
- Informational-Educational Materials (booklets, posters, brochures, leaflets and other printing materials) will be also provided by UNDP. Organization might also use IEC materials provided by other organization and/or use materials developed by organization but under condition of approval released by Oblast/National AIDS centre or National Centre for Establishment of Healthy Life-Style. Expenditures related to printing IEC materials must not be included into Proposal's Budget
- Implementing agency has a right to submit an application to receive different equipment and furniture to be used for project activities. In case if application is approved, required equipment and furniture will be procured by UNDP and transferred to organization for the period of Project's implementation. Expenditures related to procurement of equipment and furniture must not be included into Proposal's Budget
- In order to increase the capacity of CSOs to properly store, forecast, manage and control the flow and distribution of materials among outreach staff and the end users, UNDP intends to hand over to CSO the entire volume of prevention commodities required for implementation of the activities within the contractual period. For this CSO should propose the potential storage facilities that could be used by CSO as its warehouse to be rented by a CSO for the period covering the contract duration. The proposed potential storage facilities shall meet the following minimum requirements listed below. The description of the proposed storage facilities as well as the associated rent costs should be provided in a separate Annex to a CSO's proposal. Expenditures related to rent of the proposed warehouse must not be included into Proposal's Budget.

Minimum requirements for the proposed storage facilities (warehouse)

1. Availability of the effective license issued by the Ministry of Health and Social Protection of Population of RT to store the health products;
2. Availability of the sufficient number of shelves and pallets to store the received volume of the commodities (please refer to the breakdown of the needed total volumes/area spaces per each lot below);
3. Availability of fire extinguishers and any other fire protective means;
4. Availability of water and moisture protective means;
5. Availability of ventilation and air-conditioning;
6. Availability of heating equipment/means;
7. Availability of security means: limited access, security staff, video observation, alarm system, railings;
8. Availability of any protective means to prevent direct sun and water infiltration.

Lot # and region covered	Max total volume in m3 required for storage	Required storage area (m2) in case of storage in stacks	Required storage area (m2) in case of storage on shelves
Lot #1 GBAO	33 m3	29 m2	47 m2
Lot #2 Kulyab region of Khatlon Oblast	52 m3	46 m2	74 m2
Lot #3 Kurgan Tube region of Khatlon Oblast	29 m3	26 m2	41 m2

Requirements for Monitoring and Evaluation of Project Activities:

- Project must be aimed to reach expected outputs such as requested coverage of PWID by Project activities, increasing level of awareness of target groups by end of the Project, change of behavioural aspects (safe sexual behaviour, safe injecting practices, adherence to opiate-substitution therapy) and etc
- Special focus must be given to interest of the target group towards implementation of proposed project proposal: for instance, involvement of target group representatives to outreach work and/or into process of secondary exchange, peer education and etc.
- Building-up capacity of project personnel (counselling doctor, social and outreach workers) towards providing qualitative preventive and medical service to target group.

Requirements for Reporting

- CSO undertakes the responsibility to provide to UNDP periodical reports during implementation of activities and completion of the Project. Reports must have results, achievements and objectives corresponding to Working Plan.
- CSO, undertakes the responsibility to provide to UNDP periodical reports on basis of format and content acceptable by UNDP, within fifteen (15) days following the end of each period stated in the Contract. Quarterly report must reflect (i) financial activities during reporting period and indicators, starting from beginning of project activities and to end of reporting period, and (ii) description of achieved progress during activities and achieved outputs and established objectives. At the same report, coalition, alliance and network must provide clarifications/justifications for all discrepancies from planned and achieved indicators for the reporting period.

Remark: Based on guidelines and regulation of reporting, number of clients is derived from data entered to registry books of primary registration for given reporting period.

For instance: A client received any service for the period January-June 2019, his/her data is entered into registry book of primary registration. In case, if the same client receives same or any other service for the 2nd, 3rd and etc, time, but for the same period (January – June 2019), his/her data is entered to registry book of daily admission.

Once reporting period (January – June, 2019 is over), all clients in a registry book for primary registration undergo re-registration for the period (July-December 2019), and all clients (existing and newcomers) in case of initial reference will enter into registry book for primary registration, and in case if they receive any service for 2nd, 3rd and etc time but for the same reporting period, then they will be registered at registry book of daily admission.

E.g.: consider that for period January-June 2019, 2500 clients have been registered at registry book for primary registration. Once June is over, all data will be nulled and re-registration will take place for the period (July-December 2019). As it was mentioned before, previously registered, as well as newcomers, might be re-registered.

Annex 2: RFI is enclosed as separate document to this CFP. Filled in RFI form shall be also submitted as a separate document along with the Proposal.

ANNEX 3. DETAILED EVALUATION SUB-CRITERIA

Form 1 Technical Proposal Evaluation			Points obtainabl e	Company / Other Entity		
Expertise of firm / organization submitting proposal						
1.1	Reputation of Organization and Staff / Credibility / Reliability		40			
1.2	eligibility & qualification criteria		150	0	0	0
	- The CSO legally registered	20				
	- Only one applicant (CSO)	20				
	- CSO existence (not less than three years)	50				
	- No any major issues related to ineligible expenditure involving donor funds reported in the audit reports of the CSO	20				
	- The CSO have an accounting system that allows for proper recording of financial transactions from United Nations agencies,	20				
	- The organizational structure of the finance and programme management departments, and competency of staff, appropriate for the complexity of the CSO and the scale of activities	20				
1.3	Quality assurance procedures		10			
1.4.	Relevance of:		100	0	0	0
	Specialized Knowledge on HIV prevention, care and treatment context including integrated services for project beneficiaries	20				
	Experience on Similar Programme / Projects (not less than three years)	40				
	Work for UNDP/ major multilateral/ or bilateral programmes	20				
Experience working with MOH Tajikistan and National and/or Oblast AIDS Centre	20					
TOTAL:			300	0	0	0

Form 2 Technical Proposal Evaluation		Points obtainabl e	Company / Other Entity		
Proposed Methodology, Approach and Implementation Plan					
2.1	To what degree does the Proposer understand the task?	50			
2.2	Have the important aspects of the task been addressed in sufficient detail?	50			
2.3	Are the different components of the project adequately weighted relative to one another?	20			
2.4	Is the proposal based on a survey of the project environment and was this data input properly used in the preparation of the proposal?	20			
2.5	Is the conceptual framework adopted appropriate for the task?	20			
2.6	Is the scope of task well defined and does it correspond to the TOR?	140	0	0	0

2.6.1	Appropriateness to the setting in region	20				
2.6.2	HIV prevention services described as per requested objectives	50				
2.6.3	Applied practical strategies and approaches to perform the requested project	50				
2.6.4	Supervision and monitoring aspect in the course of project implementation	20				
2.7	Is the presentation clear and is the sequence of activities and the planning logical, realistic and promise efficient implementation to the project?	100				
TOTAL:			400	0	0	0

Form 3 Technical Proposal Evaluation			Points obtainabl e	Company / Other Entity		
Management Structure and Key Personnel						
3.1	Team Leader / Coordinator		100	0	0	0
	- Professional Experience in project management	60				
	- Knowledge of the region	30				
	Language Qualifications (ability to deal with Russian and Tajik)	10				
Sub-Total:		100		0	0	0
3.2	Social worker		60	0	0	0
	General Qualification	20				
	Professional Experience in the area of social work among project beneficiaries	20				
	Knowledge of the region	10				
	Language Qualifications (ability to deal with Russian and Tajik)	10				
Sub-Total:		60		0	0	0
3.3	Outreach worker/Peer Consultants		60	0	0	0
	General Qualification	20				
	- Professional Experience in HIV related service provision to project beneficiaries	20				
	- Knowledge of the region	10				
	Language Qualifications (ability to deal with Russian and Tajik)	10				
Sub-Total:		60		0	0	0
3.4	Financial Expert/Accountant		80	0	0	0
	General Qualification and Education in finance area	30				
	- Professional Experience in the area of Finance and/ Accounting	30				
	- Knowledge of the accounting software/MS excel	10				

	Language Qualifications (ability to deal with Russian and Tajik)	10				
Sub-Total:		80		0	0	0
TOTAL:			300	0	0	0
GRAND TOTAL			1000	0	0	0

Template of the detailed budget

Please refer to the separate excel file

ANNEX 5. The description of the proposed storage facilities as well as the associated rent costs should be provided in a separate Annex 5 to a CSO's proposal.