

# COUNTRY COORDINATING MECHANISM (CCM) NEPAL

## CALL FOR APPLICATIONS UNDER THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM) FOR SHORTLISTING AS NON-GOVERNMENT PRINCIPAL RECIPIENTS FOR PREVENTION AND CONTROL OF TUBERCULOSIS AND HIV IN NEPAL

GC7: 2024-2027

## Application closing at 5:00 PM NST, 4 May 2023

## **Issued by:**

Country Coordinating Mechanism (CCM) Nepal Secretariat Department of Health Services, Teku, Kathmandu, Nepal Email: nepalccm@gmail.com



#### I. Background

For the past 20 years, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has worked with partners around the world to end the epidemics of HIV, tuberculosis (TB) and malaria and strengthen health and community systems. Based on the Global Fund Board's decision in November 2022, Nepal has been allocated US\$ 59,630,753 for HIV, tuberculosis, malaria and building resilient and sustainable systems for health (RSSH) for the period of August 2024 to July 2027. Country Coordinating Mechanism (CCM) Nepal has agreed to manage the grant by the Government of Nepal (GoN) and Non-Government Principal Recipients as below:

Disease components	Allocation (US\$)	Principal recipients
HIV	29,427,095	Government of Nepal and Non-Government
Tuberculosis	27,108,540	Government of Nepal and Non-Government
Malaria	3,095,118	Government of Nepal
Total	59,630,753	· · · · · · · · · · · · · · · · · · ·

#### Summary of allocations:

The CCM Nepal invites qualified agencies to apply as Non-Government Principal Recipients (PRs) to manage the GFATM grants for HIV and TB components in partnerships with the Government of Nepal, Ministry of Health and Population (MoHP) for the period of August 2024 to July 2027. Standalone applications for each disease component are also considered.

Interested agencies are required to submit three attachments. Attachment - I pertains to technical, managerial, programmatic, monitoring and capacity-building expertise. Attachment - II focuses on financial management systems' competency, including auditing, reporting, registration, tax clearances, accountability and related documents. Attachment – III assesses financial value offer in managing program. All attachments must be completed and submitted to the CCM Nepal as specified in the announcement.

#### What is the Global Fund to Fight AIDS, TB and Malaria?

The GFATM is an international partnership arrangement, established in 2002, to raise and invest funds to combat three infectious diseases of poverty. The primary goal of GFATM is to accelerate the end of AIDS, tuberculosis, and malaria epidemics through collaboration and partnership with the governments, civil societies, technical agencies, private entities, and individuals affected by the diseases. The Global Fund mobilizes and allocates billions of dollars annually to support programs implemented by local experts in more than 100 countries, with the goal of developing sustainable and effective solutions.

#### How does the Global Fund work at country level?

The Global Fund's secretariat is located in Geneva, Switzerland. At the country level, the Global Fund requires two crucial bodies – the Country Coordinating Mechanism (CCM) and the Principal Recipient (PR), each with specific roles in grant disbursement and program implementation.

#### Country Coordinating Mechanism (CCM)

The CCM is a national committee that submits funding requests to the Global Fund and oversees the effective implementation of the GFATM grants. CCM ensures the crucial partnership and is comprised of representatives from all sectors involved in responding to the three disgases – the government, civil.



societies, bilateral or multilateral agencies, academic institutions, people living with the diseases and the private sector. The CCM's primary responsibilities include coordinating the development of national funding requests, nominating the PR, overseeing approved grant implementation, approving any reprogramming requests and ensuring harmonization between the Global Fund grants and other national health and development programs.

#### The Principal Recipient (PR)

Principal Recipient is an entity responsible for implementing the Global Fund-supported programs in country. The PR is accountable to the CCM and to the Global Fund. The competency of PR is ensured by standard criteria, which includes Global Fund grant implementation requirement such as finance, program management, procurement & supply chain and accountability. In addition, they need to adhere with the national laws and regulations.

Note: You can access more information about the Global Fund arrangement at https://www.theglobalfund.org/en

### 2. Scope of Work for the Non-Government PR for TB component

The Non-Government Principal Recipient (PR) applicant for the Global Fund TB grant is required to demonstrate the competency and commitment to manage the following areas (but not limited to):

- Tuberculosis prevention, case finding and linking to treatment, and referral, including Drug Resistant TB;
- b) Finding missing TB cases, contact tracing of the most vulnerable populations (such as migrants and their spouses, people living in urban slums and close settings, children and young people), and implementing locally tailored prevention interventions that links to treatment;
- c) Identify and address social barriers for TB care;
- Community system strengthening interventions including empowered community engagement in TB care, prevention and control activities, monitoring and social accountability;
- e) Engaging all for TB, including the three tiers of the government, civil society organizations, private sector, media, social champions, people living with TB and survivors; and
- f) Promote human rights, social protection, gender equality and social inclusion.

Note: The aforementioned areas are subject to the prioritization by the country dialogue.

#### 3. Scope of Work for the Non-Government PR for HIV component

The Non-Government Principal Recipient (PR) applicant for the Global Fund HIV grant is required to demonstrate the competency and commitment to manage the following areas (but not limited to):

- a) Comprehensive HIV prevention<sup>1</sup> among key populations with a particular focus on migrants and their spouses, people who inject drugs, adolescents and young people;
- b) HIV care and support;
- c) Identify and address social barriers to access quality HIV services;
- d) Strategic and behavior change communication (SBCC), which includes health promotion, strengthens knowledge, attitudes and practices, and promotes community led engagement;

<sup>&</sup>lt;sup>1</sup> Comprehensive HIV prevention includes HTC, PMTCT, SBCC including harm reductions, distributions of condom/lubricant, HIV/STIs prevention services and information products, HIV prevention linking to care support (pre-exposure prophylaxis, adherence to therapy and post diagnosis prevention, care and support), linking to ART services, monitoring the treatment progress and supporting the adherence including co-morbidities and other community led interventions such as community participation, promoting human rights, gender equality and social inclusion.



- e) Community system strengthening interventions including empowered community engagement in HIV, community led prevention and control activities, monitoring and social accountability;
- f) Engaging all for HIV, including the three tiers of the government, civil society organizations, private sector, media, social champions, key populations and people living with HIV; and
- g) Promote human rights, social protection, gender equality and social inclusion.

Note: The aforementioned areas are subject to the prioritization by the country dialogue.

## 4. Evaluation process and Criteria

The evaluation committee will objectively assess the applications based on the set criteria (Tables I and 2). Responses for each evaluation criteria will be weighed by empirical evidence supplied by the applicants in the suggested templates (attachments).

The assessment consists of two stage process. Stage I: technical and programmatic competency assessment, and Stage II: financial competency assessment. Applicants who are successful in assessment on Stage I will undergo further evaluation on Stage 2.

Stage 1:

The evaluation committee will review the technical and programmatic competencies. A maximum score of 80 points can be awarded as shown in Table 1. The technical and programmatic competency with a score below 50 points will not qualify for further assessment.

	Criteria	Max scores
	Technical competency and experience	20
2	Finance management systems	15
3	Procurement systems	15
4	Programmatic (governance)	15
5	Monitoring and evaluation systems	15
	Total	80

Table 1: Criteria for technical and programmatic a	assessment
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#### Stage 2:

The evaluation committee will review the financial competency of successful applicants from stage 1. Stage 2 assessment weighs 20 points against following set criteria:

## Table 2: Criteria for financial assessment

	Criteria	Max scores
1	Proportion of management costs and (vs) program budget	5
2	Institutional overhead costs	
3	Human resources: proportion of full time and (vs) short term consultants	3
4	Provision to allocate funds or use overheads costs to support the objectives of the Global Fund grants in Nepal (such as corporate social responsibilities, matching funds)	2
	Total	20

The evaluation team will compile and combine technical and financial scores of the applicants and will



submit to CCM for review and endorsement.

<u>Note</u>: CCM Nepal appreciates local experts in managing grants. However, applicants are required to take prior approval from the government of Nepal (and notify to CCM) in case of employment of expatriates in Nepal.

Mode of submission	<ul> <li>To apply, you must submit all the necessary Expression of Interest (EOI) documents:</li> <li>a. Submit hard copies to the CCM Nepal Secretariat Office at the Department of Health Services in Teku, Kathmandu.</li> <li>b. Submit electronic files in MS Word/Excel, and/or PDF formats to ccmnepaleoi2023@gmail.com</li> <li>Non-government PR application for 'TB' or 'HIV' for GC7 2024-2027 in Nepal</li> <li>Name of the applicant agency and the contact email</li> </ul>	
EOI envelope marked		
	Attention: CCM Nepal Secretariat at Department of Health Services, Teku, Kathmandu	
Closing date	5:00 PM NST, 4 May 2023	
For queries	CCM Nepal Secretariat Office, Department of Health Services, Teku, Kathmandu. Email: nepalccm@gmail.com	

## 5. Expression of Interest Particulars

## Attachments:

- 1. Technical and programmatic management assessment tool
- 2. Financial management systems assessment tool
- 3. Financial value offer assessment tool

