



COUNTRY COORDINATING MECHANISM (CCM) NEPAL

CALL FOR Expression of Interest (EOI): SELECTION OF NON-GOVERNMENT PRINCIPAL RECIPIENT FOR THE GLOBAL FUND GRANT CYCLE 8 (GC 8)

GC8 implementation period: August 2027- July 2030

Application closing at 5:00 PM NST, Monday, 22 June 2026

Issued by:

Country Coordinating Mechanism (CCM) Nepal
Department of Health Services, HIV logistics building, Teku, Kathmandu, Nepal
Email: info@ccmnepal.org

Section A: 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 March 2026, Nepal has been allocated US\$ 44,070,975 for HIV, tuberculosis, malaria, and building resilient and sustainable systems for health (RSSH) for the period of August 2027 to July 2030. The Country Coordinating Mechanism (CCM) Nepal has agreed to manage the grant by the Ministry of Health and Food Safety, Government of Nepal (GoN) and Non-Government Principal Recipient.

Summary of allocations:

Disease components	Allocation (US\$)
HIV	19,419,591
Tuberculosis	22,991,333
Malaria	1,660,051
Total	44,070,975

The CCM Nepal invites qualified agencies to apply as Non-Government Principal Recipient (PR) to manage the GFATM grants for HIV and TB components in partnerships with the Government of Nepal, Ministry of Health and Food Safety for the period of August 2027 to July 2030.

In line with GC8 strategic shifts, the selected non-government PR will be expected to implement disease-specific interventions while actively contributing to integration with primary health care, community systems, national health systems and sustainability objectives, in close coordination with Ministry of Health and Food Safety, GoN institutions and relevant technical partners. Similarly, the applicant must outline a clear roadmap to transition all Global Fund support to government systems, enabling the Ministry of Health and Food Safety to become the sole PR by the end of GC8 Year 3 (Y3).

Interested agencies are required to submit the application based on Section D outlined below.

Applicants are expected to provide documentary evidence in support of their responses in annexes. Narrative descriptions without supporting evidence may be considered insufficient during evaluation. Applicants are required to complete all templates using Calibri font, 11 pt, with default margins (i.e., Top: 1", Bottom: 1", Left: 1", Right: 1"), and to respect the maximum page limits indicated for each section. Additional narrative text beyond the specified page limit will not be assessed. Supporting evidence may be submitted as annexes and should be clearly referenced in the corresponding section. Annexes should be used only to provide evidence and not to extend the narrative response.

A. The Global Fund to Fight AIDS, TB and Malaria and Country Coordinating Mechanism related information

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 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.

What is 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 diseases – the government, civil societies, bilateral or multilateral agencies, academic institutions, people living with the diseases, key populations, and the private sector. 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, accountability, and the ability to manage Sub-Recipients. In addition, they need to adhere to the national laws and regulations.

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

Section B: Evaluation process and Criteria

The CCM will form an independent evaluation committee of relevant experts which will objectively assess the applications based on the set criteria in section D. The evaluation process will be conducted in a transparent and documented manner. All applications will be reviewed by the EOI evaluation Committee following a multi-person review principle, ensuring that each assessment is checked and validated by more than one evaluator. Responses to each evaluation criterion will be assessed based on the quality, relevance and credibility of documentary evidence supplied by applicants. The EOI Committee may request clarifications, additional documents, presentations, interviews, site visits, and donor reference checks where needed.

The assessment will consist of a three-stage process.

Stage-I (Eligibility assessment): Applicants must meet minimum legal, fiduciary, and compliance requirements to proceed in the evaluation process. Failure to provide required documentation on legal registration, tax status, audit history, internal controls, or financial management capacity may result in disqualification. Please refer to the section below: "Core mandatory documents to be submitted #2, #3, #4" for the list of documents that will be assessed in Stage I.

Stage-II (Technical and programmatic competency): will assess technical and programmatic competency. Applicants who successfully pass Stage II (i.e. score more than 50) will proceed to Stage III. The weightage of Stage II (technical and programmatic competency assessment) carries 75 score.

Stage-III financial management capacity: will assess the financial management capacity of the proposed non-Govt PR (NG-PR), including value offer, which accounts for 25 of the total score weightage

The evaluation committee will review the technical and programmatic competencies. A maximum score of 75 points can be given, based on evaluation of the evidence submitted by the proposing NG-PR each specific area as mentioned in Table-1. The technical and programmatic competency with a score below 50 points will not qualify for further assessment.

Table 1: Criteria for technical and programmatic assessment

	Criteria	Narrative page limit	Max scores
1	Technical competency and experience	3	20
2	Financial Management System	3	30
3	Procurement and supply-chain management	2	10
4	Governance	2	7
5	Monitoring and evaluation	2	8
	Total		75

The evaluation committee will only review the financial competencies of the successful applicants from stage II (organizations securing ≥ 50 score in stage-II evaluation). Stage III assessment weighs 25 points against following set criteria:

Table 2: Criteria for financial assessment

	Criteria	Narrative page limit	Max scores
1	Management costs	2	10
2	Institutional overheads	1	5
3	Human resources, in-house expertise and staffing model	2	8
4	Internal resources or overheads to support programme objectives	1	2
	Total		25

The EOI committee will evaluate the EOI and attached evidence for technical and financial scoring. Based on the complete technical and financial scores of the applicants, submit the scores and recommendations of top three high scoring organizations to the CCM for final review and approval processing. The CCM will make the final selection decision considering the scores plus other aspects including VAT, PSM cost, Value for Money, etc. and the final choice will be communicated to the Global Fund for approval. The Global Fund reserves the right to use the Additional safeguard Policy (ASP) if the Global Fund disagree with the CCM selection.

Section C: Mode of submission and mandatory documents

Applications must include all mandatory documents listed in the submission checklist. Incomplete applications, or applications lacking required evidence, may be considered ineligible/disqualified.

- a. Submit hard copies in two separate sealed envelopes, one for technical/programmatic and other for financial proposal to the CCM Nepal Secretariat Office at the Department of Health Services, HIV Logistics building in Teku, Kathmandu. All the relevant annexes should be included in the respective envelopes.
 - **Two EOI envelopes should be marked as follows:**
 - **Envelope-I: EOI by (Name of the Organization) for GFATM GC 8 in Nepal – Technical /programmatic.**
 - **Envelope-II: EOI envelope should be marked EOI by (Name of the Organization) for GFATM GC 8 in Nepal – Financial.**

- b. All electronic files in MS Word/Excel, and/or PDF formats in a **google drive (main folder name- EOI by (name of the organization) for GFATM GC8 in Nepal). In the main folders there should be two separate folders, one for technical/programmatic and another for financial) share the link with full access to info@ccmnepal.org,**

- c. **If hard copies are not submitted by the deadline, the application on email only will be automatically disqualified for further processing**

- d. **All submitted documents will be opened and noted in a tally sheet on next day of the closing day (23 June, 11 AM at the CCM secretariat office) in presence of the available CCM members, EOI committee and submitting organizations representatives.**

Closing date: 5:00 PM NST, June 22, 2026

Core mandatory documents to be submitted:

1. **Completed application documents**
 - Completed Section D

2. Legal and eligibility documents

- Organization registration certificate or legal authorization to operate in Nepal
- Latest renewal certificate, if applicable
- PAN/VAT registration certificate
- Latest tax clearance certificate, if applicable
- **Annex 1: Commitment and declaration**

3. Governance and compliance documents

- Authorization letter confirming that the person submitting/signing the EOI is authorized to do so on behalf of the organization
- Anti-fraud, anti-corruption or ethics policy
- Safeguarding / PSEAH policy or equivalent policy

4. Financial accountability documents

- Audited financial statements for the last three financial years, evidence of annual operating budget.
- Most recent external audit report, including management letter if available

5. Core evidence of capacity

- Organizational profile, including major health/donor-funded programs with at least 3 years of experience in managing programs for one or more of the components (i.e., HIV, TB, Malaria, RSSH, and CRG) in Nepal or other countries.

Section D: Criteria for Technical /Programmatic and Financial Assessment

1		Technical and programmatic assessment
1.1		Technical competency and experience
1.1.1	Relevant technical experience	Experience managing HIV, TB, RSSH, and CRG-related programmes, including Global Fund experience and other large donor-funded health programmes.
1.1.2	TB technical capacity	Capacity to respond to TB program's strategic priorities (including active case finding, DR-TB, missing cases, key and vulnerable populations, social barriers, community systems, human rights, GESI, PHC integration and sustainability).
1.1.3	HIV technical capacity	Capacity to respond to HIV program's strategic priorities (including key populations, prevention, care and support, social barriers, BCC, community-led approaches, human rights, GESI, PHC integration and sustainability).
1.1.4	Leveraging from other projects/programs to HTM	List what other comparable projects are currently run by your organization and how the global fund grant implementation will benefit from them.

1.1.5	Health systems strengthening, integration and sustainability	Ability to link disease-specific interventions with health systems strengthening, integrated primary health care, community systems and their sustainability post-transition beyond Global Fund support.
1.1.6	Performance tracking, reporting and accountability	Competency in tracking performance, reporting to government, donors and civil society, safe and secure use of data, and innovations such as digital tools for accountability.
1.2	Financial Management System	
1.2.1	Legal, registration and eligibility status	Provide copy/ies of your organization's legal registration or authorization to operate in Nepal as annex. Tax/VAT registration, renewal and tax clearance (if applicable).
1.2.2	Tax, VAT and compliance status	Provide evidence of VAT/tax exemption certificate.
1.2.3	Organizational profile and financial scale	Organizational profile, annual budget and expenditure, annual turnover, size of health portfolio, and evidence that the organization can manage funds at the expected grant scale including the ability to upfront expenditures in scenarios where delays in grant disbursement from the Global Fund are expected.
1.2.4	Staffing and operational capacity	Number and profile of existing staff with roles and responsibilities.
1.2.5	Management structure and accountability	Leadership arrangements, clear lines of accountability, management capacity for an integrated Global Fund grant, and routine planning/performance review mechanisms.
1.2.6	Internal controls and segregation of duties	Separation of duties, approval processes, control over cash, bank accounts and equipment, expenditure review, and financial/narrative reporting responsibilities.
1.2.7	Inventory and asset management	Capacity to maintain health programme inventory, fixed assets and supporting records, with evidence from a current or recent health programme.
1.2.8	Accounting system and financial reporting	Quality of accounting system (including the use of accounting software), manual/computerized ledgers, transaction recording, reporting frequency, cash/accrual basis, and ability to generate reliable reports.
1.2.9	Fund control and banking arrangements	Ability to establish a dedicated Global Fund bank account, authorized signatories, monthly reconciliation and separation of funds.
1.2.10	Financial progress reporting and use of data	Capacity to produce financial progress reports linked to programme results and use financial data for decision-making.
1.2.11	Audit and follow-up	External audit reports, regular audit arrangements, management letters, follow-up on audit findings, ability to audit the grant as a separate project and provide reports in English.
1.3	Procurement and supply-chain management	
1.3.1	Procurement compliance and transparency	Capacity to conduct competitive, transparent procurement in line with Global Fund principles, national laws and international requirements.
1.3.2	Quality assurance and appropriate use of health products	Ability to ensure product quality, appropriate use of health products, and systems to monitor risks such as drug resistance.

1.3.3	Storage, distribution and transport capacity	Capacity to manage or oversee storage, distribution, transport, security and adequate conditions for health products.
1.3.4	LMIS, forecasting and stock management	Expertise in LMIS, requisitioning, inventory management, forecasting, consumption tracking and prevention of stock-outs or losses. Experience in using the Global Fund's WAMBO platforms or any other pool procurement mechanism.
1.3.5	Qualified PSM human resources	Availability of trained procurement, supply chain, logistics and pharmaceutical expertise, including supervision capacity.
1.3.6	PSM ensuring Value for money	Procurement agent & handling fees, freight and insurance costs, quality assurance and control, PSM custom clearance, warehousing, and in-country distribution costs. Please provide a detailed description of the procurement mechanism, including the rate (i.e., service fees, freight costs, etc.) on procurement and supply of health and non-health products. Please provide a copy of MOU (past or present), evidencing the PSM costs/rate (if any).
1.4	Governance	
1.4.1	Sub-recipient management and oversight	Structures and procedures for SR selection, contracting, management, financial oversight, performance monitoring, risk management and corrective action, and capacity strengthening of SRs, especially those that are community-led.
1.4.2	Government coordination in federal context	Capacity to deliver in federalized Nepal, including coordination with MoHFS and other relevant Ministries, GoN institutions, provincial and local governments, and relevant stakeholders, including CCM Nepal.
1.4.3	Sustainability and systems strengthening {Roadmap for handing over full responsibility (PR) to Ministry of Health and Food Safety in the Yr 3 of the Grant. i.e., 2029}	Approach to sustaining TB/HIV outcomes, roadmap for strengthening government capacity in health system, including pooled procurement mechanism and integrated PSM, integrated lab and health information system, progressive co-financing, strengthening system for community-led organizations, mobilizing current community outreach workers and peer educators as community health workers via integrated primary health care, and social contracting to community-led organizations before the transition of PR to MOHFS by 2029.
1.4.4	Risk management and accountability	Approach to identifying and managing programme, fiduciary, operational, safeguarding, conflict-of-interest and reputational risks.
1.4.5	Safeguarding, human rights, gender and inclusion	Policies, procedures and evidence on safeguarding & grievance handling, human rights, gender equity, social inclusion and meaningful engagement of affected communities.
1.5	Monitoring and Evaluation	
1.5.1	M&E system and innovation	Quality of the monitoring and evaluation system & innovative approach, working experience with national health information management system.
1.5.2	Data analysis and performance management	Capacity to analyze data and use it to manage and improve programme performance.
1.5.3	Independent review	Experience with periodic independent programme reviews or evaluations.

1.5.4	Knowledge management and learning	Capacity to document, share and apply learning for programme improvement, Evidence of advocacy and communication, learning and development, recent programme appraisals, and use of lessons to improve implementation,
2	Financial Assessment	
2.1	Management costs	
2.1.1	Proposed management cost rate	Clarity and competitiveness of the proposed management cost rate as a share of total programme budget. Clarify if the management cost includes VAT/Tax.
2.1.2	Management cost breakdown	Clear breakdown of what is included, including staff, office costs, field supervision, finance, procurement, M&E, audit, IT, security, HQ support and shared costs. Management cost includes, but is not limited to, Personnel costs (i.e., Program Management Unit staff salaries, allowances, benefits, etc.), office and administrative costs (i.e., rent, utilities, communication, stationery, etc.), financial management and compliance (i.e., accounting systems/software, audits, etc.), capital investments (i.e., renovations, furnishing, equipment, vehicles, etc.), and indirect costs (i.e., GMS and overheads).
2.1.3	Evidence from comparable grants	Evidence from comparable donor-funded health programmes, including approved and actual management cost expenditure.
2.1.4	Grant-size scenarios	Provide the range of management cost rate (%) in different scenario (e.g. 25 Million, 30 Million, 35 Million.)
2.2	Institutional overheads	
2.2.1	Proposed overhead rate	Rationale of the proposed institutional overhead rate.
2.2.2	Separation from management costs	Clear distinction between institutional overheads, direct programme management costs, shared support costs and staff costs charged to the grant.
2.2.3	Evidence of overhead rate	Evidence from current or recent donor-funded programmes showing overhead rates applied.
2.2.4	Flexibility and value for money	Willingness to adjust the rate and credible explanation of how value for money will be ensured without compromising quality, compliance or oversight.
2.3	Human resources, in-house expertise and staffing model	
2.3.1	Staffing structure and staff mix	Please provide an organogram of the programme management unit (PMU) for GC8 implementation (provide in Annex) describing type of employment (part-time, full time, consultancy, etc.) proposed national and international staff and responsibilities. Declare hiring international staff will get prior approval from the MoHFS. Explain how do you intend to make the PMU inclusive in terms of GEDSI and the affected communities. Also, provide the position titles, number of staff for each position title, and mention whether they are national or international position.
2.3.2	In-house expertise	Availability of relevant in-house expertise and clear identification of functions requiring external support.
2.3.3	Quality control and continuity	Credible arrangements to ensure continuity, accountability and quality control for consultant-supported or outsourced functions.

2.4	Internal resources or overheads to support programme objectives	
2.4.1	Complementary contribution	Evidence of internal resources, overhead reinvestment, CSR, matching funds, technical support or staff time used to support programme objectives. Please also describe how, if selected as Principal Recipient, your organization would contribute its own financial technical, managerial or operational resources to support the GC 8 country dialogue, funding request development, grant-making and implementation.
2.4.2	Relevance and credibility	Relevance, scale and credibility of the proposed or past contribution, including amount or estimated value, period and results achieved.

Annex 1: Commitment and declaration

Date:

To: The EOI Committee,

Country Coordinating Mechanism Nepal (CCMN)

Re: Commitment and Declaration

Dear Members of the EOI Committee,

On behalf of [insert your organization's Name], I hereby declare that:

1. All information contained in the application, proposal, and supporting documents is true, accurate, complete, and not misleading as of the date of submission. We further confirm that the human resources, costs, pricing, and other key assumptions and commitments set out in the application and proposal are made in good faith and are consistent with its actual capacity and intention to perform. If, during the implementation phase, any such information, assumptions, or commitments become materially untrue, inaccurate, or inconsistent, including with respect to human resources or costs, we will notify the CCM Nepal and the Global Fund immediately in writing.
2. I understand my obligation to disclose any actual, potential, or perceived conflict of interest promptly.
3. I agree to comply with all applicable conflict of interest policies and procedures related to the Global Fund grant.
4. I understand that failure to disclose relevant information may result in disqualification, termination of engagement, or other appropriate actions.

Authorized signature On behalf of (insert your organization's name):

Name of the authorized individual:

Position in the organization;

Name of the organization:

Date: