 Common Unit to Manage GFATM Grant for HIV, T.B and Malaria

Office of the Principal Recipient – The Global Fund (NFR Grant)

Ministry of National Health Services Regulation & Coordination; Islamabad

**Expression of Interest (EOI) application form**

**EOI No. 002/2019**

I-Development of SOPs and Guidelines for Case Manager(s) based at ART (HIV Treatment) Centre. II-Development of SOPs of Counselling at ART Centres

**Key requirements:**

* Completed EOIs must be submitted through courier till 11:00 am April 05, 2019.
* Applicants should submit all documents included as part of the submission should be in Arial/Calibri, 12 pt, in single spacing
* Applicants should observe the word limit; additional words outside the limit will be disregarded.

EOIs/Application(s) review schedule:

|  |  |
| --- | --- |
| **Stage** | **Date** |
| **EOIs to be received by** | April 05, 2019 |
| **Evaluation of EOIs**  | 05-08 April 2019 |
| **Issuance of RFP to shortlist applicants** | 09 April 2019 |

 **Short listing criteria for EOIs**

(Consultant)

|  |  |  |
| --- | --- | --- |
| **S#** | **Particular** | **Max. Points** |
| **A** | **Qualification** | **18** |
|  | MBBS with MPHMBBS=10 Marks, MPH= 8 Marks (3years post MPH experience) | 18 |
| **B** | **Experience in Public Health Consultancy (05 marks / project)** | **30** |
|  | 1-2 consultancies | 10 |
|  | 3-5 consultancies | 25 |
|  | 6 and above  | 30 |
| **C** |  **Work Experience in HIV/AIDS related projects (07 marks/project)** | **42** |
|  | 1-2 project(s) | 14 |
|  | 3-5 project(s) | 35 |
|  | 6 and above project(s) | 42 |
| **D** | **Similar Work Experience to develop guidelines and SOPs** | **10** |
|  | Guideline(s) developed =5  | 5 |
|  | SOPs developed =5 | 5 |
|  | Total (A+B+C+D) | 100 |
|  | **Minimum Marks required for qualification** | **60** |

# Information about the applicant:

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Full postal address, including country: |  |
| Website (if any): |  |
| Email: |  |
| Phone: |  |

**2- Please provide detail of each consultancy (completed) as per following table. Please use one table for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation/client: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

**3- Please provide detail of HIV/AIDS related projects(completed). Please use one tablet for each project. You can add more table as per need:**

|  |  |
| --- | --- |
| Consultancy/Project name: |  |
| Duration: |  |
| Geographical location / country of the project/consultancy: |  |
| Funding organisation/client: |  |
| Contact details of a reference at the funding organisation: |  |
| Relevance to this consultancy in terms of technical area with this EOI | 300 words max |

 **3- Additional capacity statement:**

#### Please include additional information to highlight your capacity to deliver NACP CMU PR-GFATM in this consultancy:

Maximum words: 1000 words

 **4- Similar work experience in the development of guidelines and SOPs :**

|  |  |
| --- | --- |
| Tile of guidelines/SOPs: |  |
| Date of development: |  |
| Funding organisation/client: |  |
| Please provide one copy of any one guideline and SOP |  |

 **5- Required documents:**

1. Filled EOI Application Form
2. Update Resume

Note: Two set of above documents must be sealed in envelope clearly mentioning “EOI No. and title of the consultancy

**6- Method of procurement:**

The consultant will be selected as per PPRA Procurement of Consultancy Services Regulations 2010, under the fixed budget consultancy E I &II

 **7- Annexure:**

* + TORs for Case Manager Guidelines and SOPs.
	+ TORs for Counselling SOPs.

Above TORs are uploaded separately at [www.nacp.gov.pk](http://www.nacp.gov.pk) and part of this document.