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**The Global Fund to fight AIDS, Tuberculosis and Malaria  
Country Coordinating Mechanism Afghanistan  
Request for Expression Of Interest (R-EoI)**

**for Principle Recipient (PR) for the Global Fund New Funding Model**

*Reference Number: CCM-AFG-2014-01*

Date: 8<sup>th</sup> June 2014

**Background**

The Global Fund galvanizes support for the fight against AIDS, TB and Malaria, working with partners to support the most effective prevention and treatment. The Global Fund has an historic opportunity to seize new advances in science and apply practical experience to defeat these diseases and remove them as threats to public health. Working together, the Global Fund can do great things. The Global Fund's new funding model enables strategic investment for maximum impact. It provides implementers with flexible timing, better alignment with national strategies and predictability on the level of funding available. There is active engagement with implementers and partners throughout the funding application and grant implementation to ensure greater global impact.

The Global Fund to fight AIDS, TB and Malaria (GFATM) is multi-billion- dollar funding mechanism, intended to help advance the fight against AIDS, TB and Malaria by dramatically increasing the availability of the funding for practical health initiatives. In order to attract the Global Fund investment for the country in the health sector the Afghan Country Coordination Mechanism (ACCM) would like to submit concept notes to the Global Fund for fighting Malaria, TB and Improve the Health System strengthening in 2014.

According to global tuberculosis (TB) report 2013, Afghanistan ranked as one of 22 high tuberculosis burden countries. The estimated incidence all form TB cases is 189 in 100,000 populations per year and prevalence all form TB cases are 358 in 100,000 populations per year. Put it simply, annually there will be approximately 56,000 new TB cases occurring in the country and existing (prevalence) number of cases will be 110,000. According to NTP, National Strategic Plan 2014-2018 objectives were summarized as **a):** To increase TB case notification by 6% annually and maintain treatment success above 90% by 2018; **b):** To detect and treat at least 50% of estimated MDR TB cases by 2018.

Similarly, the National Malaria and Leishmaniasis Program (NMLCP) program goal is to contribute to the improvement of the health status in Afghanistan through the reduction of morbidity and mortality associated with malaria. NMLCP objective are:

**a):** to reduce malaria morbidity by 85% in all malaria stratum by the end of 2017 (baseline total cases (confirmed plus clinical) = 19.5 cases per 1000 population; 5.5 estimated confirmed cases per 1000 population, 2011 data); **b):** To reduce malaria mortality to 99% by the end of 2017 (nationally malaria reported deaths 40, in 2011) **c):** To reduce the incidence of *P. falciparum* malaria to sporadic cases by the end of 2017 with a vision to completely interrupt transmission of Pf by 2020 **d):** To reduce malaria morbidity in high risk (stratum one districts) by 80% by the end of 2017 (baseline total cases [clinical plus confirmed] = 146.7 per 1000; estimated confirmed cases, 38 per 1000 from 2009-2010 figures)

As well as, the Government of Afghanistan has developed a multi-sectoral approach to respond to the HIV epidemic. In 2006, the Government approved a National Strategic Framework (NSF) for HIV/AIDS for the period 2006 to 2010 and the second version of NSP-II for the period 2011-2015 was finalized, currently, NSF III development is in process and is directed towards universal access for prevention, care and treatment, and mitigation of the HIV epidemic. The Afghanistan National Development Strategy has set a five-year goal to maintain a low prevalence of HIV (<0.05%) in the population until end of 2015. The priority areas for the NACP are four in number which are as follows:

**Priority area 1:** Increase coverage of prevention interventions for KAPs and their partners, vulnerable populations, as well as among general population.

**Priority area 2:** Increase coverage of comprehensive and integrated HIV treatment, care, and support for PLHIV and their families.

**Priority area 3:** Ensure availability and use of strategic information for decision-making.

**Priority area 4:** Create supportive and enabling environment for a sustained and effective national response to HIV and AIDS.

Furthermore, the Global Health Initiatives and financial partner, the Global Fund supports countries' Health System Strengthening (HSS) efforts within the framework of the Global Fund mandate: to fight HIV/AIDS, TB and malaria, with the purpose of maximizing the impact, efficiency, sustainability, equity and quality of the three disease programs. By contributing to improved performance of key health system components through this Concept Note for the year 2015-2017, the Global Fund's HSS investments also help generate system-wide effects and thus benefit a broader range of health outcomes including Community Health Nurses Education Program, Laboratory Strengthening and Health Management Information System. The request for Global Fund supports to cross-cutting health systems strengthening (HSS) for a three-year period. The request should present an ambitious, strategically focused and technically sound investment and this investment will only support the continuation of the previous interventions which were funded by the Global Fund. The key objectives which are funded by this investment will be; **a):** To ensure quality implementation of Community Health Nurses Education program in rural areas of Afghanistan to increase access to health care services targeting HIV/AIDS, TB and malaria; **b):** To maintain and improve quality of 'Reference Laboratories' **c):** To improve data quality and reporting mechanism of Health Information System at all level.

The concept note might be reviewed by Technical Review Panel (TRP), and later on by Grant Approval Committee (GAC) in the Global Fund, which makes further recommendations to the Global Fund Board. In its previous different rounds of funding, the Global Fund approved Afghanistan proposals.

Therefore, Afghanistan CCM has decided to submit country concept notes on TB, Malaria control, HIV/AIDS and improvement of HSS for the period of over next three years.

CCM Afghanistan now invites eligible organizations to indicate their interest for being Principle Recipient (PR) of the Global Fund (GF) new Funding model for the period Jan 2015 – Dec 2017. Interested organizations should provide information demonstrating that they have the required qualifications and relevant experience to perform the Services. The selection criteria are:

**Main criteria for PR selection:**

- Being a national or international Organization;
- Being able to prove country level presence;
- Having strong linkages to communities;
- Being able to submit General Qualification of the Organizations along with date of establishment and official registration document of the organization both inside Afghanistan and/or in other countries);
- Having past experience in implementing activities in the selected or all disease area; experience in providing the same or similar services (completed projects with brief information on date, duration, location, fund amount and donor) in any country around the world;
- Having adequate number and qualification of staff to prove the strength of the organization in terms of availability of human resource specially their availability for the program in Afghanistan (please include organizational structure);
- Being able to present full financial capacity (including major source of fund, last five years cost flow figure, audit reports for the past three years).

Organizations may associate to enhance their qualifications. The nature of their association is acceptable in the form of a Consortium and/ or a Joint Venture; therefore, a letter of expression of interest will be required from both organizations. There must be a clearly designated Lead Organization. The information listed above, needs to be submitted for each of the individual partners.

Interested firms must apply for all the diseases components as one.

There is no specific format for the EoI; interested firms are encouraged to use their own format for sending the EoI. There is also no page limitation for this EoI.

The EoI must be presented in Font (Times New Roman, size 11 or Arial size 10).

The EOI must be presented in English and must be delivered with a covering letter (signed and stamped) by the following means:

- Those applicants who can submit the EOI in person (Hand –Delivery by their staff) are required to submit a total of six (6) copies (One original and 5 copies) in a sealed envelope, along with soft copy in a labeled CD-ROM. Each page of the original version should be signed and stamped.
- Those applicants who cannot submit the EOI in person (Hand –Delivery by their staff) are required to submit their EOI, along with scanned copy of the receipt of the courier by email, and send the six hard copies (One original and 5 copies) in a sealed envelope by international courier.

If an organization wish to submit EOI are kindly requested to submit it in sealed and stamped envelope and must be clearly indicated the following information on the outside of the envelope:

From:	<i>Name of the applicant...</i>
Applicant Detailed Address:	<i>Address of the applicant...</i>
To:	Marked For the attention of: PR Selection Committee, CCM Afghanistan Phone: +93(0) 700078626 Email: <a href="mailto:Afghancem@yahoo.com">Afghancem@yahoo.com</a> Add: WHO Main Office, UNOCA Compound, Jalalabad Road, Pul-e-Charkhi, Kabul, Afghanistan
Subject:	Expressions of interest for Principle Recipient (PR) for the Global Fund New Funding Model

### Minimum standards for PR and Program Delivery:

As part of mitigating risk, the Global Fund has adopted a list of minimum standards relating to the key capacities for PRs. These minimum standards will be formally assessed during grant-making, and are required for grant signing. They will be monitored throughout the grant lifecycle. In cases where a nominated PR fails to meet one or more of the minimum standards, the Global Fund will work with the nominated PR to assess where gaps exist and determine appropriate next steps.

Potential PR can find further information at: <http://www.theglobalfund.org/en/fundingmodel/>

The selection of PRs (including re-selection of existing PRs) is subject to final approval by the Global Fund, which in most cases will be based (in part) on a thorough Capacity Assessment during grant-making. Assessments will be carried out by the Global Fund country team with support from an independent Local Fund Agent (LFA) appointed by the Global Fund. In cases where the PRs plan to outsource key functions, it is possible that the Global Fund will also assess the entity handling the outsourced function(s).

The minimum standards are as follows:

1. Cross-functional	<p><b>The PR demonstrates effective management structures and planning</b></p> <ul style="list-style-type: none"> <li>- The PR has sufficient number of skilled and experienced staff to manage the program [including staff for functional tasks such as Procurement and Supply Chain Management (PSM), monitoring and evaluation (M&amp;E) and Finance].</li> <li>- PR shows effective organizational leadership, with a transparent decision- making process.</li> <li>- Staff of key functions at the PR has relevant technical knowledge &amp; health expertise for HIV/AIDS, tuberculosis and/or malaria.</li> <li>- <i>If applicable:</i> procurement staff has relevant experience for procurement; warehouse staff is sufficient in number, and have appropriate skills to manage storage of health products.</li> </ul>
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2. Program (Sub-recipient oversight)	<p><b>The PR has the capacity and systems for effective management and oversight of sub-recipients (and relevant sub-sub-recipients)</b></p> <ul style="list-style-type: none"> <li>- PR exercises sufficient oversight over sub-recipients to safeguard both financial and physical assets.</li> <li>- PR has the ability to provide or contract for capacity-building to ensure timely and quality program implementation.</li> </ul>
3. Finance	<p><b>The internal control system of the PR is effective to prevent and detect misuse or fraud</b></p> <ul style="list-style-type: none"> <li>- The internal control system ensures that the PR adheres to policies and procedures consistently.</li> <li>- The internal control system supports compliance effectively with the related grant agreement to be proposed (evidence of the operation of the internal control is verified during grant management).</li> <li>- <i>To be checked during grant management:</i> external auditors and other third-party assurance providers are selected and assigned duties in accordance with Global Fund guidelines.</li> </ul>
4. Finance	<p><b>The financial management system of the PR is effective and accurate</b></p> <ul style="list-style-type: none"> <li>- PR has an accounting system in place that can correctly and promptly record all transactions and balances making clear reference to the budget and work plan of the grant agreement.</li> <li>- PR manages all transactions and transfers to suppliers and sub-recipients in a transparent manner to safeguard financial and physical assets.</li> <li>- <i>To be checked during grant management:</i> The PR monitors actual spending in comparison to budgets and work plan and investigates variances and takes prompt action.</li> </ul>
5. PSM	<p><b>Central warehousing and regional warehouses have capacity, and are aligned with good storage practices to ensure adequate condition, integrity and security of health products</b></p> <ul style="list-style-type: none"> <li>- The storage capacity is appropriate in condition (including ventilation), equipment, and size for the type and quantity of products to be stored.</li> <li>- There is sufficient trained staff at central and regional level to manage stock.</li> <li>- The facilities are properly secured against theft and damages.</li> <li>- The facilities are equipped with a temperature monitoring and controlling mechanism.</li> </ul>
6. PSM	<p><b>The distribution systems and transportation arrangements are efficient to ensure continued and secured supply of health products to end users to avoid treatment / program disruptions</b></p> <ul style="list-style-type: none"> <li>- There is a distribution plan for supplies, dispatches and transportation.</li> <li>- The security measures for transportation are defined and the equipment and transportation conditions are adequate.</li> <li>- There is sufficient trained staff to manage distribution and delivery activities.</li> <li>- There is a logistics-management information system (LMIS) with requisition and stock-reporting tools in place to anticipate and minimize risk of stock-outs (incl. accurate forecasting and timely ordering).</li> </ul>

7. M&E	<p><b>Data-collection capacity and tools are in place to monitor program performance</b></p> <ul style="list-style-type: none"> <li>- The monitoring and evaluation (M&amp;E) system defines relevant indicators for routine monitoring of activities/interventions that are aligned to the goals and objectives of the program in question.</li> <li>- Adequate mechanism and tools are in place to report accurate and quality assessed data from the <b>sub-sub-recipient / sub-recipient</b> to the <b>PR</b> level.</li> <li>- <i>Applicable for high-impact / TERG countries:</i> Program Reviews are planned during the implementation period and National program reviews are conducted with involvement of partners on a regular basis.</li> </ul>
8. M&E	<p><b>A functional routine reporting system with reasonable coverage is in place to report program performance timely and accurately</b></p> <ul style="list-style-type: none"> <li>- The routine reporting system/ Health Management and Information System (HMIS) for public-sector facilities has a coverage of at least 50 percent, and there is a costed plan to improve coverage to 80 percent.</li> <li>- The relevant HIV, TB, malaria indicators have clear definitions, and are coded in the HMIS.</li> <li>- The routine reporting system / HMIS has a data-assurance mechanism in place that annually verifies data.</li> </ul>
9. PSM	<p><b>Implementers have capacity to comply with quality requirements and to monitor product quality throughout the in-country supply chain. (Required as part of grant documents for grant management - covenant)</b></p> <ul style="list-style-type: none"> <li>(b) There is qualified staff to manage/oversee quality assurance activities.</li> <li>(c) There is a plan for quality monitoring activities throughout the in-country supply chain, including quality control.</li> <li>(d) The World Health Organization "Model Quality Assurance System for Procurement Agencies (MQAS)" serves as guidance.</li> <li>(e) The entity(ies) has(ve) Standard Operating Procedures (SOPs) for key processes in place and revises the SOPs when necessary.</li> </ul>
10. Capacity Building	<p><b>PR should have proven experience and knowledge on how to strengthen the capacity of the programs, sub-recipients and other stakeholders on below issues to foster the ownership of GF programmes by national partners and their sustainability (with objective for a national partner to take PR responsibility in the future):</b></p> <ul style="list-style-type: none"> <li>- Effective grants management</li> <li>- Effective financial management</li> <li>- Monitoring and evaluation of the project</li> <li>- PSM</li> </ul>

**Timeline for submission of Expression of interest:**

The deadline for submission of the EOI is June, 19<sup>th</sup>, 2014 at 14:00 hour Kabul time. The EOI must be submitted before the submission deadline to the aforementioned address.

Interested organizations may obtain further information from the contact provided below before June 15<sup>th</sup>, 2014 at 14:00 hour Kabul time.

CCM Secretariat, CCM Afghanistan

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