**Financial Bid**

**INDIVIDUAL CONSULTANT FOR ‘GAVI Immunization- Monitoring & Evaluation’**

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| --- | --- | --- | --- |
| **Deliverable (s)** | **Consultant's Proposal** | | |
| **Estimated deadline for completion of deliverable (please mention as days/months)** | **Complete timeframe for deliverable** | **Cost (INR)**  professional fee (Travel & per diem will be as per note below) |
| Quarterly progress report –GAVI-HSS from all the states comprising C4D, A&C and health | By 25th of each quarter June, Sept, Dec and March for submission to IAG. Monthly tracking of progress |  |  |
| PCV roll out plan as per GoI priority ( including qty of vaccine needed, media sensitization, training plan) Gantt chart | 25th of every month. Monthly update of Gantt chart to track progress |  |  |
| CTA: monthly analysis of immunization related data coming out of block monitoring to track progress on GAVI related activities | Every month |  |  |
| Measles-Rubella: Compile coverage and surveillance data on measles on quarterly basis to guide operational plan of measles elimination and rubella control | By 25th of each quarter June, Sept, Dec and March |  |  |
| Quarterly progress report –GAVI-HSS from all the states comprising C4D, A&C and health | By 25th of each quarter June, Sept, Dec and March for submission to IAG. Monthly tracking of progress |  |  |
| PCV roll out plan as per GoI priority (including qty of vaccine needed, media sensitization, training plan) Gantt chart | 25th of every month. Monthly update of Gantt chart to track progress |  |  |

Note:

The consultant will be expected to travel to states and submit a detailed trip report. Travel cost will be reimbursed on actual on receipt of a Travel Claim with supporting documents and invoices.

Per diem will be reimbursed at UNICEF consultant rates

The consultant is required to make own arrangements for travel and stay

Payment will be made against receipt and acceptance of deliverables on a monthly basis.

*Shaded area to be filled in by consultant*

**Name of the Bidder:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**