**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) |
| Review and update the supportive supervision models in GAVI states (Medical colleges, external agencies, etc.) Detailed description of the plan. Also include the analysis on use of Supportive Supervision android app for data collection and updation required | Dec 2017 |  |  |
| Monthly collection collation and reporting of Supportive supervision data to UNICEF and MOHFW and states | Monthly |  |  |
| Quarterly presentation and report on data to IAG,ICO and reporting to GAVI | Quarterly |  |  |
| Annual report to GAVI and lessons learned and success stories | Annually |  |  |

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:**