**Funding Request for Technical Assistance from Lao CCM to the Government of Luxembourg**

February 2016

1. **Background**

By the end of December 2015, all three disease related grants will have undergone the Concept Note submission, Technical Review Panel (TRP) and grant making under the Global Fund New Funding Model. The Tuberculosis (TB) grant started on 1 July 2015 and the HIV and malaria grants will commence on 1 January 2016. All three grants will continue until 31 December 2017. A Health Systems Strengthening (HSS) grant will also commence on 1 January 2016.

During Grant Making, the TRP and GAC identified a key issue for the HSS grant related to the associated risk mitigation strategy. Technical assistance (TA) was contracted to undertake a risk analysis and develop a risk mitigation plan. This exercise proved very valuable for stakeholders involved in the HSS grant and the HIV, TB and malaria grants could also benefit from a risk assessment and development of a risk mitigation plan.

The three Global Fund funded disease programs (HIV, TB and malaria) demonstrate challenges with regards to the overall health system, as service delivery is strained by a lack of qualified and adequately distributed motivated staff, inadequate infrastructure and supplies. The programs also persistently face planning, management and other organization governance and information-sharing bottlenecks. Whilst efforts are ongoing to improve the health information system, the process is too slow for the country’s need. The implementation of these grants will involve the Program Management Unit (PMU of the Principal Recipient-Ministry of Health) and the primary implementers: Centre for HIV and STI (CHAS), National Tuberculosis Program (NTP) and Centre for Malaria Parasitology and Entomology (CMPE), as well as various sub recipients; HIV: LaoPha, PSI, PEDA, LRC; TB: CICML, MAAP, LaoPHA, LYU, PEDA, PSI and Malaria: PEDA, HPA, FDD, LaoPHA, BFDI.

Additionally, each program faces a number of key risks in program implementation over the course of 2016 such as:

* The HIV program plans to end the condom social marketing program and allow for a commercial sector supply of condoms in Lao.
* The level of HIV testing in key populations (Sex Workers, Men having Sex with Men, Transgenders and prisoners) is still very low in the NFM grant and needs to be scaled up.
* The TB program aims to increase TB case notification, however, there is a risk regarding the provincial health centers capacity to manage the increased case load.
* Regarding MDR-TB treatment, the TB program will shift from a single treatment site to ambulatory care.
* Monitoring artemisinin resistance, which has recently (2014) been identified in Lao PDR, therefore the national malaria program will need to enhance the management and coordination of all donor-funded activities, including the Regional Artemisinin initiative (RAI), US Government and Asian Development Bank.
* Bed net distribution will include key affected populations, particularly migrants and forest workers, however, accessing these populations can be difficult.
* Management capacities in the provinces continue to be weak and support is needed to enhance field implementation.
* Whilst community and peer related interventions have been included in the disease programs, the accountability, sustainability and linkages of these activities are uncertain.
* The information systems and Monitoring &Evaluation system (M&E) will need to be improved, particularly at the village and health facility level, to ensure that disaggregated data (by age and gender) can be prepared and used at the central level for planning and decision making.
* Multiple and inadequate logistic management information systems (LMIS) leading to stock outs or product expiry.

Please refer to the HIV, TB and malaria Concept Note and final Concept Note (CN) review and Recommendations form for more detail regarding the overall program and implementation approach.

1. **Requested support**

Funding of US$ 80,000 (~ EUR 71,869) to provide for technical assistance as described below, corresponding to the cost of a consultant to conduct risk assessments for the HIV, TB and malaria programs.

1. **Proposed recipient of funds**

PR Lao: Ministry of Health, Department of Communicable Disease Control (DCDC).

1. **Objectives of the Technical Assistance**

To increase country understanding and ownership of risk management in order to effectively mitigate risks associated with implementation of the HIV, Tuberculosis and malaria programs funded by the Global Fund’s New Funding Model (NFM) grants in Lao PDR.

1. **Description of the activities to be carried out with the requested Technical Assistance funding**

The consultant will work closely with CHAS, NTP, CMPE, the PR, the Oversight Committee, the County Coordinating Mechanism (CCM), development partners, as well as the Global Fund Country Team in Geneva. These tasks will require extensive discussion with the HIV, TB and malaria task forces, relevant departments within the Ministry of Health and other stakeholders. The consultant will also work closely with any other technical advisors contracted under the disease grants.

Ideally, the TA should be performed in two distinct phases:

1. Lead a participatory risk assessment and development of risk mitigation framework and action plan;
2. Undertake periodic oversight of implementation of the developed framework action plan

*Phase A:*

*Risk Assessment and development of a risk management framework:* it will be important for the consultant to clearly define the methodology for the risk management analysis and any implications in changes to program implementation, in order to provide the country stakeholders ownership of the process throughout grant implementation. The consultant will be instrumental in facilitating discussions between the HIV, malaria and TB programs to work together and ensure that there is clear and open communication between the programs, in order to best align the changes and improvements to implementation of the grants.

Upon the development of the framework action plan, for the HIV, TB and malaria grants, the work plan and monitoring and evaluation plan will need to clearly state milestone dates. Who will be responsible for each activity should be included in the work plan. In addition, those stakeholders that are directly affected by the changes to program implementation within these grants should be involved in the development and direct implementation of this action plan.

*Phase B:*

*Oversight* : the consultant will periodically (at key times identified through the risk management framework) visit the country to monitor implementation against the agreed work plan and lead/propose further adjustments as might be needed.

A final report of the TA provided will need to be submitted to the PR, Global Fund Country Team and Luxembourg.

1. **Expected Outcomes of the Technical Assistance**
2. Through a participatory process that fosters understanding, capacity development and ownership, the consultant will develop an approach that:
	1. Considers implications in changes of implementation arrangements within each grant funded program (TB, HIV and malaria);
	2. Strengthens the HIV, TB and malaria grant’s implementation and monitoring to identifying and mitigating risk through the development of a risk management framework. This should clearly identify risks inherent in the planned implementation of these grants and articulate how best to mitigate these risks through ongoing coordinated measures with clearly described relevant responsible /accountable implementing entities.

Associated with this, the consultant should facilitate an agreed process/work plan for both monitoring implementation of the risk management framework and overall change management as applicable.

1. The process of achieving these outcomes is also intended to increase the capacity of the relevant stakeholders. Therefore a skills transfer/capacity development plan should be developed for key/strategic positions. A counterpart in each of the grants should be a focal point to provide ongoing oversight of work plan implementation monitoring.
2. **Expected deliverables**

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| --- | --- |
| **Deliverable** | **Timeline** |
| *Initial Phase* |  |
| 1. Methodology for the development of the overall approach to risk management analysis e.g. General Risk Assessment Management (GRAM) tool
 | TBD |
| 1. Risk management framework, including a work plan and tracking measures for change management.
 | TBD |

|  |  |
| --- | --- |
| *Oversight-Capacity Development Phase* |  |
| 1. Either quarterly or as per key timelines defined in the action plan, report on progress achieved against work plans
 | TBD |

1. **Estimated Cost**

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| --- | --- | --- |
| **Risk Assessment** | **Cost****US$** | **Cost** **Euro** |
| **Phase A** | HIV/AIDS | 20,000 | 17,974 |
| TB | 20,000 | 17,974 |
| Malaria | 20,000 | 17,974 |
| **Phase B** | Monitoring and oversight | 20,000 | 17,974 |
|  | **TOTAL** | **80,000** | **71,869** |

1. **Timeline/duration of the assignment**

The risk assessment for the three disease related grants will be a one year consultation starting after the approval of the funds for TA by the Government of Luxembourg.

The timeline for this assignment will require several phases:

1. Initial intensive Phase – in Country

Assignment will take place over a 4-6 weeks period (date, TBD with Country Stakeholders). The deliverables will need to be submitted as set out above (highlighted) by date TBD.

1. Follow up Phase

This involves further needs assessment of the management unit of the Sub-Recipients, CHAS, NTP and CMPE, for technical assistance and capacity development with plans, tracking measures

1. Oversight /Capacity Development Phase

On a monthly basis, the consultant hired for the risk assessment should remotely follow up on the progress of the work plan and tracking measures for the 6 months of implementation of the HIV, TB and malaria grants

1. During the 6 months of implementation of the HIV, TB and malaria grants, the consultant contracted for the risk assessment should travel to country (up to two occasions/quarterly basis) to meet with relevant stakeholders and follow up and assess progress on work plan measures.