

**Country Coordinating Mechanism for the
Global Fund to fight AIDS, Tuberculosis and Malaria in Viet Nam**

Call for Expression of Interest for the Global Fund Regional Artemisinin Initiative

Malaria Grant 2018-2020 for Vietnam

I Purpose

The Country Coordinating Mechanism (CCM) of the Global Fund for AIDs, Tuberculosis and Malaria (GFATM) in Viet Nam is issuing a call for expressions of interest for the from Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) to be considered as sub-recipients (SRs) for the implementation of the Regional Artemisinin Initiative (RAI) malaria grant for the period 2018-2020. The planned start date of the grant is 1 January 2018. NGOs are requested to provide technical assistance at sub-national levels for a set of malaria interventions prioritized by the National Malaria Control Programme (NMCP). The NMCP will be implemented under the leadership of the National Institute for Malaria, Parasitology and Entomology (NIMPE).

II Background

The GFATM is globally one of the largest donors to communicable disease programs and has been providing support to Vietnam's national malaria control program since 2004. The activities of the NMCP are directed by the National Strategy for Malaria Control and Elimination for 2011-2020 and Vision for 2030, approved by the Prime Minister in 27 October 2011, to eliminate malaria in Vietnam, and plan for post-elimination activities. The key activities of the NMCP which has been implemented by NIMPE is to (i) ensure that all people have better access to early diagnosis and effective treatment for malaria at public and private facilities. (ii) ensure coverage of appropriate vector control measures for populations at risk; (iii) to monitor and evaluate malaria morbidity through effective surveillance; (iv) to improve scientific research activities on malaria; (v) to improve people's knowledge and behavior towards malaria; and (vi) provide effective management and coordination of the national malaria elimination effort.

The burden of malaria is decreasing rapidly in Viet Nam and the disease is becoming increasingly focal. In 2015, just 211 communes had an Annual Parasite Incidence (API) greater than 1, compared to 488 in 2011, and just 6 provinces (Gia Lai, Binh Phuoc, Dac Lak, Dak Nong, Khanh Hoa, Ninh Thuan) together accounted for 69.4% (6,479 / 9,331) of confirmed malaria cases. Gia Lai alone accounted for 23.7%. The highest risk groups for malaria include ethnic minority groups, forest fringe inhabitants, temporary mobile and migrants populations (MMP), new forest settlers and other hard-to-reach (HTR) populations. The level of malaria risk for each of these groups is dependent on a number of factors, including location, degree of malaria endemicity, and accessibility to health services. The different situations require different malaria control strategies, adapted to suit the specific risk groups and vector behaviors, and adjusted to take into consideration local infrastructure and health service coverage. In Vietnam each commune has a Commune Health Centre (CHC) and in malaria endemic communes these have specialized staff responsible for malaria control. Village Health Workers (VHWs) are the backbone of the community-level health response in Viet Nam. VHW's are engaged in outreach activities, mainly focused on health promotion and prevention. The private sector also plays a

significant role in the management of malaria in Viet Nam. A survey conducted in Binh Phuoc Province in 2011 suggested that around 13% of resident patients and 23% of migrants were accessing initial healthcare from the private sector. However the situation varies from one province to another and the role of the private sector has been increasing in recent years.

III Proposed Interventions

In support of the National Strategy and the priorities outlined in the RAI Funding Request, the NMCP requests the assistance of CSO/NGOs as SRs to implement activities primarily targeting populations at high risk of malaria including MMPs and HTR populations. The NMCP proposes the establishment of community based team (CBT) to work with MMP and HTR populations in collaboration with the NMCP in the activities mentioned below:

A. Case Management

In collaboration with the NMCP and local authorities SRs are to create and support CBT to work with MMP and HTR populations. CBT are the designated focal points for community based malaria control and elimination activities. SRs will support CBT to ensure that indigenous communities, MMPs, and HTR populations will have access to quality diagnosis, treatment and adherence to treatment and receive correct and sufficient information. CBT will assist in detecting and refer cases to relevant health facilities for testing and treatment. SRs are to develop systems for supporting and supervision of CBTs.

B. Surveillance

SRs will support the NMCP, CBTs and the community to conduct active case investigation, foci detection and response, including engaging the local community and high risks groups to detect and respond to outbreaks. SRs will develop and adapt surveillance and response guidelines for the CBT as needed.

C. Vector Control

SRs will assist the NMCP and CBT to distribute long-lasting insecticide treated nets and hammock nets (LLINs/LLIHNs) and other commodities for vector control to MMP and HTR populations, or through private companies and employers of MMPs. SRs will also support estimation and distribute LLINs and other personal packages to MMP and HTR populations and other target groups.

D. Information, Communication and Advocacy

SRs will develop national and local strategies and action plans for Information, Education communication (IEC) and behavioral change communication (BCC) as well as key messages targeting MMP, HTR and high risk populations and in consultation with NMCP and other

stakeholders. SRs will provide training on communication skills and support to CBTs and community network and organize workshops/meetings at different levels to make sure CSOs activities are aligned with national and local malaria programs. SRs will organize consultations with CSO and community to give inputs to the development of the 10-year National Strategic Plan 2021 - 2030 (NSP) and Roadmap to Elimination and other plans/strategies as needed. SRs will organize project wrap-up workshop in 2020 including dissemination of CSO's lessons-learned and best practices during project implementation.

E. Private Sector engagement

SRs will engage with private companies employing high risk populations and mobilize participation of private companies and employers with work-sites in high endemic malaria areas in malaria control and elimination activities. SRs will distribute personal protection tools to MMPs, HTR populations and through private companies and employers (not overlapping with those distributed by NMCP) and raise their awareness of malaria.

F. Training

In collaboration with NMCP, SRs will provide high quality and comprehensive training for CBTs and community networks on surveillance, vector control, case notification as needed and directed by the NMCP.

G. Operational research

In collaboration with the NMCP, SRs will conduct operational research on innovative methods to reach MMP and HTR groups, and how better engage the private sector, VHWs and the community. SRs will identify innovative and cost-effective ways to strengthen surveillance and response activities, personal protection measures, and detecting and screening high risk populations to facilitate better access to malaria diagnosis and treatment particularly for MMPs and HTR populations

H. Geographical Areas Covered

The geographical areas to be covered by the CSOs/NGOs for the proposed activities will focus on the 149 communes of the four provinces with the highest burden malaria, namely Binh Phuoc, Dak Nong, Gia lai and Dak Lak. More information can be obtained from the CCM Secretariat (contacts below).

IV Eligibility Criteria

In order to respond to this call for proposal, an organization must meet all of the following eligibility criteria:

1. The organization (and proposed sub-sub-recipients) must be legally registered, or able to become legally registered, with a Memorandum of Understanding with the respective Ministry. *Please include a copy of the MoU with the application.*

2. Conflict of Interest: The grantee's other relationships, associations, activities, and interests should not create a conflict of interest that could prevent full impartiality in implementation of the grant activities.
3. The organization must have demonstrated experience in implementing malaria interventions.

Any organization or consortium not meet the above criteria are not eligible to apply. Please note the following additional guidelines for the proposal.

4. All proposed interventions need to be in line with the National Strategic Plan and need to give due consideration to the Global RAI Malaria 2018-2020 Funding Request (available from the Global Fund Programme Management Unit of NIMPE or the CCM Secretariat) that was submitted to and cleared by the Technical Review Panel of the GFATM.
5. All partners are strongly encouraged to consult with the National Malaria Control Programme and other partners in the respective province during the preparation of their proposals.

V Application Instructions

Applicants (either individual organizations or a consortium of organizations should provide a written proposal not exceeding five pages (excluding the appendices) and should include the following sections;

A. Organizational Context

- 1) Name of the organization
- 2) Contact person and full address (postal, telephone and email)
- 3) Registration status or organization. If a consortium, status of each individual organization.
- 4) Brief background on the organization: mission, areas of expertise, international management structure (if any)
- 5) Total annual operating budget in 2016, current human resource capacity (e.g. number of technical and administrative staff), total donor funds managed by organization
- 6) Past and present experience and performance in malaria control.
- 7) Current geographical coverage of organization with number and location of staff, offices and vehicles/transport available for activities.

B. Proposed Activities

- a. Clearly describe how your organization proposes to implement activities mentioned in section III, the rationale behind the proposed interventions, and how it aligns with the National Strategy on Malaria Control and Elimination and the GFATM RAI Funding Request 2018-2020 for Vietnam. Any sub-contracting arrangements must be clearly explained.
- b. Mention your specific expertise and methods on how to reach high risk groups with the proposed activities
- c. Describe how the organization will meet targets while maintaining cost-effective implementation and high quality performance during the period of the grant.

C. Proposed Geographic Area

- a. Specify the province, district and communes where the organization proposes to implement the activities. Describe the implementation arrangements.
 - b. Explain how the organization will maintain close links to the NIMPE, IMPEs, the local administrative authority and organization to ensure good coordination of activities and information sharing.
- D. Organizational Capacity
- a. Briefly describe the organization’s capacity to implement the malaria interventions as proposed in the section III
 - b. Describe what resources are in place that could potentially fill in the gaps not covered by the proposal, if any.
- E. Budget: Please provide an illustrative budget for your organization to implement the activities. The overall the budget ceiling for the GF-RAI grant in Vietnam that is allocated to CSO/NGOs is US\$ 5.5 million. Please use the sample budget table in the annex to complete the budget. For each item indicate:
- i. What relevant resources may already be in place and available to support proposed activities;
 - ii. Where additional resources will be required, with brief rationale;
 - iii. Presentation must be clear and allow for easy interpretation of total figures.

VI Evaluation Criteria

Application Component
Organizational capacity
Proposed activities in line with Funding Request
Proposed targets that are realistic and achievable in line with proposed activities
Proposed geographic coverage
Implementation efficiency (clustering of activities, innovative ways to reduce costs, etc.)
Budget (efficient budget with reasonable programme administration and management costs)
Total points

VII Submission Deadline

1. Applicants may request clarifications related to this Call for Proposals during a public meeting to be convened by the CCM Secretariat on **2-4 PM , 9 May 2017 at NIMPE.**
2. Applicants are required to submit soft-copies of the Sub-Recipient Application either by email or on a pen drive **by 5 pm on May 19, 2017**
3. **Applicants can submit proposals in soft copy on a USB drive or by email to**

CCM Secretariat, Ms. Trinh Thao Nguyen
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Venue: 12B07, 12thB Floor, Tower A, Building D2, Giang Vo St., Ba Dinh Dis., Hanoi, Vietnam

Email: ccmvietnam@gmail.com

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4. The short-listed applicants may be requested to present for an interview to a designated selection committee
5. The selected SR(s) will have to be endorsed by the CCM

Disclaimer

1. The issuance of the call for proposals does not constitute an award commitment on the part of the CCM, nor the Global Fund. All preparation and submission costs are at the applicant's expense.
2. Final detailed budgets and targets will be determined during grant and work plan negotiation with successful applicants in consultation with the CCM and the Global Fund.
3. The applicants understand that any results of this CCM selection process is pending to final GF approval and the final content of the awards may be amended with GF Technical Review Panel (TRP) inputs and during the negotiations with the GF Secretariat.

ANNEX: Sample Budget Table

#	Activity Description	Unit of Measure	Unit Cost (VND)	Unit Cost (USD)	Duration (days)	Quantity	Total Cost (VND)	Total Cost (USD)
							
	Total							