

## **New SRs Selection Process**

**“Call for Expressions of Interest to Serve as a Sub Recipient for Tuberculosis Elimination Among Migrants: TEAM” under supported by GFATM Year 2019-2021”**

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<b>No.</b>	<b>Sequence of Steps in SR Selection Process</b>	<b>Timeline</b>
3	Open Call for Call for Expressions of Interest	4-15 Oct 2019
4	Proposal review by Selection Committee Member, scoring of proposals	18-25 Oct 2019
6	Announcement of selection results	25 Oct 2019

**Announcement of Department of Disease Control**  
**“A Call for Expressions of Interest to Serve as a Sub Recipient under “Tuberculosis Elimination Among Migrants: TEAM” to implement TB intervention in Maela Camp supported by GFATM Year 2019-2021**

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According to Department of Disease Control has received fund of the grant number QMZ-T-UNOPS from the Global Fund for Tuberculosis Elimination Among Migrants: TEAM to implement interventions on TB among migrants and mobile population in Mekong region with stakeholders from the five countries, including Cambodia, Lao PDR, Myanmar, Thailand and Vietnam. The goal of this project is reduction of the burden of TB among the migrant populations of the Greater Mekong Sub-region – particularly aiming at the missing cases - and thereby reduce TB transmission, incidence and mortality among each of the participating countries.

Objectives are following;

- 1) To Increase migrant sensitivity of health service provision of TB services and specifically to increase migrants’ access to those services.
- 2) To improve monitoring and evaluation of TB in migrants
- 3) To develop policies and legal frameworks aimed at improved TB control in migrants
- 4) To develop, set up, and maintain partnerships, networks and multi-country frameworks

Plan activities supported by the Global Fund grant will be implemented in collaboration between the Regional Principal Recipients (PR) is UNOPS and Co-PR-DDC. Co PR-DDC will be primarily responsible for managing programs implemented by Department of Disease Control, and for all TB activities are implemented through 4 Sub-Recipient (SRs), namely Bureau of Tuberculosis (BTB), Raks Thai Foundation (RTF), World Vision Foundation of Thailand WVFT, Shoklo Malaria Research Unit (SMRU).

Target Group are documented and undocumented cross-border migrants including those in refugees in camps and urban settings. Implementation areas will cover 15 provinces with high density of migrant, namely Chiangrai, Tak (included Wang Pa Clinic and Maela Camp), Bangkok, Ranong, Phuket, Sakew, Chiangmai, Chonburi, Rayong, Samutsakorn, Samutprakarn, Kanchanaburi, Suratthani, Songkla, Nongkai. The implementation timeline covers for 3 years between 2019 and 2021 (see more details of project in Attachment 1).

In this regard, Department of Disease Control would seek agency to serve as SR for implementation in Maela Camp, Measod Tak Province. Therefore, Department of Disease Control by Office of Global Fund Project Administration will open a recruitment new SR agency for implementing in that target area under “Tuberculosis Elimination Among Migrants: TEAM” project instead of IOM.

**Rules and conditions for application**

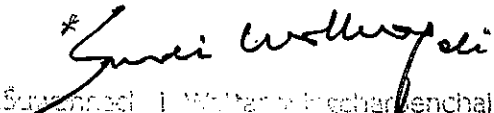
The agency must have a qualification that can be a Sub-Recipient (SR) according to the characteristics in the documents and selection criteria attached to this announcement. The applicants must submit the narrative description according to the Expression of Interest Form (EOI) and necessary supporting documents to Office of Global Fund Project Administration, Department of Disease Control, address: 88/21 Moo 4 Soi Bumratnaradol, Tiwanond Rd, Muang, Nonthaburi, 11000, Thailand or via email address, kes\_kla@yahoo.com or kingginggo@outlook.com, not later than 15<sup>th</sup> October 2019, 16.00 hr.

The Selection Committee Members (SCM) will receive the submission documents of all applicants 2 days before the meeting to select a nominated SR. The result of the selection of a nominated SR will be announced in the [www.thailandccm.org](http://www.thailandccm.org) on 25<sup>th</sup> October 2019.

**Criteria for consideration on selection of the SR**

The criteria are defined based on capacity of organization that will perform as SR include the following:

1. Organization's qualifications
2. Initial capacity
3. Experience and ability to implement TB program in Maela Camp

  
Dr. Sunee Wuthayapaci  
( Director General )  
Department of Disease Control  
*Signature*

Date 30 Sep 2019

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## **Overview of “Tuberculosis Elimination Among Migrants: TEAM” under supported by GFATM Year 2019-2021**

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Department of Disease Control has received fund of the grant number QMZ-T-UNOPS from the Global Fund for “Tuberculosis Elimination Among Migrants: TEAM project”. This project will be implemented interventions on TB among migrants and mobile population in Mekong region with stakeholders from the five countries, including Cambodia, Lao PDR, Myanmar, Thailand and Vietnam. The goal of this project is reduction of the burden of TB among the migrant populations of the Greater Mekong Sub-region – particularly aiming at the missing cases - and thereby reduce TB transmission, incidence and mortality among each of the participating countries.

the supporting fund for the grant number QMZ-T-UNOPS from the Global Fund on Tuberculosis Elimination Among Migrants: TEAM to implement interventions on TB among migrants and mobile population in Mekong region with stakeholders from the five countries, including Cambodia, Lao PDR, Myanmar, Thailand and Vietnam. The goal of this project is reduction of the burden of TB among the migrant populations of the Greater Mekong Sub-region – particularly aiming at the missing cases - and thereby reduce TB transmission, incidence and mortality among each of the participating countries.

Objectives are following;

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Plan activities supported by the Global Fund grant will be implemented in collaboration between the Regional Principal Recipients (PR) is UNOPS and Co-PR-DDC. Co PR-DDC will be primarily responsible for managing programs implemented by Department of Disease Control, and for all TB activities are implemented through 5 SRs, namely Bureau of Tuberculosis (BTB), Raks Thai Foundation (RTF), World Vision Foundation of Thailand WVFT, Shoklo Malaria Research Unit (SMRU) and International Organization of Migration (IOM)

### **Target Group/Beneficiaries:**

- Documented cross-border migrants
- Undocumented cross-border migrants (including those in prison, detention centres)
- Migrant workers
- Refugees in camps and urban settings
- Accompanying dependents of the above – children, spouses and elderly relatives

### **Implementation areas: 15 provinces namely**

Chiangrai, Tak (included Wang Pa Clinic and Maela Camp), Bangkok, Ranong, Phuket, Sakew, Chiangmai, Chonburi, Rayong, Samutsakorn, Samutprakarn, Kanchanaburi, Suratthani, Songkla, Nongkai. The Tuberculosis interventions among migrants and mobile population in Mekong coordination also covered between twin cities such as

- 1) Ranong - Kawthong
- 2) Kanchaburi - Daweii

- 3) Maesod - Myawaddy
- 4) Mae Sai - Tha Chi Lek
- 5) Sakeaw - Poi Pet
- 6) Nong Khai - Vientiane and one DIC at Nong Khai - Vientiane border.

The implementation timeline covers for 3 years between 2019 and 2021.

### **Key Activities**

- 1) Increase access to diagnosis and treatment of documented and undocumented migrants by increasing access to information and care.
- 2) Provision of case-holding mechanisms within migrant networks.
- 3) Active case finding in in border areas/twin cities and at inner province with high density of migrants of Thailand.
- 4) Implement the regional, inter-country, case-based, electronic database for TB in known migrants
- 5) Develop and implement a referral mechanism for repatriation of TB cases, whether returning voluntarily or being deported), including focal points for migrant TB at national level and key border areas.
- 6) Cross-border monitoring: needs assessment, stakeholder analysis, GIS mapping of facilities.
- 7) TB collaborative cross-border committees/twin city arrangements at the local level, eg: Myanmar/Thailand (SMRU).
- 8) Annual Myanmar-Thai and Myanmar-China coordination meetings.
- 9) Ensure good access to care and treatment at workplaces employing migrants. Advocate with employers and employers' associations (Thailand- PAAR)
- 10) Improve infection control (IC) at Immigration Detention Centres through regular IC facility assessments and mix of administrative controls, environmental controls including ultra-violet germicidal irradiation (UVGI) and personal protection. (Thailand - PAAR)
- 11) Improve access to financial and social protection for families of migrants with TB through opportunity for enrollment into the M-FUND for those interested (Thailand initially)

### **Key Activities by Modules**

#### **Module 1: TB Care and Prevention**

1.1 Increase access to diagnosis and treatment of documented and undocumented migrants by increasing access to information and care.

1.1.1 Development of a digital/social media platform with information and education and engaging the Facebook migrants group (300 000 followers). Messages include basic knowledge on TB, location of migrant friendly service for TB facilities, and migrant rights to access to healthcare.(Thailand)

1.1.2 In cross border areas:

- Community and facility-based case-finding and treatment: facilitate referral, treatment, follow-up and contact tracing of returning TB patients (Laos in 8 cross-border provinces with Thailand and Vietnam, and Vietnam-Cambodia border)
- Case-finding and treatment: facilitate referral, diagnosis, treatment and adherence support, contact screening (Thailand, Tak Province, Myanmar, Myawaddy region)

- Fund to support patient needs, including those for nutrition, transportation, education, health literacy (All 5 countries)
- 1.2 Provision of case-holding mechanisms within migrant networks
    - 1.2.1 Employment of migrant health workers/volunteers/peer educators for DOT, patient support and follow-up (selected areas of Laos, Myanmar, Thailand)
    - 1.2.2 Support to in-patient care for seriously ill and MDR-TB patients at TB villages at SMRU (Myanmar and Thailand)
    - 1.2.3 Employ mobile technologies for DOT and treatment support as well as referral (starting in Thailand)
    - 1.2.4 Capacity building for migrant friendly routine case finding/diagnosis in the hospitals (specific sites to be identified, all 5 countries)
  - 1.3 Active case finding
    - 1.3.1 ACF & case holding at points of entry and through community workers (buddy system) in border areas/twin cities. (Thailand)
    - 1.3.2 Active case finding at inner province with high density of migrants of Thailand, e.g. Chiang Mai, some districts in Bangkok, Samut Sakhon Thailand)
  - 1.4 Ensure good access to care and treatment at workplaces employing migrants. Advocate with employers and employers' associations (Thailand- PAAR)
  - 1.5 Improve infection control (IC) at Immigration Detention Centres through regular IC facility assessments and mix of administrative controls, environmental controls including ultra-violet germicidal irradiation (UVGI) and personal protection. (Thailand - PAAR)
  - 1.6 Improve access to financial and social protection for families of migrants with TB through opportunity for enrollment into the M-FUND for those interested (Thailand initially)

## **Module 2: Health Information and M&E**

- 2.1 Implement the regional, inter-country, case-based, electronic database for TB in known migrants (all countries)
- 2.2 Develop and implement a referral mechanism for repatriation of TB cases, whether returning voluntarily or being deported (Regional coordination, national implementation in all 5 countries), including focal points for migrant TB at national level and key border areas.
- 2.3 Cross-border monitoring: needs assessment, stakeholder analysis, GIS mapping of facilities(Vietnam-Cambodia border); monitoring effectiveness of cross border referral mechanism (National level –Myanmar and Thailand, in the Myawaddy-Mae Sot area by SMRU)

## **Module 3: Community Response and Systems**

- 3.1 TB collaborative cross-border committees/twin city arrangements at the local level, eg: Myanmar/Thailand (SMRU); Tay Ninh and Syay Rieng)(Vietnam/ Cambodia)

## **Module 4: Programme Management**

- 4.1 Grant management

## **Key Activities by PR and SRs**

### **PR-DDC**

- 1) 4 areas Internal M&E, Audit and supportive and RDQA SRs, SSRs and IAs.

## **BTB**

- 1) Migrants patient referral for diagnosis and treatment
- 2) Conduct active case finding at points of entry for migrants at the borders who come to work in Thailand
- 3) Networking for GMS volunteer/ TB case worker (DOT Watcher) based patient referral system
- 4) Establish migrant friendly clinics - Expand services to the existing DiC
- 5) Monitoring and supervision visit to field and programmatic travel to attend meeting/workshop,etc.
- 6) Local working group meeting- cross border meeting for mobile population

Implementation area: Nongkai

## **RTF**

- 1) Establish migrant friendly clinics - Expand services to the existing DiC (RTF)
- 2) Health product for DiC
- 3) Conduct campaign on Mobile CXR in community or worksite for hotspot areas
- 4) Mobile CXR in community or worksite for hotspot areas
- 5) Support for 1) positive case to confirm at hospital including sputum test and hospital service fee 2) follow up on TB case including food, travel, and follow up investigation
- 6) Networking for GMS volunteer/ TB case worker (DOT Watcher) based patient referral system
- 7) Develop iMonitor or similar mobile application to provide client the preventive information, location of service provision, as well as link to regional database to improve case holding and referral system
- 8) Referral to cross border care and support including case management

Implementation areas 8 provinces: Chiangmai, Chonburi, Rayong, Samutsakorn, Samutprakarn, Kanchanaburi, Suratthani, and Songkla

## **WVFT**

- 1) Establish migrant friendly clinics - Expand services to the existing DiC (WVFT)
- 2) Health product for DiC
- 3) Mobile CXR in community or worksite for hotspot areas
- 4) Support for suggestive TB by CXR case to confirm at hospital including sputum test and hospital service fee
- 5) Support for presumptive TB case referral and follow up on TB case including food, travel, and follow up investigation
- 6) Networking for GMS volunteer/ TB case worker (DOT Watcher) based patient referral system
- 7) Monitoring and supervision visit to field and programmatic travel to attend meeting/workshop,etc.

Implementation areas: 5 provinces (Chiangrai, Tak, Bangkok, Renong, and Phuket) and Sakew-Poipet Thai-Cambodia border

## **SMRU**

- 1) Provide in-patient services to seriously ill and MDR TB cases (TB village)



- 2) Migrant sensitive services for patients continuation of care, travelling fees for patients for referral and presumptive patient for diagnosis.
- 3) Provide in-patient services to seriously ill and MDR TB cases (TB village) - AFB stain set and Methanol 99%
- 4) TB health care training and capacity building for staffs
- 5) Coordination/ review and evaluation meeting and monitoring by finance and grants
- 6) Provide in-patient services to seriously ill and MDR TB cases (TB village) - Syringes and needles, medical consumables (Clinical supply, and lab supply)

Implementation areas: Maesod (Wang Pa clinic)

#### **TB activities in Mae La camp, Maesod, Tak province**

- 1) CXR mobile in camps
- 2) Laboratory supplies for sputum collection
- 3) Xpert MTB/RIF cartridge
- 4) Sputum smear during 6 months Rx (6 samples/patients)
- 5) Building rental, communications, staff training, office supplies, security and financial costs
- 6) Monitoring and supervision visit to field and programatic travel to attend meeting/workshop,etc.
- 7) Drug susceptibility testing

Implementation areas: Maesod (Mae La camp)

### **Performance Framework**

#### **Outcome indicator**

TB O-2a: Treatment success rate of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and relapse cases

#### **Output indicator under Modules**

TCP-6b: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)

TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases.

## **SR Roles and responsibilities**

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For this project, SR responsible for managed the overall of project where implemented in implementing in Maela Camp, Mea Sod Tak Province. The responsibility of SR is following;

- A. SR must efficiently and effectively manage the project and GF Fund as follow;
- To develop action plan and coordinate with the Sub-Sub Receipt (SSR) to implement project according plan of action.
  - To select potential SSR or Implementing Agency (IA) and conduct working agreements with the SSR to operate work in target area. if any need.
  - To provide technical supporting to SSR and IA
  - To provide and support in programme management to SSR and IA
  - To monitor and evaluate the performance of SSR and IA
  - Management and disbursements to SSR and IA including oversee the financial management of SSR and IA, and close monitor the operational activities together with internal financial audit.
  - To collect operational data of SSR and IA and submit performance and financial report to PR

### **B. Criteria for consideration on selection of the SR**

**Considering the potential of project management from the following elements**

- 1) Organization features
- 2) Preliminary potential in management programme
- 3) Other special features

**Main Criteria for consideration as follow;**

1. **Organization's qualifications**
2. **Initial capacity**
3. **Experience and ability to implement TB program in Maela Camp**

**Expression of Interest Form (EOF)**  
**To serve as a Sub-Recipient (SR) for Tuberculosis Elimination Among Migrants:**  
**TEAM” under supported by GFATM Year 2019-2021**

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<b>Organization Contact Details</b>	
Name of Organization	
Physical address	
Type of organization and date of establishment	
Current physical presence the GMS country	
Contact Person: Name Designation	
Contact person details: Telephone (office) Telephone (cell) Email address	

<p><b>A. Requirements for Implementers</b></p> <p>The applicant is requested to describe <b><u>precisely</u></b> to demonstrate the following minimum standards for implementers with list of supporting documents (please indicate pages for each supporting document): <i>(maximum of 1 page for each item)</i></p>
<p>1. Technical expertise in the strategic priority, i.e. TB: Interventions among migrants and mobile population in country and/or in the GMS, at multicountry and country levels</p>
<p>2. Effective management structures and planning at country levels or multicountry.</p>
<p>3. Capacity and systems for effective programmatic management and oversight of Sub-recipients (and relevant Sub-sub-recipients) at country levels and multicountry.</p>
<p>4. Effective internal control system and risk management system to prevent and detect misuse or fraud</p>
<p>5. Effective and accurate financial management system</p>
<p>6. Data-collection capacity and tools are in place to monitor programmatic and financial performance</p>

7. A functional routine reporting system with reasonable coverage is in place to report financial and programmatic performance timely and accurately

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**B. Ability to Comply with the Global Fund Grant Regulations (2014)**

Please describe how your organization is able to comply with the Global Fund Grant Regulations (2014)?

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**C. Working Experiences**

The applicant is requested to describe **precisely** to demonstrate the working experiences with list of supporting documents (please indicate pages for each supporting document):  
*(maximum of 1 page for each item)*

1. History/experiences working on TB among migrants

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2. History/experiences working on TB

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3. History/experiences working on migrants

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4. A track record in GMS including current physical presence in the region

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5. History working with the National TB Programs in the GMS

6. Previous experience of working with Global Fund (if any)

**D. Additional questions**

1. Why has your organization decided to apply to become a SR?

*(Maximum of 1 page)*

2. How will your organization design to implement TB programme in Maela Camp?

*(Maximum of 1 page)*

3. What are key reasons the Committee Members should select your organization to serve as the SR of this project?

*(Maximum of 1 page)*