

TERMS OF REFERENCE

Assignment n°22SANIC894

I. General Information

Assignment title	Assess the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities and develop a strategy to reshape program activities and the environment that influence mental health of people infected and affected by TB and HIV.			
Component(s)	HIV/AIDS, Tuberculosis			
Thematic area(s)	Prevention and Care Continuum			
Type of recipient(s)	Sub-recipient (SR)			
Country of intervention	Myanmar			
Relevant GF grants	Grant amount	Grant period	Performance rating	Date of performance rating
	n.a	2021-2023	n.a	n.a
Estimated total number of working days	25 days			
Estimated date for completion of deliverables	May 2023			
Expertise France contact	Full name		Contact details	
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II. Background of the expertise mission

Myanmar is facing an unrest crisis of political, human rights, socioeconomic and humanitarian crisis since the military coup and a severe COVID-19 third wave in 2021. The spreading out of armed conflicts and the nationwide Civil Disobedience Movement (CDM) seriously damaged the existing fragile health sector, further restricting people's access to essential health services. Doctors and nurses were among the first to lead the protests – walking out of their jobs days after. This had a direct and an overwhelming impact on the public healthcare system.

HIV

According to the Global fund, Myanmar is the second most affected country by HIV/AIDS in the region, after Thailand. In 2019 there were an estimated 240,000 people living with HIV, including 10,800 children. Among 230,000 adults living with HIV, 38% were women and 62% were men¹. National HIV prevalence among adults (15+ years) was approximately 0.57%² with higher and concentrated HIV

¹ UNAIDS AIDS DataHub, Myanmar, 2018.

² AEM-Spectrum HIV estimates, April 2019.

prevalence among Key Populations (KPs), including people who inject drugs (PWID), men who have sex with men (MSM), female sex workers (FSWs) and the intimate partners of all these groups in specific key geographic locations. In 2017, 75% of the total number of people living with HIV (PLHIV) lived in 5 states/regions including Kachin, Shan North, Sagaing, Mandalay and Yangon.

Despite the long-standing public-health challenge in the country, that the HIV prevalence represents, Myanmar was recognized before the coup for its robust response to HIV, supported by the Government and various donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), US Presidential Emergency Plan Fund for AIDS Relief (PEPFAR), Access to Health, and the Japan Fund for Poverty Reduction through the Asian Development Bank (ADB).

HIV/AIDS Services in Myanmar

After the coup and the CDM, iNGOs decided to continue the distribution of Antiretroviral Therapy (ART) as their teams have been providing services as frontline staff at the IHC and many patients were concerned about access to services, their medication and treatment. By the end of 2021, iNGOs were able to provide ART to nearly 52,000 PLHIV thanks to this emergency approach. This approach was completed with a new method of medication distribution: by concern for the patients' safety within the political context, the iNGOs provided their patients with medication and treatment for several months in once, to reduce up to a minimum the number of travels the patients had to make to collect their treatment. Until recently, many facilities of the National Aids Program kept offering only very limited services. Nevertheless, it is likely these facilities might not be functioning at all.

Tuberculosis

In terms of health conditions, the burden of infectious and communicable diseases remains predominant. Tuberculosis is also rampant, with an alarming rate of drug resistant infections and co-infection with HIV.

Myanmar is among the 20 highest TB burden countries, with especially high prevalence in areas where the distance to a TB diagnostic center is farther. TB diagnosis and treatment is only provided at township hospitals. In addition, hospitals often don't have good equipment for the diagnosis of TB. This results in delay of treatment and missing TB cases, especially among less mobile people (children/pregnant women/elderly/disabled). Since the coup, things have gotten worse.

According to Myanmar National TB Prevalence survey in 2017-2018, prevalence rate was 355 (253-458) per 100,000 population in State level and 468 (398-546) per 100,000 population in National level. Utilization of public health facility as first contact for care seeking is most commonly in states (43%). The TB prevalence survey showed that clusters with longer distance to the township hospitals had higher TB prevalence. Patients in rural areas (including minority ethnic groups) had to travel 13 miles in average. 21 out of 75 clusters of TB prevalence survey were more than 20 miles from the nearest TB centers.²

Lack of supported sputum transport system for diagnosis, lack of supporting environment for marginalized population pose access barriers for early TB diagnosis and treatment. It was also mentioned that hard to reach population has poor access to care, high cost of care and poor treatment completion. TB service is rarely available in the hard-to-reach area and ethnic minority population.

Alliance Myanmar (AM)

Alliance Myanmar is a Sub Recipient of Global Fund implementation since 2011. It works in partnership with community-based organization and networks formed by HIV key populations such as men who have sex with men, transgender people, people who inject drugs, female sex workers and people living with HIV by providing technical and forward granting. It is the unique approach of the organization since it believes effective sustainable HIV/TB responses are possible only with genuine participation of community based organizations.

The organization is currently implementing GF 2021-2023 HIV/TB grant with 22 CBO/network partners to provide HIV prevention, testing, care and support and treatment services. The organization mobilized general practitioners to provide ART for which CBOs play critical roles to provide necessary adherence support such as counselling, nutrition support, follow up home visits etc. It also strengthens the link between community system and health system so that the CBOs can refer positive patients to public health facilities. The organization also implement C19 RM (2) grant where it established covid-19 centres and integrate TB activities. It also got a grant from STOP TB initiative to strengthen TB community and to get more detail information around CRG for TB patients while providing basic essential TB services. AM manages Global Fund grant which is more than 10 percent national targets of HIV key population.

The organization noticed the missing element of mental health support for HIV/TB beneficiaries and believes integrating of mental health services into existing program activities will significantly increase the effectiveness of preventing, testing and treatment services for HIV/TB beneficiaries. The impact of the political instability after the military coup and waves of covid-19 makes the needs of mental health services more prominent than ever.

The country is currently implementing 2021-2023 GF grant which is going to end by December 2023, thus it is in its preparation to develop the next funding request for the period 2024-2026 to submit for the first window end of March.

III. Objectives and expected outcomes

1) Overall objective

The overall objective of the mission is to assess the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities and develop a budgeted strategic plan with capacity building component to reshape program activities and the environment that influence mental health of people infected and affected by TB and HIV.

2) Expected outcomes

- A. A report assessment in English of the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities is written.
- B. Based on the assessment, a budgeted strategic plan with capacity building component to reshape program activities and the environment that influence mental health of people infected and affected by TB and HIV is developed.
- C. A M&E plan/result framework and definition of indicators is developed.

- D. The report assessment, the budgeted strategic plan and the M&E plan are understood by Alliance Myanmar and disseminated to technical and financial partners.

IV. Assignment description

Some of the beneficiaries dropped out at different stages along the continuum of care. Especially the dropped-out rate from being tested HIV positive to treatment is high and the situation among people who inject drug is the worst even though there is comprehensive HIV counselling including ART information. It is highlighted that there is a gap for mental health support to provide early and successful ART treatment. Similar experiences are encountered for TB beneficiaries.

And most of the people affected by TB and HIV are more vulnerable to mental health issues compare to general community due to many long-standing social issues such as self-stigma, stigma & discrimination and poorer economic status compared to other general populations. It is especially important for young key populations such as young transgender people, young MSM, young female sex workers and young drug users to have mental health support to ensure they practice safer sex and drug consumption practices following the preventive measures.

In addition, many HIV/TB infected and affected people are often subjected to human right violations and Gender Based Violence which can be major crisis for them where they need mental health support seriously to be able to handle these issues properly, overcome the crisis and survive.

There is no mental health support in the current program activities for HIV/TB infected and affected people and it is a major gap which hinders the outcomes of prevention, testing, care & support and treatment activities. AM aims to provide people centred, comprehensive service provision for the beneficiaries and it can be possible only by filling the gap of mental health element.

The organization aims to integrate mental health in its existing activities by adding key mental health elements in its prevention, testing, care and support and treatment activities which were implement in partnership with community-based organizations. It hopes to have cost effective community based mental health activities integrated in its TB/HIV works which can later further expand to other health services such as Maternal and Child Health and Sexual and Reproductive health activities.

1) Key milestones and activities of assignment

Following deliverables, documents and methodological approaches are expected:

- Scoping meeting: Presentation of the methodology and detailed planning, discussion of adjustments to be made, necessary preparations (list of documents requested, people to be met etc.).
- Drafting of a scoping note and definition of the thematic scope of the assignment.
- Validation of the scoping note and the thematic scope by the beneficiary.
- Series of interviews with key actors and stakeholders.
- Organise a participatory workshop with Alliance Myanmar.
- Development of a budgeted strategic plan with capacity building component.
- Development of M&E plan/result framework and definition of indicators.
- Exchange with Alliance Myanmar and dissemination to technical and financial partners.

Any other suggestion may be made by the expert if this is necessary for the proper conduct of the assignment.

The consultant will provide regular feedback/communication to the CCM throughout the assignment. The expert should liaise with Expertise France, the Regional Counsellor in Global Health for South-East Asia (based at the Embassy of France to Thailand) and the Health and SCAC of the Embassy of France in Myanmar at the beginning and at the end of the mission to present the objectives of the mission and debrief on the conclusions and recommendations.

V. Expected deliverables

- A scoping note including the thematic scope of the assignment;
- A detailed timetable;
- Terms of reference for the visit before each field mission (if needed);
- A report assessment (or situation analysis) in English of the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities;
- A budgeted strategic plan with capacity building component to reshape program activities and the environment that influence mental health of people infected and affected by TB and HIV;
- Development of M&E plan/result framework and definition of indicators;
- A final mission report (20 pages maximum) by email to Expertise France within 10 days. This report, written in English, will be circulated to all the mission partners after validation by Expertise France.

VI. Important points of consideration

1) Capacity building of the beneficiary of the mission and its partners

Capacity building of assignment recipient(s): with a view to sustaining the assignment's results and recipients' ownership of the deliverables, the consultant(s) should pay particular attention to capacity building throughout the assignment. Joint training and deliverables development with gradual recipient empowerment are encouraged. The consultant(s) must propose a methodology in their technical proposal to be discussed with and approved by Expertise France and the assignment recipient.

2) Gender mainstreaming

In line with France's International Strategy for Gender Equality 2018-2022 and with the Global Fund guidance for Funding Requests, which says: "Applications must include, as appropriate, interventions that respond to human rights and gender-related barriers, inequities and vulnerabilities in access to services", L'Initiative request experts to pay a special attention to integrate a gender approach into their assignment.

VII. Coordination and accountability

1) Coordination provided by Expertise France and with other partners

Expertise France will coordinate and monitor the expertise mission, and organize regular follow-up sessions with the experts throughout the mission. Expertise France key contact persons will be copied into all important discussions between the experts, the CCM and partners involved in the assignment.

More specifically, Expertise France, with the presence of the Regional Counsellor for Global Health and representatives of the French Embassy at the Department of Cooperation and Cultural Action (SCAC) in Myanmar will organize an online kick-off meeting with the experts, Alliance Myanmar and the CCM secretariat at the beginning of the mission and a debriefing meeting at the end of the mission.

Alliance Myanmar will be the main contact of the experts. It will provide selected initial relevant documentation, contact details for key stakeholders to be complemented by the consultants' own networks, and introductions to facilitate the organization of meetings as necessary.

2) Consultant accountability

The consultant(s) will report on assignment progress and challenges directly and regularly to the Expertise France contact person.

Assignment deliverables are produced for the benefit of the assignment recipient. The final version of the deliverables is submitted to Expertise France for final validation with the assignment recipient.

VIII. Location, duration and implementation methods

1) **Estimated start date:** April 2023

2) **Assignment duration:** 25 days / 2 months

The mission will be done remotely, except if the expert is national or based in Myanmar.

The mission will end with a debriefing of the mission with the beneficiary after validation of the deliverables by the latter.

3) **Estimated deliverables due date:**

- A scoping note including the thematic scope of the assignment and detailed timetable : 10 April 2023.
- Terms of reference for the visit before each field mission (if needed).
- A report assessment in English of the feasibility to mainstream the mental health component in Alliance Myanmar's existing HIV and TB activities : end of May.
- A budgeted strategic plan with capacity building component to reshape program activities and the environment that influence mental health of people infected and affected by TB and HIV : end of May.
- Development of M&E plan/result framework and definition of indicators : end of May.

- A final mission report (20 pages maximum) by email to Expertise France within 10 days. This report, written in English, will be circulated to all the mission partners after validation by Expertise France.

4) Organizing logistics and security guidance from Expertise France

The assignment recipient, Alliance Myanmar, will provide the consultant(s) with an office space/meeting room with an Internet connection, photocopying and printing equipment, a vehicle with driver to facilitate travel as part of assignment activities.

The consultant(s) will be responsible for other logistical aspects of their assignment (hotel reservation, plane tickets, etc.) unless otherwise specified by Expertise France.

Consultants are required to adhere to Expertise France's security guidance. In particular, for each field visit, the following is requested:

- To register each trip on Ariane - France Diplomatie website: <https://pastel.diplomatie.gouv.fr/fildarlane/dyn/public/login.html> ;
- To regularly consult the Internet page 'Conseils aux voyageurs du Ministère de L'Europe et des Affaires Etrangères' (Travel advice from the Ministry of Europe and Foreign Affairs) for the relevant country;
- To download the Expertise France app (sent after recruitment has been confirmed) for monitoring consultant safety in the field, to register an account and use it during each field visit;
- Any travel outside the city where the assignment is to be carried out is subject to a request being sent at least one week ahead of planned travel to the assignment contact person at Expertise France for formal validation.

IX. Expertise and profile requirements

1) Number of expert: at least 1

Expertise France encourages applications from women.

2) Consultant profile

Position: International Public Health with experience in community based mental health programs in existing HIV/TB health program, and with a combination of the following skills and experience:

Qualifications and skills:

- Advanced university degree in public health, medicine/epidemiology, international development, or a related field;
- An excellent understanding of mental health, health-system functioning, principle of health financing, service delivery, and community-level health services;
- Proven conceptual, analytical and evaluative skills and an ability to write in a clear and concise manner;
- Excellent interpersonal/diplomatic skills and ability to establish and maintain effective working relations with people in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity, and with community and high level stakeholders;
- Appropriate knowledge and skills on gender and social inclusion issues.

Professional Experience:

- A minimum of 10 years' professional experience in health-related development programs;
- A minimum of 5 years' professional experience on mental health programs with a focus on key and vulnerable populations (MSM, PWID, sex workers, and so on).
- Experience working in/specific knowledge on Myanmar would be a significant advantage;
- Experience working in/specific knowledge on mental health would be a significant advantage;
- Experience in facilitating or chairing meetings/workshops or discussion panels of a technical nature (desirable);
- Experience in community engagement and service delivery;

Language:

Professional proficiency in speaking, reading, and writing in English.

X. Technical and financial proposals

The interested consultant/each interested consultant/the team of consultants is invited to send a full proposal comprising:

1. Simplified technical proposal including:

- A CV for the consultant(s);
- A description of the consultant's background and experience in relation to this terms of reference;
- A detailed work schedule (activities, dates, location, number of days) based on key milestones specified in these terms of reference.

2. A financial proposal in Euros.