Terms of Reference
TA for CCM Positioning

1. Background

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) is a multi-billion dollar international financing mechanism formed in 2002, to scale up financing in lower income countries. The fund represents a new approach to international health financing through a public-private partnership.

Country Coordinating Mechanisms (CCM) is a national governing body. As a prerequisite to accessing funds from the GFATM, every recipient country is obliged to organize itself through the establishment of a Country Coordinating Mechanism as the central pillar to the Global Fund's commitment to local ownership and participatory decision-making. The country-level multi-stakeholder partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level and oversee grants on behalf of their countries.

The Country Coordinating Mechanisms includes representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organizations, government, multilateral and bilateral agencies, nongovernmental organizations, people living with the diseases, the private sector and technical agencies. They are a key element of the Global Fund partnership to perform following functions:
- Coordinates the development of the national request for funding
- Nominates the Principal Recipient
- Oversees the implementation of approved grants
- Approves any reprogramming requests
- Ensures linkages and consistency between Global Fund grants and other national health and development programs

The Bhutan CCM was reorganized and more formally established in March 2011 in keeping with GFATM guidelines. The CCM Secretariat executes the day-to-day functions as delegated by the CCM and CCM Chair / Vice Chair. The CCM Secretariat supports the decision-making and other functions of the CCM. The CCM Secretariat is the primary point of communication for consideration and action under the direction of the CCM members

The Global Fund's Country Coordinating Mechanism (CCM) Policy outlines that the CCM should be positioned at the highest level responsible for multi-partner and multi-sectoral development planning in a country. The Global Fund encourages all countries to build on their national structures, wherever possible, and to position the CCM and/or CCM functions within existing health platforms to contribute to central coordination of health programs, investments and pandemic preparedness. In countries actively preparing for transitioning away from Global Fund financing for at least one disease component, positioning planning and implementation may imply more urgent timelines. These two points should be used to adapt the role of the CCM to support a successful transition process and to promote increased sustainability. This can include gradually shifting essential CCM functions and principles to national health institutions as early as possible for proactive transition planning, rather than waiting for a transition grant.

Mapping existing health governance bodies in a country is the first step towards institutionalizing CCM functions.

2. Objectives

2.1. The national consultant will identify existing national health structures, governance mechanisms and platforms responsible for coordinating the health sector and disease-specific issues. For the transition context[1], this should have an added focus on key national stakeholders that are most appropriate for strengthening transition planning, preparedness, implementation, and overall efforts to strengthen sustainability.

2.2. The consultant will map each identified platform's position within the national systems and in relation to the CCM. The consultant will also support the CCM in developing a Positioning plan based on three main phases (refer to the Positioning Guidance Note):
- Knowledge - Mapping health coordinating platforms;
- Coordination - Collect and analyse data jointly in shared dialogue;
- Sustainable Structure - Position CCM functions within a national body.

3. Task and Metrics
The national consultant is expected to perform the following tasks

Task	Metrics
Understand and become familiar with the principle of Positioning. For the transition context, understand the transition lens and how it fits within Positioning	● Positioning e-Learning module and review of Positioning Guidance Note completed
Undertake a desk review of relevant documents	● Governance documents of up to 10 health governance bodies reviewed (CCM included). ● When available, Sustainability and Transition assessment reviewed
Interview key stakeholders at the national level.	● At least one stakeholder per governance body interviewed, including one high-level government official.

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[1] Countries will be informed if they are in the transition context

Map existing national health structures.	• Organogram showing the positions and relations of up to 10 health governance bodies (CCM included). • The organigram can be completed manually or using a software solution provided by the Global Fund (Visio).
Develop a summary report.	Report drafted (3-4 pages) with thematic tables and analysis on: • Mandate • Composition • Structure • Legal Status • Anchorage level to the national system
Organize an in-country consultation meeting.	• Presentation on key results. • Moderated sessions on the following phases of the CCM Positioning journey: *Coordination, Sustainable Structure* • The consultation should bring together stakeholders on coordinating and aligning platforms and include the civil society voice
Support the CCM Evolution Task Force, CCM Executive Committee and CCM Secretariat to develop a CCM Positioning plan	Proposal developed on the appropriate positioning of the CCM. It should include: • Necessary linkages and alignment with other significant coordinating platforms in-country. For the transition context, this includes identifying key national stakeholders, including non-CCM members, that can support national transition planning and implementation, and overall efforts to strengthen sustainability. • Long-term embedment of CCM functions within existing or emerging health platforms, including ensuring strong inclusion of civil society and participating in efforts to strengthen sustainability of Global Fund investments.

4. Deliverables

Deliverable	Content	Level of effort (LoE)/no of working days
Mapping of existing national health platforms.	The map should show the national structures and their relationship within the national health sector.	15 LoE
Brief summary report (2-4 pages).	An executive summary of key findings, conclusions, options and next steps (including activities for inclusion in baseline assessment work plan – *optional* based on country context).	2 LoE
PowerPoint Presentation.	Key findings and conclusions from the mapping exercise.	1 LoE
Positioning plan.	Plan with cleared outlined deliverables, steps and timeline.	7 LoE

5. Reporting Lines:

5.1. The consultant shall report to the CCM Executive Committee and the Chair of the CCM Evolution Task Force.

5.2. The consultant shall work in close collaboration with the CCM Secretariat and the CCM Evolution Task Force.

5.3. The Consultant's Deliverables will be shared to the CCM Secretariat and CCM Evolution Task Force for further submission to the Global Fund .

6. Period of Assignment:

6.1. The selected consultant shall be required to complete the above assigned task within working days.

6.2. The selected consultant shall work with an international consultant who will regularly review the implementation of the positioning plan. The international consultant shall be recruited by the Global Fund.

6.3. The selected consultant shall be expected to participate in few meetings upon communication from the CCM Secretariat, where he/she shall participate to gain knowledge to deliver tasks effectively as required.

7. Qualifications and experience

Essentials
7.1. Advanced degree in public health, finance, public administration or business administration, or related field.

7.2. Solid experience in developing partnerships in political environments and in mediating complex issues and deliverables at country, regional and international levels.

7.3. Rich professional experience, including a track record of working in strategy and policy analysis, program planning and management, and/or equivalent experience.

7.4. Solid understanding and experience of strategic, organizational, financial and management issues.

Desirable

7.5. At least 3 years of professional experience (international or national) working in planning and management in the humanitarian sector.

7.6. Experience in public health and disease program management with focus on HIV and AIDS, tuberculosis and malaria.

7.7. Documented experience of coordination across multiple stakeholders.

Competencies

7.8. Working level of English as well as knowledge of the local language (particularly the one most widely spoken by key population representatives) are a requirement for this role.

7.9. Robust knowledge of the software Visio.

7.10. Proficiency in Microsoft Office applications especially Excel/ Access, email, internet and websites essential

7.11. Robust understanding of governance matters

7.12. High degree of organization, initiative and political awareness

7.13. Knowledge of public health issues

7.14. Strong interpersonal skills and proven ability to communicate and interact with high-level officials from the government, NGOs, UN agencies and the private sector

7.15. Strong writing, presentation and communication skills and IT competencies are essential

7.16. Ability to lead a team and set priorities while handling multiple tasks simultaneously

7.17. Previous development experience and/or background with government or private sector desirable

8. Financial bids:

8.1. After the evaluation of the EoI, the highest-ranked Consultant shall be asked to submit a financial proposal, which shall be subject to negotiation.

8.2. The costs of the meeting/training for the participants shall be covered from the CCM Budget, therefore the consultant will charge for all his/her own expenses only in the consultancy fees for 25 working days.

8.3.

9. Evaluation Criteria for EoI

1.1. **Criteria for selection of the Individual Consultant (100 points)**

1.1.1. The EoI of the Individual Consultant shall be evaluated based on the criteria given in the SREoI documents depicting a <u>brief write up of a plan of execution</u>, <u>evidence on the prior work experiences</u> and <u>required skills mention above</u>.

1.1.2. Basically the award of the contract will be made to the consultant whose offer has been evaluated and determined as

 1.1.2.1. Responsive/compliant/acceptable, and

 1.1.2.2. The highest-ranked Consultant shall be asked to submit a financial proposal.

10. Submission date: 18th July 2022, by 10:30 am.

11. Contacts:

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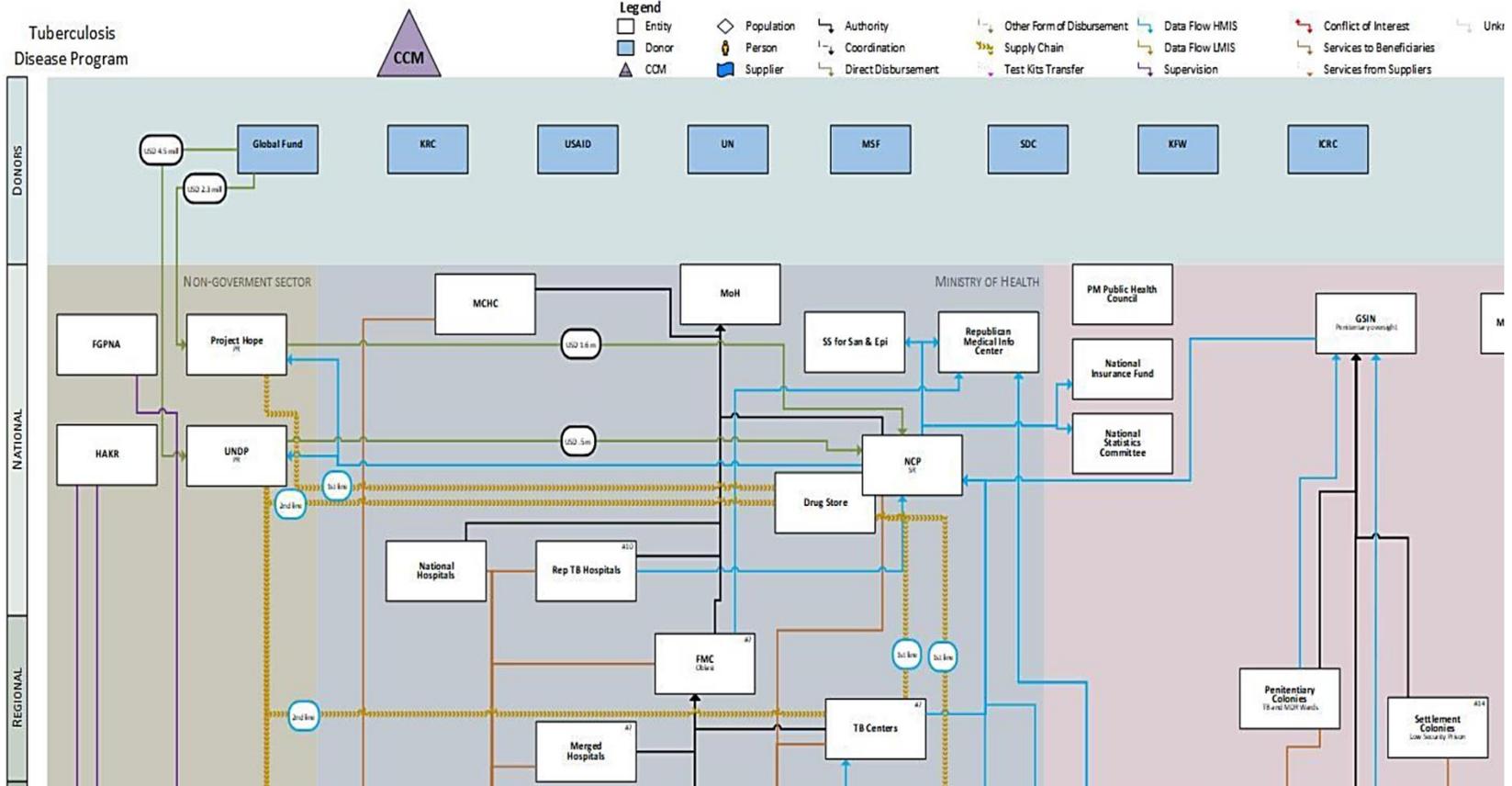Tshering Choden, M&E Officer, CCM Secretariat.
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Annexure A: CCM Activities Calendar

Sl#	Activities	1 July -31 December						1 January - 30 June						Remarks
		Quarter 1			Quarter 2			Quarter 3			Quarter 4			
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
1	CCM Orientation												x	CCM membership is a 3 year term and ends by 31 May 2023. Election/Nomination process begins 2 months before the term end date.
2	CCM General Assembly (regular bi annual)						x						x	Presentation by Oversight PR as Observers
3	CCM Oversight Orientation		x											Ideally in the month of July / August of the year of new CCM Members.
4	CCM Oversight Field visit						x					x		CCM / Oversight Members
5	Oversight and Ethics Committee Meeting (Quarterly)			x			x			x			x	Q2 and Q4 are well ahead of at least 2 weeks before the CCM meeting.

#	Activity													Remarks
6	Meets with PR – Annual Review Meeting													As per NACP/NTCP and VDCP's plan. To be attended by few members of the Oversight/ CCM.
7	Constituency Engagement Meeting with KAP, PLHIV, FBO and CSOs.			x			x		x				x	Tentative To be attended by few members of the Oversight/ CCM
8	CCM Executive Committee meeting													Whenever required
9	Ad hoc CCM Meeting													Whenever required

Annex 1: Example of Positioning Map (Designed with Vision Software)

Annex2: Example of Positioning Map (Manually Built)

CNLS (NAC)

Prime Minister's Office

Emergency Response Coordination Body

National Health Sector Coordinating Committee (HSCC)

Ministry of Budget

Ministry of Health

CCM

GAVI committee

Department of Planning and

HSCC Technical Secretariat

CCM Sub-Committees

National Disease Programs

Formal linkage

Informal linkage for communication and collaboration