MALAYSIAN AIDS COUNCIL

Country Coordination Mechanism (CCM) Malaysia has appointed Malaysian AIDS Council as Principal Recipient of Global Fund Transition Grant July 2019-June 2022.

A Call for Expression of Interest (EOI) inviting local NGOs/CBOs to implement "Differentiated HIV Service Delivery for Key Populations (DHSKP)" for the Global Fund Transition Grant.

Overview

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Instruction

- Read every section of this document.
- Complete the Expression of Interest form
- Applications need to be signed by the Office Bearers of the organisation
- Please submit this application electronically before 6.00pm Malaysian time 7th June 2019 to the email address: tama@mac.org.my with the subject heading **"EOI for DHSKP MAC GF"**
- Any queries to be submitted to Pn Tamayanty at tama@mac.org.my or Mr Yusralhakim at yusral@mac.org.my
- Potential SRs who are keen to apply the EOI are invited for a briefing session at the following details:

  Date: 30 May 2019
  Time: 11.00am to 2.00pm
  Venue: Federation of Reproductive Health Associations, Malaysia (FRHAM) Training Centre, 81-B, Jalan SS 15/5a, 47500 Subang Jaya, Selangor

Background and Rationale for the Program

Since 1986 when the first infection in Malaysia was diagnosed, HIV has been recognized as a serious public health issue and a development challenge. In 2018, there were an estimated 87,122 HIV cases across Malaysia. Modelled estimates indicate that the sustained efforts made by government and NGO stakeholders have significantly reduced the rate of infections from some 20,000 infections in 1991 to an estimated 5,700 annual infections in 2016.

The epidemic in Malaysia is concentrated among key populations including men who have sex with men (MSM), female sex worker (FSW), transgender (TG), and people who inject drugs (PWID). The epidemic has transitioned from injecting behaviours as the primary mode of transmission to sexual transmission. In 2017, MSM accounted for 51% of all new estimated infections reporting an increased HIV prevalence of approximately 21.6%.

In line with the 90-90-90 targets, Malaysia is aiming to diagnose 90% of people living with HIV, ensure 90% of those who are diagnosed access antiretroviral treatment (ART) and 90% of those in treatment achieve viral suppression. The National Strategy to End AIDS 2016-2030 (NSPEA) guides efforts towards achieving these goals.

The Ministry of Health initiated the Malaysian AIDS Council (MAC) in 1992 to coordinate the HIV response among key populations, through needle and syringe exchange program, outreach program for key populations, HIV Continuum Care Home, Treatment Adherence Program (TAPS), community-based testing and key population-friendly Government clinics (KK clinic model). The Global Fund (GF) has been funding Malaysia since 2011 to help the country address HIV among key populations through MAC. In 2015, the GF grant supported an HIV Case Management Program focusing on reaching key populations with HIV testing and linking them to treatment, care and support. An evaluation of the Case Management Program conducted in 2018 proposed important adjustments and improvements to the programs, including its integration with the Government-funded TAPS program in order to provide more differentiated and better-quality HIV services to key populations.

A. Goals, objectives and activities and target populations

Goals

- To implement and transition the DHSKP to domestic funding with a view adoption as the national mechanism for delivery of HIV services among key populations; and
- To strengthen the capacity of civil society organisations and community-based organizations in HIV response towards achieving the 90-90-90.

Objectives

- To increase the rate of uptake of HIV testing among key populations;
- To increase the rate of case finding among key populations;
- To increase enrolment in ART among People Living with HIV from key populations; and
- To increase rate of ART adherence among key populations living with HIV.

Activities and target populations

The GF grant will support the following activities for MSM, TG and SW in 5 states in year 1, 4 states in year 2 and 3 states in year 4 of the grant. The MOH will support activities for all key populations (including all PWID programs) across 9 different states in the country, while gradually absorbing GF-supported programs.

- Comprehensive programs for MSM: conducting outreach to MSM clients through online campaigns and face-to-face encounters to refer them for services; provision of lubricants for clients; establishment and support for an MSM Youth Network to mobilize young key populations to increase demand for HIV prevention and treatment services; conducting a cohort study to reach

high-risk MSM engaging in chemsex with HIV testing, treatment and PrEP; and support for a PrEP demonstration project.

- Comprehensive programs for sex workers and their clients: conducting outreach to SW to refer them for services; and provision of lubricants for clients.
- Comprehensive programs for TG: conducting outreach to TG to refer them for services; and provision of lubricants for clients.
- Treatment, care and support: trainings of HIV Master Trainers to enhance attitude, skill and knowledge of community workers; establishment and support for peer support groups and national network for People Living with HIV; salaries for case workers to provide treatment support for all key populations; and establishment and support for group sessions for clients engaging in chemsex.
- Community responses and systems: development of a digital campaign to promote services for key population and reduce stigma and discrimination among general public; establishment of a community-based monitoring feedback mechanism to improve the quality of HIV services at the health facilities; development of a digital client monitoring system; and establishment and support for a Women's Health Camp for TG women and female SW to increase demand for HIV prevention and treatment services.
- Programs to reduce Human Rights related barriers: engagement in roundtable discussions with stakeholders to reduce barriers for key populations and improve policies; provision of paralegal workshops for TG and SW on legal literacy; sensitizing media on key populations and HIV-related issues; development of an anti-discrimination bill to protect People Living with HIV at the workplace; engagement with the Malaysian Business Coalition for HIV to reduce discrimination towards TG and SW; provision of stigma and discrimination trainings with health care providers; and support for legal aid for key populations.
- Health information systems and monitoring and evaluation: site visits and monitoring and evaluation of Sub-Recipients; stakeholder workshop for the DHSKP program; and M&E trainings.

C. Transition work plan

This Transition Plan has been developed during the process of developing the Transition Proposal of the GF HIV Malaysia grant for 2019-2022. The major elements in the Transition Plan are:

- Focus on a new, more cost-effective model which is called Differentiated HIV Services for Key Populations (DHSKP), which will be implemented across the country regardless of funding source starting in 2019-2020.
- In GF funded sites there will be a 100% focus on reducing sexual transmission of HIV, whereas PWID-funded programs will be funded 100% by the Government starting from early 2019.
- Reprogramming of existing MOH committed funds to follow the DHSKP model in key states throughout 2019 and 2020.
- Gradual shift of defunded GF SRs to MOH funding, starting with all PWID CBOs, followed by MSM, TG and FSW CBOs from 2019-2021.
- Programmatic focus on strengthening enabling environment, informed (data-based) advocacy for legal barriers and reduced barriers to HIV services for key populations.
- Capacity strengthening and institutional (CSO/CBO) strengthening of all NGOs implementing HIV services for key populations, both in GF-funded and MOH-funded sites, with a focus on implementing agreed standards of quality across the all programs regardless of funders.
- Cost analysis, including with respect to salary payments, of the DHSKP model to demonstrate cost-effectiveness of the different delivery models and to inform future financing for these programs through MOH.

Transition process

The Differentiated HIV Services for Key Populations Model will be introduced from 2019 onwards in both the GF-sites and MOH-supported sites, using the new Manual of Procedures, HIV Reference Manual and M&E/Reporting Standard Operating Procedures that have been designed during the last stages of the previous grant. This is relatively easy to do because both the GF grant and the MOH grant for reducing sexual transmission are administered and implemented by the same entity, i.e. the Malaysian AIDS Council; the Ministry of Health intends to continue to subcontract MAC to run its HIV program for key populations after the GF grant is concluded. This, in and of itself, will make the transition process easier than would be the case in countries where the administration of GF sites is done by a different entity and needs to be handed over to direct Government control. For transitioning CBOs/CSOs, little changes: they still deal with and are contracted by MAC, like in the past. Since there will no longer be parallel HIV programs but just one 'Differentiated HIV Services for Key Populations'-model, indicators, salaries, reporting requirements and implementation aspects will be the same as before.

Beginning in 2019, all GF SRs implementing HIV services for PWID will transition to government funding. Starting in 2019, the GF funded sites will fully focus on reducing sexual transmission, and will comprise of the existing four program sites of Selangor and KL, Penang, and Johor Bahru, whereas a fifth program will be set up in Sabah.[1] In 2020, the Johor Bahru program for FSW, TGSW and MSM will transition to MOH funding, which will be possible due to the promised increase in the MOH budget for provision of HIV services for key populations from 7 to 10 million MYR, which will start in 2021. In 2021, the Penang program will be transitioned to MOH funding. In 2022, the last remaining sites – Sabah, KL and Selangor – will be transitioned. In states with high concentration of MSM, FSW, TGSW and PWID population with high HIV prevalence like Kuala Lumpur and Selangor, CSOs/CBOs are supported by both the GF and the MOH fund to maximize to coverage. Ideally, after the post transition 2021, every state will have programs to be fully funded by the MOH to cover all Key Population. As a minimum, the MOH will be able to maintain and increase coverage of HIV services (outreach, testing and enrolment to care) for KPs in the highest prevalence states with the highest population density (e.g. Selangor, KL, Penang and Johor Bahru).

For the new CSO/CBO to be established in Sabah, organizational development activities to build its capacity are needed, plus assistance to develop networks between it and other interventions/clinical services. The process of establishing a CBO in Sabah will be carefully documented and will be used as guidance for establishing new CBOs in other sites with large populations of unreached MSM/TG/FSW after 2022.

State	2018				YEAR 1 July 2019-June 2020				YEAR 2 July 2020 - June 2021				YEAR 3 July 2021 - June 2022			
	PWID	*MSM*	*TGSW*	*FSW*	*PWID*	*MSM*	*TGSW*	*FSW*	*PWUD*	*MSM*	*TGSW*	*FSW*	*PWUD*	*MSM*	*TGSW*	*FSW*
Perlis	MOH			GF	MOH		MOH	GF	MOH		MOH		MOH		MOH	
Kedah	MOH			GF	MOH		MOH	GF	MOH		MOH		MOH		MOH	
Penang	MOH			GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH		MOH	
Perak	MOH		MOH		MOH		MOH		MOH		MOH		MOH		MOH	
Selangor	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF
KL	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF	MOH	GF
Negeri	MOH			GF	MOH		MOH		MOH		MOH		MOH		MOH	
Melaka	MOH		MOH		MOH		MOH		MOH		MOH		MOH		MOH	
Johor	MOH			GF	MOH	GF	MOH	GF	MOH		MOH		MOH		MOH	
Pahang	MOH		MOH		MOH		MOH		MOH		MOH		MOH		MOH	
Terengganu	MOH	GF			MOH		MOH		MOH		MOH		MOH		MOH	
Kelantan	MOH	GF			MOH		MOH		MOH		MOH		MOH		MOH	
Sabah			MOH			GF	MOH	GF			MOH	GF	MOH	GF	MOH	GF
Sarawak			MOH		MOH		MOH		MOH		MOH		MOH		MOH	

MOH grant
GF grant

Projects Coverage and Transition Table

D. Performance Framework

[1] While there are existing key population programs in Sabah, these are currently being conducted through the KK clinic with MOH funding. Going forward, a CBO will be strengthened to implement the comprehensive DHSKP model through GF funding.

Overall Target

Indicator	Jul -Dec 2019			Jan-Dec 2020			Jan-Dec 2021			Jan-June 2022		
	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW
Baseline 2018	2,025	1,616	787	2,025	1,616	787	2,025	1,616	787	2,025	1,616	787
Reach	4,575	675	660	12,200	1,800	1,430	12,540	1,760	1,350	6,360	840	640
Testing	2,974	439	429	8,540	1,260	1,001	9,405	1,320	1,013	5,088	672	512
Estimated HIV+	677	77	39	1,944	221	91	2,126	245	90	1,214	138	46
Initiating ARV	338	38	20	1264	144	59	1701	196	72	1093	124	42

Number of Outreach Workers budgeted

State	Jul-Dec 2019			Jan-Dec 2020			Jan-Dec 2021			Jan-June 2022		
	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW
Johor	4	1	2	4	1	2	Johor will be transitioned into MOH starting July 2020					
Kuala Lumpur	25	4	4	25	4	4	25	4	4	25	4	4
Selangor	25	2	3	25	2	4	25	2	4	25	2	4
Penang	4	1	1	4	1	1	4	1	1	Penang will be transitioned into MOH starting July 2021		
Sabah	3	1	1	3	1	1	3	1	1	3	1	1

Number of Case Worker budgeted

State	Jul-Dec 2019			Jan-Dec 2020			Jan-Dec 2021			Jan-June 2022		
	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW	MSM	TG	FSW
Johor	2	1	1	2	1	1	Johor will be transitioned into MOH starting July 2020					
Kuala Lumpur	6	1	1	6	1	1	6	1	1	6	1	1
Selangor	6	1	1	6	1	1	6	1	1	6	1	1
Penang	1	1	1	1	1	1	1	1	1	Penang will be transitioned into MOH starting July 2021		
Sabah	1	1	1	1	1	1	1	1	1	1	1	1

E. Budget Summary

Overall Budget

The budget for this transition plan takes into account both the steps needed for transition to be successfully achieved. A total of USD 3,998,059 is sought from GF to assist this transition process for the 3 years implementation. Besides the 7 million MYR per year already committed by the government (around 1.7 million USD/year), the Government has committed an additional 3 million MYR per year starting in 2020 (0.7 million USD), amounting to an additional 1.4 million USD over 3 years. These additional funds will facilitate the transition process of SRs into the fully government funding by 2022 smoothly. Throughout 2019 to 2022, the Global Fund transition allocation has been budgeted for the following;

By Module	Year 1	Year 2	Year 3	Total	%
Treatment, care and support	244,634	209,640	159,835	614,109	15%
Comprehensive prevention programs for MSM	560,237	507,062	467,987	1,535,285	38%
Programs to reduce human rights-related barriers to HIV services	45,767	32,265	27,249	105,281	3%
Program management	389,915	329,775	277,248	996,938	25%
RSSH: Health management information systems and M&E	57,666	160,658	31,276	249,600	6%
RSSH: Community responses and systems	25,322	33,344	32,032	90,697	2%
Comprehensive prevention programs for TGs	86,724	72,321	62,719	221,764	6%
Comprehensive prevention programs for sex workers and their clients	85,356	69,674	62,887	217,917	5%
Total	**1,495,621**	**1,414,739**	**1,121,232**	**4,031,592**	**100%**

By Cost Grouping	Year 1	Year 2	Year 3	Total	%
1.0 Human Resources (HR)	1,058,198	940,694	838,002	2,836,894	70%
2.0 Travel related costs (TRC)	297,605	371,484	195,446	864,535	21%
3.0 External Professional services (EPS)	15,796	8,748	8,262	32,807	1%
4.0 Health Products - Pharmaceutical Products (HPPP)					
5.0 Health Products - Non-Pharmaceuticals (HPNP)	21,947	26,158	28,824	76,928	2%
6.0 Health Products - Equipment (HPE)					
7.0 Procurement and Supply-Chain Management costs (PSM)					
8.0 Infrastructure (INF)					
9.0 Non-health equipment (NHP)	26,318			26,318	1%
10.0 Communication Material and Publications (CMP)	13,487	13,487	4,253	31,227	1%
11.0 Indirect and Overhead Costs	56,194	48,092	40,370	144,656	4%
12.0 Living support to client/ target population (LSCTP)	6,075	6,075	6,075	18,226	0%
13.1 Payment for Results					
Total	**1,495,621**	**1,414,739**	**1,121,232**	**4,031,592**	**100%**

By Recipients	Year 1	Year 2	Year 3	Total	%
Principle Recipient (MAC)	405,068	466,336	269,658	1,141,063	28%
Sub-Recipients (SR)	1,090,552	948,403	851,574	2,890,529	72%
Total	**1,495,621**	**1,414,739**	**1,121,232**	**4,031,592**	**100%**

Specific Budget for SR

Activity Description	Budget Detail
Salary for Programme Manager	Programme Manager roles includes M&E, Supervision, Stakeholder engagement and Contact Person for PR communication - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs. Program Manager at SR appointed among KP's who will play the above mention roles. (Y1 7 SRs, Y2 6 SRs & Y3 5 SRs) Basic Salary RM2,800
Salary for Outreach Workers (MSM)	Outreach Worker for each SR, where SR working for different Key Population would assign outreach worker for each KP depends on need and KP target - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (Jul till Dec 19): 61 pax (Jan till Jun 20): 61 pax (Jul till Dec 20): 57 pax (Jan till Jun 21): 57 pax (Jul till Dec 21): 53 pax (Jan till Jun 22): 53 pax Basic Salary RM2300
Salary for Case Workers	Case workers to be based at clinics where most clients are referred to, this could be on schedule or rotation basis based on number of main clinics SR will be working with - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (Y1: 26 pax; Y2: 22 pax; 3rd year: 20 pax) (Jul till Dec 19): 26 pax (MSM 16, TG 5, FSW 5) (Jan till Jun 20): 26 pax (Jul till Dec 20): 22 pax (MSM 14, TG 4, FSW 4) (Jan till Jun 21): 22 pax (Jul till Dec 21): 19 pax (MSM 13, TG 3, FSW 3) (Jan till Jun 22): 19 pax Basic Salary RM2,500
Salary for Finance and Admin staff	One Finance and Admin staff will be assigned to handle SR's Finance & Admin work - 1 staff for each SR - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (1st year: 7 pax; 2nd year: 6 pax; 3rd year: 5 pax) RM2500
Traveling Expenses for Outreach worker (MSM)	Traveling is expenses are for Outreach to meet or refer client on daily or need basis. - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost: MYR 200 per outreach worker per month (1st year: 61 pax; 2nd year: 57 pax; 3rd year: 53 pax)
Communication Allowance for Program Manager	Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Program Manager RM 100 x 1pax (1st year: 7 pax; 2nd year: 6 pax; 3rd year: 5 pax)

Communication Allowance for Case Worker	Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (Y1: 26 pax; Y2: 22 pax; 3rd year: 20 pax) (Jul till Dec 19): 26 pax (MSM 16, TG 5, FSW 5) (Jan till Jun 20): 26 pax (Jul till Dec 20): 22 pax, (MSM 14, TG 4, FSW 4) (Jan till Jun 21): 22 pax (Jul till Dec 21): 19 pax (MSM 13, TG 3, FSW 3) (Jan till Jun 22): 19 pax MYR 100 per case worker per month
Support Group Sessions for PLHIV/ChemSex	Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Refreshment RM15 x 10pax x 2 twice a month (Y1 9 SRs, Y2 7 SRs & Y3 5 SRs)
Case Worker and Clinic Quarterly Meeting	Quarterly Meeting with Clinics to review new cases and lost to follow up cases at clinics - 4 times a year - Y1 9 SRs, Y2 7 SRs & Y3 5 SRs Refreshment RM15 x 20pax x 4 Meetings (Clinics) (Y1 9 SRs, Y2 7 SRs & Y3 5 SRs)
Monitoring Visit to sites by the Program Manager	This is for PC to conduct site visit, OSDV, Mentoring and coaching to OW and CW on the ground. -Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost, refreshment RM50 x 1 pax x 3 times per months (1st year: 7 pax; 2nd year: 6 pax; 3rd year: 5 pax)
Women Health Camp for Transgender Women and FSW. (General Health screening include HRT consultation and HIV testing at Government Clinics or Community Health centre)	General Health screening including HIV and STI for Transgender and FSW at Government Clinics on specific days, 10 selected Government community Friendly clinics/Community Health Care Centre or Community Based Organisation - 6 times a year. - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost, RM 30 x 35 Pax x 1 trip Refreshment RM 15 x 35 Pax x 1 day Allowance/Token RM 200 x 2 Resource Person (1st year: 4 SRs; 2nd year: 3 SRs; 3rd year: 2 SRs)
Stakeholder Engagement/meeting/discussion at SR or district level	SR to initiate and organize meetings with relevant stakeholders such as Religious department, AADK, Police, Local Municipal Council, Health Care Providers and other relevant parties. - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost RM 30 x 30 pax x 1 Meeting Refreshment RM 15 x 30 pax x 1 Meeting (Y1 7 SRs, Y2 6 SRs & Y3 5 SRs)
Sensitization Workshop with Health Care providers at clinics	SR to collaborate with clinics for sensitization workshop for healthcare providers. Quarterly for different clinics - 4 times a year - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Refreshment RM 30 x 30 pax x 1 session Facilitator Fee RM150 x 4 Faci x 1 days Training Material = RM 300 (Y1 7 SRs, Y2 6 SRs & Y3 5 SRs)

Rental	Office Related Cost - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs RM 1500 - Monthly
Utilities	Office Related Cost - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs RM 350 - Monthly
Communication	Office Related Cost - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs RM 150 - Monthly
Housekeeping Expenses	Office Related Cost - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs RM 150 - Monthly
Printing & Office supply	Office Related Cost - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs RM 150 - Monthly
Start-up Cost for 4 New SRs	This for new organisation to be selected as the new SR - 4SRs Laptop/PC Printer Stationaries Laptop/PC F&A staff Furniture & fittings
Salary for Outreach Workers (TG)	Outreach Worker for each SR, where SR working for different Key Population would assign outreach worker for each KP depends on need and KP target - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (Jul till Dec 19): 9 pax (Jan till Jun 20): 9 pax (Jul till Dec 20): 8 pax (Jan till Jun 21): 8 pax (Jul till Dec 21): 7 pax (Jan till Jun 22): 7 pax Basic Salary RM2300
Salary for Outreach Workers (FSW)	Outreach Worker for each SR, where SR working for different Key Population would assign outreach worker for each KP depends on need and KP target - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs (Jul till Dec 19): 11 pax (Jan till Jun 20): 11 pax (Jul till Dec 20): 9 pax (Jan till Jun 21): 9 pax (Jul till Dec 21): 8 pax (Jan till Jun 22): 8 pax Basic Salary RM2300
Traveling Expenses for Outreach worker (TG)	Traveling is expenses are for Outreach and Case Workers to meet or refer client on daily or need basis. - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost = MYR 200 per outreach worker per month (1st year: 9 pax; 2nd year: 8 pax; 3rd year: 7 pax)
Traveling Expenses for Outreach worker (FSW)	Traveling is expenses are for Outreach and Case Workers to meet or refer client on daily or need basis. - Y1 7 SRs, Y2 6 SRs & Y3 5 SRs Travel Cost: RM 200 per outreach worker per month (1st year: 11 pax; 2nd year: 9 pax; 3rd year: 8 pax)

Procurement of tablet for online outreach to be conducted by MSM outreach worker	Purchase of tablets for MSM outreach worker
Procurement of tablet for online outreach to be conducted by TG outreach worker	Purchase of tablets for TG outreach worker
Procurement of tablet for online outreach to be conducted by SW outreach worker	Purchase of tablets for SW outreach worker
Travelling allowance for case worker	(Y1: 26 pax; Y2: 22 pax; 3rd year: 20 pax) (Jul till Dec 19): 26 pax ; (MSM 16, TG 5, FSW 5) (Jan till Jun 20): 26 pax (Jul till Dec 20): 22 pax, (MSM 14, TG 4, FSW 4) (Jan till Jun 21): 22 pax (Jul till Dec 21): 19 pax (MSM 13, TG 3, FSW 3) (Jan till Jun 22): 19 pax RM 50 per case worker per month
Communication Allowance for Outreach Workers	Y1 7 SRs, Y2 6 SRs & Y3 5 SRs OW and CW RM 30 per pax (1st year: 108 pax; 2nd year: 91 pax; 3rd year: 78 pax)

F. Sub Recipient (SR); Roles, Selection and Assessment

Implementers will be selected based on their comparative advantage and capacity to implement the activities. Sub-recipients will submit detailed implementation plans to be eventually evaluated by the CCM on the PR's recommendation. PR will do an organisation assessment each of the SRs for capacity in the areas of program implementation, financial management, monitoring and reporting.

The PR will establish systems to handle the financial management for these implementers and will assist through field visits with monitoring and reporting. The PR will, upon satisfactory assessment outcome, enter into sub-agreements with SRs after the Technical Review Panel meeting announcement. The SR funding agreements will be negotiated and signed 1 week before the beginning of implementation.

The SRs are expected to have the following capacities:

- Institutional and programmatic capacity
- A financial management system
- M&E systems and experience
- Procurement experience
- Geographic or target population coverage

SRs are the project implementers and they play a key role in the execution of activities and reaching the targets; the PR monitors and evaluates the performance of the SRs and provides capacity development to the SRs. In terms of managing the grants awarded to them, SRs are expected to manage the grant, monitor, and report on grant activities; and communicate and share knowledge about the grant, as detailed below:

Manage the grant

- Manage the project by implementing planned activities according to approved grant proposals and as per sub-grant agreement.
- Notify the PR in writing if there are any proposed changes in planned activities or budgets.
- Comply with national technical guidelines and protocols for service delivery.
- Respect the guiding principles for HIV service delivery: confidentiality, non-discrimination, and equity.
- Coordinate all activities with local government and related non-government organizations.

Monitor and report on grant activities

- Monitor progress and supervise the implementation of project activities, and resolve problems in project implementation.
- Prepare and submit quarterly progress reports to the PR.
- Submit quarterly expenditure and procurement reports to the PR as prescribed in the sub-grant agreement.
- Participate in supervisory visits by the PR or their representatives by making staff, records, materials and other resources required for the visit available, by attending the feedback sessions, and by implementing the remedial actions agreed on.
- Undertake financial audits as per the sub-grant agreement.

Advocate, Communicate and share knowledge about the grant

- Advocate for improvement and smooth implementation of the project
- Communicate regularly through the PR.
- Share knowledge of and experiences from the project and its activities with stakeholders.

Assessment

The proposed SRs will be assessed by MAC as the PR to ensure that they have the capacities to successfully implement the proposed project activities. The assessments also will help MAC to identify gaps in the capacity of potential SRs and thus provided a guide to MAC in determining the necessary technical support and capacity building needed by the SRs. To conduct these assessments, MAC will visit all potential SRs for the SR assessment using a standardised assessment tool. This tool consists of following components:

- Governance and Leadership
- Operational Planning
- Structure: Roles and responsibilities
- Staffing and Human Resource Management
- Partnership and Networking
- Adequacy of Physical Infrastructure
- Financial Policies and accounting Procedures
- Cash and Banking
- Accounting and record keeping
- Administration and Logistic
- Stock, Inventory and Fixed Assets Management
- Management Information System

G. Key Timelines

- 30 May 2019; - Briefing session to discuss the Program in detail to all potential SR
- 7 June 2019; - Dateline for EOI submission
- 10 – 14 June 2019; - Assessment to all potential SRs, SR will provide all necessary supporting documentation for each component in the assessment tool.
- 20 June 2019; - Technical Review Panel session
- 24 – 28 June; - Grant Signing
- 1 July 2019; - Starting date for project Implementation