CONSULTANCY / APW

Terms of Reference

This consultancy is requested by:

<table>
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<tr>
<th>Unit:</th>
<th>Malaria Vector-borne and other Parasitic Diseases (MVP)</th>
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<tr>
<td>Division:</td>
<td>Communicable Disease Control (DCDC)</td>
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1. Purpose of the APW

WHO Lao Country Office has plan to continue to support the Health Information Division (HID) under Department of Planning and International Cooperation (DPIC) of the Ministry of Health. In 2016 and 2017, under the Global Fund/Health System Strengthening/Health Management Information System (GF/RSSH/HMIS) grants, technical assistance and capacity building for MOH has been provided by WHO country office, specifically to the malaria, TB and HIV programs. For this TORs, the scope of work is the continuation and expansion of 2017 HSS/HMIS grant, under the approved work plan of the GF/RSSH/HMIS grant for 2018:

- Develop data sharing linkages between DHIS2 modules (event and case tracker) so that core malaria indicators can be automatically calculated;
- Develop malaria entomological event data module within DHIS2 to include bednet distribution data and entomological surveillance data;
- Improve and enhance the patient follow-up section within the malaria case tracker module to accommodate an integrated drug efficacy surveillance component;
- Fully transfer case base for HIV care and treatment (currently on the access based HIVCAM software) in DHIS2, link with VCT and STIs reporting
- Reporting mechanism of drug distribution and stocks for Malaria drugs at health centre level is developed
- Set up and initiate case based reporting for TB, including MDR.
- Expand the data entry module to health centre to be entered in DHIS2 for TB, Malaria, MCH, EPI

2. Background

During the period 2016-2017, the GF through its HSS grant supports Lao MOH to strengthen the national health management information system based on DHIS2. Integration of TB, Malaria and HIV reporting systems into HMIS on DHIS2 is the overarching concept, through which, standardisation and harmonisation of different reporting systems on the same DHIS2 platform will promote and boost the use of health information at different levels. By the end 2017, the existing reporting system of Malaria (under CMPE), TB (under NTC) and HIV counselling and testing (under CHAS), STI components of HIV programme reporting systems have been integrated with the national HMIS on DHIS2.

However further work is still required to refine the usability and functionality of each of these three modules. The current GF Resilient and Sustainable Systems for Health (RSSH) grant for 2018-2019 will focus on strengthening the existing integrated platform through developing these refinements, such as building in the ability of each module to include additional datasets, linking internal datasets for more accurate tracking of indicators and building sub-national capacity of programme staff. This additional work to further develop and refine the malaria, HIV and TB DHIS2 databases will allow the systems to continue to evolve and better
meet the requirements of malaria elimination, HIV care and treatment of multi drug resistant TB cases, as well as moving toward TB case based reporting system.

3. **Planned timelines** (subject to confirmation)
   Start date: 15/10/2018
   End date: 14/10/2019

4. **Work to be performed**

   **Method(s) to carry out the activity**

   The consultant(s) will work closely with the WHO HTM team under relevant programmes and WHO HIS team to:
   
   - develop and integrate an entomological module into the current malaria DHIS2 event based database
   - develop a more detailed case follow-up component within the new malaria DHIS2 case based surveillance system (integrated drug efficacy surveillance component)
   - develop linkages between the two current malaria databases (event based and case tracker) so that data can be shared between each of the systems for calculation of core program indicators
   - develop training materials for DHIS2 TB case based tracker ToT training for national team and conduct training, in collaboration with the TB WHO TAs, NTC and HIS Division in DPIC on the new TB DHIS2 tracker system
   - conduct training for selected ART centres on DHIS2 use for care and treatment
   - assist national DHIS2 core team, provincial core teams and national programme centres (CMPE, CHAS, NTC, MCHC) in the training for health centre on the use of integrated DHIS2 event data entry
   - coach and train MOH HIS Division and the provincial core teams for data management and use in DHIS2 on integrated HIS and assist provinces in the implementation of event capture and offline version at health centre level. Specifically this includes training on the reporting system configuration on event capture and the new GIS module as well as training on event capture during the roll out of offline module to all 13 provinces, which will require ongoing involvement and commitment from external DHIS2 systems experts

**Output/s**

**Output 1:** The DHIS2 malaria surveillance system is refined to be more suitably fit for purpose and to meet the requirements of an elimination capable surveillance system.

**Deliverable 2.1:** entomological module added to the malaria event based database, including LLIN distribution data that can be entered at village level; entomological surveillance data from sentinel and outbreak sites can be entered at village level.

**Deliverable 2.2:** linkages developed between the malaria event based database and the malaria tracker database so that core information can be shared between the two systems.

**Output 2:** HIV care and treatment report (including HIV treatment indicators) is available on the tracker URL and accessible by programme and HIS managers at central and provincial level.
Deliverable 2.1: HIV care treatment data entry on tracker is configured in DHIS2 tracker URL. This will include registry of HIV ART, follow up, laboratory test results and national list of HIV treatment indicators.

Deliverable 2.2: Training for CHAS and selected ART centres is conducted.

Deliverable 2.3: Training for 12 ART centres in the country is conducted.

Output 3: TB case based reporting structure is set up in DHIS2 tracker.

Deliverable 3.1: Training delivered on the TB case based surveillance system, including development of training materials.

Deliverable 3.2: Training for TB case based reporting is conducted at central and selected province(s).

5. Technical Supervision
The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer</th>
<th>Mr Matthew Shortus</th>
<th>Email: <a href="mailto:shortusm@who.int">shortusm@who.int</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager:</td>
<td>Dr Juliet Fleischl</td>
<td>Email: <a href="mailto:fleischlj@who.int">fleischlj@who.int</a></td>
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6. Specific requirements
Qualifications required:
- Minimum bachelor degree on Information Technology; Programming or related field.
- Post graduates in Public Health; Health Informatics; Information Technology
- Have been trained for DHIS2 tracker functionality through DHIS2 Academy series provided by the University of Oslo and its hubs (www.dhis2.org/academy)

Experience required:
- Experiences in providing similar support and input in HIS, preferably in countries in the region.
- Skills and experience setting up integrated system is an asset
- Experiences in working in Lao DPR and with the DHIS2/HIS integrated system
- Experiences in working in health system strengthening and health information systems

Skills / Technical skills and knowledge:
- Knowledge of the Lao PDR Health Sector
- Knowledge of health information system
- Knowledge of and experience in applying DHIS2 to national information systems; Database management and IT specific programming languages (Java, MySQL, TomCat....)
- Experience in training on DHIS2 application and management

Language requirements:
- Fluency in English is essential

7. Competencies
Producing results with quality on time
Ability to work harmoniously as a member of a team, adapt to diverse educational and cultural backgrounds and maintain a high standard of personal conduct;

8. Place of assignment
This consultancy consists of total 50 days, which will be broken down by the selected APW consultants working 20 days in Vientiane Capital with the central team and 30 days working in the provinces with provincial and district staff.

9. Medical clearance
   N/A

10. Travel
The consultant will need to take part in selected activities conducted by MOH based on the work plan with estimated 30 person days travel. The details of travel will be confirmed by MOH. All travel arrangement is included in the lump sum budget.

The Consultant is expected to travel according to the itinerary and estimated schedule below – pending on MOH’s plan:

<table>
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<tr>
<th>Travel dates</th>
<th>Location:</th>
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<tbody>
<tr>
<td>From Oct-Nov 2018</td>
<td>Vientiane and Salavan Province</td>
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<table>
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<th>Travel dates</th>
<th>Location:</th>
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<tr>
<td>From Jan to Sept 2019</td>
<td>Vientiane, Salavan, Savanakhet, Luang Prabang, Xiengkhoang, Bokeo, Champasak</td>
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Visas requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.