

May 2014



PEOPLE
that
DELIVER

MEETING TOMORROW'S HEALTH CHALLENGES THROUGH WORKFORCE EXCELLENCE IN SUPPLY CHAIN MANAGEMENT

**Country Guide:
Applying for Public Health Supply Chain Management
Development Funds**

An activity of the People that Deliver Initiative

Contents

List of Acronyms	3
Introduction.....	4
Acknowledgements	5
Key points to consider when applying for funds	6
Structure and engagement within the planning process	7
Summary of donors	9
World Bank	9
UNICEF (United Nations Children’s Fund)	9
CHAI (Clinton Health Access Initiative).....	9
USAID (United States Agency for International Development).....	10
DFID (United Kingdom Department of International Development)	10
Global Fund	11
UN Commission	11
UNFPA (United Nations Population Fund)	12
GAVI Alliance	12
Summary table of Donors.....	13

List of Acronyms

CHAI	Clinton Health Access Initiative
DFID	Department for International Development
GAVI	GAVI Alliance
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
HR	Human Resources
HRH	Human Resources for Health
HSS	Health System Strengthening
MDG	Millenium Development Goals
MoH	Ministry of Health
NGO	Non Governmental Organization
PID	Project Information Document
PtD	People that Deliver
RMNCH	Reproductive, Maternal, Newborn and Child Health
SCM	Supply Chain Management
SMART	Specific, Measurable, Achievable, Realistic, and within a Timeframe
SWAp	Sector Wide Approach
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	US Agency for International Development
WHO	World Health Organization

Introduction

Without access to and appropriate use of quality medicines and health commodities, health systems lose their ability to meet the treatment and prevention needs of the patients and clients they serve. In relation to access to health commodities, Human Resources (HR) for Supply Chain Management (SCM) is often a neglected area. The health supply chain workforce is crucial if the health-related Millennium Development Goals (MDGs) are to be attained. Of the eight MDGs, four explicitly involve medicines or medical commodities and their availability at the primary care or service delivery point level.

This guide is created to aid health supply chain managers in their application for funds for development. It should be acknowledged that no direct funding stream for human resources in supply chain management (SCM) exists, but the systematic strengthening of human resources for SCM forms part of a strategic and planned approach to health system strengthening (HSS).

People that Deliver

The People that Deliver (PtD) Mission is “to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support, and retain the national workforces needed for the effective, efficient, and sustainable management of health supply chains.”

The PtD Initiative brings together a range of global stakeholders with expertise in SCM, including governments, international organizations, donors, NGOs, technical agencies, academic institutions, professional associations and the private sector.

Acknowledgements

This document has been developed with the help of representatives from various organizations. We would like to thank the contributions of: Andrew Storey (Director, Supply Chain Management and Global Relationships CHAI), Bridget McHenry (Organizational Development & Capacity Building Specialist USAID), Sukanta Sarker (Technical Specialist Reproductive Health Commodity Security UNFPA), Paul Pronyk (Senior Programme Specialist, RMNCH Strategy and Coordination Team UN Commission), Sangeeta Raja (Senior Health Specialist World Bank), Angelica Perez (Technical Officer, Global Fund), Sophie Logez (Manager, Health Product Management Hub Global Fund), Jane Miller (MDG Team Leader and Senior Regional Health Advisor, Africa DFID), Joanie Robertson (Senior Manager Vaccine Supply Chain, GAVI), Maeve Magner (Supply Chain Consultant) and Musonda Kansonde (Capacity Development Specialist UNICEF). The PtD Secretariat will also like to thank Monica Bendz from UNICEF Supply Division, who has assisted in this project with review provided by Andrew Brown, Executive Manager, People That Deliver and Dr Arsène Ouedraogo MoH Burkina Faso.

Published by The Australian Institute for Sustainable Communities, University of Canberra, Bruce, ACT.
<http://www.canberra.edu.au/faculties/estem/research/institutes/aisc>



This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

ISBN: 9781740883979

Key points to consider when applying for funds

Applying for funding opportunities for a project takes time. In order to reach the attention of the donor here is some general advice that will aid you in your preparation and submission of funding requests.

1. Understand your donor's priorities

- a. Make sure that you read all guiding documents from the organization that you are applying to and comply with any suggested timelines and other requirements such as preferred proposal format or the use of templates.
- b. Speak with potential donors to get an overview of their current preferences. It is crucial to develop good relationships with the relevant people within the Ministry of Health (MoH) decision making bodies, donors and implementing agencies. Network and take time to talk with the relevant people.
- c. Make sure that the grant proposal can be integrated in the specific donor's funding plan.¹
- d. The different organizations may have different projects, areas, and priorities – make sure that each proposal is tailored for the particular donor.²
- e. Find out which type of projects the organization has supported recently.

2. Integrated and sustainable approach to development

- a. Ensure that the HR for SCM activities are embedded in national strategic, and operational plans. (E.g. SCM or Human Resources for Health (HRH) strategic plans or disease specific strategic plans, etc.)
- b. Engage all stakeholders in your plan ensuring government leadership in the process. For example, SCM leaders, relevant government officials, international organizations, donors, NGOs, technical agencies, academic institutions, professional associations and the private sector.
- c. The application should show that the funding will be used for a systematic, sustainable, and integrated approach to SCM development.

3. Understand the broader and current political and topical environment.

- a. Trends and 'buzz words' in the context of International development are continuously changing. E.g. MDGs have been the focus area since the year 2000. Now the development community is moving towards 'the post 2015 agenda' and related 'buzz words', such as health access and equity.

¹ <http://nonprofit.about.com/od/foundationfundinggrants/tp/grantproposalhub.htm>

² <http://smallbusiness.chron.com/write-good-project-proposal-donor-funding-11345.html>

4. Structure the proposal

- a. Sell the proposal with a succinct, clear and brief executive summary. If the opportunity is oral summarise it within the first 3-5 minutes, and if is in writing within a ½ page – be brief and clear.
- b. In the proposal, it is necessary to convince the donor that your project is important, part of an overarching plan and achievable by your organization. Understand the concepts of project logic, impact, community support, innovative design and current relevance.³
- c. Assume the reader/listener does not know much about the project. Include main objectives, methods of evaluating, how you will make your project sustainable, and mention if there is anybody else supporting your project.⁴ Always be brief and to the point.
- d. Understand SMART objectives – all donors want your objectives to be **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and within a **T**imeframe (SMART)⁵.

Structure and engagement within the planning process

The following figure illustrates the strategic and operational planning process of health development in a country context. There are many levels in this process and each of these levels should be seen as an opportunity to engage with stakeholders.

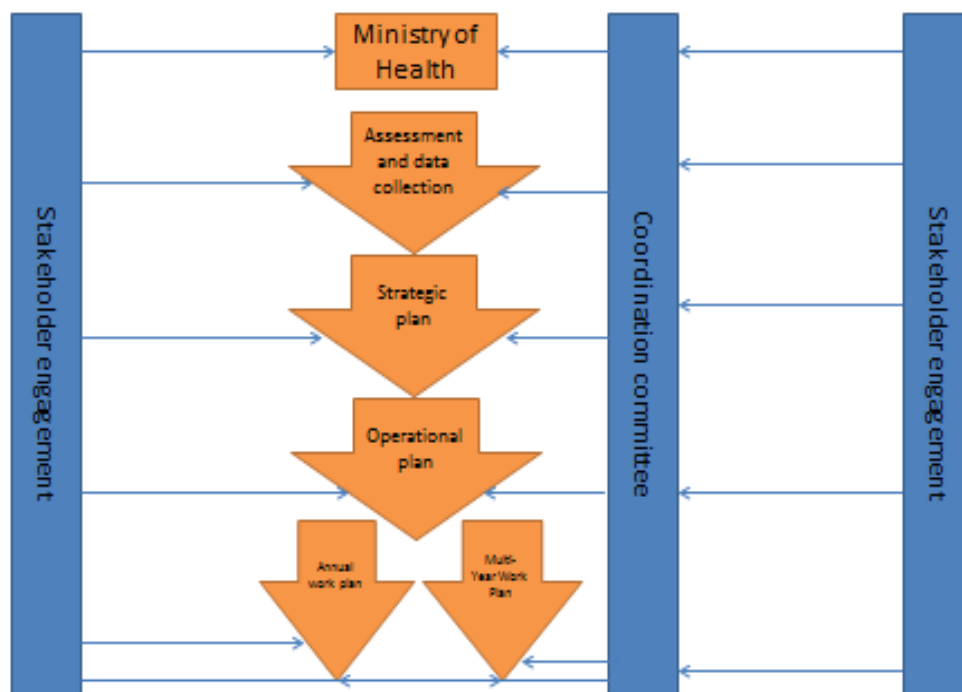


Figure 1: Planning process

³ <http://www.sedi.org/DataRegV2-unified/capnet-SharedResources/Foundation%20proposal%20guide.pdf>

⁴ <http://nonprofit.about.com/od/foundationfundinggrants/tp/grantproposalhub.htm>

⁵ <http://www.fundsforngos.org/proposal-writing-2/understanding-smart-objectives-project-proposals/>

Ministry of Health

The MoH in a given country should lead and guide the country assessment and planning process.

Assessments and data collection

A number of assessments and the collection of data is normally associated with planning development. This is also an opportunity to collaborate with stakeholders. Partners interested in the same health issue might have assessments and data collected that could support this function (E.g. Effective Vaccine Management assessment)

Strategic Plan & Operational Plan

In the process of forming strategic and operational plans, stakeholders can contribute with their own strategic and operational plan. If the plans are synchronised with as many stakeholders as possible, funding opportunities will automatically be more open. These plans may be system focused (e.g. SCM), or disease focused (e.g. reproductive health).

Annual Work Plan & Multi-Year Work Plan

When articulating the actual working plan it will be an advantage to invite partners to talk about parallel programmes and the funding cycles of their respective organizations.

Stakeholder engagement

Engagement of stakeholders may happen at all levels of the planning process. The stakeholders can be invited to discuss issues at the MoH level, as well as be involved when the country is creating upcoming annual or multi-year work plans.

Co-ordination Committee

Co-ordination committees of various kinds serve as opportunities for stakeholder engagement and co-ordination for health system and supply chain strengthening. These committees are chaired by government and may be present in different forms (e.g. SCM working group, HRH working group, donor committee, Sector Wide Approach, Cold Chain, etc.).

Summary of donors

World Bank

The World Bank does not give out grants, but it is possible to apply for loans. Applications are normally demand driven by countries. If a country wishes to apply for loans for a project they should engage with the World Bank themselves. After receiving the request a World Bank representative will go on a mission to the particular country and perform an assessment leading to the publishing of a Project Information Document (PID). The PID is public accessible and will be released on the World Bank's website.

The PID includes: country and sector background, the project's objectives, the project's description and design, the rationale for bank involvement, details of financing, how it should be implemented, sustainability, and lessons learned from past operations in the country or sector concerned. If the PID allows the project to move forward, World Bank will initiate a second mission in order to get a detailed assessment of how the money will be used.

Country leaders in SCM need to engage with the country based team that is working with the World Bank team in order to lobby their position within the context of the proposals being considered. In recent years there has been an increased focus on supply chain investments. The World Bank is especially interested in supply chain investments that have a holistic and systematic approach.

<http://www.worldbank.org/>

UNICEF (United Nations Children's Fund)

UNICEF interest in relation to SCM is centred on child survival and development. One of their largest focus areas is vaccines and immunization, and in this regard cold chains.

The funding mechanism of UNICEF is centred on the various countries' specific strategic plans and thereby the countries' operational plans. A country should engage with the UNICEF Country Office and the "chief of health" to discuss planning at the early stage, engaging UNICEF in the development of strategic, operational and yearly work plans with emphasis around the main themes of children's health and immunization.

Funding is considered for activities on a case by case basis with the involvement of UNICEF headquarters in New York.

<http://www.unicef.org/>

CHAI (Clinton Health Access Initiative)

CHAI has an in-country presence and is actively engaged in 24 different countries, with specific supply chain optimisation projects currently being undertaken in more than twenty. CHAI's priority countries include the UN Commission on Life Saving Commodities priority countries and additional countries where CHAI has a long-term and close relationship with the government. CHAI's focus on supply chains is linked with UN commission work, access to commodities and vaccines, and the optimal use of products.

The CHAI Country Director is the focal point within a particular country. This person works with health-based department managers in partnership with the MoH to focus on programmes most likely to create large scale and lasting change. CHAI works at the invitation of the government to identify key bottlenecks in the delivery and use of essential health services, aligning with a clearly articulated programmatic strategic focus. CHAI does not have an endowment and is reliant on donor support to fund activities.

<http://www.clintonhealthaccess.org/>

USAID (United States Agency for International Development)

The key to effective engagement with USAID is detailed interaction with the in-country representative and the health officer.

- a. Existing bilateral in-country partners are found through the specific country's USAID website. These websites should provide the applicant with clear guidance and will cross reference with the particular in-country partners' websites. Normally, USAID has a 5 year plan for a given country. Applicants must adjust their proposed operational plan to fit into USAID's specific focus and funding cycle.
- b. It is possible to make unsolicited proposals through the health team in the particular country. One should be aware that this is a time-consuming process (6 months – 1 year). First, applicants must seek out the in-country health officer as the focal point to get the current overview of activities. Second, the applicants must prepare a 1-2 page concept note of the proposed activity. If the concept note succeeds to make the health officer interested they will request for a full unsolicited proposal.
- c. One can apply for cooperative grants through the following websites: FedBizOpps www.fbo.gov. This is where the US government lists new procurement, contracts, and proposals. www.grants.gov. This is a website for federal agencies to post discretionary funding opportunities and for grantees to find and apply for them directly.

<http://www.usaid.gov/>

DFID (United Kingdom Department for International Development)

DFID recognises the importance of effective procurement and SCM and has a number of channels where this is supported directly or indirectly:

- a. The main funding stream for DFID's health work is through DFID's bilateral program. To find out more details, the applicant should seek out the health advisor in the specific country or the regional health advisors based in the UK. DFID usually supports health system wide work, rather than 'stand alone' supply chain programmes. The DFID in-country health advisor can provide an overview of current active projects and suggest how it is possible to integrate any defined supply chain needs in any broader country-based programmes.
- b. Funding directly through governments. This funding instrument is centred on financial support to the government, and provides support across the whole health sector. DFID uses a number of instruments including Sector Wide Approach (SWAp), sector budget support and general budget support. These financial aid instruments are not used in all countries. Where this is used, those seeking funding should approach government directly.
- c. DFID headquarters supports a range of additional organizations at a global level, e.g. UN organizations (such as UNICEF, UNFPA, WHO), the Global Fund and the GAVI Alliance – all of which support SCM.

<https://www.gov.uk/government/organisations/department-for-international-development>

Global Fund

The Global Fund's new funding model is based on 'Country Dialogue', which is the ongoing discussion that occurs at country level between country partners. The Global Fund encourages countries to use existing documents, such as health strategy plans, specific disease programmes, regulation and supply chain status or any assessment that may identify what is happening in the particular country. The Global Fund is also interested in the expected impact of its investments. Implementation of the new model began in late 2013, once the level of available funding for the 2014-2016 cycle was established. The funding cycle is a 3 year programme.

Recognising the catalytic role of the health system in maximizing HIV, tuberculosis and malaria outcomes, the Global Fund encourages countries to allocate a portion of their funding envelope for HSS, based on a robust analytical assessment of health system constraints. The Global Fund prioritizes specific HSS components for support, based on the risk analysis of the Global Fund's disease portfolio, which revealed a number of health system-related risks that directly affect successful implementation of HIV, TB and malaria programmes. These risks are mostly associated with the following five areas of the health system: Procurement and SCM, Health management information system, Health workforce, Service delivery and Financial management.

The Global Fund is developing further guidance to applicants for investments in HSS.

<http://theglobalfund.org/en/>

UN Commission on Life Saving Commodities

This fund is a flexible pool of resources to support integrated and existing national Reproductive, Maternal, Child, and New-born Health (RMNCH) plans. The fund is overseen by an RMNCH Steering Committee, a group of major donors and UN Agencies – who have recently committed to working in a coordinated way to support country efforts. This includes maximising programmatic synergies as well as making the most efficient and effective use of new and existing resources.

The barriers that block access to essential health commodities may vary between countries. Therefore the UN Commission suggests that applying countries initiate a landscape mapping process that provides the results in a bottleneck dashboard. If the landscape mapping process is not initiated when the countries receive the grants, UN Commission requires that this happens within the first quarter of the grant period. In addition, it is important that there is a 'bridge' between the UN Commission and the particular country to aid implementation and the likelihood of success.

www.lifesavingcommodities.org

UNFPA (United Nations Population Fund)

The Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) is the UNFPA programme to ensure access to a reliable supply of contraceptives, condoms, medicine and equipment for family planning. The project supports procurement of these commodities, with 40 per cent of their funds reserved for capacity development. The GPRHCS's objective is to provide a structure for moving beyond ad hoc responses to stock-outs towards more predictable, planned and sustainable country-driven approaches for securing essential supplies and ensuring their use.

The project is now moving into phase 2 with 46 countries identified for support. The funding is designed to support the specific need of each country. The UNFPA country representative is the focal point of interaction at the country level. Engagement takes place in the planning cycle from strategy to yearly work plans with involvement of health programme heads (e.g. maternal and child health, reproductive health).

UNFPA encourages countries to have a national coordinating mechanism and engage other partners within this process. When the yearly priorities of the particular country are identified and are matched with UNFPA objectives the plan is reviewed by UNFPA advisors at the regional level. If they approve the proposal then it will undergo final review in New York at the central UNFPA level.

<http://www.unfpa.org/public/supplies/pid/3591>

GAVI Alliance

There are two main funding opportunities within GAVI as regards public health SCM capacity development. These are the Vaccine Introduction Grant and Health System Strengthening funding.

When applying for “new and underused vaccine support”, it is possible to get an additional Vaccine Introduction Grant to support the programme. The purpose of this grant is to facilitate the timely and effective implementation of critical activities in national vaccine introduction. GAVI also has grants for Health System Strengthening. Information on this kind of support, including terms and condition, application materials, and guidance note are found in GAVI's webpage: <http://www.gavialliance.org/support/apply/hss/>

GAVI is currently renewing their funding mechanisms and from 2014 there will be three opportunities a year to apply for funding. Reviewing the proposals is a process with several steps. GAVI support for Health System Strengthening is for improving access to immunization and countries will need to demonstrate a defined impact on immunization. Requests for more information should be addressed to the GAVI country responsible officer.

<http://www.gavialliance.org/support/apply/>

Summary table of Donors				
Organization	Main contact person	Main priorities	Timeline	Reference
World Bank	Country based team.	Financial and technical assistance to developing countries. It is not a bank in the ordinary sense but a unique partnership to reduce poverty and support development.	Demand driven	http://www.worldbank.org/en/country
USAID	In-country partners or in-country health officer	Variety of health system-based priorities.	USAID has several funding mechanisms and they have different timelines	www.fbo.gov www.grants.gov www.usaid.gov
UN Comission RMCNH 2015	Designated government contact	Focusing on the RMCNH plans of selected countries which have poor RMCNH indicators. They aim to reduce barriers that block access to essential health commodities	Country-based timeline	https://lifesavingcommodities.org/
DFID	Country Health Advisor or Regional Health Advisor	DFID has a number of priorities; among them are the actions to work with governments and health organizations to improve health care systems in the poorest countries and get access to health care when it is needed.	Depends on the various funding mechanisms	https://www.gov.uk/government/organisations/department-for-international-development
CHAI	CHAI Country Director	CHAI's focus on supply chains is linked with UN Commission work and access to commodities and optimal use of products. Their general priorities are good partnerships with governments, programmes that are action-oriented, economically clever and will provide sustainable changes.	CHAI's funding cycle and delivery are similar to the UN Commission's	http://www.clintonhealthaccess.org/
Global Fund	Country dialogue with In-country representatives	The Global Fund is an international financing institution that fights AIDS, tuberculosis and malaria according to the following principles: partnership, transparency, constant learning and results-based funding.	3 year programme	http://www.theglobalfund.org/en/accsstofunding/
UNICEF	Country representative – "Chief of Health".	Similar to global priorities such as MDGs and Post 2015 Agenda but with a special focus on children.	Yearly work plan	http://www.unicef.org/
UNFPA GPRHCS 2012-2017*	UNFPA country officer	UNFPA wants to ensure RHCS needs by getting into a partnership with national ownership. UNFPA values a focus on results and that the funding works as a catalyst.	Yearly work plan	http://www.unfpa.org/public/supplies/pid/3591
GAVI Alliance	GAVI country responsible officer	GAVI's main priority is to support developing countries to expand their immunization programmes and make a positive impact in the lives of children.	By 2014, 3 funding streams per year	http://www.gavialliance.org/support/apply/hss/