

TB REACH Wave 9

Addressing inequities in drug-resistant tuberculosis under the principles of the USAID Global Accelerator to END TB and UN HLM on TB

Stage 1 Proposal

Submission Deadline: 5 March 2021 at 17:00 Geneva time

Applications MUST be submitted using [the](#) Wave 9 application website.

Proposals submitted via email in Word/PDF format will NOT be accepted or reviewed.

TB REACH strongly encourages applicants to read and follow the Stop TB Partnership's language guide - [United to End TB: Every Word Counts](#). The language used to speak about TB can influence stigma, beliefs, and behaviors, and may determine if a person feels comfortable getting tested or treated. Non-discriminatory, empowering, and people-centered language should be used throughout your TB REACH Wave 9 proposal.

[Contact us](#)

Login to access and update your application

Username: _____

Password: _____

The Stop TB Partnership's TB REACH initiative has been supported by the Government of Canada since its inception in 2010. Funding support for this call for proposals has been generously provided by USAID.

NOTE FOR APPLICANTS:

Wave 9 applications must be:

- specific to addressing drug-resistant TB (DR-TB) –please see the relevant [DR-TB technical brief](#);
- focused on improving linkage to care, rapid uptake of novel treatment regimens or improving treatment adherence and outcomes for people with DR-TB;
- led by a local¹, non-governmental organization. International partner(s) are permitted, but local organization must receive the majority of the total budget; and
- proposed in USAID priority countries².

¹ To be considered a "local" organization, an entity must satisfy all the following:

- Be organized under the laws of the recipient country (i.e., the country of implementation);
- Have its principal place of business in the recipient country;
- Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and
- Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.
 - The term "controlled by" means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization's managers or a majority of the organization's governing body by any means, e.g., ownership, contract, or operation of law. "Foreign entity" means an organization that fails to meet any part of the "local organization" definition.

² USAID supports 24 TB high-priority countries: **Afghanistan, Bangladesh, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe**

Application ID number

Section 1 – Application Terms and Conditions

1.1 Terms and Conditions The Stop TB Partnership is hosted by the United Nations Office for Project Services (UNOPS). All TB REACH calls for proposals and grant awards must follow UNOPS’s procurement rules and regulations. Please read each of the statements below and acknowledge that you understand the terms and conditions for applying and receiving funds.	I agree to these terms
It is UNOPS policy that no funds shall be paid as profit or fee to a Grantee under this Agreement. This restriction does not apply to contractual relationships entered into by the Grantee under this Agreement.	<input type="checkbox"/>
For-profit entities cannot receive grants or funds directly from TB REACH, they must partner with at least one non-profit entity. A non-profit entity has to be the Primary Recipient.	<input type="checkbox"/>
Grantees must use a separate bank account to receive and manage TB REACH funds to facilitate financial reporting and auditing.	<input type="checkbox"/>
The beneficiary name on the bank account which receives TB REACH funds must be exactly the same as the primary applicant’s legal name which will appear in the grant agreement. <i>See the examples in Section 2</i>	<input type="checkbox"/>
All TB REACH grants are awarded and disbursed in US Dollars (USD), as such all financial reporting must be done in USD. Grantees are strongly encouraged to receive funds in USD denominated bank accounts where possible. <i>The rules and procedures for converting foreign currency expenditure into USD will be shared after new grants are selected.</i>	<input type="checkbox"/>
Incomplete applications – and those submitted from ineligible countries – will be screened out of the application review process and will not be considered for funding.	<input type="checkbox"/>
All grantees, once selected, must agree to undertake an Organizational Capacity Assessment (OCA) focusing on examining organizational issues with the possibility of extending to other areas of work. The OCA will be organized and paid for externally.	<input type="checkbox"/>
Review and acknowledge general conditions set out in the UNOPS grant support agreement	<input type="checkbox"/>

Section 2 – Applicant Details

<p>2.1 Primary Applicant's Legal Name</p> <p>Enter the name of the organisation that will sign a grant agreement with the Stop TB Partnership/ and its hosting entity.* The name entered into this field will be used for the grant agreement and must be exactly the same as the name which appears on the bank account where TB REACH funds will be sent.</p> <p><i>See example below for entering legal and common names.</i></p> <p><i>*If awarded, the primary applicant will serve as the primary recipient (PR) of the grant and must be able to receive the total grant award directly from Stop TB Partnership/TB REACH and directly implement more</i></p>

than 50% of the funds. If your organization will not be the primary implementer of the funding, you should consider being a partner or sub-recipient (SR) on the project.

2.2 Primary Applicant's Common/Non-legal Name

If there is a common (informal/non-legal) name for the organisation, enter it here. If there is no informal/non-legal name, leave this field blank.

See example below for entering legal and common names.

Example: Applicants/Beneficiary Legal and Common/non-legal Names

Example 1	Legal Name:	Personnes dédiées à l'élimination de la tuberculose
	Common Name:	People dedicated to eliminating TB
Example 2	Legal Name:	Stichting Foundation for Ending TB In Our Lifetimes - or - Foundation for Ending TB In Our Lifetimes e.V.
	Common Name:	Foundation for Ending TB In Our Lifetimes (FETIOL)

2.3 Primary Applicant's Organization Type.

Please select only one description below.

- National / Local NGO
 Community-based Organization (CBO)
- Private not-for-profit organization (Universities are not eligible to be a primary applicant)
 Other: _____

2.4 Primary Applicant's Registration Certificate

Primary applicants must upload their registration certificate on the Home Page

Uploaded files should follow naming convention: **Application ID#_Registration**

If you are unable to upload one or more of the required supporting documents, please describe the reasons why.

2.5a Has the primary applicant applied for TB REACH funding in the past?

- Yes
 No
 Don't Know / Refuse

2.5b Has the primary applicant received TB REACH funding in the past?

- Yes
 No
 Don't Know / Refuse

2.5c If Yes, in which Wave (s)?

- Wave 1
 Wave 2
 Wave 3
 Wave 4
- Wave 5
 Wave 6
 Wave 7
 Wave 8

2.6a Has the primary applicant completed an Organizational Capacity Assessment (OCA) during the implementation of a USAID-funded project in the past?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know / Refuse
2.6b Has the primary applicant applied for USAID Local Organizations Network (LON) project in the past?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know what is LON
2.6c If Yes, what's outcome?		
<input type="checkbox"/> eligible but not selected	<input type="checkbox"/> eligible and selected	<input type="checkbox"/> not eligible
2.6d If eligible and selected, has the primary applicant received funding for DR-TB activities through the LON project?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know / Refuse

2.7 Additional Partners

List any additional project partners below. Partners may include any organization that will be assisting with development and implementation of the proposal. Partners can be grant sub-recipients (SRs), however they will NOT receive funds directly from TB REACH and will NOT sign a legal agreement with the Stop TB Partnership. Partners are NOT required to submit a registration certificate or financial audit report. The Primary Recipient (PR) will be responsible for the financial reporting of any SRs. In total, the budget for any international and public sector project partners, if included, must be <50% of the total budget. (see [budget & financial instruction](#) for details)

If there are no additional partners leave this blank

Organization	Organization Website URL	International or Local	Contact information	Tentative Budget Allocation (USD)

2.8 Applicant Contact Information	Contact 1	Contact 2
First Name		
Last Name		
Organization		
Title at Organization		
Role on Proposal		
Country of Residence		
Email (This email will be used for official communication, please ensure it is working and able to		

receive correspondence from Stop TB)		
Phone Number		

2.9 Abbreviations Please provide an alphabetized list and definitions for all abbreviations used in your proposal

Section 3 – Proposal Summary

3.1 Project Title <i>Maximum 256 characters (with spaces)</i>	
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3.2 Proposed Country of Work	
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3.3 Project Category and Area of Focus Select one project category and area of focus. The project category you select will have implications on how your proposal is reviewed, and if awarded, how your project is evaluated. Important Note: You will be asked a different set of questions based on your selection of the category.
<input type="checkbox"/> Improving linkage to care and rapid uptake of novel treatment regimens (please also select sub-category below) <ul style="list-style-type: none"> <input type="checkbox"/> Linkage to care to reduce pre-treatment loss to follow up for DR-TB <input type="checkbox"/> Implementation of new, all oral DR-TB treatment regimens <input type="checkbox"/> Improving treatment adherence and outcomes for people with DR-TB
Note that other approaches will not be accepted for Wave 9.

3.4 Project Type* Select one Project Type. This will have implications for your expected scope of work. In Wave 9, all awarded projects will have a grant ceiling of USD 600,000. Please read the Wave 9 Grants Framework note for more information. Important Note: You will be asked a different set of questions based on your selection of the project type.
<input type="checkbox"/> Proof of Concept (USD 600,000) <input type="checkbox"/> Focus on Scalability (USD 600,000)

3.5 Brief Summary Describe your project in 1-2 sentences. If your proposal is funded, this description will be posted on www.stoptb.org .

Maximum 400 characters (with spaces)

3.6 Executive Summary

Provide a brief summary of the proposal. Include the gap / problem that you are trying to address, a qualitative and quantitative description of your intervention, and the project's potential numerical contribution to improving linkage to care, treatment adherence, outcome and rapid uptake of novel treatment regimens. This should be expanded upon in the Proposal Narrative section.

Maximum 2000 characters (with spaces)

Section 4 – Proposal Narrative

Category 1, Sub-category 1

4.1 Background & Problem Statement

In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated. Quantify the proportion of pre-treatment loss to follow up (PTLTFU) currently or among the estimated cases.
2. Existing DR-TB models of care in the country (how people are diagnosed, enrolled, where they are treated, what regimens are used and what patient support is provided) and in your proposed project areas (including approved DR-TB work package(s) under a LON project – if any).
3. Geographic and demographic characteristics of where the proposed project will be implemented.
4. The general care-seeking behaviours, pathways and treatment facilities for DR-TB in your project area(s) including how people are accessing DR-TB diagnostic services, and the reasons for pre-treatment loss to follow-up to be addressed. Why have the barriers not been addressed to date?
5. What are the gaps in this technical area that you are trying to address?

Maximum 3,000 characters (with spaces)

Category 1, Sub-category 2

4.1 Background & Problem Statement

In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated.
2. Existing DR-TB models of care (how people are diagnosed, enrolled, where they are treated, what regimens are used and what patient support is provided) in the country and in your proposed project areas (including approved DR-TB work package(s) under a LON project – if any).

3. Geographic and demographic characteristics of where the proposed project will be implemented.
4. Current treatment options for adults and children with DR-TB.
5. Current barriers to implementing new, all oral DR-TB regimens. Why have they not been implemented to date?

Maximum 3,000 characters (with spaces)

Category 2

4.1 Background & Problem Statement

In this section, consider including the following for the project area you have chosen:

1. The TB and DR-TB epidemiology, including numbers of people diagnosed with DR-TB, started on treatment, and successfully treated. Quantify the different treatment outcomes relevant to the proposal (poor dosing adherence, transfer outs, death, loss to follow-up, culture conversion, final outcome etc)
2. Existing DR-TB models of care (how people are diagnosed, enrolled, where they are treated, what regimens are used and what support is provided to people with DR-TB) in the country and in your proposed project areas (including approved DR-TB work package(s) under a LON project – if any).
3. Geographic and demographic characteristics of where the proposed project will be implemented.
4. Current interventions implemented in the country aimed at improving adherence and overall treatment outcomes for DR-TB.
5. Current barriers for people with DR-TB to achieve successful treatment outcomes in the project area that will be addressed. Why have they not been addressed to date?

Maximum 3,000 characters (with spaces)

Category 1, Sub-category 1

4.2 Interventions and Activities

In this section, describe how you propose to address the identified problem.

Consider including the following:

1. Overall goal and objectives of project with clear targets for improving PTLTFU among people with DR-TB.
2. Proposed intervention/activities to achieve your goals and objectives
 - a. Provide an overview of the intervention that will be used by the project to reduce pre-treatment loss to follow up for individuals with DR-TB, and to facilitate rapid treatment initiation for people diagnosed with DR-TB (refer to this [DR-TB technical brief](#) when describing your model)
 - b. The human resources and technology that will be used to implement.
 - c. The resources that will be provided by other donors or the government in addition to TB REACH funding.
 - d. Will your project operate within the current programmatic delivery models or separately?

e. How will persons with DR-TB be engaged in the project and be encouraged treatment initiation?

3. A timeline for planning and reaching full implementation of the interventions within the project area, and sourcing additional funding if successful.

Maximum 4,000 characters (with spaces)

Category 1, Sub-category 2

4.2 Interventions and Activities

In this section, describe how you propose to address the identified problem.

Consider including the following:

1. Overall goal and objectives of project with clear targets for the enrolment of people with DR-TB on new, all oral regimens.
2. Proposed intervention/activities to achieve your goals and objectives.
 - a. Please describe proposed interventions.
 - b. How will the new, all oral regimens fit into the current NTP guidelines? What permissions, if any need to be obtained before enrolment?
 - c. Who will carry out interventions (public/private facilities, existing PMDT sites etc)?
 - d. The overall treatment model used by the project to increase the uptake of new, all oral WHO- endorsed short treatment regimens.
 - e. How will the project access lab services and drug supplies?
 - f. How will persons with DR TB be recruited/engaged to use the new treatment regimen?
 - g. How will the project monitor and manage adverse side effects of the new regimens?
3. A timeline for establishing the model, reaching full implementation within the project area, and sourcing additional funding if successful.

Maximum 4,000 characters (with spaces)

Category 2

4.2 Interventions and Activities

In this section, describe how you propose to address the identified problem.

Consider including the following:

1. Overall goal and objectives of the project with clear targets for the specific outcomes of interest your project will target among people enrolled on DR-TB regimens.
2. Proposed intervention/activities to achieve your goals and objectives through the implementation of innovative approaches, tools and activities.
 - a. Please describe proposed interventions.
 - b. Who will carry out interventions?
 - c. Please describe contributions from the NTP and other donors (like GF) which would be needed to achieve proposed activities.

- d. What, if any, technology will be used to assist and track the progress in the project?
 - e. Your patient enrolment plan and how the outcomes will be monitored (relative to the TB REACH project timeline)
 - f. How and when will the adherence support be provided? To all individuals on treatment? Who is eligible to receive the support?
 - g. How will adverse events and patient counselling be managed?
3. A timeline for establishing the model, reaching full implementation within the project area, and sourcing additional funding if successful.

Maximum 4,000 characters (with spaces)

Type 1 - Proof of Concept proposals

4.3 How is your proposed intervention innovative?

Describe how your project is innovative and why it should be funded. Have you or others implemented similar DR-TB intervention/activities in the past? Has USAID or other donors funded this approach in your country before (or in other countries)? Can this work be supported by other donors and funding sources if successful?

Maximum 1,000 characters (with spaces)

Type 2 - Focus on Scalability proposals

4.3 Demonstrated Impact of Project Approach

In order to be qualified as a 'Focus on Scalability' project, there should be sufficient evidence that the proposed approach(es) are effective in improving linkage to care, treatment adherence, outcome, rapid uptake of all oral treatment regimens and overall DR-TB care cascade at a population-level.

Describe how the impact of your proposed approach(es) has been demonstrated.

- If the proposed activities were funded under a previous grant, please describe their impact.
- If not funded in the past, please also include a list of references where population-level impact has been described.

Also describe the lessons learned from the previous implementation of the approach.

Maximum 1,500 characters (with spaces)

Section 5 – Organizational Capacity

5.1 Organizational Implementation Capacity

Describe your organization's and your partners' capacity to rapidly start implementation of the activities you propose in both the country and areas where you plan to implement your project. TB REACH projects are expected to begin implementation of activities in Q4 of 2021 shortly after funding is disbursed.

Please describe your organization's history with DR-TB programs. Make sure to include the organization's number of years operating in the country; technical areas of implementation with local staff; current number of in-country staff; current sources of financing; and brief plans for future organizational growth and development.

Maximum 2,000 characters (with spaces)

5.2 Letter of Support (LOS) from provincial/state, or national TB program

Indicate if you have a letter of support from provincial/ state or national TB program. The LOS should include commitment from NTP to providing free second line drugs for TB treatment to all people with DR-TB diagnosed, as well as medications to manage adverse drug reactions and to provide the grantee TB case notification and/or treatment outcome data to facilitate impact measurement.

Although, it is not required for Stage 1, Stage 2 applicants will be required to submit a LOS.

Yes No

5.3 Upload Letter of Support from provincial/state, or national TB program

Please upload the letter of support on the Home Page
 Uploaded file should follow naming convention: **Application ID#_Support**

Section 6 – Requested Budget

Please read the [budget & finance instruction](#) before completing this section.

6.1 Primary Applicant's Financial Audit report Primary applicants must upload their latest financial audit report on the Home Page

If you are unable to upload one or more of the required supporting documents, please describe the reasons why.

Uploaded file should follow naming convention: **Application ID#_Audit**

* Please note that until this document is uploaded, this section will remain incomplete.

6.2 Primary Applicant's Audited Income in USD

Please enter the Net Asset figure amount for one year as per your latest audit - uploaded in the system (in local currency of audit report).

* Please enter the Currency rate on the date of audit used to convert to USD (if audit is already in USD, please enter 1.0)

Example:
 Net Asset Figure as per audit: 123,456,789 Indian Rupee
 USD exchange rate on 31 December 2017 was: 69.566 (1USD = 69.566INR)

Country of Currency: Net Asset figure amount:

Currency rate on the date of audit used to convert to USD:

Income Amount in USD (this will be automatically calculated when you click "Save Your Changes" at the bottom of the page.): 0.00

6.3 Proposed Budget and Categories		Budget in USD
<ul style="list-style-type: none"> Applicants total budget request cannot exceed 5 times the amount of their annual budget, which should be clearly stated in the uploaded financial audit statement. The maximum amount of funding you can request is USD 600,000. Note that TB REACH funding cannot be used for anti-TB drug procurement in this Wave 		
1	Human resources (max 15% of total budget)	
2	Project-related direct activities	
3	Project-related travel (include participation in TB REACH grantee meetings 2021)	
4	Funds withheld at source for procurement of supplies from GDF	
5	Procurement of medical items (excluding GeneXpert)	
6	Procurement of non-medical items	
7	IT, communications, and results dissemination	
8	Direct program support (max 12% of total budget)	
9	Institutional capacity building (max 10% of total budget)	
10	External monitoring and evaluation <i>This value is set by TB REACH and withheld at source</i>	35,000
Total budget		

6.4 Budget Narrative

Include specific descriptions and justifications for the following budget categories listed above: 1, 2, 3, 4-6 (as a single procurement description), 7, 8 and 9.

Please note that budget category 9 (capacity building) can include technical assistance related to increasing the organizations capabilities in health/TB, program development, operations, or other institutional development needs and is not restricted to any particular type of projects.

Explain the major cost drivers in the above budget and how these costs relate to planned activities and expected outcomes.

Note that **Focus on Scalability** projects are strongly encouraged to include dedicated budget on results dissemination under "2. Activities" or "7. IT/Communications, and results dissemination".

Maximum 3,000 characters (with spaces)

6.5 Availability of co-financing?
Is any kind of co-financing available to support the implementation of this proposal?
(e.g. direct contributions from other sources, drugs, equipment donations, personnel, etc)

Yes No Don't Know / Refuse

**6.6 If yes, describe the co-financing which is available to support the implementation of this proposal.
If available, upload any supporting document on the Home Page**
Uploaded file should follow naming convention: **Application ID#_Co-financing**
Maximum 1,000 characters (with spaces)

FOR REFERENCE ONLY