

**TB REACH Wave 11 Call for applications
Webinar for Stage 2 applicants
Q&A space questions report**

- **The deadline is a Tuesday. Any possibility of extending to the Friday of the week?**

Unfortunately, this is not possible. The deadline is set for April 23rd 2024 to allow other review activities to continue within the predetermined timeline.

- **Letters of support - if we uploaded letters of support in Stage 1, do we also need them for Stage 2?**

No need to upload if already done in Stage 1. Please note that the letter of support is requested from both NTP and other relevant entities relevant for your ISD project.

- **If MoH has no algorithms for some diseases, can they be refined as the project go on?**

Yes, you can use the proposed algorithms. Please mention this in your application but explain clearly how are accessing and will access care.

- **If we have further questions after this session, is it allowed to contact the TB Reach Wave 11 team or is there any contact person that we can reach out to? Thank you**

Yes, kindly write to tbreach@stoptb.org and your email will receive a response.

- **Can you kindly clarify that for the org. financial audit: are you looking at the total revenue of the organization or total assets (or is it either?)**

We are looking at the total net assets.

- **Can we cost for lab consumables or spirometers (non-TB related) to detect lung health related conditions?**

Yes, you can. However, it is preferable to source these items from the relevant government departments, other existing programmes, donations, or in-kind support, if available.

- **Local prices for equipment must be reasonable, how much more expense (%) is accepted?**

This differs depending on the country, but we use the GDF price catalogue as a benchmark. Please note that if your project is funded, we can still make recommendations for purchase from GDF depending on the costs.

- **Is it mandatory to have a support letter from NTP, or it is enough to get a letter of support from the facilities/hospitals that we are going to cooperate with in the implementation of the project?**

We recommend that you get the NTP letter of support as you will need their support and collaboration for data reporting (for the district), drugs and other linkages for TB care. In our experience NTP support is helpful for continuation of activities beyond the TB REACH funding period. The letter can also come from regional NTPs e.g provincial and county level if this is appropriate for your setting.

- **Which Section can we reflect the overhead cost in the budget template? Thanks**

Overheads are under 'Direct program support' in the budget template.

- **Of all the Stage 2 submissions, how many applications do you expect to eventually fund?**

We are unable to say how many we will be able to support as it depends on funding available and quality of the proposals.

- **For new organization with no finance audit yet, what document can we provide as substitute**

If your organization has no prior audits, it will be unable to receive funding from TB REACH directly. We suggest you partner with another local organization that can manage the funding and position your organization as a sub-recipient until you can document audited accounts.

- **Here, the big difficulty is to get more men to go for tests, diagnosis and treatment, whereas women are going without hesitation; it is ok, that women empowerment is not a big component?**

Please note that there are two aspects to the gender work. The first is gender specific interventions which will increase access to TB care for any gender identity depending on the context. Here it is fine to focus on how to get more men tested.

The women empowerment component is mandatory for all organizations and should focus on your organization more than the population you serve.

- **Can the evaluation and control areas be different facilities/sites within the same State/district?**

Yes, it's possible for the State level. The distance between the evaluation and control should be wide enough that the intervention effects do not spill over to the control area. This may be difficult to achieve at District level. Keep in mind that if the district is also the BMU, it will not be possible to measure the impact of your intervention with regards to separate data collection. Please refer to the M&E note for more details.

- **4.3b Provide five words/ phrases that Maximum 100 characters (with spaces)**

This section in Stage 1 did not allow the maximum 100 characters, I think there was an error in the format. How do we address such challenges in stage 2?

Thank you for letting us know. We will check the section and adjust it for Stage 2. Kindly reach out to us if you have specific questions on the formatting of the boxes.

- **Are you sharing feedback with each applicant?**

Feedback has been shared in your application, please visit the application portal. No additional feedback is provided for Stage 2 development.

- **Can we have the cost of organization senior management team under direct cost for the time they support in the project, and it will be a some % of his/her salary to the time they spend in?**

Please refer to the Stage 2 financial guidelines – any office-based position (e.g. senior management team, directors, etc.) should be budgeted under the HR budget category.

- **Are we going to get the presentations we missed the beginning sections**

Yes, we will share the presentation and recording of the session in the application portal.

- **M&E Budget : can part of the budget be allocated to the primary recipient to organize data collection?**

No, this is withheld at source. However, if funded, there is a large amount of reporting requested. This should be included as part of your project activities and accounted for in your budget.

- **It was mentioned that two people from each country must travel -- if the project spans multiple countries, should multiple pairs travel?**

In this case, we will make special considerations to ensure representation from the different countries, you could consider 1 participant per country.

- **Is there any buffer zone to adjust the interventions, e.g. we planed to use geneXpert as the only screening tool, but can we revise it to AI facilitated X ray plus geneXpert?**

Yes, you can.

- **How important is co-funding? will our application have lesser chances if we do not have co-funding?**

Co-funding is not a requirement. However, it does make the proposal more competitive if there is co-funding, particularly for the non-TB intervention. Please note this can be from government but can also be in kind e.g. tests, medicines etc

- **Is there downloadable application form to fill offline and then copy and paste content on the online form?**

Yes. You can find it here: [W11 Stage2 Application Form](#) this will be uploaded in the application portal. We remind you that only application uploaded in the application portal will be accepted.

- **Does the co-financing section have to be quantified in USD, or is a description/qualitative info sufficient?**

Yes, we need an estimated value in USD if there is co-funding. However, you can describe further in the narrative.

- **Can we reallocate budget funds across categories but still ensure the total is the same as what was approved?**

Yes, this is allowed.

- **Thank you for the informative presentation. We have a few questions: Will the character limit for section 1-6 be expanded to allow applicants to address reviewer comments in the narrative? Or will we need to remove text in order to add information that addresses comments?**

The text limit for Section 1-6 remains the same. You can change the text to make it clearer. Use Section 7 to respond to feedback. If you need to explain further, you can upload additional information in the supporting documents section, please make the reference to locate it easily.

- **We see that there is a character limit for section 7.1 where we address reviewer comments. Should we repeat the reviewer questions when we address them? And if so, may the character limit be expanded so we can include both the reviewer question and our response?**

You do not need to repeat the questions. The reviewers will be able to access the previous comments when they review your proposal.

- **While we are to go through budget guidance, kindly clarify whether we need to have detailed budget narratives justifying activities included in the budget and the impact the activities have on the overall program delivery.**

Yes. For the budget narrative, you will need clarify the activities for each budget line. The impact of the activities will be assessed through the M&E section.

- **If successful in stage 2, is there a stage 3?**

No, there is no Stage 3.

- **When is budget disbursement expected should an applicant be successful? This happens periodically in tranches.**

The first tranche of payment happens after the grant signing and when the baseline evaluation has commenced. We expect this will be in August or September.

- **Can we pay all taxes for procurements ordinarily or there is some arrangement for considering tax exemption?**

This differs from country to country. If the project is selected, we can further assess and advise.

- **Can we get the presentation slide**

Yes, you can download the presentation here: [TBR Wave 11 webinar - Stage 2](#); this will be posted in the application portal along with the webinar

- **Do we get letter of support from the TB Program (NTBLCP, STBLCP) or from the Ministry Of Health?**

We are requesting a Letter of Support (LoS) from the TB program and one the department that is responsible for the other non-TB condition you will be integrating. If one entity is coordinating all selected conditions, then the LoS should refer to the various conditions.

- **Please shed more light on what level of detail is required on question 11.7 WE indicators? the section provides 3000 character count, however to include indicators are we expected to upload a separate excel file to be able to elaborate indicators as per the shared framework document from Wave 7?**

You can upload a separate Excel file and use the narrative area to describe the indicators you propose for your project.

- **Can we edit the objectives/ activities from Stage 1, without changing the main areas of intervention?**

Yes, you can.

- **Gap time from announcement of the result and contract signing.**

We expect that grants will be signed within 90 days of funding decisions being communicated to grantees.

- **If there are additional SRs in the implementation, is it possible or not.**

You are allowed to have multiple SRs in the implementation as long as the PR is responsible for managing at least 50% of the total budget.

- **If we didn't receive financial comments in the first feed back, then will we get separate?**

Financial comments have been made. If you didn't receive any, no edits/adjustments are needed at this point.

- **Please elaborate question 8.1d innovations - what is the difference between parts a and d?**

Both are complementary although in some cases the answer may be similar. Part d, could be more specific where the innovation is a technology.

- **Regarding Section 7.2 - Response to Financial review comments is optional?**

All projects that received financial comments must respond to them.

- **Please elaborate question 8.1a part d - do we need to elaborate if there are existing integrated pathways and supply chains within our setting, or do we need to describe the separate pathways for TB and non-TB that currently exist?**

8.1a part d should describe the existing pathways as they are- whether separate or integrated. This will make it easier to see where in the pathway the applicant proposes to intervene in the next section 8.1b.

- **What is GDF pricing catalogue?**

Price catalogue from the Stop TB Partnership Global Drug Facility, you can find the catalogue here: <https://www.stoptb.org/global-drug-facility-gdf/gdf-product-...>

- **Please what is GDF?**

The Global Drug Facility. See link for information: <https://www.stoptb.org/facilitate-access-to-tb-drugs-diagnostics/global-drug-facility-gdf>.

- **Are we able to procure equipment through GDF if we secure the grant?**

Yes

- **If there is a more recent audit report than what was uploaded in stage 1, can we upload the more recent report in stage 2.**

Yes

- **Can we adapt the budget template, e.g budget in dollars only and not use local currency?**

If you are only using US dollars, then please leave Column F ("Total local currency") of the detailed budget tab blank.

- **If the financial review comment section is blank in our proposal, does that mean we don't have any input or you haven't finished reviewing as indicated in the email? when can we expect the comments if you are still in the process? Thanks**

By now, all comments have been entered into the system. If there are none, that means that there were no comments to address.

- **The proposal must be submitted in English?**

Proposal can be submitted in all six UN languages (Arabic, Chinese, English, French, Spanish, Russian).

- **For clarity, if we do not have a current baseline for the intervention we can put "0" and explain in the narrative that we do not have a baseline. Or we can use information from one health center model as a baseline?**

Yes, if no baseline data, then explain why in the narrative.

Depending on the scope of the intervention using one health centre may not be representative of the BMU. In cases where the facility is the only service delivery point in the BMU, the

modelling could work. Again, please explain in the narrative. Please note, that 0 baseline should mean that no people were detected and treated at baseline – not that there is no data you can find. This should be clearly described and explained.

- **We received only comments from Reviewer 1 regarding strengths and areas that need improvement. How can we access other comments?**

Some of the comments may have been consolidated, Please address all comments available as best as you can.

- **Can we include VAT cost including freight charge and custom clearance which we are buying through GDF?**

It differs from country to country. We recommend you check with your national custom authorities for additional information. Please also have a look at [GDF's guidelines for budgeting purposes](#).

- **Hello. We'd like to know - would it be alright if we modified our proposed geographies (state/districts) from what we'd proposed during Stage 1?**

Yes, you can.

- **Is it a requirement to have both evaluation and control areas?**

Yes, we strongly recommend that you have both evaluation and control areas. There may be some exceptions to this which should be clearly explained, but most projects are approved with both areas.

- **IF data not available for 2023- but available for 2019 only, can we add it.**

If this is what is available. Indicate this in the narrative and consider how you will collect the data henceforth if awarded the grant.

- **Do interventions have to improve TB disease case detection/care AND non-TB condition case detection/care. Or is it ok for them to focus largely on non-TB conditions, without changing TB pathways specifically.**

We want proposals that improve access/quality for people with both TB and non-TB conditions. This could also include person centred services for TB/other conditions. Where it is not possible to demonstrate additionality for TB, kindly explain why in the narrative. There is no need to change the TB pathways if these are already optimal.

- **We have received a review only from one reviewer and no financial/budget review was given to us.**

Please see response above. Kindly address the available comments.

- **Could please let us know whether stage 2 covers the financial and other reviews?**

Yes, financial reviews are included in the Stage 2 review. We shared the Stage 2 considerations in the presentation.

- **Though in the first stage proposal of proposal was submitted with certain proposed project value by mentioning certain amount of budget for SRs and primary recipients. During 2nd stage proposal development, activities and budget may vary for each entities/partners. Is it okay by keeping the bottom line value/budget of the project unchanged, reshuffle the budget for primary recipients and Sub-recipients?**

Yes, you can change amounts between different budget lines and allocations to Subrecipients.

- **In Bangladesh, government provides all medicines and test [molecular test and microscopy and X-Ray] free of cost, in that case, we don't need to include cost under GDF for any medicine and Gene X-pert machine for TB treatment including MDR TB and diagnostic. Right?** Yes. That's correct.

- **We are planning to have TA from Dure Technologies, Geneva for AI and CLM. In that case will the cost for this go under GDF or non-GDF?**

Please indicate if Dure would be considered a sub recipient. Procurement costs would cover the cost of equipment and materials. Only items in the GDF catalogue are available to be procured through GDF.

- **For exposure visit to other country to see the implementation of AI and CLM, will IACIB keep budget or STP have this allocation separately. And who will select the country, either STP or Primary Recipient?**

Site visits to other projects can be proposed but are not part of the TB REACH standard process.

- **Shall organization keep budget for Wave 11 Grantee meeting? Or STP will keep? If IACIB has to keep then for how many participants or do you support by providing estimated amount in US\$ for each person.**

The projects should budget for at least 2 people for the Grantee meeting, likely to be in Nairobi.

- **New medicines, new diagnostics, and new vaccination by when will be made available in the countries? How Bangladesh Government/NTP will receive these?**

We are not able to answer as it's dependent on individual country circumstances.

- **The budget template indicate detail budget of the total project value and a separate sheet also indicates budget for SRs. However; the IACIB proposed project also have 3 strategic partners [KP platforms].**

While it is important for us to understand how much money the SRs are going to receive, the SRs budgets are part of the total project value (not separate). You can have as many SRs as you think is necessary as long as the PR is responsible for managing at least 50% of the total budget.

- **Is it compulsory to populate baseline data for non-TB diseases if data is not available?**

If not available, kindly indicate in the narrative section why and explain this. You will be expected to report prospectively if awarded so keep this in mind when proposing interventions.

- **If an organization has offices in different countries and if the applicant is one country office of that organization, is the audit report from the country office adequate?**

The audit report should come from the office/country where the activities are going to be implemented. If not available, the audit from the organizational HQ is fine.

- **How many proposals per country can be awarded if fulfilled all criteria?**

This depends on the PRC recommendations. Multiple proposals per country have been awarded in past waves.

- **Could we have a selection criteria for the control area?** Please review the M&E document for information

- **Would not carrying on the implementation research impact the selection of the project?** No. Including implementation research is not a requirement and will not impact the outcome of your application.