TB REACH Wave 8
Full Proposal

Submission Deadline: <u>5 May 2020 at 17:00 Geneva time</u>

Applications MUST be submitted using this Wave 8 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 - <u>United to End TB: Every Word Counts</u>. The language used to speak about TB can influence stigma, beliefs and behaviours, and may determine if a person feels comfortable getting tested or treated. Non-discriminatory, empowering and people-centred language should be used throughout your TB REACH Wave 8 proposal.

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*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 provided by USAID.*

<u>NOTE FOR APPLICANTS:</u>

Wave 8 applications must be:
a) specific to Private Provider Engagement (PPE) – please see the relevant Concept Note;
b) focused on case finding (adherence interventions may be included as well, but the inclusion of the case finding aspect is mandatory);
c) led by a local[1], non-governmental organization (with any international partner(s), if included, receiving a minority of the total budget);
d) Type 1 or 2 (i.e., not including Type 3 applications); and
e) proposing PPE projects in USAID priority countries.[2]

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[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 <u>controlled by</u> a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.
  - o The term "<u>controlled by</u>" 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, Myanmar, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, 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.	[ ]
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.	[ ]
Grantees must use a separate bank account to receive and manage TB REACH funds to facilitate financial reporting and auditing.	[ ]
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. *See the examples in Section 2*	[ ]
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. *The rules and procedures for converting foreign currency expenditure into USD will be shared after new grants are selected.*	[ ]
Incomplete applications – and those submitted from ineligible countries – will be screened out of the application review process and will not be considered for funding.	[ ]
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.	[ ]
Review and acknowledge general conditions set out in the UNOPS grant support agreement	[ ]

Section 2 – Applicant Details

2.1 Primary Applicant's Legal Name

Enter the name of the organisation that will sign a grant agreement with the Stop TB Partnership/ UNOPS.* 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.

See example below for entering legal and common names.

*If awarded, the primary applicant will serve as the primary recipient (PR) of the grant and must be able to receive more than 30% of the total grant award directly from Stop TB Partnership/TB REACH. If your organization cannot receive more than 30% of the total grant award, 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:	Cersei Lannister Hospital for Chest Diseases
	Common Name:	TB Program of Westeros
Example 2	Legal Name:	Personnes dédiées à l'élimination de la tuberculose (French)
	Common Name:	People dedicated to eliminating TB (English)
Example 3	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)

[ ] National / Local University [ ] 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?		
[ ] Wave 1	[ ] Wave 2	[ ] Wave 3	[ ] Wave 4
[ ] Wave 5	[ ] Wave 6	[ ] Wave 7	

2.5d Has the primary applicant applied for TB REACH funding specific to PPE in the past?		
[ ] Yes	[ ] No	[ ] Don't Know / Refuse
2.5e Has the primary applicant received TB REACH funding specific to PPE in the past?		
[ ] Yes	[ ] No	[ ] Don't Know / Refuse
2.5f If Yes, in which Wave?		
[ ] Wave 1	[ ] Wave 2	[ ] Wave 3	[ ] Wave 4
[ ] Wave 5	[ ] Wave 6	[ ] Wave 7	

2.6 Has the primary applicant applied for USAID Local Organizations Network (LON) project in the past?		
[ ] Yes	[ ] No	[ ] Don't Know what is LON
2.5f If Yes, what's outcome?		
[ ] eligible but not selected	[ ] eligible and selected	[ ] not eligible

2.6 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 / UNOPS. 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 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	Budget Allocation (USD)

2.7 Applicant Contact Information	Contact 1	Contact 2
Gender	[ ] M [ ] F	[ ] M [ ] F
First Name		
Last Name		
Organization		
Title at Organization		
Role on Proposal		
Country of Residence		
E-mail		
Alternate E-mail		
Phone Number		

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

Section 3 – Proposal Summary

3.1 Project Title	

3.2 Proposed Country of Work	

3.3 Project Category and Area of Focus

Unlike previous Waves for TB REACH, Wave 8 includes only a single category. Please confirm below that your proposal fits into this category.

[ ] Improving detection, linkage to treatment and reporting of TB: Engaging the private healthcare provider (Concept Note)

Note that other approaches will not be accepted for Wave 8.

3.4 Project Type*

Select one Project Type. This will have implications for your expected scope of work and budget. Please read the Wave 8 Grants Framework note for more information.

Important Note: Your will be asked of different set of questions based on your selection of the Type.

[ ] Type 1: Small Track / Proof of Concept (USD 100,000 – 400,000)

[ ] Type 2: Implementation and Documenting Scalability (USD 300,000 – 1,000,000)

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 TB case finding and quality care for patients accessing care with private providers. This should be expanded upon in the Proposal Narrative section.

Maximum 2000 characters (with spaces)

Section 4 – Proposal Narrative

4.1 Background & Problem Statement

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

1. Geographic and demographic characteristics.

2. The TB epidemiology, including numbers of people diagnosed with TB, started on treatment, and successfully treated.

3. The general care-seeking behaviours and pathways in your project area(s), including how people are accessing private services in comparison to public facilities.

4. The types and the numbers of TB care providers (public and private) in your project area(s).

5. Proportion of people with TB that are notified by the private care providers.

6. Any barriers or opportunities for improving notifications.

7. PPE coverage and models already in the country of work and current private sector engagement strategies (if any) in your project areas.

8. A description of policies related to the availability of TB drugs in the private sector as well as any mandatory notification laws.

9. The main areas that need to be addressed to improve treatment adherence and outcomes

Maximum 3,000 characters (with spaces)

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.

2. Proposed intervention/activities to achieve your goals and objectives
   a. Who will carry out interventions?
   b. The numbers and types of providers to be
   c. The overall model used by the project to engage private healthcare providers, including the role that each provider will be expected to undertake (refer to this concept note when describing your model)
   d. How providers engaged in the project will access lab services and drug supplies
   e. How the project will support treatment adherence and completion
   f. How you will link providers to existing NTP reporting processes

3. A timeline for establishing the model, reaching full implementation within the project area, and advocating for and sourcing ongoing funding

Maximum 4,000 characters (with spaces)

All Type 1 applications only

4.3 How is your proposed intervention innovative?

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

Maximum 1,000 characters (with spaces)

All Type 2 applications only

4.3 Demonstrated Impact of Project Approach

In order to be qualified as a Type 2 project, there should be sufficient evidence that the proposed approach(es) are effective in improving TB case detection or treatment outcomes 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 TB REACH grant, please describe their impact (additional notifications and percent change from baseline)
- If not funded by TB REACH in the past, please also include a list of references where population-level impact has been described

Also describe the lessons learned from that initial investment.

Maximum 1,500 characters (with spaces)

4.4 Private provider engagement standard tables

Please fill out the following three tables:

Table 1: Task Mix

For each cell in Table 1, write "Yes" if the specified provider type will be providing that service in your PPE intervention, "No" if they will engaged by the project but not for that specific service, and "NA" where such providers will not be engaged by the project.

Task title/ Provider Type	1. Informal private provider/facilities (e.g. traditional healers, unqualified medical practitioners, non-allopathic practitioners)	2. Private Pharmacies, drug stores	3. Private formal providers (e.g. GP, chest specialist)	4. Private Labs	5. Private formal facilities (e.g. private hospital, multi-provider clinics)	6. Others
Refer (identify and refer symptomatics)						
Diagnose (identify symptomatics, request and						

interpret diagnostic tests and prescribe treatment)					
Treat (periodically check on patient progress and re-supply drugs)					
Follow-up (adherence monitoring, and recording and reporting)					

If you used the category "others" above, please specify the exact provider type(s) that you are including in that category:

Table 2: Target setting

For each provider type listed in Table 1, identify the numbers present, currently engaged, and those to be newly engaged by the proposed TB REACH project.

A: Type of private providers or facility	B: Total number of that type of provider or facility in the implementing geography	C: Number of that type of provider currently engaged (if available)	D: Target number of additional providers or facilities to engage	E: Number of TB patients that each currently engaged provider or facility notifies in a year[a]	F: Target number of TB patients for project to notify yearly (D x E)
1. Informal private provider/facilities					
2. Private Pharmacies, drug stores					
3. Private formal providers					
4. Private Labs					
5. Private formal facilities					

6. Others				
Total				

ªIf there is not yet any provider engagement, provide an estimate of the possible TB yield per provider, and provide some brief, simple basis for making that estimate below.

Table 3: HR requirements

Estimate the number of staff required for private provider engagement:

A: Staff title	B: Role&	C: Target # of providers to be engage in the model	D: # of providers that can be engaged by one staff member	E: Estimated No of staff required (C/D)	F: Average expected Salary	Total HR cost (E*F)

&Such as provider engagement, sample collection, project management, recording and reporting, supervision of field work, logistics management and patient adherence support

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 case finding activities by January 2021 at the latest.

Please describe your organization's history with private provider engagement programs, including establishing and maintaining relationships with private providers, your understanding of the financial feedback networks in the private sector, and outcomes and learnings from past projects.

Make sure to include the organization's number of years operating in the country; technical areas of implementation; current number of 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 from provincial/state, or national TB program

Indicate if you have a letter of support from provincial/ state or national TB program. Applicants are required to submit a letter of support.

[ ] 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 Audited Income in USD
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**

6.2 Primary Applicant's Audited Income in USD
Enter the income figure from the uploaded audit report.

6.3 Proposed Budget and Categories		**Budget in USD**
• *Applicants total budget request cannot in excess of 5 times their annual budget, which should be clearly stated in the uploaded financial audit statement.* • *The maximum amount of funding you can request also depends on the Project Type for which you are applying.*		
1	Human resources (max 15% of total budget)	
2	Activities	
3	Project-related travel (include participation in TB REACH grantee meetings 2020)	
4	Funds withheld at source for procurement of supplies from GDF (for example GeneXpert)	
5	Procurement of medical items	
6	Procurement of non-medical items	
7	IT, communications, and results dissemination	
8	Operational research (max 10% of total budget)	
9	Direct program support (max 12% of total budget)	
10	Institutional capacity building (max 10% of total budget)	
11	External monitoring and evaluation *This value is set by TB REACH and withheld at source*	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, 9 and 10.

Please note that budget category 10 (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 Type 2 projects.

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

Note that Type 2 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, 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)

Only Appear if Budget Category 4 is not 0

6.7 Request for central procurement from the Global Drug Facility (GDF)

Upon request, TB REACH can centrally procure diagnostic supplies from GDF on behalf of funded grantees. This will require the amount in the Budget Category 4 be withheld by TB REACH to be paid to the supplier directly, instead of disbursing to grantees as grant payment. Central procurement services through TB REACH only cover product costs, international freight, and insurance costs. Customs clearance, import duty, domestic transportation, and insurance will be paid by the grantee in country and must be budgeted in the Budget Category 5.

Please indicate if you plan to procure supplies through GDF

[ ] procure internally   [ ] request TB REACH to procure centrally from GDF

6.8 Detailed Budget Upload

Please use the detailed budget template in Excel format. Once completed, please upload in the Supporting Documents area on the Home Page. If your budget is in local currency, you must include the exchange rate used and an extra column containing the USD equivalent for each budget line. All applicants should use the 11 main budget categories and add sub-line items underneath.

The naming convention for the budget details must be as follows:
Application ID#_budget_details.xlsx
Example: 1295_ budget_details.xlsx

Section 7 – Implementation, Sustainability, and Scale-Up

TB REACH provides short-term, fast-track funding for projects. The 'Transition to Scale Up' grants framework places strong importance on a project's ability to access other funding sources after TB REACH's investment. In this Section, you will be asked to describe your plans for quickly implementing, sustaining, and scaling-up your intervention.

For Type 2 Proposals
7.1 Experience in Scaling-up Projects   Has your organization taken a pilot project to a provincial, state, or national scale in the country?
[ ] Yes   [ ] No   [ ] Don't Know / Refuse
7.2 If Yes, describe the project(s) and your experiences and lessons learned scaling up services?   *Maximum 2,000 characters (with spaces)*

7.3 Describe your long-term vision for the activities in this proposal.   This should be a brief narrative description of how you expect to move from pilot, to scale-up, to sustainability of this project and your plans of post-TB REACH funding (see the 'Transition to Scale Up' grants framework). Be sure to state how and when you would advocate for other funding to continue the proposed work and to which funders (government, private sector and/or donor agency) you will approach to support the project.   Please not that a plan of applying for additional TB REACH funding is not a long-term vision for sustainability.   *Maximum 1,500 characters (with spaces)*

7.4 Does the country where activities will be implemented already have a PPM action plan or PPE activities included in the NSP and/or in the Global Fund grant or application?
[ ] Yes   [ ] No   [ ] Don't Know / Refuse
7.4a If Yes, describe the existing national PPE activities and how your proposed activities are linked to or complementary to these plans and activities.   *Maximum 1,500 characters (with spaces)*

Section 8 – Monitoring and Evaluation

TB REACH awarded projects will undergo extensive monitoring and evaluation (M&E) to determine project impact. In this section you will describe your proposed evaluation (intervention) and control areas and your process indicators. For more information on M&E process, refer to TB REACH M&E information note and Key Definitions.

8.1 Evaluation and Control Areas

Please briefly describe your proposed evaluation and control areas, including:

1. A description of the geographic, population, and demographic characteristics.

2. An explanation on why these were selected as evaluation (intervention) or control areas, particularly how it is comparable to the intervention area.

If your project does not propose a control area, please use the space to explain why.

Maximum 2,000 characters (with spaces)

8.2 Process Indicators

Please enter summary process indicator for all your interventions/strategies combined.

Indicator	Target	Assumption
Number of people screened		
Number of people with presumptive TB		
Number of people tested		
Number of people with Bac+ TB	B	
Number of people diagosed with All Forms TB	AF	
Number of Bac+ TB patients started on treatment		
Number of All Forms TB patients started on treatment		
Number of Bac+ TB patients successfully treated		
Number of All Forms TB patients successfully treated		
Cost per Bac+ TB detected (USD)	Total budget S6/B	Auto-calculated
Cost per all forms TB detected (USD)	Total budget S6/AF	Auto-calculated

8.3 Estimated Impact
Enter data in this table about your evaluation and control areas to estimate the impact of your case detection intervention**.** It is very important to set realistic and achievable targets which are supported by the scale of your planned interventions, the selection of the target population and your process indicator targets from Part A.

If you are conducting an intervention that includes preventative treatment, please use this table with historical data on preventative treatment initiation. You may upload excel files separately as well.

Please note, projects will not have to estimate case detection in the control area during the application phase but will be expected to monitor and track enrolment and outcomes during grant implementation.

For guidance on choosing your evaluation and control areas, please refer to TB REACH M&E information note and Key Definitions.

	Evaluation Area
Population size	Y
Number of BMUs/reporting sites in 2018	
Actual Baseline Period Notifications for above BMUs	
# of New Bac+ notifications in 2018	A
New Bac+ notification rate (auto calculated field)	(A/Y)*100000
# of All Forms notifications in 2018	B
All Forms notification rate (auto calculated field)	(B/Y)*100000
Estimated Intervention Period Notifications for above BMUs	
Please Note: Your estimated notifications during the intervention period should be the 2017 baseline notifications you entered above PLUS your estimated gains (additional notifications). DO NOT enter only your estimated additional notifications.	
Estimated # of New Bac+ notifications during the intervention period	C
Estimated New Bac+ notification rate (auto calculated field)	(C/Y)*100000
Estimated # of All Forms notifications during the intervention period	D
Estimated All Forms notification rate (auto calculated field)	(D/Y)*100000
Target Impact / Gains	
If your '% change from baseline' calculation is negative: the 'estimated intervention period notifications' you entered are less than the 'actual baseline period notifications'. The below calculations should always be positive (corresponding to gains).	
# of additional New Bac+ notifications (auto calculated field)	C-A
% change from baseline (auto calculated field)	((C/A)-1)*100 %
# of additional All Forms notifications (auto calculated field)	D-B
% change from baseline (auto calculated field)	((D/B)-1)*100 %

8.4 Provide a narrative explanation of the data which were entered into the above table here.

Maximum 2000 characters (with spaces)

Section 9 – Operational Research

This section is intended for applicants who plan to include operational research as part of their proposal and are planning to dedicate a portion of their budget to this activity. Please note, TB REACH does not consider the analysis and publishing of project and NTP data as operational research, as this should be considered part of the project's evaluation plan.

9.1 Clearly state your research question(s) and describe how these studies will be conducted within your project.

Maximum 1,500 characters (with spaces)

9.2 Will your operational research need separate ethical approval(s)? If yes, please describe from which institutions the ethical approval(s) will be granted and your plans to rapidly get these approvals (within the TB REACH grant period). If no, is approval for this dedicated operational research included in the IRB/IEC received for the overall project?
Please Note: TB REACH reserves the right to review copies of all IRB/IEC approvals for human subjects.

Maximum 500 characters (with spaces)

9.3 Describe major cost drivers for this operational research and how they relate to planned activities.

Maximum 1,000 characters (with spaces)

Section 10 – Supporting Documents

Several supporting documents are required (see below list). If any of these documents are missing, the status of this Section will show as incomplete. You will need to return to the application home page and upload the supporting documents in the Supporting Documents area. If you are unable to provide any of these documents, you may use the below text field to describe the reasons why.

- Financial audit report
- Registration certificate
- NTP letter of support
- Letters or Documentation of Co-Financing
- Detailed budget