



Center for Health Policies and Studies (PAS Center) is announcing an open Call for Proposals for small grants within the multicountry Program “Advancing People-Centered Quality TB Care – From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes”

PAS Center is inviting interested civil society organizations and their consortiums to apply for the call for requesting for 3 types of small grants:

1. Small grant type 1: Collect evidence on barriers to finding people with TB who are missed by national programs and who delay access to care

Budget: up to 30,000 USD for an implementation period up to 9 months

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Moldova, Tajikistan, Turkmenistan and Uzbekistan

Implementation period: 01.04.2019 - 31.12.2019

Only 4 most successful applications will be selected!

2. Small grant type 2: Advocate to bridge the gap between civil society and the health services to ensure quality people-centered TB care

Budget: up to 34,000 USD for an implementation period up to 12 months

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Implementation period: 01.04.2019 - 31.03.2020

3 to 4 most successful applications will be selected!

3. Small grant type 3: Implement community-based innovative tools

Budget: up to 34,000 USD for an implementation period up to 12 months

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Implementation period: 01.04.2019 - 31.03.2020

3 to 4 most successful applications will be selected!

The deadline for proposals submission is March 15, 2019.

The same CSO can apply for one or more types of the announced grants.

More information regarding selection process is included in the sections below.

The Call for Proposals is announced under the multicountry Program “Advancing People-Centered Quality TB Care – From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes”, operating in Eastern Europe and Central Asia (EECA), funded by Global Fund to Fight AIDS, Tuberculosis and Malaria and implemented by Center PAS as Principal Recipient.

The competition will support country-level civil society organizations, including TB affected communities organizations, (hereinafter referred to as CSO) from the above mentioned 11 countries, whose initiatives are aimed at helping to reduce stigma and discrimination of people who have experienced tuberculosis as a barrier to access and use of health and social care services, and advocate for integration of patient support package into the current model of care and/or implementing community-based innovative tools.

The application and supportive documents should be submitted by e-mail not later than by March 15, 2019, 23:59 CET, at the address cristina.celan@pas.md with copy to svetlana.nicolaescu@pas.md.

Questions regarding the call for proposals could be submitted at the same email addresses, until February 28, 2019.

Funding under this Call for Proposals is conditional on successful applicants entering into a Grant Agreement with Center for Health Policies and Studies. The Grant Agreement will contain details about eligible expenses, reporting, donor requirements and other obligations that successful applicant must adhere to.

List of abbreviations

CCM – Country Coordination Mechanism

CET – Central Europe time

CSO – Civil society organization

DR-TB – drug-resistant tuberculosis

EECA – Eastern Europe and Central Asia

GF – the Global Fund to fight AIDS, Tuberculosis and Malaria

GTBC - Global TB Caucus

KP – Key population

LEA - Legal environment assessment

NTP – National TB Control Programme

PAS Center – Center for Health Policies and Studies

PR - Principal Recipient

TB - tuberculosis

TBEC - TB Europe Coalition

TB-REP – TB Regional EECA Project on Strengthening Health Systems for Effective TB and DR-TB control

TB-REP 2.0 - Multycountry Program “Advancing People-Centered Quality TB Care – From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes”

WHO - World Health Organization

WHO/Europe - World Health Organization European Region

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1 Background and overview of the multicounty Project

Tuberculosis (TB) burden increased dramatically during the 1990s due to re-emergence of TB in Eastern Europe and Central Asia (EECA) after the breakdown of the Soviet Union, with the highest burden being placed on the eleven countries targeted by the program - Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Although there has been a decreasing trend since 2012, the TB burden in the program countries remains high compared to other countries of the World Health Organization European Region (WHO/Europe) ranging from 36 per 100,000 in Armenia to 144 per 100,000 (2017) in Kyrgyzstan.

The challenge to find people with TB who are missed by the national programs remains important for the project countries. While visible improvements in bridging this gap have been documented compared to the early 2000s, an estimated 23,222 incident TB cases were not detected in 2017, which account for around 20% of the estimated number.

The following key gaps and bottlenecks in provision of TB prevention and care have been identified in the program countries:

- Limitations in early detection and sustainable access to rapid and full diagnosis of DR-TB;
- Limitations in access to appropriate treatment for DR-TB;
- Outdated and/or not-comprehensive lists of the population at high-risk of TB disease in the countries, which do not allow to focus the active finding strategies within the key and most vulnerable population groups;
- Insufficient systems for patient support and follow-up;
- Lack of TB community, human rights and gender-transformative interventions.

Based on previous experience, lessons learned of the implementation of the regional TB-REP program designed to contribute to strengthening health systems' responses to TB in the longer term, and in response to the above described challenges, the Center for Health Policies and Studies (PAS Center) together with the World Health Organization Regional Office for Europe (WHO/Europe) and partners TB Europe Coalition (TBEC), TB People and Global TB Caucus (GTBC) have designed the current grant to advance towards people-centered approaches ensuring provision of quality TB and DR-TB care and prevention in EECA.

The overall goal of the program is to foster timely TB case detection and improved treatment outcomes in patients with special emphasis on drug-resistant TB, in eleven Eastern European and Central Asian countries through meaningful involvement of communities and civil society and integrated people-centered TB care delivery systems able to address the needs of key and vulnerable populations.

The program incorporates the full spectrum of DR-TB prevention and care issues, including performance of TB services and inter-sectoral approaches to DR-TB with special attention to the needs of key populations and promotion of people-centered approaches. The program targets health systems through support to improving quality and strengthening people-centered approaches in TB care delivery and building environments for universal health coverage and other key dimensions of the reforms. It also addresses sustainable community system strengthening through support of local civil society organizations, aiming at institutional capacity building, planning, leadership, community monitoring and advocacy.

The chosen priorities are also in full alignment with global and regional frameworks, including WHO End TB Strategy 2016-2035, STOP TB Global Plan to End TB 2016-2020, Tuberculosis Action Plan for the WHO European Region 2016-2020, commitments taken by

the countries through signing Moscow Declaration and Political Declaration resulted from UN High-level meeting on TB, which took place on Sept. 26, 2018.

Program interventions are structured around two main objectives:

1. To ensure full engagement of communities and civil society in TB prevention and care for improving TB and DR-TB case detection and patient care outcomes;
2. To strengthen health systems to enable integrated people-centered TB and DR-TB care delivery systems for meeting challenges and addressing the needs of key populations.

2 Call for Proposals: Countries, Activities, Eligibility and Grant Amount

The call for proposals is announced under the Objective 1 of the Project “To ensure full engagement of communities and civil society in TB prevention and care for improving TB and DR-TB case detection and patient care outcomes”.

Three types of grants are available as follows:

2.1 Small grant type 1: Collect evidence on barriers through rollout of: (1) gender assessments, (2) legal environment assessments, (3) data for key populations, (4) stigma assessment standardized tools

Implementation period: 01.04.2019 – 31.12.2019

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Moldova, Tajikistan, Turkmenistan, Uzbekistan

Available funding: up to 30,000 USD per grant, 4 grants in 4 countries will be awarded.

2.1.1 Scope of the proposal

The CSOs are invited to submit proposals that will address the following gaps in its country:

- Lower than target TB case detection caused by existing barriers for access and use of health care services related to human rights, gender and stigma as well as structural barriers of the outdated lists of the most at risk populations for active TB disease.
- Large variations of male/female ratios in case-notification by gender and age.
- Not routinely available data for key and vulnerable populations for TB.

In order to collect evidence on barriers contributing to delayed care and people with TB not being identified on time (including human rights, gender, stigma and discrimination), country-level CSO will apply and adapt as per the countries' context the standardized tools developed by Stop TB Partnership to document evidence on legal environment assessment (LEA), gender assessment and data for action tool for key and vulnerable population; as well as stigma barriers. It is expected that the selected CSO will ensure a multi-stakeholder process for reaching the consensus of the major findings, resulted from assessments and will conduct the assessment in collaboration with NTP, other relevant decision-making government bodies and TB affected communities.

There are several complementary activities, which will contribute to the same scope, but are beyond direct responsibility of the CSO to be selected under this call for proposal.

Specifically, the assessment will be supported by international technical consultants who will be selected and contracted on competitive basis directly by the PAS Center. Results of the assessment will be compiled in a comprehensive regional analysis covering several Project countries, which conducted/will be conducting similar exercise. The findings of the assessment will be used as well to tailor and inform a number of interlinked Project activities, including the small grants program for CSO in the same country starting with Year 2 of the Project to remove the identified barriers.

2.1.2 Objectives

The selected CSO will have the following major areas of responsibilities and tasks:

- organization of national consultations, involving the national stakeholders to identify the country priorities on LEA, gender assessment and data for KP and stigma barriers;
- support to in-country visits of the international technical consultants;
- adjusting the existing tools to be applied in the country context;
- design, plan and implement the assessment;
- conduct data collection and data analysis;
- organize validation workshop with national stakeholders;
- preparation of the draft assessment report;
- develop recommendations based on the findings;
- perform additional tasks required to ensure conducting the assessment and in line with the respective Project activity, particularly ensuring the follow up advocacy on the implementation of the recommendations.

It is also expected that the selected CSO will work closely with the selected international technical consultants and relevant specialists at the country level.

The selected CSO will enter in contractual arrangements with the Principal Recipient (PR) and closely work also with PR project partners (WHO, TBEC, TB People, TB Caucus). The CSO will consult regularly with PR and relevant partners as required.

2.1.3 Eligibility

The application must demonstrate that the applicant organization has experience in implementing projects similar to this, in terms of the content of the activity, complexity, and duration.

- Official registration in the country of project implementation, as non-governmental, non-commercial entity.
- Qualifications and experience for which the applicant organization must provide information on all types of relevant activities over the past 3 years:
 - prior experience in operational research, particularly conducting community assessments and other types of analysis relevant to the scope of work;
 - experience in data collection and analysis,
 - proven experience in engaging multi-stakeholders' teams in participatory processes at the national level and advocacy activities,

- documented successful experience in the area of community, rights and gender at the local and / or national levels
- demonstrated experience of engagement with the civil society and communities' organizations representing key and vulnerable populations.
- Availability of necessary capacity for project implementation.

Representing an organization of communities affected by TB will be an asset. Applications from consortia of organizations also will be considered.

2.2 Small grant type 2: Advocate to bridge the gap between civil society and the health services to ensure quality people-centered TB care

Implementation period: 01.04.2019 – 31.03.2020

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Available funding: up to 34,000 USD per grant, 3 to 4 grants in 3 to 4 countries will be awarded.

2.2.1 Scope of the proposal

The CSOs are invited to submit proposals that will address the gaps in coordination between health and, where relevant social services, and CSOs/community organizations, to improve effective referral and psychosocial support services for people with TB within the care continuum from “Cough-to_Cure” in its country. This type of grants aims to advocate for effective coordination between health services, CSOs/community organizations and availability of sustainable resources for CSOs funding for quality people-centered TB care through social contracting.

In close collaboration with TBEC as one of the Project partners, country-level selected CSO will:

- contribute to the country-specific analysis of the environment and approaches on implementation of the social contracting, particularly as it refers to TB care;
- contribute to the review of available good practices for CSOs involvement in finding missing people with TB;
- collect in-countries' good practices of CSOs involvement in psycho-social support service provision and contribute to the development of the TB service package by CSOs/communities;
- lead on development of countries' roadmaps for the improved coordination and referral systems between health/social services and CSOs;
- lead on the development and implementation of the community advocacy plan to ensure necessary changes for more effective social contracting mechanisms for TB services based on the identified gaps and developed roadmaps.

Objectives

The selected CSO will have the following major areas of responsibilities and tasks:

- Bringing the quality people-centered care perspective in the strategic documents development processes, including implementation monitoring frameworks;
- Advocate with national stakeholders for improving patient support services that are necessary to help people with TB to start on and complete their treatment;
- Advocate for social contracting mechanisms, including through cooperation with the Members of Parliament, to ensure psycho-social support by CSOs/community organizations for TB patients at the ambulatory treatment, including advocacy for sustainable models of the patients' incentives to prevent catastrophic costs and ensure treatment adherence;
- Development of the standards for TB patient support, including one provided by CSOs to ensure quality of patient support needed to improve TB care outcomes, and ensuring engagement of civil society in the provision of people-centered TB care;
- Advocacy and demand generation for sustainability of quality and modern TB prevention, diagnostic and treatment approaches and ensured funding beyond Global Fund support.
- Increasing operational role of CSOs and improving interactions between frontline health and social service workers.
- If necessary, information and administrative support for the work of the technical missions to country to be conducted under the Project.
- Other activities that will contribute to the achievement of project objectives.

The work done by the selected CSO and TBEC on the development of the countries roadmaps for effective coordination between health services and CSOs and concept of the civil-society and community-based psycho-social support services will serve as basis for further advocacy in the next two years of the Project implementation. All these activities are ultimately aimed to have the package introduced by the Government as part of TB standard of care.

The selected CSO will enter in contractual arrangements with the Principal Recipient (PR) and closely work also with PR project partners (WHO, TBEC, TB People, TB Caucus).

2.2.2 Eligibility

The application must demonstrate that the applicant organization has experience in implementing projects similar to this, in terms of the content of the activity, complexity, and duration.

- Official registration in the country of project implementation, as non-governmental, non-commercial entity.
- Qualifications and experience for which the applicant organization must provide information on all types of relevant activities over the past 3 years:
 - good understanding of the needs of people with TB, proven through experience in working with TB communities;
 - proven experience in developing, planning and providing psycho-social support interventions through the continuum of TB care from diagnosis to treatment completion, including social re-integration;
 - documented successful experience in the field of advocacy at the local and / or national levels.

- Availability of necessary capacity for project implementation.

Representing a national CSO platform, consortium or network in TB, organizations of communities affected by TB - will be an asset.

2.3 Small grant type 3: Implement community-based innovative tools

Implementation period: 01.04.2019 – 31.03.2020

Eligible countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Available funding: up to 34,000 USD per grant, 3 to 4 grants in 3 to 4 countries will be awarded.

2.3.1 Scope of the proposal

The CSOs are invited to submit proposals that will ensure that TB patients have a strong voice in monitoring quality of care and access to systematic means to report on any possible gaps and opportunities in care provision, in order to ensure provider accountability and demand quality services.

The aim of this type of grants is to enable community organizations to implement the app and promote its use among people undergoing TB treatment. Based on information received, CSOs will produce community monitoring reports.

Existing community-based app developed by Stop TB Partnership (OneImpact) will be rolled-out at the country level by community teams with support by TB People Secretariat. The work will be complementary to the activity on adjusting available application to the country level, which will be conducted through institutional consultancy to be selected and contracted directly by the PAS Center).

2.3.2 Objectives

The selected CSO will have the following major areas of responsibilities and tasks:

- cooperate with international technical consultants in adjusting and designing the app;
- design and implement activities on community-based monitoring using the adjusted app;
- organization of the trainings for people undergoing TB treatment in app use;
- ensure functionality of the app, including feedback loops and community responses;
- produce community monitoring reports and submit to relevant partners;
- develop a mechanism for relevant data to reach out providers and NTPs to take corrective action to improve TB services.
- conduct advocacy and demand generation of quality and modern TB prevention, diagnostic and treatment approaches and funding beyond Global Fund support, based on results of community monitoring.

The selected CSO will enter in contractual arrangements with the Principal Recipient (PR) and closely work also with PR project partners (WHO, TBEC, TB People, TB Caucus).

2.3.3 Eligibility

The application must demonstrate that the applicant organization has experience in implementing projects similar to this, in terms of the content of the activity, complexity, and duration.

- Official registration in the country of project implementation.
- Qualifications and experience for which the applicant organization must provide information on all types of relevant activities over the past 3 years:
 - experience in designing and implementing community programmes;
 - proven experience in training delivery to the communities, operational research, analytical report writing;
 - experience in cooperating with governmental stakeholders;
 - good understanding of digital technologies in support of quality TB care.
- Availability of necessary capacity for project implementation.

Representing an organization of communities affected by TB will be an asset. Applications from consortia of organizations also will be considered.

3 Selection process

The grants will be awarded under 3 small grants types, the total number of grants being 11 – one grant per Project country. The CSO organizations are invited to submit proposals for at least one type of grant mentioned above, but not limited to. Only one grant per country will be selected for one of the three available types. In case there will be more than one strong proposals from one country, consultations with the national stakeholders will be organized, in order to identify the priority area of focus.

3.1 Applications documents

Applicants are required to submit the following documents:

1. Filled application form (format provided in Annex 1).
2. Detailed activity plan (format provided in Annex 2).
3. Detailed budget (format provided in Annex 3).
4. Copy of the legal person's registration certificate proving the legal status of the organization with its copies translated into English or Russian if such information is not available in the original certificate.
5. CVs of project staff members.
6. Letters of recommendation, letters of support from NTP, CCM, WHO and National TB civil society/affected communities' platforms are not mandatory, but will be considered as an asset.

At the stage of grant signing the following additional documents:

1. Charter/Articles of Association.
2. Operational Manual containing policies and procedures regulating the activities of organization.
3. Copies of signatures of the staff members authorized to sign financial documents.
4. Results of financial audits for the recent 3 years.

The application and supportive documents should be submitted by e-mail not later than by March 15, 2019, 23:59 CET, at the address cristina.celan@pas.md with copy to svetlana.nicolaescu@pas.md.

Questions regarding the call for proposals could be submitted at the same email addresses, until February 28, 2019.

All the application documents should be saved and sent in an archived folder named as follows: Grant_type_number_Country_Organization. When sending the application, please specify the type of grant you are applying for.

Annex 1: Application form

Annex 2: Work plan

Annex 3: Budget