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List of abbreviations

CCM – Country Coordination Mechanism

CET – Central Europe time

CSO – Civil society organization

CRG – community, rights and gender

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

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

Background and overview of the multicountry Programme

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 TB programs remains important for the programme 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- Outdated and/or not-comprehensive lists of the population at high-risk of TB disease in the countries, which do not allow to focus the active finding strategies within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.

1 Grant for NGOs: Countries, Activities, Eligibility and Grant Amount

The small grant programme is announced under the Objective 1 of the Programme “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”.

One grant up to 60,000 USD will be awarded to one NGO in Armenia that will be selected through an open call for proposals. Recommended share for funding is up to 30% of the amount for activities under Objective 1, 30-35% for activities under Objective 2, 35-40% for activities under Objective 3.

1.1 Small grant for CSO: Address legal, gender, stigma and human rights-related barriers in the TB response to improve timely access of key populations to TB care cascade and contribute to strengthening the approaches in TB care for treatment adherence and better treatment outcomes in Armenia

Implementation period: 01.08.2020 – 31.12.2021

Eligible country: Armenia

Available funding: up to 60,000 USD

Based on the identified country needs the grant shall include activities for the 3 areas below:

1. *Collect evidence on legal, gender, stigma and human rights-related barriers in the TB response through rollout of the integrated tool for CRG assessment (activities cover the period 01.08.2020 – 01.04.2021).*
2. *Remove the identified barriers on legal, gender, stigma and human rights-related aspects in the TB response to improve timely access of key populations to TB care cascade (activities cover the period 01.04.2021 – 31.12.2021).*
3. *Contribute to strengthening the approaches in TB care for treatment adherence and better treatment outcomes (activities cover the period 01.08.2020 – 31.12.2021).*

1.1.1 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 integrated tool 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. Perhaps it is good to acknowledge somehow that the assessment methods will have to take into account the limitations, imposed by covid-19 epidemic and be in line with the covid-19 response measures of Armenia.

The assessment will be supported by international technical consultants who have been selected and contracted on competitive basis directly by the PAS Center.

The findings of the assessment will be used as well to tailor and inform a number of interlinked Project activities, including removal of the identified barriers, starting with April 01, 2021 to December 31, 2021. Activities for this area (area nr. 2) will be developed in 2021, based on identified barriers during the CRG assessment. No activities required to be presented at this stage.

Due to the fact that treatment adherence among TB patients represents one of the major challenges in TB control in Armenia, the third area of focus was proposed by the country stakeholders for CSO involvement. Activities for the 3rd area should be proposed for the period August 2020 to December 31, 2021 to contribute to strengthening the approaches in TB care for treatment adherence and better treatment outcomes in Armenia. The applicant should propose activities in line with the scope of mentioned above and aligned to the country priorities in this regard.

1.1.2 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, stigma and human rights related barriers;
- support to in-country visits of the international technical consultants, in case on-site visits will be organized;
- design, plan and implement the assessment (adjusting the existing tools to be applied in the country context; conduct data collection and data analysis; preparation of the assessment report);
- organize validation workshop with national stakeholders;

- develop recommendations based on the findings and identified barriers, consolidate those in an action plan to remove the identified barriers and implement in practice the action plan;
- integrate the identified gender-sensitive and rights-based approaches into national case finding strategy;
- organize informational campaigns to improve knowledge on TB among KP and general population with the aim to reduce TB stigma;
- advocate for prioritization of active case finding among identified KP;
- implement activities for strengthening the approaches in TB care for treatment adherence and better treatment outcomes;
- perform additional tasks required to ensure smooth implementation of activities and in line with the respective Project activity.

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

The 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.

The CSO will ensure that all project activities are coordinated with the NTP and are in line with country priorities for CSO involvement in improving TB outcomes.

1.1.3 Required experience

The organization should demonstrate 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;
 - prior experience in developing the concept and conducting advocacy and communication activities, relevant to the scope of work;
 - proven experience in developing recommendations to policy changes and successful implementation of those recommendations at the national level;
 - proven experience in promoting and implementing approaches in TB care for treatment adherence and better treatment outcomes.

- 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 Grant awarding process

The CSO organizations are invited to submit proposals that will include in the activities related to all 3 areas requested for focus. Only one grant will be awarded, proposals focusing only on one area of intervention will be disqualified. The grant will be awarded, upon consultation and in close coordination with the national stakeholders active in TB control.

2.1 Accompanying documents

Invited organization is 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. Letter of support from NTP, stressing the actuality of proposed activities in the current country context
7. Letters of recommendation from 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 project proposal and supportive documents should be submitted by e-mail not later than July 10, 2020 23:59 CET, at the address cristina.celan@pas.md with copy to liliana.caraulan@pas.md.

Questions regarding the call for proposals could be submitted at the same email addresses, until July 01, 2020.

All the documents should be saved and sent in an archived folder named as follows:

Country_Organization.

Annex 1: Application form

Annex 2: Work plan

Annex 3: Budget