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## **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

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 - Multicountry 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- Outdated and/or not-comprehensive lists of the population at high-risk of TB disease in the countries, which do not allow to focus the active finding strategies within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 Kazakhstan that will be selected through an open call for proposals.

### ***1.1 Small grant for CSO: Implement community-based innovative tools in Kazakhstan***

**Implementation period:** 01.08.2020 – 31.12.2021

**Eligible country:** Kazakhstan

**Available funding:** up to 60,000 USD

#### *1.1.1 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 grant 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. Community empowerment, engagement and support is essential to ensure people-centered approach of TB care and increase responsiveness of TB services to patients' rights, needs and expectations.

Existing community-based app developed by Stop TB Partnership (OneImpact) and successfully adjusted within TB-REP 2.0 for Azerbaijan, Belarus and Kyrgyzstan, will be adjusted as OneImpact Kazakhstan and rolled-out at the country level by community teams with support by TB People Secretariat. The adjusting of available application to the country level, will be conducted through institutional consultancy selected and contracted directly by the PAS Center.

The proposed digital solution is designed to empower people who have TB by providing information about the disease and available medical and peer support services, possibilities to report on access issues and to connect with each other. To support country in rolling out community based monitoring, the PAS Center will award a grant to enable community organizations to adjust the app to country context, roll it out at regional/national scale and promote its use among people undergoing TB treatment. Based on information received, CSOs will produce community monitoring reports and ensure that

the evidence generated through community based app is reaching and is used by the health system.

### *1.1.2 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;
- organize trainings for people undergoing TB treatment in app use;
- ensure functionality of the app, including feedback loops and community responses;
- generate data to improve local and national TB responses by producing community monitoring reports and submit them regularly to the NTP and other relevant country stakeholders and partners;
- establish a mechanism for data exchange between the implementing CSO and the NTP;
- 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). 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 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.

## **2 Grant awarding process**

The CSOs are invited to submit proposals under the requested small grant type. Only one proposal will be selected for funding. 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](mailto:cristina.celan@pas.md) with copy to [liliana.caraulan@pas.md](mailto: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