



TB REACH

Instructions for filling up TB REACH applications Wave-2

This document provides instructions to applicants for filling out the application form for TB REACH.

The TB REACH application form can be downloaded from the website of the Stop TB Partnership, under the TB REACH page (www.stoptb.org).

Please, carefully read all the sections of the webpage – especially those on the Wave-2.

The form has 7 sections and 2 annexes. All sections of the application form needs to be filled.

Incomplete applications will not be considered and will be screened out by the TB REACH Secretariat.

Multiple applications from one country are accepted.

The application form is a MS Word document and it is preferable that applicants download the form, fill it electronically and email it to tbreach@who.int, with the subject line marked "TB REACH application – name of the applicant".

Only in cases where email is not possible, send by surface mail to the address mentioned on the first page of the application form. Please, ensure that **it is posted well within the deadline** and, that is not arriving at TB REACH later than 1 March 2010.

- **First page of the application form**

On the first page of the application fill in the basic information on the country, the title of the proposed project, name of applicant (organization), total budget requested and the start and closing dates of the proposed project.

The total budget should not exceed 1,000,000 USD.

The duration of the project is one year.

Successful applications that will reach the targets and achieve the proposed outcomes will be considered for continuation of the funding beyond the first year.

- **Section 1**

Section 1a,- fill in the contact details of the applicant (both the director and the focal point for communication). Read the important instructions, including those on 'additionality', 'limited access' and 'poverty pockets'.

Section 1b - provide a summary/ abstract, of the entire proposal in not more than 300 words. Mention here briefly the objective, the interventions, how, where and when will they be implemented, and what are the expected outcomes. This section should provide in a very clear, brief and simple manner the summary of the entire proposal.



In section 1c please tick the appropriate box.

Section 1d - mention whether, or not, you have a "**letter of support**" from the NTP. If yes, you need to attach the '**letter of support**' with the application form. Please note that Annex-1 is the format for this letter of support. In case all efforts were made to obtain the NTP letter and still this was not obtained, an explanatory letter from the applicant should be submitted, together with the proof of the efforts made to obtain the letter (i.e. - e-mail exchanges with the NTP). Please, make sure you allow enough time for the NTP manager and the NTP team to revise, understand and discuss the proposal.

Section 1e is about the eligibility and institutional capacity.

- **1.e.i.** refers to the list of eligible countries and the other eligibility criteria available on the website and in the instructions on the second page of the application form.
- Please note that to be eligible to apply, the target country should be included in the list of **eligible countries for Wave-2 of TB REACH** (downloadable from the TB REACH webpage of the Stop TB Partnership website).
- The applicant must have existing in-country presence (no funding will be provided to set up new project office in-country) and must provide convincing evidence in this section of having capacity to rapidly implement the activities, administer the project and manage the funds.
- **1.e.iii:** In case the applicant is a non-governmental agency/organization, then attach a copy of the registration certificate, the signed audited financial statement for last 3 years and a copy of the approval from national authorities to receive funds from outside the country (if applicable based on national laws). In case the organization is newer than 3 years, then should attach the available statements for one/two years of functioning. In case of both government and non-government agency please provide a description about how the accounts are audited and by what authorities, or agencies.

- **Section 2**

- **2.a.** Please, provide an overview of the TB situation in the country, including notified and estimated number of cases, incidence and mortality. Also briefly describe variations in the TB problem within the country with respect to geographical regions and population characteristics Describe how TB cases are suspected, detected, treated and evaluated, along with a brief description of the health services.
- **2.b.** Please, mention the TB case notification rate per 100,000 population and the annual numbers of TB cases reported under DOTS. As much as possible, provide here the TB case notification data disaggregated by bacteriology results, gender and age group. In addition to national level data, please provide this information for the project/intervention area and the comparator area.
This information, including the disaggregated data for the project and comparator sites, should be available with the national TB programme. Aggregated figures at national level are also available on the WHO website (www.who.int/tb).
- **2.c.** Please, describe in details the target area/population and the bottlenecks and constraints for increasing the TB case detection in that population/area. Please note that the

proposed interventions included in the application should address some or all of these bottlenecks.

In this section also provide the information that is asked on the existing system of diagnosis and treatment of TB cases explaining clearly and concisely how it is organized and delivered.

- **Section 3**

Section 3 is a crucial part of the application for filling up the planned outcomes, interventions, activities, target population and the work-plan.

- **3.a.** Please list and describe the objectives of the proposal and the final outcomes to be reached by achieving the objectives.

Please note that TB REACH is a results based financing mechanism and the results should clearly lead to the detection and treatment of additional TB cases.

One of the key outcomes should be the expected additional TB cases that would be detected and additional cases that would be treated successfully.

Additional cases detected and treated successfully are those that would not have occurred in the absence of the TB REACH project.

This needs to be carefully quantified and mentioned as this will form the basis of determining the cost effectiveness of the interventions proposed and will also be used for monitoring of the project.

- **3.b.1.** Please list and describe the interventions and specific activities that are proposed to achieve the planned outcome.

Please note that the **interventions should include innovative approaches for early and increased case detection.** Interventions already proven to be efficient in detection of additional TB cases in another population, or setting, can also be proposed.

For each intervention explain how and to what extent it is expected to increase case detection.

This description should provide a logic for the targets to be proposed by you in table-5 (M&E section).

Suggested interventions for early and increased TB case detection are listed on the TB REACH website. Additional reading material on interventions are also referenced. Applicants are strongly encouraged to go through the suggested interventions, but additional interventions (outside the list) can also be proposed.

- **3.b.2** Please mention how the additional cases detected will be effectively treated, including the source of drugs, the available system for drugs distribution and for ensuring treatment adherence, etc. Please, describe any foreseen challenges in ensuring proper and continuous treatment of the additional TB cases detected (all TB cases detected should have access to treatment) - especially the lack of anti TB medicines, difficulties to follow up patients and constraints with the human resources. Please, clarify if Global Drug Facility provides anti TB medicines in your project population. Please, mention if the country/region has a drug procurement mechanism linked to Global Drug Facility (GDF)

Please, note that funding for the treatment of drug resistant TB (including the procurement, management and distribution of any second line anti TB drugs) is beyond the scope and mandate of TB REACH.

- **3.c.** Quantify the size of your target population.

Describe your target population in terms of gender, income level, and other demographic characteristics.

Define how the target population is placed with respect to the NTP reporting system / BMU. It is important here to identify the BMUs/districts where the cases detected under this project will be registered and reported in the NTP quarterly reporting system.

- **3.d.** In this section mention the reason why your target population is considered to be vulnerable for TB. Also mention why the population is facing limited access to TB care. Describe the barriers to access referring to the document on "Limited access to TB Services" downloadable from the TB REACH web page. Also, briefly describe how your proposed interventions will reach the vulnerable population and people with limited access who have not been reached so far by existing interventions.

- **3.e.** This section is to be filled up only if your proposal is for a country with per capita GNI more than \$2000 but less than \$3000 (please refer to the list of eligible countries downloadable from the website). In such countries you need to target a population that can be demonstrated as belonging to a "poverty pocket"(please refer to the document on "poverty pockets" downloadable from the TB REACH website). Explain **how** your proposed interventions will reach the populations living in these areas.

- **3.f.** Please fill out the suggested work plan format (Annex 2).

- **3.g.** Please, explain how the proposed activities will be sustained, or scaled-up, beyond the TB REACH project period. Keep in mind that the TB REACH project is a one year project, with a possibility of only a second year of additional funding (if results are delivered as planned). Therefore, it is important to think what actions you will need to do in order to sustain and/or scale up the projects in the future.

- **3.h.** In the Risk Analysis table - list the potential risks to the successful implementation of the interventions and describe the measures that can be taken to mitigate the potential risks.

- **Section 4**

Read carefully the instructions in this section regarding the external and internal M&E.

Please note that an external TB REACH M&E agency will validate the baseline data provided by successful applicants, assist in the external monitoring of the project and review the reports submitted during the implementation. This has no implications for your budgeting!

You need to provide information in this section **ONLY** about your own internal monitoring system, including the recording and reporting related to case detection activities.

- **4.a:** In this section describe the existing NTP system for recording and reporting of TB case detection and treatment outcomes.

Mention at what levels of the NTP structure are TB suspects recorded, TB patients notified in the TB register, and from where the quarterly case finding report originates.

Explain how this system will be used to measure the outcomes of your project and what additional records and reports, if any, will be maintained by you to capture the additional activities and outcomes. Please, state how the TB REACH project records and reports will link into the NTP records and reports, and what will be the system to check and avoid inconsistencies.

It is important not to develop a parallel system and not to duplicate the NTP key registers and the quarterly report system. At the same time it is important to have a system that could effectively monitor the additional activities under your project, including their outcomes.

Please note that the ultimate objective is to improve the case detection of the BMU/district/province/country.

- **4.b:** In order to properly show the additionality of the TB REACH interventions, please, identify a control /comparator - population or area which is not being targeted under this project and which can be used as a comparison when analyzing the outcomes of the TB REACH project. It is important to select this area after careful consideration of the population characteristics and availability of TB control services. Please, consider that the applicant should also have access to the information from the control / comparator area. Historical data can be used in case a comparator area is not available.

- **Section 5**

This section has a table (table-5) that is very important for evaluation of the proposal by the Proposal Review Committee.

For successful applicants this table will be the basis for quantitative monitoring of the project.

Therefore, please take time in filling up this table, review for internal inconsistencies and finalize it.

The table is in the form of an excel file embedded in the application form. To start filling up the table you need to double click any of the white coloured cells. The yellow cells are either headings, or contain formulae to calculate key indicators.

Please fill up only the white coloured cells and do not try to change any yellow or grey coloured cells.

In the first row fill up the name of your organization and the country.

All the other rows of table-5 (white cells) need to be filled by numerical values only.

The row and column headers are self explanatory.

The total budget for intervention is the budget of your proposal **without** the budget lines for overheads, internal monitoring and operational research (if any).

This figure should be same as the figure in table 6b, row "A".

After filling in the table please ensure that prior to leaving the excel sheet and going back into other sections of the application form you scroll back upwards and leave the excel sheet in such a manner that the complete table-5 is visible on the form.

In case the budget per additional new smear positive or bacteriologically positive TB patient successfully treated exceeds \$350 (the last row of table-5), then fill up the section below table 5 to justify the cost.

Do not forget to list the data sources for table-5.

- **Section 6**

- **6.a:** Please describe the major expenses by different cost categories. Please, include at least the following cost categories: activities (specify which activity and the cost), salaries, procurement, in country M&E, overhead costs (including telephone , internet, printing and mailing costs). Please note the description of overhead cost in the application form.

- **6.b:** Please, mention the budget by the objectives proposed (refer to section 3a for objectives and outcomes proposed).

Please note that over-head costs, internal programme monitoring costs and operational research cost can be included, subject to the respective limits mentioned in the application form.

- **6.c:** Provide a detailed break up of budget by activities and cost categories.

- **6.d:** Demonstrate how the proposed funding is additional to the already existing TB control funding in the country and with your organization (from domestic sources and from different external donors).

This section should also state why the existing funding cannot be used for what is being proposed under this project.

- **Section 7**

This needs to be filled only if the proposal includes procurement of goods and services. If this is not the case then please mention "not applicable" here.

Section 7.a. and 7.b. are self explanatory.

At the end of the form please note the reporting requirements.

Annexes

Annex 1- is required only in case the applicant is a not a National TB Programme. This is a suggested format, but if the NTP wishes to write a more elaborate letter that is fine.

Please ensure that the NTP support letter is made only after the NTP has reviewed your complete proposal.

The letter should not only communicate the NTP's support, but also its role in the project. This letter is important for smooth implementation of the project and for sustainability of the interventions beyond the TB REACH project period.

Annex 2 – the workplan - needs to be filled up for all proposals – by clearly including what activities should be done under each objective, the quantitative and verifiable outcomes of each of the activities and the timeline.

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