



KENYA INNOVATION CHALLENGE TB FUND

TO FIND THE MISSING PEOPLE WITH TB

Global Fund Tuberculosis Project

Issue Date: **Monday, 27 August 2018**

Deadline for questions and clarifications: **Monday, 3 September 2018**

Closing Date & Time: **Monday, 17 September 2018 at 12:00 midnight**

Subject: **Call for proposals for the Global Fund Tuberculosis project; Tender No. 27/08/2018/006**

Background

Amref Health Africa in Kenya is the non-state Principal Recipient (PR) for the 2018 to 2021 Global Fund (GF) Tuberculosis (TB) grant for Kenya.

The Ministry of Health, through the National Tuberculosis Program (NTP) in collaboration with Amref Health Africa in Kenya, has embarked on a mission to redesign TB control strategies in the country. One of these strategies targeting local contexts, is the Kenya Innovation Challenge TB Fund (KIC-TB).

Project description

Kenya Innovation Challenge TB Fund (KIC-TB) is an exceptional opportunity for organisations/groups working with communities in Kenya to show case how innovative and impactful they can be in the national fight against TB. Emphasis is on finding missing people with TB using innovative strategies that are specific to issues identified in local settings.

This strategy will complement the country's efforts to motivate and engage key stakeholders to find the missing people with TB in the community.

Key areas of focus and objectives

The goal of the KIC-TB fund is to find missing people with TB in the communities and link them to TB diagnosis and treatment services through innovative strategies.

The prevalence survey demonstrated that 67% of the people with TB symptoms did not seek care because they did not perceive that their symptoms were severe enough to seek medical attention. As such, the key focus is to create demand to ensure that these people are identified and linked to facilities for prompt diagnosis and treatment.



The objectives of the KIC-TB fund are:

1. To identify and screen the target populations for TB in the community.
2. To refer those with TB symptoms from the communities for diagnosis in the health facilities.
3. To strengthen social accountability and linkages between communities and health facilities.
4. To ensure correct documentation and prompt notification of those diagnosed with TB.

Key target population

The target groups for these interventions will be key populations for TB defined as people who are vulnerable, underserved and at-risk of TB illness. The National TB Prevalence survey identified key populations that were found to have a greater burden of TB than the general population as:

- Men
- Women > 65 years old
- Age-group 25-34 years
- People living in urban slums.

In addition to the above populations, the TB programme has also prioritised the following as special populations that require considerable attention in TB prevention and control:

- Children
- Health care workers,
- Refugees
- People Living with HIV
- People living or working in congregate settings
- People who are undernourished
- Contacts of TB patients other than household members
- Migrant/mobile populations
- Any other county-based populations that have a high burden of TB and are underserved.

Rationale for KIC-TB

Kenya is classified as a high burden country for Tuberculosis (TB), TB/HIV and Multi drug resistant (MDR) TB (WHO Global TB report 2017). TB is the 4th leading cause of death in Kenya. The National TB Prevalence survey (2016) found that about 50% of the country's estimated people with TB are currently missed by public health services.

Research has shown that any person who is ill with TB and not yet on treatment can infect between 10 and 15 people in close contact within a single year, thus posing a challenge in TB control. While there exists a strategy of linking the community to the health system in Kenya, there are a number of gaps in coverage limiting the effectiveness of TB case finding interventions at community level.

This initiative is funded by the Global Fund under the strategic initiative designed to inspire innovation and ambitious, evidence-based programming approaches, in order to maximise impact in specific strategic priority areas.

The objective is to address specific barriers to finding the missing people with TB, develop innovative approaches to accelerate case finding and scale up tools and approaches that have worked well. It targets to increase TB case notification by diagnosing 1.5 million additional people with TB by end of 2019 compared to 2015 in 13 priority countries.

Scope and eligible organisations

The organisations eligible to apply include: **Community Based Organisations, Non-Governmental Organisations, self-help groups, Faith-Based Organisations, professional associations, academic and research institutions, innovation hubs, social enterprises or private sector organisations.**

Innovations can be proposed for any of the 47 counties. Each innovation has a budget ceiling of **US\$ 200,000** for the entire implementation period of two years. A maximum of 10 innovations will be awarded in the entire country subject to availability of funds.

Application process

The application process is in two stages. Eligible organisations are required to submit a three page concept note briefly describing the organisation's capacity to implement and proposed innovation(s).

These will be evaluated by an Independent Review Panel (IRP) to check for mandatory requirements and soundness of the proposed innovation.

Successful organisations will be invited to defend the innovative ideas in their concept notes through a presentation to the IRP. Only organisations that pass this stage will graduate to the second phase which is submission of detailed proposals. Information on submission of detailed proposal will be communicated directly to the organisations that qualify to the second phase.

Mandatory requirements

Organisations **MUST** submit the following mandatory documents with their applications:

Stage 1: Concept note

1. Copy of valid (*not expired*) organisation's registration certificate
2. Signed and stamped letter of recommendation specific for this application from County Director of Health from each of the proposed county/counties of implementation.

Stage 2: Detailed proposal

1. **Valid Tax Compliance Certificate** – must be verifiable on the Kenya Revenue Authority website and not expired. Note that all organisations must attach this certificate irrespective of whether tax exempt or not.
2. Certified bank statements for **May, June and July 2018**.
3. Valid copy of last two consecutive audit reports or return to NGO's board or financial report to relevant government body as applicable.

Other requirements

In addition to the three mandatory requirements mentioned above to be submitted with the detailed proposal, organisations are also required to submit the following:

1. Current organisation's constitution or its equivalent.
2. Governance and management structure of the organisation (*organogram*).
3. Two latest board meeting minutes (*2017- 2018 only*).
4. Finance and Human Resource policy manuals.





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Global Fund Tuberculosis Project Application Form

Form 'A'

For official use ONLY

Unique Code:

Instructions

This application form is to be filled by organisations applying to be considered to implement the Kenya Innovation Challenge TB Fund under Amref Health Africa in Kenya, Global Fund Tuberculosis (TB) project 2018 – 2021.

The information provided in this application will be treated confidentially and only used to assess your organisation's capacity to implement the proposed intervention.

All information provided will be verified.

Note that provision of any false information will lead to automatic disqualification of your application. (*Remember to respond to all questions as accurately as possible, observe the page limits, fill in the declaration form and attach the two mandatory documents*).

Organisations proposing to implement in more than one county must submit different applications for each of the proposed counties

All the answers must be TYPED and not handwritten to facilitate timely processing of the application. Do not delete the question.

- Font size: **12 point, unreduced, Times New Roman;**
- Spacing of **1.15**
- Page margin size: **2cm all round.**



SECTION 1: ORGANISATION DETAILS

Name of Organisation:

Type of Organisation (*Tick as appropriate*):

1. Non-Governmental Organisation / ☐ /
2. Community-Based Organisation / ☐ /
3. Faith-Based Organisation / ☐ /
4. Self Help Group / ☐ /
5. Professional Associations / ☐ /
6. Other (*specify*):

Contact details of the organisation

Provide contact information for your organisation in the table below:

1	Full name	
2	Acronym (Where applicable)	
3	Postal address	
4	Telephone Number	
5	E-mail Address	
6	Name of key contact person	
7	Position of key contact person	
8	Telephone number and email address of the key contact person	
9	Organisation registration Number	
10	Year of registration	
11	Physical location of head office	
12	Physical location of branch offices (if any) Office 1	Town:
		Building:
		Street:
		Nearest Landmark/street:
	Physical location of branch offices (if any) Office 2	Town:
		Building:
		Street:
		Nearest Landmark/street:
13	Proposed county of implementation	
14	List all targeted sub counties	

If you have more than two offices, please attach a separate list.

SECTION 2: **CONCEPT NOTE**

This section should be a maximum of three pages

1. Background (*1/4 page*)

- a. Background of the organisation.
- b. Local presence of the organisation in the proposed county of implementation.
- c. Experience implementing health related projects.

2. Problem statement (*1/4 page*)

- a. What is the target population?
- b. What gaps/problem do you seek to address?
- c. What is the magnitude of the problem?

3. Proposed intervention (*1/2 page*)

- a. Brief description of the proposed intervention
- b. Describe what is new/ different/ innovative/unique in the approach or the idea in the following areas:
 - Identification and screening of the target populations
 - Referral of people with TB symptoms from the communities for diagnosis in the health facilities
 - Strengthening social accountability and linkages between communities and health facilities
 - Ensuring correct documentation and prompt notification of people diagnosed with TB.

4. Justification (*1/8 page*)

- a. Why is the selected target population a priority?
- b. Why is this intervention appropriate to address the identified gaps related to finding missing people with TB?
- c. Why is the intervention important for the proposed area?

5. Objectives of the intervention (list specific objectives that you will be working towards which must be in line with the overall objectives of KIC-TB) (*1/8 page*)

6. Implementation strategy: How will the proposed intervention(s) be implemented? (*1/2 page*)

- a. How will the target population be reached?
- b. Which stakeholders will be involved and how?
- c. List key activities to be carried out to achieve the objectives

7. Expected outputs from the proposed interventions (*1/8 page*)

- a. Number of people with TB signs and symptoms who were referred to health facilities
- b. Number of people diagnosed with TB and enrolled on treatment

8. Budget estimate in the following broad categories (*1/8 page*)

- a. Direct activity cost.
- b. Programme administration cost.
- c. Monitoring and evaluation cost.

SECTION 3: **DECLARATION**

I confirm that the information provided in this assessment form is a true reflection of the operations and technical capacity of my organisation.

I understand that this is a competitive process.

Name:

Signature:

Date:

Stamp

SECTION 4: **SUBMISSION GUIDELINES**

Applications shall be submitted electronically to **kictb@amref.org** so as to be received on or before **Monday, 17 September 2018 at/or before 12 midnight Nairobi time (00:00 hours)**.

Applications beyond this time will not be considered.

In case of any questions, send an email to **gftbgrant@amref.org** latest by **Monday, 3 September 2018** close of business.

