



Amref Health Africa in Kenya Global Fund Tuberculosis Project

Issue Date: 26th October 2018

Deadline for questions and clarifications: 2nd November 2018

Closing Date & Time: 9th November 2018 at 12:00pm

Subject: Call for proposals for the Global Fund Tuberculosis project; TENDER NO.EOI/AMREF/26/10/2018/009

Background

Amref Health Africa in Kenya is the non-state Principal Recipient (PR) for the Global Fund (GF) Tuberculosis (TB) grant 2018 to 2021 for Kenya. Established in 1957, Amref Health Africa is Africa's largest indigenous health Non-Governmental Organization (NGO) headquartered in Nairobi. Amref Health Africa's vision is ***lasting health change in Africa***, and its mission is ***to increase sustainable health access to communities in Africa through solutions in human resource for health, health services delivery and investments in health.***

Tuberculosis (TB) is a key priority communicable disease and a major public health concern in Kenya. Kenya is classified as a high burden country for TB, TB/HIV and Multi drug resistant (MDR) TB. Tuberculosis is the 4th leading cause of mortality in Kenya. The National TB Prevalence Survey conducted in 2015/2016, found the TB prevalence to be 426/100,000 on all forms of TB (annual estimates of 169,000 cases). This implies that about 50% of TB cases remain undetected annually. TB Prevalence was twice as high in men compared to women and the highest burden was among people aged between 25 and 34 years. In 2017, Kenya notified 577 multidrug resistant TB patients, an increase from 444 in 2016.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) through the 2018- 2021 grant will be supporting the country to implement high impact initiatives that will maximize the impact of its investments to make an even greater contribution

towards the vision of a world free of TB and HIV. Implementation of community TB interventions to find the missing people with TB and ensure they adhere to treatment will be intensified in all the 47 counties.

In consultation with Kenya Coordinating Mechanism (KCM) and Ministry of Health, Amref Health Africa in Kenya is requesting for proposals from eligible Civil Society Organisations (CSOs) that will be sub-granted to implement priority components in 7 target counties. These counties include: **Baringo, Garissa, Lamu, Makueni, Tana River, Taita Taveta and Wajir**. The total budget allocation for each of these counties for January 2019 – June 2021 is: Baringo KES. **8,440,524**, Garissa KES. **9,257,541**, Lamu KES. **3,737,652**, Makueni, KES. **11,363,870**, Tana River KES. **5,108,901**, Taita Taveta KES. **5,789,633** and Wajir KES. **6,150,332**.

Scope of Work

The successful applicant will be required to implement grant activities that include; capacity building of Community Health Volunteers and Health Care Workers on community TB, TB/HIV and TB patients charter; intensified TB Active Case Finding; Contact screening of all household contacts of bacteriologically confirmed TB patients and those of children below 5 years with TB; facilitate tracing of patients who interrupt TB treatment and return to treatment; address barriers to access of TB services through targeted TB advocacy and health promotion activities; Community Health Systems strengthening; Monitoring, evaluation and documentation of project activities.

Eligible organizations:

Civil Society Organisations (CSOs) that include; National and local NGOs, Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), patient-based organizations and professional associations are eligible to apply. In the spirit of equity in resource distribution and quality of project implementation, organizations that are currently implementing the Global Fund TB project in 3 or more counties will not be considered.

Mandatory requirements

Organizations MUST submit the following mandatory documents with their applications:

1. Copy of valid (not expired) organization's registration certificate (Those with renewable certificates must attach the page stamped with latest renewal date)
2. Signed and stamped letter of recommendation specific for this application from County Director of Health from each of the county/counties you propose to implement the project.
3. Valid Tax Compliance Certificate – must be verifiable on the Kenya Revenue Authority website and not expired. Note that all organizations must attach this certificate irrespective of whether tax exempt or not.
4. Bank statements for July, August and September 2018
5. Valid duly signed and stamped copy of last audit report OR return to NGO's board OR financial report to relevant government body as applicable.

Other requirements (*The applicant will score 1 mark for each document provided*)

In addition to the mandatory requirements mentioned above, organizations are also required to submit the following:

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

GLOBAL FUND TUBERCULOSIS PROJECT

Sub-Recipient 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 Global Fund Tuberculosis (TB) project 2018 – 2021 as Sub Recipients under Amref Health Africa in Kenya. The information provided in this application will be treated confidentially and only used to assess your organisation's capacity to implement the proposed interventions. 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 all the mandatory and other documents). Organizations 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

- Font size: 12 point, unreduced, Times New Roman;
- Spacing of 1.5
- Page margin size: 1" all round

Name of Organisation: _____

Type of Organisation (Tick as appropriate):

- 1. Non-Governmental Organization / /
- 2. Community-Based Organization / /
- 3. Faith-Based Organization / /
- 4. Professional Associations / /
- 5. Other (specify) _____

Contact details of the organization

Provide contact information for your organization 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.	Organisation registration Number	
9.	Year of registration	
10.	Physical location of head office	Town:
		Building:
		Street:

		Nearest Landmark/street:
11.	Physical location of branch offices (if any) Office 1	Town:
		Building:
		Street:
		Building:
		Street:
		Nearest Landmark/street:
	Physical location of branch offices (if any) Office 2	Town:
		Building:
		Street:
		Building:
		Street:
		Nearest Landmark/street:
12.	Proposed county of implementation (Remember only one County per application)	
13.	List all targeted sub counties	

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

Section 1: Organisation profile and Background information - Maximum of half a page

Provide a brief description of your organizations profile.

Section 2: Technical and programmatic approach (Total points – 85)

This section will measure your technical capacity and experience in implementation of TB related activities.

(a) Understanding of the problem - Maximum of 1 page (10 points)

- Briefly describe the current TB situation and local context in the proposed area(s) of implementation (5 points).
- Outline the National TB program priorities according to the latest three years strategic plan, National TB Prevalence Survey 2016 and other surveys conducted by the National TB program. Justify the need for this project in the targeted communities you propose to work in (5 points).

(b) Project description - Maximum of 2 pages (35 points)

- Describe the geographical area(s) where you propose to implement the project (County and Sub Counties), factors that hinder and those that facilitate TB prevention and control activities within the local contexts (10 points).
- Propose implementation strategies including specific activities for meeting the proposed objectives of TB program strategic plan with measurable time lines (10 points).
- Explain how each of the proposed strategies will contribute to efficiency and sustainability of project activities, how you plan to scale up your activities and expected beneficiaries or target population. This should be presented in a table. (15 points)

(c) Experience in implementing health and/ Or development interventions at the community level- Maximum of 1 page (20 points)

- Briefly describe the organization's work experience in implementing health and/ or development project interventions in Kenya in the past two (2) years. Emphasize particularly in the areas you propose to implement (5 points).
- Briefly describe the organization's management and technical capacity to achieve the objectives of the project with documented good governance practices (5 points).

- Explain your ability to coordinate and collaborate with Government of Kenya and other implementing partners at national and/ or county levels and sub-county as well as at health facilities (5 points).
- Briefly describe current and past experience of your organization in provision of community TB services (5 points).

(d) Programme monitoring and evaluation - Maximum of 1 page (20 points)

- Briefly describe how you plan to conduct monitoring and evaluation of the project (5 points).
- Indicate the key performance indicators to be monitored, realistic targets to be achieved, responsibilities for reporting and means of verification to ensure quality of data as well as data flow from the community to the health facility (5 points).
- Describe how performance will be jointly reviewed with the TB coordinators, health care workers and community health volunteers, and how proposed action plans will be implemented (10 points).

Section 2: Administration and Management (10 points):

- Explain how you plan to administer and manage the proposed activities and the resources of the program. (3 points)
- Explain the ability of the management structure to quickly start up and continue with implementation of the project. (2 points)
- Describe the procurement processes of your organization (5 points).

Section 3: Budget and Work Plan (5 points):

Under this section, prepare a one-year budget and work plan based on the activities you have proposed above.

Section 4: Governance and management

1. What governance structure does your organisation have (**Tick as appropriate**):

- a. Board of Directors
- b. Executive Committee
- c. Board of Trustees

2. How often does the board /committee meet? (**Tick as appropriate**):

- a) Quarterly /---/ b). Every six months /---/ c) Once a year /-
--/
- d) Other, Specify _____

3. Please provide information about the board members of your organization in the table below:

Name	Profession	Sex	Position on the board	Number of years on the board

Section 5: Technical capacity to plan, organise, implement/support and report on projects

Provide information on key staff that will be involved in implementing this project if your application is successful in the table below: Attach Curriculum vitae of individuals for any three (3) key positions.

Name of staff	Position in the organisation/project.	Role in the organisation	Indicate if current or to be hired

Section 6: Financial management and internal controls systems

1. Are there adequate financial policy and procedure guidelines to guide accounting and financial management?

Yes /___/ No /___/

2. Does the staff in the finance unit have clear roles and responsibilities?

Yes /___/ No /___/

3. What is the basis of accounting for your organization?

Cash basis /___/ Accrual basis/___/

4. Is the organization audited annually by a certified public accounting firm, or by government auditors as required by government laws and regulations?

Yes /___/ No /___/

SECTION 7: 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
