

## CALL FOR APPLICATIONS UNDER GFATM FOR SHORTLISTING AS SUB RECIPIENTS UNDER CENTRAL TB DIVISION

The Global Fund has announced an allocation of USD 280 million for TB component for grant implementation period April, 2021-March, 2024. Central TB Division being the key implementation Principal Recipient for the Global Fund for TB component, requests applications from organizations interested in being short-listed as its Sub Recipient for grant implementation period April, 2021-March, 2024.

2. Central TB Division has defined priority areas for seeking Sub Recipient proposals which is available in public domain on [www.tbcindia.gov.in](http://www.tbcindia.gov.in) & [www.india-ccm.in](http://www.india-ccm.in) along with Application Template.
3. Applicants are encouraged to demonstrate their understanding of the gaps and suggest innovative strategies. Proposals will be evaluated by the screening committee constituted by programme division, based on their inherent strengths.
4. Contingent upon proposals received from other Civil Society Organization/Private Sector partners selected as Non-Government Principal Recipients under TB grant, Programme division reserves the right to accept or reject the SR proposals without assigning any reason or may advise organizations to explore options for engagement with other CSO partner organizations shortlisted as PRs under TB grant.
5. The application in the prescribed format along with supporting documents is be submitted to the Central TB Division electronically and in hard copy (both). The electronic copy should be sent at the email id [ddgtb@rntcp.org](mailto:ddgtb@rntcp.org) and the hard copy at the following address in person or via speed post–DDG (TB), Room No. 522-C, Nirman Bhawan, New Delhi-110011 (Ph. No.-011-23062980/23061547). The last date for submission of application to the India CCM Secretariat is **29<sup>th</sup> February 2020**. Please note that applications submitted later than this date will not be accepted.

## **Priority areas for Sub Recipient Proposals under National TB Elimination Programme (NTEP) for the Global Fund grant for period (2021-24)**

1 **Tuberculosis(TB) Prevention:**India has the highest burden of Latent TB Infection (LTBI) globally and scaling up Latent TB Infection management would be key to hasten the decline in TB incidence from 2.5% at present to 10% required annually for achieving the SDG targets (2030) by the year 2025. In India, 40% of adult population is estimated to be infected with TB (Latent TB) with 10% life-time risk of developing TB. It further increases in presence of Malnutrition, HIV and other risk factors. Specific challenges include contact tracing of all beneficiaries, rolling out new LTBI diagnostics, adoption of shorter treatment regimens, counseling of patients, ensuring treatment initiation, adherence and completion. More research and in country evidence for LTBI is also needed.

2 **Strengthening Surveillance Systems:** India has diverse tuberculosis epidemiology as well as implementation coverage in terms of proportion of patients provided care under the programme. The country doesn't have a robust and comprehensive surveillance system to measure overall estimation of actual burden of tuberculosis in the country, sub-national and district levels on a frequent basis to assess the progress in efforts to eliminate tuberculosis. There is no established sentinel surveillance system under programme.

3 **Institutional Strengthening & Capacity Building:**With expansion and further decentralization of TB program services for rapid decline of incident TB cases, NTEP requires robust capacity building of program officers and staff at each level for understanding changes, rapid adoption and implementation of new policy decision and its monitoring on ground coupled with patient centric care. It demands health system strengthening for capacity building through digital solutions like telemedicine, teleradiology, e- training platform etc. Specialized centers for linkages of complicated DRTB/TB patients for curative and palliative care are also needed.

4 **Digital Interventions:** Despite NTEP having a digital case-based web based surveillance system for identification and monitoring TB patient care cascade, the surveillance is fragmented between NIKSHAY, NIKSHAY Aushadi, Lab as well as logistic management information system. IDSP and other programs are also yet to be lined to digital surveillance system of NTEP requiring excel based transfer of information. There is no provision of LTBI management, Lab surveillance module, schedule H1 drug implementation module, adverse drug reaction module which need to be built for expansion of data collection, analytic based information for action at each level and for policy decision. At present TB patient transfer to other countries, information of test results to TB patients and provider, grievance addressals are being undertaken with time consuming difficult mechanism. Use of Artificial intelligence for prediction of epidemic in specific population and TB hotspot identification, identification of silent zones of TB epidemic, transfer of results of newer tests for epidemiological purpose like pyrosequencing and whole genome sequencing , TB patient prevalence survey are yet to become integral part of single digital platform. Supply chain management and case based surveillance are yet to integrate completely posing challenges in both components. Data from NTEP is not directly linked to monitoring units like NITI Ayog, IDSP, NUHM and other portals of national importance.

5      **Supply Chain Management Strengthening:** Currently, NTEP has reached out to all notified TB patients for provision of free diagnostic and free drugs especially in private sector. Supply chain monitoring poses serious challenges in terms of real time monitoring and review of release, transfer, delivery and receiving of drugs as well as lab consumables. Center, State, district and peripheral public and private health facilities are unable to forecast correct drug requirement based on consumption and the future requirement due to lack of system. There is weak mechanism for 'supply of drugs to private providers and notified private TB patients which can be monitored by private provider or private patients' due to which patient incurs significant out of pocket expenditure. Program faces issues like less utilization of free drugs and diagnostics, drug supplies delay, stock out, expiry and at times non-availability of essential commodities which affect treatment coverage, patient compliance and overall success rates. There is lack of robust supply chain mechanism with the aim of knowing overall consumption, system-enabled forecast of drugs and logistic, prevention of expiry and TB patient as well as provider friendly interface for day to day management of supply chain management till end user.

6      **Innovations in service delivery:** National programme has been successful in achieving major milestones related to TB control. To sustain our achievements and to fast track our efforts to achieve TB elimination targets of 2025, programme needs innovative solutions for underserved Key Affected populations, private sector engagement, DR-TB, TB-Co-morbidities, TB among migrants etc. to boost up overall service delivery under the programme.

## Expression of Interest

### Applications for shortlisting as Sub Recipients for Central TB Division grant under the Global Fund for period 2021-2024

Application under the component (Please Tick)	TB Prevention	Strengthening Surveillance Systems	Institutional Strengthening & Capacity Building	Digital Interventions	Supply Chain Management Strengthening	Innovations in service delivery
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 1- BACKGROUND INFORMATION

Name of applicant organization	
Type of Organization/Institution (Govt., NGO, CBO, Consortium, Private Company, Academic, Society, Trust/ Others)	
If Consortium, please indicate name(s) of organization	
Date of registration with Statutory authorities	
Registered under FCRA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Registered under NGO-Darpan Portal ( Under Niti Aayog)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Unique ID No.
List the States where your organization/institution is active	
Turnover of previous three financial years as per certified statements of accounts	2016-17, 2017-18 & 2018-19
Brief description of maximum three projects undertaken in the past three years	
Please notify if worked as PR/SR for Global Fund grant earlier	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, brief description of the project and implementation period.

<b>Details of Available Resources</b>		
Number and type of trained personnel on regular payroll of organization		
Existing offices of the organization in the proposed project area		
Give a brief description of the governing structure of the organization (Board of Directors and composition, Executive Committee etc.)		
Availability of external audits over the last three years and date of the last audit	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of the last audit _____ Name and address of the Audit Company:	
Were there any quality concerns in the last audit report? If yes, list the major financial and managerial audit qualifications	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify.	
Existing linkages/network with other organizations (mention if they will participate in the delivery of the proposal)		
<b>Contact information for the Applicant/Lead organization of the Consortium</b>		
Name	Primary Contact	Secondary Contact
Title		
Mailing Address		
City and State		
Telephone		
Mobile		
E- mail address		
Organization website		

If Consortium, please give details of all the organization

Contact information for the other member organizations of the Consortium			
<b>Organization- 1</b>			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

<b>Organization- 2</b>			
Name of the Organization		Mailing address	
Contact Person		City and State	
Title		Telephone	
Mobile		Fax	
Organization Website		E-mail address	

**Note: Please add more columns/tables, if required.**

## **SECTION 2- PROJECT DETAILS**

This should not be more than 10 pages. Please use Arial font size -10

<b>Proposed title of intervention/Project</b>	
<b>Geographic area covered by the proposal</b>	

**2.1 Background** (Clearly indicate current situation, the gaps, weaknesses and inequalities, and the present efforts to meet these gaps, weaknesses and inequalities not more than 10-12 lines)

**2.2 Objective** (State the objectives and purpose of the proposal not more than 7-8 lines)

**2.3 Target Population** (Describe the target population for your proposal not more than 5 lines)

**2.4 Methodology** (Please describe the specific activities required to achieve the objectives. Briefly describe coordination mechanisms or among implements- not more than two pages)

**2.5 Monitoring and Evaluation Framework** (Briefly outline how you propose to monitor and evaluate –not more than ½ page).

**2.6 Self-assessment of the applicant organization**

(Please indicate the strengths including managerial skills, MIS system and the system of internal controls of the organization that makes it best suited to implement the project in not more than 8-

10 lines)

**2.7 Equitable Access** (Describe how principle of equity will be ensured in your proposal specially gender equity, support to marginalized populations and key affected populations etc.in not more than 8-10 lines)

**2.8 Linkages to Grants from the Global Fund and Other Donors** (Please explain how this project is linked to other funding you are currently receiving from the Global Fund or other donors if applicable. Also indicate if you are implementing Targeted Interventions or other Government programmes in not more than 5 lines)

**2.9 Sustainability** (Indicate how the services outlined in your proposed project could be sustainable at the end of the proposal period in not more than 8-10 lines).

**2.10 Risks and its management including Financial Risk Management** (Briefly outline the major internal and external risks and how you propose to reduce or avoid such risks in not more than 8-10 lines).

### **SECTION 3- PROJECT BUDGET: (Detailed Budget Attached as Annexure 2)**

**3.1 Budget Break down by Source** (This table is intended to clarify part of the budget you already have (Provided by the organization), the part of the budget financed by other donors (Provided from other sources) and part of the budget from Global Fund (Requested from the Global Fund)

**Table 3.1 Budget by Source (In USD)**

Source	Year ( 1)	Year (2)	Year (3)	Total
Provided by the organization				
Provided from other sources (indicate the source)				
Requested from the Global Fund				
Total Budget				

(\*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

**3.2 Budget Breakdown by Cost Category** (Total budget of Table 3.2 should equal the total budget shown in Table 3.1)

**Table 3.2 Budget by cost category**

Source	Year ( 1)	Year (2)	Year (3)	Total
Human Resources				
Technical Assistance				
Training				

Health products and Health Equipment (including laboratory products and equipment)				
Medicines and pharmaceutical Products				
Procurement and Supply Management costs Infrastructure and other equipment				
Others (specify)				

(\*Conversion rate of 1 USD to INR = 70 INR may be used. Please note that conversion rate for final funding application submission to the Global Fund will be as per their guidelines)

**3.3 Describe why your proposed project cannot be financed under current mechanisms within NTEP?**