

**Request for Proposals**

**For**

**Sub-award**

**in improving case management system**

**for DR-TB patients in Tajikistan**

**USAID Cooperative Agreement No. AID-OAA-A-14-00029**

**Managed by:**

**KNCV Tuberculosis Foundation**

**Funded by:**

**United States Agency for International Development**

1. **Description of Requirements**

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| Context of the Requirement | **Improving care of DR-TB Patients in communities** |
| Name of the Project/ Implementing Organization | USAID Challenge TB / KNCV TB Foundation |
| Brief Description of the Required Services | * Support TB service to establish a mechanism of the collaborative actions on TB prevention, diagnosis and treatment amongst TB service and stakeholders (Local authorities (Hukumats, Jamoats), PHC, committees and communities) * Support DR-TB patients on new (shorter and new drugs) regimens to improve treatment adherence with focus to DOT and psychological and social support * Conduct awareness raising activities TB IEC campaigns among population and risk groups to reduce stigma and improve referrals of TB suspects (people having TB symptoms) and their timely diagnosis |
| List and Description of Expected Outputs to be Delivered | * All DR-TB patients on new regimen treatment in pilots are covered by DOT * At least 95% of patients on new regimens adhere treatment (do not interrupt treatment). * At least 5.000 presumptive TB patients referred by communities to health facilities for diagnosis; * Detection of TB and DR-TB patients increased by 10% in each of two pilot districts in comparison to the same period last year |
| Frequency of Reporting | Quarterly, and Annual as to be described in the Agreement |
| Progress Reporting Requirements | The organization should report on the progress of project on quarterly basis based on progress of performance indicators described in the TOR and per conditions described in the sub-award agreement. |
| Location of work | Rudaki and Gissar |
| Expected duration of work | 11 months |
| Target start date | November 10, 2017 |
| Latest completion date | September 30, 2018 |
| Implementation Schedule indicating breakdown and timing of activities/sub-activities | Required  ☐ Not Required |
| Names and curriculum vitae of individuals who will be involved in completing the services | Required  ☐ Not Required |
| Currency of Proposal | United States Dollars  ☐ Euro  Local Currency |
| Criteria for the Assessment of Proposal | The technical proposal is evaluated on the basis of its responsiveness to the Terms of Reference (TOR).  **Technical Proposal (70%)**  Expertise of the Firm: 200 points  Methodology, Its Appropriateness to the Condition and Timeliness of the Implementation Plan: 250 points  Management Structure and Qualification of Key Personnel: 250 points  **Financial Proposal (30%)**  To be computed as a ratio of the Proposal’s offer to the lowest price among the proposals received by KNCV.  A two-stage procedure is utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being opened and compared.  The price proposal of the Proposals will be opened only for submissions that passed the minimum technical score of 70% of the obtainable score of 700 points in the evaluation of the technical proposals. |
| Contact Person for Inquiries  (Written inquiries only)[[1]](#footnote-1) | Tatiana Abdurazakova, Administrator, KNCV Tajikistan, e-mail: [tatiana.abdurazakova@kncvtbc.org](mailto:tatiana.abdurazakova@kncvtbc.org) |
| List of Required Documents | 1. Registration Certificate and Charter of the organization 2. Support letters and/or recommendation letters evidencing experience in implementing health projects 3. Project Proposal (narrative) with details on goals, methodology and proposed activities 4. Work plan including details on activities, sub-activities, partners involved and timeframes 5. Organizational chart and resume of key project staff 6. Budget\*   \*Note: The Proposer shall seal the Proposal in one outer and two inner envelopes. Both inner envelopes shall indicate the name and address of the Proposer. The first inner envelope shall contain the information specified in Annex 3 Proposal form (as listed 1 to 6 above), with the duly marked “Technical Part”. The second inner envelope shall include the price schedule duly identified as such with the duly marked “Financial Part” (as listed under 7 above). |
| Contacts and deadline for submission of project proposals | Interested organizations are requested to submit project proposals in sealed envelopes under subject “Improving treatment and care of DR-TB Patients in communities” to KNCV Office, Vefa Center, 6th Floor, 37/1 Bokhtar street or to the following email: [tatiana.abdurazakova@kncvtbc.org](mailto:tatiana.abdurazakova@kncvtbc.org) before **3 November 2017.** |

1. **Terms of Reference**

**Improving care of DR-TB Patients in communities**

KNCV Tuberculosis Foundation (KNCV) calls for project proposals from civil society organizations (CBOs, NGOs) of the Republic of Tajikistan for the implementation of activities to improve prevention, detection and treatment of tuberculosis with special emphasisto the quality of treatment of patients with drug resistant tuberculosis in two areas: Rudaki district and Gissar city.

* **Goal:**

To provide a comprehensive support to communities to improve TB prevention, diagnosis and care, particularly care of DR-TB patients on new regimens treatment.

**Objectives:**

1. Establish a mechanism of the collaborative actions on TB prevention, diagnosis and treatment in the districts amongst TB service and stakeholders (Local authorities (Hukumats, Jamoats), PHC, committees and communities)
2. Support DR-TB patients on new (shorter and new drugs) regimens to improve treatment adherence with focus to DOT and psychological and social support
3. Conduct awareness raising activities TB IEC campaigns among population and risk groups to reduce stigma and improve referrals of TB suspects (people having TB symptoms) and their timely diagnosis.

**Project duration**: 11 months: from November 01, 2017, to September 30, 2018.

**Geographical scope:**

**Rudaki district and Gissar city**

**Project indicators and expected results:**

* All DR-TB patients on new regimen treatment in pilots are covered by DOT
* At least 95% of patients on new regimens adhere treatment (do not interrupt treatment).
* At least 5.000 presumptive TB patients referred by communities to health facilities for diagnosis;
* Detection of TB and DR-TB patients increased by 10% in each of two pilot districts in comparison to the same period last year.

**Plan and methodology of work:**

* Detailed plan and mechanism of cooperation between TB Centers, local authorities (Khukumats/Jamoats, etc.), regional and district health care departments, primary health care facilities, Healthy Lifestyle Centers, local and international organizations, which are working in the covered areas, should be elaborated;
* Detailed working plan should include the breakdown on tasks and include indicators/objectives, expected results and time frames;
* Proposal should include a clearly described and realistic plan on support of the project after completion of financing (project sustainability plan);
* Plan of regular monitoring and quality assessment should be elaborated.

**Applicants are required to indicate in their proposals, whether they are dealing with similar activities using grants and financial support of other donors in order to avoid duplication (if such activities are carried out at the time of proposal compilation). Applicants should also inform us about the implementation of other projects financed by USAID or other donors in order to use the grants rationally.**

**Qualification requirements:**

* Last three years experience in implementation of outreach campaigns for general population and risk groups on public health issues and in particular on prevention and control of tuberculosis, TB/HIV and HIV;
* Experience in work with local communities and involvement of volunteers from activists and Mahalla leaders, Jamoats, religious leaders and etc.;
* Experience in cooperation with relevant state structures (for example: Khukumats of district, Regional Health Care Departments, District Health Care Departments, Healthy Life Style Centers, TB centers, Jamoats, Mahalla committees) and national and international organizations;
* Experience in cooperation with non-governmental organizations and community authorities.

**Project budget:**

Project budget should be elaborated in details, indicating the cost of each planned activity within the framework of project purposes and tasks. Budget template is provided as part of proposal. The cost should be indicated in USD. All expenses should relate strictly to planned activities, including breakdown of budget lines. Together with the budget template, the potential sub-awardees will also be required to define their indirect cost rate when applicable. The co-financing with other donors **is welcomed**. Any changes in the budget should be agreed with and approved by KNCV.

**The costs for procurement of office equipment, vehicles, medicines, duty travels abroad, development and printing brochures and booklets ARE NOT ALLOWED. Other kinds of purchases for conducting of public educational campaigns will be allowed only after agreement with and approval by KNCV.**

**III. Proposal Form**

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| 1. Background Information / Общая информация |

4. Партнерство

4. Партнерство

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| **Full legal name of the organization**/Полное юридическое название организации |  |
| **Legal Address**/Юридический адрес |  |
| **Companies profile**/Профиль компании |  |
| **Postal address**/Почтовый адрес: |  |
| **Bank details**/Банковские реквизиты (полное название Банка, № БИК, расчётный счёт сомоновый, расчётный счёт USD) |  |
| **Maim contact person and his/her position**/Основное контактное лицо и должность: |  |
| **Contact Details** /Контакты: | Name:  Tel:  e-mail: |
| **What is the mission of applicant?**/Какова миссия заявителя? |  |
| **Number of paid full-time employees in the applicant's organization**/Количество оплачиваемых штатных работников в организации заявителя: |  |
| **Please give brief information about the projects/activities implemented by the applicant during last 2-3 years**/ Пожалуйста, дайте краткую информацию о проектах/деятельности, реализованных заявителем в течение последних 2-3 лет: |  |
| **Describe the source of your funding at the moment being**/Опишите источник финансирования, имеющийся у Вас на данный момент: |  |

1. Общая информация

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| 1. Project description / Описание предлагаемого проекта |

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| * 1. **Please describe briefly the project using the following structure: introduction / review of the situation, project purpose and tasks, project activities/methodology, expected results, conclusion** / Кратко, опишите проект, используя следующую структуру: *введение/обзор ситуации, цель и задачи проекта, деятельность/методология проекта, ожидаемые результаты, заключение* |
| **Introduction**/Введение:  Project purpose(s)/Цель(и) проекта:  **Tasks**/Задачи:  **Methodology**/Методология:  **Planned activity**/Планируемая деятельность:  **Expected results**/Ожидаемые результаты:  **Indicators: Quantitative and qualitative indicators should be specific, measurable, achievable, reasonable and timely (SMART)**/ Индикаторы: количественные и качественные показатели должны быть специфическими, измеримыми, достижимыми, обоснованными и своевременными (SMART). |

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| * 1. **Location of the project**/Месторасположение проекта:   **In the box below, please describe briefly the specific location of the project implementation (i.e Jamoat, villages name etc** */*  *В графе ниже, кратко опишите конкретное место внедрения проекта:* | Сельское городское |
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| 2.3 **Please describe whether the proposed activities are implemented for the first time, or have already been carried out by someone earlier in the project area, also describe how the proposed activities relate to existing services and other projects?/**Опишите внедряются ли предлагаемые мероприятия впервые или они уже осуществляются/осуществлялись кем-то ранее на участке внедрения проекта, а также опишите как предлагаемые мероприятия связаны с существующими услугами и другими проектами? |
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| 2.4 **Please describe how the proposed project will affect the reduction of stigma and discrimination (if possible)**/Опишите, как предлагаемый проект повлияет на снижение стигмы и дискриминации (если приемлемо). |
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| 3. **Sustainability** / Устойчивость |

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| 3.1. **Who will continue to provide the services after project completion? How these services will be provided?/**Кто продолжит предоставлять предлагаемые услуги после завершения проекта? Как будут предоставляться эти услуги? |
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| 4. **Human resources** / Человеческие ресурсы |

3.10 **Project Implementation Unit (specialists directly involved to the project implementation). Organigram, showing the subordination and reporting scheme of the project, should be attached as Appendix 5**. / Группа по осуществлению проекта *(лица, непосредственно участвующие в осуществлении проекта). Органиграмма, показывающая схему подчинения и отчетности в рамках проекта должна прилагаться как Приложение 5.*

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| **Name, surname** / Ф.И.О. | **Rate equivalent** / Эквивалент ставки в % | **Position**/Должность | **Responsibilities in implementation of the sub-project** / Обязанности в ходе осуществления  суб-проекта |
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| 5. **Partnership** / Партнерство |

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| **Please list all project partners and their responsibilities** /  Перечислите всех партнёров проекта и их обязанности. |
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| 6. **List of Annexes** / Список приложений |

**Please complete section 6.1 by putting X symbol in third column if the indicated document is attached to this application. Leave an empty box in this column if for any reason the document to the application is not attached. List any other enclosed (optional) annex included to this proposal in section 6.2.**

Заполните раздел 6.1, пометив в третьей колонке значком **Х** все необходимые документы приложенные к данной заявке. Оставьте пустую клетку в этой колонке, если по какой-либо причине документ к заявке не прилагается. Перечислите любые другие приложенные (необязательные) приложения, включенные в предложение в разделе 6.2.

6.1. **Required Annexes**/Необходимые приложения:

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| **Annex No. /** Приложение № | **Name of document / Название документа** |  |
| 1 | **The document, confirming legal registration of the applicant (certificate of registration and charter)**  Документ о юридической регистрации заявителя (свидетельство о регистрации и устав) |  |
| 2 | **Letters of support and recommendation letters, evidence of the applicant's previous activities, as well as the applicant's existing donor** Письма поддержки и рекомендательные письма и доказательства предыдущей деятельности заявителя, а также существующего донора заявителя |  |
| 3 | **Project proposal (narrative part) indicating tasks, methodology and proposed activities**  Проектное предложение (описательная часть) с указанием задач, методологии и предлагаемыми мероприятиями |  |
| 4 | **A calendar plan with indication of tasks, sub-objectives, activities, partners and time frame of project implementation**  Календарный план, отражающий задачи, под-задачи, мероприятия, партнёров и временные рамки реализации проекта |  |
| 5 | **Staff structure (organigram) of the project and resume of key project** **personnel** / Штатная структура (органиграмма) проекта и краткие резюме основных штатных сотрудников проекта |  |
| 6 | **Project Budget** / Бюджет проекта |  |
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6.2. **Additional Annexes** / Дополнительные приложения:

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| **Annex №** | **Annex title** |  |
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| 7. **Signatures** / Подписи |

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| **Full name of the head of organization of the applicant**  Ф.И.О. руководителя организации заявителя: |  |

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| **Signature of the head of the organization of the applicant**  Подпись руководителя организации заявителя: |  |

**Stamp of organization**

печать организации

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| **Date:**  Дата: |  |

**IV. Work Plan template**

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| ***##*** | ***Items (Objective, sub-objective, activities)*** | ***Quarter 1*** | ***Quarter 2*** | ***Quarter 3*** | ***Quarter 4*** | ***Expected outputs/outcomes*** | ***Partners*** | ***Comments*** |
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**V. Budget template**

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| ***##*** | ***Items\**** | ***Quarter 1*** | ***Quarter 2*** | ***Quarter 3*** | ***Quarter 4*** | ***Total in US$*** | ***Comments*** |
| **I** | **Activities costs** |  |  |  |  |  |  |
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| **II** | **Administrative costs** |  |  |  |  |  |  |
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| **III** | **HR Costs** |  |  |  |  |  |  |
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*Note*: Organizations will be asked to provide budget assumptions per each activity during contracting, if selected.

1. [↑](#footnote-ref-1)