



**Amref Health Africa in Kenya  
Global Fund Tuberculosis Project  
Public-Private Mix Initiative**

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**Issue Date:** 27<sup>th</sup> August 2018

**Deadline for questions and clarifications:** 3<sup>rd</sup> September 2018

**Closing Date & Time:** 10<sup>th</sup> September 2018 at 12:00pm

**Subject:** Call for proposals for the Global Fund Tuberculosis project; **Tender No. 27/08/2018/007**

**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. In consultation with Kenya Coordinating Mechanism (KCM) and Ministry of Health, Amref Health Africa in Kenya is requesting for proposals from eligible organisations that will be sub-granted to implement key Public-Private Mix (PPM) interventions to find the missing people with TB, with a focus on unengaged standalone formal and informal health providers.

Kenya is classified as a high burden country for 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.

Currently PPM activities have largely been concentrated in major towns and focused on Institutional providers in Kenya. A mapping exercise conducted in 2015 in 14 Counties with high urban population identified 2,050 private facilities (individual and institutional). A PPM project implemented in these counties saw the coverage of private facilities providing TB care and prevention increase from 12% (243/2050) in 2015 to 20% (405/2050) by the end of 2017 out of which 321 private TB treatment facilities notified



TB cases in 2017. Despite this, proportion of people notified with TB from private sector did not change. Deploying more innovative strategies that emphasize on engagement of more providers, linkages, capacity building of HCWs, motivation of providers and simplified documentation will eventually lead to finding the missing people with TB in the private sector.

Among TB prevalence survey participants who had respiratory symptoms 21% had sought prior care at chemists and private clinics. Of the people presumed to have TB, 16% sought initial care at level one and two private facilities. In these facilities, diagnostic availability at initial care seeking was less than 7%. Targeting these facilities through innovative strategies will greatly contribute to finding missing people with TB.

### **Objectives**

1. To increase the scope of PPM activities to include unengaged stand-alone formal and informal health providers in 10 urban/town centres by Dec 2020.
2. To improve access to quality TB diagnosis and treatment for people seeking care from unengaged stand-alone formal and informal health providers in 10 urban/town centres
3. To strengthen recording and reporting of TB data among the engaged private providers

### **Scope of Work**

The successful applicant will be required to implement PPM activities in all 10 selected urban centres in high burden counties. These are: **Ruiru, Thika and Karuri (Kiambu), Ngong (Kajiado), Nairobi, Nyeri town (Nyeri), Malindi (Kilifi), Mombasa, Kisumu City (Kisumu), and Garissa town (Garissa)**. While one award is anticipated as a result of this request for proposals, the independent Technical Review Committee reserves the right to fund any or none of the applications submitted.

This initiative will target facilities previously not engaged in offering TB services including Chemists/Pharmacies, Drug stores, private clinics, radiology clinics, NGO clinics, parastatal/Institution clinics, company clinics, mission dispensaries, nursing homes and standalone laboratories.

Key activities will include mapping, establishment of diagnostic networks, establishment



of linkages to treatment, capacity building and Monitoring and Evaluation including the use of innovative approaches.

### **Eligible organizations:**

National and local Non-Governmental Organizations (NGOs), Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs), and professional associations are eligible to apply.

### **Mandatory requirements**

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

1. Copy of valid (not expired) organization's registration certificate
2. 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.
3. Certified bank statements for May, June and July 2018
4. Valid copy of last two consecutive audit reports or return to NGO's board or financial report to relevant government body as applicable.
5. Current organization's constitution or its equivalent
6. Governance and management structure of the organization (organogram)
7. Two latest board meeting minutes (2017- 2018 only)
8. Finance and Human Resource policy manuals

### **Other requirements**

In addition to the mandatory requirements mentioned above, organizations are also required to submit **signed and stamped letters of recommendation specific for this application from County Director of Health from each of the counties of implementation.**



**GLOBAL FUND TUBERCULOSIS PROJECT**  
**Sub-Recipient Application Form**

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**FORM 'A'**

For official use ONLY

Unique Code: \_\_\_\_\_

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**Instructions**

***This application form is to be filled by organisations applying to be considered as Sub Recipients (SRs) for Amref Health Africa in Kenya, Global Fund Tuberculosis (TB) project under the 2018 - 2021 funding. The information provided in this application will be treated confidentially and only used to assess your organisation's capacity to implement components of the Project. Please answer all questions as accurately as possible and attach all the required documents. 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 in the two (2) pages, fill in the declaration form and attach all requirements mentioned above)***

**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: 2cm 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.	Telephone number and email address of the key contact person	
9.	Organisation registration Number	



10.	Year of registration	
11.	Physical location of head office	Town:
		Building:
		Street:
		Nearest Landmark/street:
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:

**If you have more than two 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**

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

### **(a) Understanding of the problem - Maximum of 1 page (15 points)**

- Briefly describe the current TB situation in the country and local context in the proposed areas of implementation (5 points).
- Outline the National TB program priority areas on PPM according to the latest strategic plan, PPM Action Plan, National TB Prevalence Survey 2016, Patient Pathway Analysis and other surveys conducted by the National TB program (5 points).
- Justify the need for this project in the targeted urban centres (5 points).

### **(b) Project description - Maximum of 2 pages (40 points)**

- Propose implementation strategies including specific activities for meeting the proposed objectives of this PPM initiative with measurable time lines (15 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)
- Explain factors that hinder and those that facilitate TB prevention and control activities within the PPM context (10 points).

### **(c) Experience in implementing health and PPM interventions - Maximum of 1 page (15 points)**



- Briefly describe the organizations work experience in implementing health interventions in Kenya in the past two (2) years. (5 points).
- Briefly describe current and past experience of your organization in provision of PPM services. Provide details of both management and technical capacity to achieve the objectives of this initiative 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).

**(d) Programme Monitoring and Evaluation - Maximum of 1 page (15 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 engaged private facilities to the national level (5 points).
- Describe how performance will be jointly reviewed with the TB coordinators, health care workers, private providers and other stakeholders. (5 points).

**Section 3: Administration and Management (10 points):**

- Explain how you plan to implement the proposed activities and manage the resources of the program. (3 points)
- Explain the ability of the management structure to ensure accelerated implementation of the project. (2 points)
- Describe the procurement processes of your organization (5 points).

**Section 4: 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 5: DECLARATION**

I confirm that the information provided in this application 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 6: SUBMISSION GUIDELINES**

Completed Proposals should be enclosed in a plain envelop clearly marked “**RFP: PPM GLOBAL FUND TB 2018-2021 GRANT**” and should be addressed and delivered/posted to the following address:-

**The Group Chief Finance Officer,  
Amref Health Africa in Kenya,  
Along Lang’ata Road, Opp Lang’ata Primary,  
P.O. BOX 30125 - 00100  
Nairobi, Kenya.**

and deposited in the **BIG tender box** at Amref Health Africa, Kenya Country Office, next to the main reception so as to be received on or before **10<sup>th</sup> September 2018 at/or before 12:00 hours East African time (12 noon).** Electronic bidding will **NOT** be permitted. Late tenders will be rejected.

In case of any questions, send an Email to: [gftbgrant@amref.org](mailto:gftbgrant@amref.org) latest by Monday 3<sup>rd</sup> September 2018 close of business.