TB REACH Wave 8
Grants Framework

TB REACH is a grant-making platform that funds innovative approaches and technologies to find and treat people with active TB disease, drug-resistant TB, or TB infection. The TB REACH platform follows a ‘Transition to Scale Up’ framework in which proposals are funded and supported in either the proof of concept, scale-up, or sustainability phase. Funded projects undergo rigorous monitoring and evaluation with the aim to link impactful projects to long-term funding for scalability and sustainability.

Project Categories
TB REACH awards grants across three broad evaluation categories:

1. Improving detection, linkage to treatment and reporting of TB; or
2. Improving treatment adherence and outcomes; or
3. Special Funding: Developing innovative resources and materials to aide service delivery

Wave 8 will cover only the first of these three categories and will be specific to private healthcare provider engagement (PPE)

Improving detection, linkage to treatment, and reporting of TB
The project must aim to engage private providers with a significant impact on TB case finding outcomes. Interventions that make use of technology to connect with and between providers are encouraged, as are projects that create networks of different types of private providers or that build on existing facilities, networks, or institutions.

Proposals that aim to expand access to diagnosis and treatment of TB infection, identify and prevent drop-outs in the care cascade, and/or enhance the uptake of new shorter regimens with the involvement of the private sector will also be accepted.

Further guiding principles for the possible interventions are outlined in the PPE concept note, which will be considered by the Proposal Review Committee for making grant selection.

Funding Type
The TB REACH ‘Transition to Scale Up’ framework offers three Types of funding for which the project’s proposed scope of work, geographic coverage, NTP engagement should increase as the funding value does. The framework is designed to help impactful proof of concept projects scale up their coverage and eventually link to other long-term funding sources such as governments, the Global Fund, or other donors.
**Type 1: Proof of Concept**

**Purpose:** The goal of Type 1 projects is to establish proof of concept for innovative approaches and technologies aimed at improving the number of people newly detected and starting TB treatment recorded in NTP registers (additional notifications). TB REACH will not fund Type 1 projects to roll out already proven ideas or WHO-recommended strategies which, for whatever reason, are not currently being implemented. Type 1 projects should be used to evaluate out of the box, innovative ideas.

**Timeframe:** Type 1 projects will typically last for 18 months. This includes:
- Up to 3 months of planning and start up;
- 12 months of implementation activities; and
- A 3-month buffer period which can be used to continue activities (a built in no cost extension) or to close-out project activities and support reporting, documentation, and results dissemination.

**Funding Value:** Type 1 projects may request up to USD 400,000.

**NTP Engagement:** The minimum level of NTP support required for Type 1 projects will be a commitment to provide free TB treatment drugs for all people the project diagnoses with TB and to provide the grantee access to TB case notification and/or treatment outcome data to facilitate impact measurement. Strong proposals will show a link from results to policy change and scale up if successful.

**Type 2: Focus on Scalability**

**Purpose:** Type 2 projects should have an innovative approach that has documented impact and can demonstrate scalability. While former successful TB REACH Type 1 projects will be encouraged to apply, it is not necessary to have been a TB REACH grant recipient to apply for a Type 2 funding. Compared to Type 1 projects, Type 2 projects should focus on larger-scale service delivery; however, project coverage can still be sub-national and/or sub-provincial coverage, especially in large countries. In addition to service delivery, Type 2 projects must focus on **strengthening managerial and organizational capacity to scale, optimizing the cost of implementation, cost effectiveness and modelling the impact of further scale up.** The success of Type 2 projects will be evaluated on both impact and advocacy.
TB REACH will not provide continued support to projects that show good impact but make no progress on addressing sustainability.

For former TB REACH Type 1 projects, if an organization has demonstrated proof of concept but does not have the managerial or political capacity to take an innovative approach to scale, TB REACH suggests that the organization partners with other groups to scale-up the impactful approach.

**Timeframe:** Type 2 projects will typically last for 18 months. This includes:
- Up to 3 months of planning and start up;
- 12 months of implementation activities; and
- A 3-month buffer period which can be used to continue activities (a built-in no cost extension) or to close-out project activities and support reporting, documentation, and results dissemination.

**Funding Value:** Type 2 projects may request up to USD 1,000,000. Type 2 projects are highly encouraged to seek co-financing for diagnostic commodities from their respective NTP.

**NTP and Other Partner Engagement:** For Type 2 projects, the NTP must commit to providing free TB treatment to all people the project diagnoses with TB and to provide the grantee TB case notification and/or treatment outcome data to facilitate impact measurement. In addition, the NTP should commit to supporting scaling up impactful approaches. This support does not require a direct financial commitment, nor does it need to state that the NTP will fund the TB REACH applicant/consortium to scale up the activity.

Type 2 projects must also actively engage with other implementing partners, country coordinating mechanisms (CCMs), and funding agencies to build awareness of their approaches. Participation in country dialogues, National Strategic Plan (NSP) development and national policy meetings is also expected. The Stop TB Partnership and TB REACH team will facilitate this advocacy work, but projects must take initiative and fund these activities and staff accordingly.

**Eligible countries for implementation**
Organizations from the following 24 countries are eligible to apply for Wave 8: Afghanistan, Bangladesh, Cambodia, Democratic Republic of Congo, Ethiopia, India, Indonesia, Kenya, Kyrgyzstan, Malawi, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Uganda, Ukraine, Uzbekistan, Vietnam, Zambia, and Zimbabwe

**Eligible entities that can apply**
Applications must be led by a local, non-governmental organizations (with any international partner(s), if included, receiving less than 50% of the total budget).

To be considered a “local” organization, an entity must satisfy all of the following requirements:
- Be organized under the laws of the recipient country (i.e., the country of implementation);
- Have its principal place of business in the recipient country;
- Be majority owned by individuals who are citizens or lawful permanent residents of the recipient country or be managed by a governing body, the majority of whom are citizens or lawful permanent residents of a recipient country; and
- Not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.
  - The term “controlled by” means a majority ownership or beneficiary interest as defined above, or the power, either directly or indirectly, whether exercised or exercisable, to control the election, appointment, or tenure of the organization’s managers or a majority
of the organization’s governing body by any means, e.g., ownership, contract, or operation of law.

**Timeline for Wave 8 grant applications**

![Timeline for Wave 8 grant applications]

Implementation is expected to start in 2021

Two grantee meetings are anticipated: the 2nd Grantee Meeting around June/July, 2021.