



## CONSULTANT: STRATEGIC PLANNING FEASIBILITY STUDY

### - OUTLINE TERMS OF REFERENCE -

#### 1. TB Alert - background

TB Alert, launched in 1999, works to increase access to effective TB treatment. We address this by:

- Raising public and professional awareness about TB, addressing barriers to treatment, and providing support to patients during their treatment
- Bringing together statutory health services, civil society organisations and people affected by TB to plan and deliver better TB services
- Developing policy and advocating for the resources to improve the care of patients and the prevention and control of TB.

Our organisational expertise has been built a) in southern Africa, with focus countries of Malawi, Zambia and Zimbabwe; b) in India, where we work in partnership with our sister organisation TB Alert India, which is a Global Fund sub-recipient and sits on the country's CCM; and c) in the UK, where we are the lead civil society partner of Public Health England and NHS England in delivering the national TB strategy.

TB Alert is highly active in international advocacy. It was one of 15 European NGOs that founded the 'Action for Global Health' network; plays a leading role in the TB Europe Coalition, building a civil society network across the region with a primary focus on the high burden countries of eastern Europe; represents civil society on England's national TB Oversight Group; is a Steering Group member of Stop TB UK, and an organisational member of the International Union Against Tuberculosis and Lung Disease and the Stop TB Partnership.

#### 2. The need to explore new partnerships and ways of working

TB Alert has developed and maintained the greater part of its international programme by securing institutional grants for projects implemented by and through local in-country NGO partners. Smaller amounts of funding, either from grants or unrestricted funds, have been used strategically to support smaller scale projects and non-project interventions such as supporting TB Alert India to develop as an increasingly self-sustaining organisation. Donors have been a mix of UK trusts giving small/medium amounts and institutional donors including DfID and Comic Relief providing multi-year grants in the £'00,000's.

Given that institutional donors do not provide full cost recovery, TB Alert, in common with many organisations of a similar size, cannot reliably cover the unmet cost of its international projects



from its voluntary donors. New ways of working therefore need to be found to ensure the organisation remains relevant and financially viable and makes a significant contribution to global TB challenges.

### **3. Identifying possible new directions**

We have looked at models that would provide critical entry points in the UK and international TB/health/development landscape to influence the policies of key actors and mobilise more resources for TB. TB Alert's credibility and relevance in these areas depends on its expertise (staff, trustee and adviser knowledge, contacts) and its experience (evidence from projects and partnerships). The relevance of new ways of working will also be dictated by whether and how they fit with the current and future consensus amongst global health and TB agencies, coalitions and donors, in particular the Principles, Pillars and Components of the WHO's post-2015 'END TB Strategy'. The END TB Strategy has adopted, for example, the high level Principle of building a strong coalition with civil society organisations and communities.

Based on preparatory work, the primary concept for which we now want to assess feasibility is that of supporting the integration of TB activities into the work of NGOs (local, national and international), along with State and commercial actors and international health partnerships. This would address the integration of TB into HIV and other health and economic development activities such as maternal health, housing and nutrition, and programmes assisting populations especially vulnerable to TB such as miners, migrants and sex workers.

The concept responds to the fact that few of the large health and development NGOs deliver TB programmes to scale or integrate TB extensively into their programmes for HIV, other co-morbidities or related health/development issues. We believe such NGOs are missing fundable opportunities to increase their impact at a time when the relationship between TB and other health and development issues is becoming increasingly recognised; for example, the Global Fund now requires a single TB/HIV concept note from countries with high burdens of both TB and HIV.

There are a range of potential ways in which TB Alert could work with client/partner organisations by providing technical advice on the basis of consultancy, commission or partnership (in bidding for grants and contracts, for example). Inputs could be focused on specific programmes or on wider organisational development issues to integrate TB into strategies and programmes.

TB Alert could also provide services to global health partnerships/coalitions, academic and research organisations, and private sector actors bidding for funds under development budgets. There may also be opportunities in-country to support local coalitions, recipient governments and donor agencies to improve the way that funding mechanisms work to improve TB outcomes, including greater participation of civil society. Another dimension might be to conduct funded research on effective interventions and models for community engagement.



#### 4. Purpose of this feasibility study

Research is needed to identify the feasibility of such new ways of working. This first stage would map potential clients and assess whether the concept translates into a viable range of services or initiatives, assessing the market potential and carrying out an initial assessment of whether TB Alert could adapt itself to fulfil such roles.

Key questions to be explored are:

- which funding sources offer strong prospects for incorporation of TB into HIV and other health/development programmes
- who are the most likely organisations (e.g. NGOs, research organisations, health partnerships) for developing client/advisor relationships or partnerships for joint funding bids
- do potential clients/partners recognise the potential to enhance their own funding prospects through integrating TB components into their offer under grant/contract proposals, and what are their views on integrating TB into their activities
- what level of technical expertise, support and resource would be expected of TB Alert to be considered a credible partner
- which other organisations (if any) are already providing similar or complementary services, and how would TB Alert be placed to compete with or potentially partner them.

It is expected that the information, findings and recommendations generated by this study will be used to help frame a second stage of more detailed organisational preparedness and business planning. We would decide closer to the time whether to invite the consultant to also carry out this second stage of work.

#### 5. Project Deliverables

The successful consultant will work with us to define the detail of the research, the plan, the structure of the report and also to present their findings to us.

1. Develop full Terms of Reference (ToR) for the project
2. Identify the research parameters and indicators for agreement with TB Alert
3. Conduct research – we expect this to consist of:
  - a. Desk based research of existing reports and information sources
  - b. Phone/face to face discussion and interviews with NGOs, TB and Health professionals, TB networks and health partnerships
4. Write a research report of key observations and recommendations
5. Present the findings to TB Alert management/Trustees (face to face meeting).

We have conducted some desk based research internally which we will share with the successful candidate in the planning stage, along with our other relevant background documents.



## 6. Project Duration, Timelines and Location

We anticipate the consultancy will take 12-15 days; the duration will be finalised as part of the ToR with the selected consultant. We would like the work to be completed during autumn 2015.

TB Alert will provide introductions to identified external contacts, access to staff and relevant information about the organisation.

We expect that the majority of the work will be completed remotely, with some face to face/ phone/Skype meetings as appropriate and as needed. Therefore the location is flexible.

## 7. Person Specification

- An excellent understanding of the current debates, issues and programmes in relation to TB, international development and health
- Knowledge of the in-country NGO environment in TB high burden/incidence countries
- Knowledge of the decision-making and working practices of NGOs and other potential clients
- Knowledge of, or ability to quickly understand, key international stakeholders working in TB
- Understanding of appropriate technical assistance and organisational development principles and practices
- Proven track record in completing research and delivering high quality professional reports and exceptional results
- Ability to work effectively remotely and with a high level of autonomy
- Excellent communication (written and spoken), networking and inter-personal skills
- Preferably with experience of working in health in sub-Saharan Africa and/or other developing countries.

## 8. Expressions of Interest

Please send expressions of interest, by 23 August 2015, to:

Mike Mandelbaum

Chief Executive

TB Alert

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Email [mike.mandelbaum@tbalert.org](mailto:mike.mandelbaum@tbalert.org)

Tel +44 (0)1273 234865.

Please include: your CV; your daily rate; a two page (max) description of your suitability for the consultancy and an overview of how you would expect to undertake the work.