



Fund Guidelines

Ascend Learning & Innovation Fund

Ascend
West and Central Africa



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1. Overview

The Ascend West and Central Africa programme is funded by the Foreign, Commonwealth and Development Office (FCDO) and is led by Sightsavers, the Liverpool School of Tropical Medicine (LSTM), Mott MacDonald and the SCI Foundation. It is a three-year integrated neglected tropical disease (NTD) programme aiming to deliver over 400 million treatments to accelerate control and elimination efforts for five NTDs.

A core component of the programme is the Ascend Learning and Innovation Fund. This will identify innovative approaches to NTD programming to accelerate progress towards control and elimination by addressing known barriers or issues. Amid the COVID-19 pandemic and the drastically changed NTD landscape, the fund seeks to explore how adaptive NTD delivery can be supported to ‘build back better’ to minimise the risks of COVID-19 whilst also accelerating the interruption of NTDs.

All stakeholders in the global community affiliated with eligible organisations, including ministries of health, non-profit, academic and for-profit organisations, are welcome to apply to the fund. Prospective applicants may submit multiple applications. Priority will be given to applications that relate to at least one of the five NTDs that are amenable to preventative chemotherapy and one of the thirteen countries covered under the Ascend West and Central Africa programme funded by FCDO.

We accept multi-country proposals as long as one of the countries impacted by the proposed project is part of the thirteen countries covered under this programme. We also encourage multi-country proposals which are implemented in Ascend East Africa (led by **Crown**

Agents). FCDO are prioritising projects which have an impact across Africa region and where evidence and lessons learnt can benefit both programmes.

We also accept proposals that include additional activities to tackle other NTDs included in the London Declaration on NTDs, however there must be a strong case that these can be integrated based on geographical overlap with priority diseases and a clear justification of need based on disease burden and a lack of other financial support. Standalone applications for diseases not amenable to preventative chemotherapy will not be eligible.

- **NTDs:** lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths, trachoma.
- **Countries:** Benin, Burkina Faso, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Guinea Bissau, Liberia, Niger, Nigeria, Sierra Leone or their border regions.

The fund is looking to invest in a range of project types that vary in size and focus – from those that increase country capacity to adapt NTD platforms to respond to COVID-19; to others which strengthen or expand routine programme activities; to those that support field research and research uptake, in line with World Health Organization (WHO) guidelines.

Applicants may apply for grants ranging from **£25,000 to £350,000** to support innovative projects, which can be at any stage from hypothesis testing, to pilot studies to scaling up. The fund will consist of 4 application cycles, with the last one open to existing projects only for 'top-up' funds. The approximate application windows for each cycle are listed below; please check the website for the most recent updates. All project activities and reports will have to be completed and submitted by 31st January 2022 at the latest.

- **Cycle 1:** April 29th – May 29th 2020 (with priority placed on applications which support the COVID-19 direct response).
- **Cycle 2:** 9th October – 6th November 2020 (with funding decisions made in January 2021).
- **Cycle 3:** February 2021 – March 2021.
- **Cycle 4:** April – May 2021. (for existing projects to apply for additional funding).

1.1 COVID-19

In response to the global pandemic, WHO issued interim guidance ([link](#)) on 1st April 2020 which encouraged NTD elimination programmes to temporarily suspend community-based activities where COVID-19 transmission had begun. National NTD programmes across the globe responded and interventions, including community-based surveys, active case-finding activities and mass treatment campaigns were suspended.

The Ascend West and Central Africa programme has responded directly to the COVID-19 pandemic and worked closely with FCDO to re-prioritize funding and assist with countries COVID-19 response plans, referred to as 'COVID-flex'. This included strengthening COVID-19 prevention messaging and training health workers to assist in the track and tracing and referral of suspected cases. This 'COVID-flex' approach is playing a key part in the efforts to prevent local transmission from spreading in Africa, but is also helping to secure the

conditions that lead to the safe resumption of community-based NTD activities (refer to 'COVID flex' annex on the fund [website](#) for update on specific activities supported).

In addition, Ascend West and Central Africa has also been helping to secure the conditions that lead to the safe resumption of community based NTD activities. In collaboration with our partners, risk assessment and mitigation action (RAMA) tools – one for treatment distributions, a second for disease specific surveys, and a third for case finding and surgical outreach for trichiasis and hydrocele (refer to the Appendix section on RAMA) have been developed. These tools have now become part of a comprehensive 5-step process, which includes a review of the COVID-19 epidemiologic trends and budget requirements to support the proposed mitigation strategies. Such an approach complements our overall aim to strengthen health systems, facilitate integration and cross sector collaboration, and “build back better” (see Appendix section on RAMA for further details).

Specifically, the Ascend Learning and Innovation Fund has also responded to this unprecedented situation. During Cycle 1, proposals were requested to explore how NTD platforms could be repurposed to support the COVID-19 response. This will continue to be a priority in Cycle 2 as the NTD community comes together to help reinstate government NTD programmes. The challenge is to be even more innovative and to 'build back better' in the context of COVID 19 pandemic, not only preserving the previous gains made, but exploring potential to accelerate the interruption of NTDs.

1.2 Introduction

Neglected tropical diseases (NTDs) affect more than 1.5 billion people every year, causing blindness, disability, pain and stigma for many more. Populations most impacted live in the poorest parts of the world without access to basic services like adequate sanitation. By preventing those affected from working and attending school, NTDs present a significant burden on economic opportunities and quality of life.

The Ascend West and Central Africa programme will make major progress towards eliminating five painful and poverty trapping NTDs in thirteen of the world's poorest countries. Specifically, the programme is contributing to the elimination of **lymphatic filariasis (LF)** and **trachoma** as a public health problem, making significant progress towards eliminating transmission of **onchocerciasis** and controlling morbidity of schistosomiasis and **soil-transmitted helminths (STH)**. The programme runs in 13 countries in close partnership with their ministries of health: **Benin, Burkina Faso, Central African Republic, Chad, Cote d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Guinea Bissau, Liberia, Niger, Nigeria and Sierra Leone.**

1.2.1 Why is Ascend important?

- **The programme will protect millions of people from NTDs.** A significant proportion of the world's poorest communities are at risk of these painful diseases. The programme will help several countries reach elimination thresholds and contribute to a major leap forward in global elimination efforts.
- **We believe every person – no matter who they are, where they live, or how much money they have – should be able to access health services.** To help achieve this

vision of universal health coverage, Ascend will work with ministries of health to support enduring, sustainable improvement.

- **It will strengthen healthcare building blocks**, working side by side with ministries of health to support the training, systems and equipment needed to fight NTDs. This will ensure the legacy of Ascend continues into the future.
- **The programme is committed to working with disabled people's organisations** so people with disabilities are involved in its design, delivery and evaluation, boosting the impact and inclusiveness of our NTD programmes.

1.2.2 How does the Innovation Fund fit into Ascend?

As part of the wider Ascend programme, the Learning and Innovation Fund has been set up to respond to emerging needs from the wider NTD community and the Ascend West and Central Africa programme specifically. It will provide strategic investments, for example to support filling emerging critical gaps in intervention coverage (e.g. in countries or regions outside of the geographical footprint included in the contract) and to deliver an enhanced learning agenda, for example via operational research related to programmatic activities (e.g. how to increase access to NTD services by a vulnerable group). The fund will be responsive to emerging issues and insights from Ascend and the wider operating environment.

The fund is looking to address common problems facing multiple countries, with solutions that create impact over a short frame and have potential to scale. Projects must demonstrate how findings can be put into practice in the wider Ascend programme, and impact how NTD programming is delivered in future. We strongly encourage you to closely review the Ascend activities annex and coordinate with Ascend partners before concept applications are submitted. This will avoid duplication and ensure complementary to ongoing activities.

1.3 What will the fund support?

The fund must be used for activities that enhance the elimination and control of NTDs in eligible Ascend countries or their border regions. These activities should provide added value, such as improved learning or enhanced impact, and should be used for activities complementary to the main programme activities (refer to the **Ascend Activities Annex** document). Projects must be designed to bring about measurable and lasting benefits to poor people within the project life span. We encourage applications that will bring value to beneficiaries through innovative and inclusive ideas.

The fund is willing to support varying types of projects. Examples include, though are not limited to:

- Research-focused projects which validate ideas through testing, gathering evidence and conducting desk-based studies or field work (refer to section 1.5 Research and Ethics).
- Projects which are testing the feasibility of a new idea or assumption to justify proof of concept.
- Projects which involve direct implementation in-country to test out new approaches or treatment strategies.

- Projects that seek to take an idea that has proven, evidence-based impact and value to a large scale.

1.3.1 Innovation

Innovation can mean different things to different people. The fund uses the following definition:

“Innovation in this context is not just limited to high-tech or brand-new solutions, but is about i) **developing and testing creative solutions** to known challenges ii) **learning and openness to adapt**, as innovation has an inherent risk of failure and iii) **supporting a vision** for scalability and increasing impact. Examples of innovative work may include bringing in learning from outside of the NTD sector or bridging the gap between research and implementation.”

To help the team manage the portfolio of fund projects, the fund is using three types of innovation to categorise projects. They are as follows:

Core – Incremental improvements on what is being done currently.

Adjacent – Transferring methods or approaches from one context (e.g. Country, Sector, or Scale) to another.

New – Novel inventions or ways of doing things.

Please do not be deterred if you are unsure which category your proposal would sit in. We are interested in your thought process, and encourage you to contact the fund team (fundteam@ascendwest-innovationfund.org) if you have any questions.

As noted above, innovation inherently carries a risk of failure – we support that risk as long as valuable lessons are clearly learned, and the implications of failure are accounted for.

A core consideration for all funded initiatives is long-term sustainability. All applicants will need to demonstrate how they are working with national level implementing partners to create and build partnerships that can drive relevant sustainable development results in NTD control and elimination.

1.3.2 Inclusion and Beneficiary Engagement

Central to the Ascend programme is an inclusive approach that seeks to “leave no one behind” ([link](#) to the United Nations Development Programme Leave No One Behind framework). A “one-size-fits-all” approach to development programming will leave some groups of people at risk of exclusion because different needs and societal dynamics create context-specific challenges to accessing health care. These challenges, which often intersect, may include but are not limited to:

- Religious or ethnic discrimination.
- Gender inequality.
- Internally displaced person or refugee status.

- Stigma or access barriers linked to disability.
- High levels of illiteracy and poverty.
- Prisoner status.

Understanding that these factors exist and result in barriers to accessing services is fundamental to ensuring a “leave no one behind” approach. Meaningful participation of key stakeholders, such as disabled people’s organisations (DPOs), is essential in designing and delivering inclusive programmes. Applications to the fund will be assessed on their leave no one behind strategy and evidence supporting the project proposal arising from beneficiary and stakeholder engagement. Applicants should be able to identify barriers to inclusion of particular people/groups in their project location and how they plan to address those barriers. Evidence arising from the engagement of beneficiaries and key stakeholders will also be required, such as: what beneficiary/stakeholder input or feedback from previous programmes have informed the proposal; the beneficiary/stakeholder perspective that justifies the investment; and how beneficiary/stakeholder engagement will be used to identify/assess potential risks or validate assumptions.

1.4 Challenge Statements

The fund is seeking project proposals that address one or more of the five following challenge statements, which were derived from stakeholder consultation, alignment with the WHO 2030 NTD Roadmap and WHO statements in relation to the COVID-19 pandemic. We will also consider applications that do not fall directly under any of these challenge statements if they are relevant to the objectives and principles of the Ascend programme, but request that applicants contact the fund team first to confirm.

1.4.1 Challenge 1: COVID-19 – How can adaptive NTD delivery ‘build back better’ in the context of COVID 19 pandemic?

As noted earlier, WHO issued new guidance to support national NTD programmes to resume activities. Sightsavers and its partners have been working hard to find ways to restart programmes quickly and safely. Mass drug administration has resumed in Nigeria where around one million people in the north western state of Jigawa received antibiotics to treat blinding trachoma between mid-July and the start of September. Many other African countries are now preparing to resume NTD programme activities and are mitigating the risk of COVID-19 (in line with the tools outlined in Appendix Section 6.1).

The fund is seeking innovative proposals to explore how adaptive NTD delivery can be supported to ‘build back better’ in the context of COVID-19. There are opportunities to i) increase country capacity to adapt national NTD platforms to respond to the COVID-19 pandemic; and ii) support the recovery of NTD programmes through evidence generation of which alternative or added strategies minimize the negative impact of COVID-19 on NTD elimination targets.

Rather than returning to “business as usual” once the pandemic has subsided, the global health community and partners must adapt to a new normal. There is an opportunity to harness the lessons learned offered by this crisis to minimise the risks of COVID-19 whilst also accelerating the interruption of NTDs.

Potential projects must be delivered in line with national government plans, relevant WHO guidance (**July Guidance document**, the **WHO-AFRO Guidance for restarting MDA**) and support the implementation of the WHO Pillars outlined in the WHO Operational Planning Guidelines to Support Country Preparedness and Response (**link**). These planning guidelines describe priority steps and actions to be included in countries' COVID-19 preparedness and response plans across the major areas of public health. This promotes an integrated response to support essential health services during the COVID-19 pandemic, focusing on the secondary impact on other infectious diseases where indirect mortality from vaccine-preventable and treatable conditions are at risk of increasing.

Example projects could include, but are not limited to the following:

- **Pillar 1 - Country-level coordination, planning, and monitoring:** for example, use of NTD Task Force leadership and convening power to coordinate partner responses; support in the use of digital platforms to collate data and support remote monitoring of the disease outbreak and field activities to reduce field visits. Alternative approaches to supervise and monitor mitigation of Standard Operating Procedures, generating evidence on logistical and financial implications of COVID-19 mitigation strategies.
- **Pillar 2 - Risk communication and community engagement:** for example, incorporating COVID-19 social behaviour change communication information into mass drug administration information, education and communication materials, and mass media campaigns, ensuring these are inclusive and accessible to marginalised groups; exploring the use of digital platforms to deliver integrated risk communication strategies and disseminate health information.
- **Pillar 3 - Surveillance, rapid-response teams, and case investigation:** for example, providing supervisory support to volunteer networks in target countries, piloting new approaches to implement NTD surveys that are integrated with other community-based health programmes, enhancing collaboration with rapid response systems to support access to medical treatment for diseases that require immediate attention.
- **Pillar 4 - Points of entry:** for example, modifying cross-border strategies involving migrant populations to communicate information about COVID-19, exploring novel approaches of treatment for migrant populations to prevent re-introduction of diseases.
- **Pillar 5 - National laboratories:** for example, approaches to promote integrated use of laboratory capacity and technical training for laboratory staff to test for NTDs and monitor COVID-19 transmission, modifying processes used for laboratory-based onchocerciasis surveys to help monitor and evaluate diagnostics and enhance data quality and staff performance in the COVID-19 response,
- **Pillar 6 - Infection prevention and control:** for example, prioritising research to support the repurposing of NTD treatments and delivery mechanisms for COVID-19 treatment.
- **Pillar 7 - Case management:** for example, reaching the most marginalised and supporting the continuation of essential health services and maintaining quality of care, particularly where there are risks of increases in deaths from other diseases, ensuring hygienic conditions for case management, including self-care and morbidity management and surgical procedures.
- **Pillar 8 - Operations support and logistics:** for example, repurposing NTD supply chains to support with COVID-19; developing PPE protocols for provision of surgeries for hydrocele and trichiasis surgeries and providing evidence on their effectiveness, comfort and acceptance by communities.
- **Pillar 9 - Maintaining essential health services during an outbreak:** for example, providing guidance on immediate actions that countries should consider at national, regional,

and local levels to reorganize and maintain access to high-quality trichiasis and hydrocele surgeries.

The impact of COVID-19 has affected every single NTD programme across the globe and has highlighted the need to build stronger health systems. In order to build back better, important shifts are required in the area of integration to leverage work across sectors and in conjunction with other programmes, including malaria, TB, immunization, and contribute to strengthening health systems to meet the challenges of the virus.

1.4.2 Challenge 2. Integration and multisectoral action – How can NTD interventions leverage synergies arising from integration across diseases, sectors and borders?

A multi-disciplinary approach engaging a whole range of stakeholders and utilising potential synergies will accelerate NTD elimination. Innovative partnerships and ways of working across sectors, diseases and borders, integrating and mainstreaming solutions have the potential to multiply the impact of NTD programmes.

Examples of potential projects under this challenge statement include, but are not limited to, the following:

- Coordination with migration and refugee authorities to provide NTD services to refugees or internally displaced persons.
- Integration with water, sanitation and hygiene (WASH) and behavioural change interventions to support long term change post-treatment completion.
- Coordination with malaria, tuberculosis, skin disease, cross-NTD or immunisation programmes to share resources and data.
- Coordination with vector control to impact the speed of reaching elimination.
- Linking with Global Surgery Initiatives to ensure access to quality surgery and train local staff.
- Development of guidance on an integrated framework, surveillance tools, case detection and management, control and prevention at global, regional and/or national levels.
- Establishing state of the art ways of communicating, collaborating and exchanging knowledge, contributing to global advocacy efforts to ensure NTDs are no longer 'neglected'.
- Coordination with national and global supply chains to leverage efficiencies in logistics (including last mile delivery and stock management) and achieve greater economies of scale when procuring medical consumables or diagnostic equipment.

1.4.3 Challenge 3. Universal Health Coverage (UHC) – How can we enhance access to, and quality of, integrated NTD treatment and prevention services in the context of UHC?

Universal health coverage (UHC) is defined by the WHO as “ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.”¹

To reach the WHO 2030 NTD goals, high quality prevention and treatment services for NTDs must be accessible to all in the context of UHC. It is essential to “leave no one behind” (LNOB) by taking an inclusive approach that ensures access for historically overlooked and marginalised populations such as persons with disabilities. A key component of UHC and LNOB is stakeholder engagement to examine the barriers that people face, empower those at risk of being left behind and enact inclusive programming.

Examples of potential projects under this challenge statement include, but are not limited to, the following:

- Micro-mapping and targeting to ensure populations in need are not left behind.
- Enhancing disability inclusion in NTD programming by promoting meaningful participation throughout the programme cycle, enhancing equitable access to services (treatment, WASH, health facilities and health education campaigns) and addressing stigma and discrimination.
- Collecting, analysing and using data to better track the degree to which NTD programmes are reaching the most marginalised populations, for example exploring use of the Washington Group Questions to measure the inclusion of people with disabilities in NTD programmes.
- Enhancing gender mainstreaming and promoting in particular the inclusion of girls and women with disabilities in NTD programming.
- Embedding NTD morbidity management and disability prevention (MMDP) services in primary healthcare.
- Strengthening mass drug administration (MDA) delivery in endemic districts and implementing alternate interventions where appropriate.
- Integrated community-based initiatives for patient care, such as peer support groups, shared learning days, and self-advocacy for rights, promoting integration with multiple NTDs, WASH and other chronic conditions.
- Utilising new technologies, e.g. drones, to enhance supply chain access to essential commodities such as diagnostic equipment.

1.4.4 Challenge 4. Health systems strengthening – How can we ensure long-term, in-country sustainability for integrated NTD programmes?

¹ https://www.who.int/healthsystems/universal_health_coverage/en/

Health systems strengthening is defined by the WHO as “the process of identifying and implementing the changes in policy and practice in a country’s health system, so that the country can respond better to its health and health system challenges.”²

It is not enough to deliver programmes to help progress towards NTD elimination. It is also essential to secure local commitment and develop in-country infrastructure to ensure continued delivery and sustainability for the future. This includes building the capacity to tackle emerging challenges such as anti-microbial resistance.

Examples of potential projects under this challenge statement include, but are not limited to, the following:

- Embedding NTD intervention and morbidity management and disability prevention (MMDP) in mainstream health workforce training.
- Developing policies and guidelines for effective quality control for NTD services.
- Integrating NTD-related monitoring and evaluation with national health information systems.
- Building capacity in lymphatic filariasis and trachoma surgery and deploying trained health personnel effectively.
- Strengthening supply-chain management to increase the efficiency of programme delivery and minimise delays.
- Strengthening laboratory and surveillance networks to diagnose and monitor antimicrobial resistance.

1.4.5 Challenge 5. Data systems – How can we increase the quality, availability and usage of NTD data at all levels to better inform NTD programming?

Access to quality data is essential at each stage of NTD control – from intervention design to programme delivery, impact assessment to elimination validation. Enhancing the collection, storage, accessibility, analysis and usage of data will enable more effective and efficient NTD programming. Improved measurability and context are essential for reaching NTD elimination, and long-term surveillance solutions post-elimination are key to give countries confidence to stop treatments.

Examples of potential projects under this challenge statement include, but are not limited to, the following:

- Closing data gaps with the development of easy-to-use tools for data collection, storage and access.
- Novel forms of data visualisation, improved feedback loops and skills development to improve data use.
- Improving mapping and sampling in co-endemic areas (e.g. Loa loa and onchocerciasis).

² https://www.who.int/healthsystems/hss_glossary/en/index5.html

- Utilising new technologies (e.g. drone mapping, environmental DNA) for surveillance and mapping.
- Enhancing monitoring of drug efficacy and resistance to improve treatment outcomes.
- Leveraging existing databases at the national level such as logistics management information systems and health management information systems, as well as global databases such as the GET2020 database, the ESPEN NTD Portal, and the WHO Preventive Chemotherapy and Transmission Control (PCT) Databank.

1.5 Research and Ethics

The fund welcomes research proposals which relate to one or more of the five challenge statements. The focus of any funding for research is on operation / implementation research and activities to support both the dissemination and uptake of research findings ([link](#) to FCDO research uptake guidance).

Any research producing practically-usable knowledge (evidence, findings, information, etc) which can improve programme implementation (e.g. effectiveness, efficiency, quality, access, scale-up, sustainability) regardless of the type of research (design, methodology, approach) falls within the boundaries of operations / implementation research ([link](#) to WHO operational research framework).

In the content of the fund, this may for example span from epidemiological research to better understand the distribution and determinants of health-related states to research aiming to assess acceptance / feasibility / cost implications of specified interventions / diagnostics.

Research activity must be conducted in a manner consistent with established ethical standards and should receive ethical clearance from local institutional review boards in advance of being implemented (see [link](#) to FCDO Ethics Guidance, and **Sightsavers Position on Research** document). If you are unclear whether a particular activity should receive ethical clearance, please consult the fund team.

2. Application

2.1 Funding per award

The Fund is looking to support a range of project types with investments that vary from £25,000 to £350,000. If an awarded project is successful, applicants may apply for additional funding to take it to the next step – for example, applicants who receive funding for a pilot project that is successful may apply for additional funding to scale it up.

2.2 How to apply

The application process for the Fund consists of two phases: **1) the Concept Application**, which is open to all interested applicants, and **2) the Detailed Application**, which is by invitation only.

2.2.1 Concept Application

All interested applicants should submit the **Concept Application**. Please email the completed document to fundteam@ascendwest-innovationfund.org, along with a link to the annual accounts of your organisation and other requested due diligence documents.

The Concept Application is meant to provide an overview of the following:

- Applicant organisation's experience.
- Project's commitment to inclusion and "leave no one behind".
- Evidence-based need that justifies the project.
- High-level project objectives and methodology.
- The innovative aspect of the project.
- Project's long-term sustainability, replication and/or scaling potential.
- Country-level engagement to date and compliance requirements.

2.2.2 Detailed Application

Selected applicants will be invited to submit the Detailed Application, and will have one month to complete and email it to fundteam@ascendwest-innovationfund.org. Tailored support is available at this stage to help applicants complete and refine their Detailed Applications. Applicants should address feedback received at the Concept Application stage; those clearly demonstrating how they have responded to feedback will score more highly.

The Detailed Application will include the following:

- CV of project lead.
- Project design and context.
- Project management and implementation plan.
- Monitoring & Evaluation plan.
- Learning strategy.
- Inclusion strategy.
- Budget.
- Risks and mitigations.
- Value for money strategy.
- A letter of support from the national government or relevant Ministry department where the project will be implemented, if applicable.

For proposals selected to receive funding, additional information may be required from applicants prior to project launch.

2.3 Fund timelines

The Fund will consist of 4 application windows, starting from April 2020. Cycles 1-3 will be open to all applicants; Cycle 4 will be restricted to existing projects or partners funded through the previous cycles. All project activities and reports will have to be completed and submitted by 31st January 2022 at the latest.

	Concept Application Window (approx.)	Concept Application Review Complete (approx.)	Award Announcement (approx.)	Eligibility Notes
Cycle 1	27th April – 29th May 2020	Mid July 2020	Mid Sep. 2020	
Cycle 2*	9th Oct – 6th Nov 2020	Mid Nov 2020	Mid Jan 2020	
Cycle 3	Early Feb 2021 – Early Mar 2021	Mid Mar 2021	Early May 2021	
Cycle 4	Late May 2021 – Late Jun 2021	Mid Jul 2021	Late Aug 2021	Existing projects or partners

2.4 Reporting Requirements

If successful, the fund team will work with the project team to develop a grant oversight plan, including a schedule for regular status calls. All projects will be required to submit a report at project close; quarterly reports may also be required dependent on the project length. Projects will also be expected to keep learning logs to capture lessons learned. Templates for reports and learning logs will be provided.

3. Selection

3.1 Selection process

Applications will be reviewed by a panel consisting of representatives from each member of the Ascend consortium (LSTM, Mott MacDonald, SCI Foundation and Sightsavers).

3.1.1 Concept Application

Once the Concept Application is received, the applicant will be notified within approximately a month if they have been successful. Please refer to the **Fund Scoring Criteria** document for the criteria against which Concept Applications will be evaluated. Successful applicants will be invited to complete the next stage of the application process. If the Concept Application does not meet the eligibility criteria or is not suitable to progress, the applicant will be notified and receive feedback on the reasons for the decision. If there is not enough

information captured in the Concept Application, the applicant will be notified and requested to complete the missing information in order to be considered.

3.1.2 Detailed Application

Applicants successful at the Concept Application stage will be invited to submit a Detailed Application. Applicants will receive support in developing their Detailed Application from members of the fund team if required. Each Detailed Application will be assessed by the fund team with a weighted scoring matrix, and top-scoring applications will be sent to FCDO for approval. Please refer to the **Fund Scoring Criteria** document for the criteria against which Detailed Applications will be evaluated. Following FCDO approval, awards will be announced. Please see the Fund Timelines section for approximately when awards will be announced for each cycle.

3.2 Sequential funding for successful projects

If projects funded by the Ascend Learning and Innovation Fund demonstrate success & impact, there will be an opportunity for the teams to prepare a fast-tracked proposal for a sequential phase of their project. Instead of beginning at the Concept Application stage, teams will be asked to prepare a Detailed Application.

Please note: **these applications will still go through our evaluation and review process.** They will skip the Concept Application stage because the concept will already have been explored in their delivered project.

3.3 Selection criteria

Broadly speaking, applications to the fund will be assessed on the following criteria. They each have a weighting of importance, indicated here:

1. **Innovation and Impact (35%)** – Does this project present an innovative, inventive and impactful step towards accomplishing country NTD goals, in line with the WHO 2030 Roadmap?
2. **Evidence-based (20%)** – Is there convincing evidence for the identified need that the project is addressing? Is there convincing evidence to support the approach of the project?
3. **Feasibility (15%)** – Can this project be feasibly delivered within the budget and time constraints of the Fund?
4. **Viability (10%)** – Does this project demonstrate potential for long-term sustainability, replication and/or scalability?
5. **Value for Money (15%)** – Does this project present significant value for money to maximise the impact of each UK taxpayer's pound spent to the global NTD community?
6. **Team Experience (5%)** – Does the team have the knowledge, skills and experience to deliver this project?
7. **Eligibility** – Do the applicant and project meet the eligibility and compliance requirements?

Please refer to the **Fund Scoring Criteria** document for the detailed list of scoring criteria.

4. Eligibility

4.1 Applicant eligibility

We welcome applications from applicants affiliated with eligible organisations (both global and local). These may include but are not limited to Ascend partners, governmental institutions, non-profit organisations, academic institutions and for-profit businesses.

Eligible organisations:

- Are legally registered organisations with their own constitution (applicable to non-profits only) and independent board of trustees.
- Can provide published annual audited accounts or financial statements for the last two years and other documentation required for compliance (see Compliance section).

Applications will not be accepted from individuals not affiliated with an organisation, or from organisations that:

- Intentionally discriminate against people on the grounds of religion, politics, race, disability, gender, sexual orientation, etc.
- Expose beneficiaries to any form of abuse or exploitation.
- Have any connections with terrorist groups.
- Have failed to comply with the laws under which it was formed.
- Have been found involved in fraudulent or illegal activities.
- Is bankrupt or the subject of legal proceedings.
- Have been convicted of an offence concerning professional conduct in the last 2 years.
- Have been blacklisted by any oversight body.
- Fail to demonstrate an acceptable approach to safeguarding.

4.2 Project scope

4.2.1 Project Eligibility

Projects must relate to at least one of the five NTDs amenable to preventative chemotherapy and at least one of the thirteen West and Central African countries covered in the Ascend West programme (see Introduction section), completing by January 2022 at the latest. We can accept multi country proposals that are implemented in East Africa, covered by the Crown Agents consortium, but would recommend reaching out to the Fund Team to discuss in advance.

As noted previously, we will accept proposals that include additional activities to tackle other NTDs included in the London Declaration on NTDs ([link](#)), however there must be a strong

case that these can be integrated based on geographical overlap with priority diseases, and a clear justification of need based on disease burden and a lack of other financial support.

Funds cannot be used for the following purposes, including but not limited to:

- Activities already budgeted and planned for in the wider Ascend programme including COVID flex activities (see the **Ascend Activities Annex** document).
- Any activities with the aim of converting programme stakeholders to any kind of political or religious belief.
- Any activities that could be construed as bribery.
- Large scale capital expenditure (including the construction or purchase of buildings).
- Purchase of vehicles. Whilst purchase is not an eligible capital expenditure, the leasing of vehicles could be approved as an eligible project cost if there is clear justification provided around the need and value for money of the leasing arrangement.
- Tuition or course fees.

4.2.2 Additional budget guidelines

Procurement of any items of **equipment with a value higher than £500 (\$650 USD)**, attractive assets (e.g. phones, computers, cameras) and **digital spend** will require additional approvals as per FCDO guidelines.

Projects that include digital spend will need to demonstrate adherence to the nine **Principles for Digital Development** ([link](#)): design with the user, understand the existing ecosystem, design for scale, build for sustainability, be data driven, use open standards / data / source / innovation, reuse and improve, address privacy & security and be collaborative.

Please see the **Budget Guidelines** document for further information.

4.2.3 Working in more than one country

Projects can operate in more than one country. Your proposal must provide relevant information for the proposed activities in each country, outlining the operational context and providing specific details of the problems to be addressed in this context. The project does not have to follow the same approach in each country, but all project activities must contribute to achieving the project outcome. Applicants must provide a clear rationale for working in multiple locations/countries and demonstrate how there will be cross-learning between the countries.

4.3 Compliance and due diligence

4.3.1 Compliance at the Concept Application Stage

All applicants will have to meet the minimum partnership criteria to be considered for the next stage of application process. Sightsavers has a set of minimum standards for partnership, against which all potential programme partners are assessed. This is the initial step to assess whether an organisation and its local implementation partners have the

necessary policies, processes, governance systems and resources to deliver the project successfully.

In order to assess whether your organisation is compliant, we will review information in the public domain, including your website, mainstream media and search engines, and international sanction and terrorism watchlists. We will also require you to provide some additional documentation as mentioned in the Concept Application, which can also be found in the **Ascend Partner Compliance Required Documentation**, which should be appended to your application.

4.3.2 Compliance at the Detailed Application Stage

All selected applicants will have to meet compliance obligations before grants are awarded, including signing the FCDO Partner Supply Code of Conduct and Sightsavers Code of Conduct. The following documents detail the compliance requirements:

- **Sightsavers Code of Conduct for Partners.**
- **Ascend Partner Compliance Required Documentation.**
- **Ascend Partner Compliance Declaration.**
- **Ascend Subcontract Template.**

Due diligence assessments of all organisations will be undertaken. The process at this stage will complete the assessment of whether the organisation and its local project implementation partners have the necessary policies, processes, governance systems and resources to deliver the project successfully. This includes human resources - ensuring the organisation has the right skills and experience to manage FCDO funds accountably and for the purpose they were awarded.

Risk Assessment and Mitigation Action (RAMA)³ tools have been recently developed and serve as practical tools to help Ministries of Health operationalise WHO recommendations and document country mitigation strategies with the aim of resuming NTD related activities safely. This will need to be undertaken for any programmes which are proposing to resume NTD activities in-country.

If FCDO, or any other donors, have undertaken a due diligence assessment of your organisation within the previous three years, please inform the fund team. Please note that grants may be conditional on the implementation of recommendations that arise from the due diligence assessment and RAMA tool completion. That may need to be before the grant starts or during the first months of the project, depending on the importance of the recommended action.

Additional details on the project proposal may also be required from applicants prior to project launch.

5. Support

³ Refer to appendix for detailed steps on RAMA process

We would like to, as much as possible, make this fund inclusive, minimise the burden of applying and provide value throughout the application process regardless of award outcome.

As such, we will be providing two types of services to applicants and prospective applicants:

- Support Services – general services to support those who are applying to the fund. This can be anything from providing guidance on filling out budget templates, preparing a monitoring & evaluation plan, and shaping a project delivery plan. If the concept is found to be an innovative concept but lacking in some areas, we will aim to support the applicant in identifying relevant partner organizations to leverage their domain expertise.
- Implementation Services – flexible, tailored services to help prospective applicants in generating ideas to challenges they are facing through sharing workshop methodologies and providing facilitation where possible.

These services will be delivered through several channels for applicants, such as Guidance Materials, Webinars, and 1-1 Calls.

We encourage all interested applicants with an idea to apply! If you have an idea, we would love to hear from you – if you would like guidance or support at any stage, please reach out to the fund team at fundteam@ascendwest-innovationfund.org.

6. Appendix

6.1 RAMA Process

In response to the COVID-19 pandemic, WHO recommended that community-based surveys, active case-finding activities and mass treatment campaigns for neglected tropical diseases be postponed until further notice. Following this, they announced that NTD activities could resume on the condition that mitigation measures were put in place beforehand to ensure safe practice.

Sightsavers' NTD programmes rapidly adapted to ensure that countries wishing to restart NTD activities are accommodated and have the best chance at doing so successfully. The Ascend West and Central Africa programme developed the Risk Assessment and Mitigation Action (RAMA) tools for the resumption of MDA, surgery and surveys to ensure that the countries have identified COVID-19-related risks and installed proficient mitigating actions.

The RAMA tools recently developed and piloted serve as practical tools to help Ministries of Health operationalize WHO recommendations and document country mitigation strategies with the aim of resuming NTD related activities safely. Once a national programme has made the decision to resume NTD activities, ideally based on WHO consideration/criteria, the following 5 steps need to be completed by applicants to the fund:

- **Step 1:** Complete the appropriate RAMA tool nationally and then again for each specific geographic area subsequently targeted for resumption. There are three tools available in French and English as follows: (1) Resumption of Community and School Treatment

Distributions ([RAMA-treatment V14](#)). (2.) Resumption of Case Finding and Surgical Outreach ([RAMA-surgery V8](#)). (3) Resumption of Disease Specific Assessments ([RAMA-DSA V5](#)). For research studies please reach out to the Primary Investigator for additional guidance - the RAMA-DSA tool might be an appropriate tool to use.

As living tools, they will be updated as we receive additional feedback from users and as WHO provides updated guidance.

- **Step 2.** Provide the latest COVID-19 trends (example of national trend data <https://www.domo.com/covid19/geographics/global/>). Where available, data should be presented at regional or district level in coordination with the national COVID-19 taskforce and provide current 14-day trend showing the number of cases per 100,000 for the areas being assessed.
- **Step 3.** Review financial implications of mitigation plan. Mitigation strategies may cost between 20-30% and should be clearly documented using a standard template.
- **Step 4.** Applicants discuss results of steps 1-3 with the Ascend team. Leading up to this step, please be sure to share a copy of the completed RAMA tool, SOP, COVID-19 trend and security risk assessment (if recommended) via email; CC both Sangjan Newton (snewton@sightsavers.org) and Ioasia Radvan (iradvan@sightsavers.org) when submitting your RAMA tools, SOPs, COVID-19 trends and security risk assessments. They will then save these documents into the correct folders for version control.
- **Step 5.** Team lead Integrated Systems Unit will refer final decisions on whether to resume activities to the Ascend Project Director. A summary form for the recommendation will be required that outlines the recommendation from **Step 4** and the evidence to support the recommendation, including a reference to all finalized RAMA tools, SOPs, and COVID-19 disease trends. The Project Director will discuss this recommendation with the Executive Group and in turn inform FCDO.

The summary form **MUST** include a place to record the decision i.e. to resume, to resume with conditions or no resumption at this time along with a summary of the meeting held to confirm the decision.

A separate Security Risk Assessment may also need to be presented to EG for the areas where activities will resume. **[Early engagement is best to avoid delays here.](#)**