Improving the Capacity of the Network of Drug Use Disorder Treatment Services to Provide Ethical, Evidence-Based and Humane Treatment to Persons with Drug Use Disorder in Tanga, Tanzania

APPLICATION CHECKLIST

Please make sure your application includes the following documents:

|  |  |  |
| --- | --- | --- |
| Document | Attached | Not attached |
| Completed application form |  |  |
| Indicative budget |  |  |
| Registration certificate |  |  |
| Bank certificate or any other official document attesting to the existence of the organisation’s bank account |  |  |
| Audited financial statements for the last two fiscal years  In the absence of audited statements, any other official document demonstrating the annual income of the previous years will be accepted |  |  |

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APPLICATION FORM

1. **Organisation profile**

|  |  |
| --- | --- |
| Name of applicant organisation |  |
| Contact information | *Office address*  *Telephone number*  *Email address* |
| Date of registration of the organisation | *If the applicant is an international NGO, please indicate registration in the country of headquarters and in Tanzania.* |
| Primary contact person | *Name*  *Job title*  *Contact information* |

* 1. **Prior experience in implementing activities that facilitate drug use disorder treatment.**

*Please fill out the table below for each relevant project. Add tables if necessary. Please list no more than 7 projects. If your organisation has a longer history, please select the projects most related to the scope of work provided in Annex A.*

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region, Country* |
| Brief description of the project |  |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region, Country* |
| Brief description of the project |  |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

* 1. **Prior experience in implementing training and capacity building activities in the field of drug use disorder treatment.**

*Please fill out the table below for each relevant project. Add tables if necessary. Please list no more than 7 projects. If your organisation has a longer history, please select the projects most related to the scope of work provided in Annex A.*

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region, Country* |
| Brief description of the project |  |
| Training beneficiaries |  |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region, Country* |
| Brief description of the project |  |
| Training beneficiaries |  |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

* 1. **Prior experience working closely with communities, preferably in the Tanga Region.**

*Please fill out the table below for each relevant project. Add tables if necessary. Please list no more than 7 projects. If your organisation has a longer history, please select the projects most related to the scope of work provided in Annex A.*

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region* |
| Brief description of the project |  |
| Groups/sections of the community engaged |  |
| Role of the community in the project | *Please indicate roles for each group/section of the community as listed above.* |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

|  |  |
| --- | --- |
| Dates of implementation | *DD/MM/YYYY – DD/MM/YYYY*  *(Please indicate implementation period in parenthesis.)* |
| Location | *City/Municipality, Region* |
| Brief description of the project |  |
| Groups/sections of the community engaged |  |
| Role of the community in the project | *Please indicate roles for each group/section of the community as listed above.* |
| Role/indicative tasks of the organisation |  |
| Donor/s |  |
| Total budget | *(in USD and equivalent in local currency)* |
| Outcomes of the project |  |

**2. Project Proposal**

**2.1. A creative Information, Education and Communication Strategy to be implemented in Tanga City and in Muheza**

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| 2.1.1. Proposed design of the IEC Strategy  *Please describe your design for an IEC Strategy, keeping in mind the Principles of DUD Treatment as provided in the International Standards for the Treatment of Drug Use Disorders.* |

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| 2.1.2. IEC Strategy Implementation Plan  *Please indicate how you will implement the IEC Strategy above and describe how you intend to reach the widest audience possible.* |

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| 2.1.3. Community engagement  *Please indicate how you will engage the community and what role they play in planning and implementation.* |

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| 2.1.4. Engagement with women  *Does the design and implementation of the proposed IEC Strategy target and engage women? Does it take into consideration needs specific to women to enable them to participate?* |

**2.2. Implementation of training for drug dependence treatment practitioners in Tanga City through the Universal Treatment Curriculum (UTC) Basic Series**

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| *2.2.1. Please indicate how you intend to implement the training, taking into account the information provided in the Scope of Work.* |

**2.3. Implementation of the Universal Treatment Curriculum (UTC) specialised training course on drug dependence treatment in rural settings for treatment practitioners in Muheza**

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| *2.3.1. Please indicate how you intend to implement the course, taking into account the information provided in the Scope of Work.* |

**3. Project Coordination**

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| 3.1. Staff involved in the project  *Please provide information on the number of staff needed to implement the project and describe their roles and responsibilities. Please also indicate if the staff is already in-house or if new staff, including short term contractors, will be hired.* |

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| 3.2. Project coordination costs  *Please indicate the total cost for project coordination and indicate the percentage of the total budget it comprises.* |

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| 3.3. Risks and mitigation measures  *Please identify the main risks for full and timely implementation of the project and describe the measures put in place to mitigate them.* |