

Challenge Facility for Civil Society Round 10

Transforming TB Responses to be Rights-based, Gender-transformative and People-centered to minimize the COVID-19 impact and advance towards the UNHLM 2022 targets

Information Note

Eligible Countries and Regions

For Challenge Facility (CFCS) Round 10 there are two tracks – Track 1 Country and Track 2 Global/Regional.

For Track 1: Applicants from the following countries can apply:

Afghanistan	Ethiopia	Kenya	Nepal	Philippines	Uganda
Bangladesh	Ghana	Kyrgyzstan	Nigeria	South Africa	Uzbekistan
Cambodia	India	Malawi	Pakistan	Tajikistan	Viet Nam
Cameroon	Indonesia	Mozambique	Papua New Guinea	Tanzania	Zambia
DR Congo	Kazakhstan	Myanmar	Peru	Ukraine	Zimbabwe

For Track 2: Global and regional organizations from the following regions can apply:

Anglophone Africa	Middle East and North Africa	Latin America and the Caribbean
Francophone Africa	Asia and the Pacific	Eastern Europe & Central Asia

Applicants must be registered non-governmental, community-based, civil society organizations, who support the above countries and regions, working on TB and CRG. Global and regional organisations should be based and/or predominantly work in high TB burden countries and have a demonstrably established network of country and other regional partners.

Eligible Organizations

CFCS Round 10 is for TB affected community and civil society organizations that are:

- Legally registered with an active bank account.
- Working at sub-national, national, regional, or global levels.
- Non-governmental organizations and civil society organizations working in the above-mentioned countries or regions.

Evaluation criteria

No	Criteria	Explanation	Weight
1	Relevance	The relevance of the project and the extent to which the project proposal responds to the problems articulated.	10%
2	Technical approach	The extent to which CRG principles have been incorporated into interventions and processes, relevance of the project within the current environment (COVID-19 / UN HLM 2022 targets), the extent to which the project leverages previous or existing TB CRG initiatives /investments, and the clarity and relevance of the workplan.	50%
3	Experience	The extent to which the project proposal demonstrates that the organization has sufficient TB CRG experience, capacity, personnel, partnerships etc. to implement the proposed project.	20%
4	Networking and reach	The extent to which the project proposal demonstrates strategic partnership building, networking and reach.	10%
5	Value for Money	The extent to which the project demonstrates value for money and sustainability.	10%

Available funding

The total available amount for CFCS Round 10 is USD 7.5 million.

- Track 1- National Level: Grants between USD 25,000 and USD 100,000 will be awarded.
- Track 2 – Global/Regional: Grants between USD 60,000 and USD 150,000 will be awarded.

Final grant amount will be subject to the number of grants selected and may vary across/within countries, regions, or networks.

Grant duration

One-year

Questions

If you have any questions, please send them to cfcs@stoptb.org. **The deadline for the submission of questions is 6 May 2021.** All questions and answers will be published on the Stop TB Partnership Challenge Facility for Civil Society webpages.

Vision: CFCS Round 10

The aim of CFCS Round 10 is to contribute towards reaching UNHLM TB 2022 targets and commitments and to mitigate the impacts of COVID-19 on the TB response through rights-based, gender-transformative, people-centered interventions and advocacy.

Track 1 – Country Track

Building on previous CRG work, CFCS Round 10 will support proposals from TB affected community and civil society organizations based in targeted countries to work and contribute towards:

1. ensuring the right level of advocacy and engagement of national stakeholders in monitoring and ensuring that the UNHLM 2022 targets will be achieved,
2. national TB programme recovery efforts from COVID-19, such as bi-directional testing and integrated contact tracing, to meet the UNHLM 2022 targets, including leveraging donor opportunities for COVID-19, and
3. transforming the TB response to be rights-based, gender transformative and people centered, based on latest available international guidance and new tools, in alignment with the UN Political Declaration on the Fight Against TB and the Call to Action from communities, as outlines in *A Deadly Divide: TB Commitments vs TB Realities*.

Eligible activities are described in the below table:

STOP TB PARTNERSHIP	Track	1. Country track: Advancing CRG to minimize the impact of COVID-19 and to reach the UNHLM 2022 Targets
	Objectives/ areas covered	<ul style="list-style-type: none"> - To ensure the right level of advocacy and engagement of national stakeholders in monitoring and ensuring that the UNHLM 2022 targets will be achieved (view country-level targets here). - To contribute towards national TB programme recovery from COVID-19 to meet the UNHLM 2022 targets, including leveraging donor opportunities for COVID-19, - To transform the TB response to be rights-based, gender transformative and people centered, in alignment with the UN Political Declaration on the Fight Against TB and the Call to Action from communities, as outlines in <i>A Deadly Divide: TB Commitments vs TB Realities</i>.
	Indicative eligible activities	<ul style="list-style-type: none"> - Develop expertise, skills, and engage key stakeholders, including parliamentarians, celebrities, journalists, and donors at national level and through national partnerships and catalyze country dialogues on UNHLM targets 2022 and support for the organization of the UNHLM TB 2023. - Raise awareness of integrated COVID-19 and TB interventions, document the impact of COVID-19 on the TB response. - Organize and implement advocacy and communication activities and campaigns at national and subnational levels – aligned and coordinated with advocacy efforts at global levels – to support national TB programme recovery efforts from COVID-19 to reach the respective UNHLM 2022 targets. - Actively support advocacy events organized by STP at all levels and proactively contribute to the annual World TB Day campaign. - Mobilize and empower communities in their Calls to Action to meet the UNHLM 2022 targets. - Generate demand for innovative services and tools, including replacing microscopy and increased access to rapid molecular diagnosis as entry point for TB diagnosis. - Raise TB awareness and TB rights literacy including legal trainings to facilitate community actions to use the law to protect & promote the rights of people affected by TB; support strategic litigation advancing the human rights of people affected by TB; - Conduct the STP TB CRG Assessments, Stigma Assessments and Develop National CRG Costed Actions Plans to overcome barriers to services, and eliminate TB stigma and human rights violations. - Support STP advocacy and communication initiatives, Step up for TB and other STP surveys, and tools to encourage adoption and implementation the latest WHO-recommended TB policies. - Deploy, adapt and scale-up community-led monitoring interventions to overcome barriers to services, human rights violations, and TB stigma, especially within the context of COVID-19, using different tools, including OneImpact. - Conduct advocacy trainings to support skills development for strengthened advocacy outreach to support national advocacy priorities.

Expected results

- Increased numbers of stakeholders including celebrities, journalists, donors and communities engaged in advocacy and communications campaigns and through national partnerships to ensure that UNHLM targets are met.
- Public and private expressions of political support for the organization of the UNHLM TB 2023 are garnered, e.g. community advocacy on the right to access to quality-assured diagnostic testing for all, access to preventive therapy for all those at risk, end to TB stigma etc.
- Mobilized and empowered TB communities, using data and information to demand their rights and achievement of UNHLM targets and commitments within the context of COVID-19.
- Disseminate information on COVID-19 and its impact on the TB response to promote TB programme recovery efforts to reach the UNHLM targets and commitments at sub-national and national levels.
- Relevant TB policies are updated in line with the latest international recommendations, allowing TB innovations to be introduced to NTPs.
- Advocacy to country governments, donors, pharmaceutical and diagnostic companies to remove any cost barriers to the introduction of newer, safer and quicker treatment options to facilitate immediate phase out of harmful TB treatment, and newer, rapid diagnostics to phase-out microscopy.
- National CRG Action Plans and TB Stigma Elimination Plans embedded into National TB Plans or Responses.
- Community-led monitoring data integrated and used in national responses and at local levels to overcome barriers to services, human rights violations, and TB stigma in the TB response and within the context of COVID-19.

Track 2 – Regional Track

Track 2 will support proposals from global and regional TB affected community or civil society organizations or networks. Track 2 grants will aim to enhance community coordination and capacity to actively and strategically contribute to: national and regional advocacy efforts towards reaching the UNHLM 2022 targets, TB programme recovery efforts from COVID-19 and positioning TB as a major contributor to global health security. All activities will strengthen the engagement and effectiveness of TB affected community-based entities to this end.

Eligible activities are described in the below table:

STOP TB PARTNERSHIP	Track	2. Regional Track: Advancing CRG in the regions to minimize the impact of COVID-19 and to reach the UNHLM 2022 Targets
	Objectives	<ul style="list-style-type: none"> -To contribute, organize and implement effective advocacy and communication campaigns, primarily targeting regional decision-making bodies, in coordination and collaboration with Stop TB Partnership, to increase UNHLM 2022 accountability efforts, call for the organization of UNHLM 2023 and to advocate for TB recovering efforts to mitigate the impact of COVID-19 on the TB response. -To communicate and coordinate with TB civil society and community actors at a regional level for effective global and regional mobilization, accountability, and advocacy, through and by engaging the other Stop TB Partnership grantees and country-level STP Platforms. -To strengthen the organizational capacity, advocacy and TB technical capacity of TB affected communities and civil society in high burden TB / TB-HIV/ MDR TB countries to engage in UNHLM advocacy efforts.
	Indicative eligible activities	<ul style="list-style-type: none"> - Engage relevant stakeholders and catalyze regional and global dialogues on reaching UNHLM targets and within the current environment of COVID-19. - Develop and disseminate communication and advocacy materials and guidance on TB and CRG for use at global, regional and national levels. - Build the communication and advocacy skills among civil society and community actors on CRG, TB technical areas, TB financing, Research and Development and social protections. - Identify organizational gaps and weaknesses and address the organizational gaps and weaknesses in TB civil society and community organizations. - Conduct regional advocacy campaigns to advance priority TB issues identified by TB affected communities and within CRG and TB Stigma Assessments in the region. - Ensure regional monitoring, using the enabling environment scorecards for UNHLM human rights accountability (developed by the Stop TB Partnership) and other tools.
	Expected results	<ul style="list-style-type: none"> - Specific advocacy and communication campaigns and/or messages on UNHLM 2022 targets, UNHLM on TB 2023 developed with Stop TB Partnership - delivered and monitored in 8 regions. - Joint advocacy and communication messages on the impact of COVID-19 on TB responses and recovery measures articulated and put in place in 8 regions. - Joint advocacy and communication messages to country governments, donors, pharmaceutical, diagnostic companies to remove any cost barriers to the introduction of newer, safer and quicker treatment options to facilitate immediate phase out of harmful TB treatment, and newer, rapid diagnostics to phase-out microscopy. - World TB Campaigns coordinated at a regional and global levels. Availability and use of Regional CRG tools for CRG advocacy. <p>One way of measurement the inclusiveness and adoption of policies will be through the USAID/STP Governance assessment and the Step Up for TB survey.</p>

USEFUL INFORMATION TO HELP INFORM PROPOSAL WRITING

Why do we need a community-driven approach to TB that is grounded in human rights and gender equality (CRG)?

The UNHLM on TB has clear [targets and commitments](#) that countries need to reach by 2022.

These targets and commitments reflect and further strengthen those in the End TB Strategy and [Global Plan to End TB](#). Prior to the COVID-19 pandemic, countries were not on track to reach many of the UNHLM TB targets and commitments and since the pandemic, progress made has been negatively impacted. COVID-19 has exacerbated existing legal, gender and other human rights related barriers to accessing services and it has exposed the longstanding structural drivers of health inequalities and social determinants of health.

As a result, it is imperative that communities who are at the forefront of the TB response be supported to identify and address these inequalities and to collectively build back national TB responses, in order to achieve the UNHLM targets and commitments by 2022.

In 2020 two global accountability reports document these realities and highlight the actions needed to end TB. The first is a [progress report](#) from the United Nations Secretary General (UNSG). The second, which complements the UNSG report, is from global TB communities. This communities report, [A Deadly Divide: TB Commitments vs TB Realities](#), adopts “communities, rights and gender” as the foundational principles upon which to build a TB response, and outlines 6 Areas for Action for the global TB community and country partners.

Challenge Facility for Civil Society Round 10 is committed to supporting these Areas for Action and encourages applicants to consider how these areas are most relevant in their context.

Community Participation in the TB response

Community responses and systems are dynamic, responsive, relevant, and complementary parts of the broader health ecosystem. Being in a unique position, community actors can: inform and design appropriate interventions to meet the specific needs of their respective communities, deliver services to those who are hard to reach, monitor and report on human rights violations, TB stigma, barriers to TB care and support services, and advocate for the change required to meet different population needs. If equipped and resourced, their ability to complement the health system in a coordinated manner is expansive (Figure 1)¹and as such their participation at all critical points in the response is essential to an equitable TB response (Figure 2).

See Stop TB Partnership’s Engage and Empower Investment Package:

http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_TB%20Community%20Rights_10.02.2020.pdf

Figure 1. The Spectrum of Community Responses

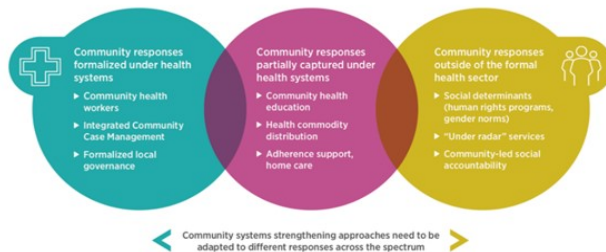


Figure 2. Meaningful Participation in the TB response



¹ [The Crucial Role of Communities: strengthening responses to HIV, Tuberculosis and Malaria](#)

A TB response that promotes and protects human rights.

TB disproportionately affects people marginalized by poverty and exclusion. Factors of marginalization and inequity inhibit the realization of human rights. A pre-requisite to ending TB is the promotion and protection of human rights. A rights-based response to TB has been articulated and operationalized in the Nairobi Strategy on TB and Human Rights² the Declaration of the Rights of People Affected by TB³, Activating a Human rights Based TB Response⁴, which are informed by international human rights law and human rights norms. A human rights approach and framework to TB (Figure 3⁵) can contribute to: the prevention of TB by addressing the socio-economic and cultural rights which foster vulnerability to TB disease and infection; facilitate access to TB services; and treatment success and improved quality of life during and after treatment by addressing, among others, the right to participation, information, confidentiality, privacy and non-discrimination. This human rights framework is based on the principle that quality and timely TB prevention, treatment, care and support services should be available, accessible and acceptable to all (Figure 4).

Figure 3. Human rights framework to prevent vulnerability to TB and increase access to quality TB services

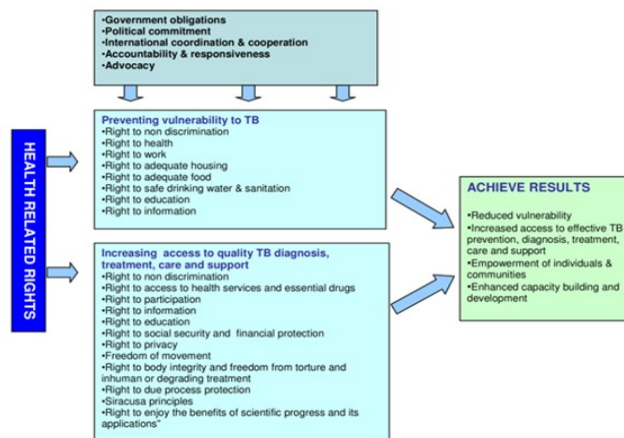


Figure 4. Principles of availability, accessibility, acceptability and quality for all in the context of human rights



² [The Nairobi Strategy: A Human Rights-based Approach to Tuberculosis, The University of Chicago The Law School, KELIN, Stop TB Partnership](#)

³ [Declaration of the Rights of People Affected by Tuberculosis, TBpeople, Stop TB Partnership](#)

⁴ [http://www.stoptb.org/assets/documents/communities/Activating%20a%20Human%20Rights-Based%20TB%20Response%20-%20Technical%20Brief%20\(November%202020\).pdf](http://www.stoptb.org/assets/documents/communities/Activating%20a%20Human%20Rights-Based%20TB%20Response%20-%20Technical%20Brief%20(November%202020).pdf)

⁵ [Tuberculosis and Human Rights](#)

Reaching key and vulnerable populations in TB for an equitable TB response

Critical to achieving equity in the TB response is reaching key and vulnerable populations. Key populations in TB have been defined in the Global Plan to End TB⁶ as people with increased exposure to TB due to where they live and work, people who have limited access to quality TB services and people with increased risk of TB due to biological or behavioral factors that compromise immune function. Therefore, reaching key populations is essential to ending TB. The Global Plan recommends that countries set an operational target of reaching at least 90% of people in key populations through improved access to services, systematic screening where required, and new case-finding methods – and providing all people in need with effective and affordable treatment. Countries are encouraged to identify and prioritize key populations at the national and subnational level according to estimates of the risks faced, population size, barriers to accessing TB care, and gender-related challenges.

Figure 5: TB Key Populations

<p>People who have INCREASED EXPOSURE to TB due to where they live or work</p>	<p>Prisoners, sex workers, miners, hospital visitors, health care workers and community health workers</p> <p>PEOPLE WHO:</p> <ul style="list-style-type: none"> ❖ live in urban slums ❖ Live in poorly ventilated or dusty conditions ❖ Are contacts of TB patients, including children ❖ Work in environments that are overcrowded ❖ Work in hospitals or are health care professionals.
<p>People who have LIMITED ACCESS TO QUALITY TB SERVICES</p>	<p>Migrant workers, women in settings with gender disparity, children, refugees or internally displaced people, illegal miners, and undocumented migrants</p> <p>PEOPLE WHO:</p> <ul style="list-style-type: none"> ❖ are from tribal populations or indigenous groups ❖ are homeless ❖ live in hard-to-reach areas ❖ live in homes for the elderly ❖ have mental or physical disabilities ❖ face legal barriers to access care ❖ are lesbian, gay, bisexual or transgender
<p>People at INCREASED RISK of TB because of biological or behavioral factors that compromise immune function</p>	<p>PEOPLE WHO:</p> <ul style="list-style-type: none"> ❖ live with HIV ❖ have diabetes or silicosis ± undergo immunosuppressive therapy ❖ are undernourished ❖ use tobacco ❖ suffer from alcohol-use disorders ❖ inject drugs

⁶ [Stop TB Partnership Global Plan to End TB](#)

Addressing gender inequality to ensure access to TB services for all

Gender matters because it shapes TB risk and influences care accessibility. Biological and social differences make women and girls, men and boys and lesbian, gay, bisexual, transgender, and intersex people vulnerable to different health risks. In addition, social, economic, political, and cultural factors shape dynamics of power and access to resources and thus impact experiences for individuals of different genders in realizing their basic rights. It is widely recognized that gender inequality contributes to poverty and other disparities that also serve as social determinants of TB. A lack of attention to how a person's gender may impact their ability to access TB services undermines the effectiveness of the TB response - but gender is not yet readily addressed in TB programmes⁷. Commitments in the UN HLM on TB, the Global Plan to End TB and the End TB Strategy strive, however, for gender equality in the TB response. Each have explicitly emphasized the need to recognize and address the social, legal, cultural and biological issues that underpin gender inequality (Figure 6) as well as the need to scale up gender sensitive and transformative health services (Figure 7) to ensure that quality TB services are available, accessible and acceptable to all, irrespective of gender identity. For more information on understanding how gender affects the TB response and how the epidemic affects gender issues in affected communities; designing responsive interventions to address identified gaps; and promoting gender equity through TB programs that empower women and girls, please see TB Women Strategic Plan⁸, Gender & TB Discussion Paper⁹ and *A Framework of Empowerment of Women and Girls in TB REACH grants*¹⁰.

- See the Stop Partnership's Gender and TB Investment Package:
- http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_Gender%20and%20TB%2006.07.2020.pdf
- See the Stop TB Partnership's Gender and TB Position Paper: http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH_Gender2021-web.pdf

⁷ Gender and TB: Stop TB Partnership Position Paper, available 2020.

⁸ <http://www.stoptb.org/assets/documents/communities/TB%20Women%20Strategic%20Plan%202021-2025.pdf>

⁹ http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH_Gender2021-web.pdf

¹⁰ [Framework of Empowerment of Women and Girls in TB REACH grants](#)

Community-led monitoring of the TB response

Community-led monitoring (CLM) in TB and COVID-19 is an intervention driven by real-time data, local information and community needs that aims to increase accountability in the TB response so that essential, quality, and timely TB care and support services are available, accessible, and acceptable to all - especially those who are vulnerable, underserved or at-risk of TB. By engaging people with TB and affected communities to provide feedback and report barriers that inhibit access to services, CLM can: improve the responsiveness and equity of TB care and support services, inform the design of TB programmatic interventions and policy decisions, and evaluate the TB response. It not only generates information to close the gap in the number of people who fail to receive TB care, but it also facilitates public participation and strengthens local decision making on issues that are important to both the community and the TB response, including complex social, economic, and human rights issues which result in millions of people with TB being missed by the health system each year.

Since 2017, the Stop TB Partnership with support from USAID and Global Fund to Fight AIDS, Tuberculosis and Malaria, has been supporting countries to implement CLM interventions using a digital solution platform (OneImpact). To shift the paradigm, TB responses should prioritize and invest in efforts that align community needs with community and formal health system responses and CBM can bridge this gap.

- For more information on OneImpact see: <https://stoptbpartnershiponeimpact.org/>
- See Stop TB Partnership’s OneImpact CLM Investment Package: http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_OneImpact%20Community%20Based%20Monitoring_10.02.2020.pdf

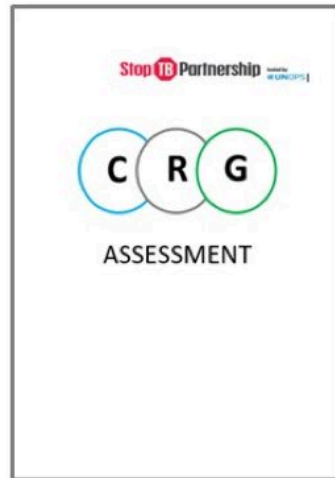


Stop TB Partnership: supporting countries to advance CRG in TB

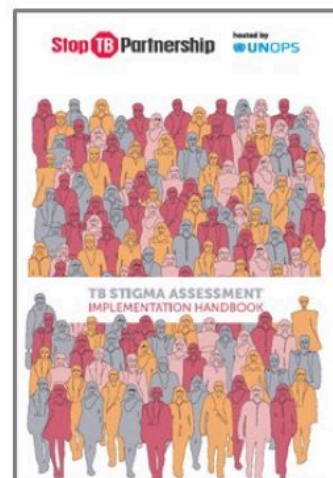
To support countries to advance the capacity and meaningful engagement of communities (C), human rights (R) and gender equality (G) in the TB response, the Stop TB Partnership (together with partners) developed several guidance documents and tools ([found here¹¹](#)), which have been used in several countries. Through the CRG TB Assessment, information on the barriers and inequalities has become available to countries, and with the availability of costed CRG Action Plans that respond to the barriers, National Strategic Plans for TB and Global Fund funding proposals for TB can strengthen national efforts to integrate CRG into national response and identify and overcome barriers to ensure universal access to TB care and support services.



Declaration of the Rights of People Affected by TB



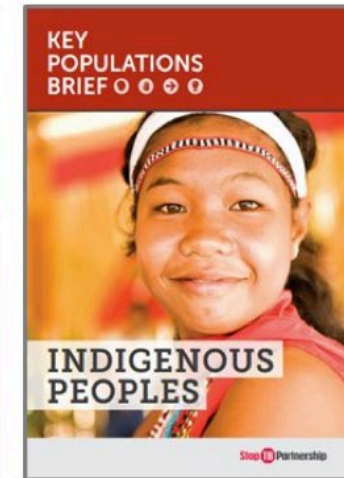
CRG Assessment



TB Stigma Assessment



Digital solution for Community-based monitoring of the TB response



Key Population Briefs

- See Stop TB Partnership's TB Stigma Assessment Investment Package: http://www.stoptb.org/assets/documents/communities/CRG%20Investment%20Package_TB%20Stigma%20Assessment_10.02.2020.pdf
- See Stop TB Partnership's Assessing Barriers to Services (CRG Assessment) Investment Package http://www.stoptb.org/assets/documents/communities/Investment%20Package_TB%20CRG%20Assessment_10.02.2020.pdf

¹¹ [Stop TB Partnership Community, Rights and Gender Tools](#)