



Stop TB Partnership

CHALLENGE FACILITY FOR CIVIL SOCIETY



Financial support
to grass roots organizations
for positive change



Best Practices Round 5





Challenge Facility Civil Society

Challenge Facility Objectives

The Challenge Facility for Civil Society (CFCS) is an initiative of the Stop TB Partnership that promotes the role of communities in the fight against TB by empowering communities to be a part of all the steps in the fight against TB.

Over the last seven years, CFCS strengthened the voice of community-based organizations (CBOs) and provided support to those engaged in advocacy and social mobilization activities.

In Round 5 and Round 6, there is an increased focus on supporting Civil Society Organizations' (CSOs) involvement in the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) processes.

Since it was founded in 2007, the Challenge Facility has awarded

- US\$ 2.1 million
- 121 grants to CBOs
- In 41 countries



Supporting Communities

The role of communities, their voice and engagement is vital in health systems. They are increasingly involved in planning, organizing and delivering effective healthcare on a large scale.

The CFCS supports CSOs to strengthen voices of people affected by TB and communities that want to get involved in the Global Fund grants.

In order to support their participation, CFCS provides small grants of up to US\$ 20,000 to CSOs in countries eligible for Global Fund funding.

About the Best Practices

This document highlights the work of eleven Round 5 CFCS grantees who are working across the globe to strengthen the communities' role in their country's TB response. Presented are the main lessons learned as well as the main achievements resulting from the grant implementation. Additionally, success stories of people that benefitted from the grantees' work are included to illustrate the importance of the grants on the individual level.

ROUND 5 GRANTS

In its fifth round (2013) the CFCS awarded eleven grants to recipients from eleven countries from Asia, Africa, Latin America and Eastern Europe. Grantees used this funding on the following themes:

- CSO engagement in Global Fund processes
- Supporting patients and improving treatment outcomes
- Removing barriers to successfully completing TB treatment
- Strengthening networks of community advocates
- Empowering TB-affected people
- Supporting vulnerable groups

45% of grantees received larger size funding after this grant

CFCS grants provide small amounts of funding that can lead to much larger impact for TB patients and their communities

The strong engagement of CSOs resulted in

- Increased participation of TB-affected people in Global Fund and other national decision making processes
- Increased links between communities and between organizations to strengthen the voice of TB-affected people
- The identification of barriers to access TB care and increased advocacy to tackle these barriers
- Early detection of TB in the community and better treatment outcomes for TB patients

Summary of Results from CFCS Round 5

Number of beneficiaries reached in total (excluding media)	1,034,966
Number of people reached through the media	21,270,000
Number of people identified and sent for TB testing	8,278
Number of TB patients supported during TB treatment	1,013
Number of community volunteers trained	1,431
Number of collaborations with partners of the grant recipients	77
Number of new CSOs motivated to include TB in their portfolio work	49
Number of policies changed in favor of TB-affected people	15
Number of grant recipients who maintained or scaled up TB activities	10 (91%)
Number of grant recipients involved in Global Fund processes	5 (45%)

Strengthening CSO's role in Global Fund processes

The Global Fund relies on Country Coordinating Mechanisms (CCMs) in each country to ensure resources are efficiently used to help those most in need. CCMs are important for national ownership and participatory decision-making. They are country-level multi-stakeholder partnerships, responsible for developing and submitting grant proposals to the Global Fund based on the country's needs and for the oversight of the grant implementation after approval.

The involvement of civil society in Global Fund processes is essential to promote adequate allocation of funding and inclusion of activities addressing TB-affected people.

Global Fund activities funded through the Challenge Facility included:

- Review of CCM composition and election of “people affected by TB” seat in the CCM
- Connecting with CCM members and providing trainings on TB-related issues
- Participation in Concept Note development





CSO engagement in Global Fund processes

Cameroon

Positive Generation

- A renewal process for CSO representatives to the CCM was completed and a TB-affected people representative and alternate representative was selected to the seat of “people affected by TB” in the CCM.
- By conducting trainings, the project raised awareness among civil society about the role and importance of the CCM and introduced the two newly elected representatives of TB-affected people and their roles.

Kenya

MOI’S Bridge Community Welfare Association (MOCOWESO)

- The community in the target area is now fully engaged with Global Fund TB activities and the CCM through a series of consultative meetings with CCM members, representatives from village health committees, Principal Recipients, and CSOs.
- An implementation oversight-working group was established to monitor TB activities in the community.

Swaziland

Southern Africa HIV and AIDS Information Dissemination Service SAfAIDS

- The organization successfully advocated for a seat for TB-affected community representation at the CCM and assisted in the election of two representatives from each of the two miners’ associations in the CCM.
- SAfAIDS promoted full participation of the TB-affected communities in all CCM meetings.
- Support was provided to the elected CCM members on how to advocate for funding for their TB program.

Supporting patients and improving treatment outcomes



*The story of Ms. Sarita Mamidi
From India, TB Alert*

Sarita was 19 years old, married with a daughter and economically stable.

However, she developed multi drug resistant TB (MDR-TB), likely from her mother –in-law. When her husband found out about Sarita’s disease, he divorced her and took their daughter with him. Her father died shortly thereafter. Sarita now lives with her brother and two sisters in a thatched hut. Her brother tends buffaloes of a farmer and her sisters are unemployed.

Within two years Sarita had developed MDR-TB, lost her husband, daughter and father, and had no financial security. Taking medicines alone was not sufficient. She required moral, financial and psychological support.

The Bhadradri working group (TB Forum) supported her in mobilizing a free monthly food ration until treatment completion.

With help of village stakeholders and women’s self-help groups leaders, the TB Forum also facilitated a legal agreement with her ex-husband that obligates him to provide Sarita an allowance every month.

Once Sarita feels better, the TB Forum is planning to enhance her self-confidence and empower her skills so as to make her financially independent.

India

TB Alert

- 200 of the leaders of women’s self-help groups (SHG) were trained on TB and took up TB awareness programs
- SHG reached more than 25,000 individuals with messages on TB and stigma reduction, which led to increased detection of TB cases. A number of SHG leaders were also providing treatment support.
- Links with people living with HIV (PLHIV) networks were established and the need for cross referrals between TB and HIV clinics was advocated, leading to a signed memorandum of understanding (MOU) agreeing on routine TB testing for all newly identified HIV cases. A patient charter prioritizing the need for cross-referrals and testing was developed and distributed at all testing facilities in ten districts of Andhra Pradesh.
- Seven district level working groups (TB Forums) with representatives from families affected by TB were formed and registered under the Societies Act. The working groups held meetings with district level TB program managers, and are acting as pressure groups for the rights and needs of people suffering with TB.



PLHIV Network Advocacy Meeting with District TB Officer and ART Medical Officer



Removing barriers to successfully complete TB treatment

Russia

Non-Profit Partnership E.V.A.

- A study was conducted as a pilot initiative to assess access to TB treatment with a focus on the TB/HIV co-infection in Russia. The study identified problems in the prevention, diagnosis, and treatment of TB in patients co-infected with TB/HIV. PLHIV's main barriers to successful TB treatment completion are the long period of in-patient treatment, absence of drug treatment, lack of psycho-social care and support in the process of treatment.
- An advocacy plan was developed to engage regional advocates on the foundation of the identified problems at both the regional and national level.

Ukraine

Association of Substitution Treatment Advocates of Ukraine
ASTAU

- Community leaders were trained on TB in intravenous drug users and an express assessment of the situation in Ukraine was conducted. The results of the assessment showed that most patients who do not complete TB treatment are drug-addicted and were expelled for not following the treatment instructions. They also were not provided with opioid substitution therapy (OST).
- To improve access to integrated care for intravenous drug users with TB or TB/HIV, ASTAU advocated nationally for changes in the treatment protocols and monitoring during the provision of services.
- ASTAU filed a lawsuit and mobilized community members to reduce barriers for opening OST centers in TB dispensaries. As a first milestone in Lugansk, the first patient with TB received access to OST on prescription basis.

*The story of Dmitry Solovyov
From Russia, Non-Profit
Partnership E.V.A*

Dmitry Solovyov, one of the participants of the Non-Profit Partnership E.V.A. study, appealed to the Vyborg district court of Saint Petersburg his right to receive information on the state of his health. Since 2010, Dmitry was treated twice for HIV/TB co-infection in the Municipal Tuberculosis Hospital. After discharge, Dmitry asked for copies of his complete medical records to consult other TB specialists. However, his request was denied as the chief physician referred to the inability to allocate "available manpower and resources to photocopy the complete histories due to their large volume". The inability to obtain a complete copy of medical records makes it impossible for TB doctors to provide adequate treatment for Dmitry.

At present time, two complaints from patients like Dmitry have been submitted to local health authorities. Responses to the complaints will be posted on this website <http://evanetwork.ru/>.



Strengthening networks of community advocates



Cameroon

Positive Generation

- Positive Generation established a community network of sentinels, who reported weekly on the quality of access to health care for TB patients in 25 treatment and diagnostic centres. The sentinels also referred people in their communities with suspected TB for diagnosis.
- By incorporating the testimony of 150 TB patients, establishing a CSO task force and using print media, the project increased political commitment and improved access to TB care in 25 health districts in Cameroon



Ecuador

Asociación de Ayuda Mutua de Personas Afectadas por Tuberculosis Martha Gutierrez de Guayas

- The organization strengthened the voice of people affected by TB through a series of trainings and workshops around knowledge on TB, patient rights, available health services, stigma and discrimination
- Links between TB-affected individuals and communities were improved through social networks.

Kenya

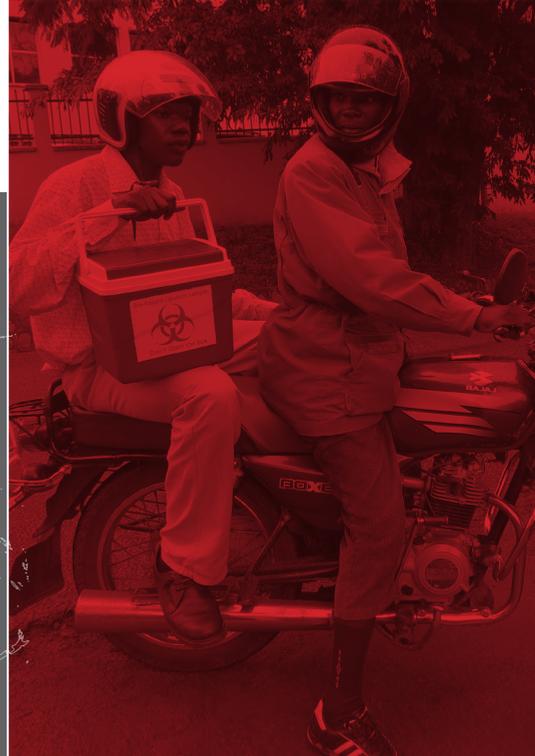
MOI'S Bridge Community Welfare Association (MOCOWESO)

- A deepened community involvement in the planning and implementation of TB activities was achieved
- Village health committees were established and trained to be involved in TB case detection activities at the household level which resulted in increased numbers of people receiving anti-TB treatment including multidrug-resistant cases.
- Through MOCOWESO's work, the community is also engaged with Global Fund TB activities and an oversight working group was established to monitor the implementation of TB activities in the county.

Uganda

International Community of Women living with HIV/AIDS Eastern Africa (ICWEA),

- ICWEA formed a national TB advocacy group to improve networks between CSO representatives and the PLHIV community. The advocates were also trained on the TB and TB/HIV co-infection and the current global and national TB policies and strategies.
- Advocacy activities were implemented which led to strategic meetings to identify existing gaps in access to TB/HIV services.
- An interactive Coalition Social Network composed of all TB advocates at national and regional levels was developed and linked to other TB/HIV networks and activists at international levels.



Empowering TB-affected people

The story of Mr. Patrick Asakidingo from Ghana Rural Initiatives for Self-Empowerment (RISE)

Mr. Patrick Asakidingo is a 34 year old resident of Zuarungo in the Upper East Region of Ghana. Mr. Asakidingo fell ill while working as a casual laborer with a construction firm in Accra, where he lived after moving from his village.

Mr. Asakidingo visited two major hospitals in Accra and Kumasi without an improvement of his condition after which he decided to go to his village to seek care. Once he arrived, he was convinced by his brother to get tested for TB. His brother had learned about the symptoms of TB and free treatment through a radio program by RISE-Ghana funded by the Challenge Facility for Civil Society.

Mr. Patrick Asakidingo was diagnosed with TB, received treatment and was cured. He is no longer stigmatized but seen and celebrated in his community and within the Health Administration for championing the cause of people affected by TB.

“This project has done a lot for me and other people affected by TB in my community. Thanks to the CFCS our families and health workers now consult us and involve us in decision-making and programs. Before I got involved in the project, I was afraid to speak up about some actions and inactions of my family members and health workers”.



Ghana

Rural Initiatives for Self-Empowerment (RISE)

- RISE Ghana identified, capacitated and motivated community health advocates and people affected by TB to develop and implement advocacy actions.
- Together with other CSOs, an advocacy agenda was implemented which led to increased accountability and responsiveness of health workers and policy makers who are now consulting TB-affected people and community volunteers.
- Radio talk shows were held to create awareness on TB reaching out to over 100,000 people.
- Working groups met with traditional healers who began referring people with TB symptoms to health centres which resulted in improved rates of TB case notification.

Nigeria

PLAN Health Advocacy and Development Foundation

- To empower TB-affected communities and civil society with information on TB and TB/HIV co-infection, PLAN Foundation held capacity building workshops and selected representatives of TB-affected communities to carry out TB case finding and treatment support activities.
- Effective collaboration between TB and HIV interventions such as cross-referrals was ensured by establishing five TB/HIV working committees and carrying out sensitization visits to Primary Health Care Departments, TB supervisors and HIV Programs.



Group photograph after training of TB/HIV working committees members

Malawi

Malawi Network of People Living with HIV/AIDS (MANET+)

- 48 peer educators were identified and trained to serve as mentors, experts and advocates in their community regarding TB/HIV. The peer educators are empowered to send people for testing and to give referrals.
- More than 100 TB/HIV community volunteers were sensitized on the HIV/TB co-infection, treatment prevention, care and support to promote TB awareness and reduce stigma and discrimination.
- Awareness campaigns on TB/HIV were conducted through drama sessions and advocacy and support materials on HIV/TB were distributed.



TB/HIV working committee members holding community mobilization activities

Supporting vulnerable groups

TB dialogue with community members including ex-miners from Nkwene Inkhunda



Motivational speaker who successfully completed TB treatment



Swaziland, SAfAIDS

Following anecdote was captured during a community dialogue: “Through this forum I now know that one needs to take caution in order to prevent oneself from contracting the two diseases (TB and HIV). These discussions should continue so that all our people can appreciate their role in curbing these diseases”.

Swaziland

Southern Africa HIV and AIDS Information Dissemination Service, SAfAIDS

- The capacity of two mine workers associations was strengthened to advocate for TB services for the mining community. By developing handbooks on TB and holding community trainings and dialogues for mine workers and their families and friends, SAfAIDS strengthened the capacity of mine workers to advocate for their own health, particularly for the provision of TB services.
- SAfAIDS supported Swaziland Migrant Miners Association (SWAMIWA) and Swaziland Ex-Miners Association (SNE-MA) to hold dialogues with employers and government on miners’ living conditions and access to health and TB services.
- An MOU was signed on the harmonization of TB treatment protocols between neighboring countries (South Africa, Mozambique and Swaziland), in line with the SADC Declaration on TB.

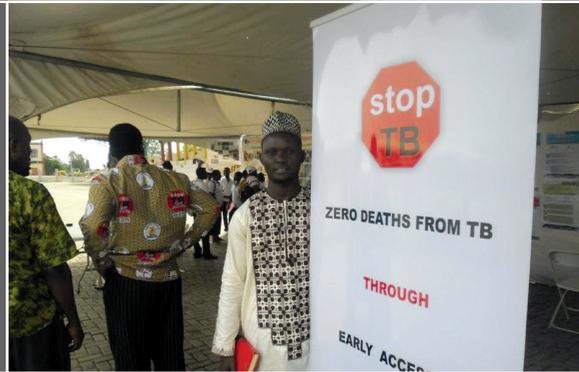


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Best Practices Round 5

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Photos provided by Stop TB Partnership grantees

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