

Challenge Facility for Civil Society 2019

For a TB response that is rights-based, gender-transformative, people-centered and accountable

Eligible Countries and Regions

Applicants working in any of the following countries or regions are eligible to apply for Challenge Facility for Civil Society 2019 funding.

- **Track 1:** The following countries can apply: Bangladesh, Cambodia, DR Congo, India, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Philippines, South Africa, Tanzania, and Ukraine.
- **Track 2:** Regional proposals from the following regions can apply: Anglophone Africa, Francophone Africa, Asia, Latin America and the Caribbean, and Europe.

Eligible Organizations

CFCS 2019 is for community and civil society and as such eligible organizations for CFCS 2019 funding are:

- TB affected community networks or organizations (sub national, national or regional).
- Non-governmental organizations and civil society organizations working in the above-mentioned countries or regions.

Evaluation criteria

No	Criteria	Explanation	Weight
1	Relevance	The extent to which the proposal responds to the problems	10%
2	Technical approach	The extent to which the proposal describes the problems, demonstrates clarity and feasibility in terms of project goals and interventions (inputs) and how results (outputs) will clearly increase accountability, strengthen community advocacy, reduce vulnerability, increase access, empower people and / or enhance the capacity of communities (outcomes)	50%
3	Experience	The extent to which the proposal demonstrates that the organization has sufficient experience, capacity, personnel, partnerships etc. to implement the proposed project	30%
4	Networking and reach	The extent to which the proposal demonstrates partnership building, networking and reach	10%

Available funding:

Grants between USD 25,000 and USD 150,000 will be awarded.

Grant duration

One-year long

Questions

If you have any questions, please send them to cfcs@stoptb.org. The deadline for the 1st set of questions is 23 December 2019. The deadline for the 2nd set of questions is 20 January 2020

Framework for National and Regional CRG Proposals in CFCS 2019

The aim of CFCS 2019 is to transform the TB response so that it is rights-based, gender-transformative, people-centered and accountable.

Track 1 – Country Track Building on previous CRG work, STP CFCS will support proposals to further advance CRG in national TB responses. The below table provides an overview of CRG objectives and provides examples of activities that could be funded through Track 1.

STOP TB PARTNERSHIP	Track	1. Country track: Advancing country CRG responses
	Objectives	<ul style="list-style-type: none"> • To enhance the capacity of all TB stakeholders in CRG for TB; • To identify and monitor barriers to access services, particularly for key and vulnerable populations; • To address barriers to access, particularly for key and vulnerable populations; • To strengthen community advocacy at national level with focus on key stakeholders and decision makers; • To boost demand for new TB tools, services and approaches; • To institute and scale-up community monitoring interventions for enhanced quality and responsiveness of services and social accountability; • To increase community and civil society leadership and participation in the TB response from prioritizing and designing interventions to implementing, monitoring and evaluating TB services.
	Activities (examples)	<ul style="list-style-type: none"> • Develop the capacities of all stakeholders, including media and celebrities to engage in CRG in the TB response linking to with country-level Stop TB Partnership platforms; • Conduct CRG Assessments; • Conduct TB Stigma Assessments; • Develop CRG Operational Plans to inform National Strategic Plans for TB and Global Fund re-programming and funding proposals for TB; • Conduct advocacy campaigns, involving media and celebrities to: promote and advocate for policy change, generate demand for innovative services and tools, raise TB awareness, and mobilize and empower communities; • Engage key stakeholders and catalyze country dialogue on reaching the UN HLM targets; • Conduct legal trainings, develop and publish materials to facilitate community-led actions to use the law and human rights to protect and promote the rights of people affected by TB; • Support strategic litigation advancing the human rights of people affected by TB; • Deploy, adapt and scale-up community-based monitoring interventions, leveraging tools like the Stop TB Partnership OneImpact digital platform.

Track 2 – Regional Track CFCS Track 2 will support regional proposals that aim to enhance community coordination and capacity to actively and strategically contribute to national and regional UNHLM TB accountability efforts. All activities will serve to strengthen the engagement and effectiveness of TB affected, community-based entities at national level to progress efforts to identify and overcome barriers to access, and to advance partnerships between civil society and TB affected communities in neighboring countries. The below table provides an overview of CRG objectives and provides examples of activities that could be funded through Track 2.

STOP TB PARTNERSHIP	Track	2. Regional Track: Support and align country CRG efforts
	Objectives	<ul style="list-style-type: none"> • To strengthen the organizational, advocacy, CRG and TB technical capacity of TB affected communities and civil society in high burden countries; • To align and boost country community advocacy efforts at regional and global level.
	Activities (examples)	<ul style="list-style-type: none"> • Engage all stakeholders and catalyze regional and global dialogues on reaching UN HLM targets; • Develop and implement regional community monitoring tools to enhance UN HLM accountability; • Produce advocacy materials and guidance on TB and human rights and build advocacy skills; • Conduct regional advocacy campaigns to advance priority TB issues identified by TB affected communities and CRG Assessments in the region; • Build TB affected communities and civil society capacity in CRG areas, including TB technical areas, human rights, community monitoring, TB financing, and organizational development; • Generate knowledge and evidence, disseminate lessons learned, good practices and common barriers to address at the regional or global levels.

USEFUL INFORMATION FOR PROPOSAL WRITING

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

The Stop TB Partnership's Global Plan to End TB and the World Health Organization's End TB Strategy, augmented by the Political Declaration of the United Nations General Assembly high-level meeting on the fight against tuberculosis¹ (UNHLM on TB), have prompted the global TB community to reflect and respond to how people, especially those marginalized by poverty and social exclusion, access TB services. People who are marginalized have increased exposure to TB due to where they live and work or because they are criminalized, have limited access to quality TB services due to financial, legal or geographical barriers and are at greater risk due to biological or behavioral factors. These same barriers and factors of marginalization and inequity inhibit, among other rights, peoples' right to the highest standard of physical and mental health and serve as barriers to accessing TB care and support services. Therefore, transforming the TB response so that it promotes and protects human rights and gender equality and prioritizes strong and active community and civil society actors is both an ethical and programmatic imperative and a pre-requisite to end TB by 2030.

¹ [The Political Declaration of the UN General Assembly high-level meeting on the fight against tuberculosis](#)

Community Participation in the TB response

Community responses and systems are a dynamic, responsive, relevant and complementary part of the broad health ecosystem. By being in a unique position, community actors can: inform and design appropriate interventions to meet the specific needs of affected communities, respond act and deliver services where health services cannot reach, monitor and report on health system issues and gaps, and advocate for the change required to meet different population needs. If capacitated and resourced, their ability to complement the health system in a coordinated manner is expansive (Figure 1)² and as such their participation at all critical points in the response is essential to an equitable TB response (Figure 2).

Figure 1. The Spectrum of Community Responses



Figure 2. Meaningful Participation in the TB response



² [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. This has been documented in the Nairobi Strategy on TB and Human Rights³ and the Declaration of the Rights of People Affected by TB,⁴ 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 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

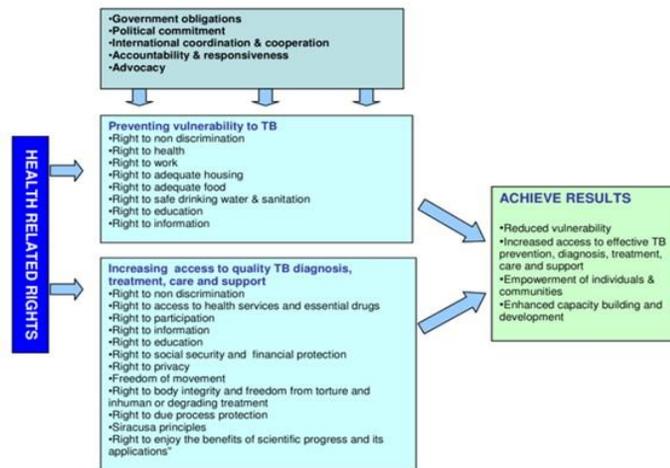


Figure 4. Principles of availability, accessibility, acceptability and quality for all in the context of human rights



³ [The Nairobi Strategy: A Human Rights-based Approach to Tuberculosis, The University of Chicago The Law School, KELIN, Stop TB Partnership](#)

⁴ [Declaration of the Rights of People Affected by Tuberculosis, TBpeople, Stop TB Partnership](#)

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 populations, irrespective of how they identify or where are located, notably key 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 these 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 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

Biological and social differences make women and girls, men and boys and lesbian, gay, bisexual, transgender and intersex (LGBTI) 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 a different gender 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 *A Framework of Empowerment of Women and Girls in TB REACH grants*⁸.

Figure 6. Addressing gender inequality to ensure access to TB services for all



Figure 7. Gender spectrum factors for integration.

Type of intervention	Impact	Example
Gender-negative or gender-blind	Fails to acknowledge the different needs or realities of women and men and transgender people Aggravates or reinforces existing gender inequalities and norms.	Lack of disaggregated data because of a failure to acknowledge that programmes and policies have different effects on women, men and transgender people
Gender-sensitive or gender-responsive	Recognizes the distinct roles and contributions of different people based on their gender; takes these differences into account and attempts to ensure that women, men and transgender people equitably benefit from the intervention.	Cash transfer programme provides funds to families to keep girls in school as one element to reduce girls' vulnerability to HIV. Clinic operational hours are changed to early mornings and late evenings to reflect the needs of men and women who work. Outreach workers trained under Project Ashya of The Union have managed to convince 140 HIV positive women to get tested for TB and have counseled and guided these women to being cured for TB thereby improving health seeking behavior of women or girls ¹¹
Gender-transformative	Explicitly seeks to redefine and transform gender norms and relationships to redress existing inequalities.	Challenges and changes both sexuality norms and uneven access to resources in order to strengthen men and women's ability to insist on condom use by their sexual partners.

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

⁸ [Framework of Empowerment of Women and Girls in TB REACH grants](#)

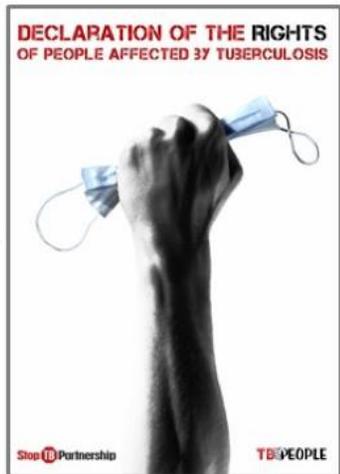
Community monitoring of the TB response

Community-based monitoring (CBM) in TB is an intervention driven by 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, CBM 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. In light of the commitments made and the bold targets of the UNHLM on TB and our collective ambition to end TB by 2030, the importance of CBM in TB cannot be stressed enough.

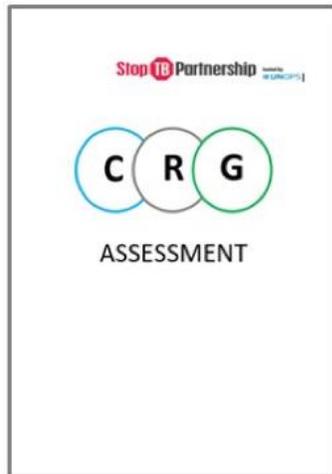
Since 2017, the Stop TB Partnership with support from USAID and Global Fund to Fight AIDS, Tuberculosis and Malaria, has been supporting countries to implement CBM interventions using a digital solution platform (OneImpact). To shift the paradigm, TB responses should prioritize and invest in efforts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

Stop TB Partnership: supporting countries to advance CRG in TB

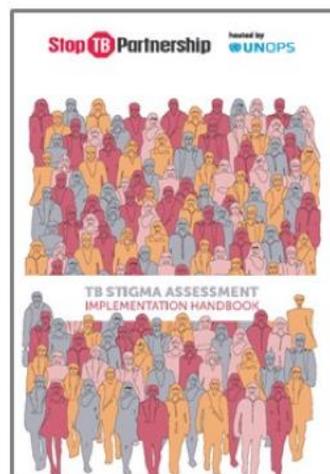
Information on socio-economic, geographic, human rights and gender related barriers and inequalities to accessing TB services and CRG interventions have been largely absent from national TB responses, National Strategic Plans for TB and by extension Global Fund funding proposals for TB. This has been due to a lack of evidence and understanding of CRG in the TB response. 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 developed several guidance documents and tools ([found here⁹](#)), 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 Operational Plans that respond to the barriers, National Strategic Plans for TB and Global Fund funding proposals for TB can strengthen national efforts to identify and overcome barriers to ensure universal access to TB care and support services.



Declaration of the Rights of People Affected by TB



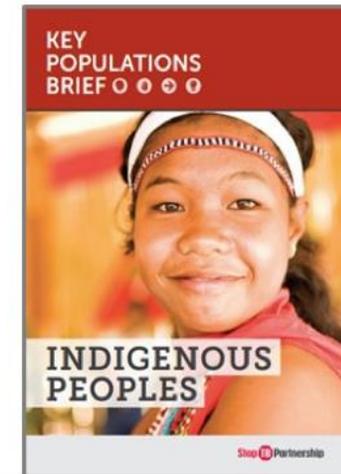
CRG Assessment



TB Stigma Assessment



Digital solution for Community-based monitoring of the TB response



Key Population Briefs

⁹ [Stop TB Partnership Community, Rights and Gender Tools](#)

Strategic Initiative to Find the Missing People with TB - The Global Fund and USAID support

To support accelerated and innovative approaches to finding the missing people with TB in priority countries, the Global Fund to Fight AIDS, Tuberculosis and Malaria made USD 10 million available through the *Strategic Initiative to Find the Missing people with TB*¹⁰ and commissioned Stop TB Partnership and the World Health Organization to provide comprehensive and targeted technical country support for the period 2017-2020. The goal of the Initiative is to find 1.5 million additional people with TB in these 13 countries by the end of 2019. Under this initiative, Stop TB Partnership, with co-financing from USAID, supported countries throughout 2017-2019 to implement a CRG and multi-sectoral approach to TB. Activities included assessing barriers to accessing quality TB services using Stop TB Partnership CRG assessments, piloting the Stop TB Partnership's digital solution platform (OneImpact) to facilitate community-based monitoring of TB, supporting community-driven advocacy to reach marginalized key populations in TB, and building coordinated networks of TB survivors to advance advocacy and demand generation. CFCS 2019 will build on this work and, with ongoing support from USAID and Global Fund to Fight AIDS, Tuberculosis and Malaria, will further support national and regional CRG responses that protect, advance and advocate for gender equality and human rights-based TB responses to ensure universal access to TB prevention, treatment care and support services.

¹⁰ <http://stoptb-strategicinitiative.org/>