Challenge Facility for Civil Society Round 11
Promoting Human Rights, Advocacy & Accountability to meet the United Nations High Level Meeting on TB Targets and Commitments for 2022 and Save Lives
Information Note

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About Challenge Facility for Civil Society Round 11

Eligible Countries and Regions

For Challenge Facility (CFCS) Round 11 there are two tracks – Track 1 Country and Track 2 Global/Regional.

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

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
Ethiopia	Kenya	Nepal	Philippines	Uganda	

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 affected TB community, 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

Organizations with the below-mentioned experience are eligible for CFCS Round 11 funding.
- Legally registered with an active bank account.
  - If you are a TB affected community network interested in applying BUT are NOT yet registered, we recommend you collaborate with a registered community-based, civil society or non-governmental organization to submit a joint proposal. As part of that proposal you should include activities that can facilitate your legal registration
- TB affected networks, non-governmental organizations and civil society organizations working in the above-mentioned countries or regions.
- With at least 3 years of TB and Community, Rights and Gender Experience.

Evaluation of eligible Organizations

All eligible organizations will be evaluated by an independent selection committee against the below 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	**Sustainability and Resilience**	The extent to which the project proposal demonstrates capacity to manage risk and to ensure the continuity of activities after the end of the grant.	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%

Of note, large and established civil society organisations and small TB survivor organisations will be evaluated with equal importance.

Available funding

The total available amount for CFCS Round 11 is USD 9 million.

- Track 1
    - o Scale-up grants: If you are an existing CFCS Round 10 grantee, you should apply for "Scale-up of CFCS Round 10 grant". You can apply for up to USD150,000.
    - o New Applications: If you are not an existing CFCS Round 10 grantee you should apply for "New Application". You can apply for up to USD100,000.
- Track 2
    - o You can apply for up to USD200,000.

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

Grant duration: 18 months

Questions

If you have any questions, please send them to cfcs@stoptb.org. **The deadline for the submission of questions is 23 February 2022**. All questions and answers will be published on the Stop TB Partnership Challenge Facility for Civil Society webpages and application site on the **25 February 2022**.

Vision: CFCS Round 11

Promoting Human Rights, Advocacy & Accountability to meet the United Nations High Level Meeting on TB Targets and Commitments for 2022 and Save Lives

Track 1 – Country Track

Building of the evidence from country level work below are a list of indicative eligible activities for the CFCS Rd 11 funding under track 1.

Sample CRG Intervention Areas under Track 1
Advocacy and Partnership Building • Engaging key stakeholders, including parliamentarians, celebrities, journalists, government, and donors at national level and through country-level partnership platforms and catalyzing country dialogues on UNHLM targets 2022 and preparations for UNHLM TB 2023. • Establishing and enhancing the empowered community networks in their Calls to Action to meet the UNHLM 2022 targets and preparations for UN HLM 2023. • Generating demand for innovative services and tools, including replacing microscopy and increased access to rapid molecular diagnosis as entry point for TB diagnosis. • Conduct advocacy capacity building to support skills development for strengthened advocacy outreach to support national advocacy priorities. • Pandemic preparedness and recovery during COVID-19. **Community Participation and Accountability** • Empowering and engaging communities to effectively engage in national committee, such as Global Fund Country Coordination Mechanisms, and National TB Program Committees to oversee grants and to inform policy and programmatic decision making. • Establishing or enhancing community led monitoring for accountability in TB and enhanced community engagement. • Engaging with key and vulnerable populations to understand, reach and overcome barriers to access. **Human Rights and Accountability** • Developing National Costed Action plans to overcome barriers to services and other challenges faced by people affected by TB; for this purpose, conduct STP TB CRG Assessments and Stigma Assessment. • Raising awareness about TB, gender sensitivity and transformation in TB 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 • Reforming policy and laws to protect and promote the rights of people affected by TB. • Sensitization of law makers and law enforcement officers on TB, human rights and gender sensitivity, transformation, and equality. • Eliminating discrimination and confidentiality breaches faced by people affected by TB by ensuring access to remedies and support mechanisms. • Ensuring and enhancing access to social protection measures to protect and promote the rights of people affected by TB. • Disseminating and using the legal and human rights scorecard for accountability. **Gender Transformation and Sensitivity in TB** • Enhancing awareness on the need for gender sensitive and transformative care • Developing a gender strategy for effective TB programming • Enhancing awareness and gender equity in the TB response • Empowering women and girls through their engagement in TB responses to access services and to engage More information can be obtained from the evidence generated and published from 20 TB HBCs in *Building the Evidence for a Rights-based, people centered, gender transformative Tuberculosis Response: An analysis of Stop TB Partnership Community, Rights and Gender Tuberculosis Assessment.*

Track 2– Regional Track

Building of the evidence from country level work below are a list of indicative eligible activities for CFCS Rd 11 funding under track 2.

Sample CRG Intervention Areas under Track 2
- Developing and implementing advocacy campaign across regions   - Engaging relevant stakeholders and catalyzing regional and global dialogues on reaching UN HLM targets and commitments and preparations for UN HLM 2023   - Building a TB movement for demand generation, investments in TB, human rights, national level ambition and accountability at the regional / global level   - Facilitating regional consultations and sensitization events on CRG and the UN HLM at the regional / global level for south-to-south knowledge and learning exchanges.   - Building capacity of new and nascent affected community networks to support a global and regional TB community movement including communication and advocacy skills CRG, and awareness on TB technical areas, TB financing, Research and Development (TB Vaccines included) and social protections.   - Enhancing accountability though regional monitoring of UN HLM Targets and Commitments.

Useful Community, Rights and Gender Information to inform the Application Process

Meaningful and comprehensive community engagement, the promotion and protection of human rights and stigma elimination have long been recognized and more recently acknowledged in the UN Political Declaration on TB and the UN Secretary General's Progress Update Report, as ethical and programmatic imperatives to end TB. However, the dominant model of care that targets the biomedical determinants of infection and maximizes TB case detection, notification, and treatment, combined with the prevailing scarcity of published information on best community, rights, and gender (CRG) practices and underinvestment in CRG, indicate that while adopted in rhetoric the commitment to CRG in TB remains largely overlooked in practice.

Furthermore, recent initiatives have resulted in a significantly enhanced evidence base on TB and human rights. This includes information generated from Community, Rights and Gender Assessments, Community-led Monitoring and the recent publication in the *Harvard Journal on Health and Human Rights,* which summarizes the common CRG challenges and dimensions (Table 1) across countries. This evidence must now be the basis of priority community and civil society led initiatives to end TB.

The most prominent challenges identified across the 20 countries, through the mapping and analysis process are mapped in table 1 below and the specific country challenges can be found here, which should inform your problem statement (Section 3 Q .3 of the Application).

Table 1: Prominent challenges identified through the mapping and analysis across 20 TB HBCs.

AAAQ	**Discrimination & equal treatment**	**Freedoms**	**Gender**	**Participation**	**Remedies & accountability**	**Vulnerable & marginalized populations**

Stigmatizing and discriminatory treatment in health facilities (16)

Lack of privacy & confidentiality in health care (15)

Lack of targeted legal prohibition of discrimination against people affected by TB (19)

Patriarchal social & cultural norms limit women's health decision-making & access to TB health services & increase their TB risk (13)

Some women affected by TB experience more frequent or intense stigma & discrimination than men (12)

Lack of recognition or protection of rights to privacy & confidentiality in law, policy, or practice (18)

Long distances to TB clinics (12)

Standard TB treatment quality issues, incl. length, side effects & DOT (11)

Limited availability of trained health workers (10)

Discrimination of people affected by TB in health care (18)

Gender-related legal, policy & programmatic gaps in national TB responses (12)

Some men experience increased TB risk, reduced access to TB health services, or higher TB mortality (10)

Insufficient legal or policy protections for rights to liberty & freedom of movement (13)

Low awareness/lack of information about TB disease (11)

Low awareness/lack of information about available health services (10)

Operational issues, inc. limited hours & long wait times at clinics (10)

Untrained health workers (10)

Discrimination of people affected by TB in employment & workplaces (15)

Discrimination of people affected by TB in families & communities (11)

Legal, policy, and programmatic gaps in national TB responses for TB key and vulnerable populations (16)

Criminal or administrative laws and policies and fear of law enforcement deter use of TB health services among key and vulnerable populations (10)

Lack/limited number of TB civil society & community groups or lack of financial & other support (10)

Law and policy do not establish enforceable legal rights or mechanisms for people affected by TB (10)
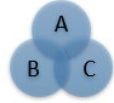
Theory of Change

The Challenge Facility for Civil Society grant mechanism aims to address these CRG barriers and challenges and close the gap in interventions and investments by mobilizing and funding community-led CRG innovation, facilitating technical assistance and south to south learning, monitoring, and evaluating highly contextual CRG projects to build the CRG evidence-base, and sharing best CRG practices for ongoing scale-up of CRG investments and interventions in TB.

Leveraging the evidence on the CRG challenges, CFCS concretely aims to provide funding to community and civil society organizations to roll out CRG tools and interventions that demonstrate and result in; empowered and engaged communities in all aspects of the TB response, the articulation of CRG priorities in operational plans, policies, strategies, and laws, the generation of community-led monitoring data for accountability, quality TB programmes and care and support services that are available, accessible and acceptable for all, TB decision making and governance bodies that meaningfully engage affected communities, so that the TB response transforms and focuses on community-led engagement, human rights, and gender equality to end TB. This theory of change is highlighted below in diagram 1. Please refer to it when developing your application.

Diagram 1: Theory of Change

CRG Area	Package of CRG Interventions (Inputs)	CRG Outputs	Outcomes		CRG-related Impacts
			Short-medium term	Long-term	
Availability, Accessibility, Acceptability, and Quality (AAAQ)	**Component 1: CRG tools and roll out** •TB Stigma Assessment • CRG Assessment • OneImpact community-led monitoring Framework and Digital Solution • Key and Vulnerable Population Guides	• CRG tools tailored to country needs • CRG tools and Frameworks implemented through multistakeholder processes and capacity building	Civil Society and other stakeholders engaged capacitated and mobilised on key CRG issues (key populations, gender, stigma, human rights, access to latest tools and technologies, including vaccines and rapid molecular diagnostics, and community monitoring)		Responses to TB are community-led, people centered, rights based and gender transformative. In line with the fundamental changes required to achieve a paradigm shift in responses to TB.
Discrimination	• Right to Breath • Declaration of the Rights of People Affected by TB • Human Rights-Based TB Response • Nairobi Strategy • Legal and Human Rights Scorecards	• Results of CRG tools and frameworks (identifying, data barriers and solutions), reported, disseminated, and fed into operational plans • CRG grants provided, and funded activities conducted.	Priority CRG barriers and solutions articulated, with actions and advocacy as outlined in operational plans	A. TB strategies, policies, laws, guidelines, and resource allocations that embed, profile and respond to CRG principles, evidence, barriers and needs TB strategies, policies, laws, guidelines and resource allocations that embed, profile and respond to CRG principles, evidence, barriers and needs.	- A change in mindset reflecting CRG priorities - Community and people driven approaches - A human rights and gender-based approach to TB - More inclusive leadership - Innovative TB programmes equipped to end TB - Integrated health systems fit for purpose - New, innovative, and optimised approach to funding TB care - Investment in social protection
Freedoms			Priority CRG barriers and solutions used in advocacy and partnerships to improve TB strategies, policies, and programming, including for key populations	
Gender			Nairobi Strategy on Human Rights-Based Approaches operationalised among civil society, judiciary, and decision- makers	B. B. TB programmes and service delivery that are demand-driven, accessible, innovative and high quality, being responsive to CRG principles, evidence, barriers and needs, in particular for key populations in support of finding the missing people with TB.
Key and Vulnerable Populations			Results of community monitoring (including Oneimpact) used by stakeholders to improve demand creation, responsiveness, and accountability of TB programmes	
Participation	**Component 1:** Challenge Facility for Civil Society		CRG grantees engage and capacitate stakeholders to conduct strategic CRG activities (e.g., mapping of innovative approaches, creating of civil society platforms and enhancing CSO networks,	C. TB decision-making governance and accountability that meaningfully engages all stakeholders (in particular capacitated and organised people and communities affected by TB) and is informed by and responsive to CGR information, barriers and needs.
Remedies and Accountability			Greater cross-sectoral collaboration	

Community, Rights and Gender Tools

For more information on CFCS please see here.

[Challenge Facility for Civil Society](#)

For more information on Community Rights and Gender Tools please see here:

- [Deadly Divide: TB Commitments VS TB Realities](#)
- [Declaration of the Rights of People affected by TB](#)
- [The Right to Breath: Human Rights Training for people with and affected by TB](#)
- [Activating a Human Rights-based TB Response](#)
- [TB Stigma Assessment](#)
- [OneImpact Community-led Monitoring Framework](#)
- [OneImpact Community-led Monitoring Digital Solution](#)
- [Gender and TB: A Stop TB Partnership Paper](#)
- [Nairobi Strategy of TB and Human Rights](#)
- [Key Considerations for Tuberculosis Legislation](#)
- Human Rights and Legal Scorecard (in development)