



Enabling TB Affected Community Engagement in the Global Fund COVID-19 Response Mechanism

A Report on Stop TB Partnership's
Support Package to 18 Civil Society Partners

Acronyms

C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CLM	Community-led monitoring:
COVID-19	Coronavirus disease 2019
CRG	Community, Rights and Gender
CSO	Civil society organizations
CSS	Community systems strengthening
GBV	Gender-based violence
GF	Global Fund
HCW	Healthcare worker
HIV	Human immunodeficiency virus
KVP	Key and vulnerable population
NTP	National Tuberculosis Programme
PLHIV	People living with HIV
PWUD	People who use drugs
STP	Stop TB Partnership
TB	Tuberculosis
TGF	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgements

The report was developed by Anna Versfeld together with Stop TB Partnership Secretariat members, and TB affected communities who developed the TB C19RM Support Package. This report has been based on the country reflections and feedback from the exceptional national grantees: KHANA, Cambodia; DRAF TB, Cameroon; Club des Amis Damien, DR Congo; Afro Global Alliance, Ghana; SAATHI, India; WACI Health, Kenya; ADPP, Mozambique; Trishuli Plus, Nepal; STP Nigeria, Nigeria; DOPASI / STP Pakistan, Pakistan; ACHIEVE, Philippines; TB Proof, South Africa; STP Tajikistan, Tajikistan; EANNASO, Tanzania; TBpeople Ukraine, Ukraine; SCDI, Viet Nam; CITAM+ / STP Zambia; and, Jointed Hands / STP Zimbabwe, Zimbabwe.

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Executive Summary

InThe Global Fund (TGF) launched the COVID-19 Response Mechanism (C19RM) to provide support for eligible TGF funded countries to respond to the COVID-19 pandemic; mitigate the impact of COVID-19 on programmes to fight HIV, TB, malaria; and strengthen systems for health.

A Deadly Divide: TB Commitments vs TB Realities called for investments in COVID-19 to be leveraged to help end TB. In furtherance of this call to action, STP committed to supporting meaningful engagement of the TB affected community and civil society and rapidly developed a TB C19RM support package for meaningful TB affected community and civil society. The TB C19RM support package included small grants of up to 15,000 USD; guidance documents on TB and COVID-19 bi-directional interventions and on TB CRG inclusion; virtual training sessions; in-country sensitisation meetings; technical assistance to writing teams through roster consultants; ongoing engagement and review of the C19RM grant requests by the STP Country and Community Support for Impact team; and online facilitation of South-to-South knowledge and capacity exchange. Support was channelled through TB affected community and civil society organisations, predominantly Challenge Facility for Civil Society grantees and country level STP Platforms, with records of championing the rights and needs TB-affected communities in 18 high TB burden countries: Cambodia, Cameroon, DR Congo, Ghana, India, Kenya, Mozambique, Nepal, Nigeria, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Ukraine, Viet Nam, Zambia and Zimbabwe.

This rapid and targeted intervention has proven strategic and yielded notable results. All the grantees utilised the TB C19RM Support Package to facilitate TB affected community and civil society discussion and prioritisation processes and development of written submissions, and at least five included key and vulnerable populations (KVPs) in these processes. All grantees – at a minimum – ensured that the Country Coordinating Mechanism (CCM) and writing teams received TB community funding request priority areas, and at least four grantees were actively involved in writing processes. Despite challenges of limited time, and COVID-19 restrictions and – in some cases – difficulties in accessing CCM deliberations, the advocacy generated by the support package has had a notable impact, including contributing to marked increase in activities and allocations towards activities prioritised by TB affected communities, and TB CRG-related activities. Finally, all grantees indicated that the way in which the support package was provided was extremely useful, not only for funding requirements, but also for networking and learning.

High Level Findings

- TB affected communities and civil society possess the capacity and commitment to effectively engage in national health governance, however significant investment in strengthening community systems of people affected by TB requires a significant investment.
- The level of engagement enabled by the TB C19RM Support Package was unprecedented for TB affected communities and civil society in Global Fund processes. This should not be an isolated investment. Tailored TB support packages of guidance, training, small grants to TB affected community and civil society and south to south capacity building, must be provided during all future Global Fund national processes.
- Significant ongoing effort is required to ensure national TB partners, including National TB Programs, CCMs and other stakeholders are knowledgeable about TB/COVID-19 bi-directional interventions, TB CRG, TB community systems strengthening and the importance of meaningful engagement for building effective systems for health. These areas must feature in national strategic plan priorities, M&E frameworks and be comprehensively budgeted.





Snapshot of Partner Achievements at Country Level

- In Viet Nam the chairman of the CCM requested that all principal recipients allocate 10% of the budget for CRG and this was supplemented with specific funding for TB CSS as well.
- In Zambia, the CSO delegation was able to hold the CCM writing team accountable to including CSO suggestions in the final endorsement process, shifting the suggested amount for CSO engagement activities from \$500,000 to \$2 million USD within base allocation, and a further \$5.5 million USD above base allocation.
- Community led monitoring (CLM) for TB/COVID-19, critical to strengthen community systems and for accountability, was included in 14 proposals with notable investment for integration of TB/HIV/COVID-19 in Philippines and significant scale up of pilot programmes in Ukraine.
- In Cameroon 12 TB mitigation and TB CRG priority interventions and 31 key activities were included in base allocation.

Introduction

Coronavirus disease 2019 (COVID-19) was declared a pandemic by the World Health Organization (WHO) on 20 March 2020. To date, COVID-19 has caused over 4.5 million deaths globally. COVID-19 has also significantly impacted national TB responses, with modelling predicting that TB efforts have regressed up to 12 years, resulting in an additional 1.5 million deaths, significant economic hardship and enhanced human rights and legal barriers in accessing essential TB prevention, diagnosis, treatment, care and support services(1).

In *A Deadly Divide: TB Commitments vs. TB Realities*(2), TB affected communities and civil society called for investments in COVID-19 to be leveraged as a strategic opportunity to end TB. It has never been more important to mitigate the impact of COVID-19 on TB by protecting national TB programmes, scaling up investments in TB, and leveraging investments in COVID-19 so that they also support a strengthened TB response. And, as affirmed in *A Deadly Divide*, TB affected communities and civil society, play a critical role in any such response.

The Global Fund (TGF) established the COVID-19 Response Mechanism (C19RM) (3) to support countries to respond to the COVID-19 pandemic, mitigate the impact of COVID-19 on programmes to fight HIV, TB, and malaria, and strengthen systems for health (4). TGF C19RM funding guidelines clearly acknowledge that community and civil society engagement are crucial for developing a robust response to the pandemic and stipulate that CCMs – the collectives responsible for the governance of TGF country processes– are required to engage with TB affected community and civil society to ensure that their perspectives and needs are incorporated throughout the grant cycle. Historically, TB affected communities and civil society engagement has had limitations. This is a result, in part at least, in available insufficient investment to meet TB affected community needs. COVID-19 restrictions, the urgency of the response, the rapidity of the grant writing process, and competing country priorities further risked TB voices being marginalized or undervalued during national dialogues, decision making and finalisation of funding requests and this demanded particular attention.

Funded countries and organizations	
Country	Organization
Cambodia	KHANA
Cameroon	DRAF TB
Democratic Republic of the Congo	Club des Amis Damien
Ghana	Afro Global Alliance
India	SAATHI
Kenya	WACI Health
Mozambique	ADDP
Nepal	Trishuli Plus
Nigeria	STP Nigeria
Pakistan	DOPASI/STP Pakistan
Philippines	ACHIEVE
South Africa	TB Proof
Tajikistan	STP Tajikistan
Tanzania	EANNASO
Ukraine	TB People Ukraine
Viet Nam	SCDI
Zambia	CITAM+ and STP Zambia
Zimbabwe	STP Zimbabwe

[1] http://www.stoptb.org/assets/documents/covid/TB%20and%20COVID19_Modelling%20Study_5%20May%202020.pdf

[2] <http://www.stoptb.org/communities/divide.as>

[3] <https://www.theglobalfund.org/en/covid-19/response-mechanism/>

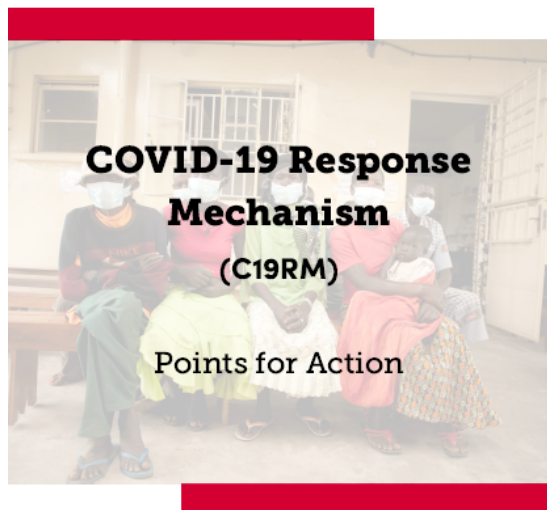
[4] https://www.theglobalfund.org/media/10759/covid19_c19rm-guidelines_external_en.pdf

With the announcement of the C19RM, STP committed to support TB affected community and civil society partners work on national C19RM funding requests in 18 countries. The STP focus was on ensuring that funding requests:

- were developed with the informed participation of TB affected communities and civil society;
- featured costed interventions to mitigate the impact of COVID-19 on TB; and
- integrated interventions in support of a TB community rights and gender (CRG) approach.

STP developed a TB C19RM package of support for TB affected community and civil society partners in 18 countries. The support package included:

- Small grants of up to 15,000 USD;
- Guidance documents on TB and COVID-19 bi-directional interventions and on TB CRG inclusion (5);
- Virtual training sessions;
- Facilitation of virtual in-country sensitisation meetings with TB stakeholders;
- Direct, technical assistance to writing teams through TB CRG roster consultants;
- Ongoing engagement in, and review of the C19RM grants by the STP Country and Community Support for Impact team; and
- A virtual platform for cross-country South-to-South knowledge and capacity exchange.



Stop TB Partnership

STP C19RM Points for Action Guidance Note

The STP C19RM Guidance focused on 5 areas of intervention. These were: Bidirectional testing/simultaneous/integrated testing approach to detect COVID-19 and TB; integrated COVID-19 and TB contact tracing/investigation; PPE and other infection control measures; addressing stigma, fear and discrimination; community interventions including community led monitoring; and, digital tools. More detailed TB CRG guidance of the C19RM was also developed and it focused on: community based and community-led services; stigma reduction; community-led monitoring; human rights and gender related barriers; specific interventions of key and vulnerable populations; advocacy and communications campaigns (6). Training webinars unpacked the intervention guidance but also provided background on C19RM and suggested strategies for effective engagement and influence.

[5] See <http://www.stoptb.org/assets/documents/covid/COVID-19%20Response%20Mechanism%20Action%20Points%20for%20Country%20Partners.pdf> and http://www.stoptb.org/assets/documents/communities/C19RM_TB_Affected_Community_&_Civil%20Society_TV-19_Intervention_Priorities.pdf

[6] http://www.stoptb.org/assets/documents/communities/C19RM_TB_Affected_Community_&_Civil%20Society_TV-19_Intervention_Priorities.pdf

Due to the narrow C19RM timelines, existing Challenge Facility for Civil Society and Country-level STP platform grantees, were engaged to implement the TB C19RM support package. For some country partners this was their only available support for TB affected community engagement. For others (such as STP Nigeria; ACHIEVE, Philippines; SCDI, Vietnam; and KHANA, Cambodia) they were able to leverage other support from USAID and the Global Fund CRG Strategic Initiative to enhance their impact.

“STP's [TB C19RM Support Package] broadened the scope of community engagement in the C19RM process by taking into account community and civil society organisations, key and vulnerable population groups, and people affected by TB and COVID -19 as well as people living with HIV who have often been left behind.”

(Club des Amis Damien, Democratic Republic of the Congo)



“This [TB C19RM Support Package] is the first of its kind and was helpful. It would be important (to continue this kind of TB support package) for future funding requests.”

(CITAM+, Zambia)

“[For C19RM engagement] We benefited from the speed and flexibility of the STP grant mechanism.”

(Trishuli Plus, Nepal)

Scope and Objectives

Enabling TB Affected Community Engagement in the Global Fund COVID-19 Response Mechanism: A Report on Stop TB Partnership's Support Package to 18 Civil Society Partners (the report) outlines the findings of an analysis of the TB affected community and civil society narrative reports and supporting documents (7) detailing the implementation of the TB C19RM package of support for TB affected communities and civil society. The report specifically focuses on:

- Processes enabled by the TB C19RM package of support, including TB affected community processes, and broader country C19RM processes;
- Key successes for TB affected communities and civil society;
- Cross-country themes in TB affected community and civil society grant request inclusions;
- Challenges experienced by TB affected community and civil society;
- Additional areas for support; and
- Recommendations.

Together these reflections, findings and recommendations are intended to provide evidence and inputs to strengthen future support for TB community systems strengthening and broader TB and TB CRG interventions and engagement processes.



[7] These include engagement meeting reports, submissions made to CCMs and position statements developed out of the grant processes.

Engagement and Influence: How the Grants were Used

The TB C19RM support package of small grants, guidance documents, virtual trainings, in country engagement, writing team support, funding request review and a South-to-South knowledge and capacity building exchange platform, provided comprehensive support for people affected by TB during C19RM country processes. This support resulted in engagement processes being successfully implemented by all grantees, reaching well over 660 individuals (8) across the 18 countries. In all cases engagement processes included people affected by TB and civil society. Five country reports explicitly mentioned that KVPs, such as people living with HIV (PLHIV), miners and people who use drugs (PWUD) were also engaged. In most countries these engagement processes incorporated a range of stakeholders, including country CCMs, government and National TB Program representatives, funding institutions, and members of the media, amongst others. In four countries, the package of support facilitated TB affected communities and civil society to actively engage and advocate, and in some cases to join the Funding request writing team.

Due to COVID-19, engagement was limited to online forums in several contexts, however in many countries at least some face-to-face meetings were possible. Grantees conducted consultation meetings but also undertook a range of other information gathering activities to provide evidence for developing funding priorities. These included a rapid assessment of TB health facilities in high COVID-19 burden areas (STP, Zimbabwe), online surveys and key informant interviews with people affected by TB (KHANA, Cambodia; TB Proof, South Africa and TB People Ukraine, Ukraine) and inputs and feedbacks through stakeholder WhatsApp discussion groups (SAATHII, India). South Africa also notably used the funding provided to support existing consultation and engagement platforms to ensure engagement was comprehensive and meaningful.

“AGA organised a series of conference calls and zoom calls where the CCM, the lead consultants and members of the writing team were invited to talk through the proposal and also capture input from the entire CSOs.”

(Afro Global Alliance, Ghana)

“Community and CSOs ultimately engaged in the C19RM country dialogues and writing team meetings...making sure the recommendations proposed by community and CSOs were obviously included in the final version of C19RM country proposal.”

(KHANA, Cambodia)

[8] This number excludes the four organisations that did not report on the exact numbers of individuals they engaged.

All grantees also utilised this support to develop, endorse and submit written priorities to the CCM for further discussion. While some of these priorities may not have been included in the funding request, and levels of impact varied across countries, formalising the process of TB affected community engagement leading to a clear product is a significant outcome.

Overall, the TB C19RM support package enabled inclusion, communication, engagement and influence at multiple levels. This was clearly articulated by one grantee:

“[The TB C19RM Support Package] was different in that it was dedicated to TB civil society and communities and gave us the opportunity to engage not only in all the meetings and writing sessions on the CCM roadmap but also side meetings with the disease managers who are directly working on TB and Covid-19 plus engagement with the CCM secretariat and CCM CSO reps to get their buy in. [The TB C19RM Support Package] also allowed us to have dedicated community representatives not only within the writing teams but also technical teams who were meeting between writing sessions and during the actual session and connecting with those in the room via WhatsApp. It helped us to have more TB CSOs joining in the work according to their areas of expertise as well having a dedicated consultant who stayed in contact with the lead country consultant and costing consultant. We were also able to engage other constituencies as we saw fit [such as women living with HIV].”

(CITAM+ / STP Zambia, Zambia)



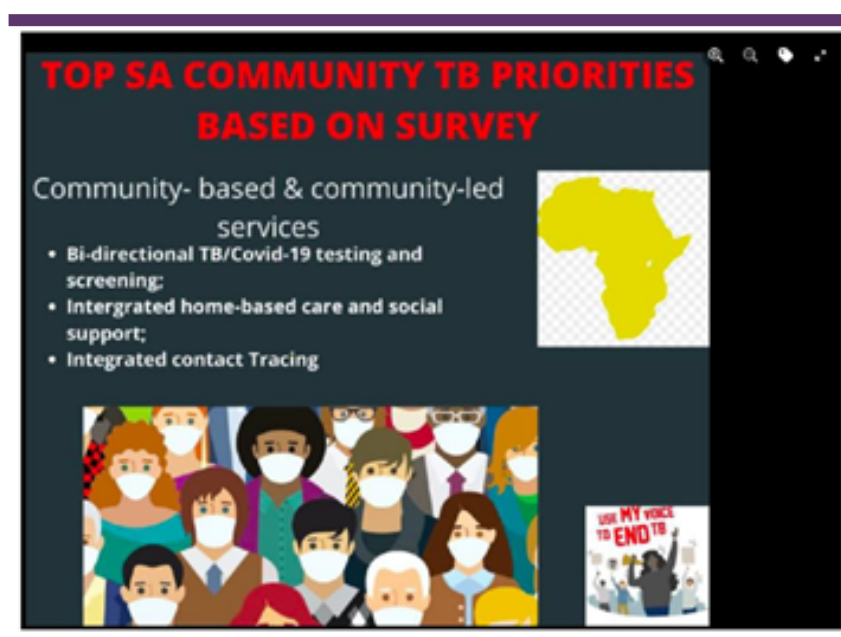
The Value of the TB C19RM Support Package

The TB C19RM support package was impactful in several areas, demonstrating a significant return on the originally modest investment. The grants generated TB affected community and civil society collaboration within countries, enabled the inclusion of people affected by TB and other KVPs in funding request decision-making processes, supported capacitation and knowledge skills in TB affected communities and civil society related to GF processes, enabled high-level advocacy related to TB community priorities and CRG, and – ultimately – contributed to a greater number of C19RM funding requests featuring TB community concerns and priorities. These successes are outlined below.

For ten of the TB affected community and civil society grantees this was the first time they had received support for engaging in TGF TB-related processes. Others leveraged other support, including from USAID and TGF, to maximise available resources. All grantees also reflected that the TB C19RM support package enabled intra-country dialogue and strategizing enabling TB affected community and civil society to set TB community-based priorities and agendas. This output has potential value beyond the C19RM grants.

“We particularly appreciate STP’s focus on this area, which enabled us to develop an approach to arrange community consultations, and note that [prior to receiving the TB C19RM support package] there was no mechanism used to consult with TB affected communities for input on the C19RM.”

(TB Proof, South Africa)



TB Proof, South Africa, online results sharing

“This small funding was a landmark moment for us. Historically, Global Fund engagement is led by HIV communities. But this small grant was the first time that we, as TB community have had funding to shape our engagement, to build our capacity, to strategize and coordinate, to lead discussions with other constituencies and to ensure TB was prioritised in consultations and in the subsequent C19RM submission.”

(STP Zimbabwe, Zimbabwe)

Moreover, the TB C19RM Support Package allowed the process of setting these priorities to be inclusive. Despite the notable challenges of COVID-19 restrictions and digital exclusion (see below), the grantees were able to include a range of KVPs usually who have historically been marginalised. This included miners, migrant workers, people who use drugs, PLHIV, adolescents and youth, transgender individuals, sex workers, men who have sex with men and indigenous populations, amongst others.

“STP's [TB C19RM support package] broadened the scope of community engagement in the C19RM process by taking into account community and CSOs, key and vulnerable population groups, and people affected by TB and COVID-19 as well as people living with HIV who have often been left behind.”

(Club des Amis Damien,
Democratic Republic of the Congo)

“The support from [STP] through the technical assistance of the consultant also contributed to TB stakeholders [to] define their priorities in the thematic areas based on the impact of COVID-19 in their respective communities.”

(STP Nigeria, Nigeria)

The grants resulted in TB affected communities and civil society being informed and capacitated about how the GF funding processes work. TB affected communities and civil society were also informed about the extent to which their perspective is valued, and long-term engagement is needed. As one grantee reported, this generated energy within TB affected communities and civil society:



STP CRG C19RM Guidance Note

“[This process] has created some sort of buzz [so] that there is a lot more interest [from CSOs] in TGF and understanding of GF processes and how [community groups]/CSOs can be engaged or access funding. We need to ride on this momentum.”

(EANNASO, Tanzania)

Multiple grantees reported that the results of the engagement processes (engagement reports, position statements and TB affected community and civil society funding priorities) were not only shared with CCMs and health departments / ministries, but also with embassies, international institutions, as well as technical and funding partners and therefore were also used for high level advocacy. Organisations further reported that the advocacy enabled by the TB C19RM support package brought TB and CRG matters onto the national health agenda.

Some grantees further used the TB C19RM Support Package to strengthen partnerships, standing and to ensure their longer-term influence. In Cambodia for example, KHANA developed an Advocacy Plan to ensure that TB CRG interventions will be fully implemented through the country grant. This is described by KHANA as a “guiding tool to improve the meaningful engagement of affected communities by TB in the TGF Grant for the next three years 2021–2023.”

The ultimate result of the TB C19RM support package was contributing to increased prominence, and in many cases funding allocations, for CRG in the TB response. The integration between various intervention areas in the grant can make it a challenge to unpack in terms of TB CRG specifically, but country partners felt that the impact was made. For example, one country team reported that prior to the TB affected community and civil society inputs, community engagement was planned to be limited to activities implemented by the principal recipient and costed at \$500,000

After TB affected community and civil society inputs, this was significantly increased to US\$2 million for civil society-led community engagement activities within the base allocation, and a further US\$5.5 million in above allocation.

Other organisations similarly reported on their successes:

“At the end of the funding request, we succeeded in introducing 12 interventions and 31 key activities in Allocation, and eight interventions and 11 activities in Above Allocation.”

(DRAF TB, Cameroon)



DRAF TB, Cameroon: Media impact

“Through the community consultation country dialogue Trishuli Plus [was] able to identify the communities’ burning issue and present it in national forum with C19RM FR writing team, convince, influence and finally...include in the FA.”

(Trishuli Plus, Nepal)

“Thanks to the strong support of the experts of the national programme, the high level of expertise of the team of consultants who prepared the strategy and the support of STP Ukraine, the interventions proposed by the TB community were complementary to the national proposals and supplemented by a general application.”

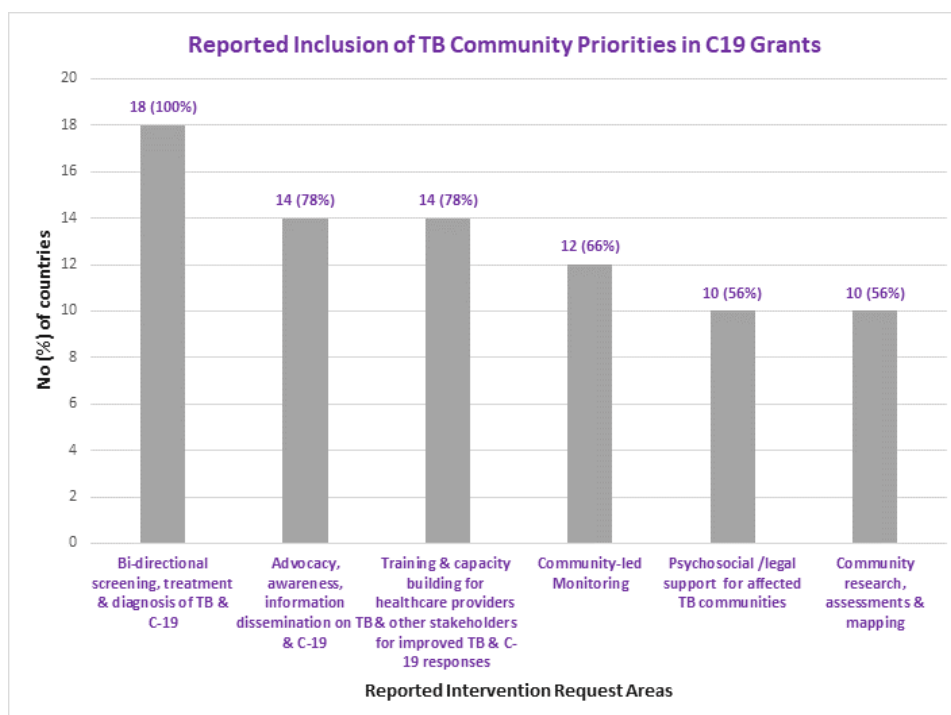
(STP Ukraine, Ukraine)



Perhaps, most notably, in Viet Nam the chairman of CCM requested that each GF principal recipient contribute a certain percentage of their budget for the TB community-requested activities, under the management of the National Tuberculosis Programme (NTP). He also requested that all principal recipients allocate 10% of the budget for CRG. Viet Nam further included a strong focus on community system strengthening related to social mobilisation, community-led monitoring and community-led advocacy and research.

TB Affected Community and Civil Society C19RM Priorities

Funding priorities varied across the grantees, indicating the extent to which context shapes community needs. However, there were some dominant themes in TB affected community and civil society-requested activities and funding areas reported to have been successfully incorporated into C19RM funding requests as a result of community mobilisation and dialogues facilitated by the STP grants (See Graph 1).



Graph 1: Number (%) of countries that included TB Community Priorities in C-19 Grants.

Bi-directional screening, treatment, and diagnosis of TB and COVID-19:

All 18 country CSO delegations prioritised processes relating to improved screening, treatment and diagnosis of TB and COVID-19. At the level of screening and case finding, this included requests for support for integrated or bi-directional screening from eight countries. It also included community-based testing and contact tracing for TB and COVID-19. At the level of diagnosis and laboratory functioning, this included improvement of systems for sharing Gene Xpert machines and dual-purpose diagnostics, staff training in laboratory processes, improvement of biosafety, and the digitalisation of laboratory data systems. At the level of treatment, the emphasis was on improving processes to allow people affected by TB to take treatment at home. This included community dispensing of TB medication, implementing remote adherence support, and changing drug dispensing systems to be community-based and for longer periods of time.

Advocacy, awareness, and information dissemination:

Fourteen CSO delegations included requests for some level of advocacy and awareness raising work. This included, for example, stigma reduction campaigns and campaigns to raise awareness about the symptoms of TB and COVID-19. It also included advocacy and information sharing about gender-based violence (GBV) and where to access GBV resources. Several countries further emphasised the development and distribution of information about human rights and TB. Other focus areas included the adaptation of available information about COVID-19 and TB to the needs of KVPs and the inclusion of high-profile individuals in advocacy processes. A few organisations emphasised that advocacy, awareness and information dissemination processes would be led by TB community actors.

Psychosocial and legal care and support:

Ten country CSO delegations included requests related to psychosocial and/or legal support services for people affected by TB or COVID-19. This included the set-up of resources to provide counselling and correct information to affected people. It also included the set-up of hotlines, drop-in centres, and access to legal support for people who have experienced human rights violations and GBV. It further included the set-up of referral mechanisms for psychosocial support services and nutritional support.

Community-led monitoring:

Twelve country CSO delegations prioritised requests for support for community-led monitoring. Most of these emphasised monitoring of instances of human rights violations related to TB and COVID-19. In some cases, this included monitoring of any redress processes put in place. Support for monitoring of TB and COVID-19 care accessibility, availability, acceptability and quality also emerged as a strong theme across the requests. There were also requests for the extension of “OneImpact” and for community-led monitoring of data systems.

Community-based research, assessments and mapping:

Ten country CSO delegations called for support for research and data gathering processes. This included the implementation of CRG assessments requested by four organisations. It also included calls for rapid assessments of the current state of TB and COVID-19 related stigma and mapping of KVPs and service providers as well as of healthcare worker capacity and organisations that could be included in advocacy interventions.

Training and capacity building:

Fourteen country CSO delegations included requests related to training and capacity building. This included, for example, training for healthcare providers – including community-based care providers – on bi-directional screening and on infection control. It also included training CSO teams on community-based screening and contact tracing and monitoring processes and on stigma mitigation and response. There were further requests for community training on COVID-19 and – most frequently – on human rights violations. Finally, there were requests for training of journalists, lawyers and law enforcement on human rights, stigma reduction and gender.



Challenges

Partners implementing the TB C19RM Support Package encountered a number of challenges. These included the tight timeline for C19RM funding request inputs, the difficulty of inclusive participation due to COVID-19 restrictions on movement and gatherings, lack of skills and capacity related to GF funding processes, most notably costing, high level country political priorities shaping the request and – in some cases – challenges in engaging and influencing CCMs. These are described below.

Tight timelines were reportedly as particularly challenging for TB organisations and consultants less familiar with TGF processes. Multiple grantees reported a lack of familiarity with GF and related processes among many stakeholders. Several grantees reported that while setting priorities was comfortably within TB affected community and civil society knowledge and capacity, costing of activities was outside of their expertise. Others reported that TB affected community and civil society representatives on the CCM and even writing team representatives were not always skilled in TGF funding application processes – the latter may be explained at least in part due to the unique nature of C19RM. But overall, a lack of skills undermined capacity to substantively influence the final proposals drafted.

A further key challenge noted by most grantees was the difficulty of ensuring inclusion of TB affected people and KVPs throughout the process. COVID-19 movement and gathering restrictions made in-person meetings difficult. However, TB affected people and other KVPs often do not have access to the resources or facilities needed for digital engagement. This impeded even the best efforts at truly participatory and inclusive processes, especially in countries do have established, funded national networks of people affected by TB.

“TB-affected communities were not familiar with online communication and didn’t have stable internet connection and equipment [needed] to participate.”

(KHANA, Cambodia)

As noted above, in some countries CCMs were open and supportive of thorough engagement processes. However, other grantees noted that despite GF requirements for inclusion, CCMs were difficult to communicate with or exclusive in their processes and decision making. In some cases, CCM engagement was limited to sending recommendations by TB affected communities and civil society. In many instances, CCMs did not provide feedback on the use or impact of recommendations.

In other cases, CSO requests and inclusions were either moved to “above allocation” requests or completely removed in late reworkings of funding requests, without TB affected community and civil society knowledge or agreement. New national governance mechanisms for coordinating COVID-19 and TB responses also added additional uncertainty, bureaucracy, delays, and did not necessarily facilitate an inclusive role for TB affected communities and TB civil society.

Strengthening Networks and TB CRG Sensitisation

STP C19RM Support Package grantees were uniformly appreciative of the support provided through this initiative. Several grantees also noted areas for further support, work and focus. This included ongoing direct support and investment for TB community strengthening and engagement, CCM and government training on CRG, and engagement with the TGF on TB accountability systems for TB community inclusion. The main request in terms of ongoing direct support to TB affected community and civil society, was for additional training and resources, nuanced to the context of TB, on TGF grant-making processes to support organisations' ability to respond rapidly and effectively throughout the GF grant cycle. Training on how to set out and cost funding request activities was a clear request from TB affected communities that requires further attention as part of broader TB community systems strengthening and empowerment efforts:

“Community support in system strengthening should be more than just a one off – but should be ongoing and sustainable to integrate CRG across all health-related issues and integrated approaches such as HIV, TB, Malaria and COVID-19.”

(KHANA, Cambodia)

Further requests related to ongoing support for TB affected community engagement in the C19RM grant implementation and monitoring. This included ensuring the inclusion of TB KVPs that were insufficiently engaged due to digital exclusion and time constraints and support for community-led monitoring of grant implementation processes to ensure that planned TB affected community and civil society processes are not side-lined at a later stage. A couple of grantees further requested training for CCM and government officials related to CRG, specifically nuanced to TB, so that they are sensitised to these issues, committed to meaningful engagement of TB affected communities and civil society in the future, and capacitated to set out, cost and monitor TB CRG interventions appropriately.

Finally, the ways that some country TB affected community and civil society groups were excluded or side-lined in final grant-writing processes suggests that the current GF calls for inclusion are not effectively implemented by some CCMs. One grantee therefore requested dialogue with TGF about specifying criteria for TB affected community engagement and TB community systems strengthening that can be used by TB affected communities for advocacy and accountability. And, to supplement this, dedicated funding and reporting to TB affected communities and civil society to build the required networks to participate.

Discussion

The inclusion of TB affected communities and civil society in funding requests, programme implementation and monitoring and evaluation is critical if country responses are going to meet the needs of the most vulnerable and achieve the targets and commitments set in the TB UNHLM political declaration (9). Despite stipulations from donors, guidance from TB affected communities (10) (such as the Declaration of the Rights of People Affected by Tuberculosis and Activating a human rights-based TB response), the assertions in the End TB Strategy and Global Plan to End TB (11) and the findings and calls to action in A Deadly Divide (12), the needs investment needs of TB affected communities and civil society remain unmet. There is a clear opportunity to be able to address these human rights concerns and to also strengthen national TB responses through scaling up TB affected community participation and empowerment to ensure TB affected communities and civil society are informed, capacitated and supported so that they can organise themselves, develop collective perspectives, jointly advocate, and ensure inclusion of key needs and perspectives in country plans and proposals as well as implementation, monitoring and governance arrangements through enhanced investment and there are established mechanisms and tools that can enable this.

Of the 18 countries included, only eight indicated that they had previously received any funding support for TB community inputs into GF funding request processes, and all of these were through HIV-led processes. It would seem prudent that dedicated support packages, like the STP C19RM Support package, should be available for TB affected communities and civil society for all future funding request, and more generally throughout the Global Fund grant lifecycle. The provision of the described support package has demonstrated how seed funding accompanied by strategic assistance measures, channelled through effective TB affected community and civil society can substantively impact country processes, priorities and funding. Efforts should be made to scale up this approach.

“We are one of a growing number of TB community organisations that are now much stronger because of the support and investment we have had through Challenge Facility for Civil Society. Without having had this support in the past we would not have been able to have the impact we had during the national C19RM process.”

(TB Proof, South Africa)

Further, each of the grantees that implemented the TB C19RM support package have previously received support to be strengthened through mechanism like Challenge Facility for Civil Society. There is a clear connection between investing in TB affected communities at the national level to conduct nuanced TB CRG advocacy and evidence building, and the subsequent ability to contribute to stronger systems for health. There is a need to scale up the number of organisations and number of eligible countries that can access this mechanism in order to ensure TB affected communities and civil society can promote and protect human rights and contribute to the

[9] <https://www.who.int/publications/m/item/political-declaration-of-the-un-general-assembly-high-level-meeting-on-the-fight-against-tuberculosis>

[10] <http://www.stoptb.org/assets/documents/communities/Declaration%20of%20the%20rights%20of%20people%20affected%20by%20TB%20-%20A5%20english%20version.pdf> and [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)

[11] <https://www.who.int/teams/global-tuberculosis-programme/the-end-tb-strategy> and http://www.stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf

[12] <http://www.stoptb.org/communities/divide.as>

strengthening of health and community systems. Significantly, the mechanism is not only supporting strengthening of community systems of the TB affected community, but, the TB C19RM Support package demonstrated its value as a flexible mechanism that can be rapidly deployed.

Funding priorities areas that were prioritised by TB affected communities and civil society in various countries ranged from awareness and advocacy to community-led monitoring and the improvement of laboratory systems and diagnostic processes. This suggests that TB affected community and civil society capacity is extending from specific human rights initiatives to applying a human rights-based approach, to all aspects of the TB response and this is something that can be further leveraged in broader TB governance and accountability initiatives going forward.

TB affected communities and civil society were able to overcome significant challenges to engage in the C19RM national processes and were able to impact funding requests covering a broad range of TB/COVID-19 bi-directional interventions.



While the extent to which TB affected communities and civil society were able to influence varied, in some countries (including Nigeria) the full funding request development process included TB affected community and civil society as equal partners. In other cases, TB affected communities and civil society representatives were able to join writing teams and influence CCM deliberations. The TB C19RM Support Package helped facilitated this informed and participation. the TB C19RM Support Package also shone a light on the need for significant efforts to ensure CCMs enable and support the meaningful community participation and involvement of TB affected communities and invest necessary resources to support this. This is essential at strengthening enable environments and building transparent and accountable governance structures that elevate priorities of TB affected communities and civil society.

Finally, TB affected communities not only demanded the creation of the TB C19RM support package, but helped inform its content, implemented it at country level, and through this process, many of the TB affected community and civil society partners secured funding in support of the priorities they had identified. This ensures further strengthening and participation of TB affected communities and civil society in national TB and health responses.

Recommendations

Funding agencies, bilateral donors and technical partners can support a series of recommendations based on the TB C19RM Support Package for TB affected communities and civil society in 18 countries:

- 1.** Increase investment through established mechanisms such as Challenge Facility for Civil Society, to build empowered TB community systems, inclusive of networks of TB survivors.
- 2.** Leverage STP grant mechanisms and TA that have the flexibility to support TB affected communities and TB civil society, and the potential for rapid deployment, in future TB, GF and health engagements, processes, and mechanisms to ensure the TB affected community engagement in the 18 supported TB C19RM countries becomes the standard for the development of all Global Fund proposals and reprogramming. And, provide a TB package of support for national TB affected communities and civil society involved in these processes.
- 3.** Support sensitisation of CCMs and government stakeholders on TB / COVID-19 bi-directional interventions and TB CRG and to ensure CCMs, through initiatives like CCM Evolutions, scale up investments in independent networks of TB affected communities to ensure their informed participation in national planning, implementation, monitoring, review and governance of the TB response.
- 4.** Continue to mainstream TB CRG interventions in health. This should include gender transformative interventions, real-time community led-monitoring of human rights barriers and quality of services, stigma measurement and reduction, and TB community advocacy and accountability initiatives. For all TB, TB/HIV and MDR TB high burden countries, this should include conducting a national TB CRG and Stigma Assessment and then to develop and implement a costed national TB CRG Action Plan.
- 5.** Provide ongoing technical support for TB affected community and civil society to ensure effective implementation, monitoring and governance of activities supported under C19RM funding.
- 6.** Continue to facilitate a learning exchange platform to foster South-to-South knowledge sharing and capacity building among TB affected communities and civil society.

C19RM Support Package Activities



EANNASO, Tanzania



STP Tajikistan



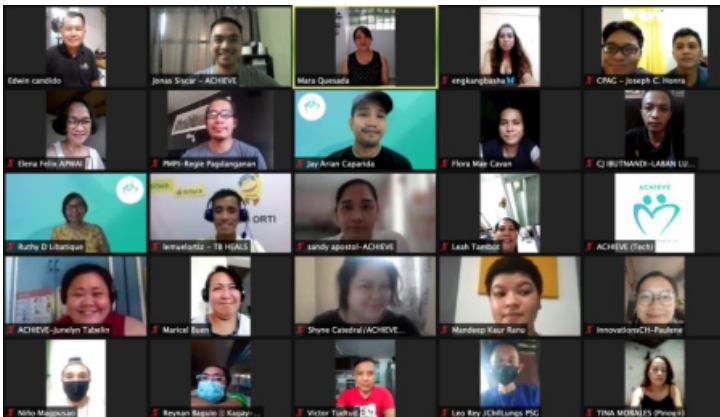
Afro Global Alliance, Ghana



SCDI, Vietnam



Dopasi Foundation, Pakistan



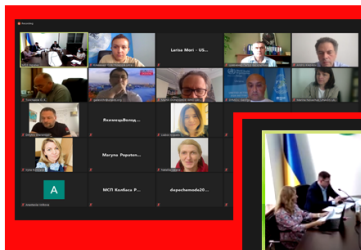
ACHIEVE, Philippines

- Roadmap to Submission -

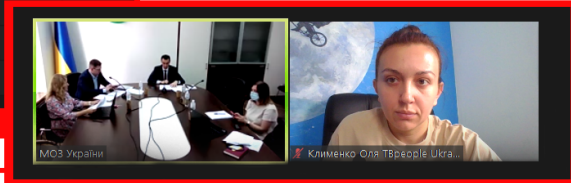




KHANA, Cambodia



Засідання Національної ради з питань протидії туберкульозу та ВІЛ-інфекції/СНІДу



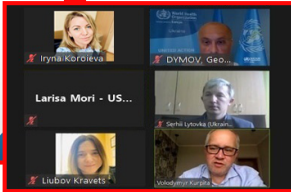
ПРОПОЗИЦІЇ

Проект:

2.1. Залучити Фонд Уортона до фінансування в рамках міжнародної співпраці на СНОД-7 (СНІД) дої відповідної форми (дані - СНОД-7).

2.2. Сприяти у підтримці роботи СНІД-7 в основних регіональних центрах лікування СНІДу в Україні, надаючи технічну допомогу. Фінансування здійснювати від коштів на лікування СНІДу та лікування СНІДу в рамках міжнародної співпраці.

2.3. Залучити Вестерн Юніон до лікування СНІДу в Україні, надаючи технічну допомогу в рамках міжнародної співпраці. Фінансування здійснювати від коштів на лікування СНІДу та лікування СНІДу в рамках міжнародної співпраці.



Категорія	Початок	Кінець	Відомий	Кількість	Результат
Відомий	1 589 214	1	2019 970	2	
Відомий	447 866	1	484 200	2	
Відомий	14 312	1	438 200	2	
Відомий	8 614	1	100 100	2	
Відомий	210 357	1	323 244	2	
Відомий	1 176 412	1	2 143 015	11	
Відомий	1 100 000	1	2 143 015	11	
Відомий	4 482 000	11	8 143 000	42	8 143 000

ФІНАЛІЗОВАНІ ПРОПОЗИЦІЇ ДО ПРОЄКТУ ЗАПИТУ (4)

TVpeople Ukraine



STP Nigeria