



Communities, Rights and Gender: Progress and Achievements

Country and Community Support for Impact Team

Stop TB Partnership Board Meeting, 28 September 2021

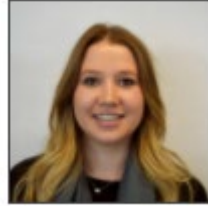


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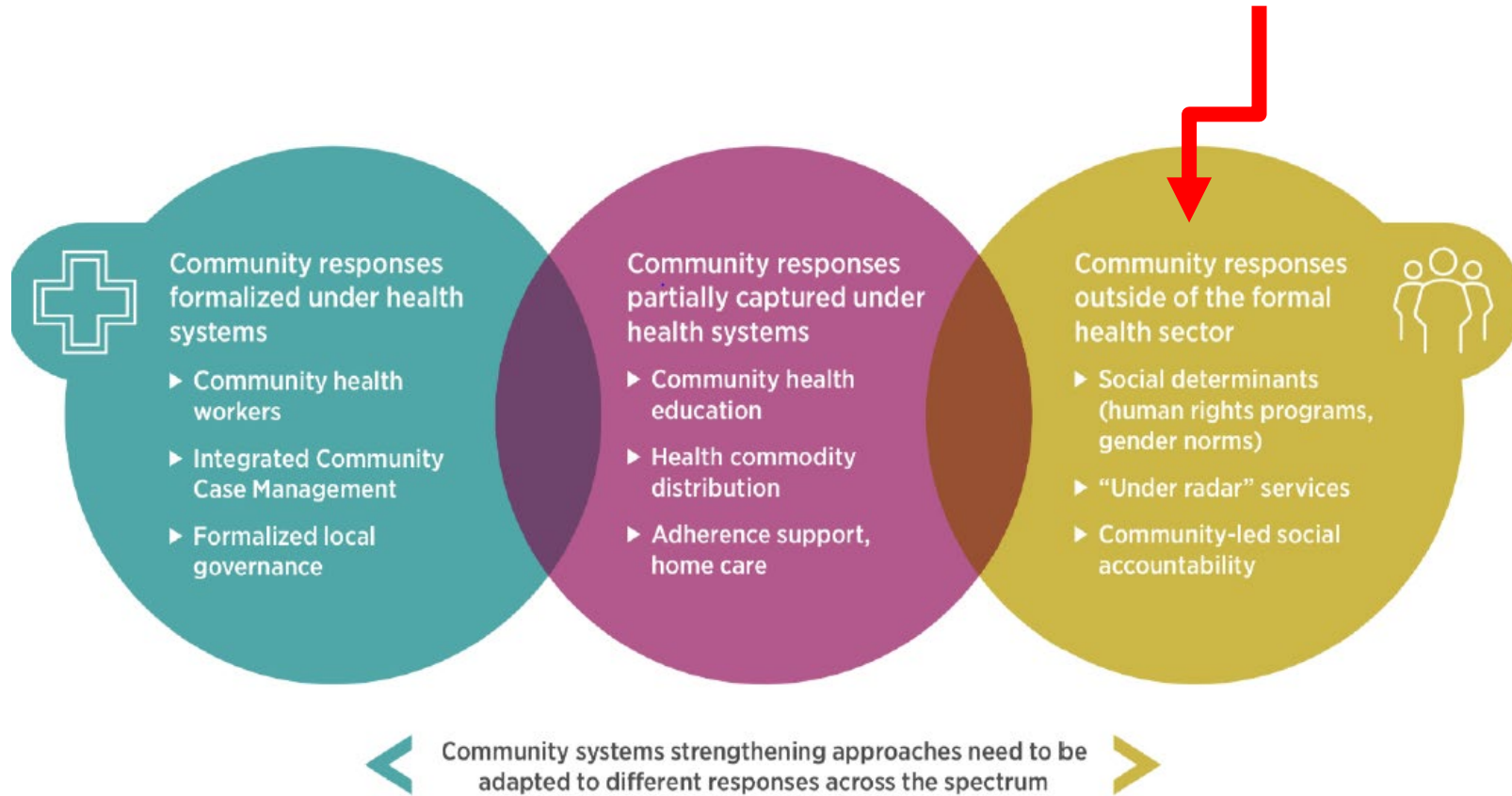


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Stop TB Partnership: fighting injustice & inequity by embedding CRG in the global TB response



Uniquely positioned & the leader in supporting countries eliminate discrimination & gender-related barriers through TB programming

Promotes affected communities & CSOs to leadership and decision-making positions, and directs its resources towards grassroots organizations first and foremost

Emphasises the importance of social justice to promote equity & human rights in TB responses

Source: The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria. The Global Fund, 2018

Overview of community, rights and gender work

Expanded work and engagement:

Extensive & active partner network:

TB affected community & CSOs in more than 60 countries across 7 regions

TB CRG Assessments and Action Plans:

21 countries completed assessments; 5 action plans; 2 TB stigma measurement assessments

Challenge Facility for Civil Society:

\$7.5m blended funding, 77 grants across 27 countries, 7 regions

OnImpact community-led monitoring:

Scale-up from 13 to 24 countries and finalization of the CLM Framework

Country level partnership platforms:

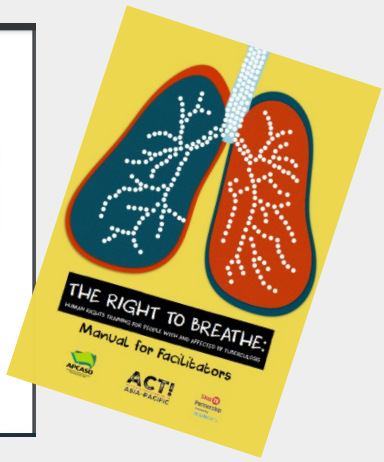
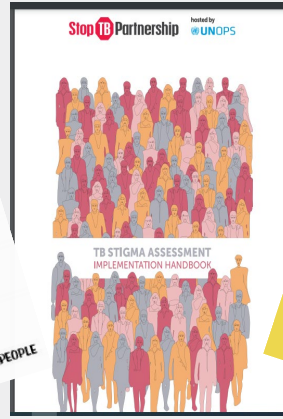
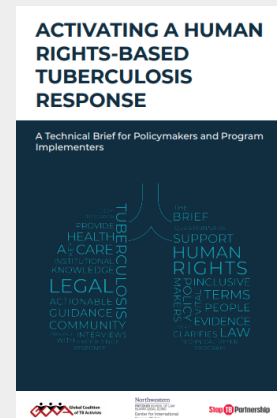
More than 30 active platforms supported

C19RM support:

Small grants for TB community & CSOs for strategic engagement & coordination in 18 countries

Critical tools available:

- Community, Rights and Gender Assessment tools
- TB Stigma Measurement Assessment
- Community-led monitoring OnImpact
- TB and Gender
- TB and Human Rights training for affected community
- TB and Human Rights engagement with judges and lawyers
- TB and people deprived of their liberty
- Investment packages & guidance to operationalize TB CRG





Deadly Divide: TB commitments vs. TB realities

Communities report on progress towards the political declaration

Unprecedented engagement - over 150 CS and community partners from 60 countries & 7 regions provided inputs through surveys/interviews/launch events in English, Spanish, Russian, French, Portuguese and Arabic

UN and technical partner consultations including with WHO, Stop TB Partnership, the Global Fund, UNDP, UNAIDS, IFRC and others

Call to Action to demand social justice in the response to TB and close the gaps in UNHLM targets

Parliamentarian briefing note on operationalizing Deadly Divide Call to Action with CS board delegations and TB Caucus

Key practical actions to operationalize TB CRG have been identified:

1. By 2023 – all TB,MDR,TB/HIV high burden countries should complete a TB CRG assessment, measure stigma and develop national costed CRG Action Plans
2. Integrate community led monitoring for CRG accountability in country programs and grants.
3. Invest in TB affected communities, including through Challenge Facility for Civil Society, to build community systems to strengthen TB response.



“Entre les engagements de lutte contre la tuberculose et les réalités de la tuberculose, un écart fatal”

Rapport des communautés sur les progrès accomplis vers les objectifs fixés par la Déclaration politique des Nations Unies sur la lutte contre la tuberculose et appel à l'action pour combler les lacunes dans les objectifs de lutte contre la tuberculose

Novembre 2020



Deadly Divide 2.0 is to be developed in 2022 to inform the UNHLM on TB in 2023





CRG Assessments: documented key barriers

21 countries completed assessments; 5 completed action plans; 2 completed TB stigma measurement

<u>Assessment areas</u>	<u>Reported Barriers</u>
Availability, Accessibility, Acceptability & Quality of services	Access to information, catastrophic costs, stockouts, Tx duration, lack of mental health, availability of new quality Tx and Dx
Stigma & Discrimination	Stigma & discrimination, and lack of legal protection
Freedoms	Lack of privacy, confidentiality and restricted movement
Participation	Limited participation, capacity & investment in CS & community beyond service delivery
Gender	Prevalence in men, but significant social & cultural barriers experienced by women
Legal remedies	Lack of specific enforceable rights; access to legal aid, literacy & remedies
Key populations	Prisoners, PLHIV, mobile pops, PWUD, health care workers, urban poor, children

- Community-led and people centered
- Empowering TB survivors and grassroots
- Multi-stakeholder engagement
- Prioritized costed action plan
- Accountability platform at all levels linked to MAF



Challenge Facility for Civil Society: augmented

DRC & TZA: integrate CRG into NSPs, using CRG Action Plans & STP investment packages

NGA & RSA: generate & use TB stigma data informing design of interventions to end TB

MOZ, PAK, DRC, UKR & KHM: build digital CLM systems to monitor human rights and gender barriers and generate data for action

IDN, KHM: empower, engage and capacitate TB affected community networks (now represented on the CCM and implementing TGF programs)

KEN: Orientation of people affected by TB to their rights and facilitation of access to justice

UKR: Development and uptake of gender sensitive counselling for people affected by TB at a national level

Franco Africa and EECA: adapt and use MAF, generate baseline data & establish partnerships to monitor UNHLM milestones

Asia & Pacific: Created a human rights agenda and oriented people on their rights at the grassroots, using the Right to Breathe (ACT!AP hosted by APCASO)

Global: adapted, translated, sensitized and launched *Activating a Rights-based Response* in Peru, Cameroon, Indonesia and India

Unique mechanism to support CSO grassroots for social justice & rights-based, gender transformative and people-centered TB response

Round 10 \$7.5m, 77 grants, 27 countries, 7 regions



Round 9 \$2.5m, 31 grants, 13 countries, 6 regions

Meeting only 25% of quality demand of CFCS proposals in eligible countries

Round 11 to be announced by the end of 2021

NB!: blended mechanism, currently supported by:



USAID



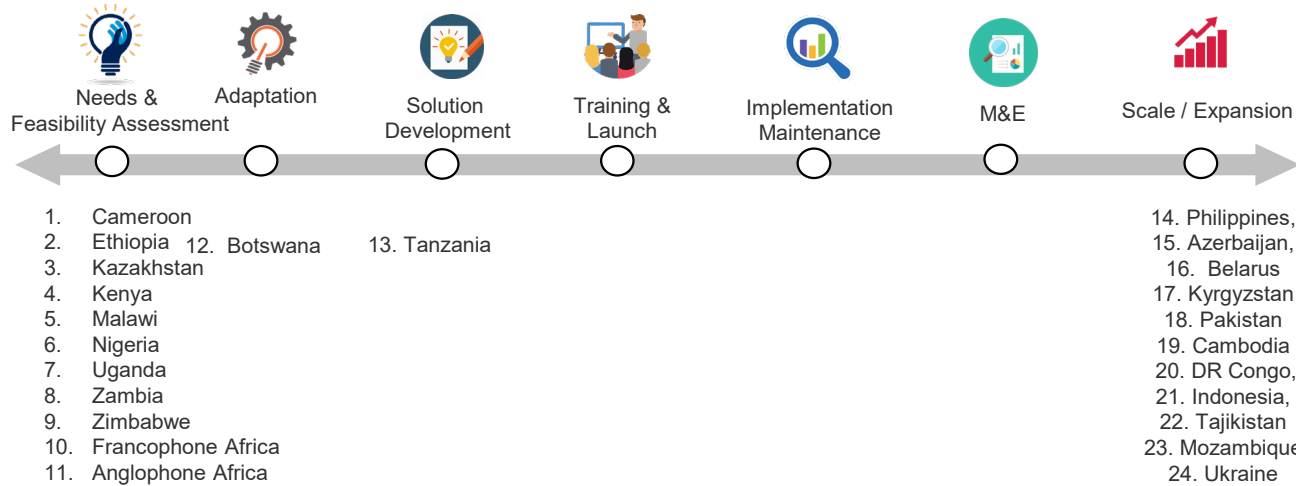
The Global Fund
Investing in our future
To fight AIDS, Tuberculosis and Malaria

hosted by
UNOPS



OnImpact: Community-led Monitoring

Scale-up from 13 to 24 countries in one year: to monitor barriers to access, human violations and stigma. OnImpact is integrated with a COVID-19 module



DRC: developed and integrated CLM indicators into routine data systems at NTP level, CCM level, health facility level and for legal clinics

Mozambique: CLM data identified gaps in contact screening, which resulted in finding children <5 yrs. eligible for TPT

Ukraine: CLM data used for law reform



Partnership platforms at country level

30 partnership platforms demonstrated effectiveness, flexibility and value for investment; 7 new country platforms are growing

Increased coverage: reached more than 100M people globally; 30 events with high-level participation, including Ministers of Health and First Ladies. Some examples:

IDN: President signed a Decree on the TB Prevention and Management to achieve #EndTB targets by 2030

DRC: sensitization campaign in Bandalungwa

KEN: urged government to allocate funding for TB & increase its commitment; mobilized TB survivors & launched regional networks of TB champions in 8 provinces to strengthen grassroots advocacy

NGA: held a legislative summit on Universal Health Coverage and Health Security

TJK: high-level sport event with the Minister of Health: "NO BODY WITH TB"

PAK: promote social insurance to those facing catastrophic costs for TB and COVID-19 treatment

UKR: initiated preparation of the Second National Dialogue

CHM: capacity building for Cambodian Journalists Alliance on TB

TZA: high-level strategic meeting with TB Caucus, MOH and others

STP Platforms in Action:



H.E. Auxilia Mnangagwa, First Lady and TB Ambassador of Zimbabwe
STP Zimbabwe



President of Indonesia signed TB bill
Stop TB Indonesia



TB sensitization campaign, Bandalungwa
Stop TB DRC



Legislative summit on UHC
Stop TB Nigeria



Capacity building, TB survivors
Stop TB Kenya

Engaging partners: celebrities and opinion leaders

The country-level platforms engaged 30 celebrities, nationally and internationally, including First Ladies of Nigeria and Zimbabwe

Social media events: 35 talk-shows with celebrities, TB&C19 survivors, children affected by TB & parents, couples who had TB, Ministers of Health and NTPs.

Some examples:

Zambia - pop singer, comedians and musicians supported a training session of a group of community volunteers to help outreach activity

Kenya - social media influencer conducted several interviews and public discussions on TB

DRC - famous singer launched a new TB song on national TV & radio

Indonesia - virtual TB talk show with MOH & celeb TB Ambassador

Tajikistan - social media conversation on TB with NTP manager and celebrity pop singer

Pakistan - puppet Uncle Sargam was live on the national TV talking about the TB emergency in the country and many others



Deputy MOH Kenya, H.E. Dr. Rashid Aman in conversation with Stop TB Partnership and Stop TB Kenya
Stop TB Kenya



Life chat with couple from Zimbabwe living with TB – love virtually
Stop TB Indonesia



Singer Nyoka Longo released a new song on TB for WTBD
Stop TB DRC



Puppet show Uncle Sargam on national TB talks about the TB emergency in the country
Stop TB Pakistan



Conversation with media influencer Alvan Love on TB
Stop TB Kenya

TGF C19RM: STP timely deployed support

TGF COVID-19 Response Mechanism supports countries to reinforce the C19 response, mitigate its impact on 3 diseases, and initiate urgent improvements in health and community systems

Leveraging COVID-19 as a strategic opportunity came as a call of TB affected community in **A Deadly Divide: TB commitments vs TB realities**

A specific STP support package was quickly deployed (through USAID funding):

- Small grants for coordination, advocacy and strategic engagement in 18 countries (KHM, CAM, DRC, GHA, IND, KEN, MOZ, NPL, NGA, PAK, PHL, ZAF, TJK, TAZ, UKR, VNM, ZMB, ZWE);
- Technical guidance documents on TB/COVID-19 bi-directional interventions and on TB/COVID-19 CRG;
- Training webinars with implementers and national partners
- Consultants for national writing teams;
- Funding request review and feedback in over 60 countries (including 18 received small grants).

The Global Fund C19RM Funding Request TB Community, Rights and Gender Activities Guide

Purpose

To provide National Tuberculosis (TB) Programs, implementing partners, TB civil society and affected community partners, and relevant consultants with a comprehensive indicative list of TB Community, Rights and Gender (CRG) activities including possible new solutions and tools that can be included into national COVID-19 Response Mechanism Funding Requests (C19RM FR) to the Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF).

Background

TGF C19RM supports countries to mitigate the impact of COVID-19 on HIV, TB, and malaria programs and initiate urgent improvements in health and community systems. C19RM is consistent with WHO COVID-19 Response Pillar Framework¹ and will fund the following areas: (1) COVID-19 Response; (2) COVID-19 related adaptation of programs to fight HIV, TB and malaria; and (3) Strengthening health and community systems. These three areas should also incorporate cross-cutting activities that bolster community responses to COVID-19.

The allocations for the funding requests represent an amount equivalent to 15% of the applicants 2020-2022 country allocation. Countries can also request an above allocation amount of up to 15% as well. Please note that the proposals require endorsement from the CCM, and, for COVID control and containment mechanisms, additional endorsement is required from the COVID-19 response coordination mechanism. As such it is very important that partners:

- Link up with the CCM, PRs and NTP for dialogue
- Engage in developing the Country C19RM Funding Request
- Request support when and if needed for the development of the C19RM funding request

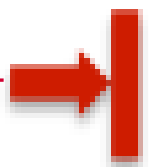
STP provides strategic guidance, tools and technical support to countries to strengthen TB communities, rights and gender, national TB and health responses and will continue to provide guidance and technical assistance to national TB programs and TB civil society and affected community partners under the C19RM². In developing the C19 RM Funding Request, it is important to keep in mind the need to:

- Recover the losses of TB response from the COVID-19 impact
- Reaching the UNHLM 2022 commitments according to the country targets
- Addressing the Deadly Divide: TB Commitments vs TB Realities, the global TB community accountability report³, to "leverage COVID-19 as a strategic opportunity to end TB". In addition, it provides clear calls to action for human rights and gender related programming and interventions, advancing community led monitoring with real time data for advocacy and accountability, and the crucial importance of building strong TB affected community systems as part of national health infrastructure.
- Even if a fast-track application is required to be submitted earlier, further time can be taken to develop a full application and include comprehensive CRG interventions for later application windows.

¹ <https://www.theglobalfund.org/en/covid-19/response-mechanism/>

² Should you need further support for C19RM FR development, please contact Stop TB Partnership: ta@stoptb.org

³ <http://www.stoptb.org/communities/divide.asp>



C19RM support: chosen areas & priorities for actions

Investment areas:

Advocacy, awareness, and information dissemination

Screening, treatment, and diagnosis of TB & COVID-19

Psychosocial and legal care and support

Community-led monitoring

Training and capacity building

Included priority actions:

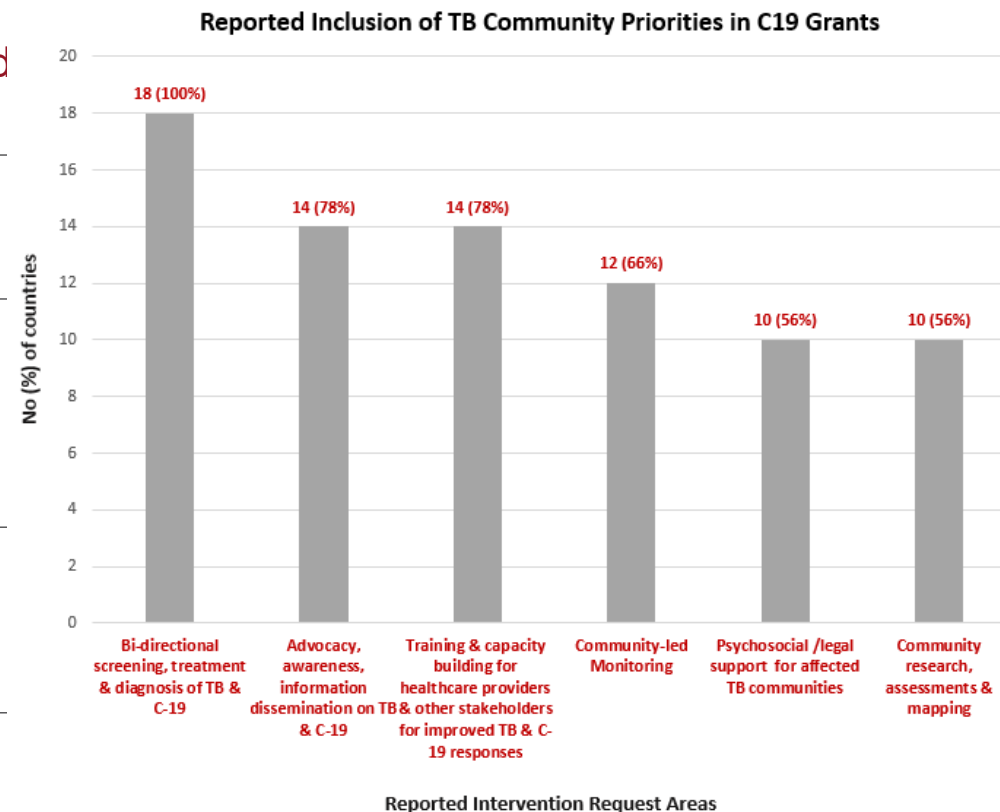
Advocacy, stigma reduction, TB & C19 awareness, gender-based violence and needed resources

Improved bi-directional screening, treatment and diagnosis of TB&C19

Psychosocial & legal support for people affected by TB&C19, incl. resources for counselling & info

Community-led monitoring for human rights violations related to TB & C19

Capacity building for healthcare providers, CSOs, CHWs on bi-directional screening, infection control, screening & contact tracing, monitoring & stigma mitigation



18 countries supported:
KHM, CAM, DRC, GHA, IND, KEN, MOZ, NPL, NGA, PAK, PHL, ZAF, TJK, TAZ, UKR, VNM, ZMB, ZWE





C19RM support: impact for TB affected communities

The rapid deployment and flexible nature of STP grants

...is unique and meets the needs of TB communities

In many countries this was the first time that

...involved TB community-led engagement in the FR process & through local organizations (vs. through an INGO or as add-on to HIV consultation)

Through STP guidance documents and virtual training

...partners possessed all the strategic information they needed to engage and adapt to their country process

Country partners were able to conduct consultations

... engaging TB affected communities, CS and broader stakeholders

Partners developed priorities for C19/TB bi-directional interventions

... and advocated to CCMs, writing teams and partners for its inclusion in the C19RM

TB Community and civil society representatives

... were included in the writing team in four countries

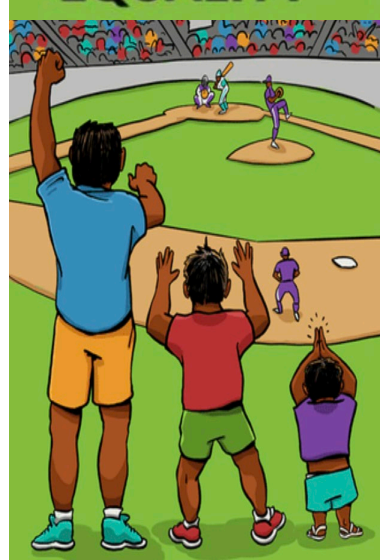
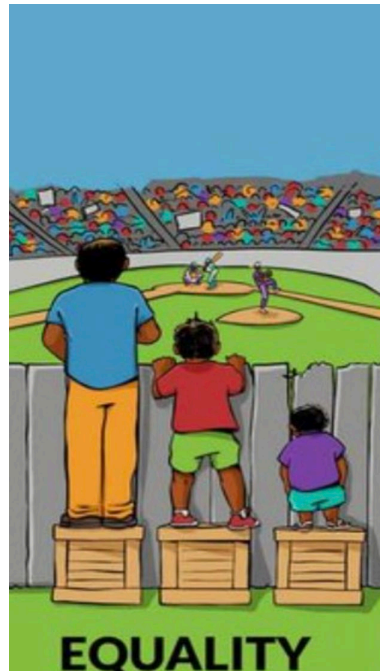
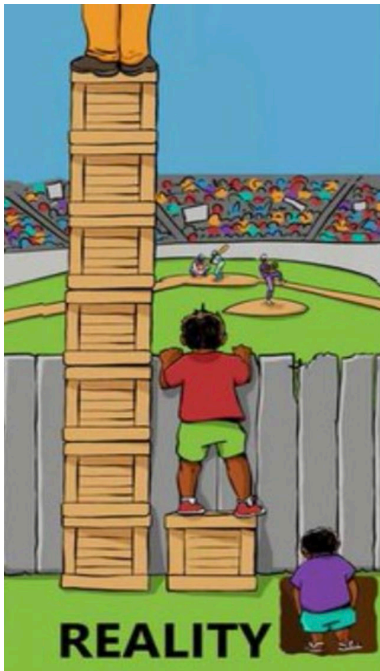
Several countries secured significant investment in

...TB CRG initiatives, including community systems strengthening, stigma reduction and community-led monitoring

Take away messages:

- Countries already supported by STP through CFCS and CRG assessments were better placed to effectively impact this work; others were less effective
- STP CFCS grant mechanism & TA rosters ensured necessary flexibility and speed needed to maximize impact
- With small grants for TB affected communities and CS we were able to engage and influence the C19RM process in all countries in spite of significant challenges (timeframe, virtual engagement, internet access, diverse stakeholders)
- This modest investment not only impacted the C19RM process but directly contributed to community systems strengthening for TB affected communities

Stop TB Partnership upcoming CRG plans



Coordinate next Challenge Facility for Civil Society Round (11), including the scale-up of South-South CRG initiatives and support - a unique mechanism for TB affected community and civil society, that is still only able to fulfill 25% of quality community demand

Start preparations for the UNHLM on TB 2023. Consider organizing Multi Sectoral Hearing with TB affected communities and CS and form TB Affected Community and Civil Society Advisory Group to ensure TB affected community actively participate in the lead up

Scale-up support of country-level partnerships and multisectoral engagement, including people affected by TB for enhanced TB accountability; reaching TB targets and access to new diagnostics and tools

Utilize similar support as C19RM for TB affected community and civil society during all national Global Fund processes to ensure social justice and modify the TB response to be rights-based, gender-transformative and people-centered