

## **Challenge Facility for Civil Society Round 12**

### **Information Note**



Championing ambitious people-centred,  
human-rights based, gender-transformative national TB responses,  
advocacy and accountability efforts to End TB by 2030

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## Challenge Facility for Civil Society Round 12

### About Challenge Facility for Civil Society

The Challenge Facility for Civil Society (CFCS) is the Stop TB Partnership's flagship program. It is a unique grant mechanism for TB-affected community and civil society grassroots organisations to champion, support and contribute to the transformation of the TB response so that it promotes and protects human rights and gender equity, ends stigma and discrimination. CFCS aims to build recognized civil society or TB affected community networks that represent, support and are accountable, so that they collaborate, partner with and take part in national and global TB responses. CFCS supports community and civil society actors to engage in community-driven and high-level advocacy, overcome barriers to accessing services, and monitor the TB response to end TB by 2030.

For more information on CFCS and previous rounds of funding, please visit:

<https://www.stoptb.org/prioritize-people-human-rights-gender/fund-tb-communities-civil-society>

### Challenge Facility for Civil Society Round 12 Vision

CFCS Round 12 aims to organisations of people affected by TB and civil society organisations to champion and contribute towards ensuring ambitious and strong people-centered, human rights-based, gender-transformative national TB responses, advocacy and accountability efforts to End TB.

*The Stop TB Partnership's Challenge Facility for Civil Society Round 12 is funded by the United States Agency for International Development and L'Initiative implemented by Expertise France.*



## Eligibility Criteria, Available Funding, Timelines and Request for Clarifications

Before applying for CFCS Round 12, please read the following information carefully.

### Eligible Countries & Regions

The following countries and regions are eligible to apply for funding under CFCS Round 12

**Track 1:** Organisations from the following countries can apply:

Azerbaijan	Cote d'Ivoire	Kyrgyzstan	Pakistan	Ukraine
Bangladesh	DR Congo	Malawi	Papua New Guinea	Uganda
Benin	Ethiopia	Mongolia	Peru	Uzbekistan
Brazil	Ghana	Mozambique	Philippines	Viet Nam
Burkina Faso	India	Myanmar	Sierra Leone	Zambia
Cambodia	Indonesia	Nepal	South Africa	Zimbabwe
Cameroon	Kazakhstan	Niger	Tajikistan	
Central African Republic	Kenya	Nigeria	Tanzania	

**Track 2:** Global and regional organisations from the following regions can apply:

Anglophone Africa	Middle East and North Africa	Latin America and the Caribbean	Global level
Francophone Africa	Asia and the Pacific	Eastern Europe & Central Asia	

## Eligible Organisations

Organisations **must** meet the following criteria to be eligible to apply for CFCS Round 12:

1. **Legally registered** in one of the above-mentioned countries (legal registration certificate available).
  - a. **Track 1:** Country-level organisations must be registered in the same country where grant activities will be implemented;
  - b. **Track 2:** Global and regional organisations should be legally registered and/or predominantly work in the targeted countries listed under Track 1;

**Please note:** New organisations that are not yet legally registered are encouraged to collaborate with another, legally registered organisation who meets the eligibility criteria, who can act as the lead applicant and support the legal registration of your organisation as well as strengthen your organisation's capacity. This is highly recommended for networks of people affected by TB.

2. **Civil society and/or community-based organisation** working in the above-mentioned countries or regions. **Organisations/networks of people affected by TB are particularly encouraged to apply;**
3. Currently **working on TB and Community, Rights & Gender** (CRG)-related work;
4. Be able to **open a bank account in the applicant's legal name** in the country of registration.

## Funding Tracks

There are two tracks through which eligible organisations can apply for funding:

1. **Track 1** Country Applications
2. **Track 2** Global/Regional Applications.
  - a. A **regional** application would be considered from organisations that work predominantly in and across the targeted countries within the same region that are listed above under **Track 1**.
  - b. A **global** application would be considered from organisations that work in at least three of the eligible regions listed above.

**Please note:** it is likely there will only be one grant awarded per region/global level under Track 2. The majority of CFCS Round 12 funding will be dedicated to Track 1.

## Available Funding

The total available amount for CFCS Round 12 is up to USD 13.5 million. Stop TB is committed to strengthening national responses and therefore the majority of funding will be awarded under Track 1.

The following funding ceilings apply:

- **Track 1 – Country Applications**
  - Emerging organisations of people affected by TB, with up to 3 years of TB and CRG experience: up to **USD 50,000**.
  - Organisations with more than 3 years of TB and CRG experience: up to **USD 100,000**.
  
- **Track 2 – Global or Regional Coordination Applications**
  - up to **USD 150,000**.

*The final grant amount may vary across/within countries and/or regions.*

## Grant Duration

Grant duration is **12 months** from the date of signing the agreement with Stop TB Partnership/UNOPS.

## Anticipated Timeline

- Call for Proposals is open from **Wednesday 28 June to Monday 31 July 2023**
- Application submission deadline: **18:00 Central European Summer Time (CEST) on Monday 31 July 2023**
- Clarifying questions (see below) submission deadline: **Wednesday 19 July 2023**
- Information Session (see below): **Wednesday 12 July 2023**
- Answers to clarifying questions published (see below): **Thursday 20 July 2023**
- Announcement of successful applicants: **week of 18 September 2023**
- Expected start of grant implementation: **December 2023 – January 2024**

## Request for Clarifications

Additional information to help organisations in completing applications can be found in the Application Guidelines.

### Clarifying Questions

If you have any questions regarding the application or application process, please send them to [cfcs@stoptb.org](mailto:cfcs@stoptb.org).

**The deadline for the submission of questions is Wednesday 19 July 2023.** All questions and answers will be published on the Stop TB Partnership Challenge Facility for Civil Society webpages and application site on **Thursday 20 July 2023**.

### Information Session open to all organisations considering applying for CFCS Round 12

To provide clear guidance on completing the application and to answer questions received from applicants, Stop TB Partnership will hold an online Information Session on **Wednesday 12 July 2023 from 12:30 – 1:30PM Central European Summer Time (CEST)**. You can find your local time by entering the time, Geneva and your nearest city here: <https://www.timeanddate.com/worldclock/meeting.html>

The Information Session is open to all organisations considering applying for CFCS Round 12. French translation will be available. This session will be recorded.

**Advance registration is required (before Tuesday 11 July 2023) via the following link:** <https://us06web.zoom.us/meeting/register/tZUqce-opjlrE9J5PcEOSWfSjc8XTW32c4y8>

Answers to all questions raised will be provided in writing and made available, along with the recording, via the CFCS webpages and application site on **Friday 14 July 2023**.

## Evaluation of Applications

All submitted applications undergo a two-stage evaluation process.

### 1. Screening

All applications are first screened against the following eligibility criteria:

- Organisation is from one of the listed eligible countries or regions
- Organisation meets the eligibility criteria (provided above **Eligible Organisations**)
- Organisation meets the Protection Against Sexual Exploitation and Abuse (PSEA) Self-Assessment minimum rating requirement
- Completeness of application – all sections and documents are complete, and all mandatory supporting documents have been provided.

### 2. Evaluation

All applications which are screened in based on the above eligibility criteria will then be evaluated by an independent evaluation committee against the following evaluation criteria. *Each funding track will be evaluated independently.*

#### Track 1 – Evaluation Criteria

No	Criteria	Explanation	Weight
1	<b>Relevance &amp; Priority</b>	The relevance of the project and the extent to which the project proposal responds to the problems articulated and linked to identified priorities.	20%
2	<b>Technical approach</b>	The extent the political ambition to end TB as articulated in <i>Global Plan to End TB 2023-2030</i> , including principles of CRG, have been incorporated into interventions, processes and advocacy. The relevance of the project within the current environment, including in relation to governance structures such as the Country Coordinating Mechanism, Global Fund funding requests and National Strategic Plan development and review. The extent to which the project leverages previous or existing TB CRG initiatives /investments, and the clarity and relevance of the workplan.	50%
3	<b>Sustainability and Resilience</b>	The extent to which the project proposal demonstrates capacity to manage risk and to ensure continuity after the end of the grant including through influencing National Strategic Plans.	10%
4	<b>Networking and reach</b>	The extent to which the project proposal demonstrates strategic partnership building, networking and reach.	10%
5	<b>Value for Money</b>	The extent to which the project demonstrates value for money and sustainability.	10%

**Please note:** emerging organisations of people affected by TB with up to 3 years of experience in TB response (including in CRG, advocacy and community mobilization) who apply for this stream under Track 1 (up to 50,000 USD) will be evaluated separately.

Track 2 – Evaluation Criteria

No	Criteria	Explanation	Weight
1	<b>Relevance &amp; Priority</b>	The relevance of the project and the extent to which the project proposal responds to the problems articulated and linked to identified priorities.	15%
2	<b>Technical approach</b>	The extent the political ambition to end TB as articulated in <i>Global Plan to End TB 2023-2030</i> , including principles of CRG, have been incorporated into interventions, processes and advocacy. The strategic nature of the efforts to further strengthen coordination for advocacy and engagement as well as to enhance knowledge sharing, network building and partnerships.	45%
3	<b>Sustainability and Resilience</b>	The extent to which the project proposal demonstrates capacity to manage risk and to ensure continuity after the end of the grant.	10%
4	<b>Networking and reach</b>	The extent to which the project proposal demonstrates strategic partnership building, network strengthening and reach, connecting the local and national with the regional and/or global levels.	20%
5	<b>Value for Money</b>	The extent to which the project demonstrates value for money and sustainability.	10%

**Please note:** the evaluation of Track 2 proposals will focus primarily on coordination, advocacy and partnerships across countries.



## Indicative Activities for Funding

Building off the evidence from country and regional level work, below are lists of indicative activities (provided for example purposes) that are eligible for CFCS Round 12 funding under each funding track:

### Track 1 – Country Track

#### Sample CRG Intervention Areas under Track 1

##### High-level advocacy, awareness & activism

- 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 and commitments.
- Establishing and scaling-up empowered community networks to participate and engage in national level efforts to meet the UNHLM targets.
- Generating demand and access to innovative services, guidelines and tools, including on rapid molecular diagnosis as entry point for TB diagnosis, Tuberculosis Preventative Treatment (TPT), short term regimens, etc.
- Conduct advocacy capacity building to support skills development for strengthened advocacy outreach to support national advocacy priorities.
- Engaging in country process for the development or review of the National Strategic Plan or development of Global Fund applications, to ensure ambitious planning and inclusion of funding to support TB CRG.

##### 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.
- Work for and support key and vulnerable populations to understand, reach and overcome barriers to access.
- Mobilizing and building capacity of prioritized TB key and vulnerable populations.

##### Human Rights, Gender and Accountability

- Developing and implementing National Costed Action Plans to overcome barriers to services and other challenges faced by people affected by TB.
- Conduct STP TB CRG Assessments and Stigma Assessments.
- Raise 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.
- Work towards 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 policies, programming and leadership
- Developing and implementing a gender-transformative 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 high burden countries (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 – Global or Regional Coordination Track

### Sample CRG Intervention Areas under Track 2

- Regional / Global movement building, knowledge exchange and coordination.
- Forming and strengthening strategic regional / global level partnerships to increase TB visibility and inclusion on health and political agendas, political will and financing
- Developing and implementing advocacy and engagement campaigns across regions
- Engaging relevant stakeholders and catalyzing regional and global dialogues on reaching UN HLM targets and commitments
- Building a TB movement for demand generation, investments in TB, human rights and gender, 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 in CRG and awareness on TB technical areas, TB financing, Research and Development (TB Vaccines included) and social protections.
- Enhancing accountability through regional monitoring of UN HLM Targets and Commitments.

## Useful Community, Rights and Gender Information to Guide Your Application Development



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 [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.

Enhanced focus on initiatives that contribute to gender equality and that focus on and empower specific TB key and vulnerable will be of particular importance. 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](#). It is important that your application responds to the current status of CRG initiatives in countries and regions.

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

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)	
<p> <span style="color: teal;">■</span> AAAQ               <span style="color: orange;">■</span> Discrimination &amp; equal treatment               <span style="color: purple;">■</span> Freedoms               <span style="color: yellow;">■</span> Gender               <span style="color: blue;">■</span> Participation               <span style="color: green;">■</span> Remedies &amp; accountability               <span style="color: cyan;">■</span> Vulnerable &amp; marginalized populations         </p>									

## Country Profiles

The Community, Rights and Gender Country Profiles developed by Stop TB Partnership based on previously supported initiatives in eligible countries ([link](#)) provide an overview on community engagement and key CRG interventions at country-level, including Round 11 implementing partners goals and objectives. The country profiles ([link](#)) should inform your Round 12 applications towards building on and leveraging previous CRG efforts and maximising the gains at country level.

## Theory of Change

Challenge Facility for Civil Society aims to advance TB responses that are people centered, rights-based, gender-transformative, equitable and accountable, and, with that, contribute to ending TB by 2030. There are several important inputs in this process, including: CRG and Stigma Assessments; Advocacy, awareness, and activism; Capacity building and community empowerment; Engagement, networking, Coordination and Partnership; and Demand generation, new tools, approaches and innovations.

These inputs will contribute towards generating the following outputs, including: CRG and Stigma Assessments and Costed Action Plans in place; advocacy, awareness and activism implemented by grantees; CLM systems in place; Capacity building and community empowerment processes implemented by grantees; engagement and coordination activities implemented, and partnerships supported; demand generation activities implemented by grantees.

The outputs will ultimately lead to a series of outcomes: community, rights and gender prioritized and integrated in national TB responses; ambitious fully funded national strategic plans with accountability systems; capacitated mobilized, empowered, meaningfully engaged communities of people affected by TB and key and vulnerable populations; quality TB services that are accessible and equitable for all; Key partners are engaged and mutually accountability in TB response; and, legal and policy environments that guide and support CRG in the TB Response.

Proposals should consider design and implement proposals consistent with this theory of change.



## Community, Rights and Gender Tools

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

- [The Accountability Report of TB Affected Communities & Civil Society: Priorities to Close the Deadly Divide Calls to Action](#)
- [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](#)
- [OnImpact Community-led Monitoring Framework](#)
- [OnImpact 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)

