

# KHANA

Cambodia

## Grantee Profile

### Organization

Khmer HIV/AIDS NGO Alliance (KHANA)

### Where we work

Cambodia (Phnom Penh and 22 other provinces)



### About KHANA

Established in 1996 KHANA is a linking organization of the International HIV/AIDS Alliance and the largest national NGO providing HIV prevention, care and support services at the community level in Cambodia. We also has programs in integrated sexual and reproductive health, family planning, maternal child health, TB and livelihoods. KHANA has extensive experience in implementing projects funded by international donors including USAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Economic Commission, World Food Programme and the International HIV/AIDS Alliance. We currently work with 19 NGOs; implementing partners that provide vital, high quality care and support

### Objectives of Round 7

- 1 Strengthen existing or new national level TB constituencies that engage, represent and are accountable to communities.
- 2 Reinforce the capacities & responses of local communities who are part of the TB response.
- 3 Tighten linkages, collaboration and coordination between communities and government.

services to over 17,000 people living with HIV, including 41,000 members of key populations (i.e. entertainment workers, men who have sex with men, transgender people, people who use and who inject drugs). We also have a significant capacity to delivery services and technical support across other technical areas including monitoring and evaluation, organizational and institutional development, research, grant management and advocacy.

### TB in Cambodia

Cambodia is still among the world's 22 high-burden TB countries. 43,738 people develop TB each year, among whom 4.7% have multi-drug resistant TB (MDF-TB). In 2014, the incidence (including HIV+TB) was 390 per 100,000 populations and the prevalence was 668 per 100,000 populations.



The number of people enrolled on treatment is 35,536. In 2015, the number of people living with HIV in Cambodia was 74,572 with 57,081 on treatment. An estimated 19,389 (26%) number of people living with HIV developed TB last year.

## Challenges faced by communities in Cambodia in the TB response

In Cambodia, like in many other countries, the TB response has only recently started moving beyond a biomedical approach. Whilst Cambodia is learning from good practice in its HIV response, community structures are still fragile and TB. They are not yet imbedded into broader primary health care processes and systems. Although TB advocates can learn from the HIV community response, unlike HIV, TB is not a life-long disease. This presents a broader challenge for TB community responses as there is less incentive for patients to form alliances. Furthermore, the Cambodian government is not yet ready to scale up investments in TB for community systems strengthening and the community response. In general, Cambodia also has broader health issues that impact on the TB response, including gender-based violence and stigma and discrimination in various health care settings.

## The Challenge Facility for Civil Society in Cambodia

With the support of the Stop TB Partnership's Challenge Facility for Civil Society, KHANA will build recognized civil society and community networks that represent, support and are accountable to communities and who can partner with one another and successfully engage in national tuberculosis responses.

The Challenge Facility for Civil Society Grant in Cambodia will be implemented in two phases:

- **In Phase I**, KHANA will focus on building, strengthening and mentoring a national TB constituency that engages, represents and is accountable to communities. This will be achieved through a number of activities such as; an assessment of the current community response, mapping community actors, analysis and identification of human



resources, system equipment and infrastructural needs that are required to establish and sustain a national TB constituency. We will also identify the training and capacity development needs of communities, and support the constituency to develop work and engagement plans.

- **In Phase II**, KHANA will focus on strengthening Village Health Support Groups (VHSG) by providing refresher trainings (including C-DOTS), mentoring and coaching the national Country Coordinating Mechanisms (CCM) representatives, facilitate the selection of TB community representatives in national TB working groups, advocate for inmates' involvement in prison health care provision, and advocate that funding levels for community systems strengthening and constituencies is maintained in both the HIV and TB responses.

**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Cambodia and want to engage in the Challenge Facility for Civil Society work in Cambodia please contact **CHOUB SOK CHAMREUN** via [csokchamreun@khana.org.kh](mailto:csokchamreun@khana.org.kh)

For more information about KHANA:  
[www.khana.org.kh](http://www.khana.org.kh)

## For Impacts in Social Health

Cameroon

### Grantee Profile

#### Name of organization

For Impacts in Social Health (FIS)

#### Where we work

Cameroon



#### About FIS

FIS works in Cameroon with its headquarters in Yaoundé (Central Region of Cameroon). Our activities spread across all the ten regions of Cameroon where we have 4 specific programs on; aid efficiency Demand creation, Direct support to vulnerable communities and Governance and Sustainability. We also have an agreement with the Ministry of Health to implement mother and child activities in the southern region.

FIS is a civil society organization which works on social justice issues in the health sector and we're driven by values such as equity, transparency and universal access. Our organization has 10 years of experience in advocacy, capacity building,



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community engagement, gender and human rights in developing interventions alongside formal health systems and contributing to reinforcing community health systems.

#### TB in Cameroon

Cameroon is a country with high TB/HIV incidence. In 2014, 26, 368 TB cases in all forms were detected. 623, 350 people were living with HIV with a coinfection rate of 38%. In the same year, 750 patients were detected with MDR-TB. The MDR-TB rate is between 10% and 17% across regions for those who have been treated for over one month. The notification rate of TB in prisons is almost 10 times higher than in the general population. The treatment success rate was 82% in 2013. According to WHO, TB mortality is 7,800 representing 35 cases among 100, 000 inhabitants.



## Challenges faced by communities in Cameroon in the TB response

Despite the recent adoption of the 2015-2019 TB National Strategic Plan with objectives dedicated to community involvement, the country still lacks a framework for formal collaboration between the National TB Programme (NTP) and civil society organizations. The NTP only has an operational partnership with three national NGOs out of the 10 regions for the implementation of communication and social mobilization activities.

Additionally, the community engagement component is under-funded in all NTP activities, there is a lack of monitoring and capitalization tools for activities undertaken by CSOs, there is limited participation of former TB patients and key affected populations in the national TB response as well as limited collaboration between civil society organizations involved in the fight against TB.



- **Phase I:** FIS will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** FIS will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

## The Challenge Facility for Civil Society in Cameroon

FIS, with the support of the Stop TB Partnership's Challenge Facility for Civil Society will support the sustainable engagement of communities in the TB response.

The Challenge Facility for Civil Society Grant in Cameroon will be implemented in two phases:



**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Cameroon and want to engage in the Challenge Facility for Civil Society work in Cameroon please contact **MR. KAMPOER PFOUMINZHOUER BERTRAND**: [fissmstsida97@yahoo.fr](mailto:fissmstsida97@yahoo.fr) or [kampoer@gmail.com](mailto:kampoer@gmail.com)

For more information about FIS:  
[www.forimpactsinsocialhealth.org](http://www.forimpactsinsocialhealth.org)

## Club des Amis Damien

Democratic Republic of Congo

### Grantee Profile

#### Organization

Club des Amis Damien (CAD)

#### Where we work

Democratic Republic of Congo (DRC)



#### About CAD

Club des Amis Damien (CAD) was created in 1999 following the closure of a healthcare center for TB by the health authority in the province of Kinshasa due to poor performance in TB care. In order to continue supporting TB patients and to improve the center's performance, the nurse in charge of TB raised awareness about TB and advocated for patient involvement in TB care. TB patients were then asked to mobilized to support other patients; firstly in raising awareness about treatment, and secondly, to increase adherence and treatment compliance. In 1998, the initiative "Tuberculosis Patient Involvement in the fight against Tuberculosis" was launched in the Democratic Republic of

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Congo. Since then, it has expanded to reach 13 provinces out of the 26 in the country.

#### TB in DRC

The Democratic Republic of Congo is a high burden TB country. An estimated 115,000 people develop TB each year, among whom 0.4 % have MDR-TB equating to 324 MDR-TB patients in 2014. The number of people enrolled on treatment in 2014 was 117,254. The number of people living with HIV in DR Congo was 481,122 in 2013. In 2014, the proportion of TB patients with HIV was 14%.



## Challenges facing communities in DRC in the TB response

The social challenges of stigma and discrimination of people with TB hinder access to services and community participation in the response. These barriers do not motivate community members to participate in the fight against TB. Some fear the spread of infection and others are reluctant to participate due to the fact that TB is strongly linked to HIV/AIDS. Furthermore there is a lack of communication between healthcare staff, TB patients, opinion leaders, policy makers and community members at provincial and local levels, which hampers the comprehensive support communities require from different stakeholders to ensure full recovery. There is also a significant lack of funding and resources for communities to mobilize locally and to support our engagement.

## The Challenge Facility for Civil Society in DRC

CAD, with the support of the Stop TB Partnership's Challenge Facility for Civil Society will establish provincial consultation frameworks in 5 provinces under the Provincial Coordination Leprosy and Tuberculosis (CPLT) programme. The frameworks will provide the blueprint to enhance community engagement in the TB response. Subsequent consultation forums will then convene diverse stakeholders



involved in the TB response to discuss the issues being faced in the 5 provinces. Stakeholders will include both community and government officials at the provincial level which will promote a favourable environment for community initiatives in the fight against TB.

The implementation of these provincial consultations will allow CAD to collect and apply the opinions and considerations of community members from the provinces in the TB national response.

The Challenge Facility for Civil Society Grant in DRC will be implemented in two phases:

- **Phase I:** CAD will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** CAD will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.



**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in DRC and want to engage in the Challenge Facility for Civil Society work in DRC please contact **MAXIME LUNGA NSUMBU**: [maxilunga@yahoo.fr](mailto:maxilunga@yahoo.fr)



# Volunteer Health Services

Ethiopia

## Grantee Profile

### Organization

Volunteer Health Services (VHS)

### Where we work

Ethiopia



### About VHS

Volunteer Health Services (VHS), formerly known as the Ethiopian Drug Information Network, was founded in April 2010 by Mr. Endalkachew Fekadu and Mr. Million Kebede. We're pharmacists, one of us is a former MDR-TB patient and together we anticipated the need for treatment support and health education at a national level in order to support patients. Our goal is to provide continued professional treatment support for patients and to promote treatment adherence by creating a network of volunteer treatment support groups that offer a place to explore the emotional and practical issues of living with infectious diseases, specifically for patients who need comprehensive treatment and care in a safe and nurturing environment.



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VHS is strictly a volunteer organization with no permanent facilities or staff, but to accommodate its growing volunteer membership base and staff, we moved to our current headquarters. In 2014, during its official opening, we celebrated the milestone of more than 8,000 professional and student members across the country.

### TB in Ethiopia

Ethiopia experiences a heavy burden of TB, mainly attributed to communicable infectious diseases and nutritional deficiencies. Ethiopia is ranked 7th out of the 22 highest TB burden countries in the world. Despite a strong and tightly-controlled TB programme managed by the Federal Ministry of Health, there are still hundreds of reported cases every year. In 2015, the TB Bulletin published by the Federal

Ministry of Health showed a total of 134,343 TB incidence, among which 17.8% were multi-drug resistant TB (MDR-TB) cases among previously treated cases. There is also 5,291 presumptive MDR-TB cases identified in a single year.

## Challenges facing communities in Ethiopia in the TB response

The burden of TB in Ethiopia raises many questions on how best to address issues surrounding access, equity, quality of healthcare, service delivery mechanisms and the strengthening of health systems. The high demands for TB related care and support exceed the resource capacities in many developing countries' health systems including in Ethiopia which directly affects patients and communities. Civil society organizations, and especially patients, increasingly recognize the need to engage in the TB response more effectively.

However engaging TB communities can be challenging due to several reasons; prioritization is institutional or agency-based, i.e. not community-based, there is no structures, platforms, processes or trainings to strengthen community responses and our meaningful engagement, community members lack knowledge, resources and the skills needed for stronger and more efficient community engagement, and weak ties among TB constituents of different social-economic backgrounds creates barriers for collaborative action.



Since VHS alone cannot respond to all the needs of TB communities, the need to promote community contributions to TB care as part of National TB Programme (NTP) activities is particularly urgent in Ethiopia, where increasing TB cases are outstripping the ability of government health service providers, including the health extension workers to cope.

## The Challenge Facility for Civil Society in Ethiopia

In order to maximize the meaningful engagement of TB constituents, VHS through the support of the Stop TB Partnership's Challenge Facility for Civil Society grant will; identify the key TB community constituents in Ethiopia to establish possible networking opportunities and collaboration opportunities between rural and urban populations, across genders, among low-income populations, prisoners, among other key and vulnerable populations in TB, assess opportunities and challenges for TB community engagement in all aspects of TB prevention and care, explore the possible ways of cooperation between government stakeholders and civil society organizations, and explore possible ways to establish and contribute to the development of national TB strategic plans, program reviews, priorities and projects.

The Challenge Facility for Civil Society Grant in Ethiopia will be implemented in two phases:

- **Phase I:** VHS will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** VHS will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

## Get involved!

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Ethiopia and want to engage in the Challenge Facility for Civil Society work in Ethiopia please contact **ENDALKACHEW FEKADU**: [contact@vhsi.org](mailto:contact@vhsi.org) or [enda.pharm@gmail.com](mailto:enda.pharm@gmail.com)

For more information about VHS please visit: [www.vhsi.org](http://www.vhsi.org)



# Curatio International Foundation

Georgia

## Grantee Profile

### Organization

Curatio International Foundation (CIF)

### Where we work

Eastern European & Central Asia-Georgia specifically for CFCS Round 7

### About Curatio International Foundation

CIF was established in 1994. We started as a small company at the end of the Soviet Union era. Our goal was originally to support healthcare sector reforms in transition economies, and to assist Georgia and other countries in shaping effective and high quality health care systems.

In 2015, we became the secretariat of Health Systems Global (HSG), the first international membership organization, fully dedicated to promoting health systems research and related knowledge translation. Despite significant progress over the last 20 years, the field of health care remains a key concern in Georgia and other transitional countries.



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We remain determined to continue our work on improving health through better functioning health systems, including community health systems by delivering quality and creative solutions and supporting the development of human resources in the health sector.

### Tuberculosis in Georgia

Georgia is one of the 18 high-priority countries of the World Health Organizations European Region's plan to end TB, and one of the 27 countries in the world with the highest Multi-Drug Resistant TB (MDR-TB) rates. MDR-TB prevalence is 12% among new cases and 39% among previously treated cases. Georgia demonstrates fluctuating TB notification rates, although steady reduction has been observed during the last five years. According to the National TB Programme,

a total of 3,850 TB cases were registered in the country in 2014 (103.3 per 100,000 population). Another alarming fact is the increase in previously treated cases among all notified (27.1% in 2014) cases. The overall TB treatment success rate in 2013 was 78%, which is well below the global average and that of the high burden countries. The MDR-TB treatment success rate was 48% in a 2012 cohort study, with 36% lost to follow-up.

## Challenges faced by communities in Georgia in the TB response

Generally civic engagement, especially civil society organization (CSO) volunteering activities, is noticeably low in Georgia especially in the health care. In addition CSOs are not evenly distributed throughout the country. A majority of influential and well-established CSOs are operational in the capital city. Another structural challenge for the civil society sector is its fragile financial sustainability. The operation of CSOs is largely dependent on the donor assistance. As such CSOs become responsible for the implementation of donor-driven agendas. The community TB response is far less advanced than the HIV community response. It is underdeveloped in terms of organizational, technical and advocacy capacity. With access to grants on TB key populations in 2013-2014 TB specific CSOs emerged, which is finally increasing the engagement of communities in delivering community-based care to the most vulnerable key populations in TB. However the sustainability of these initiatives will be undermined if the government does not establish reliable funding mechanisms for local community systems.



- **Phase I:** CIF will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** CIF will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

## The Challenge Facility for Civil Society in Georgia

With the support of the Stop TB Partnership's Challenge Facility for Civil Society, CIF will build recognized civil society and community networks that represent, support and are accountable to communities and who can partner with one another and successfully engage in national tuberculosis responses.

The Challenge Facility for Civil Society Grant in Georgia will be implemented in two phases:

**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Georgia and want to engage in the Challenge Facility for Civil Society work in Georgia please contact: **IVDITY CHIKOVANI:** [i.chikovani@curatio.com](mailto:i.chikovani@curatio.com) or **MAIA UCHANEISHVILI:** [m.uchaneishvili@curatio.com](mailto:m.uchaneishvili@curatio.com)

For more information about CIF:  
[www.curatiofoundation.org](http://www.curatiofoundation.org)

# Ghana National TB Voice Network

Ghana

## Grantee Profile

### Organization

Ghana National TB Voice Network

### Where we work

Ghana



### About Ghana National TB Voice Network

The Ghana National TB Voice Network was set up in 2008 and restructured in 2015 forming a network of cured TB patients and other stakeholders who are committed to fighting TB in Ghana. The network seeks to ensure equal rights, opportunities and responsibilities for TB infected and affected persons just like everyone else. It also seeks to contribute to effective advocacy by working together with partners and other stakeholders in the areas of enhancement of diagnostic services as well as better treatment options.



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### TB in Ghana

A recent TB prevalence survey identified Ghana to be burdened by TB more than had been previously anticipated. The study revealed the prevalence of TB to be 286/100,000 as opposed to 90/100,000 population. An estimated 44,000 people have TB with another 400 identified MDR-TB cases. There is a total of about 224,488 persons living with HIV in the country.

### Challenges faced by communities in Ghana in the TB response

There are several challenges faced by the community response to TB in Ghana. These include high levels of TB-related stigma, including misconceptions about TB. In some



cases people think that it is a spiritual disease. There is also inadequate screening by health care workers especially in private health facilities. There is also a lack of civil society engagement in the TB response, including those infected and affected by TB. As such bottom up community engagement and grassroots participation is very limited.

## The Challenge Facility for Civil Society in Ghana

The Ghana National TB Voice Network strives to be a national body representing the TB infected and affected constituencies. With the support of the Stop TB Partnership's Challenge Facility for Civil Society our goal will be achieved through the engagement of a wide variety of stakeholders. Stakeholder meetings will be held in the three zones of Ghana -- southern, middle and northern zones. The outcomes from the stakeholder meetings will provide a road map for the transformation of the Ghana National TB Voice Network into a nationally representative TB constituency with a strong and vibrant bottom up community response. We will also ensure effective outreach and conduct community mobilization activities among the general population, educating them on the need to have a voice in TB matters through the formation of active communities.

The Challenge Facility for Civil Society Grant in Ghana will be implemented in two phases:

- **Phase I:** The Ghana National TB Voice Network will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** The Ghana National TB Voice Network will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.



**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Ghana and you want to engage in the Challenge Facility for Civil Society work in Ghana please contact **MICHEAL ANNOR: [info@tbvoicenetwork.net](mailto:info@tbvoicenetwork.net)**

For more information about the Ghana National TB Voice Network: [www.tbvoicenetwork.net](http://www.tbvoicenetwork.net)

# Communication for Development Centre

Nigeria

## Grantee Profile

### Organization

Communication for Development Centre

### Where we work

Nigeria



### About Communication for Development Centre

Communication for Development Centre is an organization that promotes effective and sustainable health and development programs including programs on HIV/AIDS, Tuberculosis and Malaria. We also contribute to improving civil society engagement in development sectors especially in health, education; environment, agriculture and economy.

Since our establishment in 2005, we've been working in partnership with other stakeholders to enhance knowledge and strengthen the capacity of civil society organizations to engage in areas of policy, planning, budgeting

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and monitoring processes in the above-mentioned sectors. Our organization also provides technical support to different institutions, organizations and government agencies to enhance their capacities on health and development issues.

We've been working on TB programs since 2006, in the following ways: promoting TB prevention and treatment among people living with HIV; advocating for more political and financial support for TB; providing technical support to different stakeholders; and strengthening the capacity of TB-affected communities to enhance their effective engagement in all TB-related processes.

### TB in Nigeria

Nigeria currently ranks 13th among the 22 high-burden TB countries in the world. Based on a recently conducted TB



prevalence survey and the TB drug resistance survey data, an estimated 4,097,114 cases of TB will occur in Nigeria between the beginning of 2015 and the end of 2020. Of these, approximately 901,365 people will be co-infected with HIV and 196,661 will have multi-drug resistant TB. Furthermore TB case detection rates (of all forms of TB) in Nigeria for 2013 was approximately 17% and Nigeria accounts for 15% (about half a million) of the global gap in TB case notification.

## Challenges faced by communities in Nigeria in the TB response

### INADEQUATE FUNDING AND POLITICAL COMMITMENT:

Unlike HIV and Malaria, TB is not getting the needed recognition it requires in the country. This is particularly obvious at the sub-national levels (State and Local Government Area) where TB issues are rarely talked about at the policy and planning level of the government.

### LIMITED ENGAGEMENT OF OTHER STAKEHOLDERS:

Involvement of other stakeholders especially CSOs and CBOs in the TB response is still very limited. This limits the level of reach and support to TB.

### LOW OR POOR KNOWLEDGE, ATTITUDE AND PRACTICE:

A knowledge, attitude and practice (KAP) survey was conducted in 2012 and the result show the following: (1) the level of knowledge with respect to the causes of TB is low, (2) diagnosis and treatment of TB remains relatively low; (3) stigma related to TB remains high and is sometimes linked to misconceptions around the causes of TB and the need to use more local communication channels to disseminate information on TB.

### WEAK LINKAGES BETWEEN NATIONAL (FEDERAL) AND SUBNATIONAL LEVELS (STATE AND LGAs):

At present, there is insufficient engagement between the National TB and Leprosy Control Program and states and local government areas, which translates into TB being a low priority among many competing issues at state and local levels and subsequently low allocations of funding.

### GENDER AND HUMAN RIGHTS:

TB continues to be highly stigmatized and people with TB have reported poor treatment by health care providers,

employers, family members and other social contacts. At the same time, existing religious laws and new legislation may threaten the ability to reach some key populations at risk for TB.

## The Challenge Facility for Civil Society in Nigeria

With the support of the Stop TB Partnership's Challenge Facility for Civil Society Communication for Development Centre aims to strengthen existing national level TB constituencies that engage, represent and are accountable to communities with a focus on TB Community Advisory Group and Stop TB Partnership Nigeria. Through the Challenge Facility for Civil Society we will; assess the current community response to TB, map community actors that are part of the TB response, identity based on the external baseline assessment and mapping exercise the human resources, system, equipment and infrastructural needs required to establish and sustain the constituencies, support each constituency to develop work plan, and identify training and capacity development needs of each constituency. We will also support effective engagement of the TB Community Advisory Group in all national TB processes including the Global Fund, Country Coordinating Mechanisms and Stop TB Partnership Nigeria.

The Challenge Facility for Civil Society Grant in Nigeria will be implemented in two phases:

- **Phase I:** Communication for Development Centre will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** Communication for Development Centre will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

## Get Involved!

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Nigeria and want to engage in the Challenge Facility for Civil Society work in Nigeria please contact **MAYOWA JOEL**: [mayowa@africadevelopment.org](mailto:mayowa@africadevelopment.org)

For more information about Communication for Development Centre, please visit: [www.africadevelopment.org](http://www.africadevelopment.org)



# Samahan ng Lusog Baga Association

Philippines

## Grantee Profile

### Organization

Samahan ng Lusog Baga Association (SLBAI)

### Where we work

Philippines



### About SLBAI

SLBAI is a non-stock, non-profit association organized by the DOTS Clinic of the Lung Center of the Philippines, Quezon City. The association is made up of former TB patients who have undergone treatment with anti-TB drugs for six months or more, and declared cured at the DOTS treatment Center. Most join voluntarily and actively perform the functions of the patient support group in terms of advocacy around proper and high-quality diagnosis and treatment. The organization aims to build the capacities of treated and cured TB patients to organize themselves to become partners in TB service delivery and serve as advocates on TB prevention and control. We inspire communities to continually provide

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encouragement to TB patients to continue treatment and widen and strengthen the movement for citizens' participation and multi-stakeholder partnerships in the TB response at the local and national levels.

### TB in the Philippines

The Philippines is one of 22 high-burden TB countries, with a prevalence of 438 and an incidence of 292 cases per 100,000 population. In 2013, fewer than 1% of patients had HIV. The National TB Control Programme (NTP) is managed by the Disease Prevention and Control Bureau of the Department of Health (DOH). In 2013, around 210,000 TB cases had been notified with a case detection rate of 88%. Treatment success rates are over 90% of newly diagnosed patients and 63% for previously treated patients.



## Challenges faced by communities in the Philippines in the TB response

The greatest challenge faced by community in the Philippines in the TB response is people's lack of information and knowledge on the TB (prevention, treatment, care and support) which is often aggravated by misinformation and misconceptions about TB. This results in people experiencing stigma and discrimination, even at the hands of health workers and local government personnel. Furthermore community education and awareness programs on TB prevention, treatment, care and support; and on human rights, stigma and discrimination against patients are not regular and institutionalized enough.



## The Challenge Facility for Civil Society in the Philippines

With the support of the Stop TB Partnership's Challenge Facility for Civil Society, SLBAI will build recognized civil society and community networks that represent, support and are accountable to communities and who can partner with one another and successfully engage in national tuberculosis responses.

The Challenge Facility for Civil Society Grant in the Philippines will be implemented in two phases:

- **Phase I:** SLBAI will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** SLBAI will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

SLBAI will also focus on providing more comprehensive education on TB to better inform patients and the community. We will also very much involve rural health workers and student nurses in building the network as well as patients in private treatment centers who are not yet adequately engaged.



## Get involved!

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in the Philippines and want to engage in the Challenge Facility for Civil Society work in the Philippines please contact **CRISTINA T. BRIGASTE**: [samahan.lusog.baga@gmail.com](mailto:samahan.lusog.baga@gmail.com) or [tin.brigaste@gmail.com](mailto:tin.brigaste@gmail.com)

For more information about SLBAI:

<http://lcp.gov.ph/support-groups/directly-observed-therapy-dots/lusog-baga>

# STOP TB Partnership Tajikistan

Tajikistan

## Grantee Profile

### Organization

STOP TB Partnership, Tajikistan

### Where we work

Tajikistan



### About STOP TB Partnership Tajikistan

The civil society organization, Young Generation of Tajikistan, started working in TB in 2013. Through a stakeholder analysis of TB organizations, gaps between the work of health workers and civil society were identified. The needs of patients were not always known to health care workers and other key decision-makers. To bridge this gap it was felt that there was a critical need for someone or a group to lead in this process. The seriousness of TB, especially multidrug-resistant and extensively drug-resistant TB in the Republic of Tajikistan requires a joint, multi-stakeholder effort and collaboration to meet the full spectrum of needs



### Objectives of Round 7

- 1 Strengthen existing or new national level TB constituencies that engage, represent and are accountable to communities.
- 2 Reinforce the capacities & responses of local communities who are part of the TB response.
- 3 Tighten linkages, collaboration and coordination between communities and government.

of TB patients. As a result TB activists from Young Generation of Tajikistan initiated the creation and development of the STOP TB Partnership Tajikistan – we are a coalition of people affected by TB and organizations involved in the fight against TB.

### TB in Tajikistan

Tajikistan is a high burden TB country. Approximately 5,000 people develop TB each year. 20% have MDR-TB. Every single person detected with TB is enrolled on treatment. There were 5,242 people living with HIV in the country in 2014. In the same year, an estimated 156 people living with HIV developed TB. Countrywide, about 75% of all the TB cases occur among the poor and those of considered to be of productive age (from 15 to 54).



## Challenges faced by communities in Tajikistan in the TB response

The poverty rate in the rural districts of the country where a majority of the population inhabit is higher than in urban settings. Due to geographical barriers, many communities continue to be cut off from larger urban centers especially during Winter.

The Russian Federation is the usual destination of seasonal Tajik workers, who leave in Spring and return in Autumn. Among the “missing” TB cases are those who go to Russia in search of work. Some will revert to self- or incomplete or default treatment. Due to stigma and a lack of knowledge about TB, returning migrants with TB symptoms do not always visit a doctor until their health deteriorates, which leaves their family members at risk of infection.

Furthermore treatment transfer from correctional facilities to civilian hospitals is another area that needs improvement. Sometimes patients are not registered in their area of residence, which results in treatment interruption. Stigma remains dominant and a constant background barrier to all TB control efforts.

## The Challenge Facility for Civil Society in Tajikistan

Stop TB Partnership Tajikistan aims to realize two main objectives working towards ending TB by strengthening and sustaining the existing national level TB constituency, and



by estimating the size of key affected population and mapping to identify their needs and ensure their participation in the TB response.

With the support of the Stop TB Partnership’s Challenge Facility for Civil Society, the Stop TB Partnership, Tajikistan will build recognized civil society and community networks that represent, support and are accountable to communities and who can partner with one another and successfully engage in national tuberculosis responses.

The Challenge Facility for Civil Society Grant in Tajikistan will be implemented in two phases:

- **Phase I:** The Stop TB Partnership, Tajikistan will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** The Stop TB Partnership, Tajikistan will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.

## Get involved

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Tajikistan and want to engage in the Challenge Facility for Civil Society work in Tajikistan please contact: **SAFARALI NAIMOV:** [snaimov@ygt.tj](mailto:snaimov@ygt.tj)

For more information about Stop TB Partnership Tajikistan, please visit the [Stop TB Partnership Tajikistan Facebook page](#)

# EANNASO

Tanzania

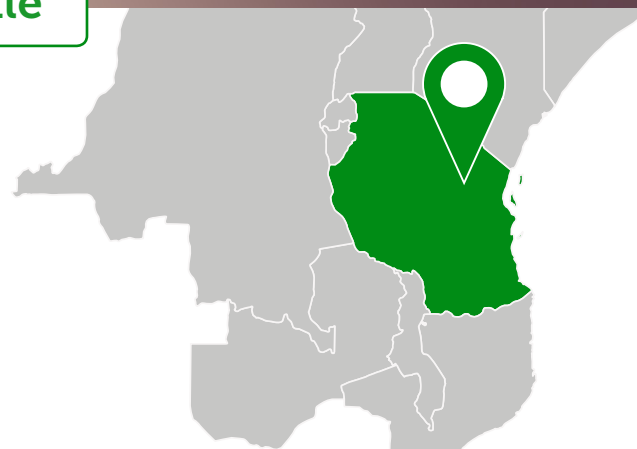
## Grantee Profile

### Organization

The Eastern Africa National Networks of AIDS Service Organisations (EANNASO)

### Where we work

Eastern Africa-Tanzania specifically for CFCS Round 7



### About EANNASO

We are a national network of AIDS Service Organisations which make up eight members in seven countries: Kenya, Uganda, Tanzania, Rwanda, Burundi, Ethiopia and Sudan. We are registered and based in Arusha, Tanzania. We evolved from the AIDS NGO Network in East Africa (ANNEA). ANNEA was a network of NGOs from Kenya, Uganda and Tanzania which evolved in 1994 into a network to have a single advocacy voice on HIV and AIDS issues in East Africa. In 2002, it transformed into a network of national networks of AIDS Service Organisations called EANNASO. EANNASO works with subcategories of civil society organizations and community groups to engage in national processes, addressing

### Objectives of Round 7

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concerns related to the inclusion and human rights that shape positive policy development.

### TB in Tanzania

Tanzania is among 22 high burden countries in the world. It is ranked as the 6th highest TB burden country in Africa. The national prevalence as of 2014 is at 528/100,000 population while the incidence stands at 327/100,000 which equates to 170,000 TB patients. Of all TB patients, 35% are HIV positive. There was an estimated 600 MDR-TB cases in 2014, and 1 XDR-TB case was notified in 2014. About 48% of the patients with MDR-TB are co-infected with HIV, and 9% are children below 15 years of age. MDR-TB mortality is at 20% in patients who were enrolled for treatment.





## Challenges faced by communities in Tanzania in the TB response

About 40% of all the health facilities in Tanzania are owned and managed by Faith Based Organizations and the private sector. Communities contributed 14% (2014) and 15% (2015) to all the TB case notifications. However, there is limited engagement of communities in the TB response, partly because of limited willingness to fund community based activities for TB. Tanzania is a vast country. In terms of distance, equity and quality its infrastructure has impact on issues of access. Under the New Funding Model of the Global Fund for HIV, Tuberculosis and Malaria the current budget only supports community interventions in 20 out of 183 districts.

Tanzania has a low TB case detection and the alarmingly high TB mortality according to analytical conclusions from the 2014 World Health Organization Global TB Report. The already strained health systems and the new government "patient centered approach" calls for stronger communities engagement to increasing case detection; reducing mortality, managing the rising drug resistance problem, and cutting down new infections.

## The Challenge Facility for Civil Society in Tanzania

With the support of the Stop TB Partnership's Challenge Facility for Civil Society EANNASO will facilitate the development



of a strong TB constituency in terms of the structural design, institutional and programmatic capabilities to engage and deliver on the TB response. This will include strengthening existing or new national level TB constituencies that meaningfully engage, represent and are accountable to communities. We will establish linkages, collaboration and coordination with inter and intra communities, government and the private sector health providers. We will facilitate the development of tools, guidelines on constituency networking, coordination and accountability frameworks as well as increase knowledge and develop people skills in TB competency among the TB community in the area of TB and the TB/HIV response.

The Challenge Facility for Civil Society Grant in Tanzania will be implemented in two phases:

- **Phase I:** EANNASO will undertake a resource mapping exercise to identify existing resources, coverage gaps, and perspectives of stakeholders about the quality of existing services.
- **Phase II:** EANNASO will collaborate with existing resources to identify key TB-related issues to bring to the national level, develop plans to fill the coverage gaps, and reassess the perspectives of the stakeholders about the quality of the newly developed network.



**Get involved!**

If you are a community or civil society organization or patient group (those working on TB or interested in working on TB) in Tanzania and want to engage in the Challenge Facility for Civil Society work in Tanzania please contact:

**JONNIAH WILLIAM-MOLLEL:** mollel@eannaso.org or **OLIVE MUMBA:** mumba@eannaso.org

For more information about EANNASO, please visit:

[www.eannaso.org](http://www.eannaso.org)