# ABSTRACTS FOR MARKETPLACE PRESENTATIONS

## PRESENTERS

### Abstract 01p

**TALAKU Community Based Organization**  
Kenya  
Timpiyian Leseni, Director

My name is Timpiyian Leseni. I belong to the Maasai tribe of Kenya. The Maasai are pastoralists and depend on their cows for a living. I suffered from TB of the stomach which was discovered only after going through several operations. At that point, all I knew was about pulmonary TB. When I asked how I got it, the doctor told me it is through consumption of raw milk, raw blood and under-cooked meat. Raw milk being our staple food as a pastoralist community, my heart went out to my people who might be dying without knowing what I had just understood. That is how TALAKU was conceived, on a hospital bed. It was registered in 2012, and ever since we have managed to do:

a) Health education in schools: managing to educate 22,495 students and teachers in 161 schools on TB. Screened the pupils with 15 pupils found to be smear positive to TB bacterium. All were referred for treatment and social support. While 10 have been cured, 5 are still on treatment.

b) Contact Tracing: This is one activity the community health volunteers have helped us to carry out. We have contacted 113 households and from these households we have found 25 members smear positive to TB bacterium.

c) Lost to follow up: We traced 47 persons lost to follow up who have been referred back to the health facilities for treatment. In one small town, after tracing one person lost to follow up, we went back and screened almost the whole town and out of that activity we got 20 new patients whose smears turned out to be positive to TB bacterium. They were all put on treatment continuation with TALAKU offering social support and continuous adherence counseling.

### Abstract 02p

**Organization of Women in Self Employment (WISE)**  
Ethiopia  
Tsigie Haile, Director

WISE works with thousands of low-income women and girls. Its main aim is to assist it target members in their efforts to improve the quality of their lives. The specific objectives of the programme are:

i) Creation of employment;  
ii) Development of transformational women leaders;  
iii) Building sustainable institutions of the target members; and  
iv) Promoting learning and the replication of good practices.

A three-fold strategy is employed to achieve the objectives. These are training, organizing and strategic partnerships and learning. The living conditions of most of these women and girls, which are characterized by congestion and unhygienic environment, easily expose them to contracting communicable diseases. The majority of these low-income women and girls live in one-
room houses sharing with up to 8-10 people. Moreover, quite a number of our target women live with HIV/AIDS. Due to their low economic status, these people cannot afford decent living. Access to knowledge about communicable diseases and health services are scarce for them. The children of these low-income people go to schools that are congested and prone to easy transmission of TB. This makes the subject of TB relevant.

To date WISE has reached over 50000 women and girls through its training programme. At present, 66 saving and credit cooperatives and a Union serve over 14000 women and girls by providing them financial services. The success rate has been recorded at 82%.

Challenges include illiteracy, working premises for the women, health issues, gender issues and housing among the target group as well as funding to WISE.

The Health training of WISE can easily integrate TB issues in the future.

Abstract 03p

Centre for Positive Care (CPC)
South Africa
Maluta Patrick Mugwedi, M&E Officer

CPC implements prevention, care and support activities for orphans and vulnerable children and their families. It works in high-transit areas including migrant communities on the farms, mines and border areas with Zimbabwe and Botswana. It promotes positive living for people living with HIV through formation of support groups and promotes human rights of key populations such as sex worker and gays and lesbian communities.

PROGRAMME STRATEGY

• Our core strategy revolves around targeted community based initiatives through partnerships and grassroots interventions.
• Conducting community dialogues with the involvement of all relevant community stakeholders.
• By empowering local people/beneficiaries we enable our communities to better cope with the effects of HIV/AIDS and TB.

Key Activities

Prevention:
• HIV/AIDS, TB and STIs Prevention, HIV Counselling Testing, TB screening and referral, adolescence and young people prevention services.

Positive Living:
• To mitigate the impact of HIV and AIDS by elevating the quality of care and support for HIV+ people, supporting treatment compliance, enhancing coping capacities and creating an environment of acceptance using I-ACT Curriculum.

Protection and Intervention:
• Identifying children who are orphaned and vulnerable, and organising needed care, support, services and referrals is a cornerstone of CPC’s protection and intervention services.

Human Rights:
• To promote and uphold everyone’s rights through stigma reduction, addressing xenophobic attacks, human rights education, eliminating human trafficking.

Economic Strengthening:
• We empower communities to establish projects such as beading and “farming” to improve standard of living.

Capacity Building:
• To assist in strengthening the skills and knowledge of non-profit organizations in management and organisational development.

Achievements
• CPC works in partnership with communities and other relevant structures for greater impact and sustainability of the initiatives.
• We have created the Bakery and Bee business project as part of social enterprise.
• Created employment or workplace experiential learning for 110 young people with qualifications in IT, Marketing, Hospitality and Computer Engineering.

Challenges
• Limited access to funding
• Data and information management systems (limited IT equipment) both organisation and community based structures
• Lack of standardised community collection tools
• Limited capacity building initiatives for rural organisations and community based organisations

Integration of TB service into existing CPC work
• CPC provide screening for TB to all clients accessing HIV counselling and testing services, both within health facilities and during outreach counselling and testing services.
• CPC has, through the ENGAGE-TB programme, provided training to existing CHBC organisations to screen, collect sputum and do contact tracing for all clients referred by clinics.
Abstract 04p

**Act for Involvement (AFI)**

**Moldova**

Svetlana Doltu, Public Health Program Manager

AFI builds bridges to ensure access to healthcare services for vulnerable persons affected by TB or HIV/AIDS and other diseases that have a major social impact. It seeks to do it through innovative services, advocacy and community mobilization. Our public health programs ensure experience sharing and cooperation in planning and implementing health system reforms at the regional and national level. AFI has been a Global Fund sub-recipient since 2005 for various projects, which gave us the opportunity to create access for homeless people and prisoners to quality TB diagnosis and treatment, to create community support groups for TB patients and to create a **CSO (Civil Society Organizations) Platform** to strengthen the advocacy efforts in this field.

Currently, we are carrying out several projects, one on TB diagnosis among homeless people and IDUs using the rapid TB diagnosis method (GeneXpert), another one on implementing an innovative method for video observed TB treatment, and a project on monitoring and documenting the cases of TB and HIV patients’ discrimination with referral to free legal assistance. We are committed as an organization and as a team to end the TB epidemic, especially since Moldova is one of the countries with the highest TB burden (17th place at the European level and 28th place in the world). AFI is a member of the **TB European Coalition** and the **STOP TB Partnership**. Moreover, we are currently administering the Secretariat of the CSO Platform of the organizations that are active in the fight against TB, as well as the Secretariat of the **KAP Committee** (key-affected populations), which represents the interests of key populations affected by TB and HIV/AIDS at the national level. Moreover, AFI participates in the technical working groups of the National Coordination Council for National HIV/AIDS/STI Prophylaxis and Control and TB control Programmes.

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Abstract 05p

**BRAC**

**Bangladesh**

Shayla Islam, Senior Programme Manager

In 1972, BRAC began its work in Bangladesh by providing relief after the war of independence in 1971. BRAC’s vision is a world, free from all forms of exploitation and discrimination where everyone has the opportunity to realize their potential. BRAC’s approach encompasses services in areas of health, education, finance and enterprise development, human rights and legal aid, agriculture and food security. Over the years, the organization has evolved and grown, guided by the principles of innovation, integrity, inclusiveness, and effectiveness.

BRAC’s health programmes operate in all 64 districts of Bangladesh, covering over 100 million people, and it has also expanded to Asia, Africa, and Latin America. Essential Health Care (EHC) Programme forms the core of BRAC Health Programme, combining promotive, preventive and basic curative services, aimed at improving the health seeking behaviour by offering essential health services to people, particularly, women and children. It is a primary health care approach in Bangladesh reaching with low cost to millions by the grassroots community health workers (CHW) – Shasthya Shebikas (SS).

They are selected from the community for providing door step health messages, service information/services, and health commodities including referral linkage for desired health needs. Once selected, the health workers are given basic training for two weeks and are followed through one day refreshers training each month. TB is integrated in the BRAC core health programme. Community health workers disseminate TB messages during household visits, and during conducting health forums in the community. TB presumptive identified and referred to the facilities for sputum examination. After diagnosis DOT is ensured by SS in the community as they are residents of same community. Currently BRAC is serving 93 million populations for TB control with 63,810 community health workers. But challenges remain in involving private sector, workplaces, prisons and migrating people in TB control.

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Abstract 06p

**TB Proof**

**South Africa**

Phumeza Tisile, Advocacy Officer

**TB is everybody’s problem:**

TB Proof prides itself in being a diverse, inclusive global community of Tuberculosis (TB) survivors and activists, advocating for improved TB diagnostics, treatment and prevention on various national and global platforms, including conference presentations, panel discussions, media engagements and through social media, petitions and peer-reviewed publications. Our stories share common themes of survival and hope, turning harrowing experiences into opportunities for change. And the inescapable fact: “if it happened to me, it could happen to you”.

**Care for the Carer:**
Healthcare Workers (HCWs) are up to 6 times more likely to acquire drug resistant TB (DR TB), and a third of them may die - alarming statistics we are communicating through personal testimonies and interactive and innovative educational Infection Control sessions at Universities, Hospitals, Clinics, and Community events. TB Proof is also involved in Infection Control policy formulation and strengthening from local to global levels.

“ZERO STIGMA, ZERO TB”

As with HIV, stigma is also driving the TB epidemic: HCWs and those they serve legitimately fear discrimination: ridicule, condescension, loss of social standing, employment and even life. TB Proof co-founded Unmask Stigma, a global initiative that encourages the public to show unity with patients and care providers and celebrate success stories.

All TB can be beaten!

Both disease and treatment can leave people with debilitating disabilities, triggering a cascade of loss: hearing, mobility, sight, employment, relationships and ultimately hope. Loss that should be entirely preventable with adequate access to quality treatment options. Our advocacy officer, Phumeza Tisile, is a shining example of what can be achieved through personal grit and unity of purpose, 1st defeating XDR-TB and then her treatment-induced hearing loss. By giving a voice to such Champions we aim to create a united, stigma-free force against all forms of TB!

Abstract 07p

**TB/HIV Research Foundation (THRF)**

Thailand

Jintana Ngamvithayapong-Yanai, President

THRF is a non-profit organization founded by a group of Thai and Japanese multi-disciplinary students who conducted their doctoral degree research in 1990s in Chiang Rai, the Thailand’s northernmost province with high burden of TB and HIV. THRF was officially registered with the Royal Thai Government in 2002. The major activities included 1) conducting epidemiology, bio-medical and social science research on TB, TB/HIV; 2) collaborating with local, national and international organizations for training and technical collaboration to improve TB program; and 3) charity to support poor TB patients.

**Major achievements:**

- THRF published research-based TB and TB/HIV education booklets and manual for different target audiences including patients, general public and TB health staff. Several materials were re-printed by the National TB Program and the National Health Security Office and were distributed nationwide. One of the materials was translated into English by WHO-SEARO.
- THRF received the first winner prize for the 2013 Thailand National Innovation Award for the AutoMODS” (Automated Microscopic Observation Drug Susceptibility for TB). This innovation has been further developed and will be tested in other settings with the agreement of Thailand Global Fund.
- THRF in partnership with government health services, women organizations (with high socio-economic status) and hill tribe minority women volunteers (with low socio-economic status) implement charity activity to financially and psychologically empower extreme poor TB patients regardless of patients’ nationality (Thai, hill tribe, Myanmar migrants). This is a local resource mobilization and does not rely on external funding.

**Challenges:**
The charity program can improve treatment outcome for poor Thai TB patients but migrants TB patients without health insurance still suffer from low treatment success due to high rate of treatment discontinuation.

Abstract 08p

**WOTE Youth Development Projects**

Kenya

Peter Ngo’la Owito, Executive Director

Wote Youth Development Projects is one of the community based organizations in Makueni, Kenya that received Global fund TB round 9 as a sub recipient. Our interventions revolved around community system strengthening and support to the health system. The activities included tracing of patients lost to treatment, tracing smear positive contacts, intensive active case finding and referrals, psychosocial support, training of community health volunteers, coordination and linkage with health facility and stakeholders, resource and social mobilization, monitoring and evaluation of TB program. At National we represent the voice of the TB community at the NTP and at the CCM as a TB delegate. At international level we are members of the Global Coalition of TB activists, the Stop TB Partnership and Global Fund’s watchdog.

**Integration:** Our programmes are integrated with Early Childhood Development to monitor growth and correct stunting. The children are targeted at the ECD schools where we also detect TB.

**Target group:** General population with much effort directed to vulnerable population that includes children, women and people co-infected by TB and HIV.

**Aim:** 95% reduction in TB deaths; 90% reduction in TB incidence; find and treat all cases of TB

**Strategy:** Early diagnosis of tuberculosis including universal drug susceptibility testing; systematic screening of contacts and
high-risk groups. Treatment of all people with tuberculosis including drug-resistant tuberculosis; patient support

Achievements 2014/2015

| Population 260,000 | Community volunteers 38 | People reached 52000 |
| Referred cases 2200 | Referred by community 876 | Referred by CHW 1008 |
| Diagnosed 502 | Persons lost to follow up returned to treatment 147 |
| Contacts traced 226 | Household visits 248 | Stakeholder meetings 2 |

Challenges: Inadequate and inconsistent resources; weak health system; poverty; poor collaboration

Abstract 09p

Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) Europe

Rachael Crockett, Policy Advocacy Officer (TB) and TB Europe Coalition Coordinator, RESULTS-UK

Through a consultative process with civil society organizations, technical partners and donors, WHO/Europe has established the Regional Collaborating Committee on Tuberculosis Control and Care (RCC-TB) and its first meeting was held in December 2012.

The mission of RCC-TB is to achieve universal access to evidence-based TB and M/XDR-TB prevention, diagnosis, treatment and care across the WHO European Region. The key objectives are to strengthen involvement and foster collaboration between national and international partners in TB and M/XDR-TB prevention, control and care. Also, the RCC aims to raise awareness about TB, advocate for resource mobilization and catalyze an exchange of best practices regarding TB and M/XDR-TB prevention, care and control.

"Best practices in prevention, control and care for drug-resistant tuberculosis", a resource for the continued implementation of the Consolidated Action Plan was published in 2013. This compendium comprises a wealth of examples about successful contributions from different players in TB prevention and control, including the areas detailed under the objectives of the RCC-TB. In 2015, a compendium of good practices in health-systems strengthening for prevention and care of tuberculosis and drug-resistant tuberculosis was developed, providing examples from both low- and high-burden countries in addressing health system challenges to fight TB in the WHO European Region. This compendium supports the implementation of the TB action plan 2016-2020 and represents a valuable resource for enabling countries to share good strategies that could be adapted to other country contexts.

A steering group of the RCC-TB oversees and governs the key activities of the RCC-TB. The Steering Group consists of 11 members representing the following organizations: Eli Lilly Foundation, European Respiratory Society, Foundation for Development of Ukraine, Global Health Advocates, Health Development Center AFI, KNCV Tuberculosis Foundation, Koch-Metschnikow Forum, Nannouz, Stop TB Partnership, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and USAID.

Abstract 10p

Judith Chikonde Foundation (JCF) Zambia

Judith Kateule, Coordinator

Judith Chikonde Foundation (JCF) is an NGO established in 2006 and was founded on the idea of supporting people affected and infected by HIV and TB. JCF conducts communication sessions on nutrition, hygiene, water, sanitation and cooking demonstrations on locally available foods during the special clinics on the importance of eating a balanced diet. JCF is closely collaborating; receiving technical assistance and material support from Thrive project, USAID-funded through PATH, to improve the nutritional status of malnourished PLHIV and TB as well as Orphans and Vulnerable Children (OVC). In addition, JCF links clients for Nutrition Assessment, Counseling and Support (NACS) who receive High Energy Protein Supplemental food (HEPS) and therapeutic feeding according to Ministry of Health and WHO guidelines for care and support of PLHIV through health facilities that are supported by Thrive project.

JCF also supports the Income Generating Activity (IGA) funded by the Copperbelt Health Education Project (CHEP) in partnership with Norwegian Heart and Lung Patient (LHL), which is aimed at up-scaling nutrition support to empower TB/HIV patients, Ex-TB patients and DOTs Adherence Support Workers (ASWs) through dairy goat and village chicken pass-on project to benefit from products such as eggs, milk and meat which are highly nutritious.

JCF support to the community and clients has witnessed improved nutrition status through the empowerment programs to TB/ART patients of IGA and subsequently reduced TB defaulter. The community are responding to campaign towards improved ventilation to houses that pose a challenge in the transmission of TB if the clients delay in accessing TB test and treatment.
Abstract 11p

PLAN-International
Ethiopia
Manoj Kumar, Country Director

Improved delivery systems and community practices for maternal, newborn and child Health

One of the four programs of Plan International Ethiopia’s CSP is Early Survival and Development of Children (ESDeC) which emphasizes interventions to address the high levels of illnesses and death among children under five years of age. It focuses on strengthening health systems across the continuum of care for better service delivery; improving mother, newborn and child health (MNCH) behaviours and practices through community mobilisation. The continuum of care integrates interventions across the life cycle stages (pre-pregnancy, pregnancy, child birth and childhood) and places of care giving (household, community, health facilities). In partnership with government and other NGO’s, Plan-Ethiopia has managed to exhibit the following major achievements in the operational regions of Amhara, South Nations Nationalities and Peoples, Oromia and Addis Ababa.

- Provided Basic emergency Obstetric Care (BEmONC) Equipment’s and Drugs for health centres in each district to strengthen the health system. As a result, the delivery service coverage in each district has increased by two to three folds as compared to the time before the project implementation. Moreover, an average of 41.6 % of live births was attended by skilled birth attendants.
- Strengthened the referral linkages in the health care system. Plan has provided fuel for ambulance service for three years for pregnant mothers and sick children in order to have timely and appropriate health services. About 50 % of women reported have confirmed they were given referrals to receive quality health services at higher health facilities.
- Created awareness on MNCH issues among Health Development Armies. In line with the government directive the community is organized in one to five. The organized women discuss about MNCH issues every two weeks and used services at health post and health centres.

Abstract 12p

Catholic Health Care Association (CATHCA)
South Africa
Yvonne Morgan, Director

CATHCA represents the Southern African Catholic Church in healthcare and is the umbrella body for nearly 200 independent health care community-based organisations in Botswana, Swaziland and South Africa, running orphanages, homes for the elderly, hospices, primary health care clinics, home-based care projects and three hospitals. It supports them through advocacy, information, networking, workshops, capacity building and representing their views in provincial and national forums. CATHCA aims to build sound and effective diocesan and parish health ministries, and to work closely with government and other key stakeholders in support of national health policies and goals.

CATHCA’s recent key achievements:
- Leadership training for +200 government district and NGO managers
- Maternal and child health training for 125 community health workers
- Funding for a rural mobile clinic
- Clinical and organisational assessments of 12 primary health clinics and 14 orphan/vulnerable children projects
- Representing community healthcare organisations on a national TB committee
- Serving on a WHO review team for drug-resistant TB for the SA National Department of Health
- Creating and acting as secretariat for a Catholic regional healthcare network of 8 Southern African countries
- Organising three provincial conferences for 57 community organisations in 2015
- Serving on a task team to design a national qualification for Home-Based Carer.

CATHCA was the sub-recipient of a Global Fund HIV and AIDS grant from 2008 - 2011, training 1 000 home-based carers, over 50 HCT counsellors and 40 peer educators, supporting 32 community-based organisations, and managing over R 53 million.

Most of the 125+ home-based care organisations screen patients in their homes for TB, encourage treatment adherence and infection control, and follow up defaulters on behalf of local clinics, as part of their regular home visits. It would be good for them to be formally brought into the health system.

Abstract 13p

House of Empowerment and Awareness in Tanzania (HEAT)
Tanzania
Moffat B Tambwe (Marvellous), Executive Director and Head of Transgender Department

HEAT is House of Empowerment and Awareness in Tanzania. It is a new NGO with the mission of empowering and creating
awareness to the LGBTI + sex workers (key population) community, especially the Trans community in Tanzania through life skills, capacity building, entrepreneurship, education, art and talents so that they can create self-employment, becoming independent and building self-esteem.

Our vision is to see independent, strong, confident and successful individuals. HEAT is headed by a Trans woman, known as Marvelous Moffat.

Currently, the organization is not engaged in TB activities as such. We only tackle TB with low emphasis compared to other diseases though it is within our strategic future plan. Our main method to tackling the disease will be through artistic ways which are very creative and innovative and can have a huge and positive impact on the community in general.

HEAT will be glad to contribute a rough scenario of the TB situation among the LGBTI and sex workers community in Tanzania, but will also look at opportunities in which we will benefit from this workshop together with building a networking platform both locally and internationally that will help in the eradication of this disease.

Abstract 14p

Botswana Christian AIDS Intervention Programme (BOCAIP)

Botswana

Irene Kwape, National Coordinator (retired)

Approach and Strategy

BOCAIP Community TB Care approach and strategy basically involves decentralization of TB treatment services beyond health facilities into the community. This is crucial in the process of reducing the burden of TB on patients, overcoming limitations of access to services (due to logistics and geographical reasons) as well as increasing community ownership and involvement in the fight against TB and HIV. This approach requires that we identify Treatment Supporters from each community and build a relationship with partners in each district. The District Health Management Team and our organization agree on health facilities that need most assistance in terms of implementing the TB activities. The facilities that are supported have high TB burden over certain period of time, low contact tracing rate and low active case finding initiatives, negative treatment outcomes such as low cure rate, low rate of treatment completion, high death rate, high defaulter rate and poor adherence to treatment. This approach is linked to our HIV Counselling and testing which ensures that all TB patients are tested for HIV and HIV positive patients are screened for TB.

Activities

The activities carried out by the Treatment supporters include the following: DOT, contact tracing, intensive case finding, referral of suspects to the health facility and education through community mobilization.

Achievements

BOCAIP has had different partners/donors in the implementation of the Community TB Care program since 2011. Between 2011 and 2015 the organization has administered DOT to 2 500 patients.

Challenges

In some instances, patients were not able to produce sputum and that resulted in difficulty in determining their results outcome. Some family members were not willing to come forth for TB test after they had been referred as suspects. High alcohol intake by some patients resulted in treatment interruption. Lack of program continuity because of lack of funding and high mobility of patients.

Abstract 15p

Cairo

Kyrgyzstan

Dilshat Khaitov, Director

Our organization was created by people from the community of ex-prisoners and people living with HIV, drug users and hepatitis. “Cairo” is an organization dedicated to the prevention of HIV and socially significant diseases in the Kyrgyz Republic, in both the penitentiary system and in civil society. The Public Foundation implemented projects in the prison system of the Kyrgyz Republic, aimed at countering the spread of HIV, TB and drug use in 2009 and 2010. We have implemented several projects in the penitentiary system on HIV AIDS, viral hepatitis and TB. Our main achievements are the creation of informative audio materials on the prevention of TB, viral hepatitis, HIV and drug use to broadcast on the radio in prison. Also, on a voluntary basis, we conduct trainings and consultation for prisoners in the penal system. We cooperate with other NGOs “Aman+” where our employees work in drop-in centres for former prisoners, and where they work on prevention of HIV and TB. The TB patients receive outpatient treatment in the centre and the staff is working on supporting adherence to TB treatment. They also conduct mini-sessions. New clients are directed to get diagnostic tests on TB. In cases where TB is detected, we provide social support until the end of the treatment.

Abstract 16p
Community Health Access Programme (CHAP)
Kenya
Hammond Gatumo, Project Manager and Mary Naukot, Community Health Worker

Community Health Access Program (CHAP) is an NGO working in Kenya since 2010.

**Approach:** Works with organized women groups to empower them to take charge of their health by creating awareness to handle general health concerns such as breast feeding, immunizations, sanitation, personal and household hygiene in rural and remote areas in Meru and Isiolo Counties.

**Areas of focus:** (1) Mobilizing and empowering communities to take charge of their health; (2) Advocating for integration of TB activities into existing community programs; (3) Contributing to health system strengthening through capacity building activities.

In 2012, CHAP with support from WHO established a community based TB model using the ENGAGE-TB approach and worked with County TB program and community health volunteers (CHVs). CHAP works mainly with Turkana and Samburu pastoralist communities in northern Kenya which has a high burden of TB because of their nomadic nature, poor access to health services and its remoteness. The CHVs that live within these communities were previously not engaged in any TB activities.

**Key activities carried by CHVs:** Health education, community referrals of presumptive TB cases, screening malnourished children for TB, contact tracing and defaulter tracing activities.

Other activities: CHAP is the local convener of a TB partners’ forum, provides both initial and refresher training to CHVs, supporting a TB patient and mentors club within WASO community and facilitating monthly review meetings and providing IEC materials for CHVs.

**Key achievements:**
- Establishment of the 1st community based TB model in isiolo in 2012.
- Establishment of Waso dispensary (women owned) as a TB treatment centre
- Integrating TB in MCH/feeding program at Isiolo Hospital. A total of 48 malnourished children were screened for TB within a month. 14% were diagnosed with TB and started on treatment.
- Establishment of a TB, TB/HIV support group and mentorship program

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**RESPONDERS**

Abstract 01r

Savana Signatures
Ghana
John Stephen Agbenyo, Executive Director

Savana Signatures is currently running four health projects that can serve as great platforms to promote TB education and services due to the large number of beneficiaries the projects cover and the extent of coverage of some of them.

- **Technology for Maternal Health Project (T4MH)**
  - **Goal:** The project seeks to contribute to the reduction of maternal mortality rates in Ghana through the provision of easy access to maternal health care information to expectant mothers.
  - **Target Group:** Expectant mothers
  - **Strategy:** Weekly SMS and voice messages through mobile phones and knowledge sharing.
  - **Integrating TB services:** Create messages on TB services and share with EM via SMS and video on their phones and videos/pictures to educate EM during knowledge sharing when they come for ANC.

- **SHE+ Project**
  - **Goal:** To contribute to improved SRHR situation for young people aged 12 – 24 and young adults.
  - **Target:** Young people aged 12 – 24 and young adults in the Upper East, Upper West and Volta Regions of Ghana, but can be accessed from any part of the country.
  - **Strategy:** Short code SMS system and interactive voice system
  - **Integrating TB services:** Develop content on TB services and upload onto the platform and train health professionals to respond to queries on TB.

- **WSWM project and MWML project**
  - **Goal:** These two projects have one goal to contribute to improved SRHR situation for youth.
  - **Target:** WSWM- JHS students in Northern and Volta regions, MWML- upper primary students in Northern region.
  - **Strategy:** WSWM&MWML- 14 lessons SRHR curriculum which is facilitated in schools.
  - **Integrating TB services:** Incorporate a lesson on TB services into the WSWM and MWML curriculum which would be taught in schools.
Abstract 02r

Mbarara Development Agency
Uganda
Tumusiime H. Abel, Executive Director

TB has been on the increase in Uganda necessitating concerted efforts to combat it. Key to this has been to adopt community based and family based DOT as a cost effective means to deliver treatment. The strategy has been piloted in Isingiro under the auspices of the Mbarara Development Agency – a local Civil Society Organisation in six sub counties of Endiinzi, Rugaaga, Rushasha, Mbaare, Kashumba and Ngarama. The pilot project was targeting everybody and it aimed at achieving 100% treatment coverage i.e every patient must be reached. The key activities include identification, treatment, palliative care, referral and support services.

The strategy was to incorporate TB treatment activities under the supervision of the Community Development Officers of the respective sub counties who work with community identified TB outreach personnel and members of the affected families who assist in delivering treatment in exact quantities and in a timely manner. The challenge has been the effectiveness of the service model since sometimes patients do despise their peers and do not take the medicine at the right time and in the right quantities, resulting in drug resistance and, at its worst, death. Storage of drugs for TB treatment was a major problem for this model as no facilities were provided dedicated to storage.

The model is advantageous as it lessens the time and distance covered by the patients to access health centers for treatment as well as reducing the spread of the disease and the patients seeking care. It is proposed that this system needs enhancement by integrating the model within the health care system at various levels and increasing the number of care providers to combat the scourge. We have been able to attain 100% of treatment and care and we have not recorded any death.

Abstract 03r

Cambodian People Living with HIV Network (CPN+)
Cambodia
Sorn Sotheariddh, National Coordinator

CPN+ is a country network of PLHIVs established since mid-2001 in the response to the rapid growth of HIV epidemic then. Since its establishment, CPN+ plays a role in advocacy and coordination either at health facilities or communities. CPN+ so far coordinated for 19 PPN+ (Provincial PLHIVs Network), and more than 200 PLHIVs have been placing at 35 pre-ART/ART clinics. The total members of the network is almost 30,000 throughout the country with more than 1000 Self-Help Groups. CPN+ works to strengthen collaboration and linkage from health facilities to communities toward supporting the greatest needs of PLHIV through the implementation of Community Based Prevention Care and Support (CBPCS) by integration with other health and non-health services, including Village Saving Loan (VSL), Health Equity Fund (HEF), Income Generating Activities (IGA), TB, Malaria and Maternal Child Health (MCH).

Specifically CPN+ has been working in the TB response on the following:
- Proper mainstreaming of HIV into TB either at health or community level through activities of TB screening and facilitating for routine and sufficient treatment. TB screening is done among suspected PLHIV with complicated illness.
- TB contact screening is also done among households that have members suffering from TB diseases.
- The Network plays the major role of referral to the system. It refers its members to access TB treatment immediately after diagnosis and acts as supporters for treatment adherence.

Abstract 04r

New Dimension Consulting (NEDICO)
Zimbabwe
Victoria James, Director

NEDICO provides technical assistance to Bristol Myers-Squibb Foundation Secure The Future sub-grantees in Engage TB including, integrating TB in their work, monitoring and evaluation, data quality assessments/audits, strategic planning and organisational development in 5 countries (Democratic Republic of Congo, Ethiopia, Kenya, Tanzania and South Africa). NEDICO is part of the Stop TB initiative providing support under an Indefinite Quantity Contract to the Global Fund to Fight HIV and TB on Community systems strengthening, Monitoring and Evaluation, Gender inclusion of Global Fund country concepts notes and Data Assessments and Management.

The company is providing technical assistance towards conducting a TB stigma index for Sudan. The stigma index will determine the levels of TB related stigma and discrimination, major perpetrators of TB related stigma and discrimination, major forms of TB stigma and discrimination and options for addressing TB related stigma and discrimination. Technical assistance includes development of a research protocol, study design, training of the study team, data collection oversight, data management oversight, data analysis, report writing as well as development of a TB stigma reduction road map for Sudan.
NEDICO also conducts Gender Assessment of the National Response to HIV and TB. A gender assessment has been completed in Lesotho and NEDICO is supporting the same process in Namibia. The Gender Assessments examine the gender considerations of the TB and HIV epidemiology, assess the extent to which the national HIV and TB programmes are gender-responsive and recommend gender interventions that would make the national HIV and TB programmes more effective.

The company provided technical assistance in conducting a Mini-Review of Malawi’s TB Programme. The mini review contributed towards articulating gaps and updating the country’s National Strategic Plan (NSP). The support provided the basis for development of a TB concept note for submission to the Global Fund.

Abstract 05r

Myanmar Medical Association (MMA)
Myanmar
Khin Swe Win, Program Coordinator

MMA is a national NGO and the only independent organization of registered Medical Doctors in Myanmar. It was founded in 1949. It has a focus on directing its members to work with communities in promoting academic and public health activities in line with national strategies.

In support of TB care and prevention, MMA has developed successful partnerships with the Government, NTP, other local NGOs, and UN agencies and WHO. MMA has strong relationships with NTP as key community actors thereby synergizing community engagement and facility-based partners.

a. MMA PPM Project: focuses on engaging health care providers. MMA organizes private General Practitioners and community volunteers in TB care and prevention, hand in hand with NTP.

b. MMA ACF Project: focuses on reaching unreached people in hard-to-reach areas, border areas and among special population groups such as workers in industrial zones.

c. MMA CAP-TB Project: has successfully implemented activities such as Training GPs on PMDT in 18 townships. MMA has successfully implemented the innovative activity of Patient-centered community-based MDR-TB care and treatment support which is mobilizing the country’s first community supporters for MDR-TB (DOT) by using the country’s first Android mobile application DOT Sync to track patient care.

d. MMA MDR-TB Project: MMA expanded the model of “patient-centered, community-based MDR-TB care and treatment support model” in 13 townships, which is initiated and succeeded by MMA CAP-TB Project. With support of CHWs, MDR-TB patients are provided with a standardized package of support, which includes: cash support (US$ 30/patient/month), evening DOT (morning injection and DOT is taken care of by Government midwives), nutritional support), infection control, health education and adherence counselling, household contact and referral, side-effect monitoring and referral to township health centre.

Abstract 06r

Nigeria Network of Nongovernmental Organization (NNNGO)
Nigeria
Oyebisi Babatunde Oluseyi, Executive Director

The Nigeria Network of NGOs (NNNGO) is the first generic membership body for civil society organizations in Nigeria that facilitates effective advocacy on issues of poverty and other developmental issues. Established in 1992, NNNGO represents over 1800 organizations ranging from small groups working at the local level, to larger networks working at the national level.

The Network is charged with the objective of identifying, registering, coordinating, building capacity and mobilizing civil society organizations to promote interconnectivity and bring equity, justice, peace and development to grassroots communities throughout Nigeria, including the implementation of NEEDS, SEEDS, LEEDS, MDGs and now the SDGs. We support Nigerian NGOs in their commitment to poverty reduction, promotion of human rights and in bringing development to the door-steps of the common man through advocacy and campaigns, capacity building and serving as a voice for the sector.

With the adoption of the SDGs, the Network is reviewing its 5 year strategic plan with our priority goals being goals 1, 2, 3, 4 16 and 17 integrated into our work on goal 3 will be TB services. We have already initiated discussions with the Community Health Department of the University College Hospital and activated our Health Network for the work that needs to happen as we engage government and all stakeholders on goal 3 of the SDGs. Attached to the Office of the Executive Director is a TB Advisor who advises on our plans and thoughts on strengthening and improving TB services in Nigeria. She will lead our work on TB services.

Further to this we provide a range of services and opportunities to our members in order for them to achieve their organizational objectives and also exert influence on issues of national importance.
Abstract 07r
Japan-Nepal Health and Tuberculosis Research Association (JANTRA)
Nepal
Ram Sharan Gopali, Executive Director

Japan-Nepal Health and Tuberculosis Research Association (JANTRA) is a pioneer and leading organization in the field of Tuberculosis (TB) especially in Urban TB Control and TB in hard to reach populations. JANTRA has been working in close collaboration with National Tuberculosis Programme (NTP) and key partners to contribute to TB care and support and initiated community-based TB care focusing on patients who cannot attend DOTS clinic during opening hours.

**Goal and Objectives of JANTRA:** Community System Strengthening, increased TB case finding, enhanced capacity of front line health care providers and assure quality and affordable TB treatment services.

JANTRA has been implementing program activities for poor, vulnerable, marginalized, deprived and underserved people. Similarly, primary target groups of programs are slum dwellers, garbage collectors, IDPs, health workers and vulnerable people in terms of TB.

**Key interventions of JANTRA:** active TB case finding, IEC/BCC, research, microscopy camps, innovative DOTS service, establishing referral mechanisms, strengthening community systems, evidence based advocacy and intensive mobilization of health volunteers, community and stakeholders.

JANTRA is providing TB care service through quality DOTS. Literally quality DOTS, service means providing TB care service from 8.00 AM to 5.00 PM. This innovation is very much appropriate for labourers, students, blue and white collar jobholders and housewives. JANRA is engaged in operational networking and partnerships at national and international level and contributes to the review and amendment of national policies, plans and strategies as a key member of the TB control network.

**Challenges:** Sustainability in terms of financial resources; unfavourable environment due to unstable government and unhealthy competition and lobbying for resources among non-state actors.

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Abstract 08r
Afya Elimu na Uchumi kwa Maendeleo ya Mtanzania (AEU)
Tanzania
Martha Malolela, Project Coordinator, MNCH

The work of the organization is to educate individuals, couple and the community at large on issues related to health mainly Maternal and Child Health including Family Planning, Gender, STIs and Nutrition. The target group is women in child bearing age and adolescents.

**STRATEGY**
Creation of awareness in adolescents on reproductive health care and rights.  
Health education promotion and life skills in schools.  
Support groups for social activities.  
Conduct of community health services.  
Work with health workers within local community and community health workers.

**KEY ACTIVITIES**
Family visits to follow individuals with health problems and link them appropriately to facilities.  
Formation of social groups of adolescents to reduce health risks such as football clubs, traditional groups.  
Monitoring clients to ensure compliance and adherence to treatment.

**ACHIEVEMENT**
Managed to link clients and patients to various services.  
Education has contributed to positive behaviour change.  
Social groups formed such as football clubs and traditional dancers.

**WHAT WILL BE DONE IN TB INTEGRATION**
Preparation of the TB resource package which will be used to orient the existing CHW on TB. Integration will include TB, STI, HIV, FP, Gender and outreach services.

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Abstract 09r
Lebanese Anti-TB Association (LATA)
Lebanon
Mtanios Saade, Head

LATA is seeking to achieve the following goals:
1. Dissemination of information about tuberculosis its cause, treatment and prevention methods.
2. Promotion of scientific methods to diagnose TB.
3. Promotion of different regimens to treat tuberculosis (sensitive and resistant).
4. Detection, diagnosis, treatment and prevention of TB in the national and non-national population.
5. Support of patients and their families, according to the material possibilities of the association.
6. LATA will contribute to the rehabilitation of those who have recovered from tuberculosis.
7. Development of relations with national and international organizations. Participation in scientific meetings and conferences, locally and internationally.
8. LATA should contribute to the establishment of clinics or hospitals in order to control tuberculosis.

It is a young NGO which started working at the end of 2014, putting a plan for the next 2 years in order to strengthen the TB control activities in Lebanon and to support the NTP Lebanon to achieve its goal in TB elimination.

Our activities are concentrated on the dissemination of information about TB diagnosis, treatment and prevention. Multiple TB conferences have been held in different Lebanese provinces (one each month) in the presence of physicians and other health workers (50 to 60 participants per meeting) in order to sensitize the medical staff on the early diagnosis of TB and the curability of TB by using DOTS strategy. It is awareness creation to increase the detection rate especially on the peripheral level and to adopt the DOTS strategy in order to increase the success rate of treated TB patients. The other goals of LATA are waiting for more donations.

Abstract 10r

Medical Women Association of Tanzania (MEWATA)
Tanzania
Serafina Mkuwa, Chairperson

MEWATA is an NGO of female medical and dental practitioners, established in efforts to address women’s health issues so as to advance the health care of women and children in the society.

Our vision: female doctors excelling in medical and dental ethics with attainment of quality health interventions. Mission: we are committed to promoting professional development of women medical and dental doctors for better delivery of quality health services for women of Tanzania. Another objective is to contribute to improved quality of life and social wellbeing of Tanzanians especially the disadvantaged. Our target group is women, girls and children but we also encourage male involvement.

We are guided by our strategic plan (2011-2015), with three thematic areas:

i) Reproductive health and rights particularly; Reproductive system cancers such as breast and cervical cancer; gender based violence and Maternal, New born and Child health.
ii) HIV/AIDS focusing; male partner engagement in FP/PMTC and Discordant couple.
iii) Professional and institutional development;

To achieve the above five key strategies are used; Advocacy; Social and Community Mobilization; Health service delivery and promotion; Partnership; Capacity Building and Research.

MEWATA has vast experience in conducting mass campaigns for breast and cervical cancer by providing screening services, educating and sensitizing communities and advocacy to policy makers to prioritize cancer prevention, early diagnosis and treatment and care. Since 2005, MEWATA has reached more than 78,000 women with breast screening services through its mass screening campaign in 10 regions of the country. Main challenges are lack of breast cancer clinical management and training guidelines, challenging referral system, myths and misconception on cancers, presence of only one national cancer hospital and donor funding.

MEWATA is currently not engaged in TB services. However we will use the opportunity of our campaigns and community activities to integrate TB control activities with support of the Ministry.

Abstract 11r

Zambart
Zambia
Alwyn Mwinga, Chief Executive Officer

Zambart is internationally recognized as a major research organization engaged specifically in research on TB, HIV and the interaction between them. Since 2004, it has been an independent research organization housed within the University of Zambia, School of Medicine and is a London School of Hygiene and Tropical Medicine (LSHTM) overseas co-ordinating centre.

Zambart conducts interdisciplinary research in the areas of epidemiology, clinical research, social science, laboratory, operations research, health policy analysis, health economics, development communications, counselling and community based research in TB, HIV and other areas of public health. Zambart has over 10 years of experience in conducting large scale community randomized trials that include household testing and screening and community engagement. The organization currently employs over 600 staff that includes researchers, administrative staff and community based staff working in 8 districts across four provinces and directly with 54 primary health care facilities and the surrounding communities.
Ensuring that research results are translated into policy is a primary objective of all the work done by Zambart and hence all studies are designed through consultation and in conjunction with the Ministry of Health of Zambia.

The research conducted by Zambart has contributed to national, regional and global policy and guidelines for TB and HIV and some of the achievements have been as follows: Zambart designed and completed one of the first pilot programs of TB/HIV integration (ProTEST) and the findings of feasibility and cost-effectiveness were used to develop the WHO guidelines for TB/HIV integration, which have been adopted universally; Zambart has contributed towards the development of standardized protocols for prevalence surveys which can be used to conduct comparable surveys in different epidemiological settings; Zambart’s work on TB stigma led to the development of an anti-stigma toolkit that was adopted by several countries.

Abstract 12r

Life Concern (LICO)
Malawi
Peter Gondwe, Executive Director

LICO is a Malawian registered NGO established in 2008 and it works with The Ministry of Health and other stakeholders in HIV/AIDS, TB and Sexual Reproductive Health.

LICO’s successes
LICO’s successes include: the establishment of “bring your wife campaign” which has increased male involvement with some facilities achieving 99% of male ANC attendance, increased couple counselling and males present during labour; increased knowledge and uptake of PMTCT services through the introduction of study circle groups; trained 100 service providers and peer educators on referral system and community-to-facility linkages; established community by-laws like male involvement in ANC and facility delivery, this has led to zero maternal and neonatal deaths; established youth friendly corners in health facilities to provide cervical cancer screening, HIV testing services, VMMC registration and condoms.

HIV/TB Integration
HIV remains the most important risk factor for developing active TB disease in Malawi. The rapid scale up of testing of TB patients for HIV has resulted in notable increase in HIV screening among TB patients. In 2013, 92% of notified TB cases knew their HIV status and the confection rate steadily declined to 56% from 77% in 2000. LICO is implementing a TB project to complement its existing HIV projects in Rumphi district. The project’s objectives are to raise awareness on TB, increase access to TB testing services, and strengthen follow up, referral system and linkage to TB care. Key activities include: community sensitization campaigns on TB; training of community volunteers in sputum collection, contact tracing and TB patient follow up and training of HSAs to support community volunteers.

LICO has trained and deployed 7 volunteers, trained 28 HSAs, procured bicycles, bags, sputum collection boxes and sputum containers. There is a need to train more community volunteers, scale up to other facilities, provide nutritional support and establish facility TB committees.

Abstract 13r

Global Coalition of TB Activists (GCTA)
India
Blessina Kumar, Chairperson

The Global Coalition of TB Activists (GCTA) is a coalition of TB affected communities and their representatives. It was conceptualized as a global platform to bridge the gap between civil society organizations, community groups and other stakeholders, while ensuring that the community is involved in all TB processes. Since its inception in October 2013, the GCTA has contributed significantly to the global TB agenda through its network of activists, achieving significant milestones along the way. The GCTA was formalized as an organized body and has a strong online presence through a formal website, a listserv and other modes of social media.

The GCTA works closely with and through regional coalitions such as TB Europe Coalition (TBEC) and Africa Coalition on TB (ACT!). The GCTA has also been involved in facilitating the provision of Technical Assistance for the Global Fund New Funding Mechanism (NFM) to ensure that communities affected by TB were part of the NFM process through conducting 5 regional capacity building workshops across four regions for CSOs. GCTA has directly contributed to the concept note development in countries applying for GF’s NFM and has advocated for the inclusion of community systems strengthening, gender, and human rights throughout the full process. Today, the GCTA network includes over 150 members, both individual and organizations, from over 30 different countries.

Mission: To be an advocacy platform and effectively represent TB affected communities in order to influence global TB control agenda through patient empowerment, strategic advocacy and community mobilization.

Strategic Objectives:
• To advocate for increased resources for addressing TB.
To improve community engagement, networking and strengthen partnership with all TB stakeholders.
To strengthen the capacity of activists and representatives affected communities for effective engagement at all levels.
To promote effective communication of TB issues at all levels.

**Abstract 14r**

**Ex Miners Association**  
**Lesotho**  
**Lerato Nelson Nkhetse, National Coordinator**

Ex-Miners Association of Lesotho is a non-Governmental, non-partisan organization which deals with Basotho men who were retrenched from work in the mines of South Africa. The objective of the organization is to assist ill-miners and ex-miners as a result of occupational diseases to get proper medical treatment. Trainings and workshops are held on awareness and sensitization of occupational and chronic diseases such as TB, Silicosis, asbestosis, HIV and AIDS.

**ACHIEVEMENTS**

1. Advocate for the expansion of Occupational Health Service Delivery, through a review of current One-Stop Service Centers (OSSCs), establishing a technology system linking the centers to compensation funds.
3. Community Systems Strengthening and improving access to services by promoting and protecting human rights and removing gender barriers through providing support to ex miners.
4. Strengthening of continuity of TB Care and treatment by establishing an effective referral system that tracks mineworkers and ensures continuity of their care across borders and from one district to another through TB Ambassadors.
5. TB screening and active case finding through developing a system to enable ex miners to carry out contact tracing across districts, borders, screen and test people for TB, link them to existing health facilities and ensure initiation of treatment in the community.

**Abstract 15r**

**Tuberculosis Advocacy Consortium (TAC)**  
**Kenya**  
**Lucy Chesire, Executive Director**

TAC collaborates with TB patients, Civil Society Organizations, government agencies, and research institutions for the purpose of controlling TB, TB/HIV, MDRTB and XDR TB, and to help in the care and support of those infected with or affected by Tuberculosis. TAC is currently working to mobilize TB patients and communities in Kenya and around the globe to play an active role in the delivery of Universal Access to TB and TB/HIV services. We do this through the promotion of health and quality of life by preventing and managing Tuberculosis and other public health challenges in Kenya. Our goal is a Kenya free of Tuberculosis, TB/HIV and other public health conditions.

**Target groups:**  
TB and TB/HIV patients and their families, MDRTB, XDR TB households and their communities.

**Our strategic areas of focus**

- Community Systems Strengthening;
- Institutional Strengthening;
- Sustainable Livelihoods; and
- Policy and Advocacy

**Key achievements**

- Collaboration with TB CARE 1 to empower MDR-TB patients through initiation of small businesses.
- TAC has worked with Bristol Myers Squibb Foundation to improve TB case detection among youth in slums providing counselling to youth infected with TB and providing opportunities for livelihoods improvement, through training in small business management and provision of start-up capital using revolving funds.
- In collaboration with Christian Aid, TAC sought to build the capacity of 460 community health workers in TB prevention, care and support in 10 Districts and to develop a TB advocacy strategy that would facilitate scaling up of domestic resources for MDR-TB in Kenya.
- TAC is currently working on enhancing capacity development of Tuberculosis CSO partners in Kenya for better Global Fund grant implementation courtesy of GIZ.
- TAC is a sub recipient with AMREF Health Africa currently implementing Community TB care activities under the New Funding Model.
Action Now Kenya (ANK)
Kenya
Irene Kamau, Executive Director

ANK works at the grassroots to support marginalized communities in informal settlements of Nairobi and Maasai in rural Kajiado. 6,500 people have directly benefitted from ANK activities. Most members benefiting have been infected or affected by HIV; 40% of these having suffered or given care to a TB patient.

ANK has implemented programs in micro-enterprise development supporting household incomes; health through mobilization and awareness-raising in HIV/AIDS, nutrition, immunization, reproductive health; vocational skills training for out of school youths and outreach to schools for life-skills training for children.

ANK is involved in grassroots advocacy to build capacity of community members to directly engage elected leaders and influence their decisions. 50 grassroot advocates have been trained in Kajiado and have reached six MCAs, Two MPs, a Senator and Governor. The advocates have written letters to the President on Nutrition and the Health Cabinet Secretary on cancellation of user fees for diagnosis of paediatric TB. In 2014 I was involved successfully in engaging 10 MPs for funding to purchase TB drugs for Kenya. One MP reached became a champion on TB and has moved 158 MPs in Kenya to sign the Barcelona declaration on stopping TB.

ANK uses community participation for ownership and community responsibility. We envisage integrating TB services through expanding community awareness on TB and working with the community using existing structures to identify and implement methods on TB prevention. ANK will also educate children peer educators on prevention of TB to influence future generations.

Challenges at community level include low awareness on prevention of TB, stigma and lack of personal responsibility. At organizational level, challenges include lack of funding for TB activities and lack of technical expertise to enhance internal resources.