Outcomes of parallel and rotational group discussions
13:30 – 14:00

The overall objective is to share experiences, challenges and innovative approaches focusing on areas that were identified as critical during the online consultation (capacity building, technical assistance needs, advocacy and networking as well as monitoring and evaluation).

---

Parallel and rotational group discussion sessions
(1 hour per session)
Coffee/tea will be available throughout the group work

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 15:00 (rotation 1)</td>
<td>Integrated patient-centred TB care and prevention</td>
<td>Universal health coverage, social protection and poverty alleviation schemes</td>
<td>Monitoring and evaluation and the End TB targets</td>
</tr>
<tr>
<td>15:00 – 16:00 (rotation 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16:00 – 17:00 (rotation 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Integrated patient care (Pillar I)
Innovations and best practice

- Creating of TB patient support groups and using former TB patients to encourage early diagnosis
- Training of CHWs to provide integrated service delivery and expanding home based services to improve treatment adherence
- Deployment of community based government-paid HEWs in each village well trained in multiple areas including TB
- Joint planning between NTP and NGOs improve quality of technical assistance
- Private practitioners can be harnessed to provide technical assistance using their network of qualified staff particularly to assist community volunteers and community based facilities
- Joint committee of technical partners including WHO and NTP and lead NGOs and private sector can be formed at national level to assess need and provide TA

Challenges

- Inadequate political will to build CSO capacity in TB services
- Health workers who discriminate and spread stigma alienating patients and denying them care
- Barriers to care not well understood: beliefs, stigma, finances
- Lack of standardised information and material about TB prevention and care
- Lot of turnover of staff and volunteers
- Lack of recognition of NGO contribution with CHW referred patients being recorded as “self-referred”
- NTP not always sensitive to the needs of NGOs supporting patient care
- Dependency of NGOs for funds means they follow the money
- Need integrated technical assistance and training; not stand alone for TB or HIV or MCH; as also supportive supervision
- TA is unequally distributed with much more going to government and very little to NGOs and other CSOs

Opportunities

- Increase health worker knowledge of TB basics and integrate TB into the training curriculum of CHWs and CHVs active in HIV and MCH
- Regular review meetings with the NTP focal person would help improve capacity of NGOs to provide services and iron out difficulties faced
- Create peer support groups (such as that of mothers) to increase capacity to support special groups (such as women and children)
- Social media could be harnessed
- Integration of HIV with TB in technical assistance is important; synergy can be increased with joint TA
- Social media is an opportunity for greater networking and sharing of experiences
- Build new networks to provide TA that includes stakeholders from government and CSOs
Innovations and best practice

- Patients and ex-patients as advocates
- Networking among organizations and creating a coordinating committee to speak with one voice
- Influencing through high level contacts at different levels (local, national international)
- Specific petitions to sort out specific issues
- Using celebrities to promote issues such as referral of those with cough
- Using social media to rapidly spread messages

Challenges

- Inadequate political will to build CSO capacity in TB services
- Limited communication and interaction between government and civil society
- Policy environment not always welcoming
- Funding for advocacy is scarce
- Forums for advocacy are unclear with no coordinating mechanism
- Fear of officials and repercussions is a limitation

Opportunities

- Patient rights should be disseminated
- Leverage other networks so we use existing platforms to gain a voice
- Potential to harness grassroots CBOs through networks
- Social media as a tool for CSOs
Universal health coverage, social protection and poverty alleviation schemes (Pillar II)
Innovations and best practice

- Volunteers trust fund, Nepal: contributions by volunteers: managed by committee – used for poor and ultra poor patients
- Cambodia – Skill-building to patients and family to access Health Equity Fund (social welfare schemes) and legal services
- Senegal – Bourse for support to poor families; integrating NGOs/CSOs to help support families effectively access the resources
- Uganda – Saving and credit scheme: mandated to develop savings to support community needs
- Sudan/Darfur, support for peace-building and livelihood support, youth
- Bangladesh – Wealth-ranking; training people to map services available, and identify at-risk populations
- Kenya – Build/expand networks of TB support groups

Challenges

- Myanmar – trying to establish a TB foundation
- Sudan – addressing the traditional behaviour/attitudes of the community and lack of resources
- Nigeria – Assessing what will have most impact and what will be sustainable
- South Africa - Addressing gaps in expertise within the NGO; approach to out-sourcing
- Angola - Capacity and willingness of local authorities to coordinate the activities
- Pakistan – literacy among women (16%)
- Kenya - Group dynamics; different agendas
- Uganda – Lack of political commitment to support community response/engagement
- Often told we need to focus on primary interventions rather than these important secondary interventions
- Capacity to engage with traditional healers in the network of service providers for universal coverage
- South Africa - Address challenge of patients who will likely drop out during hospitalization when disability grant removed – how to address their ongoing financial needs
- Kenya - Capacity to help inform other sector stakeholders to care about TB
- Cannot easily distinguish between Pillar 1 and Pillar 2 – as all efforts need to be focused on serving the affected persons for all their needs
- Capacity to engage with other stakeholders impeding social protection, such as employers who may fire patients or impede their access to care
- Address the underlying risks for prisoners of being infected, or accessing care
- Help support the needs of families and care takers of those ill with TB and help demystify TB
Challenges (cont)

- Need to build capacity for management functions
- Capacity of CBOs to engage with Govt, hold them accountable and advocacy
- Thailand and global training: Capacity to engage doctors to be concerned with poverty of patients: and need to provide evidence to convince them
- Kenya: capacity to respond to the stigma that makes them drop out of support schemes
- Ethiopia - Maintaining the momentum to keep NGOs/CBOs engaged in TB – burden of continuous capacity-building
- Ethiopia – NGO/CSOs face limit to integrate TB within their agendas without specified funding for that
- Kenya – Capacity to enable general communities and at risk groups to overcome barriers to initial access to services and detection (before the ever get in TB care)
- Ability to engage with other stakeholders in other ministeries (Justice, labour, education)

Opportunities

- Ethiopia – increasing investments in social development
- Somalia – Synergies with other programs that provide social investments
- Nepal – NTP can advocate for expansion of innovations by NGOs in other areas of country
- Kenya – Social protection embedded in NTSP and now can proceed to define work, given national social protection policy
- Ethiopia – new technology to support IEC
- Angola – decentralization of fiscal management for more capacity at local level
- Sudan – National policy empowering women in local communities
- Ethiopia – Using untapped potential of local social institutions not yet engaged
- Kenya: Use youth fund and women’s fund to encourage participation in group insurance (eg transport costs, other expenses, ancillary medicines etc)
- Bangladesh – Linking social protection orientation within all TB activities and stakeholders;
- UNICEF - be sure that TB is talked about among stakeholders working on social protection; use data to strengthen our case
- West Africa – Use the foundation of local culture in favour of supporting community social protection
- UNICEF – Untapped engagement of adolescents in TB response, learning from HIV
- Uganda – Working more as coalitions to fundraise and advocate
- Myanmar – Use new technology/apps for M&E and IEC etc – eHEALTH
- Kenya – Identify gaps in key populations, such as migrant women and other marginalized
- Empower men
Opportunities (cont)

- Ethiopia – Working with ministry to engage in development of tools and guidance (eg example of being engaged with Ministry of Health on TB guidance)
- Kenya – Govt to collaborate with other development partners to establish evidence on patient costs, and enable CBOs/NGOs in surveys and assessment
- Tanzania - Can work with CBO/CSOs working on education, prisons etc. so they can work together with TB-engaged NGOs to address TB, and build their messaging on TB
- Kenya – Opportunities to build on special efforts on economic empowerment of women to address the needs of female TB patients
- Ethiopia – Building capacity of health workers to address broader social needs of patients
- Malawi – Build on existing infrastructure of NGOs/CBOs working in other areas (eg social protection) to integrate TB efforts

Future needs

- A hub/clearing house of information on social protection experiences and tools
- Facilitate access by local NGOs to get support from universities that have capacity in social development so students and staff could support documentation, implementation and operational research
- Link larger NGOs to support local NGO
- Peer (South-to-South etc) technical assistance and sharing of experiences
- Support overall for knowledge sharing locally, nationally and globally
- Resource mobilization from the private sector
- Integrated response to persons who are affected by TB and diabetes
- TA for data management for NGOs/CSOs
- Tools to adapt materials/tools quickly to local context: apps and templates etc
- Enable communities to connect/communicate about experiences: listserves, websites, cross-country experiences
- Guidance on evidence, experience and indicators and standards
- Building on other platforms like WASH efforts in TA approaches
- Apply broader approaches: root cause analysis on poverty impacts on TB
- Mentoring for proposal writing
- Cross-cutting TA – help those new to TB, and have them help understand other development
- Resources to network out with social development communities
Innovations and best practice

- Engagement of teenagers in TB clubs
- Involvement of NGOs and CSOs implementing TB work in CCMs and Concept Note Development for the Global Fund
- Engagement of NGOs and champions to deliver messages on TB
- Use grassroots advocacy model where you empower or build capacity of community members to speak out on their issues to “policymakers and service providers (eg, drug shortages & UHC)
- NGOs and CSOs change antagonistic approach to advocacy when deal with government, instead use diplomacy.
- Educate drivers and conductors in the public transport system on TB and put messages such as “a person next to you had TB, close the windows??”
- Use elderly women to escort key populations patients to clinic, so they can be xxxx by the health worker.
- TB support groups when created can have a strong voice in advocacy

Opportunities

- Building capacity for BCC at local level: monitoring capacity
- Building alliances with other sectors/stakeholders
- Build on comparative advantages in expertise across NGOs/CSOs and other institutions
- Mapping existing networks available in these fields: user groups etc.; online platforms
- Learn more from child and youth participation advocates
- Harmonize messages and advocacy approaches through networks at community level
- Tools needed for advocacy and resource mobilization & best practices from successful advocacy in this area
- Working closely with Government re policy development and adoption – engage early
- Use existing powerful advocacy networks - women and youth, and integrate TB within their messages; religious leaders
- Initiate community dialogue: use local media networks
- Use committed leaders to engage other stakeholders for advocacy
- All media services to promote messages on needs of patients and positive outcomes; including mother-tongue media services
- Engaging patients to encourage that patients’ own stories are transmitted and their messages are carried in advocacy
- Transmit information to the general public on what services are free of charge; use all the health workers, CHWs, meetings, outreach and address their lack of trust in services
- (Baylor pediatric HIV clinics) Public-private partnership models – working with MOHs to embed clinics in general services and working with other private partners to enable access to new services; opportunity to creatively engage other sectors to reduce costs for the end users.
- World TB Day and Champions to transmit these messages; and appoint national tB ambassadors
Opportunities (cont)

- Building capacity for BCC at local level: monitoring capacity
- Engage with the mining sector to support the social support costs and engage in treatment costs – major concern in Southern Africa; address the cross-border implications of the burden of disease and social protection/medical coverage needs
- Corporate sector responsibility could be better utilized in TB
- Use new networks – such as example of starting with fashion design, and linking in messages about LGBT concerns; same could be considered for TB
- Making sure that TB messaging is considered so there is more routine screening for TB
- Advocacy for improved TB policy including reforms (ex. Stimulus of the GF requirement of joint TB/HIV concept note) – use funding incentives (for example need for key affected population coverage)
- Change the way we engage – go as partners, find a balance with positive engagement, and not just conditionalities
- Engage with new networks such as the MCH networks and enable cross-learning so that the needs of all persons coming forward to health services are addressed
- Cross-sharing of information can build commitment to advocate for TB within other agenda
- Engage health care providers in networking who are directly engaged and at risk; for example the voice of prison workers and others. Their stories can build interest and response.
Monitoring and Evaluation
Innovations and best practice

- Government-NGO integration and collaboration is key: supervision, inclusion of community indicators on NTP M&E system, data validation/coordination meetings, central TB trainings for Gov staff include NGOs
- NGOs need their own coordination mechanisms at all levels (integrated and including TB)
- Tools and forms essential for ensuring quality M&E (referral/back referral forms, referral registers)
- Locally tailored tools help ensure quality of M&E (e.g., development of color cards to ensure good use of tools among illiterate CVs)

Challenges

- Lack of inclusion of community indicators in NTP M&E system:
- Lack of standardization of M&E between community actors
- Different reporting requirements for different Donors
- Sustainability after the project funding runs out
- Absence of specific optional indicators and tools to address key populations: children, household contacts, KPs (LGBT, etc)
- Health facilities put insufficient focus on (community) M&E
- Need for simple harmonized tools for integrated activities
- Difficulty to attribute impact to a single intervention (and related competition between different interventions)
- Community actors’ budgets for capacity building within donor proposals need to be more carefully developed

Opportunities

- Government-NGO collaboration (supervision, data validation/review meetings) helps ensure complete reporting of community contributions
- Sustainability of NGO action beyond specific projects
- Joint NGO-Gov trainings (for NGOs) will increase i) buy in of each stakeholder; ii) quality of implementation
- Mobile/electronic technologies:
  - Standardized online trainings
  - Use of mobile phones for M&E
  - Online platforms for information sharing (learning lessons from HIV)
Innovations and best practice

- Community advocacy resulted in setting up coordination mechanism between NGOs and government/facilities at local level. Big increase in M&E quality
- Community advocacy within health facilities (client education, pt charter, monitoring of timely provision of needed services) helped improve quality of services and client health seeking behaviours

Challenges

- Need for more NGO networks – vertically and horizontally
- Need for close collaboration with Governments
- Need for more advocacy for adequate resources for (joint) M&E and supervision (to address underreporting of community contributions in settings where systems are in place – eg Tanzania, Kenya

Opportunities

- Lots of TB (and related) data is available and can/should be utilized for advocacy purposes
- NGOs can be trained on enhanced data analysis/use
- Local networking among community organizations can help strengthen their advocacy