

Community-based activities for improved TB prevention, diagnosis, treatment and care

Community-based TB activities represent a range of activities contributing to TB case notification, treatment adherence and improved outcomes. They also include activities for health promotion including generation of demand for TB prevention, diagnosis and treatment services. Community based TB activities are often implemented by the Ministry of Health or other line Ministries or Civil Society Organizations (CSOs). CSOs are operationally defined as non-profit organizations that do not belong to the state or the private for profit sectors. CSOs cover a spectrum of entities including nongovernmental, faith-, community-, and patient-based organizations, working on service delivery, advocacy, demand generation and technical support. This constitutes the framework of bringing together all stakeholders and patients in the form of social mobilization.

Integrating community-based activities for improved TB prevention, diagnosis, treatment and care in Global Fund applications

Community Systems Strengthening (CSS) Framework¹ of The Global Fund provides guidance on the goals, principles, strategies, roles, activities and indicators for community-based actors and networks, for HIV/AIDS, TB, and Malaria. This Framework provides guidance based on the Stop TB Strategy component: *Empower people with TB, and communities through partnership* and underlines the importance of placement of effective and sustainable systems to support these activities.

Therefore, all applicants are strongly encouraged to refer to the Framework when planning to adopt or scale up community-based TB approaches in Global Fund applications to ensure the core components community system strengthening are included in the applications.

Key characteristics of good-quality community-based TB activities in Global Fund applications and special considerations in Round 11

Mandatory linkage with programmatic gap analysis.

All community-based TB activities must be clearly linked to the country's programmatic gap analysis. This means that community interventions must be answering a clearly stated programmatic need, supported by data on target population(s). For example, if the justification for community-based interventions includes "improving geographic access to services", it is vital to provide data (and reference it) to support this. All proposed community-based interventions must also be accompanied by a clear implementation plan, with carefully prioritized activities which are visibly linked to the programmatic gap(s) identified in the proposal. Similarly, the community-based activities proposed for TB prevention, diagnosis, treatment and care should be clearly specified in the proposal and included in the budget plan in a consistent manner as highlighted in the logical framework.

Documented linkage with past implementation experience.

Applicants who have been implementing community-based activities for improved TB prevention, diagnosis, treatment and care in previous Rounds should demonstrate lessons learned from previous implementation; namely, what approaches have or have not been

¹ Link to the Community Systems Strengthening Framework of The Global Fund:
<http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=5485>

working and why, and what concrete plans are there to integrate those learned lessons in Round 11. Requests for mere continued funding without such analysis will be perceived as weak.

Choice of indicators in the Performance Framework.

When reviewing proposals, the Technical Review Panel (TRP) will be paying increasing attention to the *quality* of Performance Framework indicators. Choosing indicators that seek to track contribution of communities to key TB outcomes, such as treatment outcome or case detection, will be perceived very positively. Proposing indicators that track processes, such as number of conducted trainings or number of CSOs involved, without a clear linkage to improved TB case notification, treatment adherence and outcomes should be avoided.

Clear presentation of linkage with outcome and advocacy and communication activities.

Several TRP comments of failed proposals noted absence of clear presentation of community-based activities for improved TB prevention, diagnosis, treatment and care and overlap with other related areas such as advocacy, communication and social mobilization. It is imperative to identify and clearly link community-based TB activities with improved TB case notification, treatment adherence and outcomes. Similarly, if the proposed community based TB activities include generation of demand for services through the engagement of communities and patients, it is important to clearly present the additional and complimentary link with proposed activities in advocacy and communication activities, which should be linked to every major component of the Stop TB Strategy (see Annex x).

Comment [v1]: Salah, could we add this annex here pls? I prefer not to mess with your numbering of annexes.

Value for Money.

Given the increasing scarcity of funds available at The Global Fund, the TRP will be scrutinizing this new cross-cutting theme in Round 11 proposals, in addition to all criteria discussed so far. This means that more attention will be given to cost-effectiveness and sustainability of the entire national response, and priority will be given to maximizing impact of available resources. For community-based interventions, it is vital to be able to demonstrate, *with data*, the added value or complementarity of such approaches. For example, if community-based care has helped reduce defaulting during previous implementation, showing data in support of further community care activities will help the TRP judge such activities as key. Furthermore, any stand-alone or vertical activities (including TB activities) conducted by CSOs are usually quite costly and difficult to sustain; therefore, identifying effective ways to integrate community-based activities for improved TB prevention, diagnosis, treatment and care in the work of existing CSOs and community health workers engaged in topics relevant for TB (eg. Maternal and Child Health, education, development, etc.) can be less costly, and more efficient and sustainable.

Further reading

Community Systems Strengthening Framework of the Global Fund; The Global Fund 2010.

<http://www.theglobalfund.org/WorkArea/DownloadAsset.aspx?id=5485>

Community involvement in tuberculosis care and prevention: Guiding principles and recommendations based on a WHO review; WHO 2008.

http://whqlibdoc.who.int/publications/2008/9789241596404_eng.pdf