

# EXPERIENCES FROM THE FIELD:

## TB Challenge Facility for Civil Society Round 7 Implementation in Tanzania

September 2016



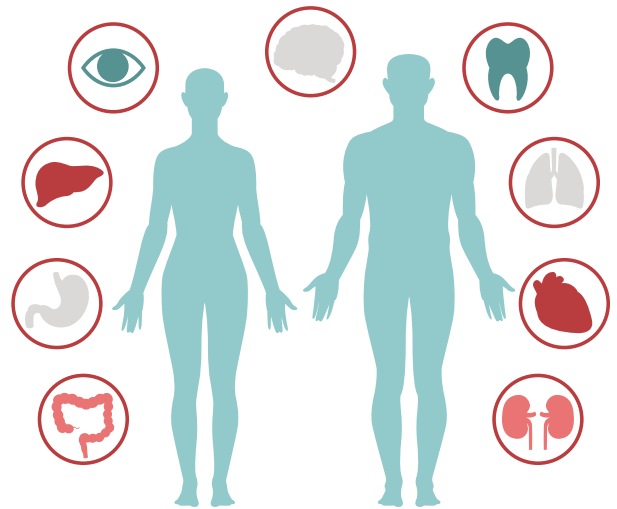


## THE GRANT

With the support of the Stop TB Partnership's grant mechanism Challenge Facility for Civil Society (CFCS) Round 7, The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) is supporting the strengthening of a recognized TB civil society and community network in Tanzania that represents, supports, and is accountable to communities. The network is now partnering and engaging in the national tuberculosis response with other TB stakeholders, including the National Tuberculosis and Leprosy Program (NTLP), the National AIDS Counsel (NAC), the Local Government Authority (LGA), the Tanzania National Coordination Mechanism (TNCM) for Global Fund. The network is also engaging with implementing partners, including the Clinton Health Access Initiative (CHAI), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), PATH, World Health Organization (WHO) country offices, as well as networks of non-governmental organizations such as The Tanzania Association of Non-Governmental Organizations (TANGO) and the Tanzania Council for Social Development (TACOSODE).

## EVALUATING THE GRANT

Efficacy will be assessed by the ability of the network to agree on the important TB issues in the country and to work together to bring these issues to the fore at the national level. The assessments are qualitative and nuanced, with a strategic aim to provide a more meaningful representation of the complex concept of "engagement". The baseline assessment in Tanzania was conducted by Sode Novatus Matiku (consultant), the findings of which will guide and inform Phase II of the grant.



## PURPOSE AND KEY ACTIVITY IN PHASE I

The overall goal of the CFCS Round 7 is to strengthen a recognized civil society/community network that represents, supports, and is accountable to communities who can partner with one another and successfully engage in the national TB responses.

EANNASO began implementation of Phase I in June 2016 with emphasis on identifying areas of promoting the engagement of the TB constituency in Tanzania. Key activities that took place in this phase include:

- A mapping of existing civil society and community organizations that can be developed into an effective network by the grantee in five different zones in Tanzania (Northern Zone – Arusha, Central Zone - Dodoma, Lake Zone - Mwanza, Coastal Zone - Dar es Salaam, Southern Zone – Mbeya)
- Conducting zonal meetings as well as national meeting to discuss response and identify gaps and opportunities for engagement
- Development of branding materials including a banner, post cards, project profile (with a community TB story) and a video which is in the process of being completed.

## AS A RESULT OF THE INTERVENTIONS, THE FOLLOWING ARE THE KEY OUTPUTS EANNASO IS WORKING TO ACHIEVE BY END OF SEPTEMBER 2016:

- A Civil Society Organization (CSO) Directory - which is a list of TB community-based organizations working in Tanzania
- Maps, calendars and plans which emanate from the CSO Directory: (1) Geo map - locations of service provider and availability; (2) Conceptual map of vulnerable populations covered and service delivery gaps; (3) Representation framework (CSO and community network that can be engaged and strengthened); (4) Calendar of key events for CSOs in the country; (5) Engagement strategy for ongoing communication with the identified network; and (6) Work plans that builds in the calendar of key events and the identified service gaps.

## CHALLENGES

Community dialogues and consultations as part of Challenge Facility for Civil Society Round 7 Phase I implementation brought out the one reality that CSOs and community groups are highly motivated and those who are already engaged in TB interventions at community levels have strong technical and strategic knowledge of TB, however, they expressed a number of persistent and ongoing challenges:

### ENGAGEMENT OF COMMUNITIES IN THE NATIONAL TB RESPONSE

- There is a significant delink between policy developing bodies and community operation units such as CSOs, community groups, and patient support groups (former TB patients) and this has led to limited knowledge of what policies and strategies exist in relation to the national TB response.
- Since 2013, the National TB Programme has documented community contribution in TB response with an estimated 19% of all the TB case detection attributed to community efforts. However, with better facilitation such as transport and communication, there is potential for an even greater community contribution.
- Communities feel that transparency could be improved in areas of planned activities, budgets and roles of each party to reach set targets for case detection and treatment access.
- Generally, there is limited funding for TB interventions and even when available priorities and targets are donor oriented.
- Systemic blockages: Although there is knowledge among community activists and service providers about TB and HIV integration, there is little by way of harmony and linkages between TB and HIV reporting tools at community level. While sharing his community service experience, Kipangas Lekasyo said "I care and because I know the adverse effect of TB when I meet a TB suspect in a household I refer them, however, I have no room to report on TB in my home-based care for and I have no way of checking when he went to a health center, then I just let it go." Lekasyo is a person living with HIV and ex-TB patient who is currently serving as a home-based care giver.
- There is no formal recognition of community contribution to TB response in Tanzania, partly due to uncoordinated efforts among CSOs and community groups. Where efforts do exist, they are often not well documented.

"This has been EANNASO's first "real" interaction with TB communities in Tanzania. We have been challenged to know that lack of community engagement has been caused by lack of information and knowledge on key national strategies and policies around TB. The partnership being forged through this initiative will help us ensure that communities are seen as part of the solution. This will fast track the end of TB in our country."

**Olive Mumba**

**Eastern Africa National Networks of AIDS Service Organizations (EANNASO)**



"As a result from the consultations and dialogues held the national TB program is now aware of the role and importance of CSOs and community groups in ending TB in Tanzania, challenges they are facing, and opportunities for engagement."

**Dr. Beatrice Mutayoba**

**National Tuberculosis and Leprosy Program (NTLP)**

### ENGAGEMENT OF COMMUNITY STAKEHOLDERS

- There are not systematic and coherent community level (sub-district) coordination interventions. Some attempts to hold quarterly meetings with donor support had been done in the past, however, when the project ended interventions did not prove sustainable and coordination efforts waned.
- So far, TB at community level engages community groups only for reporting purpose. Where some representatives are invited to HIV or health committees to discuss HIV/TB collaborative activities, community members often feel like passive observers, as they had no voting rights and the issues they presented on TB were not considered part of the formal agenda.

### CHALLENGES FACING PEOPLE WITH TB

- Long distances between villages and health centers which provide TB services
- Frequent stock outs of TB drugs caused by mismatches in data and incorrect projections. Often times, original data indicates that projections of numbers of TB patients are far too conservative, given that current reality indicates much higher numbers.
- While TB treatment is free in Tanzania, health consultation and TB diagnostic services are payable. This creates a bottleneck for community members to access the free treatment they require.
- Pediatric TB is complex and treatment combinations are still a challenge in lower health services centers.
- It is believed that the burden of TB in rural areas is high, but with limited education on TB, poor housing, poverty and geographical access challenges, case detection has remained low.



## OPPORTUNITIES:

### OPPORTUNITIES FOR ENGAGEMENT OVER THE NEXT YEAR.



- Capacity building (empowerment) of CSOs on TB issues, especially those that are already working on HIV
- Involving of civil society in national policy and strategic planning
- Ensuring that policies on TB are nationally available
- Finding out who the key players are in TB through geographical mapping. This includes listing the actors in the field, recording who supports them, where they are located and where they operate, and documenting their contribution in TB response. These may include ex-TB patients, community-based organizations, civil society organizations and other non-governmental organizations.
- Finding out how CSOs and CBOs contribute in TB response.
- Understanding what the community expectations are of TB patients and ex-TB patients' groups.
- Prioritizing activity that CSOs and CBOs want to see implemented to activate TB patients and ex-TB patients groups to implement community TB services.
- Developing a clear plan and calendar of how CSOs and CBOs can be engaged in TB response going forward.
- Providing community TB players with information on TB and how to participate fully in response to TB burden.
- Linking all identified initiatives for community TB and engagement of CSOs and CBOs with government policies and programs.
- Understanding and developing programs supporting key populations in TB context



EANNASO will bring together a National TB Steering Committee with the mandate of coordinating all partners working in TB in Tanzania to represent and identify TB issues that must be taken up to the national level. The network will comprise of ex-TB patients, expert local organizations working on TB, the NTLIP as technical advisors, service providers and international NGOs working on TB. EANNASO will utilize the second phase of this project (Phase II) to bring everyone together.

### NEXT STEPS: PHASE II GRANT TOOLS

- Engagement plan
- Guide to identify key TB issues and vulnerable populations
- Consensus building document

## Our Challenges: Quotes from community groups and TB patients

“Poor knowledge on signs and symptoms of TB which makes people to be late to diagnose and to access TB services at a very late stage, and also on how to continue with treatment as well as infecting others in the family since they have no information on TB or Knowledge.”



“Shortage of TB services, especially in remote areas, makes access to TB services is very limited including low numbers of TB diagnostics centers.”



“Children, especially under-fives, are not routinely screened for TB as they are supposed to be. There is very low detection of children, it still around 10 percent or below. Children are also easily infected by people with open TB.”

