

**PRIORITY TB COMMUNITY,
RIGHTS & GENDER
INTERVENTIONS
FOR INCLUSION IN**

GLOBAL FUND

APPLICATIONS 2023-2025

A TB COMMUNITY SUPPORT PACKAGE

Stop TB Partnership

hosted by



UNOPS

ACRONYMS

CCM	Country Coordinating Mechanism
CBO	Community Based Organizations
CLM	Community Led Monitoring
CLAR	Community Led Advocacy and Research
CLO	Community Led Organizations
CS	Civil Society
CRG	Community Rights and Gender
CSS	Community Systems Strengthening
DRM	Domestic Resource Mobilization
ER	Eligibility Requirements
GC7	Grant Cycle 7
HIV	Human Immunodeficiency virus
KVP	Key and Vulnerable Populations
NFM	New Funding Model
NTP	National TB Program
PAAR	Prioritized Above Allocation Request
PR	Principal Recipient
RSSH	Resilient and Sustainable systems for health
SI	Global Fund Strategic Initiative
STP	Stop TB Partnership
TA	Technical Assistance
TB	Tuberculosis
TGF	Global Fund
TRP	Technical Review Panel
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage

ACKNOWLEDGEMENTS

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INTRODUCTION

Stop TB Partnership (STP) is the United Nations hosted partnership to End TB. STP is also the leading technical agency on TB Communities, Rights and Gender (CRG) and has developed tools, evidence and support mechanisms in support of achieving the 2018 [United Nations High Level Meeting Political Declaration on Tuberculosis \(TB\) targets and commitments](#) and in implementing the [Global Plan to End TB 2023-2030](#). The Global Fund (TGF) funding requests offer significant opportunity for TB partners to scale up investment in TB CRG. This investment is critical to ensure that countries can identify, mitigate and overcome CRG barriers in the TB program and to find and treat the missing people with TB. The next Global Fund Grant cycle covers the years 2023-2025, it is referred to as Grant Cycle 7 (GC7) or New Funding Model IV (NFM4) and it will be important for TB stakeholders to be prepared and active in the funding request development, grant making and subsequent implementation.

The first part of this support package provides TB stakeholders with TB CRG priority interventions and tools that have been developed by STP and which should be included in TGF GC7 funding requests.

These priority interventions each feature in the Global Plan and are summaries as:

1. Identifying, Mitigating and Overcoming TB CRG Barriers through CRG Assessment and Action Planning.
2. Adapting and Implementing TB Community-Led Monitoring
3. Promoting, Protecting Human Rights and Freedom from Stigma and Discrimination
4. Advancing Gender-sensitive Programming
5. Advocacy
6. Integrating TB CRG in TB Service Delivery

Your country will have a multi stakeholder dialogue where priorities to include in the GC7 funding request will be discussed and prioritized. The second part of this support package will provide you with background information so that you can meaningfully participate in that process and that you can ensure TB CRG interventions are included within allocation of the funding request that is submitted by your country.

TB CRG ACTIVITIES TO PRIORITIZE YOUR TGF FUNDING REQUEST

- 1. Identifying, Mitigating and Overcoming TB CRG Barriers through CRG Assessment and Action Planning.**

In many countries, there is a commitment to address human rights and gender in TB, however, more detailed evidence on what this means has been lacking. The Global Plan 2023-2030 and [Deadly Divide: TB Commitments vs. TB Realities](#) calls on countries to undertake a TB CRG Assessment, to develop a TB CRG Costed Action Plan (TB CRG CAP), integrate the TB CRG CAP into the NSP, and then to fully fund and implement the TB CRG CAP as a way to fill this void. The TB CRG Assessment and Action Plan development interventions will support countries to identify, mitigation and overcome TB CRG Barriers and increase investments in this important part of the TB response.

STP has developed a [TB CRG Assessment tool](#) to support countries to complete a TB CRG Assessment. The TB CRG Assessment is a process led by TB affected communities and civil society in

close partnership with the NTP. The assessment aims to identify TB human rights and gender related barriers that are impacting the national TB response and, if addressed, would contribute to finding and treating the missing people with TB.

TB CRG Assessments have been completed in over 20 countries. The results of these Assessments have been analyzed, [peer reviewed and published](#). STP has adapted the Right to Health Framework and organized TB CRG barriers into 7 thematic areas. These 7 areas present a strategic way of considering TB CRG for GC7.

The 7 thematic areas that are central to TB CRG barriers and opportunities are:

1. Accessibility, acceptability, availability and quality of TB services
2. Stigma, discrimination and equal treatment
3. Freedoms (including privacy, confidentiality and information)
4. Gender element
5. Participation of TB affected communities and civil society
6. Remedies and accountability
7. Vulnerable and marginalized TB populations



Once completed, the TB CRG Assessment will provide clear findings and recommendations relating to human rights and gender related barriers. It will also convey prioritized TB key and vulnerable populations for the country. Significantly, the TB CRG Assessment will be validated by national TB stakeholders including the NTP.

Once a TB CRG Assessment has been completed it is important to operationalize and cost a response to the findings and recommendations. STP has developed [an investment package for the development of a national TB CRG Costed Action Plan \(TB CRG CAP\)](#). TB CRG CAPs have been completed or are under development in several countries and they present the best approach to ensuring increased focus, investment and accountability on TB CRG. As part of the guidance, there is

an intervention and costings matrix, which can provide you with a comprehensive reference which you can adapt to address your country needs and priorities.

Ideally a TB CRG Assessment and TB CRG CAP should be completed prior to drafting the funding request. All of the activities included in the TB CRG CAP should then be funded under GC7. However, if this is not done it can still be included as an activity under the GC7 country grant.

You may also want to review TGF Technical Brief – [Removing Human Rights Related Barriers to TB Services](#).

What is needed in your country operationalize a TB CRG CAP?

NO CRG Assessment and NO costed Action Plans	CRG Assessment & costed Action Plans In-place	CRG Assessment in place but no costed action plans
<ul style="list-style-type: none"> a Prioritize the undertaking of TB CRG assessment and development of a costed action plan b Determine technical assistance (TA) needs as guided by TB CRG investment package c Provide for consultative, review and validation meeting costs d Provide for data collection, and data analysis, and related logistics Printing and dissemination costs 	<ul style="list-style-type: none"> a Review the CRG costed action plan, based new and updated guidance from STP. b Review the list of prioritized interventions and activities c Determine which activities are funded and are being implemented; and which ones are neither funded not implemented d Align unfunded activities with the module on removing gender & human rights barriers for TB; and include them as NFM IV TB priorities e Determine the status of activities which are funded and implemented. Where challenges and implementation barriers are faced; discuss and recommend solutions f Align solutions with the module on removing gender & human rights barriers for TB; and include them as NFM IV TB priorities 	<ul style="list-style-type: none"> a Prioritize the development of a costed TB CRG action plan b Determine the TA needs as guided by the Practical Guidance on developing a TB CRG Action plan development tool c Provide for costing sessions and meetings costs; validation and dissemination meetings, printing and dissemination costs

2. Adapting and Implementing TB Community-Led Monitoring

Every year, health systems miss millions of people because of barriers to TB services, human rights violations, stigma and lack of access to support services. Driven by local needs and values, community-led monitoring (CLM) is based on routine and systematic oversight of local and national TB, health and social security systems by TB affected communities.

TB affected communities and civil society have endorsed a [shared position on an approach to community-led monitoring \(CLM\) for TB](#). TB OneImpact CLM is a systematic approach to identifying and responding to the challenges experienced by people with TB at local and programmatic levels. This intervention is implemented by and for people with TB in close partnership with the NTP. It is monitoring that is undertaken by people with TB who are users of services and provides real time data and feedback on there experiences and challenges relating to those services. It is also linked to a response mechanism that can ensure community action to strengthen or remedy issues in

response to the data that is collected. The OneImpact CLM for TB does share elements for of CLM in other disease responses -but is also nuanced to the needs of TB CRG.

STP has developed [TB OneImpact investment package](#) that can support countries to adapt OneImpact TB CLM to the country context and priorities, to further understand the process and costing for this process.

For those (20) countries where TB OneImpact CLM has already been adapted and piloted, GC7 should be utilized to develop and implement a plan to take OneImpact TB CLM to national level scale.

Ideally, through GC7, TB CLM should be adapted, piloted and scaled with support of GC7 TB grants. Be sure to include sensitization training of stakeholders as well as system maintenance and IT support as part of your costings.

3. Promoting and Protecting Human Rights and Freedom from Stigma

To strengthen equitable, rights-based TB responses there is a need to understand and sensitize stakeholders on human rights, gender and TB KVP issues. The issues where training and sensitization are needed relate to each of the 7 thematic focus areas as described in the TB CRG Assessment (accessibility, availability, affordability, quality; stigma and discrimination; freedoms to privacy, confidentiality, information; gender; KVPs; participation of TB survivors; legal remedies)- on current evidence, chief among these seven areas is stigma and discrimination.

With increased sensitization and capacity relating to TB and human rights, interventions can be designed to mitigate and overcome these human rights barriers, helping to find and treat all people with TB. Based on the *Right to Breathe* tool developed by ACT Asia-Pacific and APCASO, an [investment package to engage and empower people affected by TB in human rights](#) has been developed.

Ensuring other stakeholders are also engaged (i.e. lawyers and judges) in TB and human rights is also a consideration for GC7 proposals. An [investment package on legal partnerships](#) is also available as a reference.

Given stigma is frequently identified as a prominent human rights issue for TB affected communities – dedicated, targeted and evidence-based interventions on TB stigma are essential. It is important to remember that HIV stigma and discrimination is well documented. But for TB there has been less attention given. New evidence shows that TB stigma is different from stigma experienced in other health areas – but remains a barrier in access services and completing treatment. An [investment package on TB stigma](#) is available. This investment package the [TB Stigma Assessment](#) and [stigma data collection tools](#) which can be used to respond to TB stigma indicators in TGF Performance Framework.

The TB community have also developed the [Declaration of the rights of people affected by TB](#) (TBpeople) and [Activating a rights based TB Response](#) (GCTA) which will also be useful resources in

Proposed Activities and Cost Items for CLM

- Community empowerment and mobilization
- Consultative meetings with national stakeholders to among others determine the sites, the integrated mix of indicators, frequency of reporting and mode of data collection. For example, paper based versus electronic, or hybrid.
- Monitoring and data collection
- Drafting and pre testing of tools
- Community and civil society level project capacitation and coordination,
- Reporting writing
- Validation, and dissemination

your planning and development of TB CRG interventions focused on promoting and protecting human rights and freedom from stigma and discrimination.

4. Advancing Gender-sensitive Programming

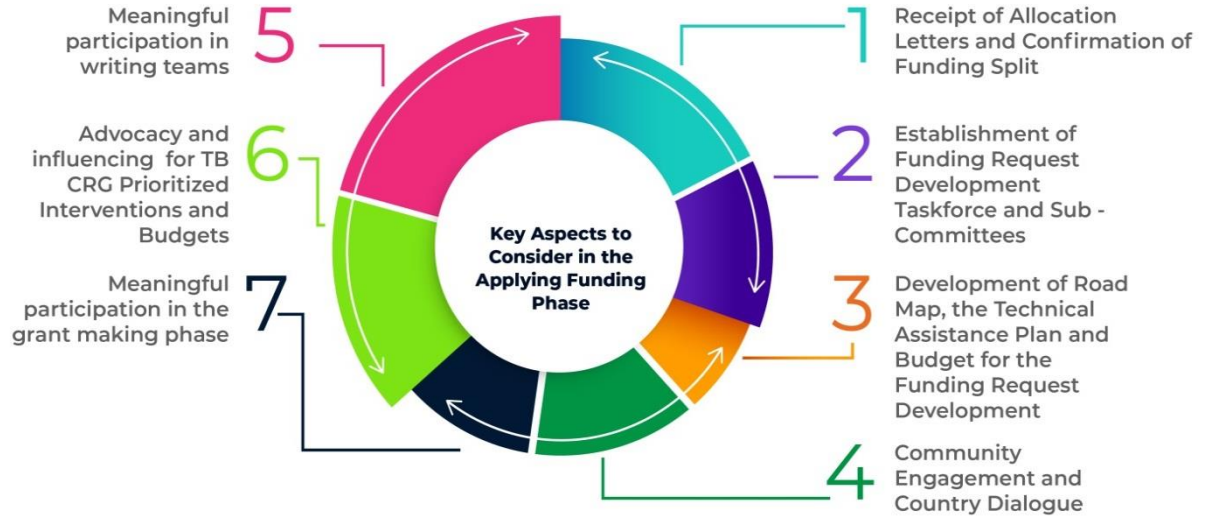
Gender issues manifest in various ways in TB. Incidence and prevalence of TB often disproportionately impact men, while women and gender minority groups can face more significant human rights barriers to accessing services. It is important to ensure interventions address both of these elements. STP has developed a [gender investment package](#) to support countries to include gender sensitive programming in GC7. STP has also developed a paper on [TB and Gender](#) to provide country partners with further background information and resources.

5. Further TB CRG Interventions

There are several further TB CRG Intervention areas that may be prioritized by TB affected communities and civil society. These include:

- Size estimations and active case finding (ACF) among TB Key and Vulnerable populations (KVPs). STP has developed a [field guide on ACF among TB KVPs](#) as well as information briefs TB and [miners](#), [prisoners](#), [people living with HIV](#), [people who use drugs](#), [indigenous peoples](#), [mobile populations](#), [health care workers](#), [people living in poverty](#). These can be used to inform nuanced interventions for TB that can reach and meet the needs of these populations.
- Community-based TB services offer a significant opportunity to meet the needs of people affected by TB. [The Standardized Package of Community-Based Supportive Services to Improve TB Outcomes](#) developed by PAS Center and partners can provide you with additional guidance on non-medical interventions that can be included in your GC7 Funding Request.
- STP also joined a process led by UNION and TB Alert to develop an information package on [Psychosocial Counselling and Treatment Adherence to Support People with Tuberculosis](#). This package includes information relating to interventions on TB and mental health which can feature in GC7 Funding Requests.
- Networks of people affected by TB who are mobilized, registered, capacitated and financed to participate in governance, advocacy for demand generation (including [1 4 6 x 24 Advocacy Guidance for Shorter TB Regimens](#)), accountability, human rights, peer support, and elevated TB in political agenda are all essential to the idea of community systems strengthening. In fact this should be considered an indicator of success for TB CSS. You may want to review [TGF Community Systems Strengthening Technical Brief](#) for further intervention guidance – but be sure to adapt to the TB context.
- Please be sure to advocate for the best quality drugs and diagnostics – as per [World Health Organization](#) Guidelines – e.g. Rapid molecular diagnostics (e.g. Truenat, GeneXpert) as the initial test for people showing signs and symptoms of TB. People with TB have a right to health – including best quality diagnostics and this should be a priority for scale up in country funding requests.

6. Engagement in GC7 Processes



Participation, leadership and ownership in processes is central to the principle and approach of TB CRG. As a result, it is vitally important to consider the checklist and Annex 1 below, to ensure TB affected communities and civil society are meaningfully engaged in GC7. For this to happen, TB affected communities and civil society must be engaged prior to the country dialogue, through grant submission, grant making and implementation. There is a need for space to conduct consultations, build capacity and develop priorities. Further TB affected communities must have representation on the CCM and in writing teams. A measurement of meaningful engagement of TB affected communities and civil society is the full funding of TB CRG priorities within allocation of TGF TB grant.

A Checklist for TB Civil Society and Affected Communities Engagement in the Global Fund Funding Request Development

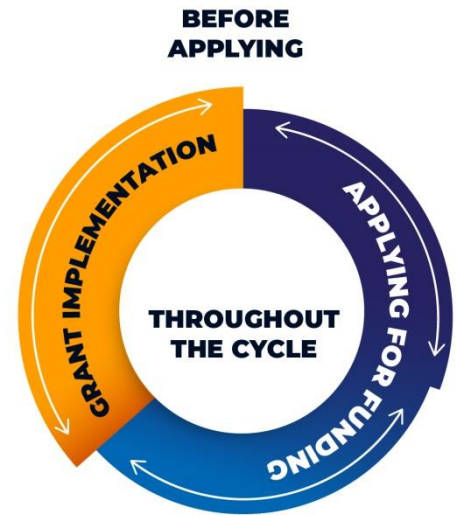
1. Prior to Country Dialogue review critical documents and identify TB CRG gaps and opportunities: TB National Strategic Plan, TB CRG Costed Action Plan, STP Global Plan 2023-2030, TGF Technical Guides, TGF Modular Framework etc.
2. Ensure a national TB CRG Assessment is completed and up-to-date and that a TB CRG Costed Action Plan (TB CRG CAP) has been developed and validated.
3. Fully fund the CRG CAP under the GC7 Funding Request. If it is not completed, you should either: seek TA to complete this process before GC7 Funding Request development; or, if you do not have sufficient time, include costings for conducting a TB CRG Assessment and then further costings to develop and implement a TB CRG CAP within the allocation of the grant.
4. Review all funding sources for TB, HIV and malaria in the country. This may include domestic resources, TGF, PEPFAR, PMI and determine an equitable split that can meet the needs of the three diseases. If there are significant additional resources available for health responses – you may want to advocate for more funding from TGF to go to disease responses with the least available funding.
5. Work with your TB Country Coordination Mechanism (CCM) representatives, the NTP and other TB champions to advocate for additional resources for the TB response. Develop 5-7 strong, evidence supported reasons as to why additional resources are needed to inform your advocacy. You may want to also consider engaging parliamentary representatives and journalists who can further support your priorities.
6. Mobilize technical assistance (TA) to support country dialogue, and development of evidence-based priority interventions for the funding request.
7. Coordinate and engage TB affected community and civil society and develop a written list of TB priorities and costings – and ensure you feature TB CRG interventions. Ensure you emphasize that TB CRG interventions are under allocation. Also develop a comprehensive ‘wish list’ for TB to be included in ‘above allocation’ and funded through grant savings.
8. Share the TB CRG priorities with the CCM. A formal written submission where the CCM confirms receipt is strategic as you can ensure your priorities are recognized.
9. Ensure that TB affected community and civil society are members of the Funding Request writing.
10. Conduct regular briefings on the process between the TB CCM representatives, affected communities, civil society partners and the writing team for updates and possible challenges including areas that need advocacy for consideration.
11. Ensure your TB CRG priorities are included within the allocation in the final funding request that is submitted – noting that there are often last minute changes.
12. After the funding request is submitted, feedback is received from the technical review panel (TRP). Ensure your CCM representatives share the TRP recommendations and contribute to developing responses to those as relevant to TB CRG and TB generally.
13. Engage in Grant Making and Principal Recipient (PR) workplans. Ensure TB CRG asks are budgeted for and are accompanied by implementation plans. Request and seek out regular updates until the grant is signed by PRs.
14. Map and support select and strategic TB community led organizations; and support them to be implementation ready for sub-recipient (SR); and sub-sub-recipient (SSR) for implementation. Ensure TB organizations have the right requirements to be SR and SSR.
15. Ensure that TB CRG interventions are prioritized during implementation and that further TB CRG interventions are supported through grant savings over the course of the grant.

Annex 1: Engaging in Grant Cycle 7

PREPAREDNESS FOR NFM IV FUNDING REQUEST DEVELOPMENT

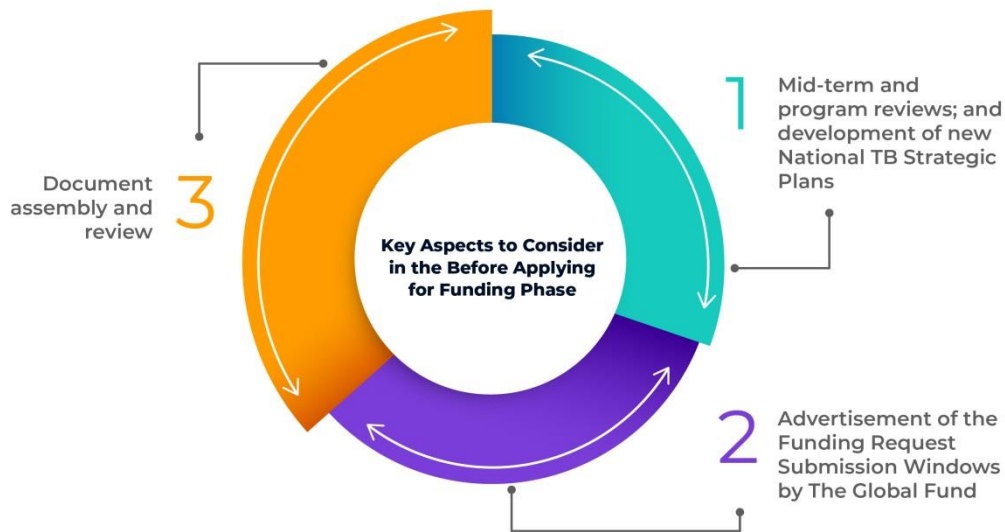
Under New Funding Model (NFM), the TGF supports countries through three years grant cycles that entail the before applying, applying for funding and the grant implementation phases of the funding cycle. In each funding period, the TGF allocates funding to eligible countries. As the current new funding model (NFM) III funding cycle 2020-2022 comes to an end, the applying funding phase for preparations for the NFM IV funding cycle 2023 -2025 have started. This is now also referred to as Grant Cycle 7 (GC7).

To meaningfully participate in the in the funding request development for Tuberculosis (TB) under the GC7 / NFM IV for the 2023-2025 allocation period, it is important civil society (CS) and TB affected communities to adequately prepare to engage in the applying for funding phase.



KEY ASPECTS TO CONSIDER IN THE BEFORE APPLYING FOR FUNDING PHASE

Activities undertaken during this phase are important as they influence the quality of your participation in the subsequent phase of funding request development phase.



1. Mid-term and program reviews; and development of new National TB Strategic Plans (TB NSPs)

Many National Strategic Plans are under review prior to GC7. The Global Plan to end TB 2023 – 2030 provides overarching guidance on priority interventions to end TB. It would be important to use that review to advocacy for the recommended TB CRG interventions you hope to see included in GC7.

2. Undertake relevant assessments to generate information for the NSP and the TB Funding Request

It is important to use the time prior to the Country Dialogue commencement to build the evidence, capacity and engagement of TB stakeholders on issues relating to TB CRG. It would be advisable to commence a TB CRG Assessment (or to do a rapid assessment if an update is required) and to ensure a comprehensive TB CRG CAP is finalized to help inform the funding request development. TB affected community and civil society partners, together with the NTP, should commence these processes as early as possible.

3. Advertisement of the Funding Request Submission Windows by The TGF

- It is during this phase that the TGF publishes [Review Panel \(TRP\) meetings](#). The [submission](#)

Submission Windows	Applicant Submission Deadline	TRP Meeting Timelines
1	20th March 2023	April – May 2023
2	29th May 2023	July 2023
3	21st August 2023	September – Oct. 2023

the expected submission window deadlines for funding requests and their related Technical

[windows for GC7/ NFM IV were published in August 2022](#)

Table 1: Funding Request Submission Windows (TGF, 2022)

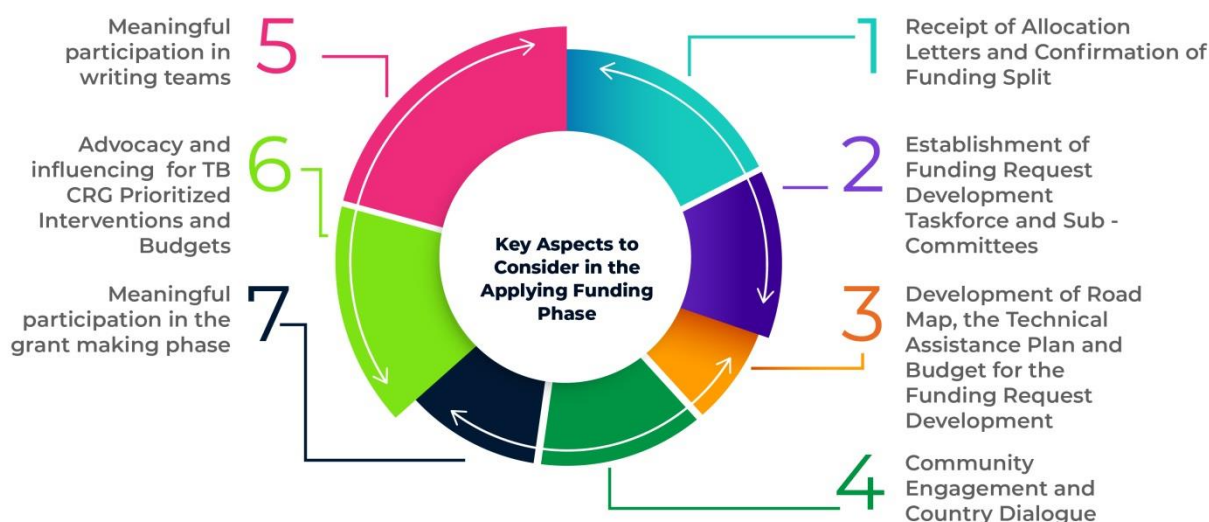
- Country Coordinating Mechanisms (CCMs) who have the responsibility of coordinating the development and submission of FRs to the TGF have the responsibility of selecting the submission date(s) for their country funding request(s) to the TGF.
- TB community representatives on the CCM in collaboration with other affected communities and civil society representatives should advocate for a submission window that will allow for continuity of TGF supported programs in the country, and adequate time to prepare and orient CCM along with other stakeholders on GC7 funding request guidance including TB CRG, for the mobilization of technical assistance, and country dialogues to determine and prioritize needs and interventions.
- TB CRG advocates in country should ensure that CCMs are sensitized and knowledgeable on TB CRG interventions and TB key and vulnerable Populations (KVPs).

4. Document assembly and review

- TB civil society and affected communities in country should assemble resources from:
 - NSP including mid-term and program reviews and Global Plan to end TB (2023-2030)
 - In country sources of TB information namely [TB CRG Assessments](#) and national costed [TB CRG Action Plans](#), [STP Stigma Assessment](#) and human rights assessment where available, midterm and program review reports, and reports from community led monitoring through One Impact amongst others. It is important to note that where costed CRG action plans have been developed, they will greatly inform the TB CRG components of the funding request.
 - However, if countries do not have TB CRG assessment and CRG action plan, they should be immediately planning to conduct the assessment and develop action plans. Countries may seek technical assistance from STP.
 - STP TB CRG investment packages for [prisons](#), [engagement of lawyers and judges](#), [human rights sensitization](#), [community led monitoring](#), [TB CRG assessment](#) and [gender](#) (the [TB Community Led Monitoring](#) tool). Additionally, the STP guidance on CRG Action Plan and Investment Package is a key resource for use
 - The [TGF](#) including the applicants handbook, the [modular framework handbook](#), the [TB](#) and the [resilient and sustainable systems for health \(RSSH\) information note](#), the [gender equity technical brief](#), the [addressing HIV and TB in prisons, pre-trial detention and other closed settings technical brief](#), and the [best practices and lessons learned in implementing TB innovative approaches in West and Central African countries](#) amongst others.
 - WHO Guidelines on drugs and diagnostics.
- Reviewing these documents before the start of the FR cycle is advantageous as it will enable TB community members meaningfully engage with their respective NTPs and the CCM; and plan for the funding request developed from an empowered perspective.
- Review current funding sources for TB, HIV and malaria in country. Consider domestic financing, TGF, but also other sources of funding like PEPFAR, and PMI and map the existing financial investments and gaps in the country for each disease. You may then want to explore an alternate disease allocation for each of the diseases based on equity, need and existing gaps – and advocating for this change.

Key Aspects to Consider in the Applying Funding Phase

The TB funding request development phase comprises of 7 important steps which should be taken into account to result in to greater focus in 'people centered', CRG, and community systems strengthening in the GC7.



1. Receipt of Allocation Letters and Confirmation of Funding Split

- Eligible countries for TGF support expect to receive their allocation letters from the TGF in late December 2022.
- The allocation letters will detail to the countries the amount of money each country has been allocated in the 2023 -2025 grant cycle including the amount per disease in what is referred to as the indicative split (See Annex 1 for : Sample Revision Template for the Indicative Split by the TGF).

Table 1: Sample Revision Template for the Indicative Split by the TGF

S/No	Programme	Indicative Split by the Global Fund	Revised Split by the CCM	New grants	Allocation
1.	HIV	169,000,000.00	164,000,000.00	HIV TB	223,000,000.00
2.	TB	44,000,000.00	59,000,000.00		
3.	Malaria	74,000,000.00	64,000,000.00	Malaria	64,000,000.00
Total Allocation		287,000,000.00	287,000,000.00		287,000,000.00

- If a country through the CCM does not agree with TGF proposed split, an alternative funding split can be proposed. It is important that the proposed funding split revisions consider the country context and funding available from other sources such as domestic finances, PEPFAR and the Presidential Malaria Initiative (PMI). This may present an opportunity for additional funding for TB priorities.
- Once TB, HIV and malaria resources are mapped, there may be an opportunity to discuss and amend the disease split. Advocacy led by TB stakeholders would be critical here.

2. Establishment of Funding Request Development Taskforce and Sub - Committees

- The CCM will constitute the funding request development taskforce and disease specific sub committees to champion this process for and on behalf of the CCM.
- It is important that the TB community identifies strong representatives to join the taskforce. The representatives ideally should be from the NTP, the TB principal recipient (PR), TB civil society and TB affected community.
- For greater focus on CRG issues, it is important that a dedicated CRG TWG is established to work alongside the other TWGs for the funding request. And, that TB CRG experts in country, also engage with the TB working group as well.

3. Development of Road Map, the Technical Assistance Plan and Budget for the Funding Request Development

- TB civil society and affected communities should advocate for the following in the FR development road map
 - Provision of TB CRG and communities expert technical assistance (TA) as a part of the core team of TA defined by the CCM to support the development of the FR
 - Inclusion of country dialogue as a substantive activity in the roadmap
 - A budget for disease specific country dialogue; and for consolidation of priorities
 - The budget includes the costs related to the participation of TB CS and affected community representatives in writing shops and retreats.
- It is also important for the affected communities and the respective CCM representatives to note the key meetings of the road map such as deliberations on the prioritized above allocation requests (PAAR) components, and the final review stages to ensure that their prioritized interventions are neither deprioritized or relegated to the above allocation section of the funding request.

4. Community Engagement and Country Dialogue

- The TGF defines country dialogue as, ‘an open and inclusive conversation between different stakeholders who respond to and are affected by the diseases in the country’. (Country Dialogue Narrative, The TGF, July 2022). Meaningful community engagement is defined as, “where the role of affected communities is consistently and continuously acknowledged in decision making and processes and where affected communities unique expertise, perspectives and lived experiences are sought and valued
- Community engagement and country dialogue is informed by some of the core principles of the TGF namely:
 - that programs should reflect national ownership and should strengthen the participation of people affected by the three diseases, and aim to elimination stigmatization and discrimination against those affected by the three diseases including TB key and vulnerable populations.
 - CCMs are required to meet six eligibility requirements (ERs). The 1st ER states that CCMs have the responsibility of, “ coordinating the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders, including CCM members and non-members, in the solicitation and the review of activities to be included in the funding request; and to clearly

The TB affected community considerations for TGF country dialogue:

- It is inclusive of TB affected community and TB KVPs
- Advocates for a list of TB CRG priority interventions
- TB CRG priorities should include priorities for community systems strengthening as a part of RSSH
- If need be, adopts hybrid country dialogue and engagement entailing physical face to face and virtual options for reach on non CCM members, rural and hidden TB communities.
- Identifies TB programmatic gaps and challenges in accessibility, availability, acceptability and quality of TB services; and interventions to support the resolution of the identified challenges
- Utilizes secondary data from national, regional and global sources to support the prioritized interventions.
- Recommends priorities for TB key and vulnerable populations, community systems for health and priorities for equity, human rights and gender related barriers of the Tb program.

document efforts to engage Key Populations in the development of funding requests.¹

- CCMs through funding requests are obliged provide two additional annexes as part for their funding requests, namely:
 - The **Funding Request Priorities from Civil Society and Affected Communities annex** which, “lists the needs and requests identified during funding request development, and whether these were prioritized for inclusion under Allocation Funding or the PAAR².”
 - The **Country Dialogue Narrative annex** which includes, “descriptions of the structure of and participation in the country dialogue used to inform the development of the funding requests.³”
- It is important to note that the annex on priorities from civil society and affected communities must contain a consolidated list of 20 “highest priority recommended interventions from the perspective of civil society and communities most affected by HIV, TB and malaria. No disease specific priorities will be annexed to the funding request.
- Support for undertaking community engagement and country dialogue can be obtained through [Community Engagement Strategic Initiative \(CE SI\) technical assistance \(TA\) for CRG](#). In addition, the France’s **5% Initiative** and Germany’s **BACKUP Health** and the **Stop TB Partnership** also have technical assistance and support programs – including through the [Challenge Facility for Civil Society](#) grant mechanism..
- The community engagement strategic initiative (CE SI)of the TGF has defined as 5 step process for applying for CRG TA (EANNASO, CE SI Introductory Webinar, 2022).



- The CE SI has also detailed clear important timelines for CRG TA applicants¹ to take into account and work with in order to have timely and meaningful support for their funding requests to the TGF.

NFM4 FR submission windows	CRG TA request submission deadline (6 months before the NFM4 window)
W1 - 20 March 2023	30 September 2022
W2 - 29 May 2023	30 November 2022
W3 - 21 August 2023	28 February 2023

- Please submit your CRG TA request related to NFM4 funding request development at least 6 months before your country’s selected NFM4 window:
- Date X = NFM4 submission window
- Date X minus 1 month – Final TA deliverables
- Date X minus 4 months – Start TA implementation
- Date X minus 6 months – Submit TA request

If in doubt about your country’s NFM4 submission window, reach out to your CCM or consult with CRG Regional Platform



Note: TGF CRG TA for GC7 will only support one TA per country and this TA should be across the three diseases.

¹ CCM Policy, The TGF, 2018
² Funding Request Instructions, Full Review, Allocation Period 2025, The TGF, July 2022
³ Ibid

5. Meaningful participation in writing teams

- Drafting of different parts of TB funding requests will start concurrent to the undertaking of country dialogue. It is thus important for TB civil society and affected communities to have able and competent representation in the writing team that will receive inputs from the ongoing engagement and dialogue sessions on a continuous basis, feed into the writing of the initial drafts.
- It is important that the TB community identifies competent and dedicated representatives to participate in the writing of specific sections of the funding request.
- Technical assistance to support meaningful engagement and participation in the funding request writing team is available and can be requested from the STP.

6. Advocacy and influencing for TB CRG Prioritized Interventions and Budgets

To be successful in identifying and including TB CRG priority interventions advocacy and engagement will be critical. This advocacy and engagement will need to involve strong partnerships with the NTP, civil society and affected community partners. It will also need to be focused on the CCM, the writing team, the TWGs, TGF Country Team, in country PR and SRs amongst others. It needs to commence prior to the Country Dialogue and continue through consultations and meeting drafting the funding request, include engagement prior to submission and upon receipt of feedback from the TRP, and progress through the development of and implementation of workplans by PRs.

Advocacy and influencing should seek to support the:

- Identify TB civil society and affected communities priorities through inclusive dialogue.
- Inclusion of all prioritized interventions
- Allocation of adequate funding to the interventions
- Selection of appropriate implementing partners for the interventions.

7. Meaningful participation in the grant making phase

The grant making is a strategic negotiating phase of GC7 and it is important in translating a FR into a grant agreement. During grant making, the TGF country team members, the selected Principal Recipient(s) and with the oversight from the CCM develop and or finalize the performance framework, the implementation arrangements, the Procurement and Supply Management (PSM) plan for health products, quantities and related costs. During this period, the technical review panel (TRP) will have released their comments on the funding requests submitted. Ensure you cite these comments through your respective CCM members and respond and address the comments related to CRG). Countries will also finalize grant agreements and prioritization of interventions to be funding “within the grant allocation” and those to be included in the “Prioritized Above Allocation Request” (PAAR)⁴. Advocate for the inclusion of highly prioritized TB CRG interventions into the “within allocation” section of the funding requests; and any other priorities within the PAAR. All of this will feature in detailed budgets for inclusion in grant agreements.

⁴ Countries are expected to include a request to fund priority investments that should be fully funded but cannot be because of limited resources – a “prioritized above allocation request” – in their funding application. These requests are reviewed by the Technical Review Panel, and interventions that are found to be strategically focused and technically sound are registered as “unfunded quality demand.” These investments are often funded through savings or efficiencies during grant-making, but can also be funded through additional resources that may become available during the cycle, such as Portfolio Optimization, debt to health swaps or private sector contributions. <https://www.theglobalfund.org/en/applying-for-funding/grant-making/unfunded-quality-demand/>.

As part of that it is important to ensure prioritized TB CRG and CSS interventions receive adequate budgetary allocations and in many instances are placed under the community PR. This extends to KVP interventions – ensuring they feature and are in locations where these populations live and work.
