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Stop TB Partnership hosted by  
CHALLENGE FACILITY  
FOR CIVIL SOCIETY



Dear National TB Programme Manager, Country Coordinating Mechanism, Stop TB Partnership's Geneva, Stop TB Partnership Ghana and Global Fund Port Folio Manager Ghana.

On behalf of the STOP TB Partnership's Challenge Facility for Civil Society Geneva, the Ghana National TB Voice Network, a network of people infected and affected with/by tuberculosis (TB) and organizations engaged in the fight to end TB, hereby submit the results of work done under the grant. Aimed at strengthening the TB constituency and which we hope will inform the Global Fund country dialogue and the TB application processes. CFCS, as you'll remember, is a funding mechanism in the Stop TB Partnership which aims to strengthen the capacity of community-based organizations and networks to better engage with TB prevention and care programs.

### **Country dialogue and TB application**

In 2016, under the CFCS grant, the TB Voice Network Ghana mapped organizations involved in CSS (against the Global Fund CSS Framework) in the context of TB, as well as the services they provide, so that our local partners, the national program and donors can address the gaps and barriers preventing strong and comprehensive community systems and responses to TB. Attached you will find **1) A Directory of CSOs providing Community Services in TB** and **2) Report: Mapping the Community Response to TB in Ghana**. With the commencement of the country dialogue in Ghana the STOP TB Partnership believes that we have an opportunity in Ghana, to use the data in the attached report to leverage increased investments in CSS in the TB application, so that we can bring the entire continuum of care closer to people and strengthen the overall TB response. This we feel is particularly important as we transition from hospital to community-based care and from external funding to country ownership. We've pasted our key recommendations for community responses and systems below.

### **CCM Ghana**

By conducting the mapping exercise we also expanded our TB community and civil society constituency and with the resources from CFCS we are now in a better position to engage systematically. One of the responsibilities of the constituency will be to engage with the CCM and to inform Global Fund related processes. To understand how our network is organized, our terms of reference and how we will engage, we've also attached **our Organizational Chart & Engagement Plan**.

We hope that you find our report informative, the directory helpful, and that you feel encouraged by our expanding TB constituency. Before signing off we want to thank the National TB Control Program Ghana and the Stop TB Partnership Ghana who were key partners in the collection and validation of data, as well all our partners in the Coalition. Finally we would also like to express our gratitude to the Stop TB Partnership Geneva and the Challenge Facility for Civil Society for their ongoing support to the community work that we do.



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## **COMMUNITY RESPONSES AND SYSTEMS: KEY RECOMMENDATIONS**

*Institutional capacity building, planning and leadership development in the community sector*

### **Key Populations**

The Stop TB Partnership has developed a new framework (available in May 2017) to estimate the size and burden of TB among key populations. Ghana should use this tool so that we can understand how to reach and treat those who are particularly vulnerable to TB.

### **Community Structures / Actors**

#### **CHW program**

The commitment of the government and investments in the national CHW program is admirable and should be continued. For a more impactful CHW approach to TB their scope of work should broaden to include the overall prevention and management of TB.

The program is seen as a unique opportunity to address the existing gaps in promoting universal health coverage for rural and deprived communities. The community health worker program is an integrated one in that CHWs are trained in a broad range of health areas including HIV and tuberculosis. Unfortunately, the geographic scope of this program is still limited though access to primary health care at the community level can still be done at the various CHPS compounds across the regions. Considering the fact that home-based care is most appropriate for the managing of HIV and TB, strengthening the CHW program will inure great benefit in the managing of these conditions, GNTBVN has planned as part of the next phase of the project to consciously engage as much CHWs as possible in the community response.

#### **NGO sector**

The NGO sector is a key partner in the community response. While the CHW program focuses on community activities and service delivery the NGO sector is key in ensuring that the community responses are comprehensive, i.e. address the 5 other areas of CSS. The 123 organizations identified are present in all the 10 regions in Ghana. The capacity of these NGOs should be further strengthened so that they can fully engage in the TB response to include, community-level monitoring, advocacy etc. In the remaining 4 regions, where there is little NGO activity in TB other NGOs (e.g. from the HIV community CSOs/CBOs) should be identified to integrate TB responses into their work. Of the 417 NGOs in the Ghana Coalition of NGOs in Health 123 engage in TB. As such there are 294 NGOs in the coalition who could engage in TB activities. The Ghana TB Voice network could do this in collaboration with the Ghana Coalition of NGOs.



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There is a need to scale up CSS in particular the following 5 regions:

1. Northern
2. Upper West
3. Upper East
4. Central
5. Brong Ahafo

### **Patient Support Groups**

It is obvious that the social support needs for TB is far beyond what the relatively few patient support groups can provide. It is recommended therefore that; patient support groups be factored as a major pillar of the community response. Civil society and all other agencies involved in the fight against TB in Ghana should pull resources together to expand the reach and coverage of these patient support groups in other to achieve the desired targets. GNTBVN will continue to lobby for support and resources for the strengthening and expansion of the patients support groups in all high burden areas.

### **Collaboration, partnerships and service linkages**

Essential to having a 3-tiered community response that relies on CHWs, the NGO sector and Patient Support Groups, is effective collaboration. The Coalition of Civil Society and Community Partners have a focal point for partnerships and coordination and as such is in an ideal position to provide this analysis and develop a coordination strategy.

### **Community-level monitoring for accountability of all services, activities and other interventions related to TB as well as respect for Human Rights**

1. **Community-level monitoring** (e.g. monitoring of service quality, stock outs, stigma related barriers to access, rights violations etc.) is critical to ensuring that feedback at local levels is embedded into programs. GTBVN is working with the Stop TB Partnership to develop technology to empower communities to drive accountability in TB. The use of this technology in other countries has resulted in more proactive, demanding, responsive and collaborative communities. With the support of the Global Fund, GTBVN can conduct community level monitoring to inform and strengthen the TB program.
2. In order to better understand the multiple contextual issues impacting access to diagnosis, treatment and care for those who are most vulnerable to TB, GTBVN should use the legal environment assessment tool (LEA), developed by the Stop TB Partnership and UNDP (available in April 2017). The tool will help Ghana build capacity to facilitate an inclusive and



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participatory process for developing a human rights framework for TB and in reviewing national laws and policies to align them with this framework.

3. To make the national TB response gender sensitive Ghana should conduct the **TB/HIV Gender Assessment Tool**, which was developed the Stop TB Partnership and UNAIDS. The tool can be found at:

[http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender\\_Assessment\\_Tool\\_TB\\_HIV\\_UNAIDS\\_FINAL\\_2016%20ENG.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf)

### ***Social mobilization building community linkages, collaboration and coordination***

To continue with the work of the recently established Coalition of Civil Society and Community Partners, it should be resourced to:

- Convene and represent civil society and communities
- Lead the process of community level monitoring
- Conduct advocacy
- Be a technical partner for CSS and community responses
- Provide technical assistance of other CSOs/CBOs

### **Key Population coverage**

With increasing number of refugees in Ghana services targeting this key populations should be strengthened and scaled up.

- Finally, national level CSOs/CBOs should be encouraged to participate more in the national response whilst grass-root level organizations should be supported to provide more TB-related services at the community level. GTBVN should create a periodic newsletter to share information with partner organizations
- GTBVN should create a platform for periodic review of activities and sharing of best practices among partner organizations.