



Facilitators of Community Transformation

FACILITATORS OF COMMUNITY TRANSFORMTION (FACT)



ANNUAL REPORT 2022



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List Of Acronyms

ACF	Active Case Findings
ADTO	Assistant District TB officer
AEHO	Assistant Environmental Health Officer
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CHAM	Christian Health Association of Malawi
DAPP	Development Aid from People to People
DHO	District Health Office
DR	Drug Resistant TB
DRS	Drug Resistance Survey
DSTB	Drug Susceptible TB
DTO	District TB Officer
EHP	Essential Health Package
EPTB	Extra Pulmonary Tuberculosis
FACT	Facilitators of Community Transformation
HSA	Health Surveillance Assistant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPO	Health Promotion Officer
HSA	Health Surveillance Assistant
IC	Infection Control
IPT	Isoniazid Preventive Therapy
NTLEP	National TB & Leprosy Elimination Programme
OTS	Directly Observed Treatment Short Course Strategy
PLHIV	People Leaving with HIV
PRO	Public Relations officer
QSS	Quality, Scale and Sustainability
TB	Tuberculosis
TB IC	Tuberculosis Infection Control
USAID	United States Agency for International Development
WHO	World Health Organization
MoH	Ministry of Health
OPD	Outpatient Department
PLHIV	People Living HIV
QA	Quality Assurance

MESSAGE FROM THE EXECUTIVE DIRECTOR

The years 2021 and 2022 have been a fascinating learning curve for the organisation, we have managed to achieve a lot with minimal resources. On the other hand, we have also been challenged by taking on larger project and managing other organisations within the consortium setting. The financial landscape has rather stagnated in the year 2022 with the phase out of other projects such as OSISA and the UN Trust Fund. It is obvious that what we have managed to achieve comes from a great spirit of teamwork and dedication, much as we also regret the fact that not much staff capacity building was done in these preceding years, but the internal cross learning has really contributed to all the success that the organisation has registered. We have managed to carry out projects diligently as expected from our donors, our staffing levels have also doubled compared to the numbers in 2020, this was so because of the coming in of new projects such as the Global Fund and the USAID LON II.



Let me take this opportunity to recognise our partners USAID, World Vision Malawi, Christian AID, Malawi Network of AIDS Organisations, Malawi Network of People Living with HIV/AIDS, Journalist Against AIDS (JournAIDS), Paradiso TB Patients Trust and Stop TB Partnership for the support both financial and technical that was provided to us. FACT has also continued to work with other government departments and agencies such as the National TB and Leprosy Elimination Program (NTLEP) and the Department for HIV/AIDS, these departments had continuously been responding to FACTs requests and supporting the participation of its staff during our activities.

Political will in the Health Agenda has also been one of our focus areas in as far as health advocacy is concerned, we are proud to have collaborated with parliament committees such as the Health, Budget, and HIV/AIDS committees of parliament in the revamping of the Parliamentary TB Caucus in Malawi. None the less our work within the districts has also flourished with minor challenges with establishing relationships with districts partners in Ntcheu, we are now happy that besides these challenges we are now prominent in over 10 districts at a national level. FACTs Resource Mobilisation strategies have really developed with having specialised staff to carry out partnership building and resource mobilisation. This had resulted into the increase in funding levels from the 2020 baseline to 2022 endline data which shows over 50% growth. We celebrate strong leadership and commitment in the achievement of this success. 2023 continues to be a challenging environment with major impact issues manifesting such as Covid19, Regional conflicts such as the Russian War and EU economic challenges, which calls for innovativeness within the organisation to circumvent this pull factors. This report will give you a good picture of how we have performed in all the areas of the organisation such as Financial Management, Human Resources, Programs and M&E covering years between 2021 and 2022.

Thank you!

Thokozile Nkhoma-Phiri,
EXECUTIVE DIRECTOR

ACKNOWLEDGEMENTS

Facilitators for Community Transformation (FACT) would like to thank all stakeholders who participated in this important exercise. Special thanks also go to FACT staff; all field and secretariat staff for their tireless coordination and participation in the execution of this assignment. FACT further, sincerely appreciates both technical and financial support from bilateral and multilateral donors, partners and non-governmental organizations including the Global Fund through World Vision, Christian Aid, USAID, DAPP, KNCV, UNTF, Stop TB Partnership, among numerous others for their support in making sure that the all our programming efforts are on track in our quest to ensure effective, equitable and accessible health, advocacy and other and humanitarian services.



EXECUTIVE SUMMARY

The Facilitators of Community Transformation (FACT) has its Strategic Plan (SP) spanning from 2019 to 2023 which guides its implementation. FACT envisions a gender sensitive, developed, just society that is free from poverty and preventable human suffering. The Organization thrives on a mission which is to promote sustainable National development by ensuring that marginalised populations (Children, Women, Girls and the Youth) are accorded their fundamental rights and equitable access to economic, health and education services through research, social mobilization, capacity building, networking and advocacy. In the period under review, FACT with support from the Global fund through World Vision Malawi as the Principal Recipient (PR) and the Christian Aid as the Sub-Recipient (SR) in partnership with the Malawi Network of Aids Service Organizations (MANASO, Malawi Network of People Living with HIV/AIDS and Paradiso TB Patients Trust are privileged recipients of the Global Fund HIV/TB grant. The grant runs from October 2021 to December, 2023. In the period under review, FACT with financial support from the United States Agency for International Development (USAID) through the Development Aid from People to People (DAPP) also received funding for community TB interventions dubbed Local Organizations Network focusing on Quality, Scaling up and Sustainability of community TB interventions (TB LONE-2_QSS) in three districts (Mangochi, Machinga and Mulanje).

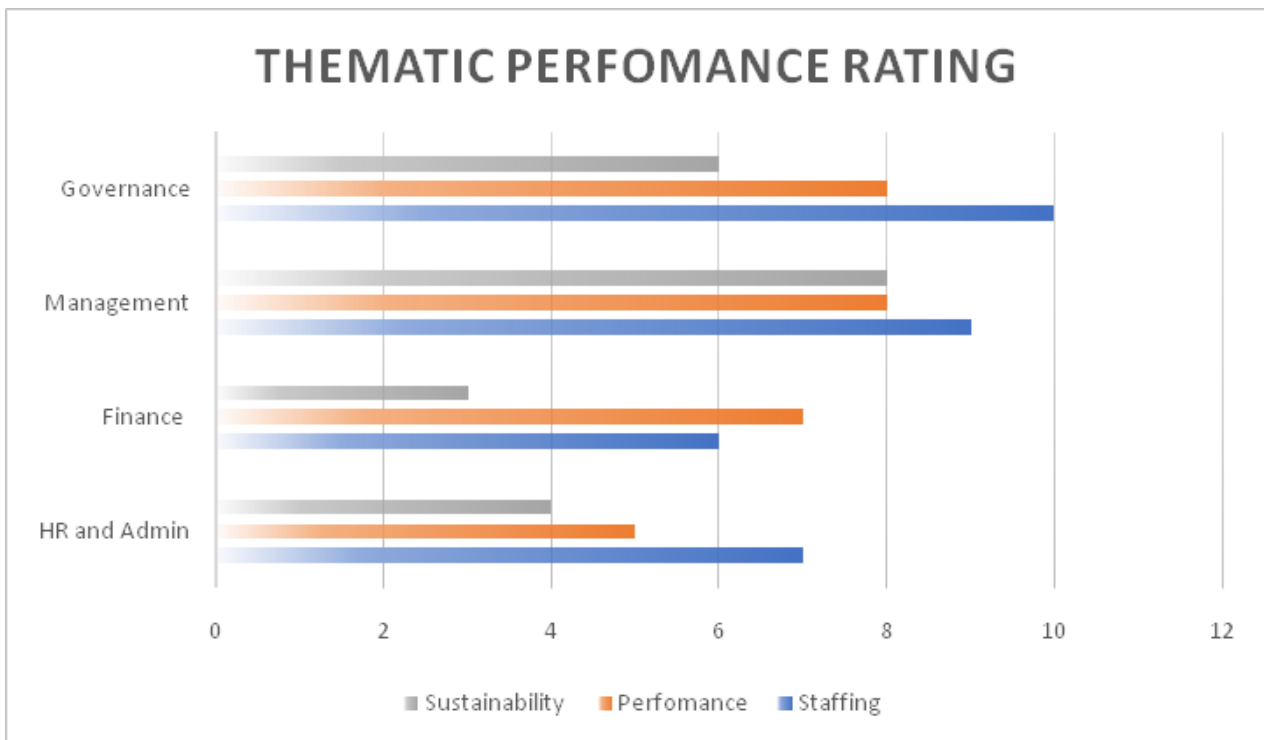
In the period under review, FACT also received financial support from the Stop TB Partnership, the United Nations Trust Fund (UNTF). The projects streamlined their focus on contributing towards the National agenda of reducing the morbidity, mortality, and transmission of tuberculosis until the disease is no longer a public health problem in the country as enshrined in the National T.B and Leprosy Elimination programme (NTLEP) National Strategic Plan (NSP), agriculture development and Women Empowerment. FACT's strategic approach is to ensure inclusivity of the poor and vulnerable and other Key Populations; to contribute to health system strengthening; to engage all care providers in TB control services; to empower TB patients, ex-TB patients and civil societies through partnerships; and to promote and strengthen T.B, CRG research and knowledge sharing. FACT compiles annual reports to review progress made in implementation of its plan. Data from the routine reporting system, supportive supervision and surveys were used to compile this annual report. This report, therefore seeks to present some generic areas of projects implementation specific to the following areas: Community TB, Community Rights and Gender and Women Empowerment.

1.0 BACKGROUND

The Facilitators of Community Transformation (FACT) was established in 2012 with the Vision of a gender sensitive, developed and just society that is free from poverty and preventable human suffering. FACT's mandate is to contribute towards promotion of sustainable National Development in Malawi, by ensuring that the marginalized populations (Children, Women, Girls, and the Youth) are accorded fundamental rights and equitable access to socio-economic well-being, health and education services through research, social mobilization, capacity building, networking and advocacy. Currently, FACT is an affiliate of the NGO fraternity under the Non-Governmental Organizations Regulatory Authority (NGORA) and the Council for the Non-Governmental Organizations in Malawi (CONGOMA). Currently T.B control and other related activities are fully integrated within the decentralized general public health system of the country, and private health facilities that provide tuberculosis control services under a central government brokered Public Private Partnership (PPM) Framework. In general, TB services are provided free of direct cost to clients at point of care considering that TB is among the priority Essential Health Package (EHP) conditions. In the period under review, FACT also carried out interventions that were aimed at the bettering the lives of the Women and other internally displaced marginalized populations.

A. OVERVIEW OF FACT PERFORMANCE

FY 2022 is the year that opened up new opportunities for FACT looking at the depth of partnerships and collaboration that we had embarked on. With a very progressive Strategy, the organisation has developed all its programs except for the Agriculture and Education thematic areas, where as the Health and Gender aspects had many interventions and engagements. During the close out of 2022, Management and developed a leadership model that embraced change management as part of the organisations theory to growth and stability, as such most internal systems were being aligned to the management approach towards growth and stability, having operated for a good 4 years, FACT needed to establish systems for communication, risk management, internal learning and growth that would unveil a culture of the organisation that would make it fit for purpose. Whilst interfacing a number of diverse pull and push factors such as growing human resources against stagnating financial growth, management established a number of Agreed Management Action that would help actualise this theory of change within the organisation. Below is the overall performance rating of the organisation on different themes of the growth scale.



Agreed Management Actions

Version 2.1 and 2.2 of agreed management action were adopted and reviewed in FY2022 which all showed significant progress on a number of areas with risk owners responding to the identified issues within the organisation. FACT will enable learning between departments of the organisation building upon the management meetings, bearing in mind the recent commitment within the leadership of the organisation to carry out management meetings in a consistent manner. 80% of all the going concerns and actions were closed and achieved.

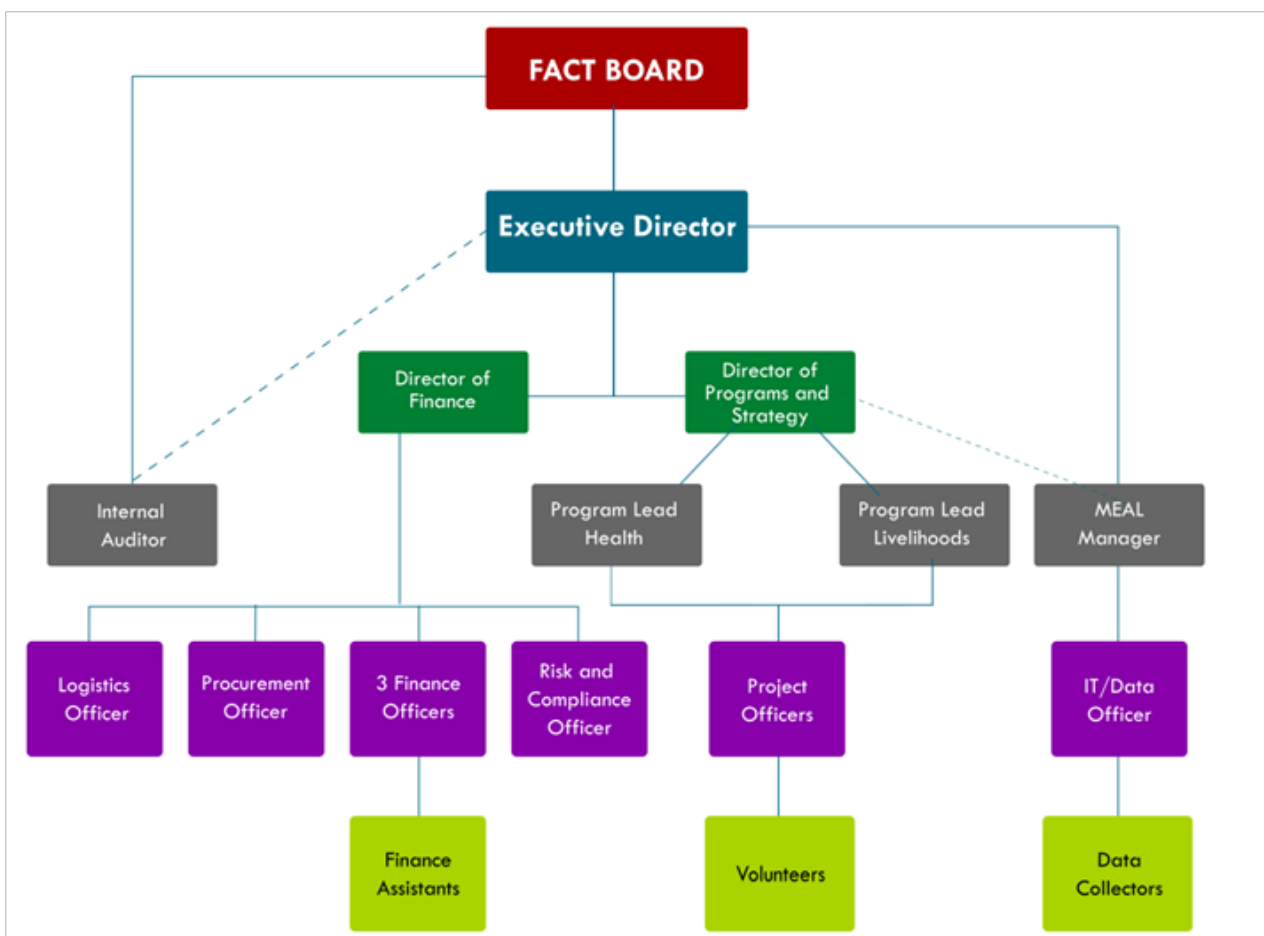
Management Meetings

The office Manager is commended for the good work that her office has done in organising management meetings, a total of 4 management meetings were conducted in FY2022 in line with the policies of the organisation.

Board Meetings

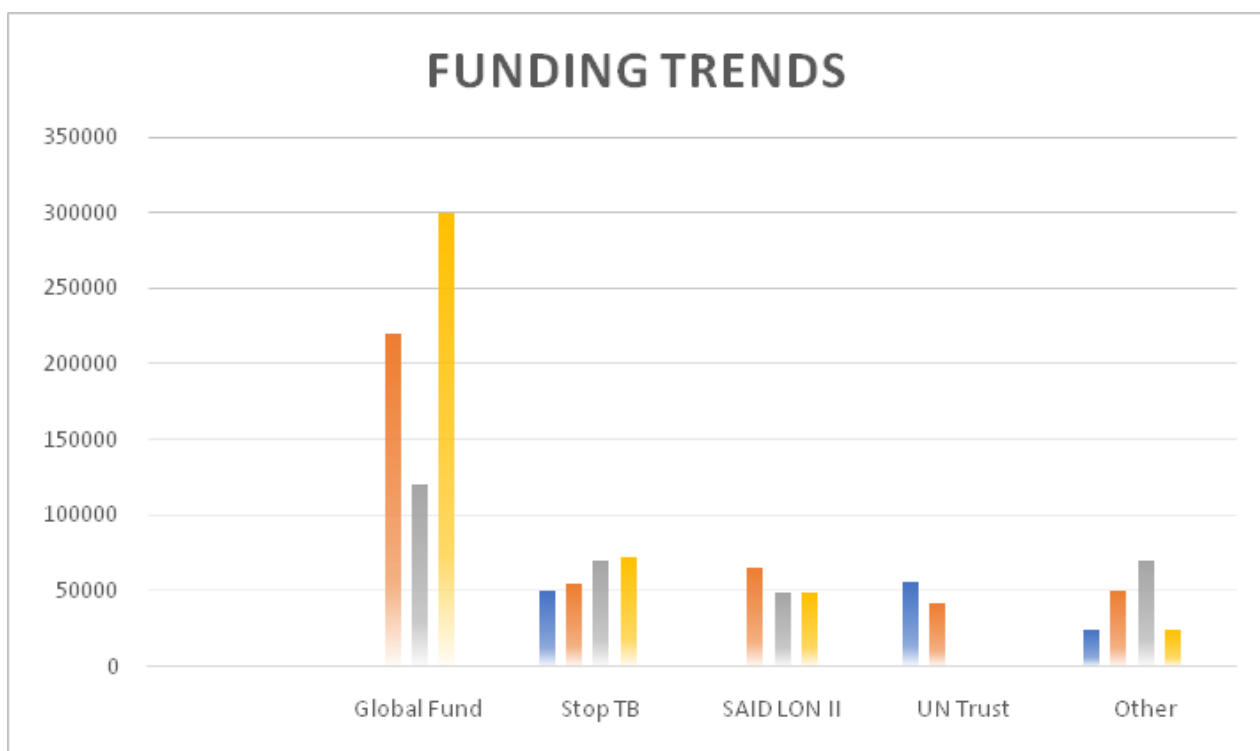
FACT carried out One in person Board meeting along side the annual closure of FACT Board and Staff retreat that took place in Lilongwe, and one virtual meeting, totalling up to two Board meetings in the year 2022. In all Board meetings the quorum was formed and established, with a successful outcome and Board resolutions.

Governance Structure of the organisation



B. FINANCE AND ADMINISTRATION

Donor funding for FACT had steadily stagnated at an average of US\$ 399,500 for the years between 2021 and 2022. This was due to the phase out of the UNTF project which resulted into a decrease in the annual income of the organisation. FACT has maintained Stop TB Partnership, Global Fund – Christian AID and USAID Local Organisations Network projects since 2021. And because of such predictable funding, FACT is able to manage its overheads and institutional capacity building costs. Major areas of concern for the finance have been; constant need to revise the salaries of staff to commensurate with the rising cost of living and Vis ‘a’ Vis organisation contribution towards pension, this is being resolved steadily as FACT has entered into an agreement with NICO to align compliance with the Pension Act for all outstanding pension arrears.



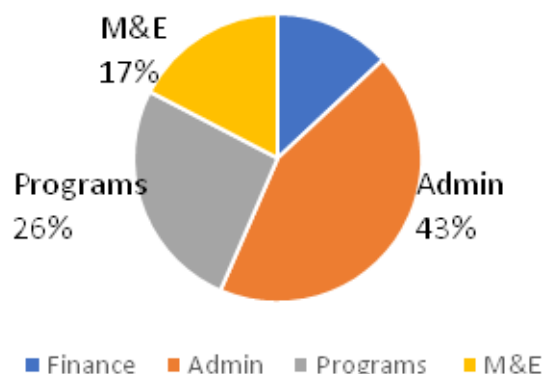
Distribution of Funding in comparative years 2020-2022 per partner/donor

Financial Audits

In the foregoing year an annual independent audit was instituted by the Board, the Board had approved ACS as our 2021 approved external auditors. An Audit report was compiled and duly approved by the Board.

FACT had maintained and retained all its staff from 2021, the rate of staff retention was at 80% due to the fact that the organisation had maintained a stable funding scenario, with minimal

Total Number of Staff



FACT – Malawi staff composition



changes in terms of funding volumes which id not affect staffing. Only one project came to a closure which is the UN trust Fund as such only one staff members' contract had expired. However, two staff one in administration and one in programs had to resign from the organisation due to other unforeseeable circumstances. Out of a total of 22 staff 4 had left the organisation. Below is a chart illustration of the distribution of staff in the organisation.

Assets Acquisition and management

FY 2022 did not provide many opportunities within the organisation for assets acquisition. On a quarterly basis FACT has been conducting inventory of assets reviews and verification exercise which the Finance and Administration departments have been coordinating and consolidating.

C. ANNUAL PROGRAMMES PERFORMANCE BY THEMATIC AREAS

FACTs programs have grown immensely in the reporting year 2022, this has taken shape because of the growth in the level of staff and technical capacity, despite the fact that in 2021 the organization had received considerable amount of funding, the quality of our programming has developed which demonstrates maturity in the programs department. New methodologies such as Oneimpact – Digital data collection systems have been introduced, the revamping of the TB Caucus as a way of scaling up our advocacy around TB, are a key examples of this detail in maturity of the organisations' programmes. ON the other hand there has been a significant scale down on our gender program since the closure of the UN Trust fund programmes, the UNTF program phased out in October 2022 as such there hasn't been enough interventions in this impact area. This report summarizes the work that the organisation has done under each Program and impact area

HEALTH THEMATIC PROGRAM

JOINT TB-HIV ELIMINATION IMPACT AREA

Intervention 1.1: Community Mass Mobilization Campaigns on TB, Stigma, Gender and Human Rights

In the period under review, FACT with support from the USAID through DAPP under the QSS project carried out three community sensitization campaigns which were conducted in the three targeted districts; Mangochi, Machinga and Mulanje. The goal was to create and deepen community awareness towards TB and woo community members to access TB and human rights services within the facilities under the said districts.

Participants to the Meeting

The meeting drew together faith and traditional leaders were invited and engaged under these campaigns. Community TB outreach ambassadors were unveiled at launch and subsequent campaign events. The goal of the activity was to increase community awareness on TB, stigma, human rights and gender in turn would result in the ripple effect that would contribute towards increase in demand for comprehensive TB services, including encouraging early presentation to the health facilities when symptoms develop. The community campaigns were conducted in Machinga, Mangochi and Mulanje as follows; Machinga: 18Th February 2022, Mangochi: 19Th February 2022 and Mulanje 26Th February 2022. The campaigns targeted at least 3,000 members of the community (1,000) from each district but the attendance was slightly lower than the projections.

During the campaigns there were series of activities which took place such as speeches, traditional dances, drama performances and football bonanza. The activities were used to facilitate mobilization of the masses in order for us to disseminate information of TB stigma, Human rights and gender, which hinders communities from access to TB services.



FACT staff stressing a point during the Campaigns at Ntaja Primary School ground

In a bid to ensure smooth implementation of the activities, FACT held joint planning meetings with the district stakeholders and partners in all the implementing districts. The planning usually took place quarterly in all the three Districts, thus Machinga, Mangochi and Mulanje. Generally, it is the representatives of the District Health Management Committees and DAPP as key partners involved in the planning process. This activity increased community awareness on TB that will increase demand for comprehensive TB services, including encouraging earlier presentation at facilities when symptoms develop. In the reporting period, it is pleasing to report that it has been working in close collaboration with the relevant stakeholders and implementing partners both on the planning and implementation perspective.

This ensured that the working relationship between FACT and partners is well fostered inspires sustainability of interventions on the ground. Various speeches were delivered during the campaigns, the following guests made their speeches: the local leaders, In charge of health facilities, and FACT representatives. In their speeches they cited that this kind of the intervention is very important because it raises awareness to the communities on issues related to TB which will help them to access TB services without any challenges. During the events there was a brief talk about TB stigma, human rights and gender which was presented during the campaigns. The communities were sensitized on issues that hinder them from accessing TB services. The communities were given opportunity to ask questions around TB related issues. There were series of performances such as drama and traditional dancers, which were used to disseminate TB information during the campaigns. The traditional dancers attracted so many who came to attend the events at the same they acquired the information on TB stigma, human rights and gender.

Football bonanza

Football is one of the sports which most people like to watch in this country especially in most parts of Machinga East. It is because of this reason why the football bonanza was organized in order to woo and mobilize a lot of people to attend the campaigns. The winning teams received the monetary prizes as a motivation to the players. This bonanza activity was only carried in Machinga East whilst the two districts FACT had to optimize on the existing activities.

Interventions 1.2: Conducting the faith leaders message seminars on TB, Stigma, Human Rights and Gender

FACT is pleased to report that it successfully carried out three activities under this cause and the activities took place in Machinga, Mulanje and Mangochi. As already captioned, the meeting attracted the faith leaders from both the Islamic and Charismatic faith communities. In Machinga the meeting took place at the Machinga DHO Conference Facility on 16th March, 2022 from 08:30 -16:30pm. In Mulanje, the workshop took place at Manyenje TDC whilst in Mangochi it was held at the Mangochi District Health Office Conference. The table below shows the list of participants together with their contact details and district where the workshops were held.

Target Participants

Training targeted 30 participants in total of 30% from the 100 targeted for the whole project. Out of those trained, 10 (M 9; F1), 10 (M 7, F3) from Mulanje and 10 (M10, F 0) were from Machinga and 10 (M 9, F 1). It was fascinating to note that the gender distribution (based on attendance data) was pointing more towards men more than women. The faith leaders confirmed that they had little knowledge that the issues of TB related stigma and of course co-infections, human rights and gender also hinder their people to access TB services. This workshop therefore, acted as an eye opener towards narrowing this gap and improving quality access to health services among people affected by TB. The faith leaders developed workplans leveraging on action points generated during the workshop towards the eradication of TB, stigma, human rights and gender.



FACT's MEAL Manager addressing members of the District TB Forum in Machinga District.

Interventions 1.3: Review meetings with the District TB forums

On 13Th to 19Th June 2022 FACT carried out a district TB forum review meeting and mentorship visit in Mulanje, Machinga and Mangochi. The aim of the activity was to revamp the efforts of the forum and develop a road map to guide the implementation of TB activities in the respective communities. The meeting also aimed at allowing the members of the forum to give feedback on the activities conducted by each representative of the forum and share the issues documented that would be crucial for the district to take charge and address them effectively. This forum is mandated to provide feedback to the District Aid Coordinating Committee (DACC) on the issues presented by the community themselves that affect them in one way or the other. It was observed that most of the District TB forum members had put less efforts to participate in the project due to less follows ups and none of the meeting was held with them sooner to track progress on how much the members of the TB forum were contributing to the project.



Methodology

The exercise targeted the members of the district TB forum that comprises of 7 members which are DTO, religious leaders, traditional leaders, HSAs, Volunteers, Nurses and also the exercise targeted the previously trained stakeholders from 7 facilities per district who comprises of the mother groups, CBOs, HSAs, youth organizations, Volunteers, Religious leaders, Traditional leaders. The activity was planned to reach out to 42 stakeholders and only 41 stakeholders were reached as one member excused herself not able to attend the meeting. The activity was designed to first day meeting the district TB forum at the district health office to give feedback on and map the way forward on the issues which were reported from the communities that needs agent attention by the district and also to improve the implementation of the activities. The second day was to visit the stakeholders in the communities who were previously trained on TB stigma and discrimination and who are taking a crucial role to disseminate information regarding TB to increase demand and improve quality of the TB services.

Key Outcomes of this Review Meeting

- 41 stakeholders were visited in Mulanje, Machinga and Mangochi respectively
- A road map was developed that indicated how the forum would carry out their activities in the community and how and when they intend to give report to FACT.

- Agreed on the reporting template to be developed and shared as soon as possible. Agreed that the reporting template would comprise of the type of the meeting, estimated number of people reached disaggregated by gender, TB information disseminated during the meeting.
- District TB forum WhatsApp group established for easy communication and prompt feedback
- Agreed that the district TB forum to meet quarterly to track progress of the activities in the communities.
- Agreed that the districts should be able to share schedules for DEC meetings a week before so that the members of the TB forum would prepare fully and participate the meetings for the feedback on the issues that are coming from the communities.

Discussions in progress during the District TB Forum & Mentorship visit in Mangochi



Interventions 1.4: Development and Launch of the TB, Stigma Human Rights and Gender Communication Strategy

In pursuit of the outcomes in the project design under the output 1.5, FACT engaged a consultant to develop the communication strategy under the above captioned subject matter. The main goal of this assignment was to come up with a live document that will harness efforts towards strategic increase in case notification and TB treatment coverage through active case finding (ACF) in health facilities as outlined in the project design. The strategy further seeks to build a more sustainable approach to TB response in the targeted districts through strengthening of the health care system and community-based responses, such as capacity building among healthcare providers and community volunteers, improvements in data quality for strategic decision making, and de-stigmatization, especially among health care providers, for TB clients.



Participants to the launch of the Communication Strategy pose for a group photograph

Interventions 1.5: The Launch of the Communication Strategy

FACT launched the strategy on Wednesday June 29, 2022 ZEST Lodge in Liwonde Machinga. Dr. Arnold Kapachika, the Director of Health and Social Services for Machinga district welcomed the participants and expressed his excitement for the long-awaited strategy that was to be launched. The launch was patronized by various partners and stakeholders ranging from the Ministry of Health (the District Health Management Teams from the three implementing Districts [Mangochi, Machinga & Mulanje], the National TB and Leprosy Elimination Programme, NTLEP), DAPP, KNCV, Christian Aid, World Vision Malawi, PARADISO TB Patients Trust, MANET+, MANASO, Civil Society TB Network, the District Council, the electronic and print media, faith and community leaders, volunteers and ex-TB patients. The media houses included Zodiak TV and Radio, Times TV and Radio, MBC TV and Radio, Nation News Paper and Daily Times among others. The launch was presided over by the district council chairperson for Machinga District, Mr. Alexander Shoti representing the three districts where the project is being implemented.

Key note presentations

During the launch, FACT Head of Programmes made a key note presentation on the QSS project, strategy, targets, progress and impact. In his remarks, the Council chair applauded the tireless efforts by FACT to come up with the strategy which he said was aligning with the Government's vision in consolidating efforts towards eradicating TB. He further appreciated the level of collaboration and stakeholder engagement employed by FACT in its programming spectrum which he said they would love all partners to emulate. In her remarks the Executive Director for FACT Mrs. Thokozile Phiri_ Nkhoma expressed her immense thanks and appreciation towards USAID through DAPP for ensuring that the partnering was thriving and provision of the financial support. She also appreciated the various partners and stakeholder for their unwavering support towards TB interventions. In her remarks, the Strategy was great milestone in as far as the fight to end TB is concerned.



Mr. Alexander Shoti, Council Chair for Machinga District cutting the ribbon to officially mark the launch of the Communication Strategy.

Key outcomes of the activity

The Communication strategy will among other things seek to contribute towards attainment of the following:

- To contribute towards change in behaviour and perceptions where FACT provides its services.
- Promote TB case finding, follow-up, and referrals through Community Outreach Ambassadors (Volunteers).
- Promote and create demand for TB services.
- To provide healthy internal communication on stigma and discrimination.
- To enhance and maintain good working relations with donors and government.
- To ensure professionalism in service delivery to TB communities.
- To enhance and streamline coordination on TB stigma and discrimination with partners and stakeholders in project implement

Interventions 1.6: Rolling Out Community Lead Monitoring (CLM)

On 4th to 9th April 2022 FACT rolled out a community Led monitoring strategy in Machinga, Mulanje and Mangochi districts. The activity aimed at establishing a community led monitoring as a strategy that would help to identify and address barriers faced by people with TB in accessing rights-based care in their respective communities and also to ensure accountability and transparency of services being provided in the communities through monitoring by the community.

Methodology

FACT identified 21 TB volunteers through a random sampling from all 3 districts namely Machinga, Mangochi and Mulanje. These were volunteers who in the first place were mapped to be part of QSS project and went through a 2 days training on TB fundamentals.

During the roll out of community led monitoring these volunteers were mobilized from 7 facilities in each district to get oriented on the tools developed for data collection and also to get familiarized with community led monitoring process and their responsibility and reporting mechanisms. The activity was also designed to engage TB patients who at the end of the orientation were assessed using the community led monitoring tools and each TB patient provided data that would form part of analysis for the third quarter.

Community Led Monitoring Process

The volunteers were taught that this Community Led Monitoring would be used by volunteers themselves to train, support and equip members of directly affected communities to themselves carry out routine, ongoing monitoring of the quality and accessibility of TB management, treatment and prevention services. Monitoring would focus on collecting quantitative and qualitative data through a wide variety of methods that reveal insights from communities about the problems and solutions to health service. These variety of methods would include direct observation of the conditions of services by community monitors, interviewing clients at facilities, interviewing staff and managers at facilities, conducting focus groups and door-to-door surveys in areas served by clinics. These efforts are systematic and rigorous, but would focus on the key outcome of creating change.

The participants were also told that this community-led monitoring would put the priority on generating actionable information over scientifically collected data that may be of less utility in the short Community-led monitoring instead would bring the insights gathered by communities to a wide public audience based on the believe that pressure is needed to affect change and that transparency can lead to accountability, particularly in response to problems that have been unresponsive to traditional approaches.

After the data has been collected would be analyzed into actionable insights by DHO as primary data analysis and then FACT M&E manager who would do the final data analysis that would bring attention of facility, national, and funding decision makers to advocate for changes in policy and practice which at the end there will be monitoring the implementation of promised changes in the communities.

Outcome

- 19 volunteers oriented on the basic science of TB, Community Led Monitoring tools and processes.
- Community Led Monitoring established.
- Work plans for data collection developed by the volunteers.

Stakeholder review and planning meeting

During the reporting period, FACT is pleased to report that it participated in the Stakeholder review and planning meeting. The meeting was organized by DAPP in collaboration with FACT, KNCV and Global Fund. The meeting took place June at the Upstairs Lodge, Luchenza township in Thyolo district. The goal of the meeting was to provide feedback to the EDHMT on the progress made by various players in the district,



Dr. Alinafe Kalanga- Mojo Mulanje DHO_ Director of Health & Social Services making her remarks during the

appreciate challenges encountered during implementation, explore solutions and enhance coordination. The meeting was attended by the heads of departments from the Mulanje District Health Office, Partners in Hope TB LON 1, DAPP-Global Fund, DAPP TB LON 2, FACT and NCV.

This brief write-up seeks to provide a bird's eye view on Orientation Workshop for the Parliamentary TB Caucus that happened in November, 2022 under year 2 of the Global Fund NFM3 TB module implementation. The Parliamentary TB Caucus is an arm of the Executive (Legislative Arm) of the Government of Malawi as provided for by the Malawi Parliamentary standing orders.

In a bid to advocate and lobby for political will in the support and local financing of the health sector especially the community interventions towards the fight against T.B, FACT in close collaboration with the National TB and Leprosy Elimination Programme (NTLEP) and its co-operating partners constituted the Parliamentary T.B Caucus in first year of the Global Fund NFM3. The Parliamentary TB Caucus has a membership of 18 Members of Parliament (10M; 8F) represented by their various political parties as endorsed by the Speaker of Parliament.

Outcome of the Meeting

- The meeting identified some gaps in coordination in communication and resource deployment between partners and government stakeholders which was resolved to improve moving forward.
- The meeting also developed a joined a joint action plan and resolved to be conducting the review meetings quarterly.



Dr. James Mpunga, NTLEP Programme Manager, stressing a point during the Orientation Workshop for the Parliamentary TB Caucus

The World TB Day

Every year, Government of the Republic of Malawi through the Ministry of Health, under the National Tuberculosis and Leprosy Elimination Programme (NTLEP), joins the whole World in commemorating the World TB Day. The day falls on 24th March, as established by the World Health Organization (WHO). Each year on this day, is commemorated in order to raise public awareness about the devastating health, social and economic consequences of TB and to step up efforts to end the global TB epidemic. In the period under review, the day was commemorated under the theme “Invest to End TB” which brought attention to Government, Cooperating Partners and the general public about the need for collective power and resources to end TB by 2030. The theme was critical as it was not only building on the amazing work done in 2021, but it is also bringing hope to us as implementing partners, the affected community and donors that “it is possible!” It is calling for a collective power to accelerate the end of the TB epidemic.

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Orientation workshop for members of the Parliamentary TB Caucus

a. Rationale

In the year 2021 FACT facilitated the constitution of the Parliamentary TB Caucus. The goal of the caucus was to help lobby for political and legislative support towards local financing of the health-related programmes with specific interest to community TB programming. One of the key elements within the Terms of reference (ToRs) for this caucus is to build capacity of key stakeholders [Members of Parliament] increase awareness on the TB and its negative impact on the population, and ride on the same to create a quantum push to them to help them lobby for increase in the budgetary allocation towards this aspect of the health sector on behalf of the CSOs.

b. How the activity was implemented

FACT in partnership with NTLEP organized a two days orientation workshop for members of the Parliamentary TB Caucus. The meeting took place at Dedza Mount View Lodge in Dedza District from 11-12Th November, 2022. The meeting attracted 18 members of Parliament led by the Chair, Honourable Kamlepo Kalua, Senior officers from the Ministry of Health including the Secretary for Health responsible for Administration Mr. Ben Chisamire, the Programme Manager, NTLEP, Country Coordinating Members of the Global Fund Grant, representatives from Christian Aid, Media Houses and other CSOs.

c. Speeches

The NTLEP Programme Manager, Dr. James Mpunga made a few remarks welcoming members to the work shop and proceeded to invite the chair of the Parliamentary TB Caucus, Hon. Kamlepo Kalua. The chair then welcomed participants to the workshop which was the first of its kind. He thanked members of parliament, Ministry of Health Staff and various stakeholders that came to the workshop. In his remarks, he said that it was important for the NTLEP and the CSOs to mobilize themselves and engage with the MPs considering that their role was mainly to be of effective service to the people of Malawi through framing and enforcement of relevant legislative instruments. He said it was important for the MPs to be oriented on matters to do with TB because it a national concern in order for them to meaningfully support the efforts.

Hosting the TB CSO Network CRG Technical Working Group (TWG)

The purpose of the working Technical Working Group is to solicit as well as share experiences, opportunities, challenges and reviews between the National TB Control Programme, key stakeholders and partners on the state of affairs in Tuberculosis programmatic areas.

a. Why TBCommunity Rights and Gender?

TB-affected communities and individuals offer valuable insight, experience and ideas that can significantly benefit the fight against TB, yet their people-centered initiatives often fall outside of the formal health sector and go largely unsupported. Community responses such as human rights and gender programs and community-led social accountability are vital in making sure that millions of people affected by TB can access quality TB services whoever they are and whatever their circumstances. Without reaching them, TB will never be eliminated. The Stop TB Partnership's Communities, Rights and Gender (CRG) Team prioritize:

- The strengthening of community TB interventions that overcome barriers to accessing quality TB services,
- Increase community and civil society engagement and improve the impact of national TB programs at all levels.

People-centered community, human rights and gender TB responses are vital towards eliminating the disease by 2030 – a commitment made by world leaders in the Political Declaration at the United Nations High-Level Meeting on Tuberculosis in 2018, and in line with the UN Sustainable Development Goals. The TB response must be guided by principles of equity and social justice. Where human rights, gender and the experiences of key and vulnerable populations are central to all parts of TB, health and social protection systems, TB responses are more effective. With this in mind, Stop TB Partnership approaches its TB CRG work guided by the following values:

- Social justice (Criminalization, access to services, Stigma and Discrimination)
- Human rights (TB in Prisons, Miners and Workers Unions, Injecting Drug users and other key populations)
- Gender equity
- Community empowerment
- Partnership
- Participation
- Respect

b. Community Rights and Gender in the National Strategic Plan (NSP)

i. Human rights, legal and social, economic barriers

Reaching key populations in an equitable manner is a human rights imperative. Social –economic barriers such as stigma and discrimination, gender disparities, social cultural barriers such as negative beliefs and myths that impede access to services, differences in economic status still exists and have a bearing on access of TB service across populations.

ii. Reflections

To address these issues a Key population data assessment, stigma assessment tools, gender and legal environment assessments shall be central for the TB program to understand and measure the impact that these factors would have on overall TB programing, by analyzing key indicators on human rights, legal, gender and social –economic aspects building on the Universal Health Coverage goals. Addressing these barriers from a program point of view, can, increase case detection at facility and community level through increase in health seeking behaviors among patients by means of;

- patient empowerment
- decrease default rates through reduction in stigma and access barriers
- develop a community of knowledgeable communities with an ability to decrease infections rates within the communities and
- increase community led case detection efforts.

iii. *The Role of Communities and the Civil Society*

Communities and Civil Society are central to ensuring human rights, legal, gender and social barriers are addressed to accelerate Malawi's progress towards achieving the TB UNHLM, End TB Strategy and 2021–2025 TB National Strategic Plan targets. CSOs and Affected communities need to be empowered to generate evidence for action through Community Based Monitoring (CBM) to contribute to TB governance, and decision making both at national and sub national levels, this can be achieved if these groups are mobilized and organized in groups and/or networks where information sharing, dissemination and peer support is sustained. Investing in building the capacity and coordination of TB key populations in advocacy, treatment literacy, peer support, monitoring and evaluation, program design, procurement and human rights which together, can create a care – enabling environment for those most vulnerable.



Photo8, delegates listening attentively to the proceedings CRG Workshop

iv. Our Priority

- The meeting established the need to bring this issue to the attention of funding agencies to ensure that the NSP is being implemented (World Bank, Global Fund, PEPFAR, USAID and Others).
- There was also need to roll out the CRG tools here in Malawi, (Stigma Assessments, Legal environment assessment, Gender assessments and frameworks, community led monitoring tools).
- Engagement of Communities and people with TB in the response to drive a gender focused approach to TB response in Malawi was also established to key.
- The meeting also established the need to increase advocacy for accountability towards achievement of Malawi's UNHLM Commitments through political engagement (Parliamentary TB Caucus).
- Support the TWG to develop deliberate strategies for meaningful engagement of CSOs and communities affected by TB, and support the implementation of the global fund TB-HIV non-national partner component.

v. Key lessons learnt from the technical working group meeting

- There has been an increase in presumptive TB cases tested in the fourth quarter of 2022 compared to the same period in the year 2021.
- The meeting established that there is considerably low risk of stock out of TB medicine and diagnostic supplies in most health facilities across the country.
- The meeting established that there was perceived risk of contracting COVID 19 and fear of forcible testing, isolation and vaccination amongst TB patients.

vi. Issues that came out

- Delayed startup of NFM3 grant and protracted in-country procurement has affected implementation.
- Prioritization of COVID-19 testing compared to TB testing.
- The meeting noted serious lapses in coordination across partners working in TB since there are different grants and need for innovation.

The Global Fund Community TB Indicator Performance

The program goal is to Reduce morbidity and mortality from Tuberculosis targeting people living with TB patients and their families and general population. In the period under review, FACT in partnership with its consortium partners carried out some activities in 10 districts.

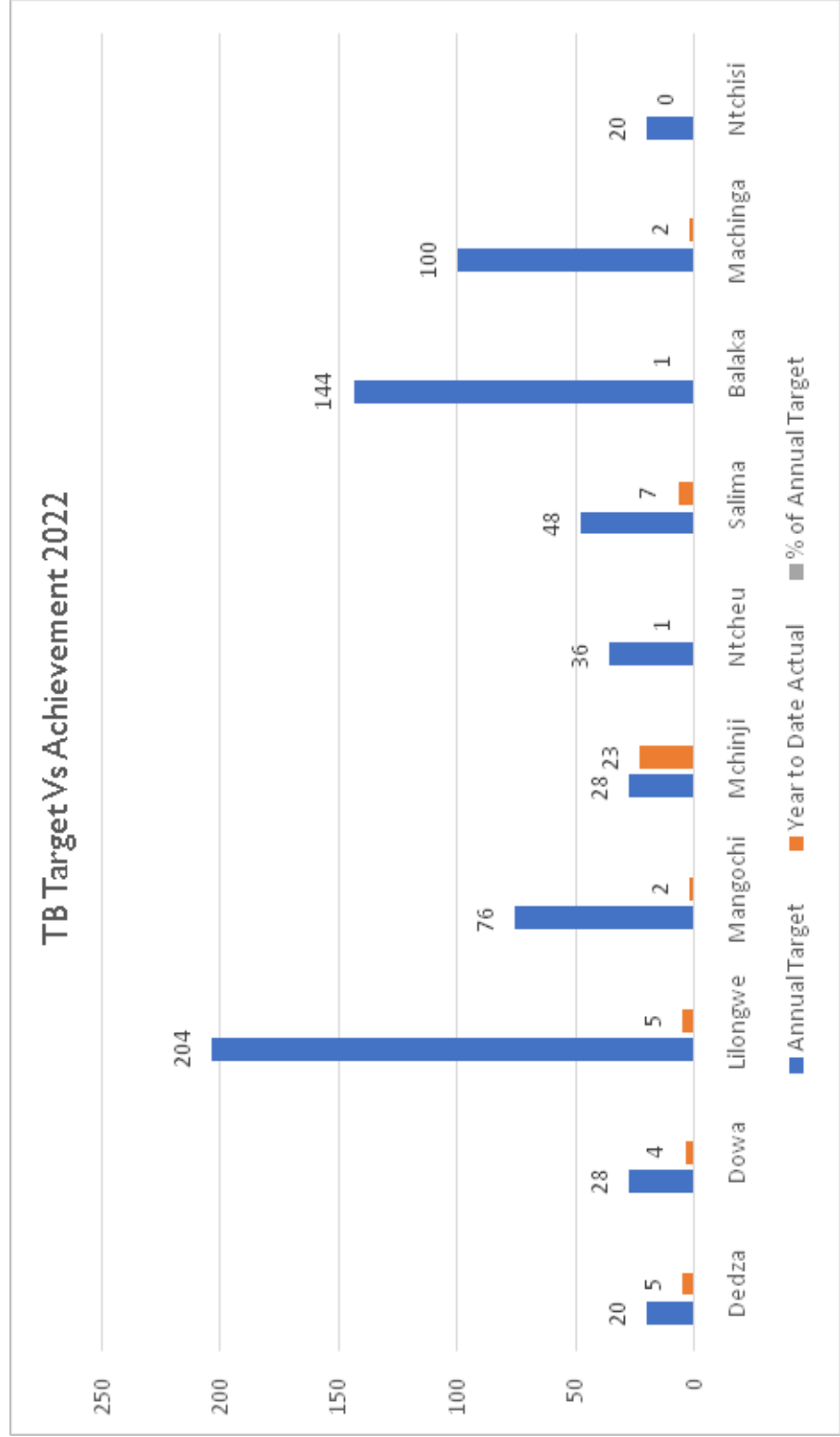
PROGRAM DEMOGRAPHICS

Partner Organization	District	# of Health Facilities	# of CSCPs	# of Clusters	# of (CSC P) Targets	# of volunteer Trainers	# of HHs	Target to be Trained (Volunteers), 5 per Facility	Total Number of Days	Target to be Trained (HH Volunteers)	Total # of Days	# targeted Xpert Clients
FACT	Mangochi	26	77	5	77	770	154	385	2	385	3	48
	Machinga	13	72	4	72	720	-	360	2	-	-	64
	Lilongwe	39	75	7	75	750	150	375	2	375	3	72
			16				1,120			760		184
PARADISO	Dedza	21	36	4	36	360	-	180	2	-	-	32
	Mchinji	12	43	3	43	430	-	215	2	-	-	52
				7				395		-	-	84
MANET+	Balaka	8	52	2	52	520	-	260	2	-	-	36
	Ntcheu	18	25	3	25	250	-	125	2	-	-	48
				5				385		-	-	84
MANASO	Salima	16	34	4	34	340	-	170	2	-	-	48
	Dowa	17	33	4	33	330	-	165	2	-	-	28
	Ntchisi	10	20	2	20	200	-	100	2	-	-	28
			10				435					104
				38				2,335				456

Table 1 Showing Program Demographics

Performance against targets

In the period under review, FACT had a target of 718 of TB notified cases and managed to achieve 449 representing 63% with a variance of 37% from the initial target. The performance had significantly improved during the period under review



Distribution of Enablers

In the period under review, FACT in partnership with World Vision facilitated procurement and distribution of various enablers to the Implement Districts. The enablers were meant to assist partners and volunteers in the implementing districts to effectively carryout their work and also reducing the risk of exposing them to infections arising from their engagement with potential TB clients. The following is the list of items that were distributed across the implementing districts in the year under review: Bicycles, buckets, Basins, Cups, Soap, tablets, Surgical Gloves, face masks, Bags, Gun boots, Rain coats, Registers etc.



Faith leaders during the message seminar - stigma, human rights orientation workshop in Mulanje District



FACT Head of Programmes talking to the people about TB stigma, Human Rights & Gender at Ntaja in Machinga District



Members of the community listening attentively to TB Stigma, Human Rights & Gender messages at Malombe in Mangochi



Members of the community listening attentively to TB Stigma, Human Rights & Gender messages at Malombe in Mangochi



A cross section of participants at the message seminar in Mangochi with religious faith leaders



Facilitators of Community Transformation

