

Stop TB Partnership Community Delegation

COMMUNITY DELEGATION TO THE STOP TB PARTNERSHIP BOARD RETREAT April 04-11, 2024



Figure 1: OPENING REMARK JOINT SESSION

The retreat was convened between April 4th -11 April 2024 at Best Western Hotel with the primary objective of reviewing and amending the delegation Manual, travel policy and others TB Communities Board Delegation related concern. The retreat served as a valuable platform to collectively strategize, align priorities, and reaffirm our commitment. The insights and recommendations generated during the retreat will inform our collective efforts to drive impact and achieve our shared goals in the fight against TB.

1.0 Background: The Community Delegation organized a preboard meeting with the leadership on 5th and 6th April a three-day face-to-face delegation meeting between 7th and 9th April and finally a debriefing meeting on 10th April 2024. The meeting was attended by two board members and 6 delegation members a majority of Delegation members. The meeting started with a formal introduction of all participants and a brief overview of the retreat's objectives. The primary purpose of the retreat was to address issues related to tuberculosis (TB) on a global scale and review key instruments such as the Communities Delegation's Manual, Delegation Meeting Policy, and Delegation Travel Policy.

The meeting was facilitated by Peter Owiti and supported by BM Carola member of Delegation leadership team members led on specific sessions. Discussions focused on governance, administrative and policy issues, communications and advocacy priorities, including Stop TB Partnership Board governance reform, accountability mechanisms for the Delegation, Delegation travel and representation policy, Delegation replenishment and disease split of the global Fund. The Global fund segment was co-chaired by Maureen Murenga who is a long-standing member community delegation to the Global Fund

Joint delegation meeting sessions

Opening and Welcome Address.

The day's meeting was opened with a welcome address from Mayowa Joel, from NTP Nigeria and also a board member for the Developing Country NGO Delegation. His speech was laced with some necessary security precautions obligatory for the observations of members to ensure an incidence free program. Mayowa Joel went further to spell out the objectives and purpose of the three days meeting.

It was closely followed by some solidarity and welcome messages from leadership and board members of the three groups welcoming their respective representatives to the meeting.

Key note Address by Dr. Lucica Ditiu

Participants had the opportunity to listen to a recorded key note address from the Executive Director of the Stop TB Partnership in which she expressed the expectations of the Stop TB Partnership for the meeting and wished members a fruitful deliberation.

Plenary Sessions

They were two plenary sessions to discuss the agenda items of common interest to all participants and to take presentations from some professionals from the Stop TB Partnership, civil society and the Global Fund as summarized below.

Presentations from the Global Fund, Civil Society and Stop TB Partnership

- ❖ Dr. Suvanand Sahu gave a virtual presentation on behalf of Stop TB on Ending TB: An update on
- ❖ ? State of the epidemic
- ❖ ? Progress so far
- ❖ ? Tools developed by Stop TB Partnership
- ❖ ? Gaps and needs
- ❖ Presentation by Dr Eliud Wandwalo, Head of TB at the Global.
- ❖ Dr. Eliud Wandwalo also gave a virtual presentation to the plenary which was centered around the understated key areas
- ❖ ? Key steps of the GC7 allocation methodology
- ❖ ? Funding streams of the Global Fund from 2023-2025
- ❖ ? Major changes since the last allocation review
- ❖ ? Global Fund TB allocations (GC5-GC7)
- ❖ Presentation by Linda Mafu -Head, Political & Civil Society Advocacy Department
- ❖ The final presentation to the plenary was done which centered on the Global Fund 7th replenishment and 8R planning updates. The presentation centered on

- ❖ ? Update on pledge conversion
- ❖ ? Drivers of strategic approach to 8R
- ❖ ? 2024 priorities – building on 7R lessons learned
- ❖ ? 8th replenishment action plan
- ❖ ? Donor engagement strategies
- ❖ ? Next steps

Discussion with Civil Society from Anambra State

The plenary session also witnessed a discussion with some civil society groups drawn from the Anambra State to understand their workings, opportunities, challenges, best practices and successes chalked in the fight against tuberculosis.

Key Outcomes of Plenary Sessions

- ? Increased intra-group coordination among the three delegations
- ? Refine understanding of presentations and group tasks through discussions and explanation
- ? Instance feedback on topics discussed that fosters comprehension
- ? Shared use of scarce resources to save overheads
- ? Discussion on the development of common statement for the retreat.

2. Delegation Instruments. Review of Communities Delegation's Manual (Communities Delegation)

A comprehensive review of the manual was conducted to update and strengthen its content, ensuring accurate and relevant information for the Communities Delegation members. The manual serves as a guide for the delegation's activities and engagement with stakeholders. The Communities Delegation's Manual was thoroughly reviewed, page by page, to identify areas that required updating or refinement. Participants provided valuable feedback on the content, structure, and clarity of the manual. Action points for improvement were documented, and responsible individuals were assigned to address the identified issues. Participants provided valuable feedback on the content, structure, and clarity of the manual. Action points for improvement were documented, and responsible individuals were assigned to address the identified issues. The members appreciated the split of the Affected communities as defined in the Global Plan into affected community and Key and Vulnerable. In the Global Plan a community is shaped by the shared experiences through which its members are connected to one another affected communities include people who have lived with TB as well as their families , friends ,social supports and members of key and vulnerable populations (KVPs) .If they identify with KVPs, then they are eligible for KVP constituency and if they identify with/represent high burden countries like communities , workforces in certain industries or geographic areas can also be affected by TB then they are eligible to Private sector or TB affected countries respectively (The full Global Plan definition can be found <https://omnibook.com/api/export/1.0/dc664b3a-14b4-4cc0-8042-ea8f27e902a6/-1/0/> pdf) on pages 102-103. As well as using principles of DEI and Principles number 4 of Meaningful Involvement of Communities and Civil Society in Global Health Governance: For Global Health Institutions and their key

stakeholders:

How we see this constituency as distinct from Communities and Developing Country NGOs			
	Communities	Vulnerable populations	Developing Country NGOs
Voice represented	The diverse global experience of TB survivors	The perspective of unique networks of vulnerable populations in TB affected countries ; what makes them at risk, and what is needed to address key risk factors	The experience of those working on advocacy and delivery in developing countries
Recommended TORs for governance manual	<ul style="list-style-type: none"> - Individuals who have been diagnosed with or have recovered from TB <i>[connected to a network]</i> - Individuals with a close personal connection (i.e. family member) to someone who has been diagnosed with TB - Individuals from survivor-led organizations (i.e. CBO or advocacy organizations) or networks (i.e. Network of People affected by TB).¹ <p><i>Note: Waiting on additional input from Communities delegation based on Bangkok consultations</i></p>	<ul style="list-style-type: none"> - Those identified as vulnerable populations in the Global Plan to End TB (e.g., miners, community health workers, indigenous people)² AND - Representing formal or informal networks of vulnerable populations 	<ul style="list-style-type: none"> - Individuals representing a national or multinational NGO with a track record of advancing global TB priorities - NGO must be headquartered in countries defined by the IMF as "emerging/developing economies"³ <p><i>Note: This definition is currently in the governance manual.</i></p>
Does NOT include	<ul style="list-style-type: none"> - Individuals from organizations that are not survivor-led, unless they meet one of the other criteria - Individuals who are inherently at risk for TB but do not otherwise meet the other criteria 	<ul style="list-style-type: none"> - Networks primarily organized around having lived with and survived TB - Individuals representing formal, incorporated NGOs 	<ul style="list-style-type: none"> - Individual advocates (not representing a formal, incorporated NGO) - Advocates representing informal networks - Representatives from NGOs incorporated in developed countries - Representatives from survivor-led organizations
<p><i>Note: Individuals meeting eligibility requirements for more than one delegation are encouraged to join the group that best reflects their lived experience. Membership in multiple delegations is discouraged.</i></p>			<p>stopth.org</p>

¹ STBP Board Communities Internal Delegation Manual; ² Global Plan to End TB; ³ Current STBP governance manual

Figure 1: EXECUTIVE COMMITTEE MEETING 19.1.2023

Recommendation 1. It was agreed that affected community constituency adhere to the global plan definition of TB affected community. This also required that the constituency membership registry be cleaned and the correct members be rejuvenated and increased to a possible 40 as the first task of the newly elected CFP to work with the secretariat. **Vote 7/7**



Figure 2: COMMUNITY DELEGATION SESSION

3. Evaluation of Delegation Meeting Policy

Members were reminded that there is an oncoming triparty evaluation and this should come strongly during the evaluation. One member of the delegation who is a CFP another global health initiative UNITAID and CFP narrated how she works with her delegation who she serves diligently and she has no working hours. She responds to the need of the delegation at all times however difficult. Members were left with two options. One is to seek improvements with the current host or find another host organization. Finding another host organization was found to be more challenging considering that they will have to return all unspent money. It was however agreed that that would not be a problem and an example was given from some other delegation where the same issue occurred and was resolved in the same manner and is being used as best practices

Delegation Key Performance Indicators: The delegation reaffirmed the 10% and 35 % level of professional time for the delegation and Board/ABM members level of effort. It was agreed that these are the parameters of measurement that will be used in the upcoming performance appraisals and accountability to be done by a consultant. New board members were to be excluded in the evaluation. Members co-created a matrix that may be used in the score card. This is a working document that the independent consultant may consider using and may be improves to add other interactive and communication fields

Sample community delegation score card for 2021 -2023										
Name	Surname	Delegation members Activities/calls Yes/no/sent apology	Involvement in board activities	Involvement in developing delegation work plan	Participation and Contribution to retreats	Country level engagement and visibility	Specific innovation	contribution to Partnership virtual updates	Other ? please add comment	overall performance 1-10
Peter	Owiti	Yes								
Carol	Nawina	Yes								
Reah	Lobo	No								
Olya	Klemenko	Yes								
Abdulai	Sesay	No								
Mukhu hwa	Tanaka	Yes								
Endalachev	Fekadu	Yes								
Kate	Obrien	No								
Fabric e	Kotoko	Yes								
Ksenia	Schenina	No								

Maxim e	Lung a	Yes								
Meiran da	Seba yang	Yes								
Meleci o	Mayt a	No								
Mauren	Mure nga	Yes								
Mona	Balan i	Yes								

Recommendation 2: Performance appraisal for current sitting delegation members except to 4 newly recruited members shall be done by a recruited consultant in the month of April using all or some the co-created indicators or any other indicators as designed by the independent consultant following the criteria in the manual. vote7/7

4. Evaluation of Delegation Meeting Policy

The Delegation Meeting Policy was evaluated to ensure that it aligns with the delegation's objectives and supports effective planning and execution of meetings and engagements with partner organizations and stakeholders. The participants discussed the policy's strengths and weaknesses and proposed suggestions for improvement. A revised meeting policy was agreed upon, incorporating the valuable inputs provided by the participants. The members noted that this was an unusual retreat as not only were there more cancellation than ever before but there were also challenges in preparations as there was so much documentation, visa challenges, long travels and venue challenges. A number of participants encountered problems across the board. The food was not standard as it was being rationed and stomach discomfort. We also missed stationery and internet. There was a lapse in planning as there was no CFP to assist. Other suggestions included amending the meeting policy to include :

Delegation members are to share as much as possible opportunities that arise

Delegation members to apply for support at least minimum of one week for travels support

Recommendation 3: The Delegation agreed that meeting arrangement is the duty of the CFP and where it is not possible, a paid inhouse consultant from one or more of the delegation members should take up that role early enough and prepare the meeting together with the host. The inhouse consultant should however sign a declaration form as per Conflict-of-Interest policy



Figure 3: ONLINE PRESENTATION SESSION BY STOP TB PARTNERSHIP SECRETARIAT

5. Assessment of Delegation Travel Policy

The Delegation Travel Policy was reviewed to ensure that it encompasses guidelines and procedures related to travel arrangements, reimbursement, and safety measures for delegation members during official travel. The participants discussed various aspects of the policy, including travel logistics, accommodation, security, and expense reimbursements. Feedback was collected, and areas requiring modification or clarification were identified. A revised travel policy was agreed upon to address the suggestions made during the discussion. Members looked into cancellation of travels where a traveler has already confirmed everything and preparations are at an advanced stage. This follows a number of cancellations of Nigeria retreat where there were so many cancellations and the delegation lost in the upward of 3000 USD. Members agreed that it will be looked at on a case-by-case basis the validity of the reason. Should the reasons be unqualified then such traveler will be excluded from travels for the year under review while recovering what can be salvaged like per diem or insurance and asked to pay back the funds.

Recommendation 4: To avoid wastage delegation members to amend the travel policy to mitigate travel-associated risks

6. Workplan and budget: The members went through the workplan and budget. The old members recalled the process of making the work plan which was so difficult considering that we had no CFP and it was made more difficult without a consultant. Members applauded Mr. Owiti for stepping in and helping in all the aspects of the work plan and engaging the team from the secretariat Jennifer and Akjul who went beyond call of duty to make sure the delegation has a strong investment case.

It was noted that the workplan had 2 objectives. The third was general administrative costs.

Objective 1: Strengthening the strategic communication, engagement and governance systems of the Delegation with 4 activities.

Objective 2: Effectively advocating for priority issues for people affected by TB worldwide with 2 activities

Mr. Owiti took the participants through the entire work plan and all the came into a common interpretation. The grant only covers those activities that are covered by the workplan and that is limiting. Members agreed to think outside the box be ambitious and find ways and means of raising more resources. It was pointed out that there are only two ways of adding value to the grant. Portfolio optimization or increasing the funds above the allocation buy seeking our external and multilateral donors. . The participants agreed that there is need to have regular calls with the host and the secretariat to clarify anything that may be unclear so that there is always harmony in the implementation process. It was more challenging when there was no CFP to coordinate that communication but with the engagement of communication focal person, this is now achievable. Participants were impressed by the efforts of the two host organization personnel, Paul and Joshua, in supporting the delegation members to attend the retreat working under difficult time zones and myriads of problems that kept cropping up during the travels from and to Nigeria.



Figure 4: CROSS POLINATING SESSIONS WITH DEVELOPING NGO DELEGATION

Recommendation 5: Members recommended for the consideration of the changing the host organization or looking at how to solve the issue diplomatically after the evaluation by end of May 2024.

7. Communication Strategy: Members were briefed on the process of how communication is a key element of engagement and that is why the delegation have a consultant referred to Communication Focal Person (CFP). The new members were oriented in to the delegation communication guideline. Key to the meeting was how the deliberations of the retreat will be communicated to the constituency, the delegation and the secretariat. A communication plan which is part of the report was to be developed and is as annexed. Several best practices including from the GF and UNITAID communities delegation were

shared on how they both have a boosted and strengthened leadership team termed the Advisory Working Group (AWG) which comprises of the BM, ABM, CFP and 2 or 3 members of the delegation, usually past BMs. This team helps steer and support the delegation, which for instance would have eased the burden of planning for the Nigeria retreat – even if we did not have a CFP at the time, the AWG would have managed this. Other areas that were discussed was the formation of working groups which would help to keep all members engaged and involved. Since changing the host organization is a critical decision, it was forwarded to the entire delegation for consideration

8. Delegation Engagement: It was pointed out that the Constituency members and delegation members are not engaging in the scale they are supposed to engage. In most cases correspondences that are supposed to collect voting opinion are not responded and get passed in silence mode. Most constituency members and delegation members feel they have nothing much to contribute in the global landscape or their contributions are not felt. An example was also given in the development of the work plan. Even the planning of the retreat was so difficult because of none response by delegation members. In light of this the members agreed to fast track the performance appraisal and see the best way to assist those who have challenges and request those who are overburdened to relinquish the positions as they are unable to provide the 10% level of effort.

9. Creation of Advisory Working Group: The AWG consists of up to five members selected among the Communities Delegation members. The ToRs of the AWG include a decision-making function, providing recommendations for decision making. The term for each AWG member is two years in this capacity, with a maximum of two consecutive terms, based on a performance review. The selection of AWG members. AWG members also have a mentoring role, each of them mentoring 1-2 new members of the new delegation. The Communities Delegation, as part of the Implementers group, actively contributes to decision making of the Implementers Working Group. The Delegation leadership is sometimes asked to nominate one of its members to participate in issue-specific working groups external to the delegation during and between Board meetings as well as advisory groups such as the Community Rights and Gender (CRG) Advisory Group formed by the Global Fund Secretariat to provide support and guidance on implementing programs and policies in support of community, rights and gender. The Delegation is also invited to send a representative to key events hosted by other global bodies. Time permitting, a call for interest to participate will be issued and selection will be based on expertise required, regional considerations and engagement in the Communities Delegation. Delegates assigned to participate in any of the meetings are required to consult and seek input from the Delegation in advance of attending the meeting and report back in a timely way to the Delegation on the outcome of the meeting.

Recommendation 6: The independent consultant to start work immediately on performance appraisal for the delegation members and the CFP to work with the secretariat for the constituency list.

Recommendation 7: A number of advisory working groups shall be establishing and chaired by a delegation member. No member of the delegation shall sit in more than two working groups. The working group shall report to the entire delegation through the leadership.

10. Outcomes and Next Steps:

The meeting concluded with the following outcomes:

a. Enhanced Communities Delegation's Manual: The manual will be updated to incorporate the feedback received. Responsible individuals were assigned to make the necessary revisions.

b. Strengthened Delegation Meeting Policy: The revised policy will be shared with all stakeholders for their input and will be implemented at the next meeting.

11. Workshops on TB Advocacy and Partnership Strengthening:

The retreat included workshops on TB advocacy and partnership strengthening. These sessions aimed to enhance participants' capacity in engaging with government agencies, civil society organizations, and international donors. Participants were introduced to effective communication strategies, resource mobilization techniques, and best practices in collaborating with stakeholders to address the TB burden. It was noted that in the workplan, there is a specific engagement and partnership activity that is aligned to upcoming global health advocacy. Members were asked to share their engagement platforms so that the voices of TB affected communities can be heard from all the corners of the globe. Lucica the ED also shared the Global Health calendar where she would need the synergies of communities. Dr. Sahu presented the global health plan and pipeline products while Linda Mafu and Eliud Wandalo dealt on the Global Fund financing and Linda Mafu dealt on replenishment plans and what need to be done to add voices to a successful replenishment

Recommendation 8: The new CFP and the leadership to take up the assignment immediately by getting the global health calendar, the partners and the respective delegation voices to engage to be completed by first week of May 2024

c. Improved Delegation Travel Policy: The revised travel policy, addressing feedback from participants, will be shared with the delegation members. It will become effective immediately.

d. Action Plan: An action plan was developed to address the recommendations made during the retreat. Tasks were assigned to individuals with clear timelines and accountability mechanisms.

12: Board membership elections. Members were notified that the term for the current membership ends in September 2024. As per the delegation manual the delegation had to start the process in an open transparent method to elect the new board members. There was a lengthy discussion on whether to continue with **election** process or change to a **selection** process as is in other GHIs. Advantages and disadvantages of both were discussed. One of the disadvantages of the last election process was that the current Affected Communities constituency as per the STBP website is outdated as well as having a lot of organizations which do not belong to or quality as communities but joined as such. This needs to be sorted out either way. There is no engagement or link between the candidates and the “electoral college”. The meeting felt it would be best if the BMs/ABMs are drawn from existing delegation members and the selection panel should comprise of people who know them e.g. members of the leadership group or AWG plus some members from the delegation. The eligibility criteria is on page 28 of the revised February 2024 edition and the new members, one concurrent term member are eligible if they fulfil the below criteria

To be eligible, candidates have to meet the following criteria:

- ❖ Be a person affected by TB
- ❖ Be a delegation member

- ❖ Be affiliated with and actively engaged in grassroots, local, national, regional or global community network (demonstrated by a letter of support)
- ❖ Have a clear understanding of issues from an affected community's perspective;
- ❖ Be able to represent views of the diverse constituency
- ❖ Be fluent in spoken and written English
- ❖ Have effective communication skills
- ❖ Demonstrate leadership within community networks
- ❖ Demonstrate capacity to work with a range of stakeholders
- ❖ Have access to communications technology for teleconferences and conference calls
- ❖ Be able to commit 16 hours per month (non-remunerated) for work related to the Community Delegation and the Board and to attend meetings
- ❖ Be able to provide leadership to convene constituency (e.g., convene calls every 2-3 months) and communicate with the constituency (result of meetings, annual activity reports)
- ❖ Have experience of engagement in TB response at the regional and global levels
- ❖ Desirable criteria:
 - ❖ Experience working with Boards or Board Members of global health institutions.
 - ❖ Knowledge of/experience with the Stop TB Partnership is a plus
 - ❖ Well-connected to other actors in the global health arena.
 - ❖ Other criteria:
 - ❖ The selection panel may also wish to take into account the expertise and geographic and gender diversity when selecting a new board member.

Based on the above, the board members and ABMs role is to:

- ✓ Strengthen the Board's understanding of the issues of the communities of people affected by TB;
- ✓ Possess an understanding of the scope of work of STBP and opportunities it presents;
- ✓ Be able to assume responsibility to carry out the tasks as described in the role of the Board;
- ✓ Represent issues related to community involvement in TB response;
- ✓ Represent issues related to people affected by the diseases and those who are vulnerable;
- ✓ Have a minimum 5 years of experience in community work in TB
- ✓ Be able to communicate and network effectively and broadly (must have functioning communications linkages such as telephone, fax, computer and email);
- ✓ Represent and promote STBP publicly, as a BM representing the NGO community;
- ✓ Act within a team setting;
- ✓ Be gender and sexuality sensitive;
- ✓ Possess diplomatic and strategic political skills (working within all Members of the Board), including capacity to think and work strategically;
- ✓ Be able to work in written and spoken English (additional languages are greatly desired);
- ✓ Maintain a linkage to an organization that can facilitate communication and provide support;
- ✓ Decision point. The members noted the updated new governance structure brings in new challenges in that
 1. The delegation has not had a CFP for quite some time and therefore the leadership or part of the leadership were doing most of the CFP work hence the need to give time for onboarding
 2. There are new and immediate activities like the performance appraisal assessment that is under way and have to be done recurring assistance of the leadership

3. Some critical activities like the GF replenishment, AMR, Gavi replenishment and the implementation of the UNHLM may require seasoned board members and should also take into account mentoring new members
4. The members agreed to change from election to selection. This is because the constituency consists of a mix of members some of whom do not exist, are in the wrong constituency or are disengaged. There is a need to notify them to be rotated on issues resolved. Their conducting the election will be blind. The delegation members know each other and have a high level of interaction so they are best placed to choose the leadership. This is also considered to be the best practice from other existing global constituencies. To achieve this, it will require bringing up the delegation to 40 members as per the governance guideline. Already there is a pool of applicants that are waiting for consideration.

Recommendation 9: The participating delegation members agreed on the criteria that board and alternate board members need to bring to become candidates and, as per the Delegation Manual, in consistency with the Stop TB Partnership Board Governance Manual, the new CFP to run the process to select/elect the two board seats

13 . Outcomes and Next Steps

The meeting concluded with the following outcomes:

- a. Enhanced Communities Delegation's Manual: The manual will be updated to incorporate the feedback received. Responsible individuals were assigned to make the necessary revisions. This included definition of the restructured affected community delegation, selection of board members in an open and transparent process that includes the principles of DEI, resource mobilization, principles of meaningful engagements in global Health Institutions and aspects of mentorship for incoming delegation and board members
- b. Strengthened Delegation Meeting Policy: The revised policy will be shared with all stakeholders for their input and will be implemented at the next meeting.

14 . Resource Mobilization :

The delegation noted the grant from UNOPS through Stop TB Partnership is not enough to meet the need of the delegation. It is therefore necessary for the delegation to mobilize resources from above the allocation. In order to do that the delegation needs to have a costed strategic plan and use it as a resource mobilization tool. It was also suggested the activity 2.1 External Partnership building should not only be used as networking but can also be an opportunity for organizing side events or elevator advocacy to pitch funding gaps for the delegation and this should be one of the deliverables. All members travelling under this activity should include resource mobilization as part of the outcomes in their engagement. Endy, Maurine and Maxime to work with the leadership to actualize this.

Recommendation 10: The delegation to mobilize resources outside the UNOPS grant. In the current year the leadership to increase the current grant by 100 % by doubling the current amount. A costed strategic plan for 3 years be developed by the delegation as a resource mobilization and be used at the partnership and board meeting. The CFP and the leadership will take up the process in the second

quarter supported by host to provide resources from the savings for any consultancy work needed to develop . All the delegation members will participate through online call

Key discussion Points

Fund raising/Resource Mobilization

The participant noted that the delegation cannot rely on the grant from the partnership alone as there are many things that they should be doing but they are not able to do because of funding limitation. It was agreed that the delegation members should contribute to the resource mobilization from the many platforms and networks they sit and interacts with. This was given the importance by making it one of the performance indicators for the AMBs/BMs and delegation members

Encourage active engagement with stakeholders, including community members, donors, and partner organizations. The resource mobilization advisory working group to be strengthened and supported to attend such forums that are strategic for meeting potential donors. Examples includes and not limited to World Health assembly, UNHLM on AMR n Global Fund replenishment and Gavi replenishment etc

- ✓ The governance manual should outline strategies for soliciting stakeholder input, fostering collaboration, and building relationships to support the mission and objectives of the delegation

Key Performance Indicators (KPIs)

Evaluating delegation members, BM, ABMs and Host needs Key Performance Indicators (KPIs). It is crucial for ensuring accountability, performance improvement, and alignment with organizational goals. Here are steps to effectively evaluate delegation members and KPIs:

- ✓ Clearly outline the objectives and expectations for delegation members and establish KPIs that align with organizational goals and strategic priorities.
- ✓ Ensure that delegation members understand their roles, responsibilities, and performance expectations from the outset.
- ✓ Develop specific, measurable, achievable, relevant, and time-bound (SMART) KPIs that provide quantifiable indicators of performance.
- ✓ KPIs should be tailored to each delegation member's role and responsibilities, reflecting their contribution to the organization's overall success.

Action 1: The consultant will develop KPI and share it with the delegation which will then be used to evaluate delegation and other the parties. Other members of the delegation can also have inputs and which can be incorporated in the annex of this report. Endy promised to develop KPI document and digital platform. CFP host and consultant to finalize report and present to the delegation by June

Action 2: Members Selected Kate over Lynette, experience and other related parameters used for this

Discussion on Host organization

Addressing challenges such as miscommunication, racial discrimination, intimidation, and logistical issues posed by the host organization

- ✓ Zero-tolerance policies against racial discrimination within the delegation and host institution.

- ✓ Establish diversity committees or task forces to address issues of racial discrimination promote equity, and advocate for inclusivity.
- ✓ Provide avenues for reporting incidents of discrimination and ensure that appropriate actions are taken to address grievances and hold perpetrators accountable.
- ✓ Anti-harassment policies and procedures to protect delegation members from intimidation or harassment.
- ✓ Offer training on recognizing and addressing intimidation and harassment behaviors, empowering delegation members to assert their rights and seek support when needed.
- ✓ Create a culture of respect and professionalism within the organization and host institution, where all individuals feel safe and valued.
- ✓ Establish clear lines of communication and coordination with the host organization to address logistical issues proactively.

*** Timely financial as well as activity report from Host organization

The need to recruit key advisers

Recruiting key advisers with experience offers numerous benefits, including diverse perspectives, best practices sharing, networking opportunities, skill enhancement, cultural competence, strategic insights, capacity building, and enhanced credibility. Leveraging this expertise can enrich delegation decision-making, strengthen community engagement. The advisory role shall be voluntary and shall be contribution to the delegation. Should funding not allow it shall be done online as need arises.

Selection of CFP

Selection of a candidate for the CFP position has been done through comprehensive assessment of qualifications, skills, experience, and fit with the delegation's needs and culture. While both candidates may have been strong contenders, the selected candidate's alignment with key criteria and priorities led to their appointment to the position.

- ✓ The selected candidate have demonstrated strong communication and interpersonal skills, essential for building trust with CD's
- ✓ His ability to communicate in a clear, concise, and accessible manner may have resonated with the delegation
- ✓ The candidate exhibited alignment with the delegation's values, mission, and culture, fostering a sense of compatibility and cohesion within the delegation
- ✓ His collaborative approach, adaptability, and willingness to contribute to the delegation's success may have been factors in their selection.

Establishment of sub groups/Committees

Establishing subgroups or committees within the delegation can bring numerous benefits to the organization, enhancing efficiency, collaboration, and effectiveness.

- ✓ Subgroups or committees can focus on specific areas of interest, expertise, or responsibility within the delegation. By dividing tasks and responsibilities among specialized groups, delegation members can concentrate on their areas of strength and expertise, leading to more effective outcomes.

- ✓ Establishing subgroups or committees promotes accountability by assigning clear roles, responsibilities, and deadlines to members. Each subgroup is accountable for delivering on its assigned tasks and objectives; ensuring progress is made toward the delegation's goals.

**Selecting leaders from sub groups,

**14 delegations members/needs maximum of 3 sub committees'

Notes from Manual and travel Policy review

*** GF/Policy and Procedures Handbook shared by Maurine reviewed and few KPI discussed thoroughly.

**Conflict of Interest Policy is limited wording/21

** The Delegation implements Travel and Meeting Policies, or relies on such policies of the Host Organization.? Do we need to align with host organization policy? Page 23

**Travel policy; booking and other bottle necks

Next Steps

- ✚ Foster ongoing communication and collaboration among delegation members to sustain momentum and drive progress in our collective mission to end tuberculosis.
- ✚ Develop KPI document Communicating selected CFP/before wide announcement
- ✚ Make a 3 or 5 years strategic plan for resource mobilization using the strategic framework in Annex 68.

Conclusion:

The Stop TB Partnership Communities Delegation retreat successfully addressed Global TB landscape issues and reviewed key policies for the delegation. The input and suggestions provided by participants will significantly contribute to the delegation's effectiveness. The minutes of the meeting will be shared with all participants in order to finalize this report. Later on, all stakeholders will receive the endorsed and final report for their reference and future action.

ANNEX 1:

LIST OF ATTENDANTS AND CONTACTS

No	Name	Tel. contact	Mailing contact	country	Comments
1.	Peter Ngola Owiti	0728300521	pngola@yahoo.com	Kenya	Board member
2.	Carol Nawina	+260977960043	carolnawina@gmail.com	Zambia	Board member
3	Endalkachew Fekadu	+251911190108	enda.pharm@gmail.com	Ethiopian	Delegation Member
4	Maurine Murenga	0724206845	maureenmurenga@gmail.com	Kenya	Delegation member
5	Maxime Lunga	+243815190773	maxlunga@yahoo.com	DRC	Delegation member
6	Melecio Meycota	+51970080976	mayta17@hotmail.com	Peru	Delegation member

7	Mona Bolani	+919871783166	Monabalani1@gmail.com	India	Delegation member
8	Mukuhwa Tanaka	+263783890887	tmukuhwa@gmail.com	Zimbabwe	Delegation member
9	Ksenia Schenina	+4915510674371	shchenina@gmail.com	Russia	Delegation member-Online

Annex 2: OPERATION PLAN

Objective 1: Strengthening the strategic communication, engagement and governance systems of the Delegation					
Activity	output	outcome	Materials need	Responsible person	Time Frame
CFP contacting	CFP in place	Improve communication	Contractual agreement	TBPOPLE	By end of April
Triparty performance assessment	KIP	Evaluation report for Delegation, BMs and ABMS	Development of KIP indicator and accountability framework	Independent consultant	By Mid-May
Establishment of Working groups	4 working groups	Engagement of delegation and constituency	Identifies WGs	Endy, Maureen and CFP	End of May
Support to BMs/ABMs in communication	4 position papers every quarter	Effective engagement in global health platform constituency and delegation	Communication allowance	Peter, Carol and Oya	End of March
Election of new board members, Alternate board members	3 Board members and 3 alternates	Representation in the Boar and EC	Agreed methodology and execution	CFP/ BM /Secretariat	September
Replenishment of the delegation	23 more delegation members added	Maximum of 40 member recruited and boarded	Use the list of applicants in place and finalize screening	CFP/BM/ABM	June 2024
Objective 2: Effectively advocating for priority issues for people affected by TB worldwide					

Map out delegation partners	17 Profiles of delegation engagement matrix	17 TB agenda pushed in Strategic positioning and linkages network to identify gaps	40 All members strategically place in global arenas	CFP/delegation	By June 2024
Partnership Engagement	4 reports of strategic engagement	Key agenda/contributions and Resources raised	Facilitation to the meetings	Selected delegates	June 2024
To develop 3 or 5 years costed strategic plan	A strategic plant document	260 USD to be raised to support delegation. resources raised	Contribution by partners and delegation	CFP, BM/ABM Endy, Maxime Maureen	
Grant close out	All activities implemented	Midterm and final report submitted	Coordination by CFP	TBPEOPLE, CFP, BM/ABM	15 th November, 2024

Annex 3

Delegation Communication Plan 2024

Project Objective: communicate the delegation retreat outcome to the delegation and associated and relevant institutions for knowledge management					
Audience segment	Deliverable	Timeline	Desired change	Delivery method	Owners
Delegation members, Secretariat, CFP	Communicate the meeting outcomes	Last week of April	Ownership of the workplan and common interpretation and endorsement of the report	Submission of draft and Delegation call	Owiti/carol
Secretariat	Engagement of CFP and delegation progress report	3 RD Week of April	Support collaborative activities	Delegation call and report	CFP/BMs
CFP	Onboarding and orientation	23/04/2024	CFP to understand the working of Stop TB	Zoom call	BMs

			Partnership, its constituencies and the hosting arrangements		
Delegation	Introductory call		CFP to take over delegation communication and linkage	Zoom call	BMs
Secretariat	Board meeting engagement	July	Select the 5 people to attend board meeting in Nigeria	Mails/WhatsApp	Leadership/secretariat
Delegation	Partnership engagement	Every quarter	Select delegates to critical partnership meetings	Mail/WhatsApp	Leadership/Host
Delegation	Monthly delegation calls	Every month	Delegation Updates	Zoom link	CFP

Annex 4



STRATEGY PLANNING MEETING
TB Affected Communities Delegation to the Stop TB Partnership

Awka, Nigeria, 7-10 April
Best Western Meloch Hotel

AGENDA

The Delegation meetings will take place on 7-9 April, with preparatory (planning) meetings on 5-6 April and local advocacy and networking meetings and debriefing on 10 April. Delegation members will be expected to arrive on April 6 and leave either in the evening of April 9 or on April 10. Delegation leadership (Board Members and Alternate Board members) are expected to arrive on April 5 and leave either on the evening of April 10 or on April 11.

5 April, Friday – Preparatory day

Time	Activity	Comments
14:00-18:00	Leadership of the three Delegations and facilitators only: joint briefing and planning	BMs and ABMs of the three Delegations, and facilitators

6 April, Saturday – Preparatory day

Time	Activity	Comments
9:00-18:00	Parallel planning meetings of the Delegation leadership and facilitators	Identifying local partners

7 April, Sunday

Time	Activity	Comments
9:00-11.00	Joint opening session	<ul style="list-style-type: none">Local host (Stop TB Partnership Nigeria) opens the meeting, greets the

	<ul style="list-style-type: none"> ● Greetings by Mr. Mayowa Joel, Executive Director of the Stop TB Partnership Nigeria ● Greetings by Chief Austin Arinze Obiefuna, Vice Chair of the Stop TB Partnership ● Keynote address by Dr. Lucica Ditiu, Executive Director of the Stop TB Partnership (TBC) ● Greetings from three Board members (TBD) ● Greetings from a local TB champion (community/KVP) (TBD) <ul style="list-style-type: none"> ● Housekeeping 	<p>participants and continues to facilitate the session</p> <ul style="list-style-type: none"> ● Vice Chair welcomes the participants and highlights some topics to be addressed during the meeting ● Board members (one per Delegation) welcome the participants and state the objectives of the joint meeting, as well as the expected outcomes (both joint and for each Delegation) ● Local TB community champion greets the participants and states the expectations of the local communities from the Stop TB Partnership Board and the three Delegations ● STP Secretariat makes a short presentation on the state of the epidemic and the progress so far, including the tools developed by the Partnership, and highlights the gaps and needs that have to be addressed in order to end TB by 2030 ● If time allows, questions and answers ● STP Nigeria speaks about housekeeping, invites the participants to the health break and informs about the work in break-out groups after the break.
11:00-11:30	Health break	
11:30-12:00	Welcome of the new delegation members	Presentation on definition, genesis scope of the constituency Questions and answers
12:00-13:00	Review of current governance and administrative instrument	During the session the Delegation will focus governance manual, Conflict of interest policy, meeting policy Engagement policy and communication policy on defining the constituency and the role of the Delegation, as well as its vision
13:00-14:00	Lunch	
14:00-15:30	Defining the elements of the Delegation Workplan 2024 <ul style="list-style-type: none"> ● Review progress and challenges, and ● Review and develop a policy agenda and work plan with activities, allocation of tasks, outcomes and indicators. <ul style="list-style-type: none"> ● Output Mission ● Deliverables 	The Delegation go through and take responsibility collectively on the outcome and deliverables and the commitments
15:30-16:00	Health break	

16:00-17:00	1.Constituency cleaning and replenishment 2.Delegation replenishment 3.Selection of CFP's report 4. Board representation	The Delegation review the processes and identifies strength, weaknesses and gaps compiles round the principles of DEI
17:00-17:15	Wrap up and closing	
17:15-18:00	Debriefing of the Delegation Leadership and the facilitator	Delegation leadership (BMs and ABM) and the facilitator discuss the outcomes of the day and plan the work for the following day

8 April, Monday

Time	Activity	Comments
9:00-9:30	Recap of Day 1 and the plan for Day 2	
9:30-11:00	Co-creation of performance indicators assessment matrix and Review and discussion per of the Delegation Manual	Owiti
11:00-11:30	Health break	
11:30-13:00	Review and discussion of the role of independent consultant	Facilitators: Timur A., Vama Jele
13:00-14:00	Lunch	
14:00-15:30	Global health advocacy agenda over view Global Fund replenishment Global Fund Disease split	Owiti
15:30-16:00	Health break	
16:00-16:30	Presentation on the current state of the epidemic, the progress so far, the tools available and the needs and gaps that have to be addressed	Presentation by Dr. Sahu Three Delegations coming together for this part
16:30-17:30	Delegation workplan: what the Delegation is expected to accomplish in 2024 Potential collaboration with the other civil society Delegations	The Delegation goes through the workplan Partnership and linkages and weights of advocacy on platforms, next steps, discusses collaboration with the other civil society Delegations and actions in the global health landscape calendar UNITAID, AMR, MPP, GF, PEPFAR, GAVI, Wellcome
17:30-17:45	Wrap up and closing	
18:00-19:00	Leadership only: strategizing session for the three Delegations	The leadership of the three Delegations share the progress made and plan the joint work on the following day

9 April, Tuesday: Joint Delegation Day

Time	Activity	Comments
9:00-9:30	Debrief from each Delegation on the work on the 7 th and 8 th	Full day for joint work by the three Delegations
9:30-11:00	Delegation advocacy <ul style="list-style-type: none"> ● Presentation by James ● Questions and answers 	A practical capacity building session. The participants will learn and discuss how to leverage the power of the Delegations to

	<ul style="list-style-type: none"> • What is advocacy and what makes advocacy effective? • Examples of advocacy by the Delegations 	address issues of relevance for their constituencies. Delegation board members can showcase the best activity or advocacy done as a delegation last year. It will encourage new delegation members to perform similar kinds of activity through their Delegation
11:00-11:30	Health break	
11:30-12:15	Joint advocacy opportunities for 2024	Brainstorming session
12:15-13:00	Mapping of Delegations' linkages with external global and regional platforms, delegations and organizations to use those channels for advocacy, communication and coordination	Brainstorming session
13:00-14:00	Lunch	
14:00-15:30	Global Fund session <ul style="list-style-type: none"> • Replenishment • Disease split 	A session with GF Secretariat and civil society delegations
15:30-16:00	Health break	
16:00-17:00	Stop TB Partnership governance: the definition and role of partners, constituencies, and Delegations	A presentation by Stop TB Partnership Secretariat followed by a brainstorming session
17:00-17:30	Closing	

10 April, Wednesday

Time	Activity	Comments
9:00-18:00	Leadership of the three Delegations and facilitators only: local meetings (parliamentarians, constituency meetings, project sites)	To be organized by the local host

Stop TB Partnership
Community Delegation

Evaluation Form

DELEGATION RETEAT

4TH -11TH APRIL 2024

AWKA NIGERIA

Questions with a asterisk (*) are mandatory

Overall, how satisfied are you with the meeting on a scale from 0 to 5, where 0 is “not satisfied at all” and 5 is “fully satisfied”?

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

How useful is the meeting for your work on a scale from 0 to 5, where 0 is “completely useless” and 5 is “extremely useful”?

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Which two or three sessions do you consider most useful?

[Answer: checkboxes with the titles of the sessions]

Why?

[Answer: comment box]

Which two or three sessions do you consider least useful?

[Answer: checkboxes with the titles of the sessions]

Why?

[Answer: comment box]

What are the key take-aways from the meeting?

[Answer: comment box]

What would you change in the agenda?

[Answer: comment box]

Overall, how satisfied are you with the logistics of the meeting on a scale from 0 to 5, where 0 is “not satisfied at all” and 5 is “fully satisfied”?

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Please rate the following on a scale from 0 to 5, where 0 is “not satisfied at all” and 5 is “fully satisfied”

Registration process

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Handout materials (if provided)

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Venue

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Lunches and coffee breaks

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Accommodation

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Airport transfers (if provided)

[Answer: either a slider or multiple choice with options from “0” to “5”; an option “Cannot answer” can be added]

Please share any other comments on how to improve our meetings in the future

[Answer: comment box]

Thank you very much for taking time to fill out the evaluation form!



Stop TB Partnership Community Delegation's Strategic Framework

Vision:

A world free of tuberculosis

Mission:

Empower TB affected communities for equitable TB responses

Core principles:

Accountability

Diversity and inclusivity

Equity

Lives and rights of people affected by TB are top priority

Non-discrimination

Transparency

Strategic priorities and sub-priorities:

Strategic Priority 1: Mobilization, empowerment and engagement of TB-affected communities

Sub-Priority 1A: *Develop and build the leadership and capacity of TB-affected communities*

Sub-Priority 1B: *Nurture networks and build partnerships through the spirit of collaboration and unity*

Sub-Priority 1C: *Strengthen and increase advocacy by TB-affected community, including through multi-stakeholders communication*

Sub-Priority 1D: *Continuously strengthen the voice, capacity, governance and accountability of the Delegation*

Strategic Area 2: Promotion and integration of Community, Rights and Gender in global TB response

Sub-Priority 2A: *Promote the Community, Rights and Gender approach as a fundamental pillar of TB response*

Sub-Priority 2B: *Support people-centered, rights-based, gender transformative and accountable TB response*

Sub-Priority 2C: *Promote meaningful engagement of TB affected communities in all aspects of TB response*

Sub-Priority 2D: *Address TB-related stigma and discrimination*

Strategic Area 3: Increased and diversified funding for TB

Sub-Priority 3A: *Advocate for equitable funding for TB to close the TB funding gap*

Sub-Priority 3B: *Prioritize investments into Community, Rights and Gender initiatives*

Sub-Priority 3C: *Increase access to funding for community groups at all levels, especially at the grassroots/activist level*

Sub-Priority 3D: *Address well-being and catastrophic costs by ensuring Universal Health Coverage and promoting action on pandemic preparedness*