

### 3. Global Fund ACSM Activities

Country	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7
Bangladesh							

### Global Fund Grant Round 5

Country	ACSM Component
Bangladesh	6,436,811

## Description of Round 5 ACSM Activities

### **SDA 4: ACS**

The ACS activities in this proposal include scaling up of activities already implemented mainly by NGO, as well as new activities. During the 5 years of the proposal, main emphasis will be given to tuberculosis, in order not to dilute the key messages by combining with other programmes. In this way, TB-specific ACS activities will have a longer lasting and wider impact and should thus not be interpreted as entirely disease-specific.

The ACS officer will continue his assignment for which funding is included in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> year of 3<sup>rd</sup> round GFATM proposal.

Technical assistance is proposed for developing strategic guidelines for planning and designing ACS activities.

The proposed TA for annual monitoring of implementation and its results will assist NTP to assess progress and measure the impact of ACS activities during 3<sup>rd</sup> and 5<sup>th</sup> round GFATM.

In the 3<sup>rd</sup> round proposal, advocacy efforts are limited to central and district level advocacy and celebration of World TB Day. Activities to ensure wide coverage and sustained advocacy effort were not included. The advocacy activities proposed in this round will ensure continued efforts and wide coverage of government, political, corporate and private sectors.

All communication activities are new initiatives, which will help to disseminate TB messages more effectively with higher population coverage.

Materials will be developed in close collaboration with partner agencies. The NTP will make use of their longtime experience and build on their successes in this field. The partners' contributions will have wider application and thus have a much bigger impact, thereby avoiding duplication of activities.

Workshop/meetings especially for females through micro-credit groups and women groups will be used for dissemination of TB messages at community level. The involvement of TB club members through proposed workshop/meeting will help to develop and maintain voluntary activities of cured TB patients as regards TB suspect identification, referral, DOT and defaulter tracing. The communication efforts will help to encourage individuals to seek services from the Upazilla Health Complexes and corresponding NGO facilities. Involvement of cured patients in the meetings will also contribute to destigmatizing the disease.

Activities included in 3<sup>rd</sup> round GFATM will continue in the 4<sup>th</sup> and 5<sup>th</sup> year of this proposal.

#### **SDA 4: Advocacy, communication and social mobilization (ACS)**

ACS activities have been inadequately addressed previously and mostly implemented through NGOs. Health education, information dissemination, behavioral change communication looked at issues of advocacy, communication and social mobilization from different angles.

The current proposal seeks to distill the best methodologies based on previous in-country experiences, to convey relevant messages with regard to TB control. Main objectives of the ACS activities include increasing the demand for the TB control services, through increasing the knowledge base in the community on TB and its control aspects and stimulating service providers to more actively reach out to the community. This will contribute to an increase in case detection, which—when properly treated under the DOTS strategy—will contribute to cutting the transmission and controlling TB. A better understanding of the disease and its treatment will also increase compliance, and reduce the risk of provoking drug resistance.

One ACS officer is proposed for implementation and monitoring of ACS activities. Technical assistance is proposed to prepare an ACS strategy to streamline the existing and proposed ACS initiatives to increase case detection and treatment success.

Yearly technical assistance is proposed for annual monitoring of ongoing ACS activities to measure the impact and formulate corrective measures for effective implementation.

Six divisional Training-ACS coordinators will be recruited and trained in ACS with the assistance of a short-term consultant. This training-ACS specific workforce at divisional level is considered essential to coordinate and assist in executing all TB-related training and ACS activities.

Development of printing materials and Radio/TV spot/TV serial will be prepared by appropriate specialized agencies/renowned individuals in the country who have proven successful professional track records in the relevant field.

Workshops to mobilize civil society at national and district level will be conducted by NGO partners to ensure active participation in TB control. Other workshop/meetings at national level will be conducted by NTP.

Local level workshops and group meetings at upazilla level with micro-credit group members/women groups/TB club members will be conducted by NGO partners.

Social mobilization through theatre, folksong, cinema slides, cable TV, street drama, and concert will be organized and implemented through partner NGOs. Dissemination of TB messages through sportsmen and celebrities (Film and TV stars) will be organized and implemented by NTP.

ACS activities will be strategized in following ways: (1) Advocacy at central level through workshops and meetings, (2) Communication for dissemination of TB messages through mass/print media, youth clubs, youth groups, service clubs like rotary and interpersonal Communication (3) Social mobilization through workshops, meetings and media campaigns.

**Advocacy:**

Advocacy workshop will be organized once in a year involving policy maker/MPs. The TB situation in Bangladesh will be presented to the policy maker/MPs through proposed workshops to ensure their policy support to establish and synergize the TB control efforts. The activities planned in 3<sup>rd</sup> round GFATM proposal will continue in the 4<sup>th</sup> and 5<sup>th</sup> year of the 5<sup>th</sup> round proposal.

Advocacy workshop will be organized annually with mass media people to formulate the strategy and enlist activities TB message dissemination through print and electronic media.

The existing high-level BCC (ACS) Working Group at MOH&FW will be convened monthly. Representatives from GOB, donor agencies, partner NGOs and private sectors will be the members of the Working Group. This group will provide advisory services and will oversee advocacy, communication and social mobilization efforts implemented in the country by the government and its partner agencies. It will also oversee the development of ACS materials at central level and the implementation of activities workshops/meeting at central, divisional and district levels.

In urban, peri-urban and rural areas meetings with cured patients, community/religious leaders will be organized by NTP partners. In collaboration with the government health authorities, meetings at community level will be held 2-4 times per year.

A quarterly meeting will be organized involving all NTP partners to identify problems and formulate corrective measures for effective ACS activities.

Implementation of activities included in 3<sup>rd</sup> round proposal is proposed to continue during 4<sup>th</sup> and 5<sup>th</sup> year of this proposal.

### **Communication**

A logo with slogan will be designed for TB through a consultative process with partners. This logo will be pre-tested and once finalized, be used on all printed materials as well as in television spots. The logo and slogan will be designed and formulated to make them easily recognizable and understandable in the community as guarantee for sound TB control. A specialized agency will be contracted to design, pre-test and finalize the logo and slogan. NTP will take steps to protect the logo and slogan under copyright.

A Massive, Repetitive, Intensive, Persistent Radio-TV, Newspaper communication campaign will be planned and implemented.

Radio and television advertisements will be planned and implemented according to a media plan prepared annually. The activities planned in R3 GFATM will continue in the 4<sup>th</sup> and 5<sup>th</sup> year of the proposal.

Derived from the words, entertainment and education, Enter-Educate Programme portray a communication presentation that promote to deliver a pro-social educational message in an entertainment format, i.e. education through entertainment. TV serial will be telecast to disseminate TB message through this approach.

Along with the mass media campaigns at national and community levels as the backdrop, simultaneous interpersonal efforts through workshop/meeting of women groups/TB club members by field level GoB and NGO health providers will consolidate effects of the ACS activities.

Interpersonal communication will be in the form of group discussions. Group meetings to disseminate TB related message especially for females will be held as a preferred channel of communication at community level.

Printed ACS materials will be prepared nationally, with support from and making use of the experience of NGOs and professional agencies. The aim is to make the materials uniform across the country, easily recognizable and user-friendly. Target audiences will be taken into account and advocacy materials will be adapted to the different target audiences. Such materials will include flipcharts, flash charts, pamphlets, billboards, leaflets and audiocassettes and cinema slides. All materials will be developed along professional standards and will be pre-tested prior to large-scale production. Timing of the use of such materials will be coinciding with major events in order to obtain maximum impact

**Social Mobilization:**

Workshops at national and district level with the civil society will be conducted six times per year. These workshops will be conducted on the initiative of the highest health and/or civil authority of an area (in districts the civil surgeon or deputy commissioner). NATAB will organize workshops and meetings in the entire country to increase awareness among civil society groups and generating public support.

Community campaigns for social mobilization will be executed through organizing popular theater at points near bus stations, market places and other busy areas of urban and district head quarters. Theatre will be arranged from 2<sup>nd</sup> year onwards, quarterly at upazilla level and yearly at district level on the eve of World TB Day.

Dissemination of TB related information through folk song will be organized in every upazilla four times a year. Strategic locations near market places, cinema halls, and playgrounds will be used to ensure maximum presence of audiences. Local folk song groups will be identified and trained through local level NTP partners for attractive presentation of TB related messages.

As cinema halls at upazilla level are the major entertainment source, TB messages will be disseminated at these entertainment points through TB cinema slides. This will be done every month at all upazillas where cinema halls are available.

Dissemination of TB messages at four city corporations will be organized through cable TV networks every week through four cable operators. The same cinema slides and TV spots will be used for presentation and dissemination of TB related information at cable TV network. The strategic objective of using these channels is to cover the population of four major urban areas who are not covered through other channels. The activities planned in R3 GFATM will continue in the 4<sup>th</sup> and 5<sup>th</sup> year of the proposal.

Quarterly street drama and concerts will be organized at every district head quarters and the four city corporations.

## Principal Recipient

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
<b>Name</b>	Dr. Vikarunnessa Begum	Dr. Md. Akramul Islam
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## Type of Implementing Partners

Table 5.1.3 – Partner Allocations

	Fund allocation to implementing partners (in percentages)				
	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Academic/educational sector</b>					
<b>Government*</b>	62%	61%	62%	55%	56%
<b>Nongovernmental/ community-based org.* Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria</b>	38%	39%	38%	45%	44%
<b>Private sector</b>					
<b>Religious/faith-based organizations</b>					
<b>Multi-/bilateral development partners</b>					
<b>Others (please specify)</b>					
<b>Total</b>	100%	100%	100%	100%	100%

\* The government and NGO include academic, private and other NGO sub-recipients