

Global Fund ACSM Activities

Global Fund TB Grants

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

Global Fund Grant Round 5

Country	ACSM Component (\$)
China	1,212,640

Description of Round 5 ACSM Activities

Objective 3: Implement the DOTS-Plus strategy in selected sites of China

Service delivery area 3.6: Behavioral change communication through community outreach to increase awareness and understanding of MDR-TB and its treatment

Activity 3.6.1 Develop and produce IEC and BCC materials about MDR-TB for patients at-risk for or already diagnosed with MDR-TB to increase their understanding of the disease, its treatment and importance of treatment adherence.

Activity 3.6.2 Develop IEC and BCC materials for family members and close contacts of MDR-TB patients to reduce stigma to this disease and to elicit their support for patients during the long treatment phase.

Activity 3.6.3 County, township and village health workers to deliver BCC materials to TB patients and their family members and close contacts. The national CDC will contract with health promotion institutions to develop IEC and BCC materials for patients and their family members and close contacts. The provincial CDC's will train the local CDC's in each DOTS-plus site on use of the IEC/BCC materials (as part of 3.2.4). At each DOTS-plus site, the county CDC's will train township and village health workers to deliver the BCC materials (part of activity 3.2.4).

Objective 5: Build a supportive environment for TB/HIV collaboration

Service delivery area 5.2: Advocacy initiative to increase awareness of decision makers about TB/HIV

Activity 5.2.1 Develop advocacy materials (brochures and videos) to raise awareness among policy makers and partners at all levels of the important link between TB and HIV and what they can do to reduce the burden of TB and HIV.

Activity 5.2.2 Disseminate advocacy materials at HIV/AIDS meeting attended by governmental leaders and other partners. The national CDC will contract with a media company to develop the brochures and videos on TB/HIV. These will be disseminated to the provincial health bureau and they will disseminate it to lower level health bureau. The health bureau and CDC's will use the brochures and videos to inform key decision makers and stakeholders (including community leaders) at each governmental level. Materials will be provided during meetings for HIV/AIDS attended by governmental leaders. Materials will be developed during year 1 of the project and repeated at year 3; materials will be disseminated every year.

Service delivery area 5.3: Behavioral change communication through mass media to increase community awareness of TB/HIV

Activity 5.3.1 Develop BCC materials on TB/HIV for the general population (radio and TV programs) to be distributed through the mass media.

Activity 5.3.2 Broadcast and disseminate BCC materials (radio and TV programs, newspapers and magazine articles) through the mass media. The national CDC will invite a media company to produce radio and TV programs in year 1 and 3. The programs will be developed from an understanding of local beliefs about the diseases and services and aim to dispel myths and to reduce the stigma surrounding both diseases and to increase usage of prevention, care and support services. Each year, the CDC at each level will implement the BCC by contracting with local TV and radio stations; the CDC's will publish articles on TB/HIV. This BCC strategy will build on and supplement the BCC strategies of the China CARES projects supported by Global Fund Round 3 and Round 4 projects.

Service delivery area 5.4: Behavioral change communication through community outreach to increase awareness of TB/HIV

Activity 5.4.1 Develop and produce TB/HIV IEC and BCC materials about TB and its linkage with HIV for specific high-risk groups such as plasma donors, injecting drug users and sex workers.

Activity 5.4.2 Develop TB/HIV materials for TB patients and PLWHA to enhance their understanding of and adherence to TB treatment, co-trimoxazole and/or ART.

Activity 5.4.3 Train community outreach workers to deliver BCC materials to specific high-risk groups and to TB patients and PLWHA. The national CDC will contract with health promotion institutions to develop and produce BCC materials for high-risk groups and for TB patients and PLWHA. The local CDC's in the project areas will train community workers (with NGO/CBO) or peer support group leaders identified under activity 5.5.1 to deliver community outreach using BCC materials. BCC materials will be developed during year 1 and revised in year 3. Training of community workers or peer group leaders will take place twice a year. These activities will build on and supplement the BCC activities

Objective 11: Build a supportive environment for implementing a TB control program among the migrant population

Service delivery area 11.3: Behavioral change communication through mass media to increase awareness of and reduce stigma toward TB

Activity 11.3.1 Develop BCC materials on TB in migrant population for the general population (radio and TV programs) to be distributed through the mass media.

Activity 11.3.2 Broadcast and disseminate BCC materials (radio and TV programs, newspapers and magazine articles) through the mass media. The national CDC will invite a media company to produce radio and TV programs in year 1 and 3. The programs will be developed from an understanding of local beliefs about the diseases and services and aim to dispel myths and to reduce the stigma surrounding TB and to increase usage of TB services. Each year, the CDC at each level will implement the BCC by contracting with local TV and radio stations; the CDC's will publish articles on TB/HIV.

Service delivery area 11.4: Behavioral change communication through community outreach to increase awareness of and reduce stigma toward TB

Activity 11.4.1 Develop and produce BCC materials about TB for the migrant population and for employers of the migrant population.

Activity 11.4.2 Develop BCC materials for TB patients to enhance their understanding of and adherence to TB treatment.

Activity 11.4.3 Train community outreach workers to deliver BCC materials to the migrant population and to employers of the migrant population.

The national CDC will contract with health promotion institutions to develop BCC materials for the migrant population and for the employers of the migrant population. The local CDC's in the project areas will train community workers (with NGO/CBO) or peer support group leaders identified under activity 11.4.3 to deliver community outreach. BCC materials will be developed during year 1 and revised in year 3. Training of community workers or peer group leaders will take place every year.

Principal Recipient

Table 4.5.1 – Implementation Responsibility

Responsibility for implementation			
Nominated Principal Recipient(s)	Area of responsibility	Contact person	Address, telephone and fax numbers, e-mail address
Chinese Center for Disease Control and Prevention (China CDC)	Executive/ Technical/ Managerial/ Administrative	Prof. Qiang Zheng-Fu Executive Director, China PR	No.27, Nanwei Road, Beijing 100050, China Tel: +86 10 8316 0720 Fax: +86 10 6313 1939 E-mail: zfqiang@chinagolbalfund.org

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
Academic/educational sector	1.41	0.80	0.49	0.00	0.00
Government	87.21	89.62	91.33	93.55	93.54
Nongovernmental/ community-based org.	1.21	2.33	2.50	2.45	2.92
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria					
Private sector	7.61	5.24	4.03	2.40	1.62
Religious/faith-based organizations					
Multi-bilateral development partners	2.56	2.00	1.64	1.60	1.92
Others					
Total	100%	100%	100%	100%	100%

Global Fund Grant Round 7

Country	ACSM + Political Commitment	Community Care	Total (\$)
China	104,250		104,250

Description of Round 7 ACSM Activities

Objective 1: Expand the PMDRT strategy in 50 sites in 10 provinces of China

1.6 Supporting patients through direct observation to enhance adherence to treatment of MDR-TB

(1.6) Over the 5-year period BCC materials will be given to patients and their family members or close contacts so as to reduce stigma and improve treatment adherence. A national ACSM plan will be developed and implemented

Service delivery area 1.7: Behavioral change communication through community outreach to increase awareness and understanding of MDR-TB and its treatment

Activity 1.7.1 Advocacy, Communication and Social Mobilization

A significant scaling up of advocacy, communication and social mobilization (ACSM) is needed to successfully implement PMDRT nationwide. So far no work plan has been developed to address the 4 key ACSM challenges at country level. In view of the need to engage more partners in the PMDRT program it is proposed to contract a national NGO to develop a national ACSM plan as well as a strategy to implement ACSM at provincial level in collaboration with a wide range of stakeholders as local authorities, business community, representatives of civil society groups and patient organizations, etc.

Activity 1.7.2 Provide IEC and BCC materials about MDR-TB for patients at-risk for or already diagnosed with MDR-TB and their family members and contacts.

Activity 1.7.3 County, township and village health workers will deliver BCC materials to TB patients and their family members and close contactss of the China CARES projects supported by Global Fund Round 3 and Round 4 projects.

Principal Recipient

Responsibility for implementation			
Name of Nominated Principal Recipient(s)	Sector Represented	Name of Contact person	Address, telephone, fax numbers and e-mail address of contact person
Chinese Center for Disease Control and Prevention (China CDC)	Academic/Educational Institutions	Prof.Qiang Zhengfu Director, Office of International Cooperation	27, Nanwei Road, Xuanwu District Beijing 100050, China Tel: 86 10 83160720 Fax: 86 10 63131939