

# Global Fund ACSM Activities

## Global Fund TB Grants

Country	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7
DR Congo							

## Global Fund Grant Round 5

Country	ACSM Component
Congo (Democratic Republic of the)	3,582,000

## Description of Round 5 ACSM Activities

### **Advocacy, Communication and Social Mobilization:**

Mobilization activities have allowed the involvement of the community. Appropriate messages have been diffused in the community and the social mobilization and communication capabilities of national and provincial stakeholders are being reinforced. In the context of Global fund support; messages to raise the awareness have been diffused on roadside billboards, in television and radio spots, in micro programs, in sketches, in posters and circulars as well as in the image boxes. The World Tuberculosis Day (WTD) has been celebrated and radio and television programs have been organized through all the coordinations with the participation of USAID and the other partners of the program.

### **Objective 5 : Advocacy, Communication and social mobilization :**

- creation of a secretariat Stop Tuberculosis (Stop TB RDC) : 10 000\$ for the rehabilitation of the premises, 5 000\$ for its equipment and 150 000\$ functioning cost at 30 000\$ per annum

- 135 press briefings anticipated for 5 years. At the central level 5 press briefings at 500 dollars per press briefing. At the provincial level 130 press briefings at 300\$ per press briefing.

20 liaison bulletins published over five years at the cost of 24 600\$ per bulletin.

- Tests, distribution and copying sessions for the new educational audiovisual media will be organized over 5 years: that is 3 tests at 3 000\$ per test; 3 copies at 500\$ per copy; 17 distributions at 5 000\$ per distribution.

- Tests, copying and distribution sessions for revised educational audiovisual and script visual media will be organized over 5 years : that is 2 tests at 6 000\$ per test ; 2 copies at 10 500\$ per copy and 2 distributions at 7 000\$ per distribution

- Sessions of copying and distribution of the social Mobilisation guide and of the training Module will be organized over 5 years : that is 3 sessions for the guide at 15 200\$ per session and 3 sessions for the Module at 14 600\$ per session
- Sessions of copying and distribution of guidelines for social mobilization will be organized over 5 years : that is 2 copies at 5 000\$ per copy and 2 distributions at 2 600\$ per distribution
- 10 awareness sessions for media professionals will be organized over five years at 9 780\$ per session
- 19 advocacy visits will be organized over five years at 2 000\$ per visit
- 5 ambassador-spokesmen networks for the partnership created for five years at 1000\$ per network
- 5 World Tuberculosis Day (WTD) will be organized over 5 years at 2 500\$ per coordination and 20 000\$ for the central level.
- Purchase of 26 mobile units at the cost of 30 000\$ per mobile unit (vehicles, speed boats or motorcycles...)
- 24 832 awareness sessions for the community leaders of the CBO will be organized over 5 years at 50\$ per session
- 23 175 CBO organizers will be trained, equipped and motivated twice in 5 years at 151\$ per organizer
- 6180 consultations and information exchanges in the HCDDT on the control of TB/HIV co-infection will be organized during 4 years at 50\$ per meeting
- 520 awareness sessions of specific groups by peer educators will be organized during 4 years at 100\$ per session
- 432 consultation meetings between the traditional practitioners and communication and health professionals will be organized during 4 years at 100\$ per meeting
- 1 social Mobilization action plan will be elaborated at the central level at a cost of 5900\$ and 10 300\$ for the external technical assistance (see next goal on the strengthening of the institutional capabilities for the elaboration workshop).
- 3 sessions for the training of teachers will be organized over 5 years at 34 290\$ per session

Intervention area 4: Advocacy, communication and social mobilization for Community Care.

The goal of this intervention area is to improve social participation in providing health care for TB and TB-HIV and patients.

Studies done in Southern Africa (Wilkinson, 1995; Connolly, 1999, Banerjee, 2000) have shown the benefits of the involvement of the community in the therapeutic care of tuberculosis patients. The results of the surveys in Kinshasa and in Bukavu show that the involvement of the community in the caring of tuberculosis patients is in general weak. Their involvement in the supervision of medication (community DOT) has been confirmed by only 7% of patients. The current program wants to improve community participation in caring for TB and TB-HIV patients in order to reduce the social stigma linked with these two diseases and to increase the number of people being cured. This program also emphasizes on the role of community members to improve the acceptance of the treatment. The NTP will be able to cover 100 % of the population by delegating its awareness and detection of suspected cases activities to members of the community.

We must also encourage diffusion of the life experiences of cured tuberculosis patients and community relays to be able to reach as many people as possible.

## Principal Recipient

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## Type of Implementing Partners

Table 5.1.3 – Partner Allocations

	Fund allocation to implementing partners				
	Year1	Year 2	Year 3	Year 4	Year 5
<b>Academic/educational sector</b>	4.0%	1.4%	(0.7%)	0.8%	(3.7%)
<b>Government</b>	27.6%	(28.7%)	31.8%	< 35.5%	33.8%
<b>Non governmental/ community-based org.</b>	12.6%	11.6%	9.8%	11.2%	10.5%
<b>Non governmental/ community-based org.</b>	1.6%	2.1%	1.8%	2.4%	1.9%
<b>Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria</b>	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Private sector</b>	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Religious/faith-based organizations</b>	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Multi-/bilateral development partners</b>	(15.7%)	19.4%	17.3%	< 0.5%	0.0%
<b>Others : GDF</b>	< 38.5%	36.9%	38.6%	49.6%	50.1%
<b>Total</b>	100%	100%	100%	100%	100%

## Global Fund Grant Round 6

(The proposal did not contain a sufficiently detailed budget breakdown)

Country	Political commitment	ACSM	Community Care	Patients' Charter	Grand Total
DRC	n/a	n/a	n/a	n/a	

Round 6- **NO ACSM Activities**: DRC Round 6 funding only for completing analyses **for the treatment of first-line cases**. The principal expected result for this submission is to achieve the procurement of sufficient quantities of quality-assured anti-tuberculosis medicines, to test and treat 691,484 sick people during the 5 years of the project, with a reserve stock of 18 months of treatment.