

## Global Fund ACSM Activities

### Global Fund TB Grants

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

### Global Fund Grant Round 6

Country	Political commitment	ACSM	Community Care	Patients' Charter	Total (\$)
Ethiopia	69,511	5,023,872			5,093,382

### Description of Round 6 ACSM Activities

The third objective is to increase political and community support for TB control through effective advocacy, communication and social mobilization (ACSM). This component includes four key service delivery areas (SDA): 1) Situation analysis, monitoring and evaluation and strategic planning. As part of SDA 1, the Round 6 proposal seeks to recruit an ACSM focal person at the national level to spearhead all TB and TB/HIV ACSM activities in Ethiopia. The ACSM Task Force will supervise two surveys that will be conducted by contracted academic institutions. The first will be a media survey to analyse viewership, listenership and readership trends, habits and preferences of segmented audiences, and the second will be a knowledge, attitudes and practices (KAP) survey to inform the design of ACSM and behaviour change interventions on TB. The second SDA, support environment: advocacy for political and community support and effective media. The activities under this SDA, include funding for organizing stakeholders meetings and inform and educate political leaders on their role in TB control. The third SDA is, prevention and communication: mass media and behaviour change communication. Under this SDA, the activity will be to train partner groups and develop, pretest, produce and distribute IEC materials and conduct mass media campaigns. The fourth SDA is prevention communication: social mobilization. The activity under this SDA will be to organize and host community events to engage community members and religious leaders.

**Objective 3:** Increase political and community support for TB control in Ethiopia through effective advocacy, communication and social mobilization (ACSM).

This proposal seeks to build on the ACSM activities initiated by the round one global fund grant. Audiovisual materials on TB and TB/HIV were developed through the round one grant. The proposal seeks to further strengthen production and dissemination of more culturally sound IEC materials and to reach the general public through radio and TV spots as well as various types of print materials.

These activities envisaged in round six proposal are believed to enhance political and societal commitment through raising existing low-level of public awareness and minimize stigma associated with TB that contribute to low case detection and treatment success rates. Advocacy, Communication and Social Mobilization (ACSM) can build stronger political and societal commitment and enhance maximum use of accessible, affordable and effective diagnosis and treatment facilities. By employing participatory approaches, formative research methods, multi-media channels, training for selected stakeholder groups, and interpersonal techniques, ACSM helps to mobilize communities and individuals to adopt health-seeking behaviour. ACSM aims to increase TB-related knowledge and awareness among the public on early signs and symptoms of TB, reduce stigma, increase treatment adherence among TB patients. The key service delivery areas for ACSM are:

SDA 3.1 Situation analysis, monitoring and evaluation, and strategic planning

SDA 3.2 Supportive environment: Advocacy for political and community support and effective media collaboration

SDA 3.3 Prevention communication: Mass media and behaviour change communications

SDA 3.4 Prevention communication: Social mobilization

### **Objective 3: Increase political and community support for TB control in Ethiopia through effective advocacy, communication and social mobilization (ACSM).**

#### **SDA 3.1: Situation analysis, monitoring and evaluation, and strategic planning**

##### **Activities:**

1) Recruit a TB ACSM focal person to coordinate all communication activities, organize and lead the ACSM Task Force, and serve as a liaison with all partner organizations working in TB-related ACSM in Ethiopia. This recruitment is expected to build government NTP institutional capacity

2) Establish a multi-sectoral TB ACSM Task Force to serve as a national communication mechanism in Ethiopia. The ACSM Task Force will be led by the ACSM focal person recruited with Round VI funds, and will report to the newly-established Stop TB Partnership-Ethiopia. Like the new partnership, the ACSM Task Force will be composed of representatives from various non-governmental organizations (NGOs), community-based organizations (CBOs), the government, academic or research institutes, and the private sector. This structure will enhance joint planning, intra and inter-sectoral collaboration, shared responsibility for monitoring and evaluation, and is a big leap towards donor harmonization.

3) Develop a five-year national ACSM strategic plan for TB prevention and control. This plan will include a prioritization of communication goals and objectives, clear and consistent message and the development of process and outcome indicators. Mapping of project implementation partners and task distribution will be done. No funding has been requested for this activity as it will be a normal activity for the focal person.

4) Conduct formative research to assess ACSM needs and inform the design of ACSM activities. Formative research will most likely include a KAP survey to assess TB-related knowledge, information and behaviour gaps and a media survey to explore the media habits and preferences of

the general public and specific segmented populations. The media survey will specifically inquire about exposure to media messages about TB. Formative research will also assess barriers to health-seeking behaviour, cultural beliefs and values, and TB-related stigma. Independent research institutes will be contracted by NTP to conduct the studies.

5) Conduct monitoring and evaluation (M&E) activities to gather on-going data about the number, types and effectiveness of ACSM activities. The ACSM five-year strategic plan will identify the main activities, with performance and impact indicators for each. The initial KAP survey carried out at baseline can be repeated in year 5 to assess change in public awareness, shifts in stigma and changes in health-seeking behaviour. Similarly, the media survey conducted at baseline will be conducted in year 5 to measure the change in public exposure to TB information and messages in the media. All NGOs and community groups implementing TB activities will be required to design simple monitoring activities to measure progress of their work.

6) Hold an ACSM stakeholders meeting to present research results (KAP study and media survey) and the ACSM strategic plan. When the KAP survey and media surveys have been completed, and the ACSM five-year strategic plan drafted, the TLCT will organize a stakeholder's meeting to inform partner groups of the formative research results and encourage them to engage in various ACSM activities. When the ACSM strategic plan has been amended and adopted, the Task Force will disseminate copies to all partners.

### **SDA 3.2: Supportive environment: Advocacy for political and community support and effective media collaboration**

The main target audiences for advocacy activities are journalists, media groups and decision makers, including political, faith and opinion leaders. Informing these audiences about TB prevention and control leads to increased and more accurate media reporting, increased attention and funds allocated to TB work on behalf of political leaders, and increased awareness of the TB epidemic when leaders share their knowledge with their communities.

#### **Activities:**

1) Organize stakeholder meetings with media partners. A series of stakeholder meetings will be held with this critical population. They will help identify major communication gaps, and will dialogue and exchange ideas about how to increase public awareness of the TB problem in Ethiopia through the media.

2) Train journalists and media agents on basic information on TB prevention and control to improve their reporting on this topic. The ACSM Task Force will coordinate with local NGOs and the NTP to host a series of trainings for journalists and media experts on the basics of TB prevention and control.

3) Organize press conferences for journalists and media agencies. The ACSM Task Force will also organize regional press conferences to keep journalists and editors across the country well informed on recent developments in the field of TB prevention and control. Journalists and editors will be encouraged to produce various articles and broadcast stories on TB, with financial and technical support from the ministry. No budget is requested for this activity from Global Fund.

4) Engage, inform and educate political leaders on their role in TB prevention and control. The ACSM Task Force will engage NGO and media partners to print a series of fact sheets for political and opinion leaders. If possible, special presentations or press conferences will be organized

for this audience, in conjunction with other health-related events. Political, social or opinion leaders may be asked to serve as National TB goodwill ambassadors, participate in public service announcements, and be offered photo opportunities during visits to TB clinics or other TB ACSM activities.

### **SDA 3.3: Prevention Communication: Mass media and behaviour change communications**

The goal of all mass media and BCC interventions in this proposal is to increase health-seeking behaviour, awareness and knowledge of TB, and reduce TB-related stigma among health care providers and the general public. The following planned activities are subject to change slightly in response to findings of the KAP study, media survey and the ACSM strategic plan developed by the ACSM Task Force and partner groups.

#### **Activities:**

1) Train partner groups, community groups and media agencies on BCC and message and materials development. This initial training organized by the ACSM Task Force with external technical assistance will provide a basic orientation for all TB partners on effective BCC approaches, principals, goals, evaluation tools and activities.

2) Develop, pre-test, produce and distribute IEC materials for specific audiences in close collaboration with partner organizations. IEC materials will likely include the following:

- \* Booklet for TB patients emphasizing treatment adherence
- \* Pamphlet for caretakers & family members
- \* Posters to inform general public and/or specific target populations of TB
- \* Fact sheets series for journalists, media agents and political leaders

All materials will take into account the most appropriate local language(s), numbers to be printed, places for distribution, and will be developed using local artists and messages that have been pre-tested thoroughly. Different partners groups or media agencies will be responsible for producing different materials. External (national or international) technical assistance will be used to oversee the production process in some cases.

3) Conduct mass media campaigns to inform the general public about TB, encourage active and early case detection, reinforce treatment adherence, and reduce stigmatizing attitudes. Based on results of the media survey in year 1, the most popular media channels will be selected, and the tone, style and delivery of content messages will be tailored to various audiences. NGO partners, media groups and external technical consultants will be responsible for planning and implementing the media campaigns, with supervision by the ACSM Focal Person and the ACSM Task Force. The mass media campaigns will likely include broadcasting of public service announcements, informational spots or mini-dramas on radio and television or other electronic media forum.

### **SDA 3.4 Prevention communication: Social mobilization**

1) Organize and host community events to engage community members and religious leaders in learning about TB prevention and control. Planned community events include health talks or dialogue groups in urban community centres (may include faith-based centres or workplace sites), a lecture series, or community theatre. The goal of these community events is to increase awareness of TB, reduce stigmatization and

encourage communities to pursue active case detection and seek timely screening when they experience symptoms of TB. The ACSM Task Force will also identify NGO partners or community group volunteers who will conduct punctual outreach to church and mosque leaders or other faith-based organizations who influence their communities. Examples of this outreach include distribution of fact-sheets on TB, offering lecture series to the congregations, and requests for faith-based leaders to participate in educating their community or recording public service announcements for mass media dissemination.

2) Introduce a DOTS-in-the-workplace for employers. The ACSM focal person in the NTLCT will offer an educational lecture program to large companies, factories or other offices, and will coordinate with TB screening and treatment facilities to offer free testing on a punctual basis. This will not incur an extra cost as it will be done by the ACSM focal person.

## Principal Recipient

<b>Responsibility for implementation</b>			
<b>Nominated Principal Recipient(s)</b>	<b>Area of responsibility</b>	<b>Contact person</b>	<b>Address, telephone, fax numbers and e-mail address</b>
Ministry of Health of Ethiopia	Assume Programme management responsibility and financial accountability for the GF funded programme	Dr Tedros Adhanom, Minister	Ministry of Health Addis Ababa Ethiopia P.O.Box 1234 TEL: 251-115 516378 FAX: 251-115- 519366 E-MAIL: moh@ethionet.et

## Type of Implementing Partners

	<b>Fund allocation to implementing partners (in percentages)</b>				
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Academic/educational sector</b>	2.30	0.36	1.13	0.18	1.11
<b>Government</b>	66.11	58.26	74.39	74.17	71.13
<b>Multi/Bilateral Agencies</b>	11.43	18.00	13.24	14.72	16.72
<b>NGOs</b>	18.40	21.33	11.23	10.93	11.04
<b>Private sector</b>	1.76	2.05	0.00	0.00	0.00
<b>Total</b>	100.00	100.00	100.00	100.00	100.00