

## Global Fund ACSM Activities

### Global Fund TB Grants

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

### Global Fund Grant Round 5

Country	ACSM Component (\$)
Kenya	10,559,775

## Description of Round 5 ACSM Activities

### **Advocacy, Communication and Social mobilization (ACS)**

Although the NLTP, in collaboration with partners, has already started a public information campaign on TB there is need to scale-up ongoing activities to improve advocacy, funding, communications and social mobilization for TB control. The objective is to add components to the ongoing mass media campaign to address additional segments of the population and bring in religious and business communities as partners in social mobilization for TB control. The ACS effort will help support the NLTP DOTS program objective of intensified case finding and progress towards attainment of TB-related MDGs

The ACS objectives are:

1. Advocate for development of supportive policies and increased funding for TB programs.
2. Increase awareness and knowledge on TB and reduce its associated stigma in the general public and people with TB.
3. Mobilize the community and build its capacity to respond to the TB epidemic

The above objectives fall within the following 4 service delivery areas:

- Advocacy initiatives, Behaviour Change Communication (BCC)
- Mass media, BCC
- Community outreach
- Social mobilization.

The advocacy component will target parliamentarians (210), leading NGOs, religious leaders and private sector organizations. The communication program will target all 33 million Kenyans and also all TB patients. The social mobilisation component will mainly target NGOs/CBOs, FBOs , education institutions and PLWHAs

## ACS

**Advocacy problem:** Although awareness of TB is high, many decision-makers do not know that TB is a growing problem in Kenya. They are unaware of the gap in funding for TB control. NGOs conducting community based projects that care for TB and HIV/AIDS patients are uncoordinated, their impact poorly measured.

### The proposed advocacy strategy

With funding from RESULT through the ACTION project and RESULTS PATH will conduct a baseline analysis and ongoing monitoring of funding and policy constraints within Kenya by Q4 2005. The findings from this assessment and monitoring activity will contribute to the following proposed advocacy activities of this ACS proposal.

- a) With NLTP, PATH and NEPHAK conduct a national TB and HIV stakeholder review.
- b) Mobilize, train and monitor NGOs that are working with PLWHA to undertake TB/HIV activities.
- c) With the Global Stop TB Partnership (Task Force for TB Control in Africa), National Stop TB Partnership, the Parliamentary Committee for Health, NLTP, WHO, FHI, PATH and NEPHAK will:
  - Raise awareness among parliamentarians, ministry officials, religious groups, the business community, the media, TB and HIV stakeholders, NGOs, teachers and schoolchildren, and health workers about the increasing socio-economic and public health threat of TB.
- d) In collaboration with the Global Stop TB Partnership (Task Force for TB Control in Africa), National Stop TB Partnership, the Parliamentary Committee for Health, NLTP, WHO, PATH, and FHI will:
  - conduct will a critical pathway to influence policy-makers and the legislature to improve intersectoral TB control
  - carry out a gap analysis (which feeds into the present PATH National Advocacy Plan in progress) and monitor funding for TB control
  - use the gap analysis to develop national advocacy plan
  - coordinate the national advocacy plan and strengthen implementing networks to:
    - Improve private and public sector policies and legislation for accelerated TB control
    - Include district and provincial-level, governments, health committees, etc.
  - Feed-back information to the Global Stop TB Partnership.
- e) With the National Stop TB Partnership, Ministries of Health, Education, Labour, and Housing develop and implement an intersectoral plan for TB control.
- f) With FHI, PATH, WHO/AFRO, World Economic Forum, the Global Stop TB Partnership (Task Force for TB Control in Africa), National Stop TB Partnership, the Kenya Manufacturers Association, Kenya Federation of Business

## **2. COMMUNICATIONS PROBLEM**

### **a) Fear and stigma of TB in the general population**

Although awareness of TB is high, many members of the general population do not know that TB is a growing problem in Kenya, they lack full knowledge about its symptoms, how it is transmitted, treated and cured. TB has always been stigmatized in Kenya because patients were isolated in the past. Stigma is doubly important in TB control today because the general population is aware that TB is diagnostic of HIV/AIDS. They are largely unaware that TB is a disease in its own right. Indeed this confusion is not totally ill-founded. About 60% of TB patients are HIV positive and 40% of patients presenting for ART are also co-infected with TB. Demand for TB services in general is low due to fear and stigma.

### **b) Demotivation among staff in the public health service**

Although the TB programme has strengthened over the years only 47% of TB cases are detected through the public health system.

Public health nurses, treat 79% of those cases each year. Treatment success is 79%. However, nurses are demotivated because of the low salaries, lack of career prospects, and perceived lack of respect for their work and general levels of overwork. The public health infrastructure is also poor. Consequently confidence in public services is low.

### **c) Role of the private sector**

Large private hospitals and medium sized private health facilities treat TB cases and report them through the national M&E system. However, from the national health information survey it appears that follow up of patients and adherence is lower among patients treated in the private sector.

The NLTP has assessed those large and medium sized private health facilities which report through the national M&E system, but this process is not complete. Small private health facilities have yet to be addressed, and unregulated traditional healers are not included although they advertise 'TB treatment services'. The quality and adherence to treatment by patients that see traditional healers and small private health providers is of greatest concern to the NLTP as this part of the private health sector is probably responsible for the greatest proportion of patients treated unsuccessfully and TB treatment defaulters.

### **The proposed communications strategy**

- a) With PATH, FHI and PSI, conduct an evaluation of the communications needs in respect to TB control and TB/HIV management. Findings from the assessment will be reviewed and incorporated in the development of a coordinated communications plan among all partners at a TB control and TB/HIV management communications strategy workshop.
- b) With PSI and AMREF continue the present mass media campaign (on TV and radio) to drive demand for TB services. Present funding from CDC will end in 2005.

- c) With PATH, FHI and IMC conduct IPC campaigns using peer education, traditional folk media and non-conventional media in:
- Communities and schools.
  - With public and private health workers.
- d) With PATH develop community-linked mass media campaigns:
- Produce and air radio and TV 30-40 second info-commercials on TB control and TB/HIV management.
  - Produce and air video testimonials from doctors and patients that have survived TB.
  - produce radio and television serial dramas on TB control and TB/HIV management
- e) With PATH and NLTP mobilize the media to support TB control and TB/HIV management.
- f) With Kenya Medical Research Institute and NLTP take out quarterly 'TB advertisements' in national newspapers - i.e. Nation, Standard and Taifa Leo (Kiswahili language paper) and on billboards to list free public, and low-cost private DOTS providers by district.
- g) With FHI review, upgrade and develop new IEC materials for mass pamphleteering on TB control.

### **3. SOCIAL MOBILIZATION PROBLEM**

The NLTP needs to engage other religious, civic and cultural organizations, the business community and trade unions to reach a larger proportion of TB patients.

#### **The proposed social mobilization strategy**

- a) With IMC and NEPHAK train 100 first line health providers for supervised tracking of treatment defaulters, pamphleteering and door-to-door interpersonal communication campaigns.
- b) With the religious, civic and cultural organizations plan and implement a TB information campaign for their congregations through the following:
- two one-day sensitization meetings each year for five years of all major religious groups in each province
- c) With the FHI, Ministry of Labour, the Manufacturers Association, Federation of Business Committee, Business Council, trade unions prepare IEC materials and conduct training on peer-to-peer education in the workplace.

## ACS

### Partners

The members of the Kenya ACS Working Group are the co-authors of this proposal. Currently the national ACS working group comprises: World Health Organization (WHO), African Medical and Research Foundation (AMREF), Centers for Disease Control (CDC), Family Health International (FHI), Global and National Stop TB Partnership; International Medical Corps (IMC), Kenya Medical Research Institution (KEMRI), KNCV, National AIDS, STI Control Programme (NAS COP); National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK); PATH; Population Services International (PSI); United States Agency for International Development (USAID); in coordination with the Ministry of Health's Division of Health Promotion and the National Leprosy and Tuberculosis Control Programme (NLTP).

### Audiences

In Kenya each of the following organizations is an audience for advocacy, communications and social mobilization for TB control: parliamentarians, ministry officials and the legislature, business councils, trade unions, religious organizations, health workers, people affected by TB and those living with HIV/AIDS; TB and HIV stakeholders including NGOs; workers; teachers and schoolchildren (this is not clearly stated in the budget – we should add it in the budget or change it here) and the media.

Each of these audiences must be informed about the rapid rise of TB cases and deaths, and the socio-economic impact of TB. With improved advocacy, communications and social mobilization for TB control these audiences will be better able to educate, publish information, and plan to implement and finance TB control activities in a coordinated way to meet the Millennium Development Goal's targets for TB.

In summary the key target groups for the ACS component include:

- a) Political leaders and especially parliamentarians and civic leaders
- b) Religious leaders
- c) Leading local and international NGOs
- d) FBOs and CBOs
- e) Education institutions
- f) Private sector organizations and leaders
- g) General population

## h) People with TB

The program will have the impact of increasing the awareness and knowledge level of all these groups as well as mobilizing them to support the national TB program. The program should also lead to a reduction in stigma and increased demand for TB services.

The mechanism established for vetting of GFATM proposal and monitoring implementation of programmes through disease specific ICCs and the Country Coordinated Mechanism ensures that all these groups are included in the planning, implementation and evaluation of this proposal.

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### ACS

The ACS activities will include: ACS activities.

#### **Objective 4: Advocate for the development of supportive policies and increased funding for the TB programs**

##### **Service Delivery Area: Supportive Environment : Advocacy Initiatives**

#### **Activities**

1. Conduct a baseline analysis of funding (gap analysis) and policy constraints. This analysis will be carried out by PATH in collaboration with the NLTP. Funds already available.
2. Develop a national advocacy plan
3. Prepare an Inventory of NGOs, involved in TB/HIV work. The NLTP in collaboration with the national ACS working group will carry out this activity.
4. Hold a national TB/HIV ACS stakeholders review meeting. The NLTP in collaboration with the national ACS working group will carry out this activity
5. Train relevant NGOs and CBOs on ACS. This will be carried out by the ACS working group.
6. Conduct workshops to create awareness among key stakeholders (Parliamentarians, Religious leaders, the business community, the media, PLWHAs groups NGOS,) about the increasing socio-economic and public health threat of TB- will be carried out by the national ACS working group with support from the Global Stop TB Partnership's task force for TB Control in Africa.



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7. Conduct baseline research on private DOTS providers to identify those providing or willing to provide low cost DOTS services to be carried out by KEMRI

8. Design and carry out a study on the micro- and macro-economic impact of TB to be carried out by KEMRI

9. Design and conduct annual surveys to determine the impact of this ACS proposal on KAP in the target groups highlighted in this proposal to be carried out by KEMRI.

**Objective 5: Increase awareness and knowledge of TB and reduce its associated stigma in the general public and people with TB/HIV**

**Service Delivery Area: Supportive Environment : BCC-Media**

**Activities.**

1. Conduct an evaluation of the communications needs in respect to TB control and TB/HIV management. This activity will be carried out by PATH, FHI and PSI in collaboration with the NLTP and other members of the ACS group.

2. Develop a communication plan: Three workshops to develop and refine the communication plan

3. Hold a workshop to disseminate the communication plan. This will be organized by PATH, FHI and PSI in collaboration with the NLTP and other members of the ACS group.

4. Carry out mass media campaign (on TV, radio and newspaper) including community linked messages to drive demand for TB services to be carried out by PSI, PATH, AMREF and other members of the ACS working group.

5. Conduct IPC campaigns using peer education, traditional folk media and non-conventional media in communities and schools and with public and private health workers. This activity will be carried out by PATH, FHI and IMC in collaboration with the NLTP and other members of the national ACS working group. This activity will be spearheaded by PATH

6. Provide quarterly 'TB advertisements' in national newspapers - i.e. Nation, Standard and Taifa Leo (Kiswahili language paper) and on billboards to list free public, and low-cost private DOTS providers by district to be carried out by the Kenya Medical Research Institute and NLTP.

7. Review and develop new IEC materials for mass pamphleteering on TB control to be spearheaded by FHI.

**Objective 6: Mobilize the community and build its capacity to respond to the TB epidemic**

**Service Delivery Area: Other Social Mobilization**

**Activities**

1. Recruit and train 100 TB" ambassadors" first line health providers for supervised tracking of treatment defaulters, pamphleteering and door-to-door interpersonal communication campaigns to be spearheaded by IMC and NEPHAK. This activity is not budgeted for in this proposal. The budget for this activity is included in the systems proposal.

2. Conduct two one-day sensitization meetings each year for of all major religious, cultural and civic groups in each province to be implemented by NLTP and its ACS partners

3. Prepare and disseminate IEC materials for peer-to-peer education in the workplace to be spearheaded by FHI in collaboration with the Ministry of Labor, the Kenya Association of Manufacturers, The Federation of Kenya Employers The Business Council and Trade unions

4. Conduct training on peer-to-peer education in the workplace to be spearheaded by FHI in collaboration with the Ministry of Labour, the Kenya Association of Manufacturers, The Federation of Kenya Employers The Business Council and Trade unions

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## Principal Recipient

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
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## Type of Implementing Partners

<b>Academic/educational sector</b>	10	11	11	11	11
<b>Government</b>	39	37	37	37	37
<b>Nongovernmental/ community-based org.</b>	34	35	35	35	35
<b>Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria</b>	7	7	7	7	7
<b>Private sector</b>	5	5	5	5	5
<b>Religious/faith-based organizations</b>	4	5	5	5	5
<b>Multi-/bilateral development partners</b>	-	-	-	-	-
<b>Others (please specify)</b>	-	-	-	-	-
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Global Fund Grant Round 6

<b>Country</b>	<b>Political commitment</b>	<b>ACSM</b>	<b>Community Care</b>	<b>Patients' Charter</b>	<b>Total (\$)</b>
<b>Kenya</b>	n/a	n/a	n/a	n/a	

Nothing on ACSM on Round 6 proposals. Only activities relating to capacity building and procurement.