

Global Fund ACSM Activities

Global Fund TB Grants

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

Global Fund Grant Round 6

Country	Political commitment	ACSM	Community Care	Patients' Charter	Total (\$)
Thailand	n/a	n/a	n/a	n/a	n/a

Description of Round 6 ACSM Activities

ACSM activities proposed:

1. TB outreach to the private sector

Goal: To reduce TB morbidity in the workplace population

Objectives:

1. To support workplaces in the development of supportive policies on TB, HIV and TB/HIV
2. To promote knowledge and awareness of TB and HIV in prevention, care support and treatment
3. To develop a national support structure to oversee treatment services for TB and TB/HIV patients and workplace progress.
4. To institutionalize an accreditation mechanism that certifies hospitals, NGOs, and businesses in providing preventive, treatment and care services for TB and HIV.

2. Health systems strengthening component

Goal: To strengthen public health systems

5. To strengthen the national, regional and provincial level laboratory systems
6. To strengthen the NTP at all levels

3. TB services to non-Thai migrants

Goal: To reduce TB morbidity among non-Thai migrants

7. To expand quality TB services to achieve increased case detection and treatment success among non-Thai migrants
8. To develop a service delivery system that ensures coordinated TB/HIV care for non-Thai migrants
9. To empower non-Thai migrant communities to reduce their TB burden through public awareness and patient support

To increase the capacity of civil society partners to implement TB control in non-Thai migrant populations

Objectives:

1. Support workplaces in the development of supportive policies on TB, HIV and TB/HIV

Supportive policies will be developed in collaboration with all workplaces and through the provision of technical assistance of project partners. Supportive policies will ensure sustainability of the program beyond initial funding. A National Code of Practice will be developed. Approximately 10,000 companies will be enrolled in the program and it is expected that 70 percent of 7,000 companies will be able to develop formal written policies.

2. Promote knowledge and awareness of TB and HIV in prevention, care, support and treatment in the workplace.

A comprehensive and standardized TB-HIV curriculum will be developed. NGO and other collaborative partners will be trained in the delivery and sale of this training package. Companies will then be recruited by the provincial partners and provided with the training programs, which consist of an executive program, a managers/supervisors program and an employee program. Around 2 million employees will be directly covered under this program.

3. Develop national supportive and monitoring structure to oversee treatment for TB and TB/HIV patients.

The Project Steering Committee (PSC) will provide overall direction of the project and include the following partners, the Department of Disease Control, Department of Labour and Social Welfare Protection, the Office of the Social Security Office and TBCA. TBCA acts as the Secretariat to the PSC and directs project implementation to the Provincial Committee. The Provincial Committee consists of provincial offices of the Department of Labour and the Ministry of Public Health provincial offices, as well as the provincial NGO and the provincial Social Security offices. These provincial partners will undertake implementation with target hospitals and workplaces.

4. Institutionalize an accreditation mechanism that certifies hospitals, NGOs, and businesses in providing preventive, treatment and care services for TB and HIV.

The accreditation mechanism is expected to certify approximately 7,000 workplaces or 70 percent of the 10,000 workplaces recruited. Certified companies will be able to guarantee preventive, treatment or care services for TB and HIV. The accreditation mechanism is called the AIDS and TB response Standard Organisation or **ASO-TB** that represents a quality standard management tool to prevent and manage TB and HIV and AIDS in the workplace. The standard will evaluate and at the same time certify workplaces that meet the program's standards for preventing and managing TB and HIV and AIDS to ensure that effectiveness and sustainability.. The standard will be based on the following six principles.

- a. Non-discrimination of TB and HIV positive employees.
- b. Formal announcement of TB and HIV and AIDS policy to employees.
- c. Confidentiality procedures for TB infected and HIV and AIDS positive employees.
- d. Reasonable assistance to TB and HIV and AIDS employees.
- e. Provision of education and training on TB and HIV and AIDS to employees.
- f. Community outreach activities relating to TB and HIV and AIDS.

ASO-TB has a measurement scale of 100 points. Companies that achieve a benchmark of 60 points or more will receive the ASO-TB Gold Certification. Workplaces that achieve between 30 and 59 will receive Silver Certification. This standard will be accredited by TBCA and certified by the MOPH and Ministry of Labor. The six measurement indicators that total 100 points include:

-25 points for training and education

-0 points for workplace activities such as condom promotion and integration of TB and HIV and AIDS activities

- 20 points for development of confidentiality procedures
- 20 points for appropriate care and support procedures
- 10 points for TB, HIV and AIDS policy announcements to staff
- 5 points for community outreach activities.

TB in the Workplace Project

Objective 1. Support workplaces in the development of supportive policies on TB, HIV and TB/HIV

SDA 1: Collaborative mechanism among all partners. This project will create a collaborative mechanism between government, civil society and the private sector (private hospitals) to ensure that TB prevention, management and treatment will continue beyond the Global Fund funding. This formal collaborative mechanism will include specific activities such as convening an advisory board meeting that will consist of key partners (Director Generals of the Department of Labour and Social Welfare of the Ministry of Labour and the Department of Disease Control of the Ministry of Public Health, the Director General of the Department of Social Security, Thailand Business Coalition on AIDS) on a regular basis. The advisory board will provide overall direction to the National Task Force Working Group that will consist of focal point staff belonging to the collaborative partners. Implementation of the project will be under the direct responsibility of the Department of Labour and Social Welfare (DOLSW) and (TBCA); bi-weekly planning meetings will be conducted throughout project life.

Implementation in the target 25 provinces will be coordinated by personnel at the Provincial Labour Office in collaboration with the NGO service provider and the Provincial Health Office under a Provincial Task Force on Prevention and Management of TB-HIV in the workplace. As all businesses are under labor regulatory control of the Ministry of Labour, the Provincial Labour Office will be responsible for identifying, contacting and organizing all official transactions with workplaces. To support continued cooperation of workplaces, the National Code of Practice on Prevention and Management of TB-HIV in the Workplace (in Thai and English) will be distributed to all companies in order to inform them and advocate for their involvement.

Objective 2. Promote knowledge and awareness of TB and HIV in prevention, care, support and treatment in the workplace

SDA 2: Health education and awareness.

Promotion of knowledge and awareness will involve national workshops and publication of guidelines and information booklets to workplace management and employees recruited to the project. Specific activities to achieve this include a national program workshop that will bring together key implementation partners that include the planned 32 NGOs or service providers and all members of the Task Force to develop a standardized training curriculum on TB-HIV Prevention and Management in the Workplace, for workplace recruitment including training of key partners in appropriate sales strategy to recruit companies into the program.

A major component of this project is the subcontracting of NGO partners to provide comprehensive outreach to companies. Lessons learned from HIV Round 1 experience demonstrates that subcontracting is the most efficient and productive strategy to use in the close monitoring of NGO partner implementation. This cost is broken down in the following categories:

1. *Company recruitment.* Following initial communication by the Provincial Labour Office and a letter of formal introduction the NGO partner will telephone and visit the company to provide a formal presentation and introductory folder of project related information. This visit will detail the benefits and advantages of joining the program in areas of preventive health, non-discrimination in the workplace, certification process and public relations that will accrue to the company if they join. Experience from HIV Round 1 shows that on average, it would take approximately three visits before a company formally joins, through a formal and signed application form.

2. *Company baseline survey (2 hours).* After formally joining the project, the NGO will implement a company baseline survey with key personnel from the human resource section of the company. For smaller sized companies who do not have a human resources department, an interview

will be conducted with the managing director or owner. This baseline survey consists of questions on company practices related to compulsory pre- and post- employment TB-HIV testing, termination of staff that may have TB-HIV, TB-HIV awareness and educational activities in the company, procedures for managing employees with TB-HIV and community activities related to TB-HIV. After the baseline questionnaire completion, the NGO partners and TBCA will analyze the data and provide a report to the company on their level of achievement in effectively preventing and managing TB-HIV and encourage them to improve on it.

3. *Human Resource (HR) management workshop*.(half day). A human resource management workshop will then be provided to the company by the NGO partners. In some cases TBCA will assist the NGO partner in conducting this activity until the NGO partner is confident to implement the workshop on its own. Key issues under this workshop include: how to effectively prevent company employees from TB-HIV infection, how to effectively prepare the company to manage TB-HIV, how to effectively provide care and support to employees with TB-HIV and how to effectively use treatment support networks for TB-HIV in their respective provinces. Pre- and post-test questionnaires will be completed.

4. *Training of Trainers (TOT - 2 days)*: A training-of-trainers workshop will be conducted for company trainers or identified TB-HIV focal points. This workshop will provide essential skills that will enable the participants to be able to conduct their own TB-HIV activities in the workplace, provide information and awareness to employees, manage TB-HIV related conflicts and refer employees to TB-HIV related treatment supportive services in their respective provinces. Pre- and post-test evaluation questionnaires will be completed.

5. *Employee training* (half-day). One employee training session will be provided to each company for a maximum number of 50 participants, to ensure interactive discussion and effectiveness. Training contents include bio-medical aspects of TB-HIV, HIV transmission exercises, risk behaviour exercises, attitude adjustment exercises, dialogue with a person with TB-HIV and referral network for TB-HIV treatment support within the province. Pre and post test evaluation questionnaires will be completed.

6. *HR and TOT follow up*. The NGO partners will conduct follow up on the HR and TOT workshops to collect data on company policy development and awareness and educational activities in the company. Companies can improve upon their workplace activities by requesting NGO partners to conduct additional workplace activities such as bulletin board displays, exhibitions, article in company newsletters etc.

7. *Company evaluation survey*. A second company survey will be conducted by the NGO partner to measure changes from the baseline survey. If a company meets standards set by the project the NGO partner, as the company auditor, will send the results to the Ministry of Labour and Public for their official endorsement and certify the company as meeting the quality standards of the ASO-TB.

The seven activities have been calculated to involve administration (30%), NGO human resources (10%), implementing the TOT (25%), baseline and follow up company interview (25%), HR and TOT follow up (10%).

Supportive activities in education and awareness and company recruitment will be printing of several promotional information such as project banners, posters, mobile exhibitions, project uniforms, folders, trainer handbooks, employee handbooks on TB-HIV prevention, care and working with colleagues that may be TB/HIV infected. Newspaper publications on the program and the National Code of Practice on TB-HIV Prevention and Management will be circulated in national and local newspapers.

To verify company progress a company baseline survey will be developed and printed as well as an employee knowledge-attitude-and behaviour survey.

Other activities in the component are: National workshop to develop curriculum for NGO staff to visit companies; support outreach to companies through sub-contracting with NGO partners including training; production of project banners for 30 NGOs; printing of handbook for trainers of NGOs; printing handbook for employees; development and printing of posters; development of folder for companies; printing baseline questionnaires for initial assessment; mobile exhibitions; procurement of project uniforms; promotion of the Code of Practice of TB Management in the Workplace through mass media; baseline survey on KAPB and workplace policy.

Objective 8: Develop a service delivery system that ensures coordinated TB care for non-Thai migrants.

WVFT and ARC will jointly undertake these specific activities listed under each service delivery area.

SDA 15: Supportive Environment: Community TB Care (CTBC).

- Conduct assessment of current gaps and existing channels in coordinated TB/HIV care among GOs, and NGOs service providers. This assessment will be done at the start of the project. This is one of the baseline information that can be gathered at the same time that the assessment on the state of access/non-access to TB care by migrants. It is already known that migrants have poor access to medical care, including TB, and this project must understand the nature of this poor access. As the government is the main provider of health care, NGOs must coordinate with the GO to fill the gap in a complementary provision of TB care especially to migrants. It is also understood that the government does not have enough resources to respond to the needs of both its own citizens and non-citizens. Though non-citizens, migrants still have the right to health care and while the Thai government may not be beholden to this responsibility, NGOs can step in to assist the government respond to these needs of its residents.
- Develop and produce protocols for patient referral, registration, and tracking to coordinate TB/HIV care between facility-based service providers, migrant health volunteers and others. WVFT and ARC will work jointly to make an assessment of the current state of patient registration, referral and follow-up of patients. Based on the results of this assessment, a standard system and procedure or protocol will be developed through consultation with the government health facilities as well as through dialogues with the community leaders, in order to come up with a feasible and effective follow-up or tracking system for migrant TB patients. This protocol will be merged with the facility-based service provider protocol for patient referral, registration and tracking system. All protocols will be written, translated into Burmese and reproduced for distribution.
- Orient and/or train WVFT/ARC and government facility-based service providers on the protocols for referral, registration, and tracking to coordinate TB/HIV care. After development of the facility-based service providers protocol for patient referral, registration and tracking down, all WVFT/ARC staff, and health facility service providers will be trained or oriented on the protocol. WVFT will initiate such orientation or training in their areas of responsibility and ARC will do the same in its areas. But, a standard protocol is understood to be used in all project areas.
- Train migrant health volunteers on the protocols for referral, registration, and tracking to coordinate TB/HIV care. WVFT will conduct the training of migrant health volunteers on the protocol in their areas of responsibility and ARC will do the same in its areas of responsibility. Presence of concerned government health staff will be ensured in these trainings to provide and ensure a sense of continuity in the referral system from the community of migrants to the government health service provider. Training materials to be used will be in Burmese or a Burmese interpreter will be present during these trainings. Copies of protocols in Burmese will be provided to migrant health volunteers.
- Conduct annual ASSESSMENT workshop on service delivery systems.

Objective 9: To empower non-Thai communities to reduce their TB burden through public awareness and patient support.

WVFT and ARC will jointly undertake these specific activities listed under each service delivery area.

SDA 18. Community Systems Strengthening

- Conduct baseline Knowledge Attitude Practice (KAP) survey among community members and TB patients. A standard KAP survey questionnaire/tool will be developed by WVFT and ARC. Since the survey will have sensitive issues, the respondents will be assured of confidentiality of data, and may have to be asked for informed consent prior to interview. They may also refuse to continue the interview any

time they want without jeopardising their access to TB/HIV care in the future. The interviewers will be trained to be sensitive to the interview situation so as to avoid rejection from the interviewee. The KAP survey will determine the existing gaps in the KAPs of the population so that these are addressed by program strategies.

- Conduct meetings with key community members and on-site business owners participating in community-based TB/HIV care activities among migrants. There are existing community leaders in any community, they maybe religious leaders, opinion leaders or even employers. The community organizers of the project proponents will identify these key leaders through community diagnosis. A local community committee will be organized and this committee will be the key to the entry of the community organizer as well as his support in bringing the program into the community. Through meetings and dialogues with these community leaders, a plan of action can be done to disseminate information in the migrant community related to the presence of the service/program in the migrant community and to motivate them to utilize such service.
- Develop bilingual IEC materials in TB/HIV prevention and care to engage key community members and business owners. IEC materials customized according to target groups will be developed. As a matter of policy, WVFT and ARC will jointly develop these IEC materials. These particular set of materials will take into consideration the level of the target population. One set of IEC materials will target key community members and business owners or plantation owners. These materials will focus on the TB control program approaches with messages on how these target groups can assist in improving compliance of patients to treatment regimen. Two sets of materials will be developed, one in Thai and one in Burmese.
- Develop bilingual IEC materials in TB/HIV prevention and care for migrant and/or Thai populations. Another set of IEC materials will target the general population of migrants and Thais. These set of materials will focus on messages for prevention, early symptoms, consultation facilities (including TB health posts, and presence of migrant health volunteers in the community), vaccination for 0-11 month olds, etc. Development of IEC materials will go through the usual process of review of existing materials, revision or updating of messages as required, prototype development and pre testing. Two sets of prototype will be developed, one in Thai, another in Burmese. Results obtained from pre-testing will be considered in finalizing the IEC materials.
- Train/retrain WVFT/ARC staff on PLA, community organisation and mobilization. The project will utilize Participatory Learning and Action (PLA) approach in the implementation of the project. Both WVFT and ARC will sponsor training of staff on PLA, community organization and community mobilization. An expert/s will be identified to provide these trainings to the staff. Two or more refresher courses will be undertaken in the course of five years to enhance skills of current staff or to train newly hired staff.
- Train migrant health volunteers on PLA, community organisation and mobilization. Similarly, the migrant health volunteers will be trained on PLA, and community organizing and mobilization. These will be one of the modules in the training of migrant health volunteers. There will also be refreshers courses annually to respond to new recruitments and to enhance the capabilities of the migrant health volunteers.
- Conduct community events on TB/HIV prevention and care and stigma reduction among migrant and/or Thai populations. Awareness raising community events will be conducted annually in each province. Where both ARC and WVFT are operating, these events will be coordinated. The focus of these events is to emphasize early detection and treatment, importance of compliance to full treatment regimen, to reduce stigma attached to TB and how to prevent TB/HIV.
- Organize community-based TB support and/or migrant health volunteer network groups to provide TB/HIV counseling, DOTS, care and support. Formation of TB Support Groups will initially be initiated by the Community Organizer at the community level. Upon recruitment of a Migrant Liaison Officer (MLO), the MLOs will be assisted by the Community Organizer in the functioning of the TB Support Groups. Membership of the TB Support Group will consist of an acknowledged community leader, a counselor (maybe a health service provider), a previous TB patient, and the MHV. The TB Support Group's main focus is counseling and provision of moral support to TB patients to

motivate them to comply fully with their treatment regimen. It is important that members of the TB Support Group be well informed of the TB control and prevention program as well as concepts and approaches.

- Support migrant health volunteers and network groups in initiating community activities. WVFT and ARC will continuously provide support to TB Support Groups by providing facility (the TB Health Post) where they can hold their sessions. The Health Post will be provided with food items for the sessions. Transportation costs will also be considered and supported by the project.
- Set up and implement supervisory system, schedule and checklists for migrant health volunteers for DOTS, TB/HIV care and support. ARC and WVFT will jointly develop a supervisory system for migrant health volunteers in the implementation of the DOTS program. Included in this system is schedule setting and tool (checklist) develop for follow-up of patients under treatment. The MHV will be trained on this and he will likewise be provided with the tools to be used in the follow-up of patients under treatment. In addition, a monitoring system will be set up to ensure that then migrant health volunteers are able to perform this task.
- Monthly and quarterly meetings of project staff and migrant health volunteers. To foster continuous communication between project staff (provincial level) and migrant health volunteers, monthly meetings at start up will be held. These can later be held less frequent, like every quarter in the 3rd to 5th year. These meetings will also serve as feedback mechanisms to address problems met during implementation.

Principal Recipient

Responsibility for implementation			
Nominated Principal Recipient(s)	Area of responsibility	Contact person	Address, telephone, fax numbers and e-mail address
1. The Department of Disease Control, Ministry of Public Health of Thailand	Executive/Technical/ Managerial/ Administrative	Dr. Thawat Suntrajan	Tiwanon Rd. Muang District, Nonthaburi 11000 Tel: +66-2-590-3817 +66-2-965-9160 Email: admin@thaiprddc.org
2. World Vision Foundation of Thailand (WVFT)	Implementation of Migrant Population Component; Management of ARC and WVFT SRs	Kh. Chusak Wuthiwaropas, Executive Director	82/18-22 Sukhumvit 63 (Soi Ekkamai), Klong Toey, Wattana Bangkok 10110 Tel. +66-2-381-8863

			Email: chusak_wuthiwaropas@wvi.org
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Type of Implementing Partners

	Fund allocation to implementing partners (in percentages)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Academic/educational sector	0%	0%	0%	0%	0%
Government	25.0%	13.2%	18.1%	16.5%	13.8%
Nongovernmental / community-based org.	36.2%	54.9%	36.8%	31.2%	32.6%
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	0%	0%	0%	0%	0%
Private sector	0.3%	0.4%	0%	0%	0%
Religious/faith-based organizations	38.5%	31.5%	45.1%	52.3%	53.6%
Multi-/bilateral development partners	0%	0%	0%	0%	0%
Others. <i>Please specify:</i>	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%