

Global Fund ACSM Activities

Global Fund TB Grants

Country	Round 1	Round 2	Round 3	Round 4	Round 5	Round 6	Round 7
UR Tanzania							

Global Fund Grant Round 6

Country	Political commitment	ACSM	Community Care	Patients' Charter	Total (\$)
Tanzania		6,981,991	5,682,956		12,664,947

Description of Round 6 ACSM Activities

OBJECTIVE 1: TO SCALE-UP COLLABORATIVE TB/HIV ACTIVITIES IN 31 DISTRICTS

Service Delivery Area 1: TB/HIV collaborative activities: Prevention of HIV in TB patients

Activity 2: Conduct advocacy and orientation to RHMT, CHMT, District and Community influential leaders on TB/HIV: a workshop will be conducted in each district to orient the participants on TB/HIV collaborative activities in the country. A total of 620 participants will be oriented in all 31 districts.

OBJECTIVE 2: TO SCALE-UP COMMUNITY AND PATIENTS EMPOWERMENT ON TB CONTROL IN 31 DISTRICTS.

Service Delivery Area 3: Community TB Care (CTBC)

Activity 1: Conduct need assesment in 31 targeted CTBC districts: In the first two years needs assessment will be conducted in the 31 districts in a phased manner to assess both the human and infrastructural capacity of the health facilities including the political willingness at all levels and their readiness to implement the activities in these districts. Through need assessment, facilities which will have the capacity to provide CTBC activities will be selected based on established criteria and those which need strengthening will be identified. On average a total of 9 people from the national, regional, district and community level will be involved in the assesment.

Activity 2: Conduct advocacy and orientation to RHMT, CHMT, District and Community influential leaders on community TB care : A workshop will be conducted in each district to orient the participants on community TB care in 31 districts. A total of 620 participants will be oriented in all 31 districts.

Activity 3: Conduct joint planning: A joint workshop will be conducted in the 31 districts with participation of 20 people from each district. This activity will be carried out annually and will bring all the stakeholders involved in implementation of CTBC to plan together and coordinate and harmonise the resources and interventions. In order to be efficient and cost-effective, these planning sessions will also be used for other interventions such as TB/HIV (Objective 1. SDA 1. Activity 3)

Activity 4: Recruit CTBCs focal person at the central level: A focal person will be recruited at the central level to coordinate all CTBC activities in the country. The person will compliment the overload of work done by the existing staff.

Activity 5: Facilitate quarterly meetings between TB programme, CBOs, FBOs, NGOs and other stakeholders. The meetings will help to discuss challenges and opportunities on implementation of CTBC and will be a good forum for the NTLP to interact with other stakeholders in the community. These meeting will be conducted at the district level under the coordination of District Medical Officer (DMO) and local NGOs. This will be a one day meeting conducted quarterly with about 20 participants

Activity 6: Facilitate quarterly meetings for community based TB care providers: This meetings will be a forum where community TB care providers will share their experiences on achievements, challenges and the way forawrd on CTBC. This will be a one day meeting with 20 participants in each district.

Activity 7: Facilitate TB patients and former TB patients to form social support groups: The TB social support groups are important to encourage themselves to complete their treatment, to retrieve TB defaulters and to give advocacy on TB control to the community.

Activity 8 & 9: Train health care providers from TB clinics, Community based TB care providers and Community based home care on community based DOT and Patient empowerment. The health care providers, community based treatment supporters and community based home care providers will be trained on CBDOT approach, patient empowerment and basic TB control. More emphasis will be on informing patients on TB, importance of adhering to TB treatment, offering patients choices of DOT (Health facility based DOT vs Home based DOT) and roles/responsibilities of health care providers, community based treatment supporters, Community based home care providers and community at large. 15 health workers from 31 districts will be trained for 7 days, whereas 30 community based treatment supporters and home based care providers will be trained for 3 days. Training will be conducted in collaboration with academia and training institutions where participants from two to three districts will be trained together. It is envisaged that through this training 465 health care providers and 930 community based providers will be trained.

Activity 10: Provide incentives and enablers to community based providers: In order to improve working environment of CBTC providers essential non-medical supplies including umbrellas, raincoats, rain boots, transport costs will be provided to a total of 465 community based providers in the 31 CBDOTS districts.

Activity 11: Document best practices. Two consultants will be engaged to document experiences and best practices in implementation of community activities and patients' empowerment. This activity is important because there is limited experience within TB programme on involvement of community and patients on TB care

Activity 12: : Provide technical support to the districts: Technical support will be provided from central level in the course of implementation of the activities in quarterly basis. Three officers from TLCU and TB officer from WCO will provide the technical support.

Activity 13 & 14: Conduct supportive supervision to the districts and communities: It is important to conduct supportive supervision to the districts to monitor the implementation of the activities and also to meet the patients on treatment at the community level in order to motivate them and get their views on the CBDOTS approach and assist them accordingly. The supervision will be conducted by staff from TLCU, WCO, regional district levels.

Activity 15: Procure bicycles for community TB care providers: The bicycles will assist transport to the community for DOT supervision and defaulter tracing especially for hard to reach areas.

Activity 16: Central administration. The funds allocated in this activity will help in daily administration and running of community based activities such as fuel for supervision, stationery and office running costs.

Service Delivery Area 4: BCC Community outreach

Activity 17: Recruit ACSM focal person at central level: There is lack of advocacy, communication and social mobilisation for TB, TB/HIV at all levels. A qualified ACSM focal person is to be recruited at central to spearhead this activity.

Activity 18: : Provide technical support to the districts: Technical support will be provided from central level in the course of implementation of the activities in quarterly basis. Three officers from TLCU and TB officer from WCO will provide the technical support.

Activity 19: Development of Training Materials for ACSM: Advocacy, communication and social mobilization on TB, TB/HIV and CTBC is an important activity to increase case detection, case holding and decrease unfavourable treatment outcomes. Two experts in ACSM field will be selected to develop the training materials to be used in 31 districts. The consultants will review, adapt and finalise the training materials.

Activity 20: Print ACSM materials: The developed ACSM materials will be printed to be used in the 31 districts. A total of 200,000 ACSM materials which include: manuals, leaflets, posters will be printed annually.

Activity 21: Produce promotion and advocacy materials: A total of 50000 materials bearing information on TB, TB/HIV and CTBC will be produced and distributed to be used for ACSM in 31 districts. These materials will include Tshirts, banners, caps, billboards etc.

Activity 22: Train Health Care Workers on communication skills: 15 health care workers will be trained from each district. A total of 465 health workers will be trained for 7 days in the 31 districts.

Service Delivery Area 5: BCC: Mass media

Activity 23: Develop TB media messages: A workshop to develop mass media messages will be conducted involving partners and mass media community . Messages developed will be used to create public awareness on TB, TB/HIV and CTBC.

Activity 24 : Develop Swahili documentaries on TB control: Inorder to create public awareness on TB control, it is important to develop relevant TB documentaries in Swahili for wider audience. A consultant will be hired to review, adopt and develop 2 Swahili documentary films on TB.

Activity 25 & 26 : Develop training materials for media personnels: Media people are not conversant with the national TB control activities. Advocacy Communication and Social Mobilization (ACSM) materials for TB control will be developed and will be used to train the media people. A total of 30 media personnel will be oriented on TB control for one day using the developed ACSM materials specific for media personnel.

Activity 27 & 28 : Develop and air TB TV and Radio spots: Taking the advantage of possession of TV and/ or radios by majority of urban and minority of rural dwellers, TV and Radio will be used to air TB spots for three days monthly. It is envisaged that through these TV and radio air spots, people will get proper information on TB, TB/HIV and CTBC and hence positively change their health seeking behaviour.

Activity 29: Support sensitisation campaigns on TB control: In order to create public awareness on TB control, two sensitization campaigns will be conducted in each district monthly.

Activity 30: Conduct evaluation of BCC strategy: Mid and end term evaluation of the program will be conducted by internal consultants who will include 12 officers and 3 drivers. Each evaluation will be conducted for 14 days in randomly selected districts implementing GFATM round 6 proposal taking into account the representativeness of the findings.

Principal Recipient

Responsibility for implementation			
Nominated Principal Recipient(s)	Area of responsibility	Contact person	Address, telephone, fax numbers and e-mail address
Ministry of finance, Government of Tanzania	Tuberculosis	Mr. Gray Mgonja	Permanent Secretary, Ministry of finance, P.O. Box 9111, Dar-es-Salaam, Tanzania. Telephone: 255-22-211-7790

Type of Implementing Partners

	Fund allocation to implementing partners (in percentages)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Academic/educational sector	16.00%	2.00%	4.00%	12.00%	6.00%
Government	34.00%	42.00%	43.00%	38.00%	44.00%
Nongovernmental / community-based org.	37.00%	41.00%	40.00%	37.00%	35.00%
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria	5.00%	6.00%	7.00%	7.00%	7.00%
Private sector	6.00%	6.00%	4.00%	3.00%	5.00%
Religious/faith-based organizations	2.00%	3.00%	2.00%	3.00%	3.00%
Multi-/bilateral development partners					
Others. <i>Please specify:</i>					
Total	100.00%	100.00%	100.00%	100.00%	100.00%