

NGO CAUSE PREMIERE

With Special Consultative Status at the Economic and Social Council of the United Nations
A woman of quality, an asset to a country. Everyday more than yesterday and less than tomorrow

PROJECT CAUSE PREMIERE

**Active Campaign for Prevention
of tuberculosis in Senegal (A .C.P.TUB. / SN)**

1. Presentation of the project leader

Name or company name:

NGO CAUSE PREMIERE

Field of activity:

Health, education, fight against poverty and exclusion

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Website: www.causepremiere.org (in revision)

Legal form:

Non Governmental Organization: Law 1901 ASBL

Approval:

No. 009,373 of Dec. 8, 2003

Creation Date: January 1995

Date and official recognition:

As an Association: 1997 No. 09471 / M INT.-DAGAT/DEL/AS

NINEA No. 0470,930 of October 13, 2000

As NGOs: Approval No. 009,373 of December 12, 2003

Name, title and contact details of the legal leader:

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Project Leader: Banding GASSAM

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2. Project Fact Sheet

Title : Active Campaign for Prevention of tuberculosis in Senegal (A .C.P.TUB. / SN)

Location: Dakar and Ziguinchor Regions

Project duration: 12 months (from March 1 to February 28, 2011)

Local partners:

- Media

Newspapers:

❖ **Newspapers**

Le Soleil
Walf Fadjri
Sud Quotidien
L'Observateur
Le Matin

❖ **E-Press**

www.rewmi.com
www.seneweb.com
www.afrik.com

Televisions:

RTS

2STV

Radios:

RFI

Radio Nostalgie

Sud FM

Walf FM

Dunya FM

CHAINE IV




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- Other partners:




Institutional partners:

-  Ministry of Family, National Solidarity, Women Entrepreneurship and Micro Finance
-  Ministry of Health and Prevention (National Programme for the Fight against tuberculosis)
-  Ministry of Urban Development, Housing, Urban Water, Sanitation and Public Sanitation

The religious partners:

-  Imam Ratip (Prayers leader) of Dakar and Imam Ratip of Ziguinchor
-  Bishop of Dakar and Bishop of Ziguinchor

Local partners :

-  Local Red Cross in Ziguinchor
-  Medical Region of Dakar and of Ziguinchor
-  Health district of Ziguinchor and of Pikine

Gold Star Partners:

We are currently working for their involvement, directly or indirectly, to the campaign

Directly:

Composing a piece on tuberculosis and its impact:

Singers :Baba Maal, Coumba Gawlo SECK and Manu Dibango

A star of football Kalidou FADIGA and / or Aliou Cisse

Indirectly:

Other stars solicited to take part in a spot

Elaji DOUCOURE

Enoch

Miss France

NB: this means to find them where they are, and film them while delivering a speech containing a phrase about the cause. In real, a spot of one or two minutes.

Example: decomposition of the sentence to say in 5 parts.

3. Project description

March 24, 2009: World Day against Tuberculosis and more

Why this project?

Tuberculosis was long considered a highly contagious disease, before it is certainly stabilized. However, it becomes more and more threatening to people. Thus, we must recognize that Tuberculosis (TB) is at a state of endemic in some towns in Senegal. According to the report of the National Program to fight against this disease, 32,638 cases of tuberculosis have been identified- all forms together, 504 / 100 000 of them being flow positive pulmonary cases, the most infectious form , including 58% mortality in 100 000 with a co-infection TB / HIV seropositive and 3% prevalence rate among people with HIV (Report of 2006). Incidence rate is estimated at 270 / 100 000 while the national screening rate is 60%. Dakar, the capital, alone accounts for nearly half the rate of morbidity. In some localities, more than 20 new cases are reported per month according to some health centers.

Regarding the distribution of tuberculosis in the departments of Pikine, it reveals that Pikine has all in all 43 % people affected by TB, 19 % in Yeumbeul, 13% in Thiaroye, 9% in Malika and Guinaw Rail and 6% in Deggo.

The most worrying with regard to this highly contagious disease, is its co-infection with AIDS virus. Even if actual data are lacking, in 2004, the World Health Organization estimated that 4.7% of co-infection would be associated with tuberculosis (WHO Report + 01 / of 2006). As national program of fight against tuberculosis, it is estimated that 2% of new cases resist to medicines. It is a real concern given that in Africa, people live outside. And considering its rapid spread in the air, ultimately, everyone is exposed.

The concern rises to a crescendo when we know that the cure rate also remains low with an average of 62%, largely due to the high rates of treatment dropout (28%). This contrasts with the importance of the means established for the diagnosis and treatment, including the existence of operational units of diagnosis (76 laboratories) and treatment (68 treatment units) well integrated into the healthcare system and distributed throughout the national territory, and where effective treatment is available and free. This reflects the existence of real obstacles that hinder the control of tuberculosis in Senegal, and the focus being placed on care and not on prevention and monitoring of patients. Usually, patients come for the first time in consultation after being infected for a long time without solution level of traditional medicine which is their primary care (70% of patients say they first use traditional medicines).

In accordance with the Millennium Development Goal to reduce the impact of tuberculosis by 2015, *Cause Premiere* would initiate this program of prevention and active monitoring.

Indeed, faced with this pandemic that threatens the health of populations- according to medical sources- the regions of Dakar and Ziguinchor especially in their peri-urban areas, given the poverty and promiscuity, have more cases of infected people. Ziguinchor, for the

simple fact that it is between two countries (Gambia in the north and Bissau Guinea in the south, within its administrative boundaries with the region of Kolda, true gateway for populations from Mali and Guinea because of its largest weekly market in Africa because of its revenue by nearly 750 000 Euros per week) with porous borders, is very seriously exposed. An alarming situation due to an acute lack of awareness concerning populations and their non-involvement in the fight against this disease. In addition, the age bracket the most active among population is most affected. In some localities, it is not uncommon to see in one family three to four people affected by the disease. Worse is almost all patients who have been diagnosed, knew late their new status.

For all these reasons, *CAUSE PREMIERE* intends to conduct this program of prevention, active fight but also and especially long-term monitoring of TB patients until their complete recovery. We cannot argue effectively fighting tuberculosis by only sensitizing people and without following up infected till they recover.

CAUSE PREMIERE will achieve this goal through the combined effort of its partners, revenues generated by various services (theaters, camera rent, call sponsorship by purchasing gadgets etc...) on the one hand, and with its Health educators chosen in their respective locality to be constantly monitoring the patient closely in his house on the other. This is the only way to avoid favoring multi-resistant tuberculosis patients.

That is why, *CAUSE PREMIERE* which has always invested a lot of emotion in the fight against AIDS, considering the cross, would increase for these three years, its actions on the fight against tuberculosis through various lectures and sensitizing campaigns and mass mobilization

Since 1995 the NGO *CAUSE PREMIERE* conducted several experiences in the fight against HIV / AIDS and would now lead that driving campaign to fight against Tuberculosis in Senegal as a first step before spreading it to other countries in West Africa including Côte d'Ivoire, Mali and Burkina Faso considering their porous borders where populations are in constant movement and very mixed.

It is unacceptable today that information about the use of injections is still released, what scares people infected or co infected (HIV / AIDS) because of the number of injections they are supposed to take, while this method is almost over.

Information is the first weapon in the fight against tuberculosis. Populations must be informed in order to measure the danger of this disease and to adopt the behavior that it requires. In fact, if everyone is aware of TB, the knowledge of its modes of transmission and means of prevention remains superficial and inadequate. Thus, *CAUSE PREMIERE* chooses to respond, offering to throw in Dakar and Ziguinchor, a

outreach campaign to fight effectively against the transmission of tuberculosis and its co infection with HIV / AIDS and encourage voluntary and anonymous screening.

Economic consequences that highly affected African countries would benefit from in tackling this disease, could reach nine times the value of funds invested in the fight against this blight by 2015, says a study by the World Bank.

Project Objectives:

The project is based on two strategic components:

1. Preventing the transmission of TB and its co-infection with HIV / AIDS
2. Counseling and Voluntary and anonymous testing

The campaign objectives are to inform, educate and mobilize people to fight against tuberculosis, disseminate relevant information on tuberculosis, persuade people of the imperious change of health behaviors, promote new methods of care and promote screening for tuberculosis, so that people adopt a responsible conduct face to that disease. It means to wake and keep awake the consciousness in relation to TB, repeat that it exists, it is spreading in very high speeds, it kills every day and it affects everyone.

Targets of intervention:

The project beneficiaries will be primarily people between 15 and 49. But the campaign will reach more broadly throughout the population through the poster campaign and with contributions from the media (radio, newspapers and television, internet). The project is expected affect approximately 700,000 people directly and 8 million persons at least indirectly.

Methodology:

The project begins by exploring people, places and institutions in order to reach in priority our target and the maximum number of people. Then he will train sensitizers (health educators) to communicate and interact with the public in the field of prevention and fight against tuberculosis, for the provision of adequate information and education materials needed. Finally, the campaign will really begin, campaign towards first seniors between 15 and 49. *CAUSE PREMIERE* favors direct contact with communities to carry out their campaign. It will then educate people

reaching out to them either at home or in public places, through dialogue, activities ... and extensive media coverage.

The campaign will build then on two axes: the media and sensitizers communication and awareness:

- Sensitizers or health educators:

Health educators (sensitizers) are field workers trained to question TB whose mission is to awaken awareness and to mobilize people in the fight against TB. Control of the issue and the Senegalese culture gives them the advantage to adapt their approach to local psychology for a better result. These are the ones who go to meet people to raise awareness of the danger of TB, talk and try to convince them of the need to change their health behavior. They will also follow up home care of people.

-Communication and awareness supports:

CAUSE PREMIERE chose the approach of a real contact with people, it will as we have seen go to meet people by visiting their homes, but also in schools, institutions, public places ... Various media and educational tools will be used: the organization of debates, the distribution of leaflets, posters, T-shirts, screenings of short films, theatrical ... with the strong support of radio stations, televisions and newspapers.

Activities for both components:

Prevention of TB transmission:

- Organize a health educators training workshop (16 girls and 16 boys) in Information-Education-Communication-Empowerment for 5 days
- Ceremony to launch the campaign in Dakar March 24, 2009, and Ziguinchor
March 27, 2009
- Organize 16 football games on both target areas
- Achieve 90 talks on the prevention of TB in 5 000/zone
- Organize 26 film screenings followed by discussions on preventing TB at the population level in general, 13 in each target area
- Perform 12 different theatrical performances by the public concerned about dangers of TB and its prevention in Dakar and Ziguinchor

Counseling and free and anonymous testing and access to care:

- Achieve 28 debates for 1500 pregnant women, nursing or of childbearing age in Dakar and Ziguinchor
- Achieve 70 talks for 3500 women of childbearing age and adolescents in Dakar and Ziguinchor
- Achieve 20 debates for a thousand workers in companies
- Organize 64 debates for the promotion of voluntary and anonymous testing centers for the entire population of Dakar and Ziguinchor.
- Organize 12 theatricals in 2 target zones
- Organize 15 meetings of awareness towards people living with HIV / AIDS.

Expected results:

Awareness of people sensitized about the dangers of TB and its co-infection with HIV / AIDS so that they adopt a responsible attitude vis-à-vis the disease. The project goal is to change health behavior and in particular use of screening centers.

Expected impact:

- i) To detect 60% of cases of TB smear-positive by the end of 2011;
- ii) Deal correctly 85% of TB cases detected by the end of 2011;
- iii) Increase attendance rates of voluntary testing centers
- iv) 80% of patients on treatment are cured with our monitoring system.

Needs in human resources:

- A project manager
- 2 trainers to train health educators
- 32 health education by Region
- 2 secretaries (1 to 1 to Dakar and Ziguinchor)
- 5 facilitators for football

Monitoring and evaluation:

Preventing the Transmission of TB

| Activities | Indicators | Results Expected | Means Of Verification |
|--|--|---|--|
| Training of Health Educators by 2 Trainers | Number of trained stakeholders | 16 trained stakeholders(8 girls and 8 boys) | Workshop training report |
| Commencement ceremonies in Dakar and Ziguinchor | Testimonials writings of Local Authorities invited | 2 Commencement ceremonies | Report and photos |
| Organization of football games in Dakar and Ziguinchor | Invitation cards and authorities testimonies | 16 games held | Photos, trophies, report |
| 90 Talks on prevention through region | Successful teenagers mobilization | 3000 teenagers reached | Activities report and photos |
| 36 Film screening followed by discussions on TB | Number of sessions organized and target feedback | 8000 people reached | Activities report and scorecard |
| 12 Theatricals on TB risks | Number of theatricals organized | 8000 people reached | Activities report and teenagers feedback |

Prevention of co-infection against People Living with HIV / AIDS

| | | | |
|---|--|--------------------|---|
| 15 Talks for people living with HIV / AIDS and its co-infection with TB | Number of people living with HIV / AIDS | 100 people reached | Activities report, feedback, photos |
| 4 Film screening on opportunistic disease including TB | Number of people living with HIV / AIDS | 100 people reached | Activities report and feedback |
| 28 Talks for pregnant women, nursing or of childbearing | Number of pregnant women, or of childbearing reached | 1500 women reached | Activities report, progress report and attendance sheet |
| 70 Talks for pregnant women or of childbearing | Number of women reached | 3500 women reached | Activities report |

Voluntary counseling and testing and anonymous

| | | | |
|--|--|--|--------------------------------|
| 64 Debates for the promotion of testing centers for all people in targeted areas | Frequency of voluntary and anonymous testing centers | At least 60% of people are made screened | Report of the screening center |
| 26 Theatricals | Written testimonials | 2000 people reached | Activities report |

Amount requested in 2009:

4. Budget

| Spending | COSTS | |
|-------------------------------------|----------------|----------------------|
| 01 - Purchases | | |
| Non-storable supplies | 1245 | |
| Administrative supplies | 605 | |
| Activity supplies | 14 295 | |
| Water, electricity | 690 | |
| Fuel | 4020 | |
| Total 1 | 20 145 | |
| 02 - External Services | | |
| Rentals securities | 190 | |
| Property rentals | 2180 | |
| Maintenance and repair | 1060 | |
| Insurance | 1000 | |
| Total 2 | 4430 | |
| 03 - Other external services | | |
| Remuneration and fees | 7079.68 | |
| Advertising Publications | 16 580 | |
| Travel | 2450 | |
| Banquet | 1000 | |
| Postage, telephone, Internet | 2400 | |
| Total 3 | 33 550 | |
| 04 - Staff costs | | |
| Staff Salaries | 7200 | 86.631,74 USD |
| Payroll | 2000 | |
| Total 4 | 11 000 | |
| TOTAL | €62 035 | |