Introduction to Advocacy, Communication and Social Mobilization
Workshop for the Stop TB Partnership
World Health Organization
March 14-16, 2005
Moscow

Workshop Report
Submitted by Michele A. Berdy

A three-day workshop, Introduction to Advocacy, Communication and Social Mobilization, was conducted in Moscow, Russian Federation, March 14-16, 2005. Participants represented national TB programs in Russia, Ukraine, Moldova, Georgia, Azerbaijan, Uzbekistan and Kazakhstan, as well as non-governmental organizations such as the Red Cross. Participants were chosen at the national level. A total of 27 participants were invited to attend the workshop (see attachment 1); several participants from Russia did not attend all the sessions.

The working language of the workshop was Russian, with simultaneous translation into English. Power-point slides were in Russian; materials in the participants' notebooks were in both English and Russian.

Goals

The main goals of the workshop were to a) introduce participants to basic ACS concepts, b) review ACS activities and products that have been developed for TB and other health initiatives in Eastern Europe, c) lead the participants through an ACS needs assessment process, and d) instruct them in how to use their needs assessment to design an ACS strategy and work plan.

By the end of the workshop, participants were expected to:

1. Understand the basics of advocacy, communication and social mobilization
2. Understand the basics of planning, managing and evaluating a campaign
3. Have acquired or improved skills in communication
4. Have learned how to do a needs assessment

A fifth outcome was expected for the workshop organizers: to determine the level of skills and knowledge of ACS among the participants, understand how ACS activities are integrated into ongoing or planned programs, and determine what additional technical assistance and workshops would be beneficial in order to activate ACS activities in the regional national TB programs.

The main goals and outcomes of the workshop were achieved (see below).

Pre-workshop questionnaire

To determine the level of knowledge, experience, and needs of the participants before the workshop (and to fine-tune the workshop program), a questionnaire was prepared and distributed in Russian and English (see attachment 2). Only nine participants filled

out the questionnaire. From their responses, it was clear that all had some familiarity with the terminology and all had taken part in ACS activities. Seven of the respondents had fairly extensive experience and could provide adequate (and in some cases, quite accurate) definitions of communications, advocacy, social mobilization, quantitative and qualitative research, and target audience.

However, since only one-third of the participants responded, the knowledge levels and needs of the majority of the participants were not known. The plan for the workshop was to provide sufficient, detailed knowledge of basic concepts; prepare a variety of exercises; and to tailor each session to the participants' level of interest and needs during the workshop.

Workshop Syllabus and Materials

The workshop consisted of twelve ninety-minute modules:

Day One: Introduction to Basic Concepts of ACS and Communications Theory

Module 1:	Introduction to the Workshop, Communications Process
Module 2:	Behavior Change Continuum and Methods of Persuasion
Module 3:	Introduction to Advocacy, Communications, and Social Mobilization; Components of ACS Campaigns
Module 4:	Review of the information from TB-, TB/HIV- related Socio-Behavioural Surveys in former Soviet countries and Romania; P-Process

Day Two: Skill-Building

Module 5:	Patient-oriented Communication
Module 6:	Successful Presentations
Module 7:	Working with the Mass Media
Module 8:	Partnership-building

Day Three: Applying Skills

Module 9:	Evaluation and Introduction to the Needs Assessment Matrix
Module 10:	Needs Assessment Matrix (group work)
Module 11:	Needs Assessment Matrix (group work)
Module 12:	Presentations and Discussion of Needs Assessment Matrix

Each module was prepared with power-point presentations and included lectures, brain-storming sessions, group and individual exercises, and role plays. Each participant received a notebook with the workshop schedule, participant list, additional print materials on the subject matter of each module, background materials, and reading and online resource lists.

On the first day it became clear that the levels of experience and knowledge varied greatly among the participants. Furthermore, the size of the group and national competition between countries made group exercises and presentations difficult. Most of the groups used the exercises not to plan "hypothetically," but rather to describe activities already conducted, and viewed them more as a chance to highlight their

programs than to learn new or improve their communications skills. In light of this, after the first day the workshop program was modified somewhat; the lectures were completed in entirety, but instead of dividing the participants into small groups, exercises were done by the group in entirety. This proved to be more productive.

A review of the materials produced in the region before and during the workshop revealed many flaws, such as multiple messages, unclear audiences, lack of a call to action. In a longer workshop, after the participants had developed a sense of group identity, it would have been useful to study the materials as a group and analyze their advantages and disadvantages. However, given the national competitiveness, it seemed better not to focus on the products of individual countries.

Outcome Evaluations

At the end of the workshop participants were requested to complete an evaluation form. Some of the participants (mostly Russian participants) did not attend the last sessions, so a total of 18 participants completed the forms. The participants gave both the workshop as a whole and individual sessions high ratings for usefulness, and indicated that the main goals of the workshop were achieved. They were asked to respond to questions or statements on a scale of 1-5, 1 being "disagree/very poor," and 5 being "agree strongly/excellent." Some key responses:

The course met the stated objectives

Mark of 3	Mark of 4	Mark of 5
1 (5.5%)	4 (22%)	10 (55%)

The content in this course was appropriate for my level of training needs

Mark of 3	Mark of 4	Mark of 5
2 (11%)	8 (44%)	8 (44%)

Prior to this course I rate my knowledge on Advocacy/Communication/Social mobilization

Mark of 1	Mark of 2	Mark of 3	Mark of 4	Mark of 5
2 (11 %)	3 (16 %)	7 (38%)	5 (28%)	1 (5.5%)

After this course I rate my knowledge on Advocacy/Communication/Social mobilization

Mark of 3	Mark of 4	Mark of 5
1 (5.5%)	11 (61%)	6 (33%)

Content is useful

Mark of 3	Mark of 4	Mark of 5
0	5 (28%)	13 (72%)

Presentations and related power-point material are useful

Mark of 3	Mark of 4	Mark of 5
0	4 (22%)	14 (78%)

In particular, responses confirm the trainers' impressions: the level of knowledge at the start of the workshop varied from "very poor" to "excellent." But all the participants who responded noted that their knowledge of ACS improved (except the one person who

rated his/her knowledge as “excellent” at the start and end of the workshop). Of the participants who responded, 17 recommended that the course be offered again (one participant did not reply), 12 participants believed they could teach the course themselves, and the five participants who believed they could not teach the course in full each noted that a session that they could teach.

Participants suggested that work be continued in another workshop, or that in future the workshop be longer in duration. One person requested more material on working with the mass media and partnership building, and one person noted the uneven level of participants’ knowledge and experience. Two participants expressed dissatisfaction with the hotel and financial arrangements.

The results of the participant evaluation are included in full (see attachment 3).

Virtually all the participants spoke about the usefulness of the workshop in systematizing concepts and material and providing new information. Participants from all the countries asked for additional technical assistance – some provided during session breaks – and in-country TA. In particular, one participant who left the workshop for several hours to review proposals for World TB Day sent from several Russian regions, noted that she was able to immediately apply what she had learned at the workshop (What is the goal of the activity? Who is the primary audience? How will the effectiveness of the activity be evaluated?)

Trainer Evaluations

The three workshop facilitators, Michele Berdy, Ger Steenbergen and Igor Toskin, met the day after the workshop to discuss the outcomes and next steps. The consensus of the group was that the main goals had been achieved: the participants left the workshop with greater understanding of ACS, improved skills, and practice working on the needs assessment matrix.

However, it was noted that the workshop was made difficult by the great diversity of preparation of the participants, their political and national sensitivities, and the belief among many of the participants that they already know ACS and were successfully carrying out communications work in their countries. Some of the participants required an introduction to ACS; others required “remedial work” to assist them in moving their ACS work to a higher strategic level.

While a comprehensive analysis of the ACS capacity of the participating national TB programs would require in-depth study of the work and results in each country, the workshop provided a good “snapshot” of regional capacity. The facilitators made several key conclusions:

<u>Participant Diversity</u>
Some of the participants were responsible for or involved in conducting ACS activities in their countries; others had adequate or better than adequate theoretical knowledge, but little opportunity to put this to practical use; still others seemed to represent the leaders of TB Control Programs but were not involved in ACS activities. For practical workshops in future, care should be taken to invite participants who conduct the communications work in their countries. Separate conferences might be arranged for national program leaders to “advocate” for ACS activities and provide evidence of their effectiveness.

Regional Diversity

There would seem to be a range of local capacity for ACS: Moldova and Ukraine seem to be doing the most sophisticated work (Moldova in particular, which has a dedicated and experience communications expert working on TB control); Uzbekistan and Kazakhstan are doing many activities, but they do not appear to be strategically driven; Russia has extremely capable individuals, but has done little oblast-level or national work; Georgia seems to be just beginning work in this area (while the two participants were virtual novices to ASC, they both were extremely receptive to the material and requested the most informal TA for their programs). The two participants from Azerbaijan were apparently responsible for the medical aspects of TB control and had no experience in or knowledge of ACS. It is not clear if their colleagues in Azerbaijan are more competent.

Research

There is virtually no formative behavioral research in any of the countries. It would seem that the vast majority of communication activities for the population(s) are being determined on the basis of quantitative epidemiological data and anecdotal evidence from service providers. While all the participants said that they carry out pre-testing of materials, none offered examples from pre-testing research. No pre- and post-activity surveys or focus group studies appear to be conducted. (Moldova and Ukraine are the exceptions to this, but it is not clear how extensive the research is.) The facilitators had the impression that evidence-based ACS is not being conducted in the region. However, since communication activities in TB control went from virtually zero to some level of increased media and other communication activity, the participants saw an increase in case detection. But without research, it isn't clear if this is a result of the communication, or if the communication activities are reaching the target, highest-risk populations. Tellingly, many participants noted materials distributed at health clinics or the use of TV public service announcements – neither of which are likely to reach the audiences at greatest risk of infection.

Strategic Communications

Similarly the facilitators had the impression that while a great deal of ACS activity is being conducted, it is not strategic; it is not linked to specific program goals of the DOTS and TB Control programs in the countries. The Moldova, Ukraine, Uzbekistan and Kazakhstan programs appear to be targeting their communications activities (some of which are creative and complex) to specific audiences or "the general public," but it is not clear if they are an integrated part of the DOTS roll-out strategies in these countries.

Advocacy

Although the facilitators probed the participants several times about the need for advocacy activities, all the participants insisted that their programs were supported fully by the government and health ministries, had the proper "edicts" to roll-out the DOTS programs further, and had sufficient, or almost sufficient, funding. However, virtually all the participants contradicted this with statements about funding cuts, service providers and ministry staff hostile to WHO TB control recommendations, and even their personal reservations. It is clear that in Russia the medical establishment remains either uninformed about the DOTS strategy, misinformed, or hostile. It may be worth conducting a separate workshop on advocacy in which participants can "uncover" goals for advocacy activities at the national, oblast, and ministry levels, as well as among service providers; set specific goals integrated into the overall TB control strategies and

timelines; and plan research and possible activities. Here it would seem that the participants need considerable guidance.

Service-provider/patient communication

The participants were divided between communication specialists who were virulent in their contempt for doctors' communication skills, and medical doctors who were equally virulent in their contempt for their patients and communication skills. Several people spoke about "forcing" patients to accept treatment, "scaring them into treatment," or "threatening them." While during the sessions participants seemed to accept the concept of "motivating" patients, and many provided good ideas for messages, during a discussion about improving doctors' counseling skills, a rather heated debate erupted. Even doctors who had participated in the session of patient-oriented communication reverted to calls for threats and scare tactics with patients. A few participants did not understand "counseling" as anything but medical consultations; the very concept of "counseling patients" on the non-medical aspects of TB treatment was unfamiliar to them. Only one Russian doctor who worked in the penal system supported counseling skills and cited some evidence of the importance of good counseling for patient treatment.

Introducing counseling skills in TB control seems likely to be met with great resistance from the medical communities in the region. In particular the status of TB doctors is perceived to be low and conditions (and salaries) inadequate, so (according to participants) service providers will not be eager to take on the "additional burden of counseling." (It is also unlikely that the medical community would give this role to nurses.) However, conditions for treatment are largely difficult for the patient in both the TB clinics and then for out-patient care, and in these circumstances, counseling and patient-motivation seem likely to play a considerable role in improving health outcomes. However, a separate workshop, or working group, might be needed to assist the national programs devise possible scenarios for introducing counseling as part of a TB patient's care.

Needs Assessment Matrix

Given the time constraints of the workshop, the participants were asked to choose one goal for their needs assessment matrix and work through it from start to finish. Almost all the country groups completed the task quickly and said they found it easy. However, individual and group analysis of the needs assessment indicated that the task was not as simple as it initially appeared to them. Almost all the groups found it difficult to cite "behavioral goals" with specific audiences; many noted changes in systems, or goals and audiences that did not match. In most cases they planned for a large and diverse group of implementers and complicated activities, while paying little attention to activities that would be easier to organize and less expensive. When groups tried to devise activities to reach high-risk groups, almost none found ways of reaching their audiences at all, or in ways that would not be prohibitively cost- and labor-intensive.

The participants noted the value of the needs assessment matrix as a planning tool. They all left the workshop with skills to complete it. However, the results are likely to vary greatly, and most of the national programs represented at the workshop will need additional technical assistance.

Recommendations for Next Steps

Despite the many challenges of the workshop, progress was made and, by the end, there was a discernable momentum. So as not to lose this, the group of facilitators made the following recommendations:

1. Request recommendations for next steps for all the participants from several of the most active and knowledgeable participants:

- Elena Belova, Deputy Director of the National Centre for TB (Kazakhstan)
- Irina Zatusevski, Senior Health Communication Specialist (Moldova)
- Dmitry Stepanov, Deputy Director of the Novosibirsk Research Institute of Phthisiopulmonology (Russia)
- Svetlana Sidorova, Chief TB Doctor of the Medical Department of the Federal Service for Sentence Execution of the Russian Federation (Russia)
- Oksana Yakovenko, Programme Assistant, WHO Office for TB Control (Ukraine)
- Gulnoz Tulunova Uzakova, Director of DOTS Centre (Uzbekistan)

2. Request that the participants finish the needs assessment matrix within their countries by a certain date (June 15, for example) and send them for review to the Moscow office (TBD).

3. Review the needs assessment matrixes and offer additional technical assistance at the individual country level.

4. Schedule within the next six months a follow-up workshop or conference on a specific aspect of ACS.

5. Provide a forum for communication among the ACS specialists: perhaps a section of an existing web-site for posting news, reports, examples of ACS materials, and discussion.

6. Establish a listserv that would send regular updates on ACS activities in the region and select information on TB control communication activities throughout the world to ensure that ACS remains on the national agendas.