

**Advocacy, Communication and Social  
Mobilization  
to**



**Strategic Communication Initiative  
Six Month Progress Report  
June-December 2004**

*submitted by*

**Stop TB Partnership Secretariat  
Advocacy and Communication Team**

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# Strategic Communication for TB Initiative

Stop TB Partnership Secretariat, January 2005

PROGRESS REPORT: June -December 2004

## Introduction:

In January 2005, the Stop TB Partnership Secretariat proposed to USAID the Strategic Communication Initiative for TB. The Initiative seeks to focus energy and attention on developing and enhancing effective advocacy, communications and social mobilization (ACS) interventions at national and subnational levels in order to accelerate TB case detection and treatment compliance. To achieve this, the Stop TB Partnership Secretariat proposed to facilitate formation of a strengthened team of skilled health communication professionals and organizations to provide leadership in adapting, drafting and promoting use of new tools and media approaches to develop a communication pedagogy for TB. The main objectives of this group are:

- *Provide leadership in the development, training, and support of TB communication programs in regions and countries;*
- *Catalyse TB communications by incorporating traditional concepts of advocacy, social mobilization and marketing into effective data-driven action, enhanced education modalities, and skills development;*
- *Utilize new technology, media, skills and partners to address communication-related obstacles to DOTS expansion.*

To achieve these objectives, Stop TB Partnership Secretariat developed an outline detailing a proposed plan of work, entitled "Strategic Communications Initiative for TB." This workplan identified four key areas of work that the Stop TB Partnership Secretariat would take the lead or engage partners in. These areas include:

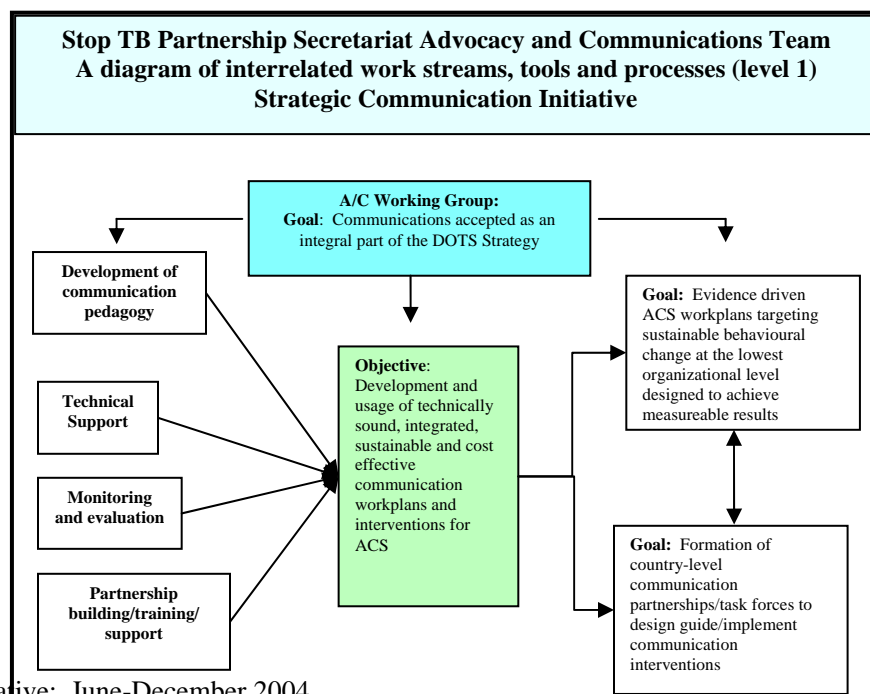
1) Development of a communication pedagogy for TB control and DOTS Expansion;

2) Technical missions;

3) Monitoring and Evaluation;

4) Partnership, conferences, technical support and training programs.

These four areas play a key, mutually supporting role as they are the package of



elements necessary to achieve the overall initiative goals of encouraging the use of evidence-based ACS work plans targeting sustainable behavioural change at the lowest organizational level. They are designed to achieve a measurable result and the formation of country level partnerships/task forces to assist in designing, guiding and implementing the work plans.

### Six Month Review:

#### Planning, Augmentation and Implementation

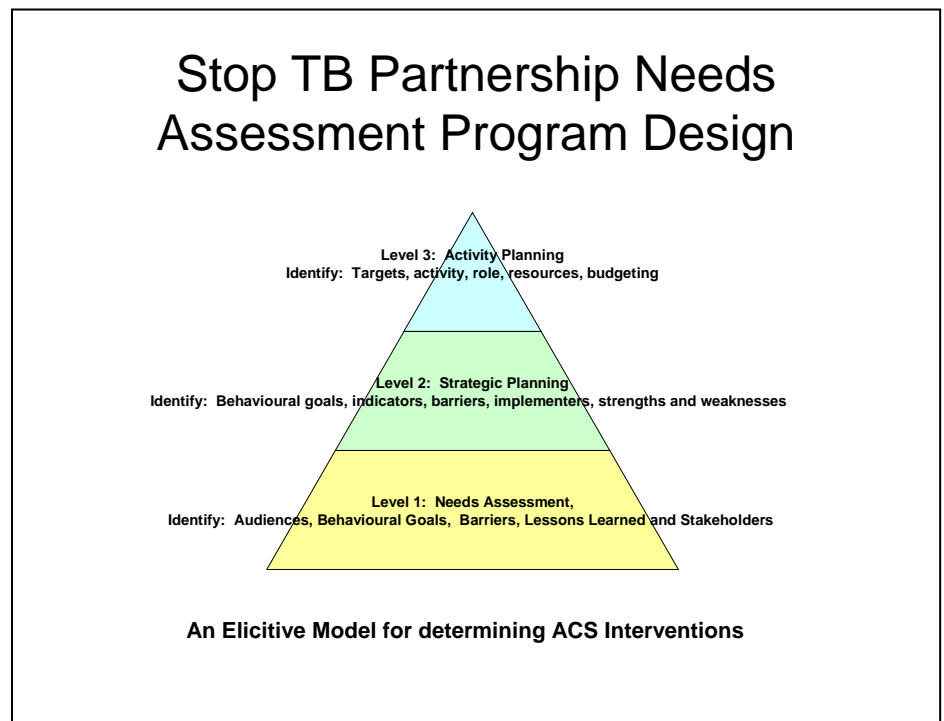
In June 2004, Dr. Elizabeth Fox, Senior Technical Officer, Office of Population Health and Nutrition at USAID, spent seven days with the Stop TB Partnership's Advocacy and Communication team assisting with the finalization of the Strategic Communication Plan for TB, contributed to the drafting of a needs assessment tool for programme communication and development of other ACS training materials. During her time Dr. Fox, also helped to identify and secure additional health communication experts and organizations expertise to help advance the communication agenda and launched the initiative.

As a result of her trip a second document was drafted to further refine the areas of work envisioned in the Initiative. Entitled "*The Operational Work Plan for Strategic Communications for TB Initiative*" this outline further delineated into specific products and activities to address the unexpected needs of emerging national partnerships and to respond to particular requests from regions and high burden countries for ACS support services. In particular, the initiative was augmented to include a needs assessment tool/programme to elicit from countries and national partnerships their own needs regarding programme communication activities. *The Needs Assessment Program Design* was developed and included as one of the elements in the *Strategic Communication Initiative for TB*.

#### The Needs Assessment Program

The needs assessment program centres on three key elements: the needs assessment matrix, workshop, and country communication portfolio. (See appendix 1: *The Needs Assessment Program Design*) The needs assessment matrix is a three level matrix designed to be used in a workshop setting to elicit from participants the ACS behavioural goals/objectives, partner strengths and weaknesses, and help them plan results-driven national and sub-national communication interventions.

Field tested in Kenya in September 2004, the Needs Assessment workshop and matrix was a surprising success as workshop



participants evaluated it positively. Participants gave the needs assessment matrix a 4.3 on a scale of 5 in terms of usefulness and a 4.6 overall for the workshop. (*See appendix 2 for workshop syllabus and evaluation.*) Efforts are now underway to further refine the matrix and the workshop design and franchise it to other partners for replication and application. Originally, we had hoped to use the Needs Assessment Program Design to conduct four needs assessments workshops by the end of 2004 but that was scaled back in order to refine the workshop outline and the matrix based on results of field testing. Two regional workshops are being organized for the first four months of 2005, one in AMRO and the other in EURO for Eastern European countries.

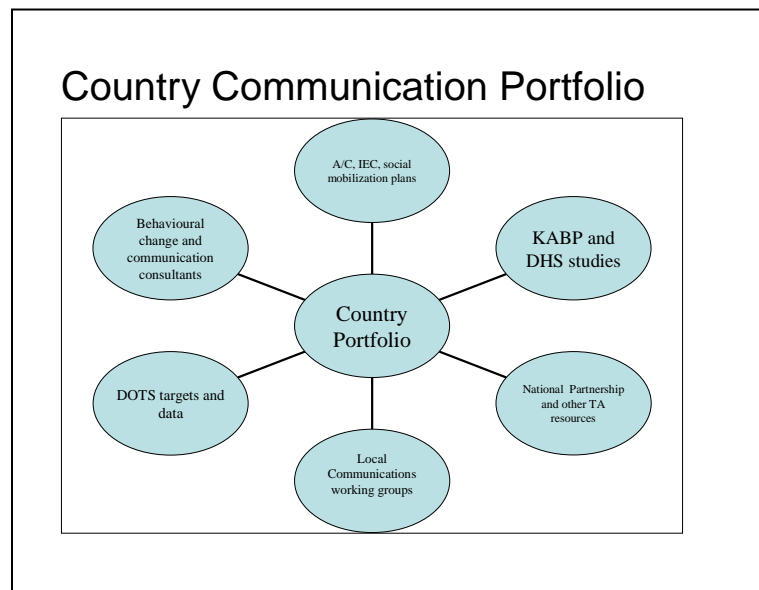
### Country Communication Portfolio

The country communication portfolio is an idea with its roots in the Polio Eradication Initiative (PEI). For a number of years,

communications officers for PEI were slow in recognizing the need to tailor national or sub-national communication interventions to the epidemiological, demographic or KAP data and, as a result, could rarely prove the effectiveness of program communication on case detection or vaccination seeking behaviours over time.<sup>1</sup>

Realizing this, the Partnership Secretariat A/C team decided to begin to gather specific country data, in an effort to develop a country communication portfolio to serve as a collective

repository for use by countries, partners and researchers in planning and implementing communication interventions. Kenya is the first of what will be four pilot countries to have a portfolio assembled for them.



### The Cough-to-Cure Pathway.

Building on the work started by Dr. Fox, the A/C team invited Dr Silvio Waisbord and Dr Susan Zimicki of the Academy for Educational Development's CHANGE Project (both were a result of USAID secondment) to join the Partnerships cadre of health communication experts. Drs Waisbord and Zimicki, working with existing data sets, began developing a strategic pathway for program communication. The Cough-to-Cure Pathway assumes that successful tuberculosis control requires specific behaviours from patients and health providers as well as a conducive environment that facilitates those behaviours. Understanding patients' behaviours is fundamental to design interventions to strengthen TB control programs, including communication interventions. (*See appendix 3 for framework*)

The Cough-to-Cure pathway of ideal behaviours is a diagnostic and planning tool to identify barriers that make ideal behaviours difficult. Barriers exist at three levels:

<sup>1</sup> Waisbord, Silvio. Assessment of Communication Programs in Support of Polio Eradication: Global Trends and Case Studies. Academy for Educational Development, Washington 2004.

- *Individuals* may lack knowledge, have care-seeking preferences and expectations as well as attitudes about health services that result in delay or in their going to providers or facilities that don't provide adequate care, or they may not perceive the risk of inadequately treating a cough.
- *Groups* (including families, neighbours, communities, and local organizations) may have attitudes and opinions that influence individual decisions and behaviours by affecting stigma, social norms, and risk perception.
- *System* characteristics, including time, cost, and distance to DOTS facility, the availability of diagnostic tools and medicines, health providers' knowledge and interpersonal communication skills, insufficient human resources, weak monitoring may affect program success.

Once completed and field tested the pathway will act as a road map to focus behavioural change communication interventions on the appropriate behaviours or barriers to achieve some sort of measurable result. The pathway will also serve as an important element in the development of the ACS Communication Handbook scheduled for release.

### **Formation of the Advocacy and Communication Working Group**

A key component of the Strategic Communication Initiative is the formation of a new Stop TB Advocacy and Communication Working Group (ACWG). The Stop TB Partnership Coordinating Board approved the creation of the ACWG in March 2004 to help advance ACS as an integral part of the DOTS Strategy and elevate ACS to formal status within the Partnership.

The ACWG is to meet for the first time in February 2005 and will have a Country Communication and Support subgroup to derive a consensus opinion on programs, products and activities undertaken by the Stop TB Partnership A/C team and the Strategic Communication Initiative.

### **Technical Assistance and Partnership Building**

Comprehensive and coordinated ACS programs and campaigns at country level have been identified as an important element to achieve greater societal awareness, behavioural change and other health education outcomes in other health programs such as polio eradication, dengue fever and others.<sup>2</sup> In the context of TB control and treatment, a key element in strengthening ACS mechanisms is the development of a strategic alliance of like-minded entities to support country national TB programs, coordinate ACS programs/project and contribute to the development a unified multi-year national ACS strategy.

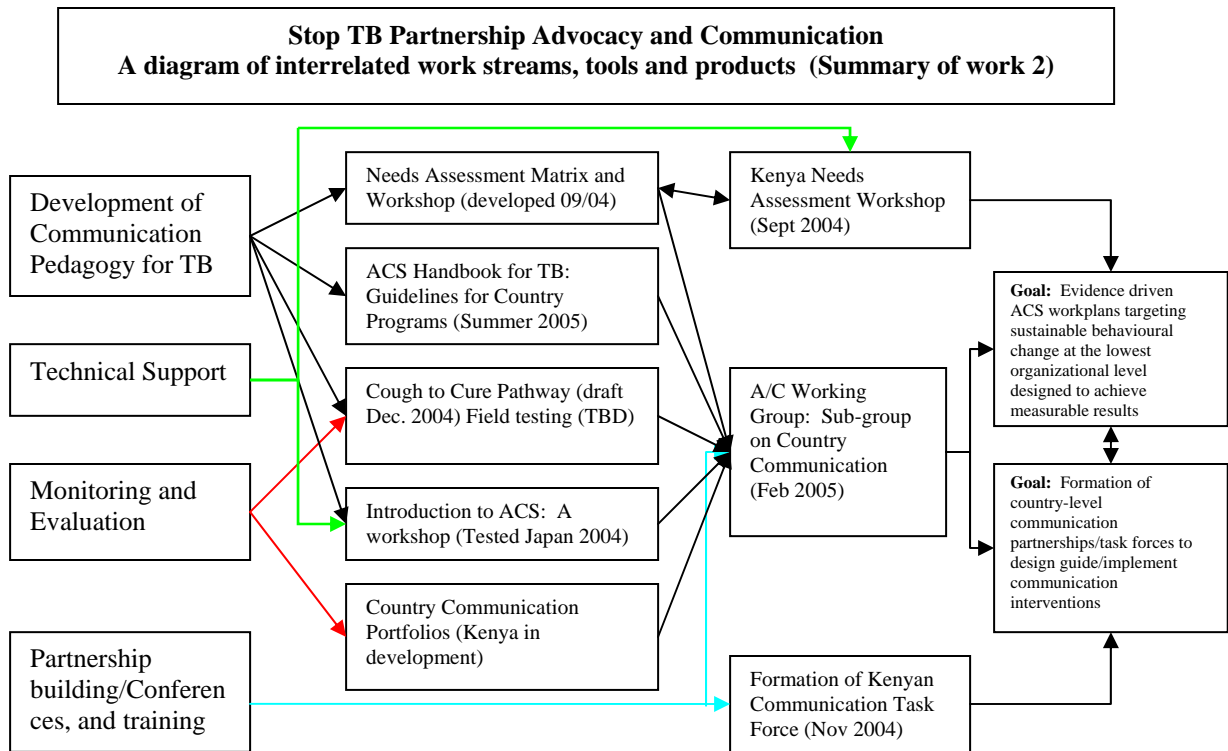
As part of a 5-day mission to Kenya in September 2004, Thaddeus Pennas catalysed the formation of a multi-agency task force to provide ACS guidance to the National TB and Leprosy Program-Ministry of Health (NTLP). PATH, Family Health International (FHI), International Medical Corps (IMC), Centres for Disease Control (CDC), WHO and the NTLP agreed to form a the task force and convened an initial organizing meeting in December 2004. The Partnership Secretariat has provided formative organizational support to the emerging task force and will continue to provide other technical support as the need arises. The creation of such task forces is critical to the development, implementation and local ownership of ACS interventions and serves as a local focal point for interaction and knowledge sharing with regional and global levels.

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<sup>2</sup> Waisbord, Silvio. *Assessment of Communication Programs in Support of Polio Eradication*. Academy for Educational Development, Washington DC 2004.

## Overview of Progress to Date.

The diagram below illustrates the interrelated nature of the Partnership Secretariat activities during the last six months.



## Future

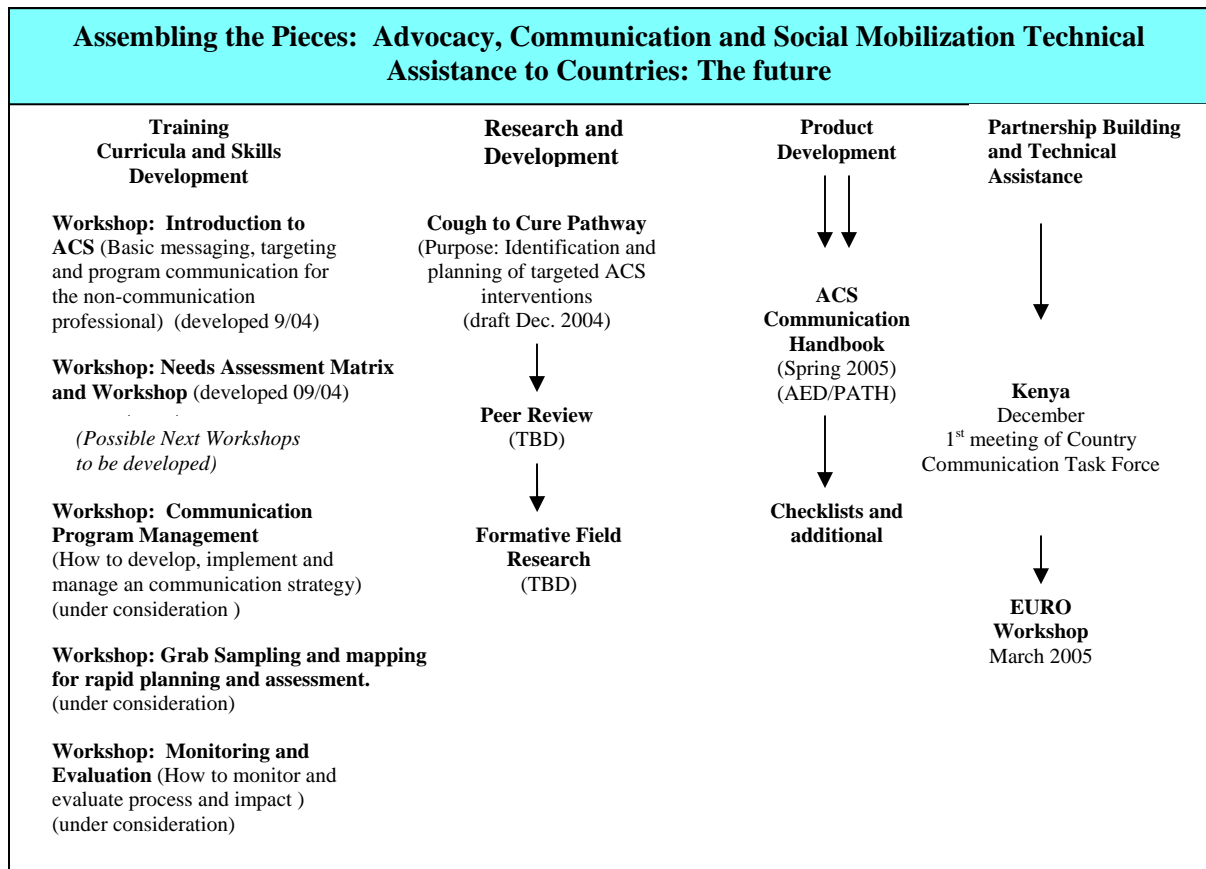
The Partnership Secretariat will continue to advance the agenda laid out in the Strategic Communication Initiative. AED and PATH have been contracted to draft the communications handbook and make additional refinements to the two primers (Introduction to ACS and the Needs Assessment). The needs assessment workshops and other technical assistance will be expanded in 2005 with the two aforementioned regional workshops in AMRO and EURO planned for March and April respectively, and specific countries to be determined.

Formative research with respect to the Cough to Cure pathway is being planned to validate the conclusions of the literature review on previously identified societal and behavioural barriers to treatment seeking behaviour.

Work will also continue to expand and franchise out the growing curriculum of primers and workshop materials to include workshops on operational/program management, grab sampling/rapid assessments, and monitoring and evaluation to provide countries with a range of education and training courses to expand the ACS knowledge base.

The ACS Handbook will play a central role in the further development of a communication pedagogy for TB. The handbook will be the core product from which spin-off products will be developed. The spin-off products could include checklists for ACS program implementation, TB/HIV interventions, and other communication related products. The Handbook is scheduled for completion in mid-2005.

The diagram below provides a brief illustration of the evolution of different components to the on going Initiative.



# Appendices

# Appendix 1

**Stop TB Partnership Needs Assessment  
Program Design  
Advocacy and Communication for  
National Partnerships  
Part of  
The Stop TB A/C Strategic  
Communication Initiative**

**Stop TB Partnership Needs Assessment Program Design  
Advocacy and Communication for  
National Partnerships  
Part of  
The Stop TB A/C Strategic Communication Initiative**

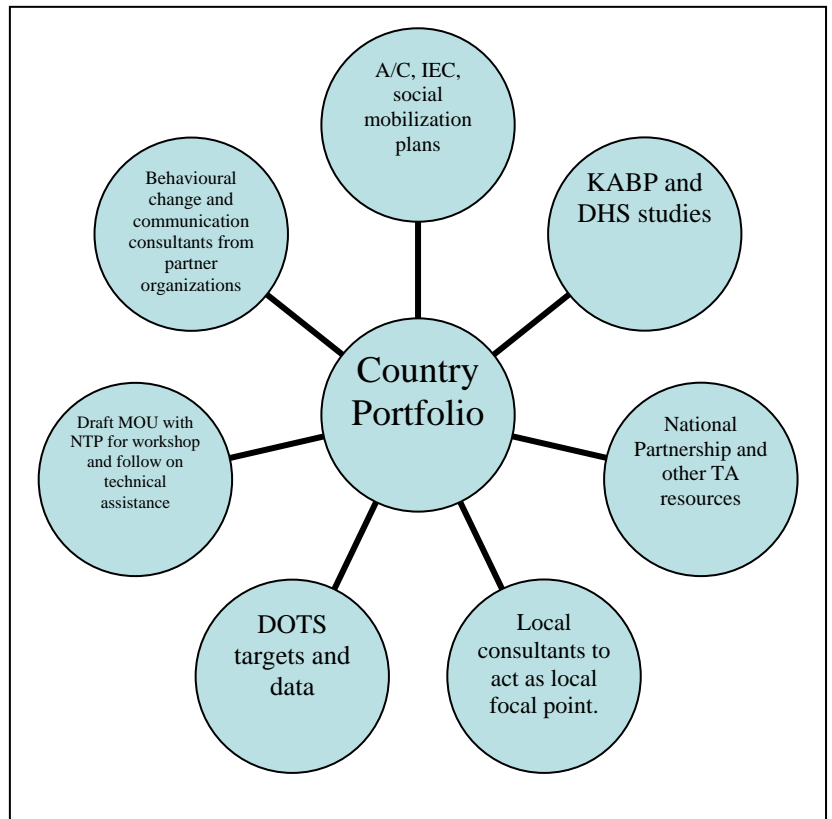
**Overview of the Stop TB Partnership Needs Assessment Program:** The needs assessment program is a key element in developing a measured and sustained effort by the Stop TB Partnership Advocacy and Communication Team to engage and support the advocacy and communication needs of national partnerships. The needs assessment program centers three key elements: the needs assessment tool, workshop, and the Country Communication Portfolio. These elements are part of a package of services the Stop TB Partnership seeks to provide to facilitate analysis of communication challenges, develop strategic plans, and facilitate technical assistance.

**The Communication Needs Assessment Program  
Program Description**

The Communication Needs Assessment Program is one part of an evolving plan to support country and national partnership advocacy and communication needs. The program of assistance begins with the development of a system to identify, track and coordinate interventions and assistance in a systematic and measured manner.

**Step 1: Country Communications Portfolio**

The Country Communication Portfolio will be the epicenter upon which A/C technical assistance and support can be based. Drawing upon a wide variety of information ranging from DOTS case detection and treatment rates, to known KABP and DHS data, to a review of existing A/C, IEC and social mobilization plans, the Country Communication Portfolio will capture technical data in a organized matter and attempt to isolate behavioral and societal barriers that could be addressed by communications Partners from AED/CHANGE, are currently working with TBP A/C team to isolate behavioral and societal barriers indicators to measure current and future communication impacts. These indicators will be a key component in the portfolio.



This information coupled with a review of members of the national partnership and a list of communication experts with country experience will form the basis for advocacy and communication support to national partnerships. It will also be the tool in which Stop TB Partners can use coordinate future advocacy and communication support, track interventions, broker partnerships, monitor activities and compare results.

The creation of Country Communication Portfolio is a important first step preparing for the needs assessment workshop and other follow-on technical support. The portfolio will be reviewed periodically by country and national partnership communication staff and the A/C Working Group for recommendations and comment. By developing a systems approach to delivery of technical communication assistance the

Stop TB Secretariat Advocacy and Communication team will facilitate the development of an evidenced-based approach to communication for TB control and treatment. Ideally comprehensive formative communication research should be done in each country to identify the communication challenges, barriers and other modalities, however, the Needs Assessment Tool, workshop and preparatory desk research for inclusion in the portfolio is a realistic substitute.

### **Step 2: Needs Assessment Workshop**

Working with the emerging partnerships and NTP's, an TBP A/C team member and an external communication consultant, with country experience, will conduct a two week needs assessment and strategic planning workshop using the Needs Assessment Tool. This workshop will focus on assisting representatives from the national partnership in articulating their communication and advocacy needs as they perceive them. A local focal point will be identified from among the national partnership and placed on two month initial contract to organize the workshop and follow-up on meeting outcomes and plans. The external communication consultant will provide a report of meeting outcomes and well as expert advice, consultation and recommendations.

Upon completion of the workshop, the national partnership and the TBP A/C team will have a general overview of the country communication and advocacy needs and plans. The TBP A/C team will then continue to engage the national partnership in implementing their plans.

**The Needs Assessment Tool:** The needs assessment tool is designed to focus perceived advocacy and communication needs into an actionable plan of activities and work. Designed for use during a two-week needs assessment workshop/mission, the tool begins with workshop participants articulating the behavior and audiences that the national partnership would like to target and evolves into strategic planning exercise that includes analysis of perceived barriers, targets, potential indicators, strengths, weaknesses, resource needs and concludes with an activity plan where resources are allocated and budgets are articulated. At each stage, a connection made between the behavioral goals articulated by the workshop participants and proposed activities.

### **Step 3: Development of Communication Products for TB Control and DOTS Expansion**

On a parallel track, The A/C team, working with partners, will identify, examine and integrate lessons learned from Polio Eradication, EPI and other communication programs and apply them to TB control and DOTS expansion at the country and regional level. Developing consistent and coherent outlines of core communication curricula for national TB programs will be important to the establishment of effective evidence-based communication programs.

Products to be produced and field tested. (Actual product list to be determined by the A/C Working Group and countries)

- ◆ Communication handbook for TB control and DOTS expansion
- ◆ Checklists for TB Communication
- ◆ TB Communication Course Materials and Syllabus Development
- ◆ Monitoring and Evaluation of Communication Programs Handbook/CD-Rom
- ◆ Guidebook for Securing Health Communications Professionals

Possible training workshops

- ◆ Media for Advocacy--How to program stories, target audiences and manage an advocacy event, promotion or campaign.
- ◆ How to handle the media--Press conferences, press releases, interview techniques and public relations
- ◆ Health communications--What is it and how does it work.
- ◆ Introduction to Social Communication for Behavioural Change--the ABC's Social Mobilization, Social Marketing, and Behavioural Change Communication

- ◆ Strategic Communication Planning--Developing a common National TB Partnership work plan at country level

**Step 4: Continuous Technical Assistance**

The TBP A/C team will undertake periodic country missions to key ISAC and other selected countries to gauge communication competencies, update the Country Communication Portfolio and develop linkages with National TB Programs for expansion of communication programs and broker additional partner support.

**Operational Aspects**

**Target Countries:** Uganda, Brazil, Indonesia, and Pakistan (All ISAC countries)

**Timeline:** The TBP A/C team projects the first workshop to be scheduled for September/October hope to complete four workshops within the next 6-8 months.

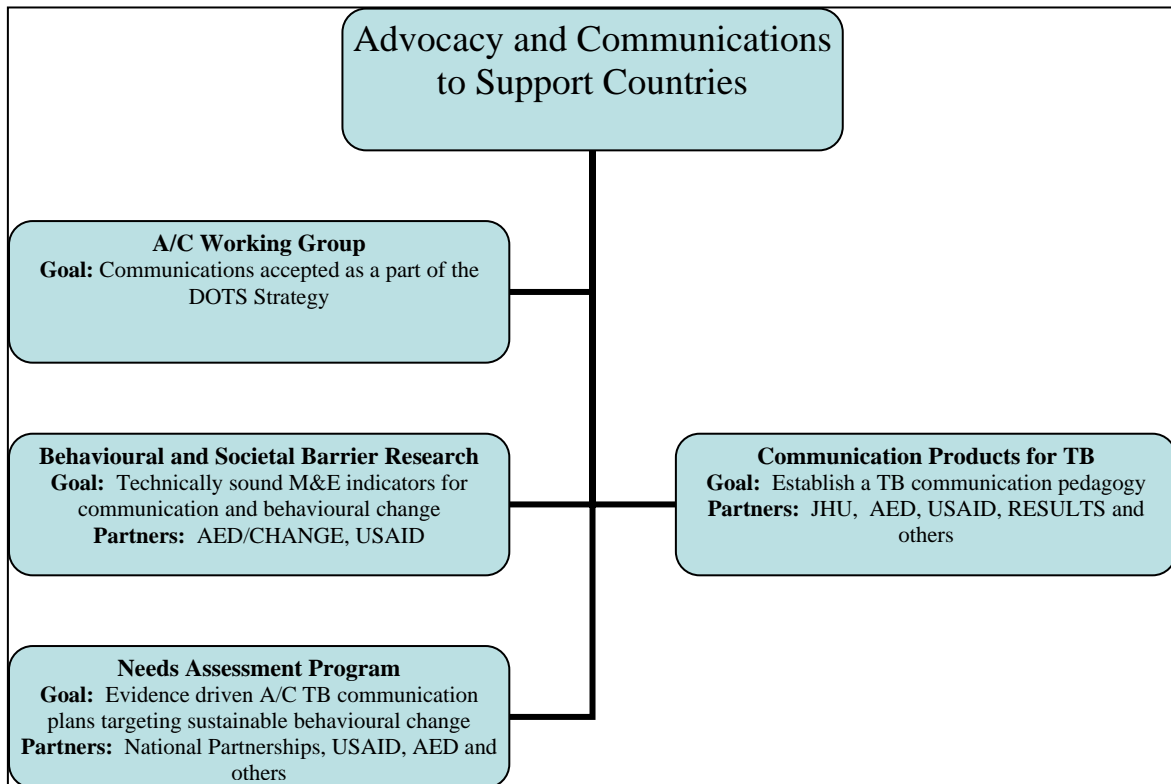
**Organization:** The TBP A/C team will identify and secure an expert communication consultant to facilitate and a local focal point to organize the meeting and follow-up on key decisions and work plans. Ideally a partner organization should cover the staff costs for the two-week workshop with TBP covering travel expenses. The local focal point will placed on an initial two month contract. TBP staff will provide the continuity between the workshop and follow-on technical assistance.

Proposed time line:

August	September	October	November	December
Plan 1st and 2nd needs assessment	1 <sup>st</sup> needs assessment Plan 2 <sup>nd</sup> and 3 <sup>rd</sup> needs assessment	2 <sup>nd</sup> needs assessment Plan 3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> needs assessment	Analysis of needs assessments (changes and modifications to program)  Plan 4 <sup>th</sup> and 5 <sup>th</sup> needs assessment	3 <sup>rd</sup> needs assessment Plan 4 <sup>th</sup> and 5 <sup>th</sup> needs assessment
Convene writing committees for TB Advocacy Handbook and Communications handbook	Convene Writing committee for A&C checklists		1 <sup>st</sup> drafts Convene editorial review committees	Review and comment on 1 <sup>st</sup> drafts. Retain graphic design firm

**Final note: The Needs Assessment Program: A Context**

This initiative is part of the USAID-funded Strategic Communication Initiative as outlined in January 2004 and refined in June 2004. The Needs Assessment Program is part of a combination work streams currently being developed by the TBP A/C team. These streams of work all seek to assist in achieving the larger goal of the TBP Advocacy and Communication team that being the blending of program communication and advocacy into a balanced, evidenced-based package of services to members of the Stop TB Partnership.



**Key Reference Documents:**

Strategic Communication for TB Initiative, **Stop TB Partnership Advocacy and Communication Team**, Working Paper, January 2004.

Operational Work Plan for Strategic Communications for TB Initiative **Stop TB Partnership Advocacy and Communication Team**, Concept Paper April 2004.

Proposal for the Formation of a Stop TB Working Group on Communication, **Stop TB Partnership Advocacy and Communication Team**, March 2004.

Notes National Partnership Meeting July 2, 2004 **Stop TB Partnership Advocacy and Communication Team**, July 2004.

## The Needs Assessment Design and Workshop

### Level 1: Needs Assessment

<b>Who are the audiences?</b>	<b>What are behavioral goals to be addressed?</b>	<b>What are the barriers?</b>	<b>What are your past experiences and current activities? (Lessons Learned)</b>	<b>Who are the stakeholders and what are the assets?</b>
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>

### Level 2: Strategic Planning

Using the responses in level 1, what are your <b>priority goals? (Behavioral)</b>	What should be your <b>impact indicators?</b>	What <b>interventions</b> are needed to address <b>behavior and barriers?</b>	Who are the <b>implementers?</b>	What are your <b>collective weaknesses?</b>	What are your <b>collective strengths?</b>	What are your <b>targets?</b>	How are you going to <b>monitor and evaluate? (Process)</b>
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List response</i>	<i>List response</i>	<i>List response</i>

### Level 3: Activity Planning

What are your <b>Targets?</b>	What are your <b>Activity?</b>	Who is doing what <b>(Role identification)?</b>	What <b>resources</b> are available?	What <b>resources</b> are needed?	What is <b>budget?</b>
<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List responses</i>	<i>List response</i>

**Learning Objective:** gain a basic understanding of how to map behavioural goals, plan interventions, manage the intervention and measure progress in a systematic way.

# Appendix 2

## *Workshop Syllabus and Evaluation*

# Advocacy, communication and social mobilization To



***National TB and Leprosy Control Program  
Nairobi Kenya  
September 2004***

**Stop TB Partnership Secretariat**

## **Table of Contents:**

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- Module I: Introduction to Advocacy, Communications & Social Mobilisation (Notes and exercises)
- Module II. Community action, communication and mobilisation (Notes and exercises)
- Module III. From Practice to Theory: Planning, Monitoring and evaluation (Notes and exercises)
- Further background reading
- Online information: Guides and links
- Glossary of Terms

## **Annexes:**

Annex 1: Feedback form

**Advocacy, communication and social mobilization to Stop TB**  
**September 2004**  
**Overview**

**Purpose**

The course aims to provide the participants with an understanding of how to use advocacy, communication and social mobilization approaches at the district level to impact on case detection and treatment compliance.

**Objectives**

After the three modules, participants will be able to:

- Describe various concepts and theories on changing behaviour to improve TB control;
- Discuss advocacy, communication and social mobilization approaches at different levels of society using the Needs Assessment Tool;
- Learn to apply various advocacy, communication and social mobilization practical tools;

**Format of course**

- A series of modules (3) will take the participants through a common understanding of communication, community level communication mapping, a needs assessment and evaluation process to test findings and conclusions;
- Each module includes lectures and discussions based on specific reading-material to which references will be given;
- Group work and break-out exercises are part of the modules to encourage participants to apply various theories, and learn from each other through presentations at the end of the sessions;
  - Brainstorming: to create new ideas;
  - Collecting ideas: to pool existing experiences;
  - Role plays: to build on existing experiences and learn to think in different mind-sets;

	<b>8 September</b>	<b>9 September</b>	<b>10 September</b>
AM	<b>Introduction to Advocacy, Communications &amp; Social Mobilisation (ACS)</b>	<b>II. Part 2 Needs Assessment</b>	<b>Field Work, wrap up and evaluations</b>
PM	<b>II. Community action, communication and mobilisation</b>	<b>III. From Practice to Theory: Planning, monitoring, research</b>	

# Summarized Programme of Modules

## I. Introduction to Advocacy, Communications & Social Mobilisation (ACS)

### Objectives:

- Discuss expectations and ACS background of participants;
- Outline advocacy and communication modules, the content/ process and learning objectives;
- Discuss how messages are processed and learn about behaviour change;
- Initial discussions/ learning on ACS related to basic steps in the planning matrix

### Exercise

- 1.1 Definitions
- 1.2 Mapping Tool: audiences (Map your NTP Program)
- 1.3 Cognitive process
- 1.4 Mapping Tool: at the district level

### Lecture/discussion:

- An overview: basic concepts and definitions (individual behaviour - social change);
- Basic steps in the planning cycle

### **Programme:**

- 9:00-9:30: Introduction round-with neighbour (a. name; b. work; c. where born and tell something interesting about that place; d. expectations of the course)
- 9:30-9:45: Intro to the week - presentation (with Q&A)
- 9:45-10:00: Group work 1.1: What is the difference between Advocacy, Communication and Social Mobilization? Discussion and lecture
- 10:00-10:15: mapping exercise 1.2: map your NTP program
- 11:15-11:30: Break
- 11:15-11:45: Presentation, with discussion on cognitive process, basic communication theory (Q&A) *Cognitive process-questions* (15 min) Discussion and lecture
- 11:45-12:30: Mapping exercise 1.3: Cognitive Process: Discussion and Lecture
- 12:30-1:45: Lunch
- 1:45-2:15: Discussion and lecture: Behavioral Change Messaging
- 2:15-3:00: Exercise 1.4: Planning matrix: Map your district?
- 3:00-3:15: Break
- 3:15-4:00 Report out and recap

## II. Community action, communication and mobilisation: Assessing your Advocacy and Communication Needs

### Objectives:

- Outline information of community level action, communication, mobilisation
- Discuss/ apply behaviour change and ACS related to community level
- Needs Assessment Planning Tool

### Lecture /discussion:

- Community level ACS: behaviour change
- Health seeking behaviour

### Exercise

- 2.1 What is your health seeking behaviour
- 2.2 Mapping Advocacy and Communication: The Needs Assessment Matrix;

### Programme:

- Review on key points from module 1
- Presentation behaviour change at community level (with Q&A)
- Break
- Presentation on planning matrix (needs assessment matrix) (entire class)

## III. From practice to theory: Planning, monitoring, research

### Objectives:

- Outline monitoring and evaluating of communication activities;

- Review criteria for selecting ACS tools in support of the TB control programme;
- Overview of theories related to behaviour and societal change, and communication;

Lecture/Discussion:

- An overview of academic concepts and theories;
- Monitoring and evaluation (example through studies on polio communication)
- Presentation "How to Buy Behavioural Change: A Consumers Guide"

Exercise:

- Design a Grab Sample Survey to verify assumptions, plans and interventions

**Annex 6: Conclusions of the Participants to the Need Assessment Tool**

**Level 1: Needs Assessment** (Note: This needs assessment chart was developed over the course of one day with ten district-level TB coordinators. These are their responses)

Who are the audiences?	What are <b>behavioral goals</b> to be addressed?	What are the <b>barriers</b> to achieving those goals?	What are your <b>past experiences and current activities?</b> (Lessons Learned)	Who are the <b>stakeholders</b> and what are their <b>assets</b> ?
Slum Dwellers	Go for TB testing	Variable degree of awareness of TB among the general population. For example, knowledge of symptoms, treatment availability, no cost diagnosis and treatment and the importance early testing and treatment	COMBI communication strategy and plan	Ministry of Health--Assets: National TB control plan, funding, policies, nation-wide implementation capacity and administrative infrastructure.
Refugees	Stay with Treatment: Compliance	Stigma in relationship between TB and HIV and old treatment options and practices. For example people suspected of having TB were isolated and forced to wear a bell around the neck with warn others of their approach.	Nationwide TB policy: Free testing and treatment	World Health Organization--Assets: Technical support and funding
Prisoners	Tell Others: Use social networks to communicate the importance of testing and treatment	Traditional beliefs that TB is a curse	Efforts underway to decentralize TB services	Donors (USAID, DFID African Medical Resources Fund other governments)--Assets: Funding
School Children	Create demand for TB services	Treatment side effects	Community based TB care a.k.a. community based DOTS	Technical agencies (CDC, others)--Assets: Funding, technical support
Street Children	Increase knowledge base to address: mode of transmission, symptoms, dangers if left untreated, treatment availability	Delay in diagnosis and treatment due to distance	Nation-wide voluntary counseling and testing (VCT) with co-referral	International NGO's (FHI, PATH, World Vision, Pathfinder, International Medical Corps DARE (World Bank Project) MSF/GTZ and others) Assets: Funding, human resources, local implementation capacity
Religious Groups		Complications created as a result of the disease	On-going health education via	Mission hospitals and the Catholic church--Assets: service providers, funding opinion leader, social network, community connection
Industrial workers		Poor Health worker attitude	Health provider training	AIDS Groups--Assets: social network and advocacy
Strategic Communication Initiative: June-December 2004 Market Goers Stop TB Partnership Secretariat A/C team			Large number of health	Rotary doctors--

		some regions	facilities	Assests: Service providers and funding
TB/HIV patients		Cross boarder treatment policies	Advocacy campaigns lick World TB Day	Community health workers--Assets: service providers and information distribution
Health workers		Religious beliefs		Elders--Assets: Opinion leaders and makers
				Community--Assets: social network

**Level 2: Strategic Planning<sup>3</sup>** (Note: This needs assessment chart was developed over the course of one day with ten district-level TB coordinators. These are their responses)

Using the responses in level 1, what are your <b>priority goals?</b> (Behavioral) <sup>4</sup>	What should be your <b>impact indicators?</b>	What <b>interventions</b> are needed to address <b>behavior and barriers?</b>	Who are the <b>implementers?</b>	What are your <b>collective weaknesses?</b>	What are your <b>collective strengths?</b>	What are your <b>targets?</b>	How are you going to <b>monitor and evaluate?</b> (Process)
Motivate the community to seek testing	# of people tested	Use of COMBI to address testing	District health management teams	Funding	Experience with the disease and the Kenyan society	Targets must be formed at the district level and then communicated upwards to the national level to become the strategic goals	Random sampling and survey to determine knowledge attitudes and practice (see notes for list of survey questions to be used) <sup>5</sup>
Persuade patients to complete treatment	Increases in case finding	Public bazaars as a vehicle for communication	Religious Leaders	Staffing: Human resources are available but may or may not be in the place where they are needed	A national TB control program		
Enable people to tell others about testing and treatment	Increases in the cure rate	Loud speakers in the market places	WHO	Lack of coordination at different levels	Stable drug supply		
	The development and use of communication process indicators	Community talks	Teachers	Do we have the right communication plan with COMBI?	Skilled management team to treat the sick		
	The development of	Billboards in local languages	NTLP		A general level of awareness of		

<sup>3</sup>Workshop participants agreed that this plan should be developed as a district level strategic plan.

<sup>4</sup> Workshop participants agreed that priorities should vary according to region where behavioral goals reflect local conditions.

<sup>5</sup>See annex 1 for survey questions developed by the workshop.

	communication indicators				the disease. Scope and degree of awareness varies		
		School education program	Opinion Leaders		Functioning communication system. (phones)		
		Street dramas and songs	District level coordinators		Strong oral tradition		
		Roadside Shows	Local health workers		NGOs		
		Public Lectures	Community leaders and				
		Formation of patient support groups					
		District agricultural shows					

**Level 3: Activity Planning** (Note: This needs assessment chart was developed over the course of one day with ten district-level TB coordinators. These are their responses)

What are your <b>Targets?</b>	What are your <b>Activities?</b>	Who is doing what <b>(Role identification)?</b>	What <b>resources</b> are available? <sup>6</sup>	What <b>resources</b> are needed? <sup>7</sup>	What is <b>budget?</b>
Vary by region but they could be 100 more new cases detected	<i>The workshop decided to work on planning a school-based TB education program. See Annex for sample programs</i>	<i>(Did not have time to list out)</i>	Sufficient levels of manpower are available	Funding, communications and local organizational support are needed to assist in implementation	(The workshop participants attempted to develop a budget for their districts but soon realized that realistic budgeting for a school education program was an expensive long term project with limited levels of return.)
# of people who could recall a TB messages based on an intervention			Theatrical talent is available at all levels of society for use street dramas,	Transport may be needed as well as lunches for recruited talent	
			Songwriters, musicians and other creative talent are available at all levels of society	Transport may be needed as well as lunches for recruited talent	
			Cartoonists and artists are available for drafting stories for children and	Need to secure a printer for production of cartoons and other artwork	

<sup>6</sup> The resource availability element for this activity plan was based on a school-based TB education program.

<sup>7</sup> The resource needs element for this activity plan was based on a school-based TB education program.

			young adults		
			Space and locations are available. For example schools, marketplaces and other locations	Loud speakers and other public address systems	

## Feedback and Evaluation Form: The Results

*Directions for workshop participants: Your feedback will enable us to improve the materials and training methods. We hope to improve the course to best meet the objectives. Your background and participation are important factors in the delivery of this course. Please circle the most appropriate response and help us to evaluate the following questions in a scale from 1 (very poor) to 5 (excellent):*

<b>About the Course</b>	<b>Average Score</b>
1. The course met the stated objectives	<b>4.6</b>
2. The content in this course was appropriate for my level of training needs	<b>4.8</b>
3. Prior to this course I rate my knowledge on Advocacy/Communication/Social mobilization	<b>2.9</b>
4. After this course I rate my knowledge on Advocacy/Communication/Social mobilization	<b>4.6</b>

### **Tell us about the course and training methods...**

5. I would rate the seven modules of the course:

- Introduction to Advocacy, Communications & Social Mobilization (ACS)	<b>4.3</b>
-Patient Treatment Cycle	<b>4.0</b>
- Cognitive Process	<b>4.3</b>
- Problem vs Outcome focused questions	<b>4.3</b>
- Process of Behavioral Change	<b>4.3</b>
-Map your district (planning tool 1.4)	<b>4.3</b>
-The Needs Assessment Tool	<b>4.0</b>
-Planning, monitoring, research	<b>3.8</b>
-Designing a grab sample survey	<b>4.3</b>
-Field research	<b>3.8</b>
 6. The format and material delivered in the course:	
Syllabus with background notes and exercises is useful	<b>4.9</b>
 Presentations and related powerpoint material	<b>3.8</b>
Exercises	
Other exercises, especially.....Survey	<b>15pts</b>
Other exercises, especially.....Process of behavior change	<b>10pts</b>
Channel of communication	<b>9pts</b>

Tools	
Mapping your TB Program	<b>4.2</b>
Map your district	<b>4.5</b>
Needs Assessment Matrix	<b>4.3</b>
Needs Level	<b>4</b>
Strategic Level	<b>4</b>
Activity Level	<b>4.1</b>
Grab Sample Survey Creation Tool	<b>4.2</b>
District-level A&C Management Instrument	<b>3.9</b>
7. Additional materials:	
The glossary of terms is useful for my work.	<b>4.3</b>
The readings / online resources is useful for my work.	<b>4.3</b>

**How will you use the information from this course?**

8. Which element of the course was the most relevant to your work, and how might you act upon it? That is, what do you take home from this course that you can begin working to apply?

*"The process of behavioral change is useful to my work. People need to take responsibility for their own health."*

*"All sections were very useful to my work as they facilitate better understanding of the community."*

*"The channels of communication were very relevant. I liked the survey and the process of behavioral change."*

*"I really liked the survey. It challenged me!"*

*"It simplified work plan formation. I now have a feasible workplan. I also liked the 5 key elements of communication."*

*"Mapping the district was really an eye opener. I did not know I had so many unused resources."*

*"Grab Sampling, strategic planning and M/E"*

*"I liked the planning, monitoring research."*

*"The five key components (of messaging) is very important in my work in that it has enhanced my communication skills as Public Health Officer and thus I will apply it immediately as I take health education to the field."*

*"The Needs Assessment was helpful."*

9. Which section of the course was the least valuable to your work?

*"None"*

10. Any further suggestions related to the course?

*"The training need to be more days for a deeper understanding (4 days)."*

*"The course needed to be extended from 3 to 5 days. The implementation of this course need direct funding form donors to the district level directly and I promise the case detection rates will raise to the required standards."*

*"Needed to pretest the survey in the field."*

*"The course duration needs to be expanded to five days in order to give the participants time to pretest their teaching methodology skills."*

*"The is a need for sensitization by both the district DHMT, all the health workers and district stakeholders."*

*"The course was too short. The survey was brief and sample size too small."*

*"Extend the course to other service providers."*

*"Please allow more time for research and field evaluation."*

*"I suggest that the duration of this course should be increased from 3-6 days and for this activity. If we want case detection rate to increase the funding should directly come to the district level."*

*"The course has enlightened me on many issues concerning patient relationships and how we do away with the barriers."*

11. I would recommend this course to my colleagues.

**5.0**

I would you like the NLTP to offer this course again?

Yes: **12** No: **0**

Do you think you would be able to teach this course to your peers?  
If not: what do you need to feel confident to teach this to your peers?

Yes: **12** No: **0**

# Appendix 3

## Applying the “Pathway: from cough to cure”

## From Cough to Cure: A Path of Ideal Behaviors in Tuberculosis Control

### B A R R I E R S

LEVELS	Individual & Group	Individual & Group	Individual & Group	Individual & Group	Individual & Group	Individual & Group
	<ul style="list-style-type: none"> <li>* Poor knowledge of TB symptoms</li> <li>* Poor knowledge of TB care and cure</li> <li>* Stigma related to TB diagnosis</li> <li>* Low risk perception</li> </ul>	<ul style="list-style-type: none"> <li>* Misperception of costs</li> <li>* Preference for non-DOTS health services</li> <li>* Attitude about health services</li> <li>* Stigma</li> <li>* Social Norm</li> </ul>	<ul style="list-style-type: none"> <li>* Poor knowledge of diagnostic steps</li> <li>* Expectations about medical services (get meds not tests)</li> </ul>	<ul style="list-style-type: none"> <li>* Poor knowledge of length of treatment</li> <li>* Stigma</li> </ul>	<ul style="list-style-type: none"> <li>* Poor knowledge of length of treatment</li> <li>* Stigma</li> </ul>	<ul style="list-style-type: none"> <li>* Poor knowledge of length of treatment</li> <li>* Stigma</li> </ul>
<b>IDEAL BEHAVIOR</b>	<b>Seek Care</b>	<b>Go to DOTS</b>	<b>Complete Diagnosis</b>	<b>Begin Treatment</b>	<b>Continue Treatment &amp; follow-up smears</b>	<b>Complete Treatment &amp; final smear</b>
<b>S</b> ystem		<ul style="list-style-type: none"> <li>* Time, cost, distance to DOTS facility</li> <li>* Lack of linkages between DOTS and other providers (non-DOTs &amp; HIV care)</li> <li>* Missed diagnosis and / or lack of referral by non-DOTS providers</li> </ul>	<ul style="list-style-type: none"> <li>* Providers' poor knowledge of correct procedures</li> <li>* Providers' poor inter-personal communication</li> <li>* Lack of resources, including human resources</li> <li>* Poor quality of services (hours, wait-time)</li> <li>* Time, cost and distance</li> </ul>	<ul style="list-style-type: none"> <li>* Time, cost, distance to DOTS facility</li> <li>* Poor quality of services</li> <li>* Health providers fail to give adequate information</li> <li>* Lack of medications</li> </ul>	<ul style="list-style-type: none"> <li>* Time, cost, distance to DOTS facility</li> <li>* Poor quality of services</li> <li>* Health providers fail to give adequate information</li> <li>* Lack of medications</li> </ul>	<ul style="list-style-type: none"> <li>* Time, cost, distance to DOTS facility</li> <li>* Poor quality of services</li> <li>* Health providers fail to give adequate information</li> <li>* Lack of medications</li> </ul>

