

Assessing TB Stigma

INVESTMENT PACKAGE COMMUNITY, RIGHTS & GENDER

WORKING DOCUMENT



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Why invest in assessing TB stigma?

As a direct result of the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis (TB) in September 2018 and in order to meet the targets set forth in the Global Plan to End TB¹ and End TB Strategy², there is now an explicit and prominent articulation of national governments' desire and commitment to end TB stigma and all forms of discrimination, including formally linking the right to health within the TB agenda³.

Countries cannot fully support the right to the highest attainable standard of physical and mental health without assessing and addressing TB stigma as a root cause of discrimination and other human right violations⁴.

Stigma and discrimination are recognized as the most identified human rights-related barriers to ending the TB epidemic⁵, limiting access to TB services and negatively impacting quality of life⁶. As such and as part of the required human rights-based approach to TB it is essential that countries understand the levels and dimensions of TB stigma and develop strategies and actions based on evidence to address it in order to reduce peoples' vulnerability to TB infection, increase peoples' access to TB services and improve TB treatment outcomes.

In 2019, the Stop TB Partnership developed the TB Stigma Assessment tool to support countries end TB stigma, ultimately leading to improved TB prevention, diagnosis, treatment, care and support. The tool is expected to be used by National TB Programmes (NTP) as a critical step to assess TB stigma and develop concrete plans to address it.

¹ Global Plan to End TB, Stop TB Partnership. [Available from:

http://www.stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf]

² The End TB Strategy, World Health Organization [Available from: <u>https://www.who.int/tb/strategy/End_TB_Strategy.pdf</u>] ³ Political Declaration of the high-level meeting of the General Assembly of the fight against tuberculosis [Available from: <u>https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3</u>]

⁴ The Right to Health. Office of the United Nations High Commissioner for Human Rights. World Health Organization. [Available from: <u>https://www.ohchr.org/Documents/Publications/Factsheet31.pdf</u>]

⁵ World Health Organisation Ethics Guidance for the Implementation of the End TB Strategy. Geneva: World Health Organisation.2017 [Available from:

https://apps.who.int/iris/bitstream/handle/10665/254820/9789241512114eng.pdf;jsessionid=0EB640E6B08932CD6C6FD2C877237784?sequence=1.]

⁶ Moya EM, Biswas A, Chavez Baray SM, Martinez O, Lomeli B. Assessment of stigma associated with tuberculosis in Mexico. [Available from: Public Health Action. 2014;4(4):226–32 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4286806/]

Scope

Leveraging the Stop TB Partnership's TB Stigma Assessment, it is critical to assess the extent to which and how TB stigma acts as a barrier to both accessing and providing services, and to support the development of recommendations to address TB stigma so that quality TB services are available, accessible and acceptable to all.

By assessing the stigma, a root cause of discrimination, countries can support peoples' right to the highest attainable standard of physical and mental health. Through the assessment process countries can also seek ways to reform policies and practices that violate this right and other human rights, as shown in Figure 1⁷. The framework shows that in order to prevent TB and increase access to quality TB diagnosis, treatment ,care and support the right to health is interlinked with freedoms and entitlements.

Finally, the TB Stigma Assessment adopts an implementation research approach, which aims to address implementation bottlenecks, identify optimal approaches for specific settings, and promote the uptake of the assessment findings – ultimately leading to improved TB prevention, diagnosis, treatment, care and support.

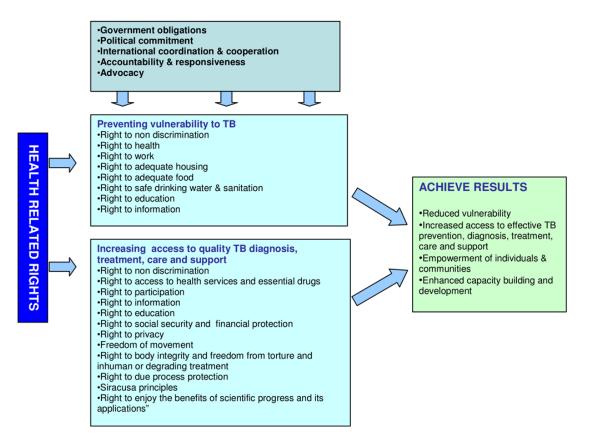


Figure 1: Human rights approach to TB framework

⁷ Tuberculosis and Human Rights [Available from:

http://www.stoptb.org/assets/documents/global/hrtf/Briefing%20note%20on%20TB%20and%20Human%20Ri ghts.pdf]

Objectives

- 1. To understand the level and dimensions of anticipated stigma, self-stigma, enacted stigma (stigma directly experienced) and observed stigma among people diagnosed with TB:
 - a. To understand how and the extent to which self-stigma manifests among people diagnosed with TB.
 - b. To understand the settings and stages of care in which TB stigma is being experienced and observed by people diagnosed with TB.
- 2. To understand the level and dimensions of secondary TB stigma, stigma directly experienced, and stigma observed by family members / primary carers of people diagnosed with TB:
 - a. To understand how and the extent to which secondary stigma manifests among family members / primary carers of people diagnosed with TB.
 - b. To understand the settings and stages of care in which secondary TB stigma is being experienced and observed by family members / primary carers of people diagnosed with TB.
- 3. To understand the level of perceived TB stigma against people diagnosed with TB in communities, and the ways in which stigma is observed by the community:
 - a. To understand how and the extent to which stigma against people diagnosed with TB takes place in communities.
 - b. To understand the settings and stages of care in which TB stigma against people diagnosed with TB is being observed by community members.
- 4. To understand the level and dimensions of perceived TB stigma against people diagnosed with TB in health care settings and stigma against health care workers:
 - a. To understand how and the extent to which perceived stigma against people diagnosed with TB manifests in health care facilities.
 - b. To understand the settings in which TB stigma is experienced by TB health care workers.
 - c. To understand the settings in which TB stigma against health care workers is observed by other TB health care workers.
- 5. To understand the extent to which structural stigma (any existing laws/policies, the enforcement of those laws/policies and the corresponding media coverage) could harm or protect people diagnosed with TB.
- 6. To support the development of recommendations to address TB stigma in order to reduce peoples' vulnerability to TB infection, increase peoples' access to TB services and improve treatment outcomes.

Areas of Intervention

The TB Stigma Assessment is a TB survey research, guided by the NTP, led by a stigma expert and driven by the affected TB community. It also requires multi-stakeholder involvement to ensure that there is broad buy-in and uptake of the recommendations at the highest level.

The survey uses qualitative and quantitative methods, targeting five sets of respondents: people diagnosed with TB; family members / primary carers of people diagnosed with TB; the community; health care workers; and a multi-stakeholder working group. The Assessment can be done at national or subnational levels, following the requirements for calculating the representative sample size.

Semi-structured questionnaires

In total, there are four interviewer-administered semi-structured questionnaires that are guided by the validated and adapted TB stigma scales presented in the KNCV Stigma Measurement Guidance. The questionnaires are complemented by additional questions to better understand the point(s) at which stigma is being experienced /observed and how it manifests along the TB journey.

Desk review

In addition to the questionnaires, a desk review will provide additional information to inform the TB Stigma Assessment. The review will include scanning the literature, analysing secondary data, and creating a reference list so that all documents are organized and easily accessible to all stakeholders. The purpose of the desk review is to understand the country context in relation to TB stigma; identify key themes, gaps and opportunities by analysing available secondary data; and gather data and information to inform the final report, which will outline gaps and possible opportunities presented by the TB Stigma Assessment.

Focus Group Discussion (FGD)

A FGD with a multi-stakeholder group (TB programme staff, representatives from judiciary and legal communities, legislators, media workers, policy makers, funders, and implementing organizations) will shed light on the extent to which any existing laws/policies and the enforcement of those laws and policies and corresponding media coverage could harm or protect people with TB.

Meetings to finalize the TB Stigma Reduction Operational Plan

Based on the findings of the TB stigma Assessment the Stigma Expert and Costing Consultant will develop a costed Stigma Reduction Operational Plan, with strategic guidance from the NTP. Hosted by the NTP and led by the lead Community-based Organisation (CBO), a meeting with the multi-stakeholder working group will be held to elaborate on actions and activities to address TB stigma. This operational plan will be presented to, and validated by, the Core Group and approved by the NTP.

The Process

It is a 6-month, 14 step process, guided by the human rights principles of universality, indivisibility and interdependence, equality, non-discrimination, accountability, and participation. The process is guided by the National TB Programme, led by a stigma expert and driven by the affected TB community. It also requires multi-stakeholder involvement to ensure that there is broad buy-in and uptake of the recommendations at the highest level.

Steps	Details			
Month 1				
1.Lead Community-based organization (CBO) recruits the TB Stigma Expert.	• Lead CBO appoints the TB Stigma Expert, Statistician and Administrative Assistant.			
2.Lead CBO and National TB Programme (NTP) mobilize Core Group (Technical Working Group / oversight).	 Lead CBO, in collaboration with the NTP, sends an email with Terms of Reference to the selected organizations to appoint focal people for the Core Group. Lead CBO convenes and facilitates the first meeting of the Core Group, co-facilitated by the NTP, to present the concept note and agree on the project workplan. 			
3.Lead CBO and TB Stigma Expert convene the Core Group and prepare the multi-stakeholder orientation meeting.	 TB Stigma Expert conducts a desk review and identifies the stakeholders who will be engaged in the process TB Stigma Expert drafts the agenda for the Core Group meeting. Lead CBO convenes the Core Group meeting to present and agree on the protocol (DRAFT 1) for the TB Stigma Assessment. The TB Stigma Expert produces the second draft of the TB Stigma Assessment Protocol, based on the Core Group feedback. 			
Month 2				
4.Lead CBO, with strategic guidance from the NTP, convenes the multi-stakeholder meeting facilitated by the TB Stigma Expert.	 Lead CBO convenes the multi-stakeholder meeting with strategic guidance from the NTP. The meeting objective is to orient people to stigma in TB and to provide and the rationale for conducting the TB Stigma Assessment. The meeting seeks consensus on the second draft of the TB Stigma Assessment Protocol. 			
5.TB Stigma Expert finalizes Protocol, and lead CBO / NTP submits it for ethics approval.	 The TB Stigma Expert consolidates input from the orientation meeting and finalizes the TB Stigma Assessment Protocol (draft 3). The Statistician develops the sampling methods and calculates sample sizes. The lead CBO / NTP submits the Protocol to the ethics committee. 			
6.Lead CBO and TB Stigma Expert prepare for data collection.	 TB Stigma Expert drafts the job description for TB Stigma research assistants. Lead CBO recruits TB Stigma research assistants/data collectors. TB Stigma Expert prepares training materials for TB Stigma research assistants/data collectors TB Stigma Expert trains TB Stigma research assistants. 			



Steps	Details	
7.Lead CBO informs and seeks approval from respective assessment sites.	Lead CBO shares ethical clearance approval with targeted audiences from respective sites to seek approval to collect data.	
Month 3		
8.Data collection commences.	 TB Stigma research assistants collect data. TB Stigma research assistants immediately send data to the TB Stigma Expert to start analysis. TB Stigma Expert leads and monitors the data collection. 	
9.TB Stigma Expert conducts FGD with representatives from the national and subnational TB programme, judiciary and legal communities, legislators, media workers and policy makers.	 Experts deliberate and score the extent to which any existing laws/policies, the enforcement of those laws/policies and the corresponding media coverage could harm or protect people with or who have had TB. Based on the analysis, the experts, facilitated by the TB Stigma Expert, draft law-/policy-related recommendations. 	
10. TB Stigma Expert conducts the data analysis and drafts the findings and recommendations.	 Lead CBO convenes the Core Group. TB Stigma Expert presents preliminary findings and recommendations (first draft) to the Core Group for input and endorsement. The multi-stakeholder participant list for the validation workshop should be revised based on the findings and recommendations of the report. 	
Month 4	•	
11. Lead CBO prepares the validation workshop.	 The TB Stigma Expert incorporates comments from the Core Group to produce a second draft. The lead CBO shares the second draft with the NTP for input and approval. The TB Stigma Expert produces a third draft based on NTP feedback. Invitations are sent to the revised multi-stakeholder group to attend the validation workshop (ideally sent by NTP). Led by the NTP, the lead CBO organizes the validation workshop with support from the TB Stigma Expert. 	
Month 5		
12. Lead CBO and NTP convene the validation workshop to assess the fourth draft of the TB Stigma Report.	 NTP and person affected by TB open and close the meeting. If other ministries should be there (based on findings), e.g., Ministry of labour, mines, poverty, refugees, gender, human rights, they should also be part of the agenda. Donors should be part of the agenda. Project team (led by the TB Stigma Expert) and the NTP present the findings and recommendations. 	

Steps	Details			
	• Break-out groups review and provide input on respective areas of the report.			
	• Key recommendations are prioritized.			
	• NTP shares next steps regarding the implementation of the key recommendations.			
	• TB Stigma Expert incorporates validation workshop outcomes, including the action plan (agreed on and endorsed during the			
	workshop), into the fourth draft of the report for the Core Group's review.			
13. Communications strategy	• TB Stigma Expert incorporates the Core Group's final comments and finalizes the report (draft 5).			
developed, IEC materials	• Lead CBO recruits a communications consultant.			
developed and disseminated.	• Communications consultant develops the communication strategy including a dissemination plan.			
	• Communications consultant develops Information, Education and Communication (IEC) materials.			
	• Key messages disseminated to different actors.			
Month 6				
14. TB Stigma Expert and costing	• Lead CBO recruits a costing consultant to inform the TB Stigma Operational Plan.			
consultant develop costed Operational Plan.	• Costing consultant and TB Stigma Expert develop the first draft of the Operational Plan based on the action plan endorsed at the validation workshop.			
	• Lead CBO hosts a multi-stakeholder (NTP, action implementers) costing meeting to elaborate on actions / activities to implement the recommendations.			
	• TB Stigma Expert and costing consultant produce the second draft of the Operational Plan (including estimated costs), based on feedback from the multi-stakeholder costing meeting.			
	• Lead CBO sends the second draft of TB Stigma Operational Plan to the Core Group for input and approval.			
	• TB Stigma Expert and costing consultant produce the third draft of the TB Stigma Operational Plan.			
	• Lead CBO sends the third draft to the NTP for approval.			

Expected Results (key results)

The process will generate data and information on how and the extent to which TB stigma acts as a barrier to both accessing and providing services. More specifically it will generate the following data, disaggregated by age, gender and key population (self -identified):

- % People diagnosed with TB reporting that self-stigma inhibited them from seeking and accessing TB services (Core TB indicators in Global Fund Modular Framework⁸)
- % People diagnosed with TB reporting that stigma experienced in their family/home setting inhibited them from seeking and accessing TB services
- % People diagnosed with TB reporting that stigma in their community/neighbourhood inhibited them from seeking and accessing TB services (<u>Core TB indicators in Global Fund</u> <u>Modular Framework</u>)
- % People diagnosed with TB reporting that stigma in a health care setting inhibited them from seeking and accessing TB services (<u>Core TB indicators in Global Fund Modular</u> <u>Framework</u>)
- % People diagnosed with TB reporting that stigma in the workplace inhibited them from seeking and accessing TB services

It will also generate data and information on the most frequently reported manifestations of stigma experienced by people affected by TB, on where along the TB journey stigma was mostly experienced, and it will provide a summary of barriers driving stigma in the context of the law and policy.

Finally, the process will result in a **Costed Action Plan** to address the TB stigma data and information generated through the assessment.

⁸ Modular Framework Handbook. Global Fund to Fight AIDS, Tuberculosis and Malaria [Available from: <u>https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf]</u>

Resources Needed

(A) Item	(B) Details	(C) Unit	<i>(D)</i> Number of Units	<i>(E)</i> Unit Costs (US\$)	(F) Amount (US\$) (D) x (E)
(1) Stigma expert compensation	Full-time compensation	Months	6	Xx	Хх
(2) Statistician expert compensation	Part-time compensation	Days	7	Xx	Хх
(3) Training - Interviewer training workshop (2-day workshop for X people)	Venue (e.g., local community hall or NGO office) hire per day (trainees return home at the end of Day 1, no hotel needed)	Days	2	Xx	Хх
	Lunch and refreshments	Person-days	X x 2	Xx	Хх
	Public transportation	Person-days	X x 2	Xx	Хх
(4) Data Collection - x	Lunch	Person-days	X x 2	Xx	Xx
interviewers, each spending x hours in x days over an X-week period	Public transportation (to conduct interviews & end-of-day meeting with Project Manager)	Person-days	Х	Xx	Хх
	Token non-monetary gifts for interviewees who complete interview	Interviews	Х	Xx	Xx
(5) Law and Policy Environment Scoring and Analysis FGD	Venue (e.g., local community hall or NGO office)	Days	1	Xx	Xx
Meeting	Lunch and refreshments	Person-days	X x 1	Xx	Xx
	Public transportation	Person-days	X x 2	Xx	Xx
(6) Results dissemination	Report writing and design (graphics, Action Plan)	Consultancy Days	5	Xx	Хх
	Printing of report	Reports	Х	Xx	Хх
 (7) Multi-stakeholder meetings (two 2-day meetings, "Orientation" at the beginning and "Validation" at the end of the 	Venue (e.g., local community hall or NGO office) hire per day (participants return home at the end of Day 1, no hotel needed)	Days	2	Xx	Хх
Assessment)	Lunch and refreshments	Person-days	X x 2 x 2	Xx	Xx
	Public transportation	Person-days	X x 2	Xx	Хх
	•			TOTAL	хххх

Global Fund Support

The Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF) is the most important source of external funding for TB and it is increasingly supporting Community, Rights and Gender (CRG) work related to TB prevention and care. The Stop TB Partnership strongly encourages countries to include CRG priorities in their applications (Funding Requests) to TGF. It is highly recommended that, prior to applying to TGF, countries properly reflect these priorities in the National TB Strategic Plans (NSPs).

Currently, TGF is receiving applications for the new allocation cycle 2020-2022, where the majority of grants will be implemented between 2021 and 2023. The application modalities and materials are available on https://www.theglobalfund.org/en/funding-model/applying/materials/

Under the TB component there is a special Module where most CRG interventions should be included (table below).

Intervention	Scope and description of intervention package	
Stigma and	Activities to reduce stigma towards people with TB:	
discrimination	• Situational analysis and assessments, for example, Stop TB-CRG assessment, and TB	
reduction	Stigma Assessment	
	• Media and edutainment activities on TB and stigma such as integration of non-	
	stigmatizing language into TB communication materials, radio shows	
	 Engagement with religious and community leaders and celebrities 	
	• Peer mobilization and support developed for and by people with TB and affected	
	communities aimed at promoting wellbeing and human rights	
Human rights,	For communities affected by diseases, key populations and CSOs:	
medical ethics	 Peer outreach on human rights and legal literacy in the context of TB 	
and legal literacy	 Development of communication materials on TB patient rights 	
	"Know-your rights" programs	
	For (community) health care workers:	
	Medical ethics and human rights specialized TB training	
Legal aid and	Activities related to legal aid and services, including but not limited to:	
services	 Establishment of peer para-legal activities, for example, street lawyers, Hotlines Legal aid, legal support through pro bono lawyers, human rights organizations to increase access to justice 	
	Engagement with community and religious leaders for dispute resolution based on	
	human rights and gender equity	
Reform of laws	It includes activities related to legal reforms including, but not limited to:	
and policies	Engagement with parliamentarians, Ministry of Justice, Interior, Corrections,	
	religious and community leaders, among others, for advocacy and sensitization	
	• Training of parliamentarians on human rights and the role of protective legal	
	frameworks in the TB response	
	Legal audit, legal environment assessment	
	 Community mobilization and community-led advocacy and monitoring support 	
	Monitoring of laws and policies, including compliance	
Community	Activities related to community mobilization and advocacy:	
mobilization and	Community-led outreach campaigns to address harmful gender norms and	
advocacy	stereotypes and other human rights-related barriers	
	Community-based monitoring of service delivery quality, including stigma,	
	discrimination, confidentiality and privacy and informed consent	
	Patient group mobilization and building capacity/supporting community-led	
	advocacy efforts	

Model interventions for TGF TB Module 'Removing human rights and gender related barriers to TB services'

Stop B Partnership @ UNOPS

Examples of CRG-related indicators in TGF's Modular Framework are given below:

Type of indicator	Indicator	Disaggregation catetories
Outcome	Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Coverage	Number of TB cases (all forms) notified among prisoners	
Coverage	Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	Target / Risk population group (Migrants/ refugees/ IDPs, Other population group)
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non- governmental facilities	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – public sector	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	

CRG-related indicators in the list of Core Indicators for TB components

The Global Fund offers a variety of resources to help applicants prepare their funding requests. Materials for the 2020-2022 period are available on this page: <u>https://www.theglobalfund.org/en/funding-model/applying/resources/</u>

Key CRG-related information materials the applicants may find useful when preparing the Funding Requests are listed below.

Information Notes

Tuberculosis Information Note: download in English | Español | Français

Building Resilient and Sustainable Systems for Health through Global Fund Investments Information Note: download in English | Español | Français

Frequently Asked Questions

2020-2022 Funding Cycle Frequently Asked Questions: download in English | Español | Français

Technical Briefs

Assessment and Best Practices of Joint TB and HIV Applications: download in English

Community Systems Strengthening Technical Brief: download in English | Español | Français

Gender Equity Technical Brief: download in English | Español | Français | Русский

Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief: download in English | Español | Français

Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings: download in English | Español | Français

Tuberculosis, Gender and Human Rights Technical Brief: download in English | Español | Français | Português | Русский

Case Study - How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria: download in English | Español | Français

Community, Rights & Gender Technical Assistance

https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gendertechnical-assistance-program/

The CRG Technical Assistance Program is a Global Fund Board-approved strategic initiative. The initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in TGF processes and ensures that grants reflect their needs. This programme provides support to civil society and community organizations to meaningfully engage in the Global Fund model, including during:

- Country dialogue
- Funding request development
- Grant-making
- Grant implementation

Under this programme, national civil society and community organizations can apply for technical assistance in a range of areas, such as:

- Situational analysis and planning
- Participation in country dialogue
- Program design
- Oversight and monitoring of grant implementation
- Engagement in sustainability and transition strategy development

Some examples of technical assistance requests include:

- Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development
- Designing and budgeting for community systems strengthening programmes as part of the grant-making process
- Facilitating a funding request review among youth organizations to identify gaps and propose appropriate interventions for inclusion
- Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning

Technical assistance is provided by nongovernmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on CRG competencies.

CRG Technical Assistance Program Providers List: download in English

The program currently does not support:

- Strengthening Country Coordinating Mechanisms
- Long-term capacity building of civil society organizations
- Funding request writing

Organizations can request CRG technical assistance at any time throughout the funding cycle. The following resources are available to learn more about CRG technical assistance:

CRG Technical Assistance Program Frequently Asked Questions download in عربي | <u>English</u> | <u>Español</u> | <u>Français</u> | <u>Português</u> | <u>Русский</u>

CRG Technical Assistance Program Request Form download in عربي | <u>English</u> | <u>Español</u> | <u>Français</u> | <u>Português</u> | <u>Русский</u>

Annex (available tools):

- TB Stigma Assessment: Implementation Handbook
 - Definitions and types of TB Stigma
 - o Objectives
 - o Target Audience and Key Human Resources
 - \circ Methodology
 - o The Assessment Approach and Process
 - Data Analysis
 - o Annexes
 - Sample Terms of Reference for TB Stigma expert
 - Sample Terms of Reference for Statistician
 - Sample Assessment Protocol
 - Sample Terms of Reference for Research Assistants / Data Collectors
 - Sample Training Outline for Research Assistants / Data Collectors
 - Sample Agenda Core Group Results Meeting
- <u>TB Stigma Assessment: Data Collection Tools</u>
 - o Sample Consent Form
 - o Key informant semi-structured interviews
 - Questionnaire for people with or who have had TB
 - Questionnaire for family members living in the same house as people with or who have had TB
 - Questionnaire for community (residents / neighbours of people with or who have had TB
 - Questionnaire for health care workers
 - Focus Group Discussion
 - Law and policy environmental scoring matrices
- TB Stigma Assessment: Data Entry and Analysis Workbook
 - Data entry tabs
 - Basic Information
 - People with or who had TB
 - Family data
 - Community data
 - Health care worker data
 - Law and policy matrices
 - o Results
 - Action Plan