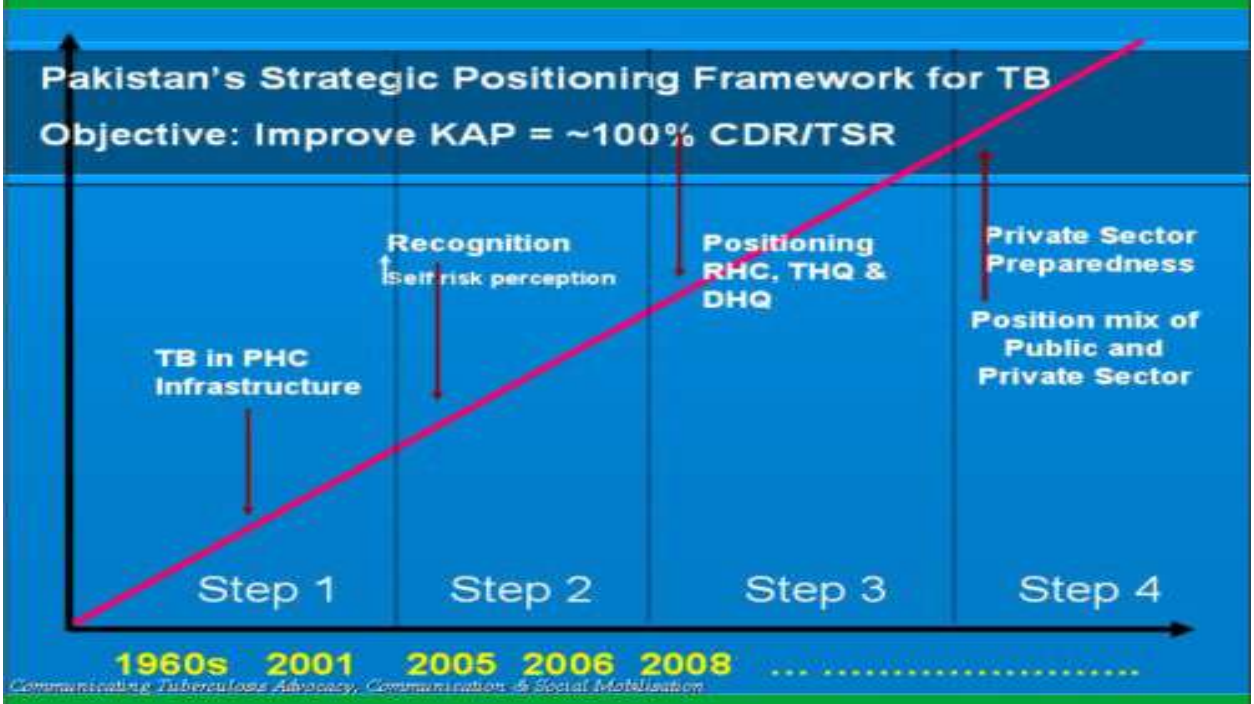
Advocacy Communication & Social Mobilization



National Strategy and Operational Guidelines

Ministry of Health
Government of Pakistan

CURE TB TO STOP TB
National TB Control Programme

Advocacy, Communication and Social Mobilization

National Strategy and Operational Guidelines

National TB Control Programme
Ministry of Health

Preface

Tuberculosis continues to be a major public health problem in Pakistan. Every year almost 300000 new TB patients add up to existent prevalent cases. Government of Pakistan is committed to control Tuberculosis by achieving MDG targets through New Stop TB Strategy. National TB Control Program (NTP) in partnership with Provincial TB Control Programs (PTP) implemented the New Stop TB Strategy and achieved 100% DOTS coverage in 2005. Through sustained commitment, Strengthening Partnership with Public and Private Sectors and introducing new initiatives, the program steadily improved case detection and treatment out come for TB patients. As part of its Human Resource Development and Health System Strengthening policy, NTP has developed many guidelines and training modules for implementation of quality DOTS in the country. After years of operational experience, introduction of new initiatives like Suspect Management, Contact Tracing and Public Private Mix (PPM), it was realized that Guidelines, Training modules and Recording and Reporting tools should be revised and synchronized with New STOP TB recommendations.

The Global Fund approved Round 6 Grant in Pakistan to address key components of Stop TB Strategy. NTP has been given the role of Principal Recipient (PR) from the public sector. NTP is also implementing activities under round 6 as a Sub Recipient (SR). Advocacy, Communication and Social Mobilization (ACSM), Quality assured bacteriology, role of tertiary care hospitals, HIV/TB co infection, MDR TB and health system strengthening are the major areas for NTP intervention. Development of National ACSM Strategy and Operational Guidelines is one of the key areas under ACSM.

Advocacy, Communication and Social Mobilization - National Strategy and Operational Guidelines has been developed by the National TB Control Program, Ministry of Health, Government of Pakistan in collaboration with the four Provincial TB Control Programmes; Mercy Corps Pakistan (Principal Recipient GFTAM/Round 6 Objective 3); and Integrated Health Services (IHS), Basic Development Network (BDN), Agha Khan Health Services (AKHS), Association of Social (ASD), Association for Community Programme Development (ACD) and Bridge Development Consultants.

Much of literature, inventory of ACSM indicators and strategic guidance has been derived from material produced by the World Health Organization on Advocacy, Communication and Social Mobilization for Tuberculosis.

We owe Special thanks to Dr. Shahid Hanif, Deputy Programme Manager, Provincial Programme Managers, Dr. Darakhshan Badar, Dr. Abdul Ghafoor, Dr. Baseer Achakzai and Dr. Asmat Ara for providing leadership support throughout the process of development. Also the whole ACSM team operating at national and provincial levels including WHO Sociologists, National and Provincial ACSM Coordinators, Task Coordinators and support staff played an important role in many ways.

Mr. Khawar Azhar developed this national strategy based on the TOR; his contribution in the form of consulting partner organizations; reviewing ACSM literature and incorporating invaluable inputs from a diverse group of individuals played a pivotal role in producing this document.

At the end we would like to especially thank Dr. Muhammad Tariq, Technical Advisor ACSM for introducing the science of health communications within NTP and his technical leadership in initiating and coordinating the development of National Strategy and Operational Guidelines for ACSM.

I hope ACSM Strategy and Operational Guidelines will provide strategic direction for ACSM activities in the public and private sectors.

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ACRONYMS

ACSM	Advocacy Communication & Social mobilization
AIDS	Acquired Immunodeficiency Syndrome
AJK	Azad Jammu & Kashmir
AKHSP	Aga Khan Health Services Pakistan
BBC	British Broadcasting Corporation
BDN	Basic Development Need
CBOs	Community Based Organizations
DCO	District Coordination Officer
DFID	Department for International Development
DOTS	Directly Observed Treatment Short-Course
DTC	District TB Coordinator
EDO (H)	Executive District Officer Health
FAQs	Frequently Asked Questions
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLRA	German Leprosy and TB Relief Association
GS	Green Star
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
IACC	Inter-Agency Coordination Committee
IEEC	Information Education, Empowerment & Communication
IPC	Interpersonal Communication
JICA	Japan International Cooperation Agency
LHWs	Lady Health Workers
M & E	Monitoring & Evaluation
MC	Mercy Corp
MoH	Ministry of Health
NA	Northern Area
NTP	National TB Control Programme
NTPCS	National TB Control Programme Communication Strategy
NWFP	North-West Frontier Province
OIC	Organization of Islamic Conference
PATA	Provincially Administered Tribal Areas
PHC	Primary Health Care
PTP	Provincial TB Control Programme
SARC	South Asian Regional Cooperation
SBC	Strategic Behavior Change Communication
TAF	The Asia Foundation
TB	Tuberculosis
TGF	The Global Fund
UC	Union Council
UN	United Nation
WHO	World Health Organization

THE NATIONAL TB CONTROL PROGRAM

Like other developing countries TB has been one of the major public health problems in Pakistan. TB has been prevalent in Pakistan and unfortunately it has been one of the neglected health areas in past. Pakistan ranks 8th amongst the countries with a highest burden of TB in the world. Pakistan contributes about 54% of tuberculosis burden in the Eastern Mediterranean Region. According to WHO (2001), the incidence of sputum positive TB cases in Pakistan is 80/100,000 per year and for all types it is 177/100,000.TB is responsible for 5.1 percent of the total national disease burden in Pakistan. The impact of TB on socio economic status is substantial.

WHO declared TB a global emergency in 1993. Since then efforts have been made to expand partnerships and bring all stakeholders on board in order to control this disease more effectively. Government of Pakistan endorsed the DOTS strategy, following WHO's declaration of TB as a global emergency, The National TB Control Program (NTP) Pakistan adopted DOTS (Directly Observed Treatment, Short course) strategy in 1995.

In year 2001, the Ministry of Health declared Tuberculosis as a national emergency and adopted the Islamabad Declaration calling upon all development partners and other stakeholders to make concerted efforts for the control of the disease in the country. The global targets were endorsed.

The declaration was followed up by the notification of an Inter-Agency Coordination Committee (IACC) as the National TB Program had entered into meaningful partnerships with a wide range of technical partners, donor agencies and civil society organizations.

Objective and Targets:

The overall objective of NTP is to reduce mortality, morbidity and disease transmission so that TB is no longer a public health problem. The National targets are in line with the millennium development goals (MDGs). To cure 85% of detected new cases of sputum smear positive pulmonary TB and to detect 70% of estimated cases once 85% cure rate is achieved.

The National TB Control Program (NTP) has also received tremendous support from partners/donors. The major projects are supported by USAID, three grants from the GFATM (Round 2.3 and recently 56 million through Round 6). Moreover, the Global Drug Facility (GDF) is supplementing ATT drugs.

High government Commitment coupled with strong technical leadership in the program resulted in clear vision, which was translated into multi-year strategic plan (2001 – 2005) to achieve 100% DOTS coverage by year 2005. The strategic plan was revised for the period from 2005 to 2010. The Government of Pakistan increased the allocation of funds for the control of TB. The new PC-1 of 1.184 billion is approved for the year 2002 – 2010.

Progress:

A steady progress has been made from 2000 onwards to improve the case detection and treatment success rate by emphasizing on quality assurance of smear microscopy, drug management, community mobilization, involving tertiary care hospitals, NGOs, and inter-sectoral organizations and above all involving private sector for service delivery. Advocacy, community and social mobilization is also in the mandate of the program. NTP has taken many new initiatives including a nation wide formative research for identifying risky behaviors, development of a BCC strategy, initiation of Mass Media Campaign, awareness seminars at provincial levels and advocacy activities at the district level. Operational research is carried out and steps are taken to enhance the research capacity at National Provincial and district levels and design the carryout researches. NTP has completed and published10 research projects. A number of researches are in progress.

The commitment resulted in a rapid expansion of the DOTS strategy from 2000 to 2005, reaching DOTS-all-over in May 2005. Since then ***free diagnostic and treatment*** facilities for TB patients are available all over the country within the public sector health care delivery network, including rural health centers, *tehsil* and district headquarter hospitals in addition to certain tertiary care teaching hospitals. Till date 1135 Diagnostic facilities and approximately 5000 treatment facilities are available throughout the country. Monitoring/ supervision is carried out regularly. NTP Pakistan also undergoes assessments in the form of External Review Missions participated by International as well as National partners. The recommendations of the review missions help to improve and strengthen the Program.

In 2001, 20707 TB cases were registered. In 2007 234,100 were registered. The cases have increased with the DOTS expansion to private sector and tertiary care hospital and in Q1 2008, 60354 TB patients are registered. Case detection rate for new SS+ increased from 2.8% in 2000 to 18% in 2003. In 2007 it is 68% and in the first quarter of 2008 the CDR increased to 68% against the target of 70%. The treatment success rate, it has also been increased from 74% in 2000 to 87% in 2006 and maintained till date, against the target of 85%.However, it is expected that the CDR will rise more rapidly, as DOTS-all-over has been achieved and efforts are underway to make DOTS more comprehensive by greater involvement of public and private sector health care providers.

On ACSM, Pakistan remains leader in the EMR and is the first country to develop National Policy guidelines on ACSM Strategy, Operational Guidelines and M&E Frameworks for both public and private sectors after a consultative process. Further, a TB brand and branding strategy is under development process. PPM is being implemented in the country and 200 health care providers have been recently trained towards increasing access to DOTS services through the private sector.

To empower people with TB, and communities

NTP has developed a Behavioural Change Communication (BCC) strategy, which initiates Mass Media campaigns, and conducts awareness seminars at National, Provincial and District levels along with advocacy activities at the grass-root level. Advocacy, Communication and Social Mobilization (ACSM) are integral and cross cutting segments to all programme components of the National TB Control Programme. The ACSM activities predominantly focus to set agendas, improve awareness and knowledge in shaping public attitudes toward risk behaviours. The ongoing efforts will provide evidence based strategic and targeted communication for enhanced visibility, acceptability and utilization of intended TB services throughout Pakistan – hence creating high demand for TB services. The current funding plan envisages Social Mobilization to contribute towards high utilization of desired TB services through private sector partner organization operating within communities.

Advocacy, Communication and Social Mobilization (ACSM) are integral and cross cutting to all programmatic components of the National TB Control Programme. The ACSM activities predominantly focus to set agendas, improve awareness and understanding and knowledge and shape public attitudes toward risk behaviors. The ongoing efforts will provide evidence based strategic and targeted communication for enhanced visibility, acceptability and utilization of intended TB services throughout Pakistan. The current funding plan envisages social mobilization which primarily will be addressed by the private sector will contribute to high acceptability and utility of desired TB services.

NTP uses Socio Ecological Framework and principles of social marketing while making use commercial marketing techniques to provide efficient means of communication for the print, electronic media and social mobilization activities. Research based messages will continue to deliver in the years to come. The implementation of BCC will involve the use of TV, radio, newspaper, video and audiocassettes, and print materials including posters, flip charts, and leaflets. Following approach will be employed to cover hard to reach areas were previous ACSM interventions have been executed.

Research:

NTP has recently floated RFP for a comprehensive National Formative Research. The evidence and data will guide meaningful and targeted ACSM activities throughout the country. Moreover, NTP will use this data to guide development of National Communication Strategy in addition to National Monitoring and Evaluation Framework. The framework will essentially address the M&E needs of the National TB Control Programme and Global Fund. Further, these national policy documents will serve both for the public and private sectors with mile stones for communication at all level.

Formative research will help identify desirous segments of population for building the communication campaign, development and pre-testing of creative concepts to ensure

cultural appropriateness for a meaningful impact. Large-scale social marketing campaigns – television, radio print and outdoor media will be implemented to support community based programmes and service delivery. Community based ACSM activities and events – community theatre, music, dance and drama, community cinema, will be developed, to support advocacy and social mobilization through interpersonal dialogue based approaches.

Establishment of a Model Resource Center for TB Communication:

The need for developing a Model Resource Centre has been realized by the NTP. The resource center will function at the national level and Logistics Management Information System (LMIS) will be developed for ACSM local, regional and international material for effectively communicating about tuberculosis. The resource center will be reflection of high quality Pakistani, regional and international resource material for TB communication. Resource center will further provide efficient means of distribution of material to provinces, districts and partners from the private sector.

Enhanced ACSM coordination: management and partnership development

In order to achieve a meaningful impact of TB communication, NTP will spearhead enhanced coordination for ACSM programme design, implementation and evaluation through establishing a National ACSM Steering Committee comprising of MoH, NTP and programme partners to coordinate and scale up the wide range of ACSM activities around the country. The Steering Committee will contribute towards strategizing and coordinating ACSM plan.

Increased awareness, knowledge and self efficacy toward screening and treatment

There is high realization within NTP that Communication is cross cutting across all components of DOTS realization in Pakistan. Despite the fact that the DOTS coverage has reached 100% in public sector facilities, public awareness and knowledge of the efficacy of TB screening and treatment is low. Other knowledge gaps include poor understanding of the provision of free services and drugs provided by public sector health facilities. Community feedback indicates continuing high levels of stigma driving the disease and poor efficacy, especially amongst high risk, low income groups. In order to build on the gains made to date, more intensive, large-scale, strategic communication campaigns are required.

A number of diverse activities have been planned e.g. orientation sessions will be conducted with key advocates, opinion leaders, key influencers and celebrities to enhance dedicated support for TB in the country. Provide incentives and merchandising opportunities to encourage involvement and leveraging advocacy opportunities.

Further, Public Relations Services will be contracted and health and media journalists will be identified, trained on effective evidence based communication for TB.

The current ACSM Unit has been strengthened and comprised of international and national trained Pakistani staff under the leadership of a Technical Advisor to oversee country wide communication initiatives. Further technical staff at the national and provincial levels is being recruited. NTP is also spearheading the process of developing integration with the general practitioners from the private sector for TB activities.

National TB Control Programme has secured funds from the Public Sector Development Programme through PC-1 for 2008. NTP plans to implement Public Private Mix (PPM) activities in the forty districts of Pakistan.

Communicating for Health – An International Perspective

Methods traditionally used to deliver health products and services in developing countries often do not reach a large portion of the population, especially the poor. Over-burdened public health systems generally do not have enough outreach and service provision for the less privileged consumers living in far flung areas. Government organs are limited in the type and nature of motivational campaigns they can undertake. So the general consumer is not aware of the health service even if it is available to him.

On the other hand commercial entities with their marketing skills and media muscle enjoy a massive outreach for the demand generation of their products and services that eventually results in their use by the target segments. Therefore, in presence of the marketing techniques being practiced by commercial sector worldwide, creating a room for public health awareness and call of action seems challenging. So, one has to follow the same path to communicate with masses as they have been accustomed to.

Although marketing social change is much more difficult than marketing commercial products, the basic premise is the same. However, traditional marketing principles of product, price, place and promotion must be adjusted to address the environment in which social change takes place – an additional factor must be considered: partners. *('Marketing Public Health: Strategies to Promote Social Change' by Michael Siegel & Lynne Doner)*

The term social marketing was first coined by Kotler and Zaltman in 1971 to refer to the application of marketing to the solution of social and health problems. Marketing has been remarkably successful in encouraging people to buy products such as Coca Cola and Nike trainers, so, the argument runs; it can also encourage people to adopt behaviors that will enhance their own - and their fellow citizens' - lives. *('A Synopsis of Social Marketing' by Lynn MacFadyen, Martine Stead and Gerard Hastings – 1999)*

Social marketing, like generic marketing, is not a theory in itself. Rather, it is a framework or structure that draws from many other bodies of knowledge such as psychology, sociology, anthropology and communications theory to understand how to influence people's behavior (Kotler and Zaltman, 1971). Like generic marketing, social marketing offers a logical planning process involving consumer oriented research, marketing analysis, market segmentation, objective setting and the identification of strategies and tactics. It is based on the voluntary exchange of costs and benefits between two or more parties (Kotler and Zaltman, 1971). However, social marketing is more difficult than generic marketing. It involves changing intractable behaviors, in complex economic, social and political climates with often very limited resources (Lefebvre and Flora, 1988). Furthermore, while, for generic marketing the ultimate goal is to meet shareholder objectives, for the social marketer the bottom line is to meet society's desire to improve its citizens' quality of life. This is a much more ambitious - and more blurred - bottom line.

Many social and health problems have behavioral causes: the spread of AIDS, traffic accidents and unwanted pregnancies are all the result of everyday, voluntary human activity. Social marketing provides a mechanism for tackling such problems by

encouraging people to adopt healthier lifestyles. *('A Synopsis of Social Marketing' by Lynn MacFadyen, Martine Stead and Gerard Hastings – 1999)*

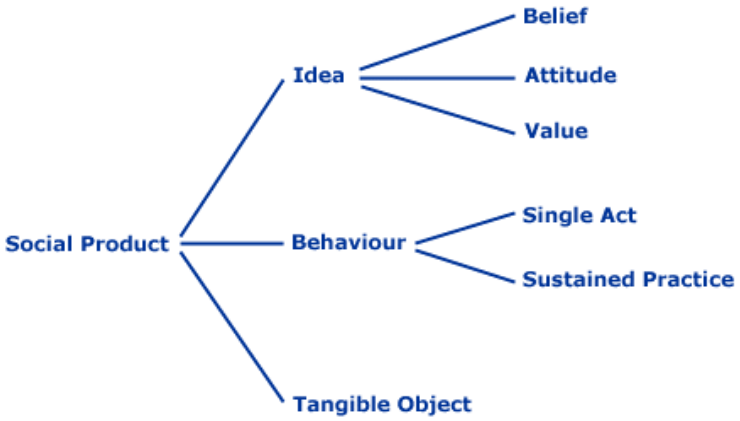
All over the world public health organizations have been following the principles of Social Marketing to reach and mobilize their target audiences. Social marketing has become an effective way of motivating low-income and high-risk people to adopt healthy behavior, including the use of needed health products and services. Social marketing combines education to motivate healthy behavior with the provision of needed health products and services to lower-income persons. Public is motivated to adopt a wide variety of healthy behaviors, including use of products and services that is to be encouraged. As practiced in commercial world products and services are branded, attractively packaged, widely marketed, effectively promoted to the poor and selected target groups, and are provided as promised.

A key ingredient of successful social marketing is effective communications to encourage the adoption of appropriate health practices (including proper use of the products and services). This is done by brand-specific advertising as well as by generic educational campaigns, using a mix of strategies and channels, including mass media and interpersonal communications, to reach the target audience(s).

Departures from Commercial Marketing

There are some important differences between social and commercial marketing. Specifically, in social marketing:

- the products tend to be more complex
- demand is more varied
- target groups are more challenging to reach
- consumer involvement is more intense
- the competition is more subtle and varied



(Adapted from: Kotler & Roberto 1989)

This complexity makes social marketing products difficult to conceptualize. As a consequence, social marketers have a bigger task in defining exactly what their product is and the benefits associated with its use.

Section A -TB in Pakistan

1. Background

Tuberculosis (TB) has been there for centuries and one-third of world's population is still infected by it. While TB has been stamped out in the developed world, it remains a serious and constant threat to the lives of people in third world countries, killing almost two million people a year. TB prevention and control face serious challenges.

TB is a contagious disease that spreads like the common cold. Ninety eight percent of deaths take place in developing world, affecting mostly young adults in their economically productive years. Active TB develops primarily in people with weakened immune systems, especially in people with HIV, and can escalate to a serious infection of the lungs, resulting in death. 30 percent of the world's population—2 billion people—carry the TB bacilli; one in ten of these people will become sick with active TB and without effective treatment, will infect 10-15 other people in a year.

AIDS and TB make for a deadly combination—TB is the leading killer among HIV positive people due to their weakened immune systems and it is estimated that one third of all HIV positive people also have TB. The World Health Organization estimates that if left unchecked TB will kill 35 million people in the next 20 years.

Pakistan belongs to South Asian region and covers an area of about 796,095 sq. kilometers. The geographic distribution of about 150 million people is uneven. Pakistan has primarily an agrarian economy with almost 68 percent of its population living in rural areas. Pakistan has a disease burden pattern that is typical of developing countries, with some signs of "epidemiological transition". The public sector expenditure on health has been around 0.9 percent of GDP for the last several years. Pakistan has lagged it neighbors and many other low-income countries in terms of health and fertility indicators.

Pakistan ranks eighth among the countries with highest burden of tuberculosis in the world[1]. It constitutes about 55% of tuberculosis burden in the Eastern Mediterranean Region of WHO. According to WHO recent estimates, the incidence of sputum positive tuberculosis in Pakistan is *81*/100,000 per year, about two third of which belong to economically productive age group. The case detection rates in Pakistan are far from WHO targets. HIV infection is not yet a major problem and there is no documented relationship yet with TB trends. However, experiences in other developing countries suggest that there is a potential risk of an HIV epidemic in future, and TB-HIV co-infection pose a serious challenge to the health services in developing countries including Pakistan.

Since last five years, the government of Pakistan has committed itself to control of Tuberculosis in the country through DOTS strategy. The National TB Control

[1] WHO 2005

Programme (NTP) is the body primarily responsible for coordinating the nation-wide TB-DOTS Programme. NTP successfully achieved its main short-term objective of nation-wide DOTS coverage in public sector in year 2005 and is pursuing high quality DOTS expansion and enhancement. The Programme has also gradually progressed towards facing the challenge of MDR by developing and implementing protocols for difficult to diagnose cases and pediatric Tuberculosis.

2. The Pakistan National Tuberculosis Control Programme (NTP)

2.1 Overview

Tuberculosis is responsible for 5.1% of the total national disease burden in Pakistan. Like most of the low income developing countries, there has been almost no observable decline in incidence in Pakistan and the absolute number of TB cases is probably increasing due to population growth and worsening poverty. The emergence of multi-drug resistance as a public health issue and a potentially threatening link between tuberculosis and HIV/AIDS has contributed to the revived interest in tuberculosis control in the country. In view of the seriousness of the problem, WHO in 1993 declared TB to be a 'Global Emergency.' Two billion people, equal to one third of world population are estimated to be infected with the TB bacillus, 1.6 million die every year from TB i.e. 4400 deaths a day. At the present time, it is estimated that there are 16 to 20 million cases worldwide with 8.8 million new cases every year, 80% of them in 22 countries. This constitutes 26% of eminently avoidable adult deaths worldwide. 450,000 new MDR cases every year (2007, WHO)

In Eastern Mediterranean Region TB incidence rate is 104 persons / 100,000 population and while TB prevalence rate is 163 persons/100,000 population. TB mortality is 21 persons/100,000 population.

2.2 Current Situation

The health policy has emphasized the focus on primary health care and strengthening of district-health systems. The National TB Control Programme (NTP) was initially launched in the early sixties. However, Tuberculosis was declared a national emergency in 2001. In 1995, the Government of Pakistan adopted DOTS (Directly Observed Treatment Short-course strategy) as the national strategy for TB Control but its implementation remained weak till it was revitalized in 2001. The NTP endorses the MDG targets for TB control (MDG 6, target 8), is an active member in the Stop TB Partnership, and has adopted the new STOP TB Strategy. Pakistan's commitment to the STOP TB Strategy and the MDGs is reflected in its 5-year National Strategic Plan which is in line with the Global Plan to Stop TB. The Mission, Overall Purpose and targets for the NTP, Pakistan, as outlined in the Strategic Plan are as follows:

- The **Mission** of NTP is to achieve countrywide control of TB through the DOTS strategy by ensuring quality TB care through public and private sector health facilities and enhancing the role of other partners, including private sector and NGOs.

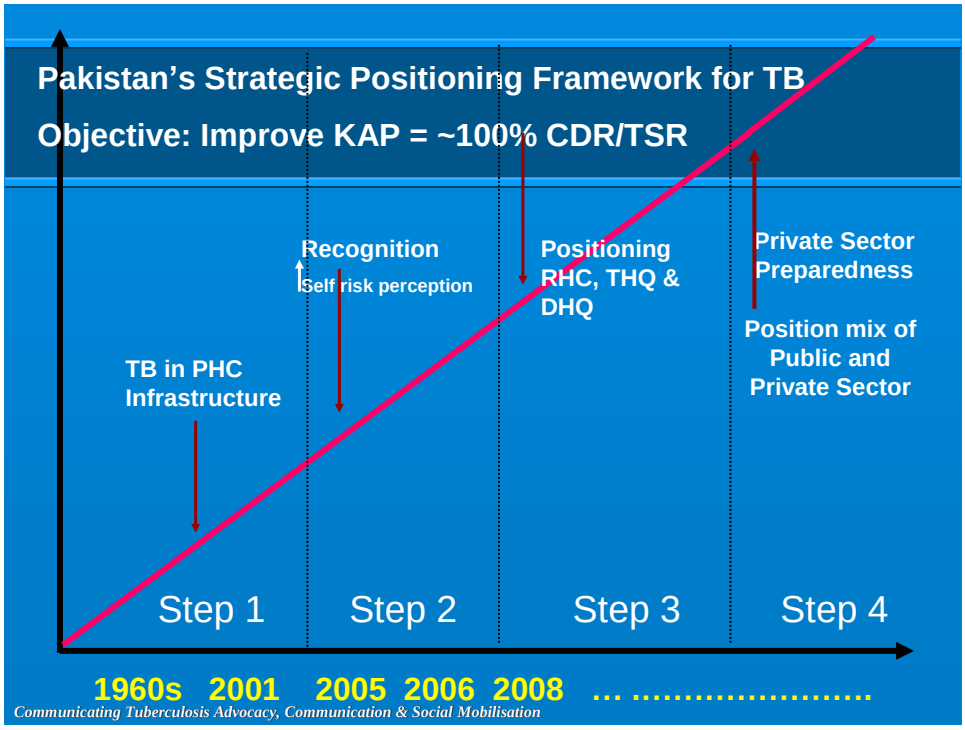
- The overall **Purpose** of NTP is to support the four provinces, AJK, the Northern Areas and FATA in controlling TB by establishing and operating effective delivery and management of TB care for their respective population.
- As indicated in MDGs the **Targets** for NTP are to:
    - by 2010 treat successfully, at least 85 percent of the registered new smear-positive TB Patients; detect 70 percent of the estimated incident smear-positive TB cases and; reduce, by 50 percent, the prevalence and the mortality due to tuberculosis.
    - by 2015 reduce TB in Pakistan by 50%

The National TB Control Programme (NTP) is responsible for the following:

- Policy formulation and strategic planning
- Technical and material support to provinces and AJK/NA/FATA
- Supervision, monitoring and evaluation support to provinces and AJK/NA/FATA
- Coordination with national and international partners
- Operational Research
- Support to national reference laboratory

The Provincial TB Control Programmes (PTP) are mainly responsible for the following:

- Participation in strategic planning, and carry out Programme and operational planning
- Technical and material support to districts
- Supervision, monitoring and evaluation support to districts
- Coordination and advocacy
- Operational research, and
- Support to provincial reference laboratory
- Implementation at the provincial level



Reproduced from Pakistan's Strategic Positioning Framework for communicating TB *(Tariq at el)*

2.3 DOTS Strategy

The Government of Pakistan in collaboration with the Ministry of Health (MoH) has launched the National Tuberculosis Programme (NTP) to undertake various responsibilities including policy formulation, strategic planning, coordination and communication with partners, technical support and supervision, monitoring and evaluation, and research; at the national level to combat the disease in an effective manner. Directly Observed Treatment Short Course (DOTS) strategy has been launched which has five components:

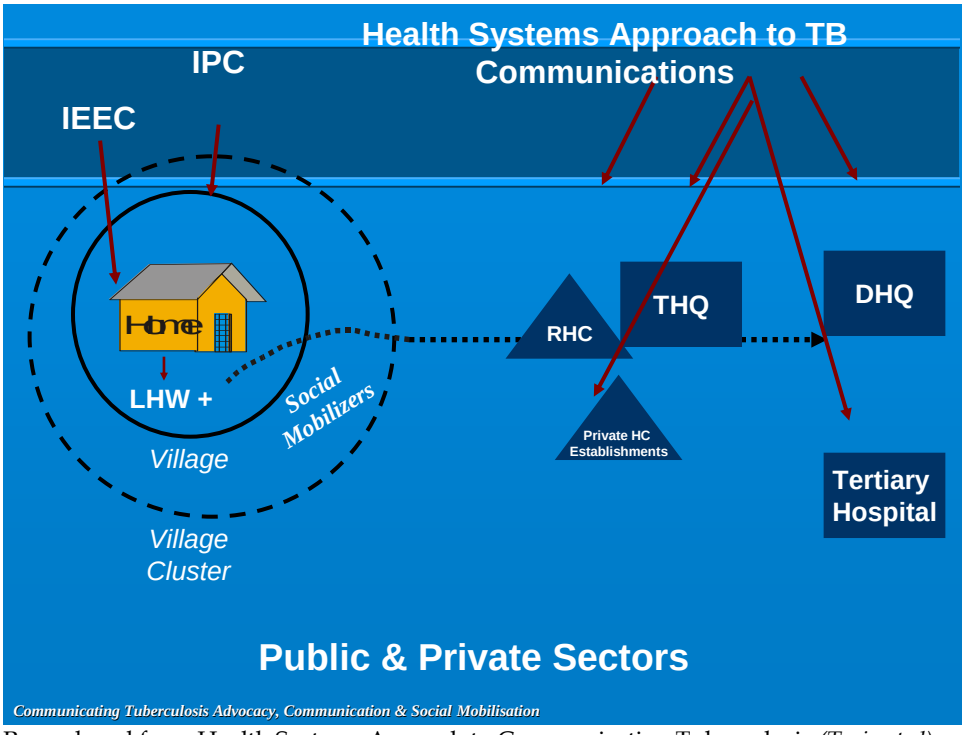
- Political commitment
- Good quality diagnosis
- Good quality drugs
- Short-course chemotherapy
- Systematic monitoring and accountability

DOTS coverage has increased sharply since its launch in 2001. Now 100% of more than 7,000 public sector health facilities have DOTS.

2.4 ACSM Strategy in Light of NTP Strategic Plan

In order to achieve its strategic objectives NTP, since its inception, has been designing and implementing a comprehensive ACSM strategy. It devises guidelines for Advocacy, Communication and Social Mobilization that supports the NTP Strategic Plan in the following ways:

- Provide a framework for communication activities
- Provide guiding principles for the communication process
- Identify key elements and activities for a multidimensional, integrated ACSM strategy on TB
- Mobilize the community to create a demand for DOTS
- Advocate with key populations for greater political commitment and stakeholder ownership
- Enhance communication skills of health care providers
- Increase the credibility of the public sector services provided through NTP
- Highlight the services provided free of cost to patients
- Reduce the stigma attached to TB
- Emphasize that TB is curable
- Increase knowledge of "What is TB? How does it spread and How to prevent and cure it"
- Reduce the default rate by emphasizing the importance of completing the 8-month course
- Build public-private partnerships
- Increase ownership and hence accountability for DOTS



Reproduced from Health Systems Approah to Communicating Tuberculosis *(Tariq at el)*

2.5 Partners

The National TB Control Programme enjoys one of the largest partnerships in the country and internationally; supporting their efforts in all aspects of the Programme. The partners include WHO, GFATM, JICA, Green Star, Asia Foundation, Mercy Corp.,

AKHSP, GTZ, GLRA, ACD, PATA, MALC, and many more. The NTP is looking on to build further partnerships, especially with regards to its communications activities. These include the corporate sector, other government organizations, media etc.

Section B -*Why the ACSM Strategy!*

1. Review of Current ACSM Strategy

Realizing the importance of Strategic Behavior Change Communication (SBC) and community mobilization activities through a coherent SBC/ACSM strategy for a countrywide implementation of DOTS and to achieve the case detection and cure rate targets and disease default, the Ministry of Health (MoH) involved advertising agencies to devise a comprehensive strategy to utilize most effective media to reach the audience and to meet the set objectives of the campaign. In this regard a number of campaigns were launched employing numerous communication tools.

The End Term Project Impact Assessment has tried to look into the peoples' general perception by using, both qualitative and quantitative methods of research, about different modes of communication to set benchmarks as to which medium has created a major impact on the understanding of the people. In this connection, survey questionnaire, Focus Group Discussions and Key Informant Interviews have been used to collect the data. This data has been collected by involving a large range of stakeholders and later analyzed on the basis of set objectives of the campaign.

The study results indicate that the selection of different media to launch SBC has been effective. While analyzing collected data, it is observed that there is still room for improvement in many areas where the message has either not reached or not understood properly.

With ever increasing viewer-ship, television has been one of the most important medium of communication and behavior change in the current era. Given the wide range of television channels available, the data collected through both qualitative and quantitative methods reveals that there is no single television channel that has been used by the respondents to collect the information about TB or DOTS Programme. Other sources like radio, newspaper, printed materials and seminars are also used by the target audience to get information. The impact assessment study also finds that a large section of the participants also get information through their closed ones. However, the nature of information provided and their source of information is not identified.

The study reveals that most of the peoples who have benefited through this campaign in terms of awareness raising, accessing the health care facilities and getting free medication have utilized television as their preferred source of information.

However, current ACSM is faced with following challenges:

- Absence of a unified Brand
- Lack of uniformity in communication originating from different sources
- Low advertising budget to cater to fragmented media
- Low frequency resulting in low recall of campaigns
- Weak follow-up on ACSM guidelines by partners
- A number of communication avenue not utilized

2. *Situation Analysis*

There is a big gap in the levels of awareness and a lack of comprehensive knowledge about TB as a disease, how it spreads and the cure available through the DOTS strategy. The rate at which TB is growing is alarming as well. The current situation shows a low case detection rate, delay at the patient's side resulting in delayed diagnosis and misconceptions very widely prevalent in the society about the disease and most importantly the stigma associated with the disease.

Advocacy initiatives need more focus and concerted efforts; Communication has to be simple, far reaching and well directed; and Social Mobilization activities are required to be consistent, well designed and complimenting to the entire ACSM Programme.

This strategy argues that strategic behavior change communication (SBC) is a much more intangible, complex and diffused process. There is a wide range of communication design factors related to the types of appeals developed and their level of persuasion. Also to be considered are audience mediating factors such as socio-economic, cultural, spiritual and demographic factors that determine whether and how behavior change occurs, how long it will take to occur, and whether it will be sustained.

The change of behavior is needed at all levels, starting from the decision maker to the actual patient. This strategy aims to provide roadmap that will help all stakeholders contribute to the better level of awareness of everyone involved through focused interventions.

3. *Key Challenges*

At present NTP is faced with following challenges as regards ACSM:

- Low literacy rate
- Lack of ACSM baseline information
- Lack awareness on public and private sector health establishments providing TB diagnostic and treatment services
- Myths associated with TB
- Stigma attached to the disease
- Lack of social acceptance of TB as a curable disease
- Use of Public Relations services
- Absence of community responsiveness towards TB patients
- Minimum media support
- Very little understanding and support from the influencers
- Current Communication not reaching the grassroots level
- Lack of political will to rid the country of the menace of TB

4. *Function of ACSM Strategy*

The purpose of this strategy is to define the framework, formulate guiding principles and identify key elements of the Advocacy, Communication and Social Mobilization that focuses on controlling TB in Pakistan. The strategy provides a multidimensional platform of activities to illustrate how various stakeholders in TB Control communication fit into the overall framework. The strategy also incorporates the communication activities of the partners to avoid duplication and ensure that all work is being conducted under one vision.

5. *Strategic Vision*

"Every citizen is aware and has knowledge about TB and services available for its care and cure across Pakistan."

6. *ACSM Strategy Rationale*

The challenge of controlling the spread and impact of TB in Pakistan is enormous, complex and urgent. Awareness is low and behavior change hasn't even been initiated. The targets set in NTP Strategic Plan need efforts to encourage those who are infected to take personal responsibility for reducing the spread of the virus; to educate around them about the curability of disease and availability of treatment. For this purpose a wide-ranging ACSM strategy is needed that can inform and educate people about the disease and the free availability of diagnosis and treatment facilities; and mobilize them to avail these facilities.

As the problem poses a complex health and social issue, due consideration should be given to ensuring a consistent and integrated approach to the disease management paradigm that necessarily incorporates timely, accurate, continuous and far reaching strategic communications.

Under the strategy, a variety of communication activities are planned. It is hoped that these activities will increase awareness and knowledge about TB; TB transmission and prevention; influence attitude and behavior change; improve the quality of health care provided and support for the infected and affected; NTP and treatment of DOTS in particular. Another important aspect of ACSM is to create and promote NTP image/brand and address the need to build a positive image of the Programme. Besides reinforcing existing preventive behaviors toward TB, communication Programmess should encourage behavior and social change through coordinated, multi sectoral approach and an integrated range of resources, Programmess and communication delivery mechanisms. This strategy identifies communication approaches to operate at national, provincial, district and Union Council levels, thereby defining roles and outcomes of each stakeholder in TB control interventions. The strategy accounts for the roles of gender, cultural, spiritual and socio-economic circumstances and their impact on TB prevalence.

Section C- The ACSM Strategy

The ACSM Strategy

The Advocacy, Communication and Social Mobilization (ACSM) Strategy is what is often referred to as 'the demand generation component'. Here communication refers to activities seeking individual behavior change (often called SBC); advocacy refers to activities that improve the political will; and social mobilization refers to the community mobilization that brings together the messages and activities for action at the community level.

The ACSM activities will occur at several levels. At the national level, they will be targeted to improve advocacy efforts to create a more favorable environment. In addition, mass media activities will be conducted for the general public to increase awareness of the disease of TB. At provincial level, it will advocate for more resources for communication activities and will focus on enhancing capacity of health education managers. At the district level, it will work to build ACSM capacity of the government and private partners. Districts can develop specific ACSM strategies to compliment the national strategy. Finally, at the local level, community mobilization activities will encourage communities to understand TB and play their role in curbing it. ACSM will work with the implementing partners at the community level to ensure consistency in all communication initiatives.

This document proposes guideline principles supporting communication Programmes and lead partners at a national, regional and community level. The strategy aims to propose focused and extensive action plans, that will help NTP and its partners increase awareness and hence generate the demand of TB treatment in Pakistan.

1. Objectives

The key objectives of the strategy are:

- Control spread of TB by creating mass awareness
- Increase ownership of the TB Program/DOTS with stakeholders/ decision makers at all levels
- Address all the concerns related to the disease of TB

2. Strategy

Advocacy will help garner national support for the program as well as ensure functioning facilities. Communication activities will challenge the current thinking and behaviors by creating awareness of the problem and suggesting actions to change the milieu. Community mobilization will be the mainstay of behavior change.

To achieve the above mentioned objectives following strategy will be followed:

1. Increase the advocacy role of the strategy using gatekeepers and key influencers such as politicians, journalists and religious or other opinion leaders on central, provincial and district levels.

by

Employing public relations and lobbying initiatives

2. Increase awareness and knowledge about TB/DOTS and the social and human dimensions of TB within their cultural settings

by

Creating a unified/integrated mass media communication plan highlighting:
   - Availability of treatment through DOTS
   - Importance of continuing treatment to reduce default rate
   - The process of spread of TB to prevent transmission of TB and reduce the social stigma
   - Identify treatment centers through clear signage

3. Change attitudes, perceptions and behavioral intentions to:
   - Encourage TB preventive behaviors
   - Sensitize the public of receiving timely treatment and cure for TB
   - Facilitate stigma reduction
   - Address traditional beliefs about TB (myths)
   - Address the gender differential issues with respect to TB/DOTS
   - Create a positive relationship between the patient and the health care provider
   - Encourage household decision makers for providing timely and correct cure for TB
   - Reduce negative social and economic impacts of the TB disease
   - Improve care for the TB patients and their family and close friends

by

Supporting and scaling-up behavior and social change communication and social mobilization Programmes currently being implemented by various partners and NTP.

3. Strategy Framework

Goal: TB Free Pakistan				
A Roadmap to Engage, Inform and Activate *using Identical Messages*				
Guiding Principles	**Advocacy**	**Communication**	**Social Mobilization**	**Result**
○ Sensitization and involvement of all stakeholders ○ Building integrated Programme communication ○ Mobilizing communities and addressing myths ○ Develop sustainable interventions	Use of Public Relations (PR) and Lobbying initiatives to influence: ○ Parliamentarians, Provincial and Distt. Govts. ○ Govt. Functionaries ○ Media ○ Corporate Sector ○ Religious Leaders ○ NGOs/CSOs ○ School Teachers	○ Advertising (Press, Radio, TV, Cinema, Outdoor) ○ Publicity through PR with media ○ Promotion through day brandings, city brandings, facility branding, etc ○ Syndicated programming like Dramas and thematic Songs ○ TV/Radio Talk Shows	Activities like: ○ Community Dialogues ○ Seminars ○ Training Workshops ○ Local Theatre ○ Musical Shows ○ Sports Events ○ Floats ○ Brand Ambassadors/Celebrities ○ Walks ○ Media's Capacity Building ○ Incentive Plans ○ Councilors ○ Students/Youth Groups	○ More aware masses ○ Supportive and effective stakeholders ○ Responsive communities ○ High detection rate ○ Low MDR ○ TB free future

Branding is the Keyword

4. The New Dimension

As practiced in commercial sector, for the effective delivery under ACSM a distinct brand should be built to signify NTP/the disease. It is imperative to achieve the greatest objective of mass awareness about the disease of TB and availability of its treatment opportunities, leading to demand generation.

The icon related to Brand (Logo) and its tag line will form the basis of a unified, standardized and consistent communication that will lead the initiative of Advocacy, Communication and Social Mobilization.

4.1 Brand – The Key Strategic Element

Brand is a unique and identifiable symbol, association, name or trademark that is both a physical and emotional trigger to create a relationship between consumers/targets and the product/service.

4.2 How Brand Works?

Nonprofits and government agencies are generally several steps behind the commercial sector in applying marketing concepts to their health and social issues. Branding is a word that is thrown around a lot by marketers of all stripes without a complete understanding of what it actually means. We know we want to have a strong brand, but to some that just means creating a logo and tagline. A brand is much more than just the service itself, or the visuals you create to promote it.

Brand is the marketer's most advanced emotional tool. It is how your audience thinks about your service and connects with it emotionally. It is the combination of how you market your service and how the audience experiences it. It combines and reinforces the functional and emotional benefits of the service and so adds value, encouraging experience and loyalty. A good brand facilitates recognition, makes a promise, and, provided the full marketing back-up is in place, delivers satisfaction.

The power of Brand is the delivering factor. Brand personality, positioning and philosophy are so tactfully communicated through communication campaigns, that in the end consumer just remembers the Brand and all other attributes come to his mind instantaneously – first step towards creating Brand loyalty.

4.3 Branding and Social Marketing

There is also evidence that branding may be particularly effective way to reach people *in deprived communities.* Experts in branding have concluded that the symbolic appeal of brands is particularly effective in targeting those individuals who do not have the time, skills and motivation to evaluate the objective attributes and benefits of a particular campaign. A recent review conducted on behalf of the UK's National for Health and

Clinical Excellence also suggests that brands can be an effective way of reaching *information-deprived communities*. Branding with these communities seems to hold considerable promise. ***(Gerald Hastings in Social Marketing: Why should the devil have all the best tunes?).***

In the case of social marketing, the product/service is the health or social behavior you are promoting or the brand is your organization, with various products that you offer falling within that brand (e.g., if you are at a local health department with initiatives addressing different health topics) — if the audience tries doing what you want them to do but has an awful experience, the brand image suffers. So branding involves strategically crafting all the elements of your audience's interactions with your organization and its products/services so that they support the right image and evoke the right emotions.

4.4 Benefits of Establishing a Brand

NTP can receive following benefits by introducing an indigenous brand:

- Consistent and distinct visibility of the Programme in all areas and at all levels
- Brand will guide all the communication towards a common focal point
- The mileage of communication will increase manifold due to its direction
- Communication Resources will be put to optimal use
- All stakeholders will speak same language that will amplify the message
- ACSM will be easy and effective – everything based on a single brand
- Brand will facilitate masses to look for information and facilities under one umbrella
- The clear Programme identity created by Brand will generate the demand that will enable NTP to meet its target
- Everyone associated with the Programme will take the ownership of the Brand and feel proud and motivated
- NTP/ACSM will reap the fruits of Brand Equity after initial investment for the years to come
- The Brand equity will make future ACSM initiatives cost effective

5. The Next Step – Strategic Behavior Change Communication (SBC) & IEEC

Once the Brand and Branding guidelines are ready comes the stage to develop targeted communication for different audiences. This communication mainly includes Behavior Change Communication (SBC) and Information & Education Communication.

Behavior Change Communication:

SBC is a process of working with individuals, communities and societies to:

- Develop communication strategies to promote positive behaviors which are appropriate to their settings; AND
- Provide a supportive environment which will enable people to initiate and sustain positive behaviors.

Information, Education and Communication:
IEC is a process of working with individuals, communities and societies to:

- Develop communication strategies to promote positive behaviors which are appropriate to their settings.

What is the difference between SBC and IEEC?
Experience has shown that providing people with information and telling them how they should behave ("teaching" them) is not enough to bring about behavior change. While providing information to help people to make a personal decision is a necessary part of behavior change, SBC recognizes that behavior is not only a matter of having information and making a personal choice. Behavior change also requires a supportive environment. Recalling the interventions model, we learned that "behavior change communication" is influenced by "development" and "health services provision" and that the individual is influenced by community and society. Community and society provide the supportive environment necessary for behavior change. IEC is thus part of SBC while SBC builds on IEC.

5.1 Role of SBC

For decades Health workers/ professionals have been using Information, Education and Communication (IEC) process of working with individuals, communities and societies to promote positive behaviors that are appropriate to their settings. However, this method usually works on a pattern that the "Educator-Knows-Best". It does not take into account that different communities would have different culture, traditions, ethos, convictions, religion and coping mechanisms to deal with different issues and problems. While people might understand why they need to bring about a certain behavioral change, this change also requires a supportive environment for Individuals, who would need the emotional support from the society. Since the society also has the same traditions and ethos, chances are that the support, an individual requires would not be available in the society.

Strategic Behavioral Change Communication (SBC) is a process of working with individuals, communities and societies to develop communication strategies and to promote positive behaviors that are appropriate to their settings. It is to work with the ethos, culture, traditions and religious beliefs of the community. It also provides a supportive environment that will enable people to initiate and sustain positive behaviors.

It is to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors. SBC is an essential part of a comprehensive Programme that includes both services (medical, social, psychological and spiritual) and commodities (e.g., medication, treatments, isolation or hospitalization).

Before individuals and communities can reduce their level of risk or change their behaviors, they must first understand basic facts about Tuberculosis and adopt key attitudes, learn a set of skills and be given access to appropriate products and services. They must also perceive their environment as supporting behavior change and the maintenance of safe behaviors, as well as supportive of seeking appropriate treatment for prevention, care and support Development of a supportive environment requires national and community-wide discussion of myths, risks, behaviors and cultural practices that may increase the likelihood of Tuberculosis transmission.

A supportive environment is also one that deals, at the national and community levels, with stigma, fear and discrimination, as well as with policy and law. The same issues apply in parts of the world where pollution, contamination, lack of awareness and disinformation forces societies to confront cultural ideals and practices that can contribute to tuberculosis transmission.

Effective SBC is vital to setting the tone for compassionate and responsible interventions. It can also produce insight into the broader socioeconomic impacts of the epidemic and mobilize the political, social and economic responses needed to mount an effective Programme. Pragmatic SBC approach, based on sound practice and experience, focuses on building local, regional and national capacity to develop integrated SBC that leads to positive action by stimulating society-wide discussions.

SBC is both an essential component of each programme area and the glue between the various areas. However, society-wide change is slow; changes achieved through SBC will not occur overnight.

5.2 Effective SBC can:

Increase knowledge. SBC can ensure that people are given the basic facts about Tuberculosis through audio or visual medium (or any other medium that they can understand and relate to).

Stimulate community dialogue. SBC can encourage community and national discussions on the basic facts about Tuberculosis and the underlying factors that contribute to the epidemic, such as risk behaviors and risk settings, environments and cultural practices, and marginalized practices (such as smoking, gutka and paan) that create these conditions. It can also stimulate discussion of healthcare-seeking behaviors for prevention, care and support.

Promote essential attitude change. SBC can lead to appropriate attitudinal changes about for example, perceived personal risk of TB infection, belief in the right to and responsibility for safe practices and health supporting services, compassionate and non-judgmental provision of services, greater open-mindedness concerning gender roles and increasing the basic rights of those vulnerable to and affected by TB.

Reduce stigma and discrimination. Communication about TB prevention, mitigation should address stigma and discrimination and attempt to influence social responses to them.

Create a demand for information and services. SBC can spur individuals and communities to demand information on TB and appropriate services.

Advocate. SBC can lead policymakers and opinion leaders toward effective approaches to the epidemic.

Promote services for prevention, care and support. SBC can promote appropriate services, their availability and health care providers to the masses.

6. Target Groups

As well as highlighting the importance of providing overarching communications on TB/DOTS to the general public, the Communication Strategy emphasizes the need for more targeted interventions to the following groups:

6.1 Federal Level

- Heads of the Government and Political System
- Ministry of Health officials
- Heads of line ministries and relevant departments
- Political leaders through the National Assembly, Cabinet and Senate
- National Religious leaders
- International agencies including Donors, UN agencies, Rotary etc
- Foreign Governments through Embassies
- National level NGOs
- All IACC partners
- Media members
- Celebrities and goodwill ambassadors
- Medical Associations
- Private Sector including corporate sector (pharmaceuticals) and private health care system
- National level philanthropists
- Heads of large schools, colleges and universities with emphasis on medical schools
- Health Education Department

6.2 Provincial Level

- Heads of the government and political system (Governor, Chief Minister, Chief Secretary etc)
- Ministry of Health officials
- Line ministries and department officials

- Provincial NGOs
- Private sector partners including corporate sector (pharmaceuticals etc) and private health care system
- Medical Associations
- Media
- Religious Groups
- Political leaders through provincial assemblies
- Provincial celebrities and goodwill ambassadors
- Schools, colleges, and universities especially medical schools
- Philanthropists
- Health Education Department

6.3 District Level

- District management team (Nazim, DCO and EDO-H)
- Representatives of the government and political system (Nazims at all levels, Counselors etc)
- Department of Health officials
- Line Departments including family planning and social welfare
- Traditional Judicial systems (jirgas, kacheries etc)
- Health care providers
- Private practitioners
- Hakeems
- Homeopaths
- Other private practitioners
- Doctors
- Lady health workers
- Volunteers
- Local NGOs/CBOs
- Media
- Private Sector
- Local Celebrities
- Village committees
- Schools and colleges
- Community leaders (elders, religious, feudal lords, influentials etc)
- Patients with Tuberculosis (TB)
- Families of the patients
- Middle, middle to lower class communities
- Specific cultural and ethnic groups – nomadic, border populations, minorities
- Internally displaced populations – urban/settlement populations, homeless, street children, street communities

7. ACSM Programme Management

The success of this strategy depends on the establishment of an effective system to manage the many technical and commercial aspects of the strategy rollout. Good governance and best practice in communication Programme management will ensure the optimum delivery of the strategy. Furthermore, the quality of communication Programmes and resources developed will depend on the caliber of relationships established with partners and other service providers. ACSM Steering Committees will be placed at national level and will meet on quarterly basis. They will have various responsibilities as highlighted below:

7.1 National Steering Committee

The key activities of the committee will be to:

- Monitor national ACSM strategy for TB/DOTS
- Identify communication needs with respect to the Programme and the public, and provide recommendations to address these
- To coordinate and update on ACSM activities with other partners
- To plan and manage communication research and use findings to develop and implement strategies for addressing problems and obstacles and for seizing opportunities
- Mobilize international, national and local community resources in support of communication strategies

8. Plan

The communication environment in Pakistan is well resourced with multiple and most modern media channels available for message dissemination to the nook and corner of the country. A wide range of media outlets provide penetration into urban, semi-urban and rural populace. Emerging media like internet, cellular phones and outdoor have successfully complimented the traditional media of television, radio, print and cinema.

Electronic media has met an unprecedented growth. The recent explosion of satellite TV channels has revolutionized the society by informing the illiterate. On local level FM radio is a reality now and every major district has its indigenous radio station that primarily speaks their language. Print media is still reigning supreme with its credibility and high shelf life; and new publications are emerging.

Billboards, wall chalking, vehicle branding, POS material, floats, theatre and mobile cinemas are other effective options for message dissemination through branding.

Thus, a big number has an access to one or the other media tool now. This variety of available media avenues offers a great opportunity for mass media communication. However, in order to capitalize on this vital opportunity a comprehensive and well directed ACSM plan has to be executed that can empower all the stakeholders to achieve the strategic objectives.

The ACSM plan will revolve around a distinct Brand that will form the theme of all sorts of communication initiatives of Advocacy, Mass Media and Community Mobilization. The application of Brand will not only start creating a recall but will also develop Brand loyalty among the masses about the DOTS. The cost effectiveness of Branded campaigns will enable the programme to better utilize its resources for a multitude of initiatives.

The communication built on the Branded theme will not only provide an effective platform to advocate with the influencers, opinion leaders, peers and religious leaders but will also lend a direction to all the community based activities like workshops, theatres, fairs, etc. This plan encompasses advocacy, communication and social mobilization that form the ACSM.

Advocacy

8.1 Advocacy

Advocacy focuses on gaining and maintaining the support of and motivates decision-makers, opinion leaders, stakeholders and policy influencers. Media is also a vital target audience that is advocated with to gain support to address various communication needs. ***Public Relations*** and lobbying is the most important tool used for advocacy all over the world.

Traditional advocacy activities include meetings, presentations, workshops, visits, events, etc. Development of information packages is also a tool of advocacy.

8.1.1 Federal (National) Level Advocacy

Following can be addressed by advocacy at the federal level:

- Positioning of NTP as an Opportunity for Leadership to take Credit of
- Response of Government/Health Authorities to Protect the Public
- Budgetary Implications of Epidemic
- Change of Public Opinion
- The Liabilities of Inaction
- Feasibility of Integrating Strategy with Existing Initiatives
- Sustainability of Project
- Common Agendas and Shared Visions
- News Value and Timing
- Information/Success Sharing
- Opportunities to Use New Research and Innovations

The activities that can be used to achieve the above:

- High Level Interactions – Meetings/Briefings
- Putting TB-DOTS on the agenda at different forums like Senate, National Assembly (internally) and SAARC, OIC, etc (externally)
- Public Relations activities like Press Engagements, Media Orientation Workshops, Journalist Call-ons/ Briefings, Press Conferences
- Publication of News Releases, Feature Stories, Opinion Pieces, Editorials, Photo, Interviews with Media, Discussions Programmes, Talk Shows, etc.
- Workshops
- Literature Development (Advocacy Kits, FAQs, Programme Updates), Letters, CDs, Newsletters, Brochures, etc.
- Videos Documentaries
- Events like Seminars, Presentations, Press Forums, etc.
- Merchandise/Giveaways e.g. Diaries, Planners, Calendars, Notebooks, T-shirts, Caps, etc.
- Morale Building/Recognition Initiatives like Media Awards, etc.

8.1.2 Provincial Level Advocacy

The potential concerns and target population categories for advocacy at the provincial level are similar to the Federal level. The President and Prime Ministers will be replaced with Governors, Chief Ministers and Chief Secretaries. The activities that can be used to conduct advocacy at the provincial level are the same as well. At this level the focus is going to be at provincial level influencers, decision makers, opinion leaders and media.

8.1.3 District/Community Level Advocacy

As with the provincial level the concerns can be addressed through advocacy at the district/community level with their ownership and hence concrete positive action for TB/DOTS can be expected. The activities that can be used for this purpose are the same as for the federal and provincial level. However, some specific district/community level activities would include organizing engagements with District Councils, District Management, addressing open meetings (jalsas), public debates and using traditional judicial meetings like kacheries, jirgas, village health committee meetings and partnership committee meetings to advocate. PR with local media can play a vital role in furthering the cause. FM channels and local language newspapers can be utilized to create awareness amongst the masses and advocate with the local decision makers.

It has been noted that at the grass root level (UC Council level) community meetings, especially the "Peer Education" meetings are extremely beneficial for advocacy and mobilizing the community. Following is a detail explanation of the mechanics of the activity and is strongly suggested as an activity to take place at the grass root level.

8.1.4 "Peer Education" Meetings

Lessons learned from peer education meetings conducted in other developing nations have shown that peer education can increase understanding, ownership and involvement with issues like TB. Peer-led communication meetings ensure that messages disseminated are more credible, and more likely to be heard and acted upon by other peers. Moderators must be well trained and supported by appropriate communication resources. Supporting resources could include publications, flip charts, audio-visuals. At the grass root level two parallel core groups are formed – one for the women and one for the men. The men's group consists of:

- The Pesh Imam
- The UC Councilor
- Social Worker/volunteers
- Tribal/Feudal Leader
- Teacher
- And/or any other influential person

The women's group will consists of:

- The Pesh Imam's Wife
- Lady Councilor

- Social Worker
- Lady Health Worker
- Nurses
- Wife of Tribal/Feudal Leader
- Lady Teacher
- And/or any other influential person

Communication

8.2 Communication

Communication helps to create a general awareness and knowledge about an issue. Over a period of time it also creates a mind frame (opinion) that is ripe for change in behavior. Communication also supports the advocacy and social mobilization approaches. This approach consists of two main components: Mass Media and IEC. These two combined provide a vast range communication tools. The messages and material is to be developed and produced at the federal level with the province adding to the developed messages to make them culturally appropriate, localized and more focused to local audiences.

8.2.1 Mass Media

Media research in Pakistan indicates that radio, television and print media coverage is significant throughout the country. Therefore, these media can be a powerful force for raising awareness, building knowledge and influencing public opinion. Research should be conducted before media planning to ensure that these media channels are utilized in a cost effective manner to achieve an optimum result of message dissemination to the selected target audiences. The frequency of intervention should be such that messages reach all the varied audiences at different time bands alike. It is also important to make messages coherent by linking them to a 'branding strategy'. This can include the use of visual devices or repeated slogans tiered from campaigns.

8.2.1.1 Radio

Radio has the greatest reach to peri-urban and rural population groups, especially through the Pakistan Broadcasting Corporation, which broadcasts nationally. FM Radios have seen a phenomenal growth with their number crossing 50. These channels present an effective opportunity to talk to masses on local level.

Proposed Activities:

- Radio Ads
- Public Service Messages
- Branded Songs
- Celebrity/RJ Endorsements
- Infomercials
- Talk Shows
- Trivia on TB/DOTS
- Thematic Consumers Promotions/Participations

8.2.1.2 Television

According to the Gallup survey there is around 70 – 80 % of coverage of television in Pakistan. Even those who do not own TV sets have access to television through communal, institutional or family sets. Television is the best

tool to talk to a vast variety of audiences spread over Pakistan especially the illiterate. Television can provide the greatest impact through the depiction of thematic campaigns and can assist in stimulating masses to learn about TB/DOTS.

Proposed Activities:

- TV Ads
- Syndicated Programming (Issue Based Dramas, etc.)
- Public Service Messages
- Day Brandings
- Road Shows
- Branded Songs
- Celebrity/RJ Endorsements
- Infomercials
- Talk Shows
- Trivia on TB/DOTS

8.2.1.3 Newsprint

Print media is widespread across Pakistan with several major national papers distributed in English and Urdu. Regional language newspapers also have effective following in Sind and NWFP. There are also a number of women and family magazines. Print media provides communication opportunities through 'long copy, 'informational approaches and news stories generated through advocacy activities. Although access to daily newspapers in rural areas drops off rapidly in the more remote the area, print is an important medium for opinion leaders, with readership far exceeding circulation.

Proposed Activities:

- Pres Ads
- News Items
- Features
- Photographs
- Articles
- Columns
- Forums
- Interviews
- Special Supplements

8.2.2 Outdoor Advertising & Below the Line Activities

Outdoor advertising and below the line advertising can enhance the campaign ability factor, recall and longevity as it is accessible to large numbers of people in rural and urban areas. Use of these tools is imperative to expand the spread of key messages of TB/DOTS to diverse publics.

Proposed Items:

- Outdoor Displays (Hoardings, Bus Stops, etc.)
- Branding of TB Facilities
- Vehicle Branding/Mobiles
- City Branding on Special Occasions
- Floats
- Banners
- Streamers
- Expo Stalls
- Mela Kiosks

8.2.3 Information, Education and Communication Material

Information, Education and Communication material is not only a tool in itself, but also serves as direct support for trainings, advocacy and social mobilization activities. A range of core publication resources is required to explain the complex issue of TB.

Proposed Items:

- Brochures & Booklets
- Pamphlets, Flyers & Stickers
- Posters
- Calendars

8.2.4 Internet

This new media option has opened avenues to spread any message to a more focused group of literate and empowered audience.

Proposed Items:

- Website
- Banners
- Bulk Emails

8.2.5 Cellular

In Pakistan one of the most recent new media is mobile phone. This personal device has virtually provided a novel way to reach individuals through short messages:

Proposed Use of SMSs:

- TB Messages
- Publicity of other Communication Initiatives like Dramas, Talk Shows and Events

8.2.6 Branding Opportunities

NTP can create partnerships with public and private sector organizations to disseminate its messages through branding.

Proposed Avenues:

- PIA Aircrafts
- Railcars
- Joint Branding Initiatives with Corporate/Commercial Sector e.g. Outdoor Sites
- Packaging of TB Medicines

Social Mobilization

8.3 Social Mobilization

Social Mobilization is a community based approach. It focuses on the districts, tehsil and union council level interventions, hoping to target each individual through IPC and community mobilization activities. It is the process of bringing together all feasible and practical inter-sectoral social allies to raise people's awareness of and demand for a particular development Programme, to assist in the delivery of resources and services and to strengthen community participation for sustainability and self-reliance**.** Pakistan has a culture steeped in oral tradition, with the large rural sector, in particular, having a strong reliance on dialogue-oriented and participatory approaches to communication. Key to the success of controlling TB is to build the momentum for change at a provincial and community level. A range of different social mobilization tools can be used, including traditional community theatre, folk media, art and other performance festivals. These communication forms make use of idiomatic expressions, which vary from one ethnic community to another and are the basis for communication within and across generational and community leadership structures. Following are a few strongly recommended social mobilization activities:

8.3.1 Theatre

Theater is a strong part of the culture in Punjab, Sind and some areas of Baluchistan and NWFP. This medium has traditionally carried messages of morality, values and social well being. With this experience theater performances based on creating awareness about TB/DOTS will be executed throughout Pakistan.

8.3.2 Walks

Walks are a great tool to mobilize a community for a social cause. Individuals from all fields of life participate for one cause with one voice to show their support. This activity is used frequently for mobilizing societies and as a means of generating media attention.

8.3.3 Melas, Folk Shows, Cultural events

One of the most cost effective and useful way is to use existing events like melas, folk shows, and religious gatherings to disseminate information about TBDOTS. The community is already gathered at the venue, they only need to be mobilized for the cause of TB-DOTS. Stalls can be put up and/or announcements can be made, or below the line advertising and IEC material can be distributed to impart information.

8.3.4 Health Stalls and Kiosks

Stalls/kiosks for TB –DOTS carrying advocacy kits, IEC and Point of Sale (POS) material can be set up at key venues like markets, bus stops, train stations, airports, private clinics and any other venues that are frequently visited by the target population. The stalls can be short term, while kiosks can stay in shops, pharmacies etc for a long period

of time, allowing access to a larger number of individuals. This is a great way to create awareness and increase knowledge about TB at the grass root level.

8.3.5 Mobile Cinema, Puppet Shows and Floats

Although the use of mobile cinema, puppet shows and floats for a social cause has been limited in Pakistan but in an environment that is hungry for entertainment; dramas, documentaries and advertisements presented through mobile cinema technology can entertain as well as stimulate community dialogue on TB/DOTS issues in rural areas. An essential aspect of this activity is the careful design and development of content, as messages are disseminated to a diverse range of population groups. This strategy when combined with a range of other community activities and service delivery can be effective in supporting the behavior change process.

8.3.6 Communication with Children through Debates, Competitions, etc.

Schools provide a great opportunity for the development of moral values since children are in their formative years. They are more readily able to absorb information on TB and to adopt safer attitudes and also take the information home to their families. Schools provide many opportunities for accurate and comprehensive TB-DOTS education, behavior development and values formation. Activities like debates, speech competitions, poster competitions, assembly announcements, identification of TB patients greatly mobilize this community for the cause of TB-DOTS.

8.3.7 Partnership

A critical component of the successful implementation of this strategy is management and coordination through a multi-sectoral response to the TB control. A sectoral approach also provides due recognition of the increased mobilization power of various sectors and communities in a partnership for TB control and promotion of DOTS. Partners could include the faith-based sector, schools, public and private sectors including workplaces, the media, and corporate sector, among others. Some key partnership activities are as follows:

8.3.7.1 Sponsorship

Sponsorship provides a mechanism to create community rallying points for specific themes of the strategy. Sponsorship events could include school music and drama festivals, music concerts, sports such as football, athletics, and basketball.

8.3.7.2 Volunteers for Social Mobilization Activities

Realizing that communicating with a population of 160 million is no little task and cannot be conducted by the NTP staff alone, it is important to take on board volunteers at all levels to work in communications for TB-DOTS. There is no pre-

requisite for recruiting volunteers, except that they can give adequate time for the activities they are volunteering for and can stay for the full length of time they are required for. After selection it is important to build their capacity for them to be able to conduct their activities efficiently.

8.3.7.3 Communication Resource and Distribution

Resource material for communication includes material developed by the communication committees, for example IEC material, advocacy kits, mass media messages etc. and material received by other relevant agencies, for example communication guidelines developed by WHO, global updates etc. IT is important that all resource material is readily available at all levels for reference and onward use.

9. Capacity Building

In order for the communication activities to run smoothly and also to ensure high quality and adequate monitoring and supervision, it is essential that the capacity of all the key players in TB-DOTS communication should be increased with respect to development communications in general and the TB-DOTS strategy in particular.

10. Research and Analysis

To develop an effective communication and consequently a work plan, it is important to conduct KAP studies, impact analysis and pre-and post tests among other research tools. This activity needs to be conducted at all levels and at regular intervals, preferably biannually. It is also important to revise the communication approaches according to the results received from these researches.

Section D- Operational Guidelines and Process Management of ACSM Field Interventions

Introduction

The National ACSM Strategy follows a standardized, step-by-step process involving assessment of current behaviors and factors that are barriers or incentives to people practicing them, propose key behaviors for change, and work with individuals, households, communities, health systems, and policymakers to develop effective, feasible ACSM interventions aimed explicitly at these factors.

This section of the document is intended to provide guidelines to carry out standardized ACSM activities in communities for effective Tuberculosis (TB) control. It will provide essential knowledge and tools in implementing ACSM activities during the interim period, until the NTP finalizes the National ACSM Strategy and develops workplans for adaptation at the national, provincial and district level.

This document includes definitions of key terms and sets out the key principles underpinning activity implementation, while it also includes activity-specific sections specifically tailored with Round 6 requirements, with summary tables providing details of each of field activity to be implemented by partners for the achievement of objective 3: i.e. Empowering People and Communities with Tuberculosis.

This document is primarily intended for the staff of Round 6 partners to assist them to plan, organize and supervise ACSM activities in their respective districts. Because tackling TB requires commitment and work at all levels, these guidelines can also be used by TB control staff at the district and provincial levels; by nongovernmental organizations (NGOs) and others involved in TB control, including communications officers, programme supervisors, doctors, nurses, health educators and ACSM trainers.

The guidelines provided in this document need to be followed by partners in implementing ACSM activities to support of TB control, however decisions on the most appropriate ACSM activities and how to implement need to be taken according to the specific situations and demands of TB-affected communities within the 57 districts and their respective implementing partners. While the precise combination of activities needs to be determined by every partner at their individual level, this document has one prime objective – to guide and support the planning and implementation of standardized and effective advocacy, communication and social mobilization activities in TB control at the district level.

1. TB Control in Pakistan

In developing countries like Pakistan, many factors can influence the demand and supply of services for TB diagnosis and treatment; these may be social, cultural, behavioral, epidemiological, economic, and political. Other critical factors affecting demand and use of services include: multidrug-resistant TB (MDR-TB), HIV/AIDS, stigma and discrimination, gender inequality, population displacement and mobility, and changing communication environments.

Use of communication and social mobilization strategies is increasingly acknowledged

as necessary to encourage and support at-risk populations who have a cough for more than three weeks to seek treatment; and to adopt other health-seeking behaviors related to TB.

The link between lack of communication and poor case detection has been repeatedly demonstrated. It is recognized that the patients with low knowledge about the symptoms of TB are more likely to postpone seeking care and getting tested.

Communication is also seen as having an important role in improving treatment adherence. ACSM strategies ensuring patient education, combined with broader community support and empowerment initiatives, are essential if cure rates are to improve and be sustained.

2. Stigma, Discrimination and Gender Inequality

Stigma has been defined as "an attribute that is significantly discrediting" and "an attribute used to set the affected person or groups apart from the normalized social order, and this separation implies devaluation". Stigmatization therefore describes the process of devaluation within a particular culture or setting, where certain attributes are seized upon and defined as discreditable or not worthy.

Stigma and discrimination associated with TB are among the greatest barriers to preventing further infections, providing adequate care, support, and treatment. TB-related stigma and discrimination are universal. Stigma is harmful, both in itself, since it can lead to feelings of shame, guilt and isolation of people living with TB, and also because negative thoughts often lead individuals to do things, or omit to do things, that harm others or deny them services or entitlements (i.e. discrimination).

For example, health care providers are often a source of stigmatizing behaviors through their inappropriate treatment of people with TB; prison staff may deny health services to a person with TB; employers may terminate a worker's employment on the grounds of his or her actual or presumed TB status. Young girls may find it difficult to get married because of their TB status and married women may face divorce on account of having TB. Such acts constitute discrimination based on presumed or actual TB status.

Lack of access to appropriate diagnosis and treatment of TB is a key issue that leads to TB-related stigma and discrimination. The perceived "untreatability" of TB is a key factor contributing to the stigmatization of many of those affected. This also gives rise to fear, lack of knowledge, and misconceptions that are often deep-rooted.

Stigma particularly affects women because social pressures and status often make them especially vulnerable to marginalization and discrimination with the consequences of contracting TB sometimes leading to divorce, desertion and separation from their children.

Stigma as a "disease of the poor" also persists and has been compounded more recently by the link with HIV/AIDS. TB patients with HIV suffer a double stigma.

Any ACSM strategy designed to confront these issues has to focus on social as well as individual behavioral challenges. ACSM Programmes are essential in empowering people with or affected by TB to take community action to confront stigma, and to educate broader communities to reduce stigma. Any communication strategy designed to combat TB needs to support both a process of social change in society to tackle stigma and marginalization of people with TB, and a process of behavioral change designed to persuade people to seek treatment.

3. How is ACSM Essential to the Stop TB STRATEGY?

The Stop TB Global Strategy, launched by the Stop TB Partnership in January 2006, has six major goals, which are

1) To pursue high-quality expansion and enhancement of directly observed treatment (DOTS) – short course
2) To address the co-occurrence of TB and HIV, multi drug-resistant TB (MDR-TB) and other challenges
3) To contribute to strengthening of health systems
4) To engage all caregivers
5) To empower people suffering from TB and their communities
6) To enable and promote research

3.1 Empowering People and Communities Affected by TB

ACSM Programmes also need to ensure inclusion of people most affected by TB in the design, planning and implementation of TB control strategies. In case HIV/AIDS, it has been learnt that the greater the inclusion of those affected in the developing and implementing the response to the disease, the greater the impact such responses are likely to achieve and sustain.

4. Effective ACSM Interventions

The most important lesson learnt is that ACSM strategies are most effective when their design is led by and appropriate to local processes and experiences. In other words, they are effective when ACSM programming fully and broadly engages a larger number of stakeholders, NGOs, patients and their families. ACSM activities can be used to achieve all six goals. Although distinct from one another, advocacy, communication, and social mobilization (ACSM) are most effective when used together. ACSM activities should therefore be developed in parallel and not separately.

Linking ACSM goals with activities strengthens overall Programme effectiveness. Several ACSM approaches can be considered for TB. Decisions on which approach or combination of approaches to use should take into account the benefits and risks, the time frame and the expertise and also by matching it requirements by the Global Fund, the Principal Recipient and the National Strategy adopted by NTP.

5. Assigning Roles, Responsibilities and Coordinating Activities

As part of determining roles and responsibilities of all the partners, and within the teams of an organization; partners need to draw up a table to show the roles and responsibilities assigned, and then ensure that everyone involved in the activity has access to it and agrees to their respective assignments. Similarly such details can also be shared in partner coordination meetings with the principal recipient to avoid duplication.

6. Setting and following Realistic Timelines

There is a need to allocate time wisely when planning for ACSM activities. Create a workplan which has a timeline with realistic expectations. Consider the preparatory activities that need to be addressed first, and then identify the subsequent sequence of activities involved. Estimate how long each activity will take.

Many factors can accelerate or slow down ACSM activities and must be considered when creating a timeline. Some factors might include the uncertain schedules of district health authorities or their unavailability, delays with producing and printing materials, holidays or other observances, weather constraints, unexpected illnesses among key personnel, and political transitions or civil society unrest as we may be expected in preparation for the ACSM activities. (Checklist for sample workplan is attached in Annex 1).

7. Developing ACSM Messages and Concepts

7.1 Consistency of Messages

The TB messages disseminated should be consistent and relevant across all channels and activities. The more the messages reinforce each other across channels, the better the results will be. Consistency makes the ACSM strategy effective – for example, ensure that the health-care provider, the community mobilizer and the radio announcement all give the same key information. This does not mean creating only one message for everything. It means, rather, identifying key points that every message should convey, no matter how it is communicated. This can be done by targeting messages appropriately and considering appropriate logos, slogans and other creative aspects.

7.2 Targeting Messages Appropriately

Messages must be relevant to the various groups they target. Each group may have a different level of knowledge of TB so target messages according to their respective level. Messages should address the action or change that the intended audience is ready to make – for example, a message to people who have never heard of DOTS should not encourage them to start treatment immediately. It should rather focus on raising the awareness of DOTS with the aim of moving the group toward getting treated.

Even if a group is motivated by a message, other factors may limit their ability to adopt the proposed behavior or take the recommended action. For example, at-risk individuals might not seek testing or treatment because they are afraid of being stigmatized by their communities.

Accurate and clear messages are the most credible. Messages should be simple and contain very few, if any, scientific terms. Include only information that is necessary for priority groups to take the desired actions or decisions. Do not include information on disease physiology, research debates or sponsoring organizations as this may be complicated for the target population. Spoken messages need to address the target audience while using clear, simple language, control and vary your voice's volume, pitch, inflection, and speed. Talk about the subject in an interesting way, trying not to quote too many facts and figures. Use interesting and clear slides and overheads if possible; with statements of cured TB patients.

Consider the written and visual literacy levels of the target audience. Many people cannot understand health materials written in technical language, particularly if their literacy skills are low. Make specific choices on the writing style, vocabulary, typography, layout, graphics and colors. These choices affect whether the message is read and how well people with varying degrees of literacy will understand it.

Key messages (used to date by national and international campaigns)

- TB is a curable disease
- How is tuberculosis spread
- What are the symptoms of tuberculosis
- How is TB detected
- How is TB treated
- Why is controlling TB necessary
- Information neighboring diagnostic and treatment centers

8. Developing ACSM materials

8.1 Understanding the Cycle of Developing Materials

Efforts should be made to develop initial drafts of materials and pre-testing to ensure that the messages are effective and reflect strategic guidelines. Pre-testing allows partners to learn early in the process which messages, products or activities will be most effective with the intended population. Knowing this will save time and money as it will ensure that ineffective products are not mass produced and distributed.

This further helps to ensure that people understand the messages in the materials and that the intended population draws the desired interpretations. Pre-testing also offers an important opportunity for communities and other sub recipient groups at the district level to become involved in the ACSM process early on and to share what they believe will work or not work. Communities or individuals affected by TB should be brought

into the process even earlier to help create the materials. Staff and partners with technical expertise should also be consulted to ensure that all scientific and technical information is correct.

However while pre-testing can improve the effectiveness of materials, there is no guarantee that activities and supporting materials will achieve their intended goals. Pre-testing can provide an indication of the strengths and weaknesses of materials, but it cannot definitively determine activities

8.2 Identifying Materials Needed for Different Activities

Several different types of materials can be developed to support ACSM activities. Selecting channels that will be effective in reaching intended populations is important. Leaflets placed in clinic waiting rooms, for example, will not encourage more people to go to clinics to get diagnosed and treated for TB. Place materials for intended populations in locations where the target audience normally goes, such as markets, bus stations, train stations, taxi and truck parks, schools, places of worship (*Masjids*), workplaces, community buildings where meetings are held, and in front of the homes of village elders or other places where people gather informally.

The material developed for religious leaders must directly address any cultural constraints and false beliefs , and will be in the form of fact sheets and presentations; teachers can be involved in school base interactive/informative activities etc. community groups need messages about symptoms of TB, how TB can be cured, and when and where services are available free of charge. When developing messages for a specific person or group, keep in mind that the message is technically sound and should focus on written messages by using clear, simple language that is not condescending but is free of medical terms and jargon, while still technically accurate. Choose the most important message and repeat them. If possible Use pictures, bold headings, and photographs; these will be remembered; whereas lengthy text and details will soon be forgotten.

8.3 Selecting Appropriate Materials

Development and production of materials can be time consuming and costly and although this activity is adequately funded for the national stakeholder; i.e. NTP, the programme partners can before taking this step, determine whether new materials are necessary and make use of alternate options.

Communication materials such as booklets, leaflets, posters, public service announcements and videotapes may already exist; as some have already been produced by NTP from previous Rounds. This can be checked for existing materials through the ministry of health, NTP, WHO, or trusted Internet sites such as Stop TB Partnership. However when such material is made available, decide whether are useful as they are or whether they need to be modified according to ACSM activity design.

In reviewing any existing materials, the following questions needs to be kept in mind:

- Are the messages accurate, current, complete, and relevant?
- Are the format, style, cultural considerations and readability level appropriate for the targeted audience? If not, could they be modified easily?
- Will the materials meet the communication objectives?
- Pre-testing can help answer some of these questions. If possible, check each item with the group that originally produced it to find out
- Results of any pre-testing (be sure to ask which groups the materials were pre-tested with)
- Effectiveness of the materials to date
- Any advice or recommendations related to the Programme's ACSM needs.
- In deciding whether to use existing materials, ask the original producers several questions.
- Are the materials available?
- Can the NTP/partners have permission to use the materials? Modify them? Would reprinting be easy?
- Are they affordable?
- How have they been used?
- How have they been received?
- Is there any information about their effectiveness?

8.4 Materials and their Specific Activities

1. For meetings with policy makers (e.g. meetings with law makers to advocate for increased TB funding, the following material can be used)
    - Fact sheets
    - Presentations, other visual aids such as slides, photos, posters
    - Letters
    - Briefs that summarize data
    - Letters to the editor
    - Opinion-editorial write-ups
    - Press releases
    - Public service announcements, live-read scripts/ announcements
    - Summaries of key findings, articles (and authors)

2. For outreach to media (e.g. to promote World TB Day, awareness campaign)
    - Informational booklets, leaflets/flyers, posters
    - Radio and television spots (live-read scripts or produced public service advertisements)

3 For public awareness activities (e.g. increase awareness/reduce misconceptions about TB, reduce stigma)
    - Training modules
    - Fact sheets
    - Leaflets
    - Flip charts/flannel boards

- Instructional posters/wall paintings/job aids
- Videotapes

4 Peer education and training (e.g. for health care workers and communities to identify TB cases, provide the proper care/treatment)
   - Presentation slides or other visual aids such as photos
   - Displays (including posters, photographs, real objects, models)

5 Presentations at seminars or other gatherings (e.g. with decision makers or health care professionals)

9. Start-up Activities

Start-up activities need to be planned so as to introduce the project objectives in a manner which clearly lays emphasis on long-term sustainable partners; the communities and the government/district health authorities.

Outreach to the public can be a major part of launching ACSM campaigns or activities. Many organizations can hold a "kick-off event" to introduce their activities to the media and the community. This can be a press conference or any other event that spotlights the TB situation and Programme and motivates public commitment from district and regional authorities.

The events could include activities such as a walk or parade, health fair, an expert panel discussion including people living with TB, a concert/entertainment event disease-screening event or a celebrity appearance. The event should meet three criteria:
- It must attract members of the priority populations
- It must communicate key messages
- It must be considered sufficiently newsworthy by the media for it to be covered

Planners should decide in advance which media outlets to target – regional or district outlets, television, cable or radio. Designate one group or a person and a back-up to address and respond to potential questions from partners and communities. This person, in most cases the regional coordinator, can serve as the Programme's spokesperson. He/she should be prepared to respond as needed and should ideally have some training in media relations that offers guidance on how to effectively communicate with journalists and other members of the news media. Skills in media relations can also help in talking to journalists, to interest them in covering the events and perhaps even becoming partners or advocates of the cause. All calls or communications that require any type of public comment should be directed to this person. Create talking points to help the spokesperson(s) to explain to the media and others who might ask questions about why the activity is taking place *(for details see annexure 3: Worksheet for a creative/ strategic brief).*

Talking points can include other information such as:

- Facts about TB, including local statistics
- How the Programme is addressing the problem
- Why these approaches have been chosen
- Responses to foreseeable objections to activities and interventions

If there is news coverage, planners should be prepared to provide follow-up information; if the coverage conveys anything incorrect or misleading, they need to talk to the media and clarify any misconceptions. Even if there is no follow-up to provide or misconceptions to clarify, it is still advisable to contact the reporters covering the event and thank them for their interest. This helps to build a relationship with the media that can continue to be useful in promoting the Programme's activities. Distributing materials is another key aspect of such events.

10. Planning an Important Event - World TB Day

World TB Day is a valuable opportunity to raise awareness of the prevalence and impact of TB – as well as the state of TB prevention and control efforts – at the national, regional and local levels.

10.1 Reasons for Holding an Event

- To highlight achievements of the NTP
- To obtain additional political commitment
- To mobilize new partners to address TB in their work
- To increase the demand for TB services (diagnosis and treatment)
- To attract media attention (television, radio, newspaper) to increase understanding of TB in the general public, and increase commitment from local leaders and politicians to support TB control activities

10.2 Planning Steps

1. Set up a World TB Day planning committee that includes partners, organizations and other motivated people (e.g., NGOs, student groups, religious groups, media, medical associations, and networks of people living with TB, women's groups, HIV/AIDS organizations and Programmes). Hold regular meetings of the committee, keep minutes of the proceedings and distribute them widely after each session
2. Consider mobilizing external resources by involving influential private industry or businesses
3. Determine interesting and relevant activities
4. Determine what each member of the planning committee can contribute and assign tasks and responsibilities
5. Set deadlines for accomplishing the various tasks
6. Make provisions to assess the impact of the event
7. Collect information to build a case for supporting TB control

8. Transform statistics into key messages and stories to state the extent and effects of the problem; share success stories about what can be done to address the problem; and provide human interest examples that document the impact of TB on the individual
9. Design activities and events that will mobilize partners for action (forums, seminars, courses, parades, competitions, street events and other "infotainment" events)
10. Organize media events to make news (such as a press conference with politicians or other leaders e.g. to highlight the opening of a new DOTS centre)
11. Prepare speeches, fact sheets, video, and other visual materials with statistics and key messages
12. Assess the event afterwards and compile the lessons learnt
13. Organize a "thank you" event for members of the planning committee to build on successes

11. Key Components of the ACSM Strategy

Advocacy, Communication and Social Mobilization (ACSM) is recognized as a critical gap in TB control efforts. This is essential for TB control efforts as it will contribute to enhanced case detection and adherence to treatment by increasing service demand. The Principal Recipient and partners are well aware of the importance to ensure a strategic and standardized approach of ACSM in improving TB awareness in communities.

The scope of ACSM interventions remains nationwide, however, the key components for Round 6 targets people with TB and communities; to include effective ACSM focused at the community and large scale media awareness campaigns to facilitate ongoing activities in social mobilization and advocacy in 57 selected districts of the country. The districts selected cover hard to reach areas and were not part of previous ACSM interventions.

In order to achieve this, a national ACSM Steering committee, comprised of the Principal Recipient, NTP and other Programme implementation partners, will be established to finalize the national TB ACSM strategy and coordinate and scale up the wide range of ACSM activities around the country.

12. Planned Activities

The main activities under this objective include establishing a national ACSM Steering committee, finalizing the national TB ACSM strategy, coordinating and scaling up the wide range of ACSM activities around the country (including community-based events, social marketing campaigns, public and media advocacy and social mobilization). The capacity of the NTP's ACSM unit will be enhanced through technical support and trainings.

The following activities have been specifically designed to be implemented in a more efficient and strategic way through the involvement of partners. The guidelines given below in the respective outline provide the approach towards implementing these

ACSM activities; Partners are encouraged to implement the most appropriate ACSM strategies and ways to implement these activities need to be taken according to the specific situations and demands of TB-affected communities within their geographical districts

The specific interventions related to TGF Round 6 will be conducted by eight partners namely: Pakistan Anti TB Association (PATA-15 districts); Mercy Corps (MC-11 districts); Bridge (7 districts); Integrated Health Services (IHS will implement school awareness Programme in 10 districts covered by other partners); Basic Development Needs (BDN-8 districts); Association of Community Development (ACD-6 districts/ Agencies of FATA); Aga Khan Foundation Pakistan (AKFP-5 districts); and Association for Social Development (ASD-5 districts) in social mobilization and advocacy in 57 selected districts of the country while strengthening NTP capacity to i) take the lead in finalization of a coherent ACSM strategy, ii) design of standardized protocols, frameworks and resource material for social mobilization to be carried out the partners and iii) implementation of national social marketing campaigns; details of which are given below.

12.1 Institutional Strengthening and Capacity Building

NTP's institutional capacity will be enhanced to manage and coordinate a large scale ACSM Programme, by recruiting more technical staff to manage the coordination of the wide range of activities conducted by Programme partners. NTP will also provide technical assistance to ACSM partners in order to build capacity for the development of effective interventions and scaling up of activities. This will support capacity building through training and human resources support.

12.2 ACSM Steering Committee

In order to improve current programming efforts and enhance partnerships, a more strategic approach to ACSM Programme design, implementation and evaluation will be employed; this would include a national ACSM Steering Committee comprising of NTP and Programme partners to coordinate and scale up the wide range of ACSM activities around the country.

The Steering Committee will finalize the national TB ACSM strategy, which is being developed, and coordinate its implementation. Coordination activities will include the wide range of ACSM community based responses as well as planning of national Social Marketing Campaigns to raise awareness and set agendas for TB Control around the country. The Steering Committee will also be involved in coordinating the provincial and district level implementation of the ACSM Programme.

12.3 Formative Research

In early 2008, National TB Control Programme redefined research agenda and in addition to qualitative research; quantitative component was added to guide both

messages development and audience segmentation. The National Knowledge, Attitude, Practices (KAP) Survey for Tuberculosis will be the first comprehensive baseline survey. A formative research with campaign target groups will be carried out to develop and pre-test creative concepts to ensure cultural appropriateness and impact. Designed to specifically gather information about TB, what the respondents know about TB, what they think about the disease, the health system response to TB and what they actually do in regard to seeking care and service delivery. The data collected is thus essential to plan, implement and evaluate the ACSM work, firstly by addressing the needs, problems and barriers in programme delivery as well as providing solutions for improving quality and accessibility of services.

For Programme managers and ACSM coordinators, this would mean that the research will provide fundamental information needed to make strategic refinements by identifying partner specific needs, estimating resources allocated for various activities and selecting the most effective channels of communication.

12.4 Social Marketing Campaigns

Private sector partners will be contracted to support the planning and implementation of national, social marketing campaigns and disseminate materials. The large-scale social marketing campaigns including – television, radio, print and outdoor media will be used to support community-based Programmes and service delivery. RFPs for media agency, PR firm and Formative research to be advertised in newspapers.

12.5 ACSM Information and Communication Resource Center

A national level resource center will be developed along with a Logistics Management Information System (LMIS) by NTP to ensure efficient distribution of ACSM resource materials to provinces and Programme partners. This will include design, production and dissemination toolkits, flip charts, posters and merchandise, T-shirts, caps and stickers for different ACSM events and activities.

12.6 Community Based ACSM Events

A variety of community events such as theater, dance, music, drama, Mehfil-e-Meelad etc will be held to support advocacy and social mobilization through interpersonal and dialogue based approach. Community feedback indicates continuing high levels of stigma and poor efficacy, especially among the high risk and low income groups; thus justifying the demand for more intensive and large scale strategic communication activities which will be implemented at the district level. The events aim at increasing the number of suspects to diagnostic centers and additionally this would increase KAP of community and enhance the trust of communities in the DOTS Programme.

Table 1: Outline for Conducting /Establishing Community Events

Name of the Activity	Community Events
Resource and Material Requirement	• Banners, camera, IEC material, stationery, activity check list, attendance Sheet • Resource person i.e. theater team /musical group/any other celebrity or community fair participants
Methodology of Activity.	• Raising awareness tactics will be used on health issues specific to TB, promoting the DOTs treatment with the community through interactive means using entertaining sessions of music, concert or community fairs
Activity Strategy	• The event must be realistically planned, allowing enough time for programmatic and financial requirements. • In preparation for holding the community event ,the Community Mobilization team will visit the area and find a suitable venue for community gathering; this must be within easy approach and access of the target community • The criteria for choosing the venue will be based on nearest weak diagnostic centre or hard to reach area, which usually has limited KAP representation within the target population. • The team will decide in advance the appropriateness of event; whether the timing and circumstances are feasible to hold a theatre /Musical Programme or any other community event • The Programme will be organized in a well-spaced and secure area, which can cater to a large number of community members. Invitations will be done through announcements and involvement of community coalitions • Resource person/Community Mobilizer will introduce him/her self and ask the participants to do the same in a cordial manner • The resource person will Introduce TB Project & with emphasis on community participation as an integral component of the project • The resource person explains in simple language the conditions pertaining to the overall situation of TB in Pakistan, avoiding difficult jargons or too many figures. • Resource person will talk about the objective of this activity with focus on involvement of community participation • The Resource person will disseminate the information agreed upon on TB-DOTS: the following messages will be given at suitable intervals of the Programme; beginning, mid and most prominently during the wrap up sessions. The content of the messages should focus on facts related to TB i.e. o Tuberculosis is a Curable Disease o How is TB spread? o Who is vulnerable to TB? o What are the symptoms of TB? o How is TB detected? o How is it treated? o Why is controlling TB necessary? o Information of neighboring diagnosis & treatment centers • The process to make referrals will be explained

	• Distribution of agreed literature • The role of supporter will be explained • The celebrity/theatre team/ fair will display key messages (briefed earlier) using interactive techniques of infotainment • If possible, the involvement of community coalition can be fruitful in community event Programmes
Target Audience	Different community groups at UC & sub Tehsil, Tehsil and District levels
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Area selection Criteria	Technical Committee comprising of DTC, CDO & District Mobilization team will jointly finalize the area and group
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
No. of Participants (approximately)	Approximate number of participants will be the same as reflected in the Monthly Workplan
Expected Outcome of the Activity	To improve KAP representation of the target community and build trust in the DOTS Programme. Additionally this will add to the number of suspects from near by Diagnostic Centers.
Means of Verification	Activity report, photographs, attendance sheets(duly filled with addresses and signatures)
Remarks	An event specific checklist will be used

12.7 Conducting Journalist Training

The focus of this activity is to provide incentives and encourage advocacy through media journalists and health writers at the provincial and district networks. Emphasis on sensitizing journalists will result in the media playing a greater role in awareness raising among masses about tuberculosis; media professionals will use media power in disseminating information about the disease among common people; a special awareness raising campaign about the disease on electronic and print media especially on important occasions such as the world TB Day through enhanced regional news coverage in articles and forums. These workshops will aim at sensitizing media professionals on TB issues, as well as enhance the knowledge of participants about Round 6 activities and existing TB situation at the global and local level. This will in turn mobilize media support in awareness raising and information sharing with masses. By the end of the workshop, the participants will be able to understand the real threat of the disease and the crucial role of media in disseminating appropriate information as well as removing misconceptions and apprehensions related to tuberculosis in Pakistan.

Table 2: Outline for Conducting Journalist Training/ Orientation

Name of the Activity	Journalist Training/Orientation
Resource and Material Requirement	• Banners, camera, , OHP/Multimedia, IEC Material, stationery, activity Check List, attendance sheet • Resource persons on TB DOTS
Methodology	• Training session/Brainstorming/interactive counseling by resource persons /Group work

Activity Strategy	• The groups will be selected from Press Club including print and electronic media reporters; more specifically health reporters will be invited • The objective is also to prepare journalist groups for enhancing effective commitment and support for Programme and highlighting effective Programme implementation of TB DOTS through common messages to community • The group will be invited to an appropriate hall setting • Resource person/Community Mobilizer will introduce him/her self and participants will follow self introduction • The resource person will talk about role of TB Project & assure the responsibility of this group in its commitment towards advocacy to community and health reporting on TB DOTS • The resource person shed light on the situation of TB in Pakistan using multimedia presentation • Resource person will discuss the objective of this activity with focus on the involvement of the target journalist group • The Resource person will present the information on TB-DOTS: messages approved prior to the workshop will be disseminated during the programme in between intervals such as: o Tuberculosis is a Curable Disease o How does TB spread? o Who is vulnerable to TB? o What are the symptoms of TB? o How TB detected? o How is treated? o Why TB control is necessary? o Information of diagnosis & treatment centers • Role of media in TB DOTS programme will be highlighted. Possible programme commitments can be shared • Group work to follow through the use of interactive sessions i.e. role play of an interesting situation • Certificates will be distributed at the end of programme by key persons and key message will be repeated • The second facilitator will take attendance of the whole group, conduct a photographic session and fill the activity check list
Target Audience	Journalists from of print/electronic media and health reporters
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Area Selection Criteria	Technical Committee comprising of DTC, CDO & District Mobilization team will jointly finalize the area and group
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
Number of Participants	15-25
Expected Outcome of the Activity	The committed group will work for TB DOTS and enhance KAP representation of community through electronic and print media
Means of Verification	Activity report, photographs, attendance sheets(duly filled with addresses and signatures)
Remarks	An event specific checklist will be used

12.8 Orientating Advocates

Orientation sessions with key advocates, opinion leaders, key influencers and celebrity role models will be conducted; where appropriate, they will be provided incentives and merchandising opportunities to encourage involvement and leverage advocacy opportunities.

Table 3: Outline for Orientation of Advocates

Activity Name	Orientate Advocates
Resource and Material requirement	• Banners, camera, , OHP/ Multimedia, IEC Material, stationery, activity check list, attendance sheet • Resource persons on TB DOTS
Methodology	• Brainstorming/interactive counseling by advocates/resource persons or community elders to orientate the target group
Activity Strategy	• The groups will be selected with focus on more influential and effective personalities like Nazims, GPs, advocates, professors, Imaam Masjid and spiritual leaders • The objective is to prepare groups for enhanced and effective commitment and support for Programme • The group will be invited to an appropriate hall setting • Resource person/Community Mobilizer will introduce him/her self and participants will do the same • The resource person will talk about relevant TB Project & assure the responsibility of this group in its commitment, regarding awareness raising • The resource person explain the situation of TB in Pakistan and its impact at the district level • Resource person will highlight the objective of the activity, with focus on the involvement of the target advocates to play their role more dynamically within their communities • The Resource person will disseminate information on TB-DOTS; approved key messages will be disseminated during the Programme and in between suitable intervals: o Tuberculosis is a Curable Disease o How does TB spread? o Who is vulnerable to TB? o What are the symptoms of TB? o How TB detected? o How is treated? o Why TB control is necessary? o Information of diagnosis & treatment centers o How to follow the referral protocols • The role of supporter to be highlighted • The team of advocates will disseminate key messages in an interactive way • The role of these advocates will be made clear and anticipations will be talked about; possible Programme commitments will be shared • The 2nd facilitator will take attendance of the whole group, photograph the session and fill out the activity check list

Target Audience	Nazims, advocates, professors, elders, GPs,line departments, religious and spiritual leaders
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Area Selection Criteria	A committee comprising of DTC; CDO & District Mobilization team will jointly finalize the area and group
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
Number of Participants	15-25
Expected Outcome	The committed group will work closely and enhance commitment by increasing involvement and advocacy opportunities.
Means of Verification	Activity report, photographs and attendance sheets
Remarks	Check list will be observed.

12.9 Establishing Community Coalitions

Limited client involvement in TB care through public facilities indicates that a greater commitment is required for preventive care treatment; the presence of these coalitions aims at contributing to create a more enabling environment. The coalitions will compromise of local NGO/ CBO/ FBO /LSOs (Local Support Organizations) as well as the community leaders and other stakeholders to become more actively involved in detection, encouraging screening and TB treatment support. Additionally, these coalitions will work for raising awareness on TB DOTS, improving the referral system, to trace out default patients and especially to provide treatment supporters. Coalitions will help in organizing the Community Mobilization activities in their areas and provide access to information regarding TB DOTS. Additionally, community coalitions can inform the community of TB control services, encourage use of the services, and actively encourage the community to come for TB control. Additionally they also provide support to TB patients during treatment to encourage adherence; e.g. in helping TB patients with transportation or with childcare while the patient is away for treatment.

A clear objective can be set with the TB Coalition, i.e. to create, coordinate, and mobilize a variety of resources to focus on the elimination of tuberculosis in neighboring villages. The purpose for these coalitions is to assist and develop community-based strategies and plans to prevent and ultimately eliminate the threat to the communities within Tehsils and Union Councils through raising awareness and educating people on free testing and treatment of tuberculosis.

Since Coalition formed are usually chaired by a public sector representative, besides local NGOs, faith-based organizations, Edhi homeless shelters, public and private health care providers. Each of these groups convenes meetings in their own communities to plan strategies and collaborations for the elimination of tuberculosis. For different topics of discussion, the group identified key issues, problems, and constraints and suggested solutions in the form of recommendations, which are detailed as action points. Additionally the Coalitions can also play an active role in organizing World TB Day and other important events each year.

12.10 Operational Details for Community Coalition

Initially all implementing partners will hold regular meetings in which the planning and preparation for coalition mobilization will take place; as a result, after an average of six such meetings, one coalition will be established. The sub recipient will establish the methodology and monitor the progress of the coalition in implementing ACSM activities with the target communities.

According to the agreed work plan, first determine the number of community coalitions to be established and operationalized in the ACSM project districts. At the tehsil-level hospitals may be enabled to act as the focal point for the formation and activities of community coalition. Each coalition will have about 15 - 20 selected CBO/NGO from the area, engaged in social uplift/ community development activities. The coalition partners will meet as budgeted in the workplan, to plan awareness activities and to identify patients for referrals. . The expenses allocated for community coalition meetings must be according to an approved budget guidelines agreed upon with Regional and ACSM Coordinator

12.11 Design and Formation and functioning

NGO/CBO Short listing

- Working field (preference: poverty alleviation, community development, agriculture, health, education, others)
- Geographic coverage – whole district, whole tehsil, localities within tehsil, smaller localized locality
- Working experience – years of working, documentation, perception of community development staff

NGO/CBO Selection Process

- Criteria-based short listing
- Screening the short listed NGOs, with EDO CD
- Inviting the short listed ones to the first coalition meeting.
- Those show interest and attend meeting, will form the coalition. The membership will be kept open to new eligible and interested members (till the size become optimal i.e. 17).

Coalition Formation Process

The organization of the coalition will comprise of

- A chair and a vice chair – to be elected by the coalition members
- A secretary – preferably the DOTS Facilitator at the host hospital.

Meeting of coalition partners

- Agenda – is drafted in-advance by Coalition Secretary, in consultation with Social Mobilizer, and endorsed by the Core Committee
- Participants will be informed by the Secretary through written letter, supplemented by telephone calls.

- Local logistic arrangements (seating, refreshment etc.)
- Chaired by – an elected chair or the vice chair (in absence of chair), or chaired by a senior member (in absence of chair and vice chair)
- The district staff (health and/or community development) will participate as facilitators, where possible.
- The secretary coalition will take minutes of the meeting and maintain record.
- SMs will make the payments to the participants and facilitator(s) and also reimburse the arrangement costs (completing the procedural requirement e.g, attendance sheet, photos etc.).
- The (coalition/ staff) member will monitor the working of coalition.
- The members give feedback on their ongoing referral cases, during the quarterly coalition meeting.

Required Documents:

- One-pager on community coalition
- Terms of References of the coalition formation
- Format for minutes of quarterly meeting

Table 4: Outline for Conducting/Establishing Community Coalition Sessions

Name of the activity	Formation of "Community Coalitions"
Materials and Human Resource Required	• Banners, camera, white board, flip chart, marker, IEC material(s), stationery, activity check list, attendance sheet, office space (provided by community), visibility boards and membership cards • Resource person/Community Mobilizers
Methodology	• Interactive, participatory approach by motivating community for formation of coalition on TB DOTS
Activity Strategy	• For the formation of coalitions, Community Mobilizers will visit the area and identify motivated groups among the community • The group will provide office space • Fixed amount for furniture and stationary will be provided by the Community Mobilizers • Performance-based honoraria will be provided by the Community Mobilizers • The Community will take the responsibility for looking after the visibility material and office premises of this coalition which will in turn enhance and strengthen the partnership • After the coalition has been established, the Resource person/Community Mobilizer will introduce him/her self in a friendly manner and ask participants to do the same • Resource person will state the objective of this activity in simple terms and encourage community participation • The resource person will introduce relevant TB Project with emphasis on the role of community and the responsibly towards visibility

	• The resource person will explain the situation of TB in Pakistan and globally • The resource person's role in the formation of community coalition will be discussed • The Resource person will provide information on TB-DOTS; the content of which will highlight the following details: o Tuberculosis is a Curable Disease o How does TB spread? o Who are most vulnerable to TB o What are the symptoms of TB o How can TB be detected o How is it treated o Why is TB control necessary o Information of diagnosis & treatment centers within vicinity o How to make referrals • The specific role of NGOs/CBOs/ CCBs will be: • Referral of TB suspects • Identification of treatment supporters (volunteers) • Dissemination of information regarding TB DOTS • Raising awareness in the communities around TB • Distribution of related IEC materials • Explaining the role of treatment supporters • Finding solutions to issues highlighted by the group • The 2nd facilitator will take attendance of the whole group, photograph the meeting and fill the activity check list • The name and members of coalitions will be selected along with the name of the partner organization
Target Audience	Different community groups at Union Council (UC), Tehsil/Taluka and District levels
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Selection Criteria	Technical Committee comprising of District TB Coordinator, Regional Coordinator, Community Mobilizer and other stakeholders will jointly finalize the geographic area and coalition members
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
Number of Participants	15-25
Outcome	The formation of community coalitions, will work for raising awareness on TB DOTS, identifying and referring suspects, track the patients who have defaulted on treatment, to provide treatment supporters. Additionally, Coalitions will also help in organizing the Community Mobilization activities in their areas. be a source of community TB treatment supporters, support TB patients during treatment to encourage adherence, help TB patients with transportation or with child care while they go for
Means of Verification	Activity Report, list of Coalition members, list of referral
Remarks	Check list will be observed accordingly

12.12 Mobilizing Community Health Workers

Conducting regular trainings on TB ACSM at the district level with health care providers comprising of Lady Health workers, medical officers, and DOTS facilitators will ensure that they play an active role as a committed group of service providers working for TB DOTS resulting in enhanced KAP representation of communities through focused IPC messaging. Additionally the health care providers will be provided with incentives i.e. recognition and training opportunities and merchandise for LHWs, especially in remote rural areas, for case detection and treatment support. The LHWs will be trained to enhance their interpersonal communication and counseling skills, in the use of IEC material related to TB, its management and prevention and will receive basic training in community mobilization to form local alliances and support groups.

Table 5: Outline for Conducting Workshop for Community Health Workers

Name of the activity	**LHW Training**
Materials and Human Resource Required	• Banners, camera, white board, flip chart, marker, IEC material(s), stationery, activity check list, attendance sheet, office space (provided by community), visibility boards and membership cards • Resource person/Community Mobilizers
Methodology	• Interactive, participatory approach by motivating community for formation of coalition on TB DOTS
Activity Strategy	• The Community Health workers training using IPC (NTP) Module will be conducted for a full day • An appropriate group will be identified and invited officially, the training session will start in the morning with a pre test • The resource person/Community Mobilizer will introduce him/her self followed by participant introductions • The resource person will speak about relevant TB Project & explain the responsibility of this target group; its commitment regarding advocacy within the community promoting health messages particularly on TB DOTS • The resource person to explain the situation of TB in Pakistan and its over all district impact • Resource person will discuss the objective of this activity; laying stress and on involvement of Community Health Workers • The Resource person will provide the information on TB-DOTS • The following messages will be disseminated in the Programme in between intervals: o What is communication o Barriers of communication o Types of communication o Communication Techniques o Patient counseling o Counseling with TB Suspect o Information on TB DOTS o Routine key messages on TB • Through group work and interactive learning techniques different topics of IPC will be covered such as role modeling

	• Possible Programme commitments will be shared, certificates will be distributed at the end of orientation session by key persons and important messages will be repeated • The 2nd facilitator will take attendance of the whole group, photograph the session and fill the activity check list
Target Audience	CHWs from National Programme, NCHD, NGOs (where available)
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Area selection Criteria	Technical Committee comprising of DTC, CDO & District Mobilization team will jointly finalize the area and group
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
Number of Participants	20-30
Outcome	The committed group will work towards improved TB DOTS and enhanced KAP representation of community through IPC messaging and play an active role in promoting effective TB care, reducing misconceptions and social stigma
Means of Verification	Activity report, photographs and duly filled attendance sheets with addresses
Remarks	Check list will be observed accordingly

12.13 Quality Assurance Workshops with Health Care Providers

Despite reported improvements in CDR, not enough has been done to assess service quality or to ensure that resources are having an optimal impact. Quality Assurance workshops will provide effective strategies for monitoring quality and correcting systemic deficiencies; as well as to refine existing methods for ensuring optimal quality health care. The target participants will comprise of policy makers, upper-level health officials, and district-level health service managers.

The objective of having these workshops is that Quality Assurance (QA) methods can help health programme at the district level to define clinical guidelines and standard operating procedures, to assess performance compared with selected performance standards, and to take tangible steps toward improving performance and effectiveness. These can alternately address deficiencies in areas such as diagnosis, treatment, patient education, sensitization, and supervision. This will also provide an opportunity to promote confidence and improve the communication of health care providers within their communities, to foster a clearer understanding of community needs and expectations; because if healthcare providers do not offer quality services, they will fail to earn the population.s trust, as the success of all ACSM activities greatly depends on the willing participation of communities.

Table 6: Outline for Conducting Quality Assurance (QA) Workshop

Name of the activity	Quality Assurance Workshops
Materials and Human Resource Required	• Banners, camera, white board, flip chart, marker, IEC material(s), stationery, activity check list, attendance sheet, office space (provided by community), visibility boards and membership cards • Resource person/Community Mobilizers

Methodology	• Interactive, participatory approach by motivating community for formation of coalition on TB DOTS
Activity Strategy	• Facilitators will conduct a full day training, using training material developed and finalized in consultation with the implementing partner • An appropriate group will be identified and invited officially, the training session will start in the morning with a pre test • The resource person will introduce him/her self followed by participant introductions • The resource person will speak about relevant TB Project & explain the responsibility of this target group; its commitment regarding advocacy within the community promoting health messages particularly on TB DOTS • The resource person to explain the situation of TB in Pakistan and its over all district impact • Resource person will discuss the objective of this activity; with emphasis on technical competence, access to services, effectiveness, interpersonal relations and the involvement of Community Health Workers • QA activities should address one or more dimensions, interpersonal relations referring to the interaction between providers and clients, managers and health care providers, and the health team and the community. Good interpersonal relations establish trust and credibility through demonstrations of respect, confidentiality, courtesy, responsiveness, and empathy. Sound interpersonal relations contribute to effective health counseling and to a positive rapport with patients. • Inadequate interpersonal relations need to be highlighted through interactive means such as role play i.e. this can reduce • The effectiveness of a technically competent health service. Patients who are poorly treated • may be less likely to use the free facilities • The Resource person will provide the information on TB-DOTS: the following messages will be disseminated in the programme in between intervals o What is effective communication o Barriers of communication o Types of communication o Communication Techniques o Patient counseling o Counseling with TB Suspect o Information on TB DOTS o Routine key messages on TB • Through group work and interactive learning techniques different topics of IPC will be covered such as role modeling • Possible programme commitments will be shared, certificates will be distributed at the end of orientation session by key persons and important messages will be repeated • The 2nd facilitator will take attendance of the whole group,

	photograph the session and fill the activity check list
Target Audience	Policy makers, upper-level health officials, and district-level health service managers and if possible CHWs from National Programme, NCHD, NGOs
Venue, Duration & Date	Will be finalized according to Monthly Work plan
Area Selection Criteria	Technical Committee comprising of DTC, CDO & District Mobilization team will jointly finalize the area and group
Stationary, IEC Material Dissemination	NTP or WHO endorsed material will be used for dissemination
Number of Participants	25-35
Outcome	The committed group will work towards improved TB DOTS and enhanced KAP representation of community through IPC messaging and play an active role in promoting effective TB care, reducing misconceptions and social stigma
Means of Verification	Activity report, photographs and duly filled attendance sheets with addresses
Remarks	Check list will be observed accordingly

12.14 Monitoring and Evaluating ACSM Activities

For effective monitoring, the following activities need to be kept in mind

- Conducting short-term and long-term monitoring and tracking
- Recognizing problems via feedback from the field
- Making mid-course corrections based on feedback

12.15 Conducting Short-term and Long-term Monitoring and Tracking

Before ACSM activities begin, create monitoring mechanisms to receive feedback on the interventions and identify any problems early. Although it is impossible to anticipate every problem, a monitoring system will help identify difficulties quickly so that they can be addressed. Determine the roles of partners in solving problems. "Process evaluation" is the day-to-day monitoring of ACSM activities and operations. Determine the objectives of a process evaluation prior to establishing the monitoring mechanisms.

The objectives should focus on:

- Whether ACSM activities are on track
- How close they are to meeting the projected timeline and budget
- Whether staff members understand and perform their roles correctly

The objectives can also assess the effectiveness of each partner in disseminating materials or carrying out other assigned tasks.

The specifics of the intended ACSM activities will determine the elements and objectives to be included in the process evaluation. Once objectives have been determined, the next step is to select monitoring and tracking mechanisms to support the quality of activities. Some suggested sources of information for tracking the various components of ACSM

activities include:

- Inventory of materials
- Distribution list
- Activity reports
- Media-clipping services
- Staff surveys or focus groups
- Principal recipient feedback
- Timeline and budget assessments by the PR
- News and information searches
- Proper record keeping of ACSM activities

However, it is not enough to collect this monitoring data only once. ACSM coordinators need to review, analyze and discuss it regularly – monthly, bimonthly or quarterly – depending on the particular circumstances of the partners involved; PR and SR coordination meetings can prove effective in mutually benefiting all implementing partners. Implementing partners should decide when to conduct internal programme team reviews, which can be followed joint reviews with the principal recipient.

In addition to identifying areas that need attention or adjustment, monitoring should also identify successes, each success, however small, contributes to a growing sense of confidence and accomplishment and motivates partners and other ACSM participants to continue their efforts. These can be documented in the programme reports to the PR and activity reports. Successes also highlight areas in which capacity is being strengthened.

12.16 Recognizing Problems via Feedback from the Field

Responding to relevant information in real time allows a programme to improve immediately, rather than realizing in retrospect what it should have done.

The following strategies for effectively using feedback from the field can be implemented as and when required

- Involving key decision-makers and the PR in helping to analyze and use feedback
- Using process evaluation to uncover problems or opportunities for the ACSM intervention during implementation
- Conducting preliminary evaluations to identify potential improvements and highlighting/ sharing successes before the completion of ACSM activities

12.17 Making Mid-course Corrections Based on Feedback

The ACSM planning and implementation process is circular. Feedback from the field might indicate programme areas or ACSM interventions that should be changed, expanded or phased out.

Consider also what might be added e.g. has anything changed about the intended population, the community that necessitates creating new opportunities to meet the goals and objectives? Consider the feedback questions below when deciding whether

mid-course corrections are necessary.

- Are goals and objectives been appropriately met as activities have been conducted? If so, is revising the workplan required to meet a new situation
- Are particular objectives not being met by programme or ACSM interventions? Why? What barriers are being encountered? How can the barriers be overcome?
- Is there any new national strategy or information that should be incorporated into the messages or design; the national ACSM strategy by National tuberculosis control Programme.
- Has the strategy(National Strategy by NTP) and its approach met all its objectives
- Which strategies or activities have not succeeded?
- Review why they do not work and determine what can be done to correct any problems after sharing with the principal recipient.

Identifying successes can also lead to mid-course corrections. If certain activities have been shown to be successful, planners might consider focusing on them and discontinuing those that are less successful. Following are some questions to help assess the value of successes.

- Which objectives have been met? What activities have succeeded?
- Should successful practices be continued and strengthened because they appear to work well or should they be considered unsuccessful and subsequently discontinued?
- Can successful activities be expanded to apply to other partners in different geographical locations
- What were the costs (including staff time) of different aspects of the ACSM intervention?
- Do some activities appear to work as well as others, but cost less?
- Is the PR satisfied with the evidence of ACSM success to continue funding activities?
- Have the results of the activities been shared with the PR?

Annexure 1: Towards activity implementation

1. How many people participated in activities?
2. How many responses were received? How do they compare to those received in the months leading up to the activity? What were the responses?
3. How did the programme respond to enquiries? Was appropriate action taken in each case?
4. How many materials were sent out or otherwise disseminated?
5. How many materials were given to each of the partners? How many materials were disseminated by these partners?
6. Were staff and partners adequately trained to carry out their roles effectively? Did they perform their roles correctly?
7. Are there any currently pending events, legislation or policies that might affect the Programme or ACSM activities?
8. How many messages were sent to law-makers or other decision-makers? How many letters were written? How many meetings were held? How many articles were published in newspapers, magazines or other publications?
9. How many news stories appeared as a result of public relations efforts?
10. Have political conditions changed since the initiative was planned?
11. Were all activities carried out on budget and according to the expected timeline? If not, why?
12. How were the activities managed? Were workplans followed? How well did staff perform their duties? Were relations among partners successful? Were donors kept apprised of activities? Were logistics well managed? Were other resources well managed?
13. Have the knowledge, attitudes, awareness or opinions regarding TB changed in the intended group? Where can these changes be observed or obtained?

Annexure 2: ACSM goals, their approaches and related activities

ACSM GOAL	ACSM APPROACHES	ACTIVITIES & CHANNELS
Gaining political commitment for TB control	• Educate national policy makers and political leaders about the health and economic benefits of TB control. Aim to have TB declared a national health priority • Educate local and community level authorities to encourage them to contribute to TB control efforts • Solicit support of international and national partners	• Seminars and briefing meetings • Print information (letters, fact sheets) • Events around World TB Day and other occasions
Improving case detection	• Raise public awareness about TB • Reduce stigma against people with TB and correct misconceptions about TB infection by actively involving current and former TB patients • Help health workers, communities and individuals identify TB cases • Encourage individuals to seek care from appropriate sources • Target hard-to-reach populations (prisoners, urban poor, homeless)	• Formative research to determine best messages and approaches • Mass media including radio and television • Distribution of print materials at community meetings or events • Interpersonal communication and counseling training for health workers • Community mobilization activities
Increasing treatment success and discouraging the spread of MDR TB	• Give people with TB hope of complete cure • Encourage people with TB to seek treatment from appropriate sources • Provide materials to counselors • Encourage people with TB to complete treatment even if they improve before treatment ends • Make people with TB aware of possible side effects and where to seek care if present • Encourage health workers, family and community members to directly observe people with TB taking their medicine • Engage people who are fully recovered to encourage people currently affected by TB to complete treatment	• Interpersonal communication and counseling training for health workers • Mass media including radio and television • Extensive distribution of print materials at health care facilities • Community mobilization activities • Peer education at community or interest group meetings

Section E- ACHIEVEMENTS

Advocacy Communication & Social Mobilization Unit
National TB Control Programme

NTP's Leadership on ACSM

ACSM Unit has demonstrated leadership in designing, planning and executing ACSM interventions and institutionalizing health communications for TB. Vision of eliminating differential of quality "health communication" products, services and information between public and corporate sectors has been introduced with the NTP. NTP, Pakistan is being recognized as a regional leader on BCC for TB. NTP/ACSM Unit has further modeled Public-Public and Public-Private partnerships.

Restructuring and Institutionalizing of ACSM within NTP

Available Human Resource was reassigned new roles and responsibilities to cater the overall programmatic needs for ACSM. The initiative was taken to institutionalize and meet HR deficiencies of other ACSM projects. NTP enjoys a well functioning ACSM Unit with more than 20 staff members placed at the federal and provincial levels. Some of the success stories from various projects are as follows.

A. PSDP:

100% Utilization of PSDP Funds for ACSM activities

ACSM unit has been able to use 100% PSDP allocations before the end of the fiscal year (June 2007-8) that means NTP should be allocated 10-20% extra for ACSM activities in the year 2008-9.

B. GFATM R2

- **Delivery of GFATM/R2 Contracts**

Contract with media agencies including Interflow and concomitant use of other six approved agencies by the Ministry of Health was used efficiently to execute activities on time. Intuitional strengthening has been furthered through negotiations to deliver extra communication products and services not budgeted in PSDP/R2/R6.

- **Quality Communication Products, Services and Information**

GFATM/R2 BCC interventions are considered of high quality and Pakistan has been acknowledged at the international level and falls among the eight best performing countries.

- **Achievement of Targets Before Project End Time**

NTP Pakistan has achieved more than the desired training and airing targets before the end of project for GFATM/R2 Objective 3 on BCC.

C. GFATM R6

- **Human Resource**

Desired HR was recruited on time and GAFTM staff not only functions for GFATM/R6 project but also being utilized successfully to cater needs of PSDP and GFATM R2 operations.

- **Setting ACSM Strategic Leadership and Direction for TB Communications - Public and Private Sectors**

A national level workshop was organized for both public and private sectors to outline health communications for TB and how the National Strategic Communication Framework will serve the needs of future communications on TB. It helped acknowledge the leadership and image of NTP.

- **Inclusion of KAP as Deliverable of Research**

Coordination with Research Unit and PR (Mercy Corps); KAP survey instead of just formative research was included. The RFP for the research firm identifies this need as deliverable. Results of KAP Survey will further strengthen strategic segmentation of audiences for better communication on TB in the country.

- **Effective Performance**

As per workplan, the deliverables have been fully achieved despite documented achievement of outcome indicators in the first quarter of the project timeline as opposed to process indicators. This is relevant to targets of airing TV Commercials and Radio spots.

- **National Strategic/Policy Documentation**

Consultants have been hired for the development of National ACSM Strategic Framework, National M&E Framework and Trainer and Trainee Manuals for QA on IPC. The products will be disseminated in a workshop by mid August 2008.

Series of workshops as per workplan are planned to be conducted in July and August 2008 to achieve targets before time.

D. Development of Pakistan's Strategic Framework for Communicating TB

NTP/Pakistan, ACSM Unit in collaboration with all NTP Unit Heads has spearheaded development of a communication framework for TB. The framework is envisaged to serve the broadest perspective of communicating for TB in Pakistan and addresses issues surrounding demand creation and service access in the print and electronic media.

E. Provision of Technical Assistance to WHO/EMRO Countries:

Pakistan's Ministry f Health is glad that NTP/ACSM Unit is providing TA to regional countries. On the request raised by NTP/Egypt and NTP/Morocco with WHO/EMRO, NTP/Pakistan's Technical Advisor provided TA to design KAP survey and capacity building activities for the two countries. NTP/Iraq has also requested a similar TA. An Iraqi delegate is also visiting Pakistan to benefit from a study tour on ACSM and PPM.

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16th August 2008

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Examples of TB Key Messages:

References:

- A Field Guide to designing a Health Communication Strategy
- A guide for TB Treatment Supporters
- A Human Rights Approach to Tuberculosis
- A pocket guide to Building Partnerships
- ACSM KAP GUIDE
- ACSM for TB initiative 2004
- ACSM Handbook
- ACSM KAP survey design and research protocols, WHO, EMRO, Egypt, www.ntp.gov.pk/acsm
- ACSM to Fight TB.10 Year Framework
- ACSM training Modules. Japan
- Action on TB Communications (PANOS)
- Advanced - Dealing with Media, A practical guide, German Foundation for World Population, EC/UNFPA
- Advocacy Guide
- Advocacy Strategy Workbook
- Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control - A handbook for country programmes, WHO
- Advocacy, Communication and Social Mobilization to control TB - A guide to developing knowledge, attitude and practice surveys, WHO, Stop TB Partnership
- Advocacy, Communication and Social Mobilization to fight TB – A 10 years framework for action, WHO
- Anti-TB Drug Resistance in the World
- Applying Socio Ecological Framework (SEF) for ACSM Research – ppt. Dr. Muhammad Tariq, www.ntp.gov.pk/acsm
- Barrier Analysis Facilitator Guide
- Best Practice Guide for the care of patients with TB
- Civil Society Perspective on TB Policy. Bangladesh
- Civil Society Perspective on TB Policy. Thailand
- Civil Society Perspective on TB.HIV
- Community contribution to TB care
- Community contribution to TB care. Asia.
- Compendium of indicators for M&E National TB Programs
- Energisers 2002 (English)
- Engaging all health care providers in TB Control
- Essential Handbook on Radio & HIV (UNAIDS).
- Experts' consultation on Communication and Social Mobilization
- Fifty years of development communication. What works?
- Findings of the ACSM formative research, 2005, National TB Control Programme, Pakistan
- Forging Partnerships to Eliminate TB (CDC)
- From Cough to Cure
- Global MDR. XDR. Response Plan.
- Global TB 2007
- Global TB Control Report 2008
- Guidelines for Social Mobilization World TB Day 2001
- Handbook for Journalists Influenza (WHO)
- HIV-AIDS BCC Participation Monitoring Guide (PATH)
- International Standards for TB Care
- Knowledge Practices and Coverage Survey 2000
- Local solutions solve local problems best – ppt. Dr. Benjamin Lozare, JHUCCP
- Low-Lit IEC Matls Devt Guide (PATH)
- M&E toolkit GFATM
- Message mapping (PR).doc
- Monitoring and Evaluation of ACSM for TB – ppt. Dr. Muhammad Tariq, www.ntp.gov.pk/acsm
- Msg Map_pandemic flu 05

- Networking for Policy Change Participants Guide.
- Networking for Policy Change Training Manual.
- Pakistan ACSM Case Study 2007 – ppt. Dr. Muhammad Tariq, www.ntp.gov.pk/acsm
- Public-Private Mix for DOTS
- Qualitative Research for Improved Health Programs
- TB Advocacy a Practical Guide
- TB fact sheet
- TB Guidelines for Social Mobilization Planning World TB day
- TB hand book 1998
- TB Tips
- The Patients' Charter for TB Care
- The role of Health Communication in Vietnams Fight against TB
- The Stop TB Strategy Final
- Use of Educational Radio in Developing Countries (World Bank)
- Use of Educational Radio in Developing Countries (World Bank)
- WHO Global TB Control.Surveillance.Planning.Finance.2006.