Annex 1: Trainer's Guides

Pre-/Post-workshop ACSM Quiz Answer Sheet

1.	Advocacy, communication, and social mobilization (ACSM) activities have the same objectives and target audiences.	False
2.	Training medical providers to improve their counseling skills is an example of a communications activity.	True
3.	The goal of advocacy activities is to increase TB awareness among as many people as possible.	False
4.	ACSM activities are essential for supporting all six elements of the Stop TB Strategy.	True
5.	The Cough-to-Cure Pathway is a new diagnostic test for screening TB patients.	False
6.	"Stakeholders analysis" is a technique for assessing the importance and influence of various people and groups who affect a TB project or intervention.	True
7.	Most communication messages only need to be disseminated through the media once.	False
8.	It is more important to implement ACSM interventions quickly (because behavior change takes time) than it is to collect and analyze data and evidence to design the interventions.	False
9.	ACSM activities are essential components for reaching and sustaining national TB control targets.	True
10.	Identifying problems that TB patients have in adhering to treatment is an example of a "barriers analysis."	True
11.	Television is always the most effective channel of communication.	False
12.	The main goal of monitoring is to provide management and staff with information to make decisions.	True
13.	The main goal of social mobilization activities is increasing TB knowledge of journalists and politicians.	False
14.	Assessing ACSM needs may include various research methods.	True
15.	Tools and technical support to countries for ACSM planning and implementation can be accessed free of charge from the Stop TB Partnership.	True

Trainer's Guide 2

Instructions for Knowledge, Beliefs, and Practice Exercise

Objectives:

- Demonstrate that a person's behaviors do not always match what they know or believe.
- Analyze the fact that raising awareness or increasing knowledge is often not sufficient to bring about behavior change.
- Discuss new ways of describing or defining the target audience.
- Deduce the necessity of conducting qualitative research.

Materials:

- Tape.
- Flipchart.
- Belief and behavior statements (see pages 4 and 5) printed on separate pieces of paper and taped to the flipcharts or wall in different parts of the room in the following order for each stack of papers: (1) behavior statement taped to the wall; (2) belief statement taped over the behavior statement; and (3) blank piece of paper taped over the belief statement.
- On a separate flipchart paper: Communication objective: We must increase the number of community members (that's us) who engage in at least 30 minutes of moderate physical activity four or more times a week.

Exercise:

1. Explain to the participants that for this exercise, they will each play two different roles: one of a community health promoter and the other, a community member. Point out the communication objective written on the flipchart paper.
2. Tell the participants that before we decide how to address that objective, we are going to undertake some audience research involving all of you as research participants.
3. Ask someone to remove the blank sheets from each of the three stacks of papers taped to the flipchart or wall. Explain that three belief statements are posted on the walls. Have participants read them out loud.
4. Ask them to stand near the statement that most approximates their knowledge level. When participants have settled next to a statement, ask:
    - What do you notice about the groups?
    - How many are in each group?
    - Other observations: demographic observations? By profession? Gender? Age? Nationality? Language group? Region? Other?
5. Tell participants: You have just divided yourselves into segments, or subgroups of the community, according to *your stated knowledge/belief level* about exercising.

6. Tell the participants: We will now see what happens when we look at your behavior. Ask someone to remove the belief statement from each of the three stacks of papers. Explain that now three behavior statements are posted on the walls. Ask participants to read the action statements and reposition themselves according to what they actually did (i.e., their behaviors).
7. Stress that what we think and believe is often quite different from what we do.
8. Ask participants:
    - What differences do you see? Demographic observations? By profession? Gender? Age?
    - If as a community health promoter, you need to develop informational materials for those people, would the same brochure for all three target groups help to achieve communication objectives? Will the messages be the same or different? Why?
9. While participants are still standing in their groups, ask: If you had to pick one audience segment to work with first, which group would you pick? Introduce the term “target of opportunity”; i.e., looking at groups that may initially be more prone to change. This may be people with the greatest desire to change due to vulnerability, or those for whom the transition would not be difficult.
10. Now ask participants: What did you learn about prioritizing? Suggest that it is not always necessary or practical to divide by sociodemographic characteristics.
11. Ask participants: What have we learned from this exercise? Help to draw out the following themes:
    - What people do does not always reflect what they know or believe. That is obvious to all of us when we think about our own actions, but sometimes when we are planning health promotion, we forget this basic tenet.
    - Just giving people information is generally not enough—even convincing them of a new belief may not move them to take a beneficial action.
    - Look for targets of opportunity—where can I get the greatest impact from my investment? Consider that we may be more successful at moving the “sometimes exercise” people to the objective than getting the “almost never exercise” people all the way there.
    - This activity points us toward the value of doing qualitative research.

Belief statements:

1. I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.
2. I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.
3. I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.

Behavior statements:

1. I regularly participate in 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.
2. I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.).
3. Besides active work at home, I rarely do physical exercises. I am not a regular exerciser at all.

Communication objective:

Increase the number of people who exercise regularly for 30 minutes 4 or more times a week.

I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.

I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.

I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.

I regularly participate in 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.

I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.).

Besides active work at home, I rarely do physical exercises. I am not a regular exerciser at all.

Statements for ACSM Summary Exercise[1]

1. In Country A, limited health care access is a significant obstacle to reducing TB cases. Farm workers in District X sponsored community members to attend lay health care worker training. Armed with new-found skills and primary health care knowledge, the trained community members conducted monthly weighings and TB screenings, referred people with TB symptoms to the local clinic, administered DOT, supported families affected by TB, treated minor ailments, and educated the community to give them an understanding of basic health issues. These efforts led to a significant increase in treatment completion.

   (Social mobilization activity)

2. One of the key reasons for poor TB treatment completion in Country B is due to unavailability of TB drugs. Community organizations petitioned the Ministry of Health to request adequate drug supplies and TB services. Also, they organized a press conference to inform the press about this petition.

   (Advocacy and social mobilization activities)

3. Study results in Country C indicated that the risk of TB disease in children was two times higher if their family history included contact with people with TB, compared to families with no contact. To fill knowledge gaps related to TB, posters and brochures were developed to highlight TB symptoms, risk of TB for children in families in which at least one family member has already been diagnosed with TB disease, and where to go for help.

   (Communication activity)

4. In Country D, the pharmacists' association (PA) is the National TB Program's (NTP) main private-sector partner. The PA's role has been to mobilize registered pharmacies and encourage pharmacists to identify and refer people suspected of having TB disease to DOTS services. The PA also facilitates pharmacy staff training, oversees monthly supportive supervision activities, and coordinates and communicates with the public sector within the operational districts where the project is active.

   Each participating pharmacy is involved in the DOTS activities of the TB public-private mix network in the country. Pharmacy staff were trained on national TB guidelines. They provide counseling and disseminate information materials about TB to pharmacy clients suspected of having active disease and refer them to public health facilities providing TB services. Pharmacists also keep records of any referrals made and provide this information to project coordinators every month.

   (Communication and social mobilization activities)

5. In Country E, an exit survey with TB patients was focused on evaluating client satisfaction with client-provider communication. Patients often cited poor interaction with providers as a reason for the delay in seeking TB diagnosis or for stopping TB treatment. They suggested that establishing rapport between the health worker and the patient is a critical element of the communication activities of TB control. Survey results showed that patients often do not understand the terms the health worker uses and do not have enough time to ask questions. Health workers spend little time listening to patients, and privacy and confidentiality were

[1] Adapted from: World Health Organization (WHO). *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

major concerns for patients. Survey results were used to develop a training curriculum for medical providers.

(Communication activity)

6. In Province X, community-based support for the DOT program was very successful in improving treatment adherence; however, funding for this program has ended. To gain public and government support and validate the relevance of TB control efforts, a number of local newspapers published articles. Also, program staff and community activists met with the current donor to request continued funding.

(Advocacy activity)

7. In District Y, only 29 percent of survey participants knew that TB care was free in the public sector. To fill this informational gap, posters were developed and posted on public transportation and in shops, schools, and churches. Also, a television program was aired and covered the opening of a new TB facility in the district.

(Communication activity)

8. Representatives of the NTP, local nongovernmental organizations (NGOs), trade unions, and community volunteers organized a meeting with the factory administration to request its support for a workplace DOT program.

(Advocacy activity)

9. In District Z, many rumors were spreading about TB transmission and risk factors. A local NGO organized a community rally to dispel rumors and reach people with messages about TB.

(Communication and social mobilization activities)

10. In Country F, the NTP, key NGOs, and community leaders and activists met with the president to place TB on the national agenda. The meeting resulted in more funds to the TB program and the declaration of TB as an emergency.

(Advocacy activity)

11. In Country G, there is a system for referring TB patients from the government TB clinic to workplaces that have joined the network. The TB coordination officer interviews and counsels each patient in his/her place of employment about completing treatment, trains the workplace TB treatment supporter, and monitors adherence to treatment. A good relationship between the treatment supporter and the TB patient is crucial. The TB coordination officer educates all the employees about TB and HIV through health education talks. This system also provides the opportunity for identifying workers with potential symptoms of TB and referring them for screening in the TB clinic.

(Communication and social mobilization activities)

12. Free TB screening was offered to homeless and low-income people across Country H. A local television station broadcast a program that featured experts on TB, with a call-in hotline for viewers.

(Communication activity)

13. Football, hockey, volleyball, and wrestling events were held throughout Provinces X, Y, and Z. Players wore specially designed T-shirts with messages about TB.

(Communication and social mobilization activities)

14. The World Health Organization presented findings from the largest survey to date on the scale of drug resistance to TB. The report was based on information collected from 90,000 TB patients in 81 countries between 2002 and 2006 and found that extensively drug-resistant TB, a virtually untreatable form of the disease, had been recorded in 45 countries. Events to share the survey results were held in Washington and Brussels to leverage potential commitments for action.[2]

(Advocacy activity)

[2] World Health Organization (WHO). *Stop TB Partnership 2008 Annual Report*. Geneva, Switzerland: WHO; September 2009.

Assess the situation and define the challenge(s)

Identify needed policy changes

Identify decision-maker(s) who have the power and influence to change policy to address the needs

Determine why decision-makers have not implemented the desired change yet

Identify opposition to the policy change and the reasons for the opposition

Assess your institution's strengths and weaknesses in advocating for the policy change

Identify others who have a similar interest in addressing the problem

Identify advocacy activities and messengers that could influence those in power

Assess resources that could be accessed to pursue the change

Determine how to evaluate progress and success