Advocacy, Communication and Social Mobilization (ACSM)

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# Stop TB: Critical Components

## 1. Pursue high-quality DOTS expansion and enhancement

- Political commitment with increased and sustained financing
- Case detection through quality-assured bacteriology
- Standardized treatment with supervision and patient support
- An effective drug supply and management system
- Monitoring and evaluation system, and impact measurement

## 2. Address TB/HIV, MDR-TB and other challenges

- Implement collaborative TB/HIV activities
- Prevent and control multidrug-resistant TB
- Address prisoners, refugees and other high-risk groups and special situations

## 3. Contribute to health system strengthening

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
- Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
- Adapt innovations from other fields

## 4. Engage all care providers

- Public-Public, and Public-Private Mix (PPM) approaches
- International Standards for TB Care (ISTC)

## 5. Empower people with TB, and communities

- Advocacy, communication and social mobilization
- Community participation in TB care
- Patients’ Charter for Tuberculosis Care

## 6. Enable and promote research

- Programme-based operational research
- Research to develop new diagnostics, drugs and vaccines
Overview of ACSM

• It is widely recognized that clinical approaches alone are not comprehensive enough to reach the global and national goals of the Stop TB partnership.

• ACSM are interventions designed to support the goals of improving TB case detection and treatment outcomes.

• ACSM adds synergy to traditional technical and clinical TB control efforts by addressing the many social, economic, legal, and political barriers that challenge TB outcomes.

• As ACSM interventions are implemented, it is important to have rigorous monitoring and evaluation mechanisms to identify best practices and effectively allocate resources.
To help increase case detection, ACSM methods can be used to:

- Increase public knowledge of TB symptoms.
- Increase awareness of TB services and how to access them.
- Leverage funds for new laboratory equipment and additional staff.
- Recruit private providers to refer patients for DOTS screening.
- Combat stigma.
- Involve community volunteers to refer people with TB symptoms for diagnosis, deliver sputum specimens to health care facilities, and collect results.
To ensure successful treatment outcomes, ACSM interventions can:

- Improve patient knowledge of adherence.
- Recruit community volunteers to be treatment supporters.
- Improve the quality of client-provider communication.
- Promote a new policy to restrict the sales of TB drugs in pharmacies.
- Secure funds for patient support incentives.
The Elements of ACSM

• **ADVOCACY** is a broad set of coordinated efforts designed to
  – place TB higher on the political agenda
  – strengthen government commitment to implement or improve TB related policies
  – increase and sustain financial and other resources for TB.

• **COMMUNICATION** aims to improve knowledge about TB and TB services and change attitudes and practices to encourage people to seek care and complete TB treatment.
The Elements of ACSM: Communication
Three Categories

- **Mass media**: radio or television advertising campaigns, Internet websites, and special events that reach a general audience or a large target group. Behavior change communication campaigns often fall into this category but can target smaller audiences as well.

- **Small media**: uses more targeted channels, like brochures, posters, mobile phones, photography, video, interactive theater, and testimonials to reach specific groups. These are often referred to as information, education, and communication (IEC) approaches.

- **Interpersonal communication**: includes counseling, one-on-one education sessions, skills trainings, and presentations often targeted toward health workers and direct supporters of TB patients and families.
The Elements of ACSM: Social Mobilization

- The process of building alliances and engaging participation of stakeholders to increase visibility and urgency of an issue.
- These stakeholders can be from all levels of society, such as policy- and decision-makers, professional and religious groups, the media, the private sector, TB patients and their families, and community members.
- Involving the community in planning, implementing, and evaluating services can improve the quality and effectiveness of TB programs.
The Elements of ACSM: Social Mobilization

- Social mobilization is ultimately successful when more people and organizations have interest in TB or become involved in TB activities.
- Social mobilization:
  - Aims to increase awareness about TB disease and demand for diagnosis and treatment services.
  - Expands service delivery through community-based approaches.
  - Enhances sustainability, accountability, and community ownership of TB services.
## Advocacy

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>What do we hope to achieve?</th>
<th>How will this contribute to case detection and treatment outcome?</th>
<th>What is the ultimate goal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lobbying meetings.</td>
<td>• TB is included on the political agenda. • Laws are improved/passed, new policies are approved, or existing policies are reinforced that promote innovative TB services. • Increased funding for TB programs. • Improved media coverage of TB.</td>
<td>•Politicians more willing to allocate funding and resources for TB control. • New policies and laws improve access to diagnosis and treatment. • NTP has sufficient resources to update laboratories, conduct surveillance, and ensure adequate supply of drugs. • Media coverage of TB problems and possible solutions puts issues on the political and public agenda.</td>
<td>Increased TB case detection</td>
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<td>• Petitions, letter campaigns.</td>
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<td>Improved TB treatment Outcomes</td>
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<tr>
<td>• Meetings with decisionmakers and funders.</td>
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<td></td>
<td>Reduced mortality due to TB</td>
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# Communication

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<td>• IEC activities such as posters, brochures, TV spots.</td>
<td>• Increased public awareness of TB.</td>
<td>• People are more motivated to seek care when they are aware of TB symptoms and availability of treatment.</td>
<td>Increased TB case detection</td>
</tr>
<tr>
<td>• Communication and counseling skills training for health workers.</td>
<td>• Improved knowledge about TB symptoms, treatment, and services.</td>
<td>• People are more willing to stay on treatment because they feel supported by providers and community members.</td>
<td>Improved TB treatment Outcomes</td>
</tr>
<tr>
<td>• Training for journalists to promote accurate and positive TB messages.</td>
<td>• More compassionate attitudes of health workers and community members toward people with TB.</td>
<td>• More positive TB messages in media change society’s attitudes toward people with TB, reduce fear, and encourage people to seek care.</td>
<td>Reduced mortality due to TB</td>
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<td>• People seek care and maintain treatment.</td>
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<td>• Decreased stigma.</td>
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## Social mobilization

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| • Recruiting current & former TB patients to participate in TB control (TB clubs, health educators, contact-tracing).  
  • Community stakeholder meetings to help plan and implement TB control activities.  
  • High-profile community events (e.g., World TB Day). | • Increased public support to stop TB and support TB patients.  
  • Improved service delivery.  
  • Engaged civil society to partner with government.  
  • Empowered people affected by TB. | • Increases in demand for diagnosis and treatment services.  
  • Increases in options for TB diagnosis and treatment.  
  • Clients have access to more support services throughout the course of treatment.  
  • Reinforcement of political commitment to sustain or increase resources to find, diagnose, and treat TB. | Increased TB case detection  
Improved TB treatment Outcomes  
Reduced mortality due to TB |
Partnering with Communities: an example of planning and implementation
Increase in access to microscopy in a conflict setting- Philippines

Situation:

- Maguindanao Province had achieved case detection and treatment success rates that were close to the national average.

- Some of the barriers:
  - Outdated technical competency
  - Irregular supervision and monitoring
  - Poor access due to the ongoing conflict, lack of health personnel and geographic terrain and
  - Limited community knowledge on the cause and transmission of the disease and stigma related to TB

- The Maguindanao Tuberculosis Control Project, a four-year project Catholic Relief Service (CRF) in partnership with Integrated Provincial Health Office (IPHO)-Maguindanao,
ACSM Intervention

The ACSM strategy was aimed to focus on key behaviors at different levels to improve the quality of TB preventive and curative services:

- Behavior change communication for health staff,
- Development of an ACSM plan:
- Reactivation of 11 local health boards to plan and solicit for greater political support for TB, and
- Quick Disaster Response Team, health personnel were dispatched on site to assess, and respond to the emergency situation brought about by the escalation of armed conflict.
- Community based TB care services were especially useful for those who could not travel due to security risks.
Innovation one: Improving access with Barangay Health Workers role

Training in DOTS, and sputum collection & smearing
- DOTS: 2-day training
- Sputum Collection & smearing: 5-day training (didactic 2 days; practicum 3 days)
- Monthly monitoring

Major roles:
1. Collecting & smearing
   - Transport slides
   - Recording
2. As treatment partner
Innovation two: Microscopists on Wheels

Private transport group (mostly single motorcycle) plying at remotest area volunteered to provide services for TB control & prevention.

- Free or discounted fare for TB patients & symptomatic
- Free transport of slides or specimen
- Promote TB awareness & free services
Innovation three: TB Club

Served as a peer-support group to ensure patient’s treatment compliance & reduce stigma.

• Activities:
  – sharing and encouragement among members to motivate adherence to treatment regimen
  – cured patients as peers
  – contact tracing
  – case referral

• Membership: voluntary

• Structure: flexible, formally loose-group.
## Example of Results: Stigma indicators

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<tr>
<th>Indicator</th>
<th>Baseline (%) 2006</th>
<th>Final (%) 2009</th>
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<tr>
<td>% of people who thinks that avoiding a person with TB symptoms is correct</td>
<td>58</td>
<td>44</td>
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<tr>
<td>% of people who sympathize with a person sick with TB</td>
<td>18</td>
<td>51</td>
</tr>
<tr>
<td>% of people who said that a person sick with TB is treated like any normal person</td>
<td>32</td>
<td>69</td>
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Characteristics of effective models

- Patients and communities **involved from the outset** in planning, implementation and evaluation of TB control efforts - including joint periodic reviews.
- National and local health services worked to establish a **partnership** with the society.
- Clear definition of **roles and responsibilities** of all partners involved.
- Issues of **communication and social mobilization** addressed
- There was a **commitment by all partners** to pool resources, follow guidelines and ensure improved awareness and quality of care.
- **Motivation** has often been solidly rooted in **personal and community values**.
Monitoring and Evaluation for ACSM

- Monitoring and evaluation (M & E) are used to design interventions, measure progress toward short and long-term targets, and assess overall performance.

- The goals of M&E are:
  - to generate the data and lessons learned that program managers need to conduct strategic planning;
  - promptly identify problems;
  - appropriately allocate resources; and
  - improve program quality, efficiency, and effectiveness.
Monitoring

- Refers to ongoing and routine collection, analysis, and reporting of program activity data, usually by project staff.
- It tracks the actual results of a project against its projected results or targets.
- Monitoring indicates if activities are happening as planned and if any changes are needed in project implementation or resources.
- For example, if activities are behind schedule, a manager may want to extend the project timeline or add more staff.
Evaluation

- Less frequent, but more in-depth analysis of program performance that helps determine how well the activities were implemented and what effects those activities produced.
- Evaluation activities are designed to answer specific questions about program implementation or results at different stages of the project.
- While monitoring shows if activities happened and when, evaluation goes further to determine how the activities were conducted and what effects they produced.
What are the monitoring and evaluation challenges?

- Commonly, programs have:
  - Minimal data
  - Old data
  - Unsystematic data
  - No centralized collection point
Colombia

The impact of media-based health education on tuberculosis diagnosis in Cali, Colombia

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School of Public Health, Universidad del Valle and Corporacion CIDEIM, Cali, Colombia

![Graph showing the number of direct smears for diagnosis of TB stained by the Public Health Secretariats of Cali and Risaralda, 1993–95. Symbols: circles, Cali; squares, Risaralda]
Problem:

ACSM impact can be shown but the measurement can be disputed without standard measurement
Lessons

• ACSM impact can be measured in carefully designed evaluation studies

• However we have challenges:
  – Validity, reliability, and repeatability
  – Contribution analysis is not straightforward
  – Contextualization
  – Lack of uniformity of indicators across countries
  – Evaluation of ACSM studies not part of routine TB M&E
  – Need for participatory monitoring and evaluation
These challenges can be overcome, BUT only with some investment in Monitoring & Evaluation.

Do not wait until your activities are planned and underway to decide on an M&E strategy!
# Key M & E Terms

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<thead>
<tr>
<th></th>
<th>Definition</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Input</strong></td>
<td>Raw materials and resources needed to conduct activities.</td>
<td>• Funding guidelines.</td>
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<td>• Staff policies.</td>
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<td>• Equipment partners.</td>
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<td><strong>Output</strong></td>
<td>Tangible products that can be counted immediately after the activity.</td>
<td>• Number of people trained.</td>
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<td></td>
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<td>• Number of brochures printed.</td>
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<td></td>
<td></td>
<td>• Number of signatures on a petition.</td>
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<td>Key M &amp; E Terms</td>
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| **Outcome**    | Short-, medium-, and long-term effects seen after ACSM activities are done and outputs are produced. | • Increased TB funding after advocacy meetings or policies.  
• Improved attitudes toward TB patients among health care workers after participation in a counseling skills training. |
| **Impact**     | Long-term result of ACSM related to overall mortality, case detection, and treatment outcomes that can be attributed to ACSM. | • Increased treatment completion rate among patients visited by home nurses.  
• Reduction in deaths among MDR-TB patients who receive community-based DOTS. |
Using an M&E plan to tell a story of success

- M&E can help collect important details of that story and document the evidence of success.
- Creating and using M&E help programs identify the story they want to tell.
- Use monitoring to measure inputs and outputs.
- Use evaluation to measure outcomes and impact.
Components of a M&E plan

- Framework: illustration of the story.
- Indicators: the best evidence for the story.
- Data collection: ways the evidence will be gathered.
- Data quality: accuracy and credibility of the story.
- Data use and reporting: who should hear the story and when.
- Budget: cost to develop and tell the story.
Process of developing a complete M&E plan

1. Develop clear, SMART (Specific, Measurable, Attainable, Relevant, Time-bound) program objectives.
2. Create an M&E framework.
3. Define and select relevant indicators.
4. Identify sources and methods of data collection with a data quality strategy.
5. Select evaluation methods.
6. Develop a detailed budget.
7. Plan how data will be used and disseminated.
Monitoring and Evaluating ACSM in National TB Programs: A Guideline on Indicators

- ACSM capacity
- ACSM activity
- Sputum testing
- Treatment adherence
- Stigma and discrimination
- Monitoring and evaluating advocacy
- Measuring significant changes
- Measuring social change communication
- TB social change indicators
What 5 indicators could be used in your country’s annual ACSM performance profile?
ACSM 10-year Framework: Example of Action Areas

- Increasing capacity and technical assistance for ACSM
- Improving case detection and treatment adherence
- Combating stigma and discrimination
- Empowering people and communities affected by TB
- Mobilizing political commitment and resources for TB control

ACSM Capacity

• Does the country have an evidence-based, sufficiently resourced ACSM Strategic Plan

Composite measures:

• % districts/provinces with TB ACSM plans based on recent research

• % national health budget devoted to TB ACSM (5-15%)

• % districts/provinces with designated ACSM staff with appropriate qualifications
Case detection and case cure

- % of population who know that going to a DOTS clinic is the best way to diagnose TB
- % of districts that have active pro-poor incentive schemes for TB patients on DOTS

ACSM contribution to CDR and CCR could be produced through evaluation of “sentinel sites” (e.g. districts – pre/post, time series, intervention/control)
Combating stigma and discrimination

• % of population expressing accepting attitudes towards TB suspects, patients and survivors
• Most Significant Change Stories (qualitative)


Patient empowerment

• # of TB patients or survivors trained to become educators, monitors or advocates

• Most Significant Change Stories (qualitative)


Political commitment

- Multi-sectorial involvement exists at the national level for TB control
- % national budget dedicated to TB control

Summary

- Advocacy, communication, and social mobilization are necessary for patients, staff, and the community
- ACSM can empower communities to achieve well-being through:
  - Collaboration within communities to determine priorities, and facilitating and supporting community action plans
  - Providing information and skills for community to take action
  - Building alliances within the community, accessing and pooling resources from all sectors of the for the promotion of health
    - government sectors: education, social and community development, culture, gender affairs, youth and sports organizations
    - Non-Governmental Organizations, faith based organizations, service clubs, etc.