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TUBERCULOSIS PREVENTION PROJECT

Advocacy, Communication and Social Mobilization (ACSM) Strategy

For USAID Georgia Tuberculosis Prevention Project

2012 – 2015

Key Recommendations

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Table of Contents

List of Acronyms	ii
Introduction	1
1 Goals and Objectives of the USAID TB Prevention Project.....	1
2 TB Situation in Georgia.....	3
3 Advocacy, Communication and Social Mobilization in TB Control	4
4 TB related ACSM in Georgia	5
4.1 Achievements in ACSM.....	5
4.2 Weaknesses and Gaps in ACSM	5
4.3 Main Challenges for ACSM	6
4.4 Strengths and Opportunities.....	6
4.5 Present Status: Knowledge, Attitudes and Practices about TB.....	6
5 Major Partners in ACSM related activities	8
6 Purpose and Objectives of TPP ACSM	9
7 Target Audiences for TPP ACSM Activities.....	10
8 Major Components of the TPP ACSM	11
9 Implementation plan	13
10 TB Messages	15
11 Monitoring and Evaluation of ACSM Activities	16
12 Performance indicators	17
13 References.....	19

List of Acronyms

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communications
CCM	Country Coordinating Mechanism
CME	Continuing Medical Education
DOTS	Directly Observed Treatment Short-Course
DR-TB	Drug-Resistant Tuberculosis
FGD	Focus Group Discussion
GF	Global Fund
GFMA	Georgia Family Medicine Association
GoG	Government of Georgia
GP	General Practitioner
HIV	Human immunodeficiency virus
IEC	Information, Education and Communication
KAP	Knowledge, Attitude and Practice
MCCU	Maternal and Child care Union
MDR-TB	Multi Drug-Resistant Tuberculosis
MOLHSA	Ministry of Labour, Health and Social Affairs
NCDCPH	National Center for Disease Control and Public Health
NCTLD	National Center for Tuberculosis and Lung Diseases
NGO	Non-government Organizations
NTP	National Tuberculosis Program
PATH	Program for Appropriate Technology in Health
PHCP	Primary Health Care Provider
PHC	Primary Health Care
PSA	Public Service Announcement
TB	Tuberculosis
TOT	Training of Trainers
TPP	Tuberculosis Prevention Project
TSMU	Tbilisi State Medical University
URC	University Research Co.
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	Extensively Drug-Resistant Tuberculosis

Introduction

The advocacy, Communication, and Social Mobilization (ACSM) Strategy for Tuberculosis Prevention Project (TPP) in Georgia is developed to improve planning, coordination, implementation and monitoring of all ACSM activities within the frame of the project.

The strategy document outlines the strategic focus of ACSM and includes priority objectives, specific activities, a monitoring and evaluation framework and expected outcomes.

Aligned with the National Tuberculosis Program (NTP) ACSM goals and objectives, the TPP ACSM strategy has been designed to implement a multi-level approach combining activities at the national and community levels using different communication channels to improve peoples' perceptions about causes, symptoms, transmission and prevention of Tuberculosis (TB), and generate demand for utilization of TB services. A range of activities have been identified to support behavior change communication, community mobilization, advocacy, and mass media campaigns through TV, radio, print and outdoor media as well as traditional media. The project will support development and distribution of Information, Education and Communication (IEC) materials to spread critical messages on TB.

Local non-government Organizations (NGOs) will play a key role in implementing the ACSM activities with the funding support from TPP. This ACSM strategy intends to provide essential guidance in planning and implementing local level communication activities as well as national media campaigns to sensitize and motivate people for taking early action towards diagnosis and initiation of TB treatment.

The strategy incorporates a monitoring and evaluation framework including appropriate indicators that will be used by the project and the implementing partners to monitor implementation and measure outcomes and impact of the ACSM activities.

1 Goals and Objectives of the USAID TB Prevention Project

With support from the United States Agency for International Development (USAID), University Research Co., LLC (URC) started implementation of the Georgia Tuberculosis Prevention Project, which will work with the NTP to strengthen active case finding and improve the quality of TB treatment.

The overall goal of the TPP is to reduce the number of all cases of TB in Georgia. The TPP will work on improving clinical services, strengthening the National TB Program's capacity to address some of the current critical challenges in the treatment of all forms of TB, including MDR-TB, infection control, reducing patient default rates, serving hard-to-reach populations and ensuring an appropriate national TB policy and program response in the evolving Georgian health care system.

The project strategy is to strengthen national TB response at the community, facility, and national levels in Georgia through addressing weaknesses in specialized TB and general health services.

The Georgia TPP's goal will be achieved through the following objectives:

Objective 1: Improve early detection of suspected TB cases in general health facilities.

Subcomponents of the Objective 1 capture the following:

- 1.1 Train primary health care (PHC) staff to recognize symptoms and test suspected cases;
- 1.2 Ensure use of a standard TB case detection module in all pre- and in-service training curricula for general practitioners;
- 1.3 Assist in the creation of a national strategy for TB identification and diagnosis in primary care settings;
- 1.4 Develop information materials and public service announcements (PSAs) to educate the public on early detection of TB;
- 1.5 Reduce the stigma of TB through PSAs and informational materials.

Objective 2: Strengthen the quality of full implementation of Directly Observed Treatment Short-Course (DOTS) and DOTS plus nationwide.

Expansion of quality DOTS services implies simultaneous working in several directions, including:

- 2.1 Provide technical assistance, training, and support to expand quality DOTS and DOTS plus nationwide;
- 2.2 Provide technical support to the MOLHSA/NTP in management, infection control, monitoring and evaluation, policy and strategy formulation, and operations research;
- 2.3 Promote an appropriate national TB policy and program response within the context of health reform;
- 2.4 Provide support to local NGOs with known success in assisting patients to adhere and complete MDR/XDR treatment;
- 2.5 Assist the Georgian TB Physicians and Pulmonologists Association.

Objective 3: Provide limited assistance to recently established private treatment sites nationwide in updating their physical infrastructure to meet TB best practice standards, and to improve infection control.

2 TB Situation in Georgia

TB re-emerged as an important public health problem after Georgia's independence and the burden still remains high. According to the World Health Organization (WHO), the incidence rate of TB disease was 107 per 100 000 population in 2010¹.

The TB diagnostic and treatment services are in the public domain, but are mainly funded by donor sources. The government is working on developing a sustainability plan for funding TB preventive and curative services in the future.

The DOTS program was established in 1995 and by the year 1999 reached 100% countrywide coverage with the support of the WHO. Despite considerable progress in implementation of the MOLHSA/NTP since 1995 many challenging issues have still to be solved. The TB case detection remains passive due to limited TB prevention integration in the PHC services, lack of knowledge and skills of general practitioners in TB detection and referral and limited utilization of outpatient services among the general public. TB remains the leading cause of death among AIDS patients and accounted for 24% of all AIDS-related deaths in 2009. There has been an extensive cooperation between the National HIV and TB programs that resulted in a joint TB/HIV strategy for 2007-2011 and clinical guidelines for managing TB and HIV co-infection. However, the joint efforts need to be strengthened and continued to address those major public health concerns effectively.

Interventions for TB control in Georgia are fully aligned with Stop TB Strategy, which was launched by the WHO in 2006. The goal of the strategy is "to dramatically reduce the global burden of TB by 2015 in line with the Millennium Development Goals and the Stop TB Partnership targets." The Strategy has six major components:

1. Pursue high-quality DOTS expansion and enhancement;
2. Address TB/HIV, MDR-TB, and the needs of poor and vulnerable populations;
3. Contribute to health system strengthening based on primary health care;
4. Engage all care providers;
5. Empower people with TB, and communities through partnership;
6. Enable and promote research²².

ACSM activities can be used to achieve all of these goals.

3 Advocacy, Communication and Social Mobilization in TB Control

According to the WHO: “At the country level, **advocacy** seeks to ensure that national governments remain strongly committed to implementing TB control policies... Behavior-change **communication** aims to change knowledge, attitudes and practices among various groups of people... **Social mobilization** brings together community members and other stakeholders to strengthen community participation for sustainability and self reliance.”³

Table 1 below shows general ACSM objectives and activities for different target groups:³

Table 1. General ACSM objectives and activities for different target groups

	Target group	Objective	Purpose of Activity
ADVOCACY			
Policy advocacy	Policy makers	To ensure that national governments remain strongly committed to implementing TB control policies	→ Informs how an issue will affect the country → Outlines actions to take to improve laws and policies
Program advocacy	Opinion leaders at the community level		→ Indicates on the need for local action
Media advocacy	Media		→ Validates the relevance of a subject → Puts issues on the public agenda → Encourages the media to cover TB-related topics regularly and in a responsible manner
COMMUNICATION	Various group of people	To change knowledge, attitudes and practices	→ Frequently disseminates the information about the services that exist for diagnosis and treatment among the public → Relays a series of messages about the disease
SOCIAL MOBILIZATION		To strengthen community participation for sustainability and self reliance	→ Mobilizes different stakeholders and Generates dialogue, negotiation and consensus among a range of players that includes decision-makers, the media, NGOs, opinion leaders, policy-makers, the private sector, professional associations, TB-patient networks and religious groups → Mobilizes people who are either living with active TB or have suffered from it at some time in the past. Empowering TB patients and the affected community helps to achieve timely diagnosis and treatment completion, especially among families of TB patients

4 TB related ACSM in Georgia

Several years ago the NTP created the position of Public Relations Coordinator to develop and disseminate information and education materials, organize World TB Day events, and to plan and implement various ACSM activities included in the Global Fund supported TB project workplans. The NTP with technical support from the USAID funded Program for Appropriate Technology in Health (PATH) developed National ACSM Strategy in Tuberculosis Control for 2011-2013 which is currently being implemented.

4.1 Achievements in ACSM

In terms of advocacy, TB has been successfully included in various legislative documents such as:

- 1997 Law of Georgia on Health Care;
- 2007 Law of Georgia on Public Health
- 2011-2015 Health Sector Development Plan

Social mobilization efforts have also been active, including:

- Trainings for journalists on effective media coverage of TB;
- Annual World TB Day activities, concerts, sports events and the recruitment of famous people as a national “TB ambassadors”;
- Presentations and lectures for students at secondary schools and universities.

In terms of communication, the following IEC portfolio has been developed by the NTP in the past years:

- Printed materials targeting the community, TB patients and various risk groups;
- Video, television and radio segments;
- A monthly journal for TB staff called “TB Home”;
- Materials for health care providers such as clinical guidelines, pocket guides, and manuals based on WHO documents.

4.2 Weaknesses and Gaps in ACSM

Although many ACSM activities have already been successfully implemented, the following can be identified as important gaps in ACSM in Georgia⁴:

- Insufficient planning and coordination of ACSM activities among different stakeholders;
- Lack of community-based NGOs involved in TB prevention or control;
- Unequal coverage of various regions of Georgia and risk groups with ACSM activities;
- Poor utilization of new media technologies, in particular web-based and social networking channels;
- Lack of updated Knowledge, Attitude and Practice (KAP) survey data.

4.3 Main Challenges for ACSM

The current challenges and potential barriers for expansion of TB-related ACSM activities in Georgia include:

- Risk of decreased funding for ACSM activities from NTP;
- Lack of interest or education about TB in a society;
- Lack of interest in TB among the media;
- Poor socio-economic conditions of TB patients creating significant need for services;
- Regional differences in traditional, religious and social values;
- Low priority of ACSM for TB managers and other health care workers and poor understanding of ACSM's role in strengthening the TB control system;
- Poor treatment adherence caused by personal, psychological, social, and medical and management factors.

4.4 Strengths and Opportunities

Despite these obstacles, ACSM has strong potential to thrive in Georgia and to produce regional models of best practice due to the following resources and assets:

- Availability of technical support from the donor organizations;
- Political commitment to civil society development and health care reform.

4.5 Present Status: Knowledge, Attitudes and Practices about TB

Within the frame of Tuberculosis Prevention Project (TPP) non-governmental organization: in September 2012 *Georgian Maternal and Child care Union (MCCU)* completed Knowledge, Attitude and Practice (KAP) survey in order to identify knowledge and practice gaps and establish baseline levels of knowledge, attitude and behavior about Tuberculosis (TB).

The goal of the survey was to evaluate knowledge, attitudes and practices about TB disease and TB disease management in Georgia. Specific objectives of the survey included:

- Collection of the data on awareness, knowledge, attitude and practices about TB in different target populations.
- Determination of possible barriers and favorable factors that influence knowledge, attitudes and practices related to TB.
- Revealing preferred sources of information on TB and determine the most trusted and popular channels for Ad impact.
- Evaluation of the attitudes and experience of TB related stigma and discrimination.

Cross sectional study design was used for the survey. In order to be nationally representative the survey has been conducted in Tbilisi and different regions of Georgia: Adjara, Samegrelo, Imereti, Kvemo-Kartli and Kakheti regions. Target population for the survey included the following groups: individuals recently released from prison, drug users, alcohol users, post TB patients (both cured and default), contacts of active TB cases, TB patients currently on treatment; patients with HIV/AIDS, patients with diabetes mellitus, patients on dialysis (as immunocompromised group), health care providers and general public. In total 1599 study participants were investigated through this survey. Data were collected through face-to-face individual interviews by specially designed questionnaires.

The recently conducted KAP survey showed a low knowledge level, high stigma and inappropriate health seeking behavior among those at high risk of TB.

Access to TB Services: One of the most remarkable findings of the survey is the fact that only 55% of all surveyed individuals among high risk groups and representatives of general population know that TB diagnosis and treatment is free. This is a subject of concern as lack of knowledge about the available free treatment can significantly delay seeking medical care when needed. The majority of immunocompromised patients, which is a major risk group of TB infection, do not have this information. Considering the high risk of active TB among this group of people, informing them on free diagnostics/ treatment availability is extremely important for early identification of TB and providing therapy. The main reason for not seeing a doctor, when symptoms potentially related to TB occur, is uncertainty regarding where to go.

Counseling about TB: 91% of immunocompromised patients want to receive more information about TB, but unfortunately, HCWs do not provide adequate information and patients usually rely on other sources. HCWs does not seem adequately trained to provide TB counseling to their patients, particularly immunocompromised individuals (including providing information about availability of free diagnostics and treatment in the country) and given the fact that considerable part of HCWs did not know that TB diagnostics and treatment is free, training should contain information on National TB Program and services covered by the program. Providing TB counseling is very important from a public health perspective, as increased awareness among patients will facilitate seeking medical care when symptoms occur, thus resulting in early diagnosis and treatment, which is the major factor in improving patient outcome, as well as decreasing TB transmission. Nurses should be one of the target groups, as survey revealed that awareness level among nurses is not adequate.

TB awareness: A significant number of patients with active TB currently on treatment cannot correctly identify treatment duration and do not know what DOT means. This fact indicates that physicians responsible for TB patient care should improve counseling to ensure adequate treatment duration and compliance and decrease the rate of treatment default. Among different target groups students were most likely to give wrong answers to TB knowledge questions than representatives of other groups. For example, 18% of students do not consider TB as contagious diseases versus 1.6% of drug users, 3.5% of TB contacts and 9.9% of former prisoners. This could be another important target group for educational intervention with different methods, including peer education, being considered as one of the most effective educational activities for youth. TB awareness is low among HCWs: only 44% of HCWs understand that tuberculosis can affect any human organs and 38% of the HCWs do not know about the DOTS.

TB Stigma: TB related stigma in Georgia remains high. More than 60% of university students and teachers report that they will try to hide their illness from others. Almost one-third (32%) of post TB patients who did not hide their diagnosis experienced a negative change in relationship with other people.

Willingness to obtain TB related information: The majority of all respondents participants wish to receive more information on TB (78%). The highest information willingness rate was observed among patients with immunosuppressive diseases (91%) and the lowest among former prisoners (60%). As for the most popular channels, all groups of study subjects named TV as the preferred information source (53.%) except for contacts of active TB cases and individuals recently released from prison, for which health care workers were the best channel to receive detailed information on TB.

The findings presented above indicate that every action should be taken to increase TB related knowledge about the disease, where and how to access services, and create greater demand for TB prevention and treatment services. Intensive advocacy efforts among different target groups are required to reduce a dramatically high level of stigma. TB patients and their families should not suffer from rejection and social isolation.

5 Major Partners in ACSM related activities

The following organizations have already played an important role in planning and implementing TB ACSM activities in Georgia. The TPP will implement its ACSM strategy in close collaboration with all of them. Besides, TPP will support emergence of new players through mobilizing local NGOs and professional groups and building their capacity in ACSM.

Country Coordinating Mechanism (CCM) for HIV/AIDS, TB and Malaria - is a high level coordinating body for national TB response. The CCM is composed of high level decision makers, representatives of donors, NGOs, Universities and other civil society groups. Therefore, the CCM can actively advocate for maintaining a universal access to high quality TB services for all in need.

MoLHSA - as a leading agency for health and social welfare is active in implementing the Government of Georgia (GoG) policies related to TB care. The MoLHSA leadership can advocate for increased funding to support high quality DOT services and initiate legislative changes, if necessary, for improving quality of life of TB patients and protecting rights of health professionals to practice in a safe environment. The TPP will coordinate its ACSM activities with the health promotion division of National Center for Disease Control and Public Health (NCDCPH) and National Center for Tuberculosis and Lung Diseases (NCTLD).

Donor organizations: USAID TPP has been actively cooperating with the Global Fund (GF) TB project. The GF supports various ACSM activities in line with the National ACSM strategy and the NTP priorities.

Local NGOs: TPP intends to mobilize local NGOs and encourage their involvement in various ACSM activities. There are number of NGOs with extensive ACSM and some TB experience. Others can also develop their capacity through the TPP small grants program which intends to award around 6 grants annually to support community based activities aimed at increasing TB awareness and reducing stigma.

Universities and professional groups: TPP will support active involvement of educational and professional bodies, such as Georgian TB Physicians and Pulmonologist Association and Georgia Family Medicine Association (GFMA) in advocacy efforts aimed at improving quality of TB services. The project will provide technical assistance for introducing evidence-based TB care recommendations and revising educational programs according to the newest information and approaches.

Private Health Facilities: Private providers are the main providers of TB services nationwide and therefore, have very close and daily contact with patients and their families. Health facilities should create an open environment and promote positive social interaction with TB teams and their clients. Managers have to have a clear plan for distribution of TB related information leaflets, posters etc. In addition, they have to support staff participation in TB related educational events and training courses.

6 Purpose and Objectives of TPP ACSM

The overall goal of the TPP ACSM strategy is to support the main objectives of the TPP which aims to improve early detection of suspected TB cases in general health facilities and strengthen the quality of DOTS and DOTS plus nationwide. This in the long-term can reduce the burden of TB disease and mortality from TB in Georgia. Under TPP, the URC team will follow the WHO STOP TB framework for ACSM. The TPP ACSM objectives will be synchronized with NTP's ACSM strategic framework of 2011-2013⁴, and will focus on strengthening the national policy.

The table below outlines our ACSM objectives in line with the TPP objectives

USAID TPP Objectives	ACSM objectives
Objective 1: Improve early detection of suspected TB cases in general health facilities	<ol style="list-style-type: none"> 1. Increase awareness among primary care providers on the importance of TB early detection and timely referral 2. Increase knowledge and awareness among TB suspects, patients, and the general public on TB prevention and care
Strengthen the quality of full implementation of DOTS and DOTS plus	<ol style="list-style-type: none"> 3. Advocate for sustainable and adequate financing of the National TB Program to incentivize TB professionals and encourage high quality care delivery 4. Increase awareness regarding adherence to TB treatment regimens among the TB patients 5. Market health facilities offering high quality TB services 6. Reduce the stigma of TB among the general public and health care workers
Provide limited assistance to recently established private treatment sites nationwide in updating physical infrastructure to meet TB best practice standards, and to improve infection control	<ol style="list-style-type: none"> 7. Sensitize policy makers on TB service delivery needs in private health care networks and advocate for an adequate working environment for TB teams 8. Increase awareness of the health professionals and the general population about TB related infection control measures

The objectives outlined in the TPP ACSM strategic plan are designed to address the current TB-related ACSM barriers and gaps that exist in Georgia.

The project will work with the MOLHSA/NTP, NCDCPH, local government leaders, local NGOs, teachers and students, and religious leaders to strengthen communications to increase demand for TB services among the general population. The TPP will work with community-based NGOs and support their involvement in TB prevention and control.

The TPP will continue to build on the current National ACSM strategies and will use new media technologies, such as web-based and social networking channels as well as local level communication campaigns to promote key messages about TB.

The TPP ACSM interventions will cover different regions of Georgia and address the needs of different risk or affected groups.

7 Target Audiences for TPP ACSM Activities

In order to achieve the ACSM objectives, the project will target different groups through its ACSM activities.

	Target audience
Advocacy	<p>Decision-makers at national, regional, and district levels (Members of CCM, MoLHSA and NTP leadership)</p> <p>Policymakers</p> <p>Professional Groups</p> <p>Funders</p> <p>Media</p>
Communication	<p>General Public including different vulnerable groups</p> <p>Health Care Workers (i.e. primary health care providers, General Practitioners, Pediatrician, etc.)</p> <p>TB patients currently on treatment</p> <p>Contacts of patients with active TB</p> <p>Post TB patients</p> <p>People at high risk of developing TB</p>
Social Mobilization	<p>Communities</p> <p>National and local level leaders</p> <p>Local NGOs, youth organizations, community based organizations</p>

8 Major Components of the TPP ACSM

The project will adopt a comprehensive approach to support ACSM activities to reach out to different target audiences. The approaches and activities are outlined below:

Advocacy:

Advocacy activities will be designed to improve knowledge of decision-makers at national, regional, and district levels and media about the burden of TB disease, its impact on communities and families with TB patients, and their roles and responsibilities in TB control and prevention. The TPP will advocate for the elimination of TB as a public health threat at all levels. The following are priority activities for advocacy efforts:

- Ensuring sustainable and adequate financing of the National TB Program
- Providing continuous professional development of primary care providers and TB specialists in TB care through up to date, evidence-based training programs
- Introducing quality assurance tools to ensure high quality TB service delivery
- Advocating rational use of anti TB drugs by TB specialists and other health professionals
- Strengthening infectious control measures at general health facilities providing TB services
- Organizing information campaigns aimed at reducing a level of stigma

Behavior Change Communication:

Behavior change communication (BCC) will focus on the following areas: increase care seeking for TB, increase early detection, and improve adherence to treatment by raising awareness about TB and address stigma related issues. Activities will be conducted using locally appropriate approaches designed to change knowledge, attitudes and practices among various groups of people specifically targeted to primary audiences. Activities to support BCC include:

- Training of primary care providers to provide standardized treatment and interpersonal communication and counseling (IPC/C);
- Training of supervisors to supervise IPC/C implementation
- Household visits to counsel of TB patients on treatment adherence and completion with the help of local NGOs.
- Group counseling to educate families of TB and MDR TB cases about TB infection prevention and personal hygienic practices with the help of local NGOs.
- Local communication and education campaigns to increase knowledge and awareness about recognition, symptoms, transmission and prevention of TB, mitigate stigma associated with TB, and sources for TB services;
- Training patients as peer educators at community and facility levels to reduce default rates;
- Developing, producing and distributing printed materials such as brochures, posters, etc. about TB disease to the general public in common areas (as opposed to just health care settings);

- Developing and producing stigma-reduction and awareness building communication messages and distributing them through media (radio, TV, internet);

The mass media promotion campaign will be responsible for building public awareness about TB, to help generate demand for early diagnosis of TB among various target groups. The major focus of the mass media campaign will be on advertising. This will include television and radio advertising using the most popular public and private TV/radio channels, also TV/radio discussions which can raise TB risk perceptions, reduce TB stigma and promote early care seeking behavior.

The communication campaign will also use other innovative internet based social media and networks where appropriate. Advertising messages will emphasize the key signs and symptoms of TB that TB is curable, and early diagnosis of TB is critical.

- Providing TB prevention and care messages through text messages for cell phones to target TB patients, providers and general public.

Social mobilization:

Culturally appropriate social mobilization activities will be conducted to improve general knowledge and awareness about TB. Improving knowledge and awareness is key to removing misconceptions and stigma that affect health seeking behavior, and increasing demand for TB services. Targeted activities will provide access to information about TB to change knowledge, attitudes and practices among various groups of people.

Activities to support social mobilization include:

- Identifying local and national level leaders to promote the message: “TB is curable”;
- Organizing TB awareness campaigns including TV, mobile, radio and web-based campaigns and series club discussions community events;
- Organizing meetings and rallies, such as the event on World TB day
- Empowering current and former TB patients to deliver positive messages to the public about TB diagnosis and treatment;
- Mobilization and strengthening capacity of NGOs and other organizations working on TB related issues.

9 Implementation plan

TB ACSM activities are being implemented in Georgia since early 1990s. Major partners in ACSM activities have been the NTP, National Center for Disease Control and Public Health, USAID funded TB projects and the Global Fund. ACSM activities have been implemented at various levels of society by these organizations. At the national level, television and radio channels have been extensively broadcasting messages on TB. Despite this most people still are not sufficiently aware or knowledgeable about TB and where to access TB services.

The TPP team will focus on the following areas for developing an ACSM implementation plan, with a special focus on people who are vulnerable and health care workers. The Core Competency Areas or Communications Channels of ACSM activities are similar to that of NTP:

These are the three communications channels:

1. Community Mobilization at the consumer level:

- TB is known to be a poor man's disease, and its worst victims are the poor and the vulnerable groups of the society. For this reason people falling under these categories will be addressed with ACSM activities. Banners, posters and other informational materials will be developed and placed in common areas, such as bus stops, rickshaw stands, local clubs, schools and colleges, local market-places, public toilets, to name a few.
- Mass Media Campaigns will be organized annually and carried out, and partner NGOs and NTP will be involved in them for creating greater impact.
- The 2000 family medicine teams will be reached collaboratively by the TPP and the GF TB project with educational activities. The TPP will design and distribute educational materials to PHC clinics to reach out a greater audience.
- Community involvement and ownership are critical areas for TB care. Therefore cured patients, local elites, teachers and students of local schools, religious leaders, local pharmacy owners or village doctors will be addressed in different forums to help contribute to fighting TB in their community. Cured patients are like living signboards of TB awareness program and are the most effective channels for transferring TB related knowledge and awareness among their community.
- Debates and forums will be organized at different platforms to engage people from different levels of society to build on TB awareness campaigns.

2. Capacity Building at the provider level:

- Ongoing training sessions on TB awareness for different stakeholders will be observed and existing gaps will be addressed by working on the training modules as well as carrying out Training of Trainers (TOTs).
- TB health care workers and professionals will receive TOTs for rendering better services and awareness among TB suspects and smear positive patients. For this, gaps will have to be identified at the first stage of inception of the ACSM activities. In the next stage, training modules will be developed to address the gaps effectively, and training sessions will be offered to these health care practitioners.
- Primary Health Care Providers (PHCP) at family medicine clinics will receive training for providing better TB care services at the community level. Most of these PHCPs have received little to no training on handling TB patients, and there is a need for capacity building at this level.

- Sharing of best practices is another tool that will be used to generate enthusiasm and a positive change in the health care providers' daily activities in dealing with TB cases. This will happen through a quarterly "Journal Club" meetings or annual conferences.

3. Materials Development and Dissemination:

- More and better communication materials will be developed according to the need. For this a need assessment study can be carried out. Also for this purpose, experience sharing sessions with NTP and other main NGO partners will be conducted to help detect gaps in knowledge and awareness of TB among the poor and the vulnerable groups.
- Instead of re-inventing the wheel, according to the needs to close the gaps in knowledge and awareness of TB among the poor and vulnerable people, the TPP will print and/or produce materials that are out of print/production, because of a lack of resources in NTP and Partner NGOs.
- Short spots will be developed for TV and the electronic media that clearly demonstrate what TB is and how it should be treated. Example: In South Africa TB Care II has developed similar TV commercials or spots. Ideas can be used from these and will have to be adapted according to the local culture/scenario.

10 TB Messages

The project will coordinate with MoLHSA/NTP to ensure that any messages to be developed are consistent with national guidelines, and sensitive to local cultural, religious, and socio-economic norms and beliefs and gender differences.

All communication messages and materials will be pre-tested among target audiences to ensure that they are appealing and acceptable to them and likely to lead to behavior change.

Thematic Area	Message Focus
General knowledge about TB	<ul style="list-style-type: none"> • TB is an infectious disease • TB is spread by a bacteria called Mycobacterium Tuberculosis • A TB patient can infect 10 to 15 people in a year • More than 200 people die from TB every year in Georgia
Prevention of TB	<ul style="list-style-type: none"> • TB is completely curable with DOTS • We can all contribute to stopping the spread of TB • If you have a persistent cough, weight loss and night sweats, you should get tested for TB • Anyone can contract TB • Open doors and windows to let in fresh air • Cover your cough and wash your hands • Go to the health care facility and get TB care
Detection of TB	<ul style="list-style-type: none"> • Early detection and treatment can prevent long term disability or death from TB • Early detection and treatment is important to stop spreading infection to your family and community members • If you have a cough for more than 3 weeks go to your local health centre. • A simple sputum test will identify if you have TB • Diagnosis and treatment of TB is free
Treatment of TB	<ul style="list-style-type: none"> • You will only be cured if you complete your treatment that takes 6 to 8 months • Interruption of TB treatment can lead to multi-drug resistant TB (MDR-TB) which is difficult to treat and takes two years • Do not stop your TB treatment until you have completed your treatment • TB patients should keep their rooms airy by keeping the windows open
Care Messages	<ul style="list-style-type: none"> • Support your family, friends and community members who are affected by TB • Your DOTS supporter can help cure you of TB by providing treatment every day • If you were cured of TB, your experience is crucial in letting other TB patients know the importance of treatment adherence
Address Stigma	<ul style="list-style-type: none"> • TB is curable • DOTS cured me - it will cure you too • DOTS: TB cure for all • TB anywhere is TB everywhere

11 Monitoring and Evaluation of ACSM Activities

The project will establish a monitoring and evaluation system designed to measure progress in implementing ACSM activities and achieving project objectives. Monitoring is essential to identify bottlenecks and critical barriers that may otherwise derail the program. The project will conduct evaluations to measure outcomes and impacts of the ACSM activities in terms of increasing level of knowledge, awareness and perceptions about TB, and utilization of TB services.

National level knowledge, attitude and perception surveys are costly and time consuming for which these surveys often do not meet the immediate needs for formulating and adapting ACSM strategies and campaigns. Instead, the project will primarily rely on small-scale rapid surveys and assessments to track and evaluate if the intended changes are occurring at the field level. These rapid surveys using simple methodologies such as exit interviews, focus group discussions (FGDs), and health provider surveys will be conducted in different project sites to assess the changes in the level of knowledge, attitude and practices around TB. The findings of these surveys will be used to bring about operational changes in planning and implementation of the ACSM activities.

The local NGOs, supported by the TPP, will play an important role in implementing local level ACSM activities. The project will set up a monitoring framework including indicators that will be used by both the sub-grantee NGOs and the project staff to monitor implementation of ACSM activities and reporting progress. The project will support periodic rapid sample surveys to validate the data collected and reported by NGOs.

12 Performance indicators

The table below provides an illustrative list of indicators including sources of data by different ACSM objectives. The project will use these indicators to monitor and measure the progress and effectiveness of the ACSM activities.

ACSM Objectives	Indicators	Data Sources
1. Increase awareness of primary care providers on the importance of TB early detection and timely referral	Number and type of service providers trained on DOTS,	Project reports
	Number and type of service providers trained on IPC/C	Project reports
2. number of posters developed/distributed Increase awareness of general public on the importance of detecting early signs of TB by developing of informational materials (brochures and posters) and public service announcements;	Number of TB community advocacy events conducted and	Project/NGO MIS
	Number of people reached through TB community advocacy events	
	Number of TB media advocacy events held	Project/NGO MIS
	Number of people reached through TB media advocacy events	Project/NGO MIS
	Number of people reached through BCC events	Project/NGO MIS
	Number of radio PSAs developed/distributed	Project/NGO MIS
	Number of TV PSAs developed/distributed	Project/NGO MIS
	number of info/promo materials developed/distributed	Project/NGO MIS
	Number of people who have heard or seen a TB DOTS-related message	Sample survey
	Proportion of people know who know about correct causes of TB, symptoms, mode of transmission and prevention	Sample Survey, Exit Interview
3. Advocate for sustainable and adequate financing of the National TB Program to incentivize TB professionals and encourage high quality care delivery	# of round tables and policy forums organized about for high level government decision makers about TB National financial policies	Project reports
	% Share of National funding in total annual TB budget	National Health Accounts by MoLHSA
4. Increase awareness regarding adherence to TB treatment regimen	Number of TB patients counseled on treatment adherence	Sample Survey
	Decrease in the number of defaulters	Project/NGO MIS
5. Market health facilities offering free and	Proportion of people who know where to access sputum smear test	Sample Survey,

confidential DOTS services	Proportion of people know where to get TB treatment	Sample Survey
6. Sensitize policy makers on TB service delivery needs in private health care network and advocate for adequate working environment for TB teams	# of round tables and policy forums organized about integrating TB services into general health services	Project/NGO MIS
	# of general health facilities accredited in TB service delivery	Project reports
7. Increase awareness of the health professionals and population about TB related IC measures	# of health care workers trained on IC measures	Project reports
	IC guidelines and local protocols elaborated and implemented at general health facilities	Project reports

13 References

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