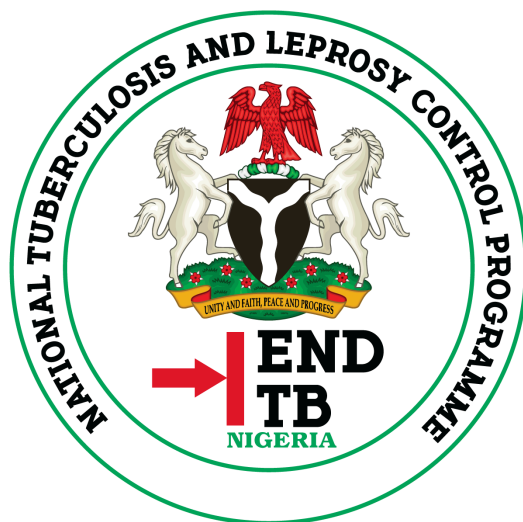


**Advocacy, Communication,
and Social Mobilisation Guidelines
for the Tuberculosis Programme
in Nigeria
2020-2025**



Foreword

Tuberculosis (TB) is an ancient disease that still constitutes major public health problems in Nigeria. The control and prevention of tuberculosis in contemporary times has many challenges, including low TB case notification, the impact of HIV/AIDS, and the emergence of multi-drug resistant tuberculosis (MDR-TB) and extensively drug resistant tuberculosis. Stigma and discrimination further compound the challenges to TB control. Furthermore, the COVID-19 pandemic has fuelled stigma around cough and invariably impacts on TB prevention, diagnosis, management, and control if people continue to hide their cough status.

Nigeria is among the eight countries accounting for two-thirds of the global TB burden and ten countries accounting for 80% of the gaps in reported TB cases versus estimated TB cases. According to the WHO global TB report 2019, Nigeria contributes 4% to the global burden of TB and 12% to the gap in reported versus estimated TB cases. Nigeria currently has the highest TB burden in Africa and the 6th highest TB burden in the world.

In 2019, Nigeria notified a total of 120,933 TB cases, which is only 30% of the estimated TB cases (407,000) for the country in the same year (global TB report 2019). This huge gap in TB case finding is much higher among children (aged 0–14 years), with a child proportion of 9% for 2019. The global TB report 2019 estimated the prevalence of MDR-TB and rifampicin-resistant tuberculosis (RR-TB) in Nigeria in 2018 to be 4.3% among new patients and 15% among previously treated patients. Although progress has been made in the past five years, a lot needs to be done to achieve the goal of 50% reduction in TB prevalence rate and 75% reduction in TB mortality rate by 2025 compared to the 2013 figures by the National Tuberculosis and Leprosy Control Programme.

Against this backdrop, the review of the guidelines on advocacy, communication, and social mobilisation (ACSM)—previously produced to develop an evidence-informed National ACSM Guidelines for TB Programme in Nigeria—is timely, and contributes to National Tuberculosis and Leprosy Control Programme (NTBLCP) efforts to standardise ACSM programming and ensure that ACSM activities are aligned with the priorities of the current National Strategic Plan (NSP) 2021–2025. The ACSM Guidelines for TB Programmes in Nigeria respond to the collective desire of all stakeholders for an informed, user-friendly, and ultimately more effective strategic document to guide organisations that are implementing TB programmes. It serves as the foundation for a unified and cohesive social and behaviour change plan for TB control interventions and will be an invaluable resource for programmers to plan, implement, manage, monitor, and evaluate social and behaviour change interventions for TB, at all levels.

There are four key guides within the ACSM strategic document, which also represent the four important steps in the ACSM programming process. These are:

- **Situation and Communication Analysis**
- **“Think Big” Strategy Design Guide**
- **“Act Now” Implementation Planning Guide**
- **“Measure It” Monitoring and Evaluation Planning Guide**

The collection of these guides provides an overview of the ACSM programme planning process and its components—from planning to evaluating the success of communication efforts—and suggests strategic activities and key messages that can be used to reach different audiences.

It is, therefore, with great pleasure that I present the ACSM Guidelines for TB Programmes in Nigeria to you. I encourage all civil society organisations, private sector, development agencies, and others involved in TB communication programming to use the ACSM Guidelines as a blueprint for designing and executing communication initiatives for TB in the country.



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Acknowledgements

This guideline builds on effective communication for TB programming, developing social and behaviour change strategies at different levels. Its development is a collaborative work of NTBLCP, partners and stakeholders involved in the control of tuberculosis in the country. It is on this note that NTBLCP acknowledges the technical and financial support of Breakthrough ACTION–Nigeria, a project funded by the United States Agency for International Development (USAID), led by Johns Hopkins Center for Communication Programs (CCP), for making the development of this document possible. NTBLCP also thanks Breakthrough ACTION–Nigeria for their support in the production of the initial copies of the document.

We wish to also express our gratitude to the individuals and organisations that have contributed to the development of the National ACSM Guidelines, including those included in the List of Contributors. Special mention must be made of the commitment and active participation of the National ACSM Sub-Committee and TB stakeholders who made this a success: World Health Organisation, Sustaining Health Outcomes through the Private Sector Plus (SHOPS+), KNCV, Stop TB Partnership, Association for Reproductive and Family Health (ARFH), TB Network, Health Initiatives for Safety and Stability in Africa (HIFASS), APIN Public Health Initiatives (APIN), Institute of Human Virology, Nigeria (IHVN), , National Agency for the Control of AIDS (NACA), National AIDS and STDs Control Programme (NASCP), and the Health Promotion Unit of the Federal Ministry of Health (FMOH).

The Government of Nigeria sincerely hopes that all efforts put into the development and production of this strategic document will bring about, among others, the much-needed improvement in TB communication for behavioural change towards ending tuberculosis and ensuring a TB-free Nigeria.



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Acronyms

ACSM	Advocacy, Communication, and Social Mobilisation
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APIN	APIN Public Health Initiatives
ARFH	Association for Reproductive and Family Health
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
CBO	Community-Based Organisation
CCP	Johns Hopkins Center for Communication Programs
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment, Short-Course
DR-TB	Drug-Resistant Tuberculosis
DS-TB	Drug-Sensitive Tuberculosis
FMOH	Federal Ministry of Health
HCD	Human-Centred Design
HCW	Health Care Worker
HIFASS	Health Initiatives for Safety and Stability in Africa
HIV	Human Immunodeficiency Virus
IHVN	Institute of Human Virology, Nigeria
IPC	Infection Prevention and Control
JCHEW	Junior Community Health Extension Worker
KNCV	KNCV Tuberculosis Foundation, Nigeria
LGA	Local Government Authority
LIO	Lead Implementing Organisation
M&E	Monitoring and Evaluation
MDR-TB	Multi-Drug Resistant TB
MIS	Management Information Systems
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and Sexually Transmitted Infections Control Programme
NGO	Non-Governmental Organisation
NTBLCP	National Tuberculosis and Leprosy Control Programme
NURTW	National Union of Road Transport Workers
OPD	Outpatient Department
PHC	Primary Health Care
PLHIV	People Living with HIV
PPM	Public-Private Mix
PPMV	Proprietary Patent Medicine Vendor
PTB	Pulmonary TB
R&R	Recording and Reporting
RR-TB	Rifampicin-Resistant Tuberculosis
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SHOPS+	Sustaining Health Outcomes through the Private Sector Plus
SOP	Standard Operating Procedure
STBLCP	State Tuberculosis and Leprosy Control Programme
TB	Tuberculosis
TB-NSP	Tuberculosis National Strategic Plan
WHO	World Health Organisation

Overview

Advocacy, Communication, and Social Mobilisation (ACSM) Guidelines for Tuberculosis Programme in Nigeria is a tool designed to empower users at all levels with evidence-based Social and Behaviour Change (SBC) strategies to guide the design and implementation of ACSM interventions that are consistent with national and international policies and standards. The guide is divided into three major sections.

Section I provides some essential background information to facilitate maximal utilisation of the guide, including the Situation and Communication Analysis Guide.

Section II is the core of the guide and provides detailed information on tuberculosis (TB) issues and practical step-by-step processes for developing a comprehensive and detailed TB ACSM plan customised to your area and needs. Section II includes three worksheets:

- “Think Big.” TB ACSM Strategy Planning Reference Worksheets
- “Act Now.” TB ACSM Implementation Plan Reference Worksheets
- “Measure It.” TB ACSM Monitoring and Evaluation Reference Worksheets

Section III includes appendices that provide more detailed information and templates.

Section I

Introduction

Background

Tuberculosis is in the top causes of mortality for men and women in Nigeria, resulting in about 157,000 deaths in 2018 (Global Tuberculosis Report, 2019). As a high-burden country for TB, TB/HIV, and multi-drug resistant TB (MDR-TB), TB remains a major health challenge for Nigeria. Nigeria has one of the lowest rates of people who have TB in the world and over a third of the population exhibit TB symptoms. Only 26% (106,533) of the projected 407,000 cases of TB were notified to the National Tuberculosis and Leprosy Control Programme (NTBLCP) in 2018 (Global Tuberculosis Report, 2019). TB is substantially higher among men than women (267,000 and 140,000 estimated TB incidence, respectively), and there is a higher prevalence of cases in urban areas compared to rural areas. Over one-third (35.8%) of the population has at least one of the following symptoms of TB—cough with or without blood stained sputum, chest pain, body weight loss, night sweats, and fever—yet health-seeking behaviours vary (FMOH 2012). Encouragingly, the TB treatment success rate is 84%. TB can be cured within six months if treated appropriately; however, lack of adherence to treatment is a driver of MDR-TB. While there are initiatives aimed at addressing adherence, it is not translating into significant increases in case detection.

Awareness of TB in Nigeria is relatively high, but knowledge of how TB is acquired, its symptoms, and prevention is low. Demographic and Health Survey (DHS) data found that overall awareness of TB ranged from 84% among men and 71% among women in the 2008 survey, and up to 97% in a rural community in 2013. Among 2008 DHS respondents who had heard of TB, 72% of men and 59% of women knew that TB is spread through the air by coughing. In another study, less than half (49%) of those who had heard of TB knew that it is contracted through contact with an infected individual, and only 30% knew it is an airborne infection. While the majority of those who are aware of TB can identify cough as a symptom, few identify chest pain and fever as symptoms. There are a few incorrect causes attributed to the disease, including sharing utensils or food, sexual contact, touching a person with TB, mosquito bites, cold, food shortage, smoking, alcohol, dust, and mother-to-child transmission. Furthermore, the majority (52%) of symptomatic respondents took inappropriate action—either self-medication (28%) or no action (24%)—and less than half (46%) of TB positive respondents consulted health services. In another study, patient delay was observed in 42% of patients being treated for TB. The median time from onset of symptoms to first hospital contact was four weeks, with a range of one to thirty weeks. One in three sought care from multiple sites before finally going to a directly observed treatment, short-course (DOTS) facility.

Despite this high level of TB burden, funding for TB Control in Nigeria as well as ACSM interventions have remained inadequate. ACSM interventions appear to be integrated into the different thematic areas with lack of a coordinated strategic framework and coordination platform. This hinders the ability of the NTBLCP to effectively implement, monitor, and evaluate the implementation of ACSM interventions. In line with the WHO End TB Strategy, there is the urgent need for strategic planning and robust implementation of ACSM interventions.

Goals and Objectives

Advocacy, Communication, and Social Mobilisation (ACSM) Guidelines for Tuberculosis Programme in Nigeria is a document that will serve as a guide for national, state, and local government authority (LGA), and other health communication and promotion professionals and officers designated to design and implement Tuberculosis interventions that are consistent with national and international policies and standards. The guide will enhance the capacity of ACSM programme planners, implementers, and stakeholders to develop and manage interventions that will facilitate the achievement of the national goal of a TB-free Nigeria as captured in the TB National Strategic Plan (TB-NSP) 2021–2025 and beyond.

The ACSM Guidelines for TB Programmes in Nigeria serve as a tool to complement the TB-NSP and enhance effective planning, implementation, monitoring, and evaluation of strategic communication towards ending TB in Nigeria. The purpose of the ACSM Guidelines is to guide the development of TB programme communication in such a way that different cadres of professionals and volunteers will find the document useful as they strive for improved quality of the TB programme.

The Primary Audience: The ACSM Guidelines are primarily developed for health communication and promotion professionals involved in implementing TB Programmes. This cadre has the primary responsibility to develop plans, implement, monitor, and evaluate ACSM activities, which contribute to the TB-NSP's goal of ending TB.

The Secondary Audience for the ACSM Guidelines are cadres of professionals, partners, and volunteers who perform programme planning and implementation roles for other components of TB programmes, outside of health communication or promotion, or perform management and leadership roles for TB programmes. These professionals perform their roles in the public, private, and non-governmental organisation (NGO) sectors. They include:

- Programme directors
- Programme coordinators
- Programme officers
- Mass media (managers, producers and reporters, as relevant)
- Volunteers

Justification for the TB ACSM Guide

The Federal Ministry of Health (FMOH), through the NTBLCP, coordinates TB programming with the goal of achieving a TB-free Nigeria. The TB-NSP is a strategic framework, which establishes the standards for quality programming within the NTBLCP. The goal of the NTBLCP is, by 2025, to achieve a 50% reduction in TB prevalence rate and a 75% reduction in TB mortality rate in Nigeria (compared to 2013 figures). These ambitious targets, which are expected to be realised through 12 strategic objectives, necessitate a greater focus on ACSM interventions.

Process of Review and Creation of this Document

The development of the ACSM Guidelines began with a situational analysis to understand barriers to improving the detection of people who have TB, prompt diagnosis, adherence to treatment, and funding for TB. This included a literature review, a review of programming gaps within the TB-NSP, and a formative assessment using a Human-Centred Design (HCD) approach to understand how Nigeria can improve the detection of people who have TB detection using social and behaviour change (SBC) approaches. The TB ACSM Guidelines are meant to complement the current TB-NSP 2021–2025 and beyond.

The process of the creation of the ACSM Guidelines included:

- Desktop review of relevant documents to identify resources that could be used to understand existing issues and challenges.
- Review of the ACSM related issues from the TB-NSP to understand current issues, challenges, and gaps to be filled.
- The ACSM Guidelines consensus-building workshop to begin the process of developing the document. The workshop focused the ACSM Guidelines on TB prevention, diagnosis, treatment, stigma and discrimination, and human rights and gender issues.
- Development of the draft of the ACSM Guidelines, based on the information and products of the workshop, the formative assessment, and outcome of the desktop review.
- Presentation of the first draft of the document for comments by ACSM committee members and relevant partners at state and national levels.
- Revision of the first draft of the ACSM Guidelines based on review of the comments received.
- Presentation of the second draft of the ACSM Guidelines for validation by ACSM committee members and relevant partners at state and national levels.
- Development of the final draft of the ACSM Guidelines based on comments from the validation meeting.
- Production and distribution of the document.

How to Use This Document

This document is developed to help standardise the ACSM interventions for TB control across the country. The TB ACSM Guidelines can be adapted to suit programme peculiarities at the state and LGA levels. It can be used for:

- Development and review of the TB operational plans. Programme planners will find the document useful as a guide to select and develop:
 - Key audiences
 - Behavioural objectives
 - Communication objectives
 - Messages
 - Activities and channels of communication
 - Monitoring and evaluation plans
- Development and review of communication messages and materials in print and electronic format.
- Appropriate branding of TB media messages and materials, products, and services.
- Development and review of ACSM interventions for different thematic areas of the TB programme, including campaigns on prevention, diagnosis, treatment, stigma and discrimination, and gender and human rights.

Definition of Terms

Advocacy: In broad terms, advocacy refers to the set of communication and promotion interventions designed to garner resources, and to secure political will and commitment of the leadership at policy and community levels, in support of development goals and actions. Advocacy is also the key step towards desired behaviour change. The communication exchange in which a satisfied user of a product or service encourages others to support or use the same product or service is referred to as personal advocacy.

Advocacy, Communication, and Social Mobilisation (ACSM): The set of strategies used in social and behaviour change (SBC) to address the determinants of social change towards achievement of desired changes at the individual, community, and social levels (see definitions of Advocacy, SBCC, SBC, and Social Mobilisation).

Behavioural Determinants: A set of factors that determine the extent to which a particular target audience will engage in a desirable behaviour. Every health-related action or behaviour can be explained by the interplay of several determinants including knowledge, perceived risk, self-efficacy, attitudes, and beliefs.

Domains of Communication: The broad classification of different but interrelated areas of communication interventions in support of development programmes. The classifications of the domains are as follows:

- Socio-political domain: the plans and interventions that seek to engage policy decision-makers and leaders for the needed political will, and for provision of resources to support programmes, services, and practices. It also requires full involvement and commitment of the media stakeholders.
- Systems and service domain: the plans and interventions that seek to promote available services and products, with service providers adequately trained and equipped to offer client friendly services. Also requires full involvement and commitment of the service providers as major promoters of healthy behaviours.
- Community and individual domain: the plans and interventions that seek to support community members as individuals and as groups or associations to have the skills, motivation, knowledge, attitudes, and resources to maintain their own health.

Social Mobilisation: The process of motivating community members to engage in community social actions and norms in support of achievement of development objectives. Social mobilisation occurs at community level, and members of groups and associations are engaged for involvement, participation, coalition, and ownership.

SBC: The use of any approaches, activities, or interventions that address internal, social, or structural determinants that can affect adoption of positive behaviours that influence health or development outcomes. SBC includes SBCC, and incorporates alternate, non-communication-based approaches such as behavioural economics and design thinking.

Social and Behaviour Change Communication (SBCC): A strategic process in which integrated theories and research-based communication processes are applied to address the determinants of social change towards achievement of desired changes at the individual, community, and social levels. SBCC seeks to ensure improvement in advocacy or mobilisation for social action, along with personal change. SBCC is thus part of SBC, while SBC builds on SBCC.

Target Audience in SBC: Target audiences in an SBC intervention are of two main categories: the primary audience and secondary audience. The primary audiences are those that are directly affected by the problem who need to take action to address the problem. The secondary audiences are those who can influence the primary audience to engage in the recommended behaviour or action.

Theories and Models for ACSM: A set of concepts, definitions, and propositions used to explain or predict events or situations, with descriptions of the relationships among the identified variables. Theories are used to guide the components of strategic communication including positioning of a programme, programme and audience analysis, programme design, and research design.

Understanding Key Elements of Social Behaviour Change Communication

The Role of Communication in the TB Programme

Communication plays a vital role in any endeavour that involves exchange of thoughts or ideas among the human population. As expected, communication plays a vital role in:

- Improving community knowledge on how TB is contracted
- Changing attitudes towards TB and adoption of measures for its prevention, diagnosis, and treatment
- Changing norms and dispelling myths around how TB is perceived
- Exposing local cultures to new ideas and new health behaviours
- Reducing stigma and discrimination surrounding TB
- Improving coordination among stakeholder groups and organisations involved in TB prevention and control
- Increasing demand for TB services

Communication can occur both spontaneously (at every unit of identity to which people belong, including self, family, associations, and communities) and deliberately (by means of planned interventions of governmental and non-governmental organisations, commercial sectors, and community mobilisation). When a communication initiative is planned and supported by theoretical considerations, there is a very strong potential that such efforts will initiate change or accelerate ongoing change.

Communication can spread knowledge and influence values and social norms, including basic knowledge of the risk of contracting tuberculosis, and effective methods of prevention and treatment. Communication can introduce new values or change the priorities of existing values with regard to health-seeking behaviour; for instance, influencing community members to cultivate and sustain the culture of seeking care for every cough that has lasted for two weeks or more by visiting a clinic or calling the TB hotline. Communication can influence community members to serve as effective treatment supporters for people being treated for TB. Within the health facility, communication approaches can increase knowledge and reduce stigma among all staff who encounter people who have TB. Communication also makes it possible to learn about and learn from the behaviour of others, as well as share information and coordinate action among people and groups involved in TB prevention and control. The perception of what everyone else is doing can influence what people perceive as normal, acceptable behaviour within their community and within the larger context of society.

Effective communication can also help to heighten the consciousness of the impact of tuberculosis and make it a legitimate and priority topic for public discussion. The use of mass media and community-based approaches can lead to discussion of airborne diseases like TB that are commonly referred to as ordinary cough with little knowledge of its risks to the family (both adults and children). And because TB disproportionately affects men, its devastating socioeconomic implication is huge. Effective messages in the media can also change the way that people perceive cough and how they respond to coughing around them, without stigmatising the person, but highlighting the need to test for TB. In addition, effective communication can enhance the development and review of policies, legislation, and resource allocation to support TB control.

Audience Perspective

A key element of successful communication is to view issues from the perspective of the audience we are trying to reach. We must step outside of our own perspectives and communicate with our audiences in ways that are relevant, appealing, and understandable to them. If we fail at this, we will never be able to connect with and motivate our audience to maximum effect.

The Practical Role of Theory in Health Communication Programmes

Theory can be either theoretical or practical to a health communication practitioner. In this guideline, focus will be on the practical application of behavioural theory.

There are many behavioural theories available to health communication researchers and practitioners, but there are six that are very commonly used:

1. Theory of Reasoned Action (Fishbein)
2. Health Belief Model (Hochbaum, Rosenstock and others)
3. Stages of Change (Prochaska)
4. Extended Parallel-Process Model (Witte)
5. Ideational Theory (Cleland and Wilson, and Kincaid)
6. Social Learning (Bandura)
7. Diffusion (Rogers)

These theories emphasise different factors, predictors, or combinations of factors that influence behaviour, which are partially summarised in the table below.

Seven Common Key Factors	
Factor	Guiding Question
Knowledge	What do you want the audience to know about the topic?
Attitudes, Beliefs, Values	What attitudes/beliefs/values do you want the audience to have about the topic?
Perceived Risk and/or Benefit	What threat or benefit do you want the audience to feel about the topic?
Self-Confidence/Self-Efficacy	What do you want this audience to feel confident they can do about the topic?
Perceived Social Support	What do you want this audience to believe that others (friends, family, neighbours, peers, etc) feel about the topic?
Personal Advocacy	What do you want the audience to say to others about the topic?
Emotional Response	What emotion do you want the audience to feel about the topic?

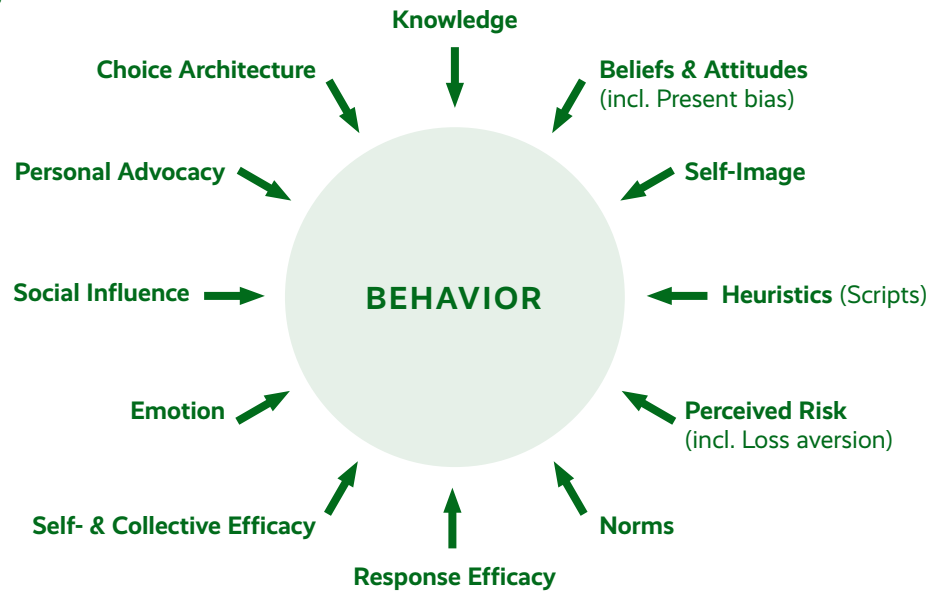
Ultimately, the theories above share an emphasis on a common set of key factors in all or most of them. For the purposes of this guide, the central issue is not which one of these theories is better at explaining behaviour. Academics have tested each of these theories and they all have been found to explain behaviour in different contexts well.

Ideation Factors and Variables

Influence of factors and variables is simultaneous.

Communication can affect all of these factors and should be designed to do so.

Impact of factors and variables is cumulative. The more that are positive, the more likely behavior will occur.



Instead, the issue for practitioners is: Taken together, there are common key factors shared among all or most of the theories. We should include communication objectives and messages in our interventions that address all or many of these common key factors to increase the likelihood that they will impact behaviour. Research has shown that the more of these factors that a person has about a given topic, the more likely that person is to adopt and sustain the desired behaviour on that topic.

Pathways Framework¹

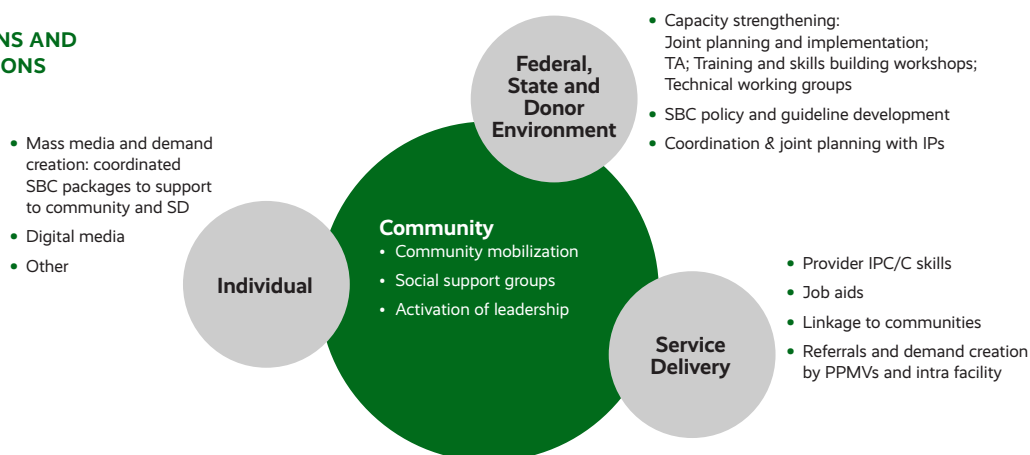
The Pathways Framework should be seen as a roadmap or menu of options to design a comprehensive ACSM strategy and implementation plan. The Pathways Framework helps planners make informed decisions based on a comprehensive assessment of the situation. It provides guidance about what to address and how, helping to choose the combination of levels, paths, and strategies that is most likely to result in achieving programme objectives, given available programme resources. It is unlikely that any one programme could—or would even try to—address all of the elements described in the model. Rather, the Pathways Framework suggests possible routes to achieving better health through the strategic use of communication.

¹ The section on Pathways draws directly from Storey, D, Figueroa, ME, Kincaid, L. (2005, Oct. 25). *Health Competence Communication: A Systems Approach to Sustainable Preventive Health*. Health Communication Partnership, Technical Advisory Group Meeting, Baltimore, MD, United States.

NTBLCP Pathways Framework

CONTEXT	Relatively poor indicators across key behaviors	Variable media access depending on audience and/or geography	Provider performance: outdated SOP practice, poor IPC/C	Strong traditional and social norm influence on selected behaviors	Inappropriate and/or limited health seeking behavior	Poor service delivery infrastructure	Leadership/policy support for improving health	Limited SBC capacity
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SBC DOMAINS AND INTERVENTIONS



	INDIVIDUAL	COMMUNITY	SERVICES	ENVIRONMENT
INITIAL OUTCOMES	<ul style="list-style-type: none"> • Knowledge of key TB prevention behaviors improved • Risk perception increased • Perceived social support and approval around key behaviors improved • Increased discussion of key behaviors • Increased information seeking and/or other intermediate behaviors • Increased personal advocacy 	<ul style="list-style-type: none"> • Functional partnerships with health clinics • Supportive community leaders • Community mobilization skills enhanced • Strengthened ideational and social norms around priority behaviors • Collective efficacy of communities to address key health issues strengthened 	<ul style="list-style-type: none"> • Provider attitudes and norms improved • TB IPC and counseling improved • Partnerships established within the facility and community 	<ul style="list-style-type: none"> • Skills of NTBLCP/ACSM at Federal and State strengthened • Coordinated and integrated planning with IPs • Improved coordination (Fed & State, State teams)
BEHAVIORAL OUTCOMES	<p>Increased:</p> <ul style="list-style-type: none"> • Care seeking for individuals with TB symptoms • Return for results • Adherence to DOTS treatment protocol • Adherence to all further testing and medical advice from DOTS providers 	<ul style="list-style-type: none"> • Communities have experience and capacity to address their priority TB needs • Sustainable community systems established to address ongoing health needs • Reduced stigma around TB 	<ul style="list-style-type: none"> • Adhere to all national TBLCP guidelines • Increased client volume 	<ul style="list-style-type: none"> • Effective/impactful SBC programs implemented across key technical areas and geographies • Capacity of federal and state to plan, implement and monitor SBC programs established
SUSTAINABLE HEALTH OUTCOMES	<p>By 2025, to achieve a 50% reduction in TB prevalence rate and 75% reduction in TB mortality (excluding HIV-related TB) rate in Nigeria compared to 2013 figures</p>			

The worksheets in this guide incorporate the elements in the Pathways Framework. By following the step-by-step procedures of the worksheets, planners will, by definition, be incorporating the elements of the Pathways Framework into their strategies and implementation plans. The elements of the Pathways Framework that are in the worksheets include:

1. Three Domains of Communication
2. Communication Objectives
3. Behavioural Objectives
4. Health Outcomes
5. Context

These are further described in the section below:

1. Domains of Communication and Audiences

Communication occurs within three principal domains: 1) advocacy, 2) health service delivery settings, and 3) among individuals within communities. Within each domain, communication practitioners must identify specific audiences and communication activities for each audience, and tailor communication and behavioural objectives for the priority audience. During the planning stages, communication practitioners should consider each domain, and then make an informed choice as to where to prioritise activities to start. The worksheets are designed to focus on each domain separately.

For instance, in the advocacy domain, communication directed towards policy makers, the media, or opinion leaders can build support for health policy changes or increased budgets, or strengthen political will to address TB issues. Advocacy can shift public opinion, increase media coverage of and support for specific health issues or programmes, improve access to resources, strengthen partnerships, and raise levels of project activity.

Within the TB service delivery domain, communication occurs among DOTS providers and facility staff, and between clients and providers. Communication interventions can improve knowledge and behaviours among TB providers. For example, training and job aids will allay health workers' fears around TB, as well as increase performance in infection control measures and diagnosis and treatment of TB. These kinds of communication extend the availability of quality services, improve the technical skills of personnel, and improve the effectiveness of information delivered to and interactions with clients.

At the community and individual levels, many types of communication play a role. Interpersonal communication among community members, contact with change agents or outreach workers, and mass and interactive media, can provide information, stimulate reflection, arouse emotions, model behaviours, and motivate action. The role of community/traditional leaders and community members in prevention, diagnosis, and treatment of TB is a critical part of addressing Nigeria's TB burden. For example, cultural norms or beliefs that influence health seeking are either strengthened or weakened by the community actors. Hence, communication at the community/individual domains improves knowledge and attitudes around TB prevention, control, care-seeking behaviour, and treatment adherence.

2. Communication Objectives

Communication objectives are intermediate objectives that, if achieved, will increase the likelihood of the desired behavioural change. In turn, behavioural changes, if adopted and sustained by a critical mass of people in the population, will ultimately lead to improved health outcomes and achieving national goals and objectives. A list of seven categories of behavioural factors is included in the worksheets based on the common key factors across many behavioural theories (see Theory Section). When designing a community intervention, you should consider all seven of these factors and identify what is known about these issues from research and/or expert knowledge.

There may not be information on all seven factors, but it is important to at least consider all of them. They are key factors included in a wide number of social and behavioural theories that have been shown to be associated with impacting people's behaviours over decades of research and study. Research has shown that the more of these factors that a person has about a given topic, the more likely that person is to adopt and sustain the desired behaviour on that topic. Therefore, as health communication practitioners, it is important that we include these factors into our approaches, materials, and activities.

3. Audience-Specific Behaviours and 4. Health Outcomes

In turn, certain changes in behaviour, if adopted and sustained by a critical mass of people in the population, will ultimately lead to improved health outcomes and achieving national goals and objectives. It is important to identify and target behaviours that are the most effective and feasible.

5. Context and Research

Underlying social, political, and economic conditions enable (or constrain) the impact that communication interventions can have on health outcomes. Therefore, communication strategies and plans need to take into consideration the context in which they are operating and research findings that will inform the most relevant and appropriate approach to take.

TB ACSM Guidelines

Each of the four guides details a step-by-step planning process, as summarised in the table below. The following sections provide detailed information of these steps.

1. Situation and Communication Analysis Guide

- A. Health Analysis
- B. Context Analysis
- C. Audience Analysis
- D. Communication Analysis

Output: Situation and Communication Analysis

2. “Think Big” Strategy Design Guide

- A. Identify Relevant NTBLCP Goal and Objectives
- B. Choose Communication Domain
- C. Select Audiences: Priority and Secondary
- D. Identify Audience-Specific Behavioural Objectives
- E. Identify Audience-Specific Communication Objectives
- F. Identify Communication Activities

Output: “Think Big” TB Communication Strategy

3. “Act Now” Implementation Planning Guide

- A. Prioritise Activities
- B. Identify Implementing Organisation for Each Activity
- C. Create Content Design Team
- D. Write Activity Brief
- E. Identify Creative/Specialist Team
- F. Develop and Pretest
- G. Implement Activities

Output: “Act Now” Implementation Plan

4. “Measure It” Monitoring, Evaluation, and Learning Planning Guide

- A. Identify inputs, outcomes, and impact to be tracked
- B. Prioritise and define indicators
- C. Identify sources of monitoring and evaluation data and timelines/periodicity
- D. Develop tools for data collection and monitoring
- E. Assign responsibilities for data collection and analysis
- F. Develop plan for data sharing and dissemination

Output: “Measure It” Monitoring, Evaluation, and Learning Plan

Situation and Communication Analysis Guide

In this step, you will begin to better understand the extent of the specific health problem, and identify contextual factors that may influence health outcomes, audience communication behaviours, and existing health communication materials and media on TB.

Health Analysis: Review existing health and demographic data, reports, study findings, and other information to determine the health situation and severity of the problem. These may include the global TB report, the NTBLCP annual report and state or LGA TB data.

Context Analysis: Identify basic social, cultural, and economic context that can influence TB outcomes.

Conduct Formative Research: Determine if there are gaps in the knowledge and understanding of the audience's needs and priorities.

Analyse Audience Communication Behaviours: Including media access and use (i.e., radio, television, social media), social networks, interpersonal communication habits, sources of information, and more.

Review Existing Health Communication Materials and Media: Determine what is currently available on the focal health topic to see if it can be used or adapted.

“Think Big” Strategy Design Guide

Engage the ACSM sub-committee in the strategy design process at your level (national, state, or LGA). The ACSM sub-committee should include key stakeholders and organisations that are directly involved in the planning, coordination, and/or implementation of ACSM activities in your area. This will help build consensus among partners and lay the groundwork for collaboration during the implementation phase.









Use the “Think Big” Strategy Worksheet Guides to design a strategy for a specific TB ACSM intervention at your level (national, state, or LGA level, as appropriate). Reference guides for each of the thematic areas (Prevention, Diagnosis, Treatment, Stigma and Discrimination, Gender and Human Rights, and Childhood TB) are found in this section. Within each of the thematic areas, there are reference guides for each domain (individual, community, service, and advocacy). These provide the relevant goals, objectives, and targets from the proposed TB-NSP 2021–2025, as well as examples of priority audiences, behavioural objectives, communication objectives, and sample messages.

Communication Channel and Activity Reference Guide to guide your selection of channels and activities. There is a matrix of possible activities and communication channels to select at the end of this section. The goal is to select a variety of activities that will complement each other's strengths and limit their weaknesses.

Section II

TB ACSM “Think Big” Strategy Worksheet Guides

The following “Think Big” Strategy Worksheet Guides are divided into six thematic areas: Prevention, Diagnosis, Treatment, Stigma and Discrimination, Gender and Human Rights, and Childhood TB. The thematic areas are color-coded for ease of reference as per the key below. Each thematic area contains four strategy guides: one each for the individual, community, service delivery, and advocacy domains. Each domain is represented by a different icon.

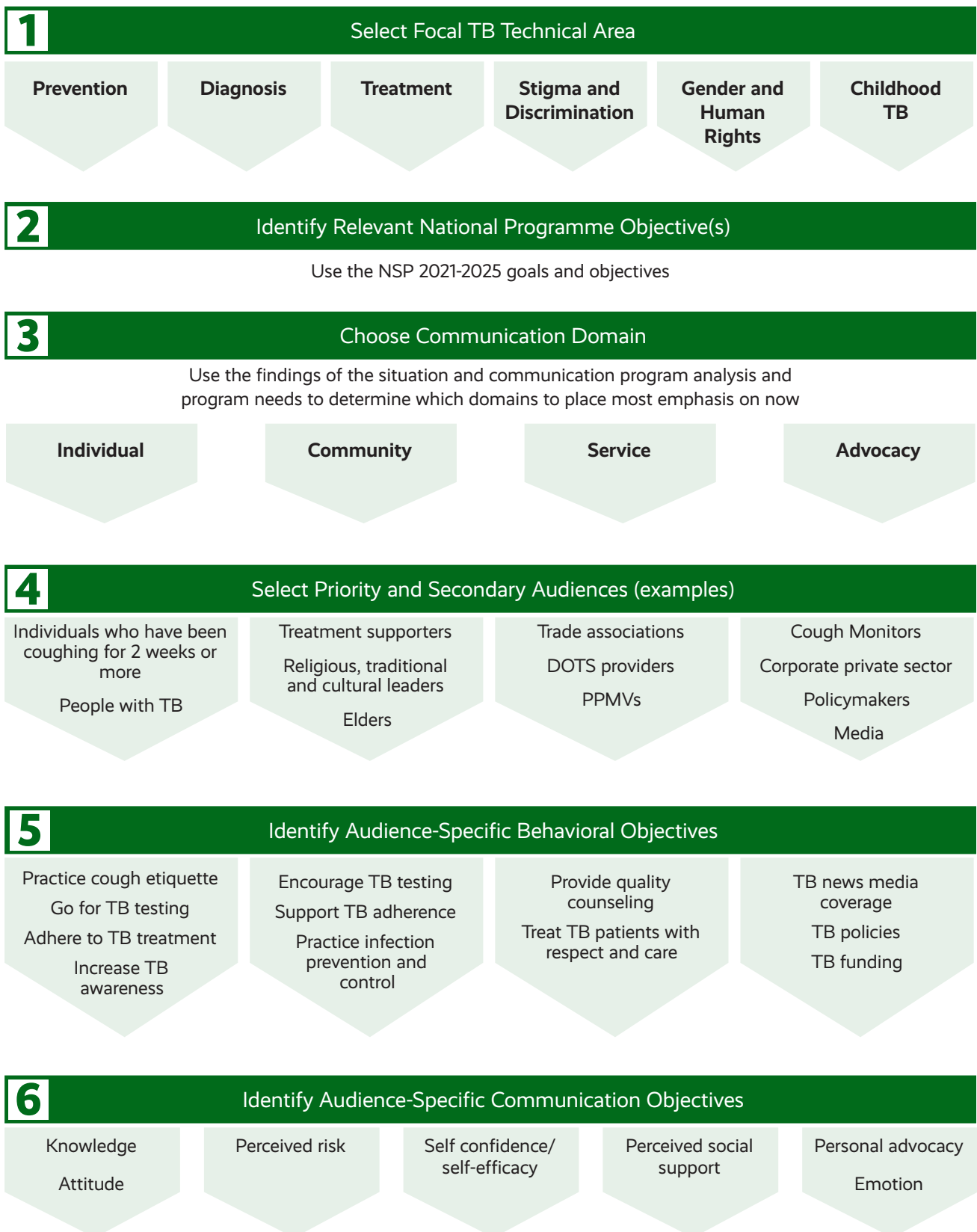
 Prevention	 Individual
 Diagnosis	
 Treatment	 Community
 Childhood TB	 Service delivery
 Stigma and Discrimination	
 Gender and Human Rights	 Advocacy

Each worksheet then outlines the following information:

National Programme Objective	What national programme objective(s) from the TB-NSP 2021–2025 does the topic/domain address?
Key Challenges	What are the major social or behavioural barriers to change for this topic and domain?
Audience Selection	Priority audience: Whose behaviour do you aim to change?
Audience-Specific Behavioural Objectives	What do you want the audience to do? Secondary or sub-audiences: Who can influence the priority audience?
Communication Objectives	What do you want the audience to know, understand, feel, believe, or think?
Example Messages	What are some examples of how to say the message to this audience that they will understand and like?

The worksheets were created collaboratively during a workshop with TB ACSM stakeholders following the process outlined in Figure 1.

Figure 1. “Think Big” Strategy Design Guide



Output: “Think Big” TB SBC Strategy



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Prevention: Interrupt passing <i>Mycobacterium tuberculosis</i> from one person to another.</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and by addressing the needs of all populations.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Lack of awareness around the burden of TB in Nigeria and TB prevention measures ● Myths and misconceptions around TB ● TB-related stigma ● Treatment is not as emphasised as prevention
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCE: Individuals who have been coughing for 2 weeks or more (presumptive TB clients)</p> <p>SECONDARY AUDIENCES: Family members, friends, colleagues, and peer groups of individuals who have been coughing for 2 weeks or more</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<p>For individuals who have been coughing for 2 weeks or more:</p> <ul style="list-style-type: none"> ● Protect other people from contracting TB. ● Adopt cough etiquette practices (e.g., cover your mouth and nose with a tissue or handkerchief when coughing or sneezing). Cough or sneeze into your elbow if no tissue/handkerchief is available. ● Seek testing and treatment as soon as possible and adhering fully to medication. ● Avoid overcrowded areas. ● Maintain good ventilation (e.g., opening windows and doors). <p>For individuals without TB: Practice the preventive measures against contracting TB</p> <ul style="list-style-type: none"> ● Prevent TB in infants by immunising at birth with the Bacille Calmette-Guérin (BCG) vaccine ● Avoid overcrowded environments ● Maintain good ventilation ● Encourage anyone you know that has been coughing for 2 weeks or more to go to a health facility for a TB test ● Maintain a healthy lifestyle (i.e., good nutrition and exercise)

<p>STEP 5</p> <p>What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p>STEP 6</p> <p>What are some examples of how to say the message to this audience that they will understand and like?</p>
<p align="center">KNOWLEDGE</p> <p align="center">What do you want this audience to <i>know</i> about the topic?</p>	
<p>COMMUNICATION OBJECTIVES</p>	<p>SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● They know the cause of TB. ● They understand how TB is contracted. ● They are familiar with TB symptoms. ● They know what to do when they have symptoms. ● They know how to prevent themselves and others from acquiring TB. 	<ul style="list-style-type: none"> ● Tuberculosis (TB) is a disease caused by germs (<i>Mycobacterium tuberculosis</i>) that are passed from person to person through the air. TB can be drug-sensitive (DS-TB) or drug-resistant (DR-TB). ● When people with TB cough or sneeze, spraying TB germs in the air, others may breathe in these germs and contract TB. In one year, 10–15 people can acquire TB from one person who has it. ● TB cannot be contracted by sharing cups or utensils. ● TB is not caused by spirits and witchcraft. It is not a punishment from gods for offences committed. ● TB cannot be inherited. ● Symptoms of TB include coughing with or without blood, weight loss, night sweats, and fever. ● Go to the health facility for a TB test if you have been coughing for two weeks or more. ● TB tests and treatment are free. Call the toll-free TB hotline to know the nearest centre for the test. ● When you cough or sneeze, cover your mouth and nose with a tissue or handkerchief. If no tissue/handkerchief is available, cough or sneeze into your elbow. ● Avoid crowded areas to reduce risk of contracting TB. ● Open windows to ensure adequate ventilation. ● If you have TB, one of the best ways to prevent other people from contracting it is to initiate treatment as soon as possible and adhere to your treatment. ● It is important to know your HIV status. HIV makes one more vulnerable to getting TB.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They strongly value the need to prevent TB.
- They appreciate their role in preventing TB and are willing to adopt these practices.

SAMPLE MESSAGES

- Preventing TB can improve your life and well-being, productivity, and socioeconomic status.
- Preventing TB can save you and your family a lot of money.
- Preventing TB reduces the risk of some long-term complications that can occur in some persons.

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They feel that TB is a serious disease.
- They feel that if they do not play a role in prevention, others will contract TB.

SAMPLE MESSAGES

- In Nigeria, there are over 100,000 estimated deaths every year due to TB.
- A person with untreated TB can pass it to 10–15 people a year.
- TB can pose a huge economic challenge to your family if TB causes the person to miss work, or worse, results in death.
- If you don't get treatment, your loved ones may contract TB.

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience *to feel confident* they can do about this topic?

COMMUNICATION OBJECTIVES

Individuals with TB
They feel confident that they can practice cough etiquette and take all their medication correctly to prevent other people from contracting TB.

Individuals without TB
They feel confident they can get TB and HIV tests whenever they need to, and take preventive measures to prevent TB.

SAMPLE MESSAGES

Individuals with TB

- When you have been coughing for two weeks or more, simply go to the nearest health facility to get tested and initiate treatment. Both testing and treatment are free and easy to get.
- When you are coughing, please cover your mouth and nose. This simple and easy thing can help to prevent other people from contracting TB.
- It is important to take all your TB medication as directed. It increases your chances of healing and prevents other people from **contracting TB**.

Individuals without TB
Getting HIV and TB tests is easy and free.



<p>STEP 5</p> <p>What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p>STEP 6</p> <p>What are some examples of how to say the message to this audience that they will understand and like?</p>
<p align="center">PERCEIVED SOCIAL SUPPORT</p> <p align="center">What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● They believe that their friends and family can also help prevent other people from contracting TB. ● They believe that their friends and family can positively affect their adherence to medications. 	<ul style="list-style-type: none"> ● Your friends and family will help you adopt prevention measures, and practice those measures themselves. ● Your family and friends will support you as you go through the TB treatment course.
<p align="center">PERSONAL ADVOCACY</p> <p align="center">What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<p>They will tell others</p> <ul style="list-style-type: none"> ● TB can be prevented. ● TB is curable. ● TB can be treated. ● TB tests and medication are free. ● About their personal experiences with TB. 	<ul style="list-style-type: none"> ● You can help prevent other people from contracting TB by covering your mouth when you cough or sneeze, avoiding overcrowded areas, and maintaining good ventilation. ● TB is not a death sentence. ● Get tested for TB if you cough for 2 weeks or more.
<p align="center">EMOTION</p> <p align="center">What do you want the audience to feel about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<p>They are willing to be an ambassador/advocate for TB.</p>	<ul style="list-style-type: none"> ● I feel that TB does not mean the end to life ● Just like other diseases, TB is preventable ● I want to talk more openly about TB because I want TB to end in my community ● I will support other people with TB



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Prevention: Interrupt transmission of TB within a community</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To strengthen community involvement in the provision of quality TB care by increasing community contributions to TB case notification from 22% in 2018 to 30% by 2025. ● To improve access to quality TB care through comprehensive engagement of all private care providers with the sector accounting for 40% of notified TB cases by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Low involvement of community leaders in TB prevention ● Delay in diagnosis ● Delay in initiation of treatment for those already affected ● Socioeconomic effects of TB ● Stigma and discrimination affect care-seeking practices and non-adherence to treatment ● Treatment is not as emphasised as prevention ● Cultural and religious myths about TB
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Influential people within the community (e.g., religious, traditional, and cultural leaders; elders; trade associations such as the National Union of Road Transport Workers; women; youth; and local and state government)</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Increase knowledge within the community on TB prevention ● Serve as role models for TB prevention ● Support individuals who have a cough of two or more weeks to visit the health facility ● Encourage and support people who have TB to adhere to their medications as prescribed ● Support the formation of TB support groups within the community ● Discourage harmful cultural and religious beliefs and practices regarding TB ● Avoid stigmatising persons with cough ● Mobilise resources for TB prevention



<p>STEP 5</p> <p>What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p>STEP 6</p> <p>What are some examples of how to say the message to this audience that they will understand and like?</p>
<p align="center">KNOWLEDGE</p> <p align="center">What do you want this audience to <i>know</i> about the topic?</p>	
<p>COMMUNICATION OBJECTIVES</p>	<p>SAMPLE MESSAGES</p>
<p>They know about TB, how it is spread, the symptoms of TB, and how to prevent it within the community.</p>	<ul style="list-style-type: none"> ● Tuberculosis (TB) is a disease caused by germs (<i>Mycobacterium tuberculosis</i>) that are spread from person to person through the air. TB can be drug-sensitive (DS-TB) or drug-resistant (DR-TB). ● When people with TB cough or sneeze, spraying TB germs in the air, others may breathe in these germs and contract TB. In one year, 10–15 people can acquire TB from one person who has it. ● Symptoms of TB include coughing with or without blood, weight loss, night sweats, and fever. ● Go to the health facility when you have been coughing for two or more weeks. ● People with HIV are more likely to have TB. However, not everyone with HIV will have TB. If you have one, test for the other to improve treatment outcome. ● Early detection and treatment of TB can prevent other people in the community from contracting TB. ● TB testing and treatment are free in our community. ● Taking the full course of TB treatment can cure TB and prevent other people from contracting TB. ● When people being treated for TB take all of their medications as prescribed, it cures their TB, minimises the chances of developing drug-resistant or extensively drug-resistant TB, and protects other people from acquiring TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe that the community has a role to play in TB prevention. • They are willing to care for and support individuals with TB. 	<ul style="list-style-type: none"> • Community support can improve favourable outcomes of TB. • Increased community awareness can reduce TB-related stigmatisation and discrimination. • Continuous reinforcement of TB health education in the community can improve awareness. • Accept people who have TB. • There is no shame with having TB. • Help your neighbour access TB service (support somebody with TB).
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel concerned that community members can easily acquire TB if it is left untreated. • They feel the consequences of TB can be severe if left untreated. 	<ul style="list-style-type: none"> • TB can easily be acquired. In one year, 10–15 people can acquire TB from one person who has it if that person is not treated. • TB can result in death if left untreated. • If our community does nothing, we can be robbed of its resources—its people, its time and its money—if we do not address TB. • People who have TB who do not take their medication as prescribed can develop drug-resistant TB—a more difficult form of TB to treat.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident that they can empower the community to prevent TB. • They feel responsible for the health of their community. • They feel confident they can support individuals with TB to seek care as quickly as possible and to adhere to treatment. 	<ul style="list-style-type: none"> • In your role in the community, there is a lot you can do to help prevent people from contracting TB. • Let's join hands together to end TB in our community by supporting our friends and family to test for TB, to get treatment, and to stay on treatment. • We are our brothers' keepers. • TB-free communities are healthier and more productive. Let's be one!



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p>PERCEIVED SOCIAL SUPPORT</p> <p>What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe that TB prevention and elimination is a joint community effort. • They believe others see them as a role model for TB prevention. 	<ul style="list-style-type: none"> • Your community will appreciate you for taking care of its health. • The health of our people is in our hands. We all benefit when we do this together. • You can stop your family from acquiring TB. Let us talk about TB. There is nothing to hide, expose it at every opportunity. • Let's prevent TB together. It is our responsibility. • TB is curable, tests and treatment are free, let them know.
<p>PERSONAL ADVOCACY</p> <p>What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel it is their duty to share correct knowledge about TB and TB prevention. • They feel it is their duty to encourage others to get tested for TB and adhere to treatment. 	<ul style="list-style-type: none"> • Be your brother's keeper. Fighting TB means sharing correct knowledge, helping people get a test, and supporting them to take their treatment. • Tell your friends and family the truth about TB. TB is not a death sentence. Our community can be free from TB.
<p>EMOTION</p> <p>What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<p>They feel ready and positive to be ambassadors and advocates about TB.</p>	<ul style="list-style-type: none"> • I am proud to be a leader in TB prevention in this community. • I am my brother's keeper. I will, proudly, take care of him/her. • I am not afraid to talk about TB. We all should. • I am not afraid to support my family or my friend to get an HIV test or a TB test. • I am proud to stand by my wife/husband/sister/ brother while he completes his treatment.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Prevention: Interrupt service providers from acquiring <i>Mycobacterium tuberculosis</i>.</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> • To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and by addressing the needs of all populations. • To increase proportion of estimated MDR/ Rifampicin-Resistant TB (RR-TB) cases notified from 11% in 2019 to 73% by 2025. • To improve access to quality TB care through comprehensive engagement of all private care providers with the sector accounting for 40% of notified TB cases by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> • Providers feel at high risk of contracting TB if interacting with presumptive or confirmed people who have TB • Providers are often too busy to provide quality counselling to clients on prevention • Delay in diagnosis • Delay in initiation of treatment for those already affected • Stigma and discrimination create barriers to care and treatment • Treatment is not as emphasised as prevention • Cultural and religious myths about TB
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Provider
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCE: DOTS providers</p> <p>SECONDARY AUDIENCES: Doctors; nurse/midwives; pharmacists; cough officers; community health workers; laboratory officers; health educators; patent and proprietary medicine vendors (PPMVs); community birth attendants; and other service providers outside of TB (e.g., Outpatient Department (OPD), Pediatric, antiretroviral therapy (ART), ANC, etc.)</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> • Practice infection prevention control measures. • Counsel people being treated for TB on how to prevent other people from acquiring TB. • Encourage prompt health-seeking behaviour. • Provide a TB test to people who have had a cough of 2 weeks or more. • Provide persons with HIV with a TB test. • Provide adherence support to individuals on TB treatment. • Conduct sensitisation and outreaches on TB prevention. • Discourage harmful cultural and religious beliefs and practices around TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They have correct knowledge of national TB guidance on: <ul style="list-style-type: none"> • The cause of TB • The symptoms of TB • The modes of acquiring TB • HIV/TB co-infection • TB infection prevention control measures • prevention methods ● They know what information should be given and how to deliver correct information to people with TB to promote prevention. 	<ul style="list-style-type: none"> ● Apply the national guidelines on infection control when attending to people with TB. ● You cannot contract TB if you ensure good infection prevention and control. ● Service providers attending to people who have TB are just like other service providers and are not infected with TB. ● Counsel people on how those who are around them can avoid acquiring TB. ● You have a role to play in TB prevention: routinely screen people living with HIV for TB. ● The symptoms of TB include coughing with or without blood, weight loss, night sweats, and fever. ● Everyone at the health facility has a role to play in preventing other people from acquiring TB. ● Triage people who are coughing to determine their needs for TB service. ● Observe good infection prevention and control practices when dealing with people who have TB: ● Do not sit directly opposite a person who is coughing /people presumed to have TB ● Advise the person to always cover their mouth when they cough or sneeze with either an handkerchief or their bent elbow ● Maintain good ventilation in hospital wards—open windows and doors in TB clinics/OPDs. ● Sputum collection for people who are coughing patients/people presumed to have TB should be in an open place. ● Help the community understand and prevent TB by continuously providing them with TB health education.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • Service providers believe that TB prevention is key in the eradication of TB. • Service providers understand and believe that their attitude towards persons with TB affects the overall quality of services and can create barriers to care and treatment. • Service providers believe they have a role to play in adhering to infection prevention and control measures. 	<ul style="list-style-type: none"> • If I can prevent TB acquisition, I can contribute to TB eradication. • Treatment of TB is key to prevention of TB and you have a role to play. • Support people being treated for TB to adhere to their medications. Follow up with them when they miss their appointments. • Without preventing TB, we cannot eradicate TB. • Always attend to people promptly. • People with TB are our mothers, fathers, brothers, and sisters. Show these people love. • Don't discriminate against people with TB.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • Service providers will feel a sense of responsibility if they do not make an effort to prevent TB in the community and their health facility. • Service providers will feel that if they do not adhere to strict infection prevention and control measures, themselves and others may contract TB. • Service providers feel that inadequate counselling of people on TB prevention measures will contribute to increased numbers of people with TB. 	<ul style="list-style-type: none"> • As a service provider, you are a trusted person in the community. Without you playing a role in TB prevention, the community will suffer from TB. • It is everyone's responsibility to adhere to IPC measures. If you do not take on this responsibility, you, your colleagues and others may contract TB. • A person who does not receive quality counselling on TB prevention measures may contribute to increased numbers of people with TB.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • Service providers feel confident that they can implement infection prevention control measures, provide high quality counselling to people on TB prevention, and conduct effective sensitisation and outreach sessions on prevention. • They feel a strong sense of responsibility and feel that in their role they can make a positive difference in TB through their role in prevention efforts. • They strongly appreciate and value how they professionally and positively treat people with TB. 	<ul style="list-style-type: none"> • The IPC measures are not difficult to do—it is easy for you to prevent TB. • It will not take much of your time to explain prevention methods to people and be sure they understand. • People look up to you for support, care, and treatment—be there for them. • Instil confidence and hope in people about their treatment—simply by being kind to them. • Sensitisation and outreach sessions are excellent opportunities to reach your community with messages on prevention.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p>PERCEIVED SOCIAL SUPPORT What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe others feel that TB elimination from a community is a collective effort. • They believe others feel that all health providers are key stakeholders in the fight against TB. 	<ul style="list-style-type: none"> • The health of your people is in your hands; always tell them the truth about TB. • TB prevention, treatment, and elimination is a joint effort of all. You are not alone in this fight. • Your colleagues, family, and supervisor will support you in your efforts to use IPC measures.
<p>PERSONAL ADVOCACY What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They encourage others to get tested for TB and adhere to treatment. • They share only correct knowledge about TB prevention. • They promote the early referral of people who have or may have TB. • They encourage colleagues to practice correct IPC measures. 	<ul style="list-style-type: none"> • To inform other service providers that: <ul style="list-style-type: none"> • Education is key in TB control • Family, friends, and community depend on them for knowledge on TB • Regular health education ensures reinforcement of knowledge • To inform people that: <ul style="list-style-type: none"> • Early detection leads to cure • Cough of 2 weeks or more could be TB; get tested • TB is curable if you adhere to medications • TB is not a death sentence/you can be free from TB.
<p>EMOTION What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel positive about how TB can be prevented in their community and their health facility. 	<ul style="list-style-type: none"> • Your support is greatly needed in this fight • Always support and encourage people being treated for TB • Never give up on people with TB • Always give them hope of someday living a TB-free life



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Prevention: Interrupt transmission of TB in Nigeria.</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> To strengthen domestic resource mobilisation with in-country funding of TB budget increasing from 8% in 2019 to 50% by 2025. To strengthen community involvement in the provision of quality TB care by increasing community contribution to TB case notification from 22% in 2018 to 30% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> Belief that TB is not an issue or a problem in the communities and in Nigeria Belief that TB is not worth investing in Belief that care and treatment should be prioritised over prevention Poor understanding of socioeconomic impact of TB Stigma and discrimination Cultural and religious myths about TB
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Advocacy
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCE: Policymakers, legislators, community leaders, traditional leaders, religious leaders, and business leaders</p> <p>SECONDARY AUDIENCES: Friends and family members of leaders; members of the government health teams; media (reporters, executives, station managers, producers); celebrities; and gatekeepers, such as senior special assistants and personal assistants</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> Approve and release budgetary allocation for TB prevention and control (government at all levels). Mobilise local funds for TB prevention activities. Develop favourable policies for TB prevention and control. Advocate for the integration of TB with other programmes at all levels of government(e.g., malaria, HIV, and national immunisation prevention) . Speak out favourably on TB elimination and prevention.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They know the most up-to-date data and evidence related to TB prevalence in the country, state, and local government area and its impact on the community. <ul style="list-style-type: none"> • TB burden • The challenge with finding missing cases ● They know their role in preventing TB in the community. ● They understand the importance of funding multiple, mutually reinforcing channels of communication for TB prevention. TB causes a lot of suffering in this community/population (support this with statistics about the state/LGA/ward/community). 	<ul style="list-style-type: none"> ● TB has remained a public challenge despite being curable when appropriately treated with medications. ● TB affects both the rich and the poor. ● TB can lead to job losses, loss of income, school absenteeism, sickness, and death thus tilting individuals, communities, LGA, state, and nation into poverty. ● Investing in TB prevention is an effective way to eliminate TB. ● There are specific actions that you as a leader can make to help prevent other people from acquiring TB: <ul style="list-style-type: none"> ● Support TB elimination programme to create favourable policies towards TB control. ● Approve and release funds promptly for TB prevention and control activities. ● Your good will in monitoring and supervising TB control programmes will aid TB elimination in the country.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They value and appreciate their role in preventing TB and have the political will to do so. ● They understand that TB elimination, through prevention efforts, must be a priority in their state/LGA/ward/community. ● They believe that ACSM is effective for TB prevention. 	<ul style="list-style-type: none"> ● You are a leader in this state/LGA/ward/community. It is your duty to ensure that TB prevention is achieved so that the people in your state/LGA/ward/community are healthy. ● Adequately resourcing TB prevention programmes is a priority for a healthy community.



STEP 5	STEP 6
What do you want the audience to know, understand, feel, believe, think, etc?	What are some examples of how to say the message to this audience that they will understand and like?
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that TB is a serious disease and that TB can have a negative impact on the socio-economic well-being of the country/state/LGA/ward/community. • They feel that ignoring TB control would result in them being perceived as neglecting a major health and development problem in their state/LGA/ward/community. 	<ul style="list-style-type: none"> • TB affects the families in this state/LGA/ward/community. If you do not do anything you will be ignoring the mothers, fathers, and children whom you represent. • If you do nothing, the community will suffer. • Your community members look up to you for help.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that they can use their influential role to effectively contribute to the prevention of TB. • They have the confidence to develop supportive TB prevention policies and resource them. • They feel they can openly speak out about TB prevention in a non-stigmatising way. 	<ul style="list-style-type: none"> • The health of your people depends on you; don't let them down. • As a leader, the supportive policies you develop and funds you commit will go a long way to prevent TB infections and deaths.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that their constituencies will support their efforts to contribute to TB prevention. • They feel that they will be viewed as taking on a positive leadership role. 	<ul style="list-style-type: none"> • Be a champion! Lead the efforts to prevent and ultimately eliminate TB. • The health of your people is in your hands, supporting the elimination of TB programmes. Your community will thank you and praise you!

<p>STEP 5</p> <p>What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p>STEP 6</p> <p>What are some examples of how to say the message to this audience that they will understand and like?</p>
<p align="center">PERSONAL ADVOCACY</p> <p align="center">What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They will encourage colleagues and friends to support policies and funding for TB prevention. 	<ul style="list-style-type: none"> • Join the fight against TB. TB is everybody's business. • Nigeria/our state/LGA/community depends on your support to control and prevent TB.
<p align="center">EMOTION</p> <p align="center">What do you want the audience to feel about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They feel their support towards policies and funding of TB prevention and control will make a difference. • They feel proud and excited to promote TB prevention. 	<ul style="list-style-type: none"> • You are a true leader when you promote the good health of your state/LGA/community. Support TB prevention.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Diagnosis: Identification of people presumed to have TB (identifying people who have TB symptoms)</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and by addressing the needs of all populations. ● To increase the proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025. ● To strengthen community involvement in the provision of quality TB care by increasing the community contribution to TB case notification from 22% in 2018 to 30% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Not finding the presumptive cases ● Little information on TB in the community ● Fear of stigmatisation ● Poor access to testing services (inadequate diagnostic sites, frequent equipment breakdown, and infrastructural gaps) ● Lack of human resources ● Long turnaround time for test results ● Limitation of referral site options ● Incomplete referral ● Burden of finding cases without incentives ● Myths and misconceptions about TB
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCE: Individuals who have been coughing for 2 weeks or more (e.g., presumptive TB clients, pre-diagnosis)</p> <p>SECONDARY AUDIENCES: Family members, friends, colleagues, and peer groups of individuals who have been coughing for 2 weeks or more</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Go for a free TB test if they have signs or symptoms of TB ● Collect the result of TB test ● Support presumptive TB clients to access TB diagnosis



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know the signs and symptoms of TB and when to seek TB diagnostic services. • They know what to do if they experience signs and symptoms of TB. • They know that TB diagnosis and treatment is free and is their right. • They know where to go to get a TB test and treatment. • They know the importance of getting a TB diagnosis and initiating treatment as soon as possible to prevent other people from acquiring TB. 	<ul style="list-style-type: none"> • TB testing and treatment is free. • Are you experiencing cough, weight loss, fever, or night sweats? If so, go and get a free TB test at the nearest health facility / DOTS centre to remove the TB germs in your body. • It is important that you get a TB test as soon as possible if you are experiencing any of these symptoms so that you get on treatment quickly and prevent other people from acquiring TB. • Finding out if you have TB right away means you can start treatment right away. This helps you get healthier faster and prevents others from getting TB. • For further information, go to the nearest health facility OR call the TB toll-free line 08 00 22 55 282. • To learn about where you can get a TB test, call the TB toll-free line 08 00 22 55 282.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They appreciate the importance of promptly getting a TB test when they experience TB symptoms. • They feel that they can trust the TB test they receive—that they are safe and reliable. 	<ul style="list-style-type: none"> • Getting a TB test done as quickly as possible is important for your health and that of others! • TB tests are free, safe, and reliable.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They fear that not getting a test can result in untreated TB and death. • They fear that other people will contract TB if they do not promptly access diagnostic services and treatment. 	<ul style="list-style-type: none"> • TB can get complicated and lead to death if not treated early enough. Get your test as quickly as possible.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience to **feel confident** they can do about this topic?

COMMUNICATION OBJECTIVES

- They feel confident they can call the toll-free TB hotline for more information.
- They feel confident they can go to a DOTS facility and obtain a reliable TB test.

SAMPLE MESSAGES

- The national TB hotline is free, anonymous, confidential, and easy to use. You can call 08 00 22 55 282 Monday-Friday from 8am-5pm to find out more about TB and where you can get a free TB test near you.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to **believe about how others** (e.g., friends, family, neighbours, peers, etc.) **feel** about this topic?

COMMUNICATION OBJECTIVES

- They believe that their family, friends, neighbours, and peers support their prompt diagnosis of TB.

SAMPLE MESSAGES

- Your family appreciates you taking responsibility to get the TB test.
- It is your responsibility as a member of this community to take care of your health and their health—get your TB test as soon as you experience TB symptoms.

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They advocate seeking a prompt diagnosis to improve their own health and prevent other people from acquiring TB.

SAMPLE MESSAGES

- Early testing/diagnosis helps prevent other people from acquiring TB. Let's do it for ourselves, family, and friends.

EMOTION

What do you want the audience to **feel** about the topic?

COMMUNICATION OBJECTIVES

- They feel that it is their responsibility and it is important to access prompt testing/diagnostic services.

SAMPLE MESSAGES

- If I have the symptoms of TB, getting a TB test promptly is my responsibility.
- Protect your loved ones, go for a TB test.
- Early testing/diagnosis saves lives.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Diagnosis</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To increase notification rate of people who have TB for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services addressing the need of all populations. ● To achieve and sustain TB treatment success rate of 90% by 2025 by incorporating people-centred social support services into management of people with TB. ● To increase proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Missing cases of person presumed to have TB ● Little or no information about TB among this audience ● Stigma and discrimination
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Influential people within the community (e.g., religious, traditional, and cultural leaders; elders; trade associations such as the National Union of Road Transport Workers; women; youth; and local and state government)</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Identify and refer people presumed to have TB for testing/diagnosis ● Encourage people diagnosed with TB to begin treatment ● Create enabling environment around testing/diagnosis ● Collaborate with healthcare workers to refer for testing and encourage treatment adherence



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know the signs and symptoms of TB. • They know the risks of TB. • They know what to do when they encounter people presumed to have TB. • They know that those who have been exposed to people presumed to have TB should also get tested. • They know that TB diagnostics and treatment services are free. • They know there is a need for continuous health education to prevent other people from acquiring TB. 	<ul style="list-style-type: none"> • The signs and symptoms of TB are cough, fever, weight loss, and night sweats. • TB testing and treatment is free! • If you know someone who has the signs and symptoms, support them to get a TB test. • TB can be confirmed with a test, which is available at (include locations of nearest diagnostic facilities). • For further information, go to the nearest health facility or call the toll-free hotline, 08 00 22 55 282. • If someone you know has been exposed to TB, they should also go for a test.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They value and strongly understand the need for seeking prompt diagnostic care for signs and symptoms of TB. • They understand that not all people who have TB will present with cough. • They are willing to continuously talk about TB signs and symptoms in the community. • They understand that individuals diagnosed with TB need support. They are willing to provide that support and encourage others in the community to provide that support. 	<ul style="list-style-type: none"> • Getting a TB test as soon as signs and symptoms appear is important to helping eliminate TB in our community. • Remember not all TB presents as a cough. Know all of the symptoms and encourage your loved one to get a test. • Support your loved one—go with him/her to get the test. • TB is curable—getting the test as soon as possible means a person can start treatment as soon as possible.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They fear that every community member is at risk if people presumed to have TB are not promptly tested. • They feel that if they don't find people who have TB in the community, everybody is at risk. • They fear that delaying testing and treatment will lead to death. 	<ul style="list-style-type: none"> • TB can kill if testing and treatment is delayed. • If you have TB, other people can acquire it. It is our responsibility to help people to quickly get tested—so they can start treatment quickly—not only for their sake but for all of our health. • Early diagnosis and treatment help prevent other people from acquiring TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They feel confident they can provide correct information about the signs and symptoms of TB. ● They feel confident they can encourage individuals with presumptive TB to go for testing. ● They feel confident they can support positive cases on treatment. 	<ul style="list-style-type: none"> ● TB can be detected through a test that is available at (include centres) near you. ● We are our brothers' keepers! Encourage others to get the TB test. It will help save their life and the lives of others. ● The TB test helps to save lives. ● You are protecting yourself and the community if you encourage people with TB symptoms to seek testing/diagnosis.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They feel that it is their duty to promote the idea of TB testing/diagnostics to their family, friends, peers. ● They believe that community members should support one another in time of need. 	<ul style="list-style-type: none"> ● Be your brother's keeper! ● Finding TB is everyone's duty.
PERSONAL ADVOCACY What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They share correct knowledge about TB and TB diagnosis. ● They encourage others to get tested for TB and adhere to treatment. 	<ul style="list-style-type: none"> ● Be your brother's keeper. Fighting TB means sharing correct knowledge, helping people get a test and supporting them to take their treatment. ● Tell your friends and family the truth about TB diagnosis. TB is not a death sentence. Our community can be free from TB.
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They feel that TB is not a death sentence if prompt testing and initiation of treatment can happen. ● They feel that something can be done to help eliminate TB; prompt testing results in early treatment, which prevents other people from acquiring TB. ● They feel that they are giving their community a high quality of health care by supporting the early testing and detection of TB within their community. 	<ul style="list-style-type: none"> ● TB is not a death sentence. ● You have a responsibility to find TB. ● Early testing and treatment save lives. ● When you support our families and friends to get a TB test as soon as possible, you are supporting your entire community.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Diagnosis</p> <p>SUB-TOPIC</p> <ul style="list-style-type: none"> ● Screening for presumptive TB ● Referral for testing ● Testing/diagnosis ● Linkage to treatment <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and by addressing the need of all populations. ● To increase proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025. ● To strengthen community involvement in provision of quality TB care by increasing community contribution to TB case notification from 22% in 2018 to 30% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Inadequate identification of presumptive TB/active case finding ● Insufficient sample collection ● Incomplete sample referral ● Insufficient testing ● Non-collection of results
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Provider
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Healthcare workers, including doctors, nurse/midwives, DOTS providers, cough officers, pharmacists, community health workers, laboratory officers, health educators, PPMVs, community birth attendants, and community pharmacists</p> <p>SECONDARY AUDIENCES: TB/Leprosy Supervisors (TBLS), medical officer of health, STBLCP programme managers, professional associations</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Actively screen people presumed to have TB ● Collect a quality sample ● Conduct quality clinical diagnosis (chest X-ray etc.) ● Timely testing of samples and release of results to TB clients ● Ensure health facilities are TB friendly and free of TB-related stigma and discrimination ● Treat people diagnosed with TB with respect ● Provide quality counselling ● Prompt notification of people who have TB through documentation ● Prompt enrolment of people diagnosed with TB ● Conduct contact investigation ● Observe quality standards and enforce infection control



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know how to actively screen for TB. • They know how to identify all signs and symptoms of TB, not just cough. • They know the national TB guidelines on screening, diagnosis, notification, and contact investigation. • They know how to document and use the recording and reporting (R&R) tools correctly. • They know that cross infection at the clinic is possible. • They know the correct infection prevention control measures as per national TB guidelines. • They know how to use effective interpersonal communication during the testing/diagnostic process. 	<ul style="list-style-type: none"> • Actively screen for TB using the clinical screening tool of cough, fever, weight loss, and night sweats to identify people presumed to have TB for diagnostic test as per the national TB guidelines. • Remember all signs and symptoms of TB. It is not just a cough, but also weight loss, fever, night sweats, etc. • Follow all infection control measures as per the facility policy. • Fill out the R&R tools correctly.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe that TB can be cured and proper and timely diagnostic services are an important step. • They understand that anybody can acquire TB. • They appreciate the importance of infection control measures and understand they need to follow them. • They believe that providing adequate and correct information to people who have TB, and listening to and addressing their questions and concerns through positive interpersonal interactions, will support adherence. 	<ul style="list-style-type: none"> • Following TB diagnostic guidelines helps us, as service providers, make the correct decisions and ensure quality care for people. • Even you, as a treatment provider, can contract TB. It is important and part of your responsibility to ensure infection prevention control measures when providing diagnostic services. • It is not just about the information you provide. How you communicate and treat people during TB testing will impact their adherence to treatment. Have the right attitude, listen, be kind, be patient, and be understanding.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that TB is serious and that not diagnosing people who have TB contributes to others acquiring TB and dying. • They feel that if they do not implement and adhere to infection control measures, then health care providers and others at the health facility will contract TB. • They feel worried and concerned that if they do not have positive interpersonal interactions, the person may not start or may not complete treatment. 	<ul style="list-style-type: none"> • It is your duty to provide timely and quality TB diagnostic services. Without this, TB can kill. • You and your co-workers are at risk if you do not comply with the infection control measures set forth by your facility. • You owe people a positive experience through how you treat them. • If people do not have positive interpersonal interactions with you, they may not start or may not complete treatment.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience to **feel confident** they can do about this topic?

COMMUNICATION OBJECTIVES

- They feel confident they have what it takes to help the person who has TB.
- They feel confident in their ability to provide effective interpersonal communication to their people who may have TB during the diagnostic services.
- They feel adequately trained to carry out quality diagnostic services as per national TB guidelines.
- They feel confident in their ability to implement the infection prevention control measures at their facility.

SAMPLE MESSAGES

- You can save lives by following the steps in the TB national guidelines when you provide diagnostic services.
- You can save lives by being kind to people who may have TB during testing.
- You can save lives by taking these steps on infection control:
 - Triage people presenting with cough to fast track TB screening.
 - Ensure proper cross ventilation when attending to a person with a cough.
- Wear appropriate personal protective equipment according to national guidelines.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to **believe about how others** (e.g., friends, family, neighbours, peers, etc.) **feel** about this topic?

COMMUNICATION OBJECTIVES

- They feel that people appreciate them as a health worker when they help provide quality diagnostic services that help them recover quickly.
- They feel that people respect them and approve of them when they treat them with kindness and have appropriate and effective client-provider interactions.
- They feel that their co-workers will appreciate them if they comply and implement the infection prevention control measures.

SAMPLE MESSAGES

- Treat all people who may have TB with care.
- People will be thankful when you treat them with kindness. They will feel that they are getting good quality care.
- You have a major role to play in ending TB in Nigeria.

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- Health care workers remind colleagues to actively screen people presumed to have TB.
- Health care workers talk to their co-workers about the infection control measures they are taking and how they can improve them.
- Health care workers talk to co-workers about experiences they have in providing quality diagnostic services.

SAMPLE MESSAGES

- Talk with your co-workers about how, together, you can improve finding people who have TB by actively screening anyone with symptoms of TB.
- Talk with your co-workers about how you can each do your part to contribute to infection control.
- Talk to your co-workers about how you can all provide quality diagnostic services to all people with TB.



<p style="text-align: center;">STEP 5</p> <p style="text-align: center;">What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p style="text-align: center;">STEP 6</p> <p style="text-align: center;">What are some examples of how to say the message to this audience that they will understand and like?</p>
<p>EMOTION</p> <p>What do you want the audience to <i>feel</i> about the topic?</p>	
<p style="text-align: center;">COMMUNICATION OBJECTIVES</p>	<p style="text-align: center;">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● Health care workers feel proud of their contribution in increasing the number of people found who have TB in Nigeria. ● Health care workers feel that people who have TB need their support and empathy. ● Health care workers feel that TB infection control is important. 	<ul style="list-style-type: none"> ● You are playing an important role in increasing the number of people found who have TB in the country. ● People need you. Be your brother's keeper. ● Infection control will save your life and your co-workers' lives.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Diagnosis</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> • To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and addressing the needs of all populations. • To strengthen community involvement in provision of quality TB care by increasing the community contribution to TB case notification from 22% in 2018 to 30% by 2025. • To increase proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> • Inadequate GeneXpert sites in the country • Low awareness of TB in the community • Inadequate funding for TB programmes • Low access to other diagnostic options for TB (e.g., chest X-ray) • Collection of results
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Advocacy
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Corporate private sector</p> <ul style="list-style-type: none"> • Banks and other financial institutions • Oil companies • Communication network providers • Pharmaceutical companies • Manufacturing companies • Construction companies • Other corporate bodies <p>SECONDARY AUDIENCES: N/A</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> • Dedicate funds to purchase of GeneXpert machines and accessories • Provide funds to subsidise TB diagnosis • Dedicate funds to develop health facilities to be TB friendly • Contribute to TB medication purchase (pay directly to TB medicine manufacturers) • Sponsor media adverts and billboards • Contribute to printing of TB materials • Support ICT promotion of TB messages • Support TB training programmes • Create awareness on TB in workplaces • Make their work environment supportive of people on TB treatment



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know that the responsibility of eliminating TB cannot be left for the government alone. • They know the funding limitations related to TB elimination. They know that TB programmes are largely funded by donor funds, which are reducing. • They know there are opportunities for donor/private sector partnerships to fund TB programmes. • They know how they can contribute to TB elimination programmes. • They know the impact of TB morbidity and mortality on the country and their company's productivity. • They know what they can do to promote awareness of TB in their workplace. • They understand the importance of supporting multiple, mutually reinforcing channels of communication for TB diagnosis. 	<ul style="list-style-type: none"> • Corporate organisations can support TB elimination through support for TB diagnostics. These ensure a healthy workforce. • Government and donors alone cannot meet funding requirements for TB programming. • Public-Private Mix (PPM) in TB control can save many lives and ensure a healthy workforce. • There are many things corporate organisations can do to support TB diagnosis, like: <ul style="list-style-type: none"> • Acquire GeneXpert machines. • Provide funds to subsidise TB diagnosis. • Create awareness of TB in the workplace. • Provide financial support to national and state TB awareness creation efforts (e.g., sponsor media adverts, print materials). • For more information on how you can join the fight against TB, contact NTBLCP or your STBLCP on Web: http://www.ntblcp.org.ng; Twitter: @ntblcp1; Facebook: @ntblcp1 • Let's join hands to fight TB!
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They value and understand the role of the private sector in TB elimination. • They understand that TB is serious and contributes to the overall health and productivity of Nigeria. • They believe that their staff have the right to access quality health and TB services. • They believe that ACSM is effective for TB diagnosis. 	<ul style="list-style-type: none"> • The private sector is key in helping to eliminate TB in Nigeria. • Health is wealth. • A sick population is a risk to any growing economy.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that TB is a serious disease. • They feel that if they do not play a role, their company's productivity will be affected. • They understand that every community member is at risk if the corporate sector does nothing. 	<ul style="list-style-type: none"> • TB affects productivity and wealth. • TB kills.

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident that they can dedicate company profits to support finding and treating people with TB. • They feel that they can prioritise TB in their company's corporate social responsibility strategy. • They feel they can easily provide information on TB signs and symptoms and where to go for a test in the workplace and communities. 	<ul style="list-style-type: none"> • Incorporating TB into your company's corporate social responsibility strategy is an excellent way to support TB efforts. • Providing information on TB signs and symptoms and where to go for a test in the workplace and communities is an easy way to contribute to finding people with TB and, ultimately, eliminating TB in Nigeria.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe that other private sector companies also contribute to the nation's well-being through programmes such as TB. • They believe that the general public looks up to private corporate organisations to contribute to the 'nation's well-being. • They believe that their employees see staff well-being as a priority for the company. 	<ul style="list-style-type: none"> • Your role as a corporate company is critical to ensuring that every Nigerian is healthy. • Healthy workforce, wealthy corporation.
PERSONAL ADVOCACY What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They advocate to other organisations in their sector network to support the fight against TB. • They know and advocate that TB elimination is a joint responsibility of all. 	<ul style="list-style-type: none"> • Together, we, as the private sector, can help eliminate TB in Nigeria.
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel a responsibility to join TB elimination efforts in Nigeria. 	<ul style="list-style-type: none"> • Make a wise decision, join the fight to end TB in Nigeria.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Diagnosis</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To increase TB case notification rate for all forms of TB from 60 per 100,000 people in 2019 to 157 per 100,000 in 2025 through universal scale-up of patient-centred quality TB services and by addressing the needs of all populations. ● To strengthen community involvement in provision of quality TB care by increasing the community contribution to TB case notification from 22% in 2018 to 30% by 2025. ● To increase proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Inadequate GeneXpert sites in the country ● Insufficient human resources across the health facilities ● Poorly motivated workforce ● Over dependence on donor support for the TB programme ● Low access to chest X-ray ● Inadequate budget provision for TB programme
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Advocacy
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Government (Federal, States, and LGAs)</p> <p>SECONDARY AUDIENCES: Legislature at all levels, media, civil society organizations</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Make TB a national health issue ● Increase budgetary allocation to TB diagnostic services ● Ensure timely release of allocated funds to TB diagnostic services

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know that TB affects everybody. • They know the impact of TB on the nation. • They know their responsibility in providing funds for TB diagnostic programmes. • They know their responsibility in developing policies related to diagnostics and case notification, and how to develop these policies. • They know the actions they can take to address the barriers related to TB diagnostics. • They understand the importance of supporting multiple, mutually reinforcing channels of communication for TB diagnosis. 	<ul style="list-style-type: none"> • Being able to find and diagnose TB is key to reducing the TB burden in Nigeria. • Only 30% of the projected 407,000 cases of TB were notified to NTBLCP in 2019. • There are about 399 GeneXpert machines in the country currently. The country needs over 300 more machines to ensure each of the 774 LGAs have at least one machine. • There are many ways that you, as a leader, can support TB diagnostics: <ul style="list-style-type: none"> • Allocate funding for TB diagnostics programmes • Ensure timely release of allocated funds to TB diagnostic services • Provide GeneXpert and chest X-ray machines where there is need • Enact policies that require all public and private health facilities to notify people who have TB
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel passionate about taking policy actions around TB diagnostics. • They feel that improving diagnostics is part of TB elimination. • They feel that it is their responsibility to address barriers related to their constituencies' accessing timely and quality TB diagnostic services. • They believe that ACSM is effective for TB diagnosis. 	<ul style="list-style-type: none"> • It is your responsibility to make sure your constituencies are able to get the TB diagnostic services they need so that their lives and those of others can be saved. • Take action to improve diagnostics and prevent TB deaths in your constituency. • Improve funding for TB control in order to ensure good quality TB diagnostic services.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They worry that not having enough funds for TB diagnostics will limit the nation/state/community capacity to find and quickly diagnose people with TB. • They worry that they will be perceived as neglecting a major health issue if they do nothing. 	<ul style="list-style-type: none"> • If you do nothing, your community, families, and friends will not be able to access a TB test and others will continue to acquire TB. • If you do nothing, your community suffers.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p align="center">SELF-CONFIDENCE/SELF-EFFICACY</p> <p align="center">What do you want this audience <i>to feel confident</i> they can do about this topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They can use their political power to make good decisions on funds allocation for TB diagnostics. • They have an influence in the timely release of funds to facilitate TB diagnostic services. • They are confident their contributions will result in policies that can ensure people with TB are notified. 	<ul style="list-style-type: none"> • You can make a difference. Make the right decisions and allocate funds for TB diagnostics.
<p align="center">PERCEIVED SOCIAL SUPPORT</p> <p align="center">What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They know that the people look up to the government to support TB diagnostics. 	<ul style="list-style-type: none"> • Your constituents appreciate your efforts to make TB diagnostics easily available to everyone.
<p align="center">PERSONAL ADVOCACY</p> <p align="center">What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • Together, as government leaders, we have a responsibility to fund and develop strategic policies that support TB diagnostics services. • TB elimination is a joint responsibility of all. 	<ul style="list-style-type: none"> • Together, we can eliminate TB in Nigeria. • Let us speak out publicly on the importance of prompt diagnosis of TB.
<p align="center">EMOTION</p> <p align="center">What do you want the audience to <i>feel</i> about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They feel proud and excited that they can make a difference in TB diagnostics services. • They know and appreciate that they have an influential position and a major role in the fight against TB. 	<ul style="list-style-type: none"> • Make a wise decision, you are a leader. Join the fight to end TB in Nigeria by funding TB diagnostics.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Treatment</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To achieve and sustain TB treatment success rate of 90% by 2025 by incorporating people-centred social support services into the management of people with TB. ● To enroll 100% of diagnosed DR-TB cases on treatment in accordance with global standard of care. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Lack of knowledge on how/where to access TB treatment services ● Lack of knowledge of treatment, perceived long duration of treatment ● Phases of treatment ● Adherence ● Counselling people, especially at the beginning of treatment ● Adverse drug reactions ● Harmful cultural and religious beliefs about TB ● Inadequate number of DOTS/treatment centres ● Number, size of some tablets and formulations for children ● Inappropriate nutritional support ● Long distance to service point ● Socioeconomic status ● Gender-based issues
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PPRIORITY AUDIENCES: People being treated for TB</p> <p>SECONDARY AUDIENCES: Family members, friends, work colleagues, community members, treatment supporters, religious leaders, cultural and traditional leaders, social groups, support groups, health care worker/DOTS service providers</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Recognise and accept that he/she has TB and requires treatment. ● Seek treatment promptly. ● Take medicines routinely and promptly. ● Complete the full course of TB treatment. ● Report adverse drug reactions immediately. ● Eat well and drink a lot of water. ● Get advice, as needed, from DOTS personnel. ● Gain knowledge on TB and how to care for self. ● Encourage other people who have TB to adhere and complete treatment. ● Accept support from treatment supporters.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They know the cause of TB and that it is curable. ● They know how to access information on TB treatment. ● They know that TB treatment is free. ● They know about the TB prevention measures to take. ● They know how to use TB prevention measures. ● They know the importance of completing their TB treatment. ● They know what they can do to complete their TB treatment. ● They know the importance of ensuring family and other close contacts are screened for TB. ● They know they can reach out to a professional in person or through the toll-free line with questions or concerns. 	<ul style="list-style-type: none"> ● TB is curable. ● TB treatment is free. ● Go to your nearest DOTS centre to access treatment from a health care worker you can trust. You can call the toll-free TB hotline (08 00 22 55 282) to know the nearest treatment centre to you. ● Adhering to treatment is key to being cured. You need to complete all of your TB treatment. ● You can get support to complete your TB treatment by having a treatment supporter. A treatment supporter can be anyone in your neighbourhood. ● Ask your health care provider for more information about your TB treatment. ● Cough syrups cannot cure TB. It is important to get and complete the proper treatment from the DOTS centre. ● When placed on treatment, people with TB must stop drinking and smoking for the medicine to be effective. ● While you are on treatment, it is important to take precautions to prevent other people from acquiring TB. You can do this by covering your mouth with a handkerchief or a bent elbow when you cough or sneeze, avoiding crowded areas, and ensuring you stay in areas with cross ventilation. ● Ensure family members and other people you are in close contact with are screened for TB. ● If you have any questions or concerns about your TB treatment, call a trusted source, the TB toll-free number (08 00 22 55 282), for further inquiries and information.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They appreciate the importance of adhering to treatment. 	<ul style="list-style-type: none"> ● To be cured of TB, complete your treatment. Take your medicine, and finish it completely, as directed by the health care worker. ● If you do not take and complete your treatment as prescribed, you can develop a more severe form of TB (drug-resistant TB) and your loved ones can contract it.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They fear that if they do not stay on treatment, their TB will not be cured.
- They fear the possibility of their family members and friends contracting TB if they are not treated promptly.

SAMPLE MESSAGES

- If TB is not treated, your family members and friends will be at risk of contracting it.
- If treatment is interrupted, more serious illnesses may occur, such as drug-resistant TB, which can lead to death. Get on treatment and stay on treatment!

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience to *feel confident* they can do about this topic?

COMMUNICATION OBJECTIVES

- They feel confident that they can seek and obtain treatment.
- They feel confident that they can start and adhere to treatment for the required duration.
- They feel confident that once they are on treatment, other people can no longer acquire it.

SAMPLE MESSAGES

- Getting treatment for TB right away saves your life and the lives of others.
- TB treatment is safe and reliable.
- Follow the prescribed and agreed treatment regimen and comply with the instructions. You can do it!
- Once you are on prescribed treatment for 2 weeks or more, your chances of your loved ones contracting TB will be greatly reduced.
- Ensure you complete your treatment to eliminate all risk of other people acquiring TB.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to *believe about how others* (e.g., friends, family, neighbours, peers, etc.) *feel* about this topic?

COMMUNICATION OBJECTIVES

- They believe that their friends, family, and neighbours will support them while they are on treatment.
- They believe that their friends, family, and neighbours understand the importance of staying on TB treatment.

SAMPLE MESSAGES

- Your family appreciates that you are on TB treatment. They know that this is important for your health and the health of others.
- Your family and your treatment supporter will help you adhere to your treatment.

PERSONAL ADVOCACY

What do you want this audience to *say to others* (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They feel that it is their duty to share the importance of TB treatment adherence.

SAMPLE MESSAGES

- Share your experiences with your family members and others. Let them know that it is important to seek early treatment and stay on TB treatment.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that they are taking care of their health by taking prompt action and staying on treatment. • They feel that the DOTS programme can treat their TB. 	<ul style="list-style-type: none"> • Don't let a cough get in the way of doing things you love. Stay on treatment! • DOTS centres have experts that treat TB. If you follow their advice, you can be cured.



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STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Community-Based Organisations (CBOs), religious/traditional leaders, family members</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Provide a conducive environment for community TB care ● Coordinate community TB care for effective management ● Facilitate the selection of and educate treatment supporters ● Lobby for leaders' commitment to TB control ● Ensure accountability of TB health services to the community ● Facilitate feedback to the communities ● Provide treatment supporters ● Support community members diagnosed with TB to complete treatment ● Advocate to local government policy makers for strengthening existing health systems in the community

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They know the cause of TB and that it is curable. ● They know that TB treatment is free. ● They know the available treatment regimen, and how it is administered. ● They know the benefits of DOTS. ● They know how they can help people complete TB treatment for the entire duration. ● They know how to store TB medicines at home. ● They know common side effects of TB medicines, and actions to take. ● They disregard false beliefs about the causes of and treatment for TB. ● They know how to strengthen linkages between health facilities, treatment supporters, and people being treated for TB for adherence purposes. ● They know how to report adverse drug reactions. 	<ul style="list-style-type: none"> ● TB treatment is both available and free. ● Adherence to TB treatment is important to curing people who have TB and protecting families and friends in the community. Support those on TB treatment. ● DOTS treatment is the recommended TB treatment course by the WHO and the Government of Nigeria to stop people from acquiring TB. ● The DOTS treatment is administered for 6 months for drug-sensitive TB and for up to 12 months for drug-resistant TB. ● Keep TB medicine in a dry and cool place in your home. ● Traditional medicine is not recommended for a person receiving TB treatment. ● Avoid drinking alcohol or smoking while on TB treatment as it reduces the effectiveness of the medicine. For example, alcohol can increase drug side effects and toxicity. ● Cough syrups cannot cure TB. Visit the nearest health centre if a cough persists for more than 2 weeks. ● Help your neighbour or friend stay on treatment! Your support can make all the difference. ● You can help people being treated for TB complete their treatment by linking them with a treatment supporter. Treatment supporters are expected to observe you taking your drug and provide you encouragement to adhere to treatment. ● The side effects of TB medicine are usually mild. When someone is experiencing these side effects, you can discuss them with a health care provider. ● If someone you know is experiencing adverse drug reactions, you can reassure them and support them to see a healthcare worker. ● Strengthening the linkages between health facilities, treatment supporters, and people who have TB will improve adherence.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They trust the messages from the NTBLCP on TB. • They trust the treatment regimen provided by the DOTS centres. • They believe TB is curable. • They believe in the importance of supporting one person to get treatment and understand that this helps to protect others. 	<ul style="list-style-type: none"> • The treatment provided by the DOTS centres is recommended by the WHO and the Government of Nigeria. It is the correct course of treatment for TB and can be trusted. • TB is curable when treatment is taken as prescribed and completed. • Be your brother's keeper. Your support is needed to help your family member or friend stay on treatment.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They fear that TB can turn to DR-TB and kill if not detected early and treated promptly. • They fear that without providing support to people with TB; they will not adhere to TB treatment. 	<ul style="list-style-type: none"> • If TB is not treated, family and community members could contract TB. • If treatment is interrupted, more serious illness (DR-TB) may occur, which can lead to death. • Without a treatment supporter, adhering to TB treatment can be difficult. Support people on TB with a treatment supporter.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident sharing correct knowledge about TB treatment. • They feel confident that they can support people in treatment. 	<ul style="list-style-type: none"> • Continue sensitising community members about TB until we have a TB-free community! • One person supported in completing treatment saves 10–15 lives every year.

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p>PERCEIVED SOCIAL SUPPORT</p> <p>What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that others (friends, family, neighbours, community members) believe that prompt and complete TB treatment supports the entire community towards TB elimination. • They believe that the community supports the efforts of CBOs and religious leaders to help people on TB treatment. 	<ul style="list-style-type: none"> • As leaders in the community, community members look to you to take responsibility and support people on TB treatment. They appreciate the responsibility that you are taking on. • Fighting TB is everybody's responsibility. • Join in efforts to make the community free of TB.
<p>PERSONAL ADVOCACY</p> <p>What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They encourage members of the community to become treatment supporters. 	<ul style="list-style-type: none"> • Everyone should join in efforts to make the community free of TB by supporting persons on TB treatment to complete treatment.
<p>EMOTION</p> <p>What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel proud to be involved in TB treatment efforts. 	<ul style="list-style-type: none"> • Helping members of your community with TB to initiate and adhere to treatment is critical to improving the TB situation in Nigeria.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Treatment</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To achieve and sustain TB treatment success rate of 90% by 2025 through incorporation of people-centred social support services into management of people with TB. ● To enroll 100% of diagnosed DR-TB cases on treatment in accordance with global standard of care. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Sub-optimal knowledge and skills on TB treatment ● Sub-optimal interpersonal communication and counselling skills ● Negative attitude ● Belief that working in a TB environment is punishment ● High workload as a result of inadequate human resources ● Unfavourable working environment ● Poor motivation and remuneration
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Provider
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Healthcare workers, including doctors, nurse/midwives, DOTS providers</p> <p>SECONDARY AUDIENCES: Treatment supporters, health facility management, community leaders/influencers (health committees), State and LGA TB Team, other service providers (e.g., OPD, Pediatric, ART, ANC, etc.)</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Provide TB medicines to people per the National TB Guidelines. ● Monitor people on treatment per the National TB Guidelines. ● Report or tackle adverse drug reactions. ● Counsel/encourage people who have TB to stay on treatment. ● Provide continuous health education. ● Store TB medicines based on guidelines. ● Strengthen linkages with other service points within the facility. ● Ensure the proper documentation and confidentiality of people's information. ● Use effective interpersonal communication during the treatment process. ● Treat people who have TB with respect and care.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know and understand the National TB Guidelines, including:
 - The correct counselling and health education to be provided.
 - The correct way to administer TB medicines.
 - The adverse drug reactions and how to report them.
 - The correct way to store TB medicines at DOTS centres.
- They know how to use effective interpersonal communication to improve TB treatment outcomes.

SAMPLE MESSAGES

- Follow the National TB Guidelines to know how to: correctly counsel people who have TB; administer DOTS; identify and treat adverse drug reactions.
- Following TB treatment guidelines helps us, as service providers, make the correct decisions and ensure quality care for people with TB.
- Using supportive interpersonal communication when you are counselling clients can help improve treatment outcomes. Some situations where this might be especially important include:
 - A person feels healthy after taking their TB medicines for a short period of time and wants to stop treatment
 - A person is experiencing side effects and no longer wants to continue treatment
 - A person is planning to travel or relocate and may experience an interruption in their drug supply
- You can help address these situations by asking people if they have any concerns about their treatment every time you see them, listening carefully to their concerns, checking to be sure you understand those concerns, offering some possible solutions to or explanations for their challenges, and deciding together on the way forward.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They believe that TB can be cured, and that proper TB treatment is key.
- They believe that supporting one person to get treated helps to protect others.
- They believe that providing adequate and correct information to people who have TB, through positive interpersonal interactions, will support the person with adherence.

SAMPLE MESSAGES

- You have an important role to play in TB treatment.
- People who have TB deserve your care and support through the journey to be cured.
- It is not just about the information you provide. How you communicate and treat the patient during the TB treatment regimen will impact their adherence to treatment. Have the right attitude, listen, be kind, and be understanding.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They believe that if they do not follow TB treatment guidelines, people will develop drug-resistant TB and will potentially develop complications or die.
- They are concerned that they will lose respect of their community if they do not provide good quality treatment to people with TB.

SAMPLE MESSAGES

- Failure to follow the TB treatment guidelines could lead to the development of drug-resistant TB, complications, and even death.
- When you follow treatment guidelines, you are helping to prevent complications and to save time, money, and lives and prevent drug-resistant TB.
- Failing to understand a person's individual challenges with their TB treatment regimen could result in poor treatment outcomes.
- Treating people who have TB with kindness and respect throughout treatment means your community will treat you with kindness and respect.

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience *to feel confident* they can do about this topic?

COMMUNICATION OBJECTIVES

- They are confident they can provide treatment using the recommended treatment guidelines.
- They feel confident that they can dispel false information about TB.
- They feel confident in their ability to provide effective interpersonal communication to people with TB during treatment.

SAMPLE MESSAGES

- Play your part. Supporting just one person to complete TB treatment saves 10–15 lives.
- You save lives by being kind to people during their TB treatment. Your kindness helps them stay on treatment.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to *believe about how others* (e.g., friends, family, neighbours, peers, etc.) *feel* about this topic?

COMMUNICATION OBJECTIVES

- They believe that their friends, family, and peers will support their efforts to provide high quality care.
- They feel that people respect them and approve of them when they treat them with kindness and have appropriate and effective client-provider interactions.

SAMPLE MESSAGES

- Your colleagues will appreciate your efforts to adhere to the National TB Guidelines when providing treatment.
- You will be viewed as a TB champion for following National TB Guidelines to help people avoid contracting TB.
- People will be thankful when you treat them with kindness. They will feel that they are getting good quality care.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p style="text-align: center;">PERSONAL ADVOCACY</p> <p style="text-align: center;">What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They will tell others that effective, efficacious TB medicines are available, and free at healthcare facilities nationwide. ● They will discuss experiences with other colleagues on how to manage and counsel people on TB treatment. 	<ul style="list-style-type: none"> ● Keep advocating about the efficacy, availability, and safety of TB medicines. We can all learn from each other.
<p style="text-align: center;">EMOTION</p> <p style="text-align: center;">What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They feel that working in the TB unit is rewarding. ● They feel happy and well-motivated rendering high quality TB services. 	<ul style="list-style-type: none"> ● The TB unit is one of the most rewarding places to work in the healthcare setting. You can quickly see the progress made when someone starts on and adheres to their treatment. ● You are a champion and key player in the treatment and elimination of TB in Nigeria.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Treatment</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To achieve and sustain TB treatment success rate of 90% by 2025 through incorporation of people-centred social support services into management of people with TB. ● To enroll 100% of diagnosed DR-TB cases on treatment in accordance with global standard of care. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Inadequate political commitment around TB treatment ● Lack of enforcement of legislation on TB treatment ● Inadequate domestic resources for TB treatment
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Advocacy
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Policy makers and political leaders (e.g., Vice President, governors, ministers, local government chairmen, senators, House of Representatives members, House of Assembly members, counsellors), health administrators, budget and national planning, special advisors, and human rights advocates</p> <p>SECONDARY AUDIENCES: Media (e.g., reporters, executives, station managers, producers), family and friends of leaders, celebrities, and gatekeepers</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Provide adequate TB resources including funds, materials, and staff. ● Provide an enabling environment for rendering TB services. ● Revitalise non-functional/dilapidated healthcare facilities and promote DOTS expansion. ● Strengthen political commitment for TB treatment. ● Enact and enforce relevant laws to safeguard people’s rights and guarantee gender balance in TB treatment.

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?		STEP 6 What are some examples of how to say the message to this audience that they will understand and like?	
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?			
COMMUNICATION OBJECTIVES		SAMPLE MESSAGES	
<ul style="list-style-type: none"> ● They know the basic facts about TB treatment. ● They know the importance of appropriate TB treatment and that it can save many lives. ● They know the TB burden within their area and its implications on public health. ● They know the importance of legislative action and resourcing in providing TB treatment services. ● They understand the importance of funding multiple, mutually reinforcing channels of communication for TB treatment. ● They know what action they can take to improve TB treatment services. 		<ul style="list-style-type: none"> ● TB is a real public health issue that must be addressed. ● According to the 2019 WHO Global TB report, Nigeria has the highest TB burden in Africa and is among the 30 highest burden TB countries in the world. ● Nigeria has a nearly 60% TB funding gap between funding at national level and the budget in the National Strategic Plan. ● Less than 10% of TB funding in Nigeria is domestic. ● Legislative action and resourcing TB treatment services helps to save lives—it pays for quality TB treatment services and ensures that we have health care workers to provide those services. ● There are specific actions you can take to support and improve TB treatment services, including: <ul style="list-style-type: none"> • Increased funding for TB treatment • Prompt release of funds to ensure treatment is not interrupted ● Support the development of human resources that can provide quality TB care 	
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?			
COMMUNICATION OBJECTIVES		SAMPLE MESSAGES	
<ul style="list-style-type: none"> ● They believe that TB is a major public health issue. ● They believe that ACSM is effective for TB treatment uptake and adherence. ● They understand they have a key role to play in prioritising legislation and funding that supports TB treatment programmes 		<ul style="list-style-type: none"> ● TB is now the world’s leading infectious disease threat, killing more people than HIV/AIDS. ● TB can affect anybody, anywhere. It can affect people of all ages, genders, and social status. ● You play a key role in making sure that people can get TB treatment so that they can be cured, and we can eliminate TB in Nigeria. ● Prioritise legislation that supports TB treatment programmes. It is your duty! ● A successful treatment of one person with TB can save 10–15 lives yearly. 	



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They feel that TB is the number one infectious disease killer in the world.
- They worry that not having the right policies or enough funds for TB treatment will limit the nation/state/community capacity to treat and help eliminate TB.
- They worry that they will be perceived as neglecting a major health issue if they do nothing.

SAMPLE MESSAGES

- Every day 420 Nigerians die from TB. This translates into 154,000 deaths annually.
- If you do nothing, your community, families, and friends will not be able to access quality TB treatment and people will acquire TB.
- If you do nothing, your community suffers.

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience *to feel confident* they can do about this topic?

COMMUNICATION OBJECTIVES

- They are confident that they can take action to provide adequate resources and an enabling environment for TB treatment programmes.
- They are willing to participate and support implementation of TB activities at all levels.

SAMPLE MESSAGES

- Nigeria has a huge funding gap for TB control that must be filled. You can help fill this gap.
- It is our responsibility as Nigerians to resource TB treatment programmes. The donor funds for TB are dwindling.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to *believe about how others* (e.g., friends, family, neighbours, peers, etc.) *feel* about this topic?

COMMUNICATION OBJECTIVES

- They believe that their constituencies are in support of their efforts to resource TB programmes.

SAMPLE MESSAGES

- You will be recognised as a champion for supporting and resourcing TB programmes. Be a leader!

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p>PERSONAL ADVOCACY</p> <p>What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They will reach out and network with other leaders to support the development of TB treatment policies and funding TB treatment programmes. 	<ul style="list-style-type: none"> • Talk with other leaders, like you, about the importance of funding TB treatment programmes. It is your responsibility.
<p>EMOTION</p> <p>What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel fulfilled that lives have been saved through their support of TB treatment programmes. 	<ul style="list-style-type: none"> • TB death is avoidable. You can help prevent avoidable deaths. • No one deserves to die of TB (we must aim for no TB deaths).



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Childhood TB</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none">• To enhance childhood TB detection and treatment through innovative provision of integrated services towards achieving childhood TB proportion of 12% among all forms of TB cases.• To protect and promote human rights and gender-related factors in provision of quality TB services. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none">• Low childhood TB case detection. Only 8% of all forms of TB cases detected in Nigeria in 2019 were children (NTBLCP report).• Children face different challenges since they are often pulled from school during treatment.• Children may face stigma from their siblings and friends.• It is not just children’s behaviours in the management of their TB that count but that of their parents as well.
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Patient (older teenagers), parent/caregiver for infants and children with TB</p> <p>SECONDARY AUDIENCES: Family members, school staff, other students, and treatment supporters</p>



STEP 4		WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	Audience	Audience-specific behavioural objective
	Person with TB or their parents/caregivers	<ul style="list-style-type: none"> ● Seek care for TB symptoms ● Acquire knowledge about the disease ● Adhere to the treatment regimen without fail ● Consistently practice prevention measures to avoid other people acquiring TB ● Keep up with schoolwork when possible
	Family member	<ul style="list-style-type: none"> ● Support and care for family members suffering from TB ● Normalise TB diagnosis when discussing it within the household
	School staff	<ul style="list-style-type: none"> ● Support the child with TB with ongoing education when possible
	Treatment supporter	<ul style="list-style-type: none"> ● Maintain adequate knowledge about the disease ● Accompany the person with TB to the clinic for every appointment (teenage children may be able to manage this on their own) ● Provide psychological support to the person with TB ● Assist with logistics of adhering to the treatment regimen without fail (picking up drugs, communicating with DOTS provider, etc.) ● Normalise TB diagnosis when speaking with others in the family/support system



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know that children can have TB, too.
- They know the symptoms of TB in children.
- They know where to take a child for TB screening when they have symptoms.
- They know TB testing and treatment for children and adolescents is free.
- They know how to practice prevention measures to avoid other people acquiring TB.
- They know how to support the child to adhere, handle stigma and discrimination, and keep up with schoolwork.

SAMPLE MESSAGES

- It is not only adults that can have TB. Children can also have TB.
- Only 8% of all people with TB detected in Nigeria in 2019 were children (NTBLCP report). A lot of children with TB are being missed in Nigeria annually.
- While children of any age can get TB, it is most common in children under 5 years. Adolescents also contribute to the number of children with TB who are missed.
- Children die more from TB than adults.
- Symptoms of TB in children are: coughing for 2 weeks or more, weight loss or failure to gain weight, fever, and night sweats.
- If your child is experiencing these symptoms, take them to the nearest DOTS centre for a free TB test.
- You can call the national TB toll-free hotline (08 00 22 55 282) to find the nearest DOTS centre, or to learn more about childhood TB.
- Diagnosis of TB in younger children is usually either by clinical assessment, chest X-ray, or GeneXpert.
- Children may face stigma or discrimination from their peers. You can help by coaching them how to handle this.
- Normalise the child's TB diagnosis by talking about it openly in the home.
- Support your child to keep up with schoolwork when possible.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They appreciate and understand that adhering to completing treatment is important.

SAMPLE MESSAGES

- TB treatment is free!
- To be cured of TB, treatment has to be completed for the entire duration.
- If a child does not take and complete his/her treatment as prescribed, he/she can develop a more severe form of TB called drug-resistant TB, which is more difficult to treat and is associated with higher death rates.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p style="text-align: center;">PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?</p>	
<p style="text-align: center;">COMMUNICATION OBJECTIVES</p>	<p style="text-align: center;">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● They are concerned that their child will not develop like their peers if they are not diagnosed promptly for TB. ● They fear that if they do not stay on treatment, their TB will not be cured. ● They fear the possibility of transmitting TB to family members and friends if not treated promptly. 	<ul style="list-style-type: none"> ● If a child's TB is not diagnosed, the child will not develop like their peers. ● If TB is not treated, your family members and friends will be at risk of contracting TB. ● If treatment is interrupted, more serious illnesses may occur, such as drug-resistant TB, which is more difficult to treat and can lead to death. Get on treatment and stay on treatment.
<p style="text-align: center;">SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?</p>	
<p style="text-align: center;">COMMUNICATION OBJECTIVES</p>	<p style="text-align: center;">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● They feel confident that they can seek and obtain treatment for childhood TB. ● They feel confident that children on TB treatment can stay on treatment. ● They feel confident that once children are on TB treatment, they can no longer transmit TB to others. 	<ul style="list-style-type: none"> ● Getting your child tested for TB and commencing treatment if diagnosed for TB saves your child's life and the lives of others. ● TB treatment in children is safe and reliable. ● Follow the prescribed and agreed treatment regimen and comply with the instructions. You can do it. ● Once treatment has continued for 2 weeks or more, the risk of others acquiring TB reduces significantly. Ensure treatment is completed to eliminate all risk.
<p style="text-align: center;">PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?</p>	
<p style="text-align: center;">COMMUNICATION OBJECTIVES</p>	<p style="text-align: center;">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> ● They believe that their friends, family, and neighbours will support them while they are on treatment. ● They believe that their friends, family, and neighbours understand the importance of children staying on TB treatment. 	<ul style="list-style-type: none"> ● Your family appreciates that you are on TB treatment. They know that this is important for your health and the health of others.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They feel that it is their duty to share the importance of TB treatment adherence.

SAMPLE MESSAGES

- Share your experiences with your family members and others. Let them know that it is important to seek early treatment for childhood TB and to stay on treatment.

EMOTION

What do you want the audience to **feel** about the topic?

COMMUNICATION OBJECTIVES

- They feel that they are taking care of their health by taking prompt action and staying on treatment.
- They feel that the TB medicine can treat their TB.

SAMPLE MESSAGES

- Value your child's health as health is important. Seek TB diagnosis early. Commence treatment if positive and complete your treatment.
- If you take and complete your treatment, you will be cured of TB.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Childhood TB</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To enhance childhood TB detection and treatment through innovative provision of integrated services towards achieving childhood TB proportion of 12% among all forms of TB cases. ● To protect and promote human rights and gender-related factors in providing quality TB services. ● To strengthen domestic resource mobilisation with in-country funding of TB budget increasing from 8% in 2019 to 50% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Vulnerable group ● Low case finding ● Poor contact investigation including reverse contact tracing ● High burden of TB among children ● Poor infection control practices ● Sub-optimal access to diagnostic services ● Sub-optimal capacity of health care workers to diagnose ● Sub-optimal utilisation of guidelines, desk guides, and standard operating procedures (SOPs) on diagnosis and management of child TB ● Lack of knowledge on how/where to access TB diagnostic and treatment services ● Duration of treatment ● Inadequate adherence and counselling ● Inadequate number of DOTS/Treatment Centres ● Nutrition
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Community opinion leaders (traditional rulers, town union presidents, village heads), religious leaders, and association/group leaders (women's groups, political groups, age grades, transport, artisans, formal professional associations, landlords)</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Support families to take all children presumed of having TB to the clinic promptly ● Ensure all children presumed of having TB are tested for TB ● Ensure all contacts of children diagnosed with TB are screened for TB ● Support families with children with TB to complete the full course of TB treatment ● Seek more knowledge on TB and how to support families to care for self/children ● Encourage caregiver/child to adhere and complete treatment ● Protect family members and other close associates from contracting TB



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know how child TB is similar to and different from adult TB.
- They know that receiving the BCG vaccination in the first week of life can prevent TB.
- They know that TB is preventable and curable.
- They know that TB diagnosis and treatment are free.
- They know that contact investigation is key to preventing TB.

SAMPLE MESSAGES

- It is not only adults who can have TB. Children and adolescents can have TB, too.
- 8% of people who have TB in Nigeria are children.
- While children of any age can get TB, it is most common in children ages 1-4 years. Adolescents are also a large percentage of the missed population.
- Every newborn child should have the BCG vaccination within the first week of life to prevent the severe forms of TB in children.
- Symptoms of TB for children and adolescents are the same as in adults: coughing with or without blood, weight loss, night sweats, and fever.
- If a child in your community is experiencing these symptoms, encourage their caretaker to bring them to the nearest DOTS centre for a free TB test.
- You can call the national TB hotline toll-free to find the nearest DOTS centre, or to learn more about pediatric TB: 08 00 22 55 282.
- TB is preventable and curable.
- TB testing and treatment are free.
- Adherence to TB treatment is key to achieving a cure.
- It is very important to complete the entire duration of TB treatment.
- Family members and other household contacts of children diagnosed with TB should be screened for TB.
- TB medicines are reliable, safe, and effective.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They believe it is important to convince community members that all children with presumed TB need be screened for TB.
- They believe that children with TB will be cured if they take their medicines daily and complete TB treatment.

SAMPLE MESSAGES

- Any child presumed of having TB should be taken to the nearest hospital/health centre for TB screening without delay.
- Ensure that children take TB medicines daily and complete treatment.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that children under 5 years of age are more prone to acquiring TB than adults. • They feel that TB kills children faster than adults. • They feel that TB is more difficult to diagnose in children. 	<ul style="list-style-type: none"> • Every newborn child should have the BCG vaccination within the first week of life. • If children with TB are left untreated, they are more likely to die. • Every child with a cough lasting 2 weeks or more should be screened for TB without delay. • TB could contribute to the severity of other childhood conditions like malnutrition.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident that they can support caregivers/parents to take children presumed of having TB to access care at the health facility. 	<ul style="list-style-type: none"> • Support your community members to take children with presumed TB to seek care, because TB anywhere is TB everywhere. • Refer any child presumed to have TB to the clinic/health centre. • Talk about child TB during association meetings, town hall meetings, as well as in churches.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe community members are motivated to support any individual/family with a child who has TB. 	<ul style="list-style-type: none"> • Supporting families to access early TB care can reduce child mortality. • Early treatment of TB is a good means of preventing transmission of TB in the community. • Do not discriminate against anyone with TB.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They talk to community members about TB in children, including symptoms, signs, and available treatment.
- They promote early referral of children presumed to have TB.

SAMPLE MESSAGES

- Get the BCG vaccination for all newborn children within the first week of life to prevent the severe forms of TB in children.
- Children can also have TB.
- Every child with cough lasting 2 weeks or more should be screened for TB without delay.
- Children with TB can present with symptoms other than cough (e.g., fever, failure to thrive or poor weight gain, and night sweats).
- Children often contract TB from adults.
- TB in children is treatable and curable.
- TB diagnosis and treatment for children is free.
- Any community member with TB should limit contact with children until they have been cured.
- People who have TB need support.
- Every community member is at risk if we do not do anything about it.

EMOTION

What do you want the audience to **feel** about the topic?

COMMUNICATION OBJECTIVES

- They feel a sense of urgency for all children with TB to commence testing and treatment early.
- They feel that they have a role to play in addressing child TB.

SAMPLE MESSAGES

- Early diagnosis and treatment of TB in children reduces illnesses and deaths.
- TB can affect the growth and development of children.
- TB can make children absent from school for long periods.
- We all have a responsibility to find TB in children.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Childhood TB</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> ● To enhance childhood TB detection and treatment through innovative provision of integrated services towards achieving childhood TB proportion of 12% among all forms of TB cases. ● To protect and promote human rights and gender-related factors in provision of quality TB services. ● To strengthen domestic resource mobilisation with in-country funding of TB budget increasing from 8% in 2019 to 50% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Low case finding ● Low index of suspicion for child TB ● Poor attitude of health care workers ● Poor contact investigation including reverse contact tracing ● Stigma and discrimination ● Poor infection control practices ● Suboptimal capacity of health care workers to diagnose childhood TB ● Suboptimal utilisation of guidelines, desk guides, and SOPs on diagnosis and management of child TB ● Inadequate health education of clients ● Suboptimal counselling ● Inadequate nutrition counselling
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Provider
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: DOTS providers</p> <p>SECONDARY AUDIENCES: Hospital administrators, general health care workers, laboratory personnel, and record officers</p>



STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none">● Actively screen children in all service delivery points for childhood TB.● Treat caregivers/children with respect.● Ensure triaging of children presumed to have TB from other people.● Provide good health education on TB to clients.● Ensure caregivers/children produce quality sample for TB testing.● Ensure timely testing of samples/release of results.● Do not discriminate against or stigmatise children with TB.● Ensure prompt enrolment of children with TB on treatment.● Ensure all contacts of children diagnosed with bacteriologically confirmed pulmonary TB (PTB) are screened for TB.● Ensure all children in contact with adults diagnosed with bacteriologically confirmed PTB are screened for TB.● Provide information to caregivers/children on proper ventilation and avoiding overcrowding in homes.● Ensure caregivers/children are properly counselled before, during, and after treatment for TB.● Ensure caregivers/children get good nutritional counselling while on TB treatment.● Ensure correct and complete recording and reporting of children treated with TB.● Ensure continuous monitoring of children on TB treatment.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They know that children with TB are being missed in health facilities due to low index of suspicion. ● They know how to update recording and reporting tools completely and correctly for childhood TB. ● They know that poor attitude of health care workers (HCWs) can discourage people from accessing/continuing care. 	<ul style="list-style-type: none"> ● Children should be actively screened for TB at all service delivery points. ● Active screening helps find childhood TB. ● Treat caregivers/children with TB with respect. ● Child health is the responsibility of all. ● Treat other children the same way we treat ours. ● Children are the future leaders of the nation. ● Anything not documented is not done. ● Childhood TB is a sign of ongoing community transmission of TB.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They believe that, if well managed, every child with TB has a high chance of being cured. 	<ul style="list-style-type: none"> ● Early TB diagnosis and treatment can save children's lives. ● Prompt enrolment of diagnosed childhood TB on treatment allows the child to return to health quickly. ● Complications are minimal with early commencement of and adherence to treatment.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They feel that failure to suspect, diagnose, and treat TB in children would increase childhood mortality. ● They feel that TB kills children faster than adults, and is more difficult to diagnose in children. 	<ul style="list-style-type: none"> ● Ensure every newborn child has the BCG vaccination immediately or within the first week of life to prevent TB in children. ● Every child with a cough lasting 2 weeks or more should be screened for TB without delay. ● Consistent use of national TB guidelines, desk guides, SOPs, and algorithms on childhood TB will improve your chances of diagnosing and treating TB in children. ● Childhood TB is difficult to diagnose, so a high index of suspicion is needed for prompt diagnosis. ● Diagnosis is not enough. Every child diagnosed with TB should start and complete treatment for TB without delay.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

SELF-CONFIDENCE/SELF-EFFICACY

What do you want this audience to **feel confident** they can do about this topic?

COMMUNICATION OBJECTIVES

- They feel confident they can identify early symptoms of childhood TB and facilitate diagnosis.

SAMPLE MESSAGES

- You can improve health outcomes in children by screening all children for TB.
- A high index of suspicion is key to early diagnosis.
- You can help find some of the children with TB who are missing.

PERCEIVED SOCIAL SUPPORT

What do you want this audience to **believe about how others** (e.g., friends, family, neighbours, peers, etc.) **feel** about this topic?

COMMUNICATION OBJECTIVES

- They believe they can help diagnose TB in children and help them recover fully.

SAMPLE MESSAGES

- Treat children with TB with respect.
- Health care workers have a responsibility to eliminate child TB in Nigeria.
- Health care workers have a role to play in ending TB in Nigeria.
- Children with TB need your full support and encouragement.

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They advocate to other healthcare workers to look out for children presumed to have TB during their routine work.

SAMPLE MESSAGES

- Encourage your colleagues to have a high index of suspicion to find TB in children.
- Early access to TB care can save the lives of children.
- All health workers should be screening children for TB.

EMOTION

What do you want the audience to **feel** about the topic?

COMMUNICATION OBJECTIVES

- They are proud to contribute to reducing childhood mortality from TB.

SAMPLE MESSAGES

- The early diagnosis of TB, commencement of and adherence to treatment, for children make you a hero to families.
- We all have a responsibility to find TB in children.
- Early diagnosis and treatment of TB in children reduces illnesses and deaths.
- You are preserving the future of the nation.

NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE		
	<p>TOPIC Childhood TB</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025)</p> <ul style="list-style-type: none"> • To enhance childhood TB detection and treatment through innovative provision of integrated services towards achieving childhood TB proportion of 12% among all forms of TB cases. • To protect and promote human rights and gender-related factors in provision of quality TB services. • To strengthen domestic resource mobilisation with in-country funding of TB budget increasing from 8% in 2019 to 50% by 2025. <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> • Inadequate GeneXpert machines in the country • Inadequate human resources across the health facilities • Limited human resources for childhood TB diagnosis • Poorly trained and motivated health care workers • Over dependence on donor support for the TB programme • Low access to chest X-ray, which is key to childhood TB diagnosis • Lack of health insurance for childhood TB • Inadequate budgetary provision for childhood TB 		
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY		
	Advocacy		
STEP 3	AUDIENCE(S)		
	<table border="0"> <tr> <td data-bbox="323 1305 877 1646"> <p>PRIORITY AUDIENCES: Government (Federal, States, and LGAs)</p> <ul style="list-style-type: none"> • Members of National Assembly • Members of State Houses of Assembly • Members of Federal Executive Council • Governors forum • Local government chairmen • Legislative arms of local government councils </td> <td data-bbox="903 1305 1353 1646"> <p>SECONDARY AUDIENCES:</p> <ul style="list-style-type: none"> • Donor agencies • Multilateral and bilateral organisations • Stop TB Partnership • Civil society organisations • Philanthropic organisations • Corporate bodies • Professional associations • Traditional and religious leaders </td> </tr> </table>	<p>PRIORITY AUDIENCES: Government (Federal, States, and LGAs)</p> <ul style="list-style-type: none"> • Members of National Assembly • Members of State Houses of Assembly • Members of Federal Executive Council • Governors forum • Local government chairmen • Legislative arms of local government councils 	<p>SECONDARY AUDIENCES:</p> <ul style="list-style-type: none"> • Donor agencies • Multilateral and bilateral organisations • Stop TB Partnership • Civil society organisations • Philanthropic organisations • Corporate bodies • Professional associations • Traditional and religious leaders
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STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)		
	<ul style="list-style-type: none"> • Make childhood TB a priority health issue. • Increase budgetary allocation for childhood TB control. • Timely release of allocated funds for childhood TB control. • Create a policy that will ensure all public and private health providers notify childhood TB cases. • Enact legislation for isolation of people with infectious TB refusing treatment. • Enact legislation for health insurance for childhood TB. • Set up a national sustainable incentive scheme for childhood TB notification. 		



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know the impact of TB morbidity and mortality on child health.
- They know the importance of legislative action and resourcing in providing TB services for children.
- They know that health is a fundamental human right and every Nigerian has a right to quality health services.
- They understand that donor funds are gap filling.
- They understand the importance of supporting multiple, mutually reinforcing channels of communication for childhood TB.

SAMPLE MESSAGES

- Children are more vulnerable to acquiring TB.
- Death from TB among children is high despite children being the future of the nation.
- Every citizen has the right to quality and equitable health services.
- Domestic funding for TB has remained below 10% for several decades.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They believe that childhood TB is a major public health issue.
- They understand they have a key role to play in prioritising legislation and funding that supports childhood TB control.
- They believe that ACSM is effective for addressing childhood TB.

SAMPLE MESSAGES

- TB is now the world's leading infectious disease threat, killing more people than HIV/AIDS.
- You play a key role in making sure that people including children get TB services so that they can be cured and we can eliminate TB in Nigeria.
- By funding childhood TB efforts, you are contributing to reducing childhood mortality.
- Prioritise legislation that supports childhood TB control. It is your duty!

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They feel that TB is the number one infectious killer disease in the world.
- They worry that not having the right policies or enough funds will limit the effort to identify children who have TB and ultimately lead to other children acquiring TB.
- They worry that they will be perceived as neglecting a major health issue if they do nothing.

SAMPLE MESSAGES

- TB is a deadly disease. It currently kills more people than HIV/AIDS.
- Every day, TB kills 420 Nigerians, including children.
- Nigeria has a huge funding gap for childhood TB that is negatively impacting childhood TB control.
- If you do nothing, your community, your friends' children, will not be able to access quality TB treatment and TB will spread.

<p>STEP 5</p> <p>What do you want the audience to know, understand, feel, believe, think, etc?</p>	<p>STEP 6</p> <p>What are some examples of how to say the message to this audience that they will understand and like?</p>
<p align="center">SELF-CONFIDENCE/SELF-EFFICACY</p> <p align="center">What do you want this audience <i>to feel confident</i> they can do about this topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They are confident that they can take action to provide adequate resources and an enabling environment for TB treatment programmes with a focus on children. • They are willing to participate in and support implementation of childhood TB activities at all levels. 	<ul style="list-style-type: none"> • Nigeria has a huge funding gap for TB control that must be filled. You can help fill this gap. • It is our responsibility as Nigerians to resource childhood TB control. The donor funds for childhood TB are dwindling. • Talk to your colleagues about how, together, you can develop policies and fund childhood TB control. For example: <ul style="list-style-type: none"> • Telecommunication companies sharing childhood TB information as part of their corporate social responsibility. • Companies producing children’s food supporting childhood TB control.
<p align="center">PERCEIVED SOCIAL SUPPORT</p> <p align="center">What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They believe that their constituencies are in support of their efforts to resource childhood TB control. 	<ul style="list-style-type: none"> • You will be recognised as a champion for supporting and resourcing childhood TB control. Be a leader.
<p align="center">PERSONAL ADVOCACY</p> <p align="center">What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They will reach out and network with other leaders to support the development of childhood TB treatment policies and funding childhood TB. 	<ul style="list-style-type: none"> • Talk with other leaders, like you, about the importance of developing childhood TB treatment policies and funding childhood TB control. It is your responsibility. • You can lobby or leverage on your influence with the private sector to support funding for childhood TB control.
<p align="center">EMOTION</p> <p align="center">What do you want the audience to <i>feel</i> about the topic?</p>	
<p align="center">COMMUNICATION OBJECTIVES</p>	<p align="center">SAMPLE MESSAGES</p>
<ul style="list-style-type: none"> • They feel fulfilled that, with their support, lives can be saved. 	<ul style="list-style-type: none"> • TB death is avoidable—you can help halt avoidable deaths among children. • No one deserves to die of TB. We must aim at zero TB deaths.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Stigma and Discrimination</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Fear of being ostracised as an identified person with TB ● Non-cordial attitude of healthcare providers toward people who have TB ● Stigmatizing beliefs of other health care providers about DOTS providers ● Harmful religious/cultural beliefs about TB ● People’s fear of being ostracised ● Non-seeking of care or delay in seeking care for TB ● Social discrimination ● Intra-household discrimination ● Concealment of disease status ● Self-isolation ● Challenges in getting married or marital problems ● Community members continue to acquire TB ● Prolongation of illness ● Increased death from TB ● Non-adherence to treatment and subsequent development of MDR
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: People who have TB</p> <p>SECONDARY AUDIENCES: Family members and treatment supporters</p>



STEP 4		WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	Audience	Audience-specific behavioural objective
	Person with TB	<ul style="list-style-type: none"> To seek care without fear of stigmatisation and discrimination To acquire knowledge about the disease To adhere to the treatment regimen without fail To consistently practice prevention measures so other people avoid acquiring TB To seek help if they are experiencing TB-related stigma or discrimination
	Family members	<ul style="list-style-type: none"> Support and care for family members suffering from TB Make discussion about TB diagnosis within the household anormal day-to-day discussion.
	Treatment supporters	<ul style="list-style-type: none"> Adequate knowledge about the disease Psychological support to the person with TB Assist with logistics of adhering to the treatment regimen without fail (picking up drugs, communicating with DOTS provider, etc.) Make discussion about TB treatment within the household anormal day-to-day discussion.
STEP 5		STEP 6
What do you want the audience to know, understand, feel, believe, think, etc?		What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE		
What do you want this audience to <i>know</i> about the topic?		
COMMUNICATION OBJECTIVES		SAMPLE MESSAGES
<ul style="list-style-type: none"> They know about the potential for self and outside stigma and discrimination associated with TB. They know the consequences of TB-related stigma and discrimination. They know strategies to deal with TB-related stigma and discrimination. 		<ul style="list-style-type: none"> Stigma and discrimination come from fear and misunderstandings about TB. Stigma refers to a set of negative beliefs that people have about those with TB. Self-stigma is when people with TB have those beliefs about themselves. Discrimination is when people with TB are treated unfairly, such as being excluded from certain places or activities. Stigma and discrimination can result in trying to hide the disease, withdrawing from relationships or activities, delays in seeking care, or dropping out of treatment programs. As these can substantially impact your health, it is important to seek help.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

SAMPLE MESSAGES

- If you are experiencing stigma or discrimination, talk to your DOTS provider or call the national TB toll-free hotline 08 00 22 55 282.
- Stigma may also cause feelings of shame or guilt. You have nothing to feel ashamed of or guilty for. TB is not a disgraceful disease or a punishment for any wrongdoing.
- Anybody can get TB—rich, poor, old, young, male, female, HIV positive, HIV negative.
- TB does not reduce the quality of a person.
- TB is like any other disease. Once you comply with treatment, you will be cured.
- TB is serious but it does not have to be fatal.
- People who have TB are not different from other persons, therefore should not be rejected or excluded from society.
- People and communities affected by TB have a right to a life free from TB and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination. See the *Declaration of the Rights of People Affected by Tuberculosis* to learn more about these and other rights.
- Some people are concerned about contracting TB. You can explain to them how TB is and is not acquired and preventive measures we can all take to reduce acquiring TB. You can also explain that someone with TB is no longer contagious once they have been on treatment for 2 weeks.
- Do not isolate yourself from others.
- Practice the preventive behaviours your DOTS provider told you about to avoid other people contracting TB.
- Do not assume people are talking about your illness behind your back.
- Do not be discouraged if you are treated differently from others by health service providers, family, friends, and colleagues.
- TB is like any other disease. Do not hide it. Be ready to clarify misconceptions when you tell others about your diagnosis.
- Consider joining a TB club where you can get support from others who have TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that they do not deserve to be stigmatised or discriminated against. • They are not discouraged, even if they are treated differently from others. 	<ul style="list-style-type: none"> • You have a right to be free from stigma and discrimination. • You did not do anything wrong.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that TB-related stigma and discrimination could severely impact their health. 	<ul style="list-style-type: none"> • Stigma and discrimination can result in trying to hide the disease, withdrawing from relationships or activities, delays in seeking care, or dropping out of treatment programs. These can have a serious impact on your health. TB, however, is not a death sentence. There are many things you can do to stay healthy if you experience stigma or discrimination.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident they can address stigma and discrimination if they are subjected to it. 	<ul style="list-style-type: none"> • If you are experiencing stigma or discrimination, talk to your DOTS provider or call the national TB hotline, toll-free. • Talking openly about TB is one of the best ways to combat stigma and discrimination. • Some people are concerned about contracting TB. You can explain to them how TB is and is not acquired and preventive measures we can all take to prevent others from acquiring TB. You can also explain that someone with TB is no longer contagious once they have been on treatment for 2 weeks. • Consider joining a TB club or support group where you can get support from others who have TB.



STIGMA AND DISCRIMINATION

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
PERCEIVED SOCIAL SUPPORT What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe others are receptive of people with TB. 	<ul style="list-style-type: none"> • We can start combating stigma and discrimination by starting with ourselves, our families, and our communities. • Stigma and discrimination against people who have TB are unacceptable.
PERSONAL ADVOCACY What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They become their own advocates when on the receiving end of stigma and discrimination. 	<ul style="list-style-type: none"> • Speak openly with others about TB. It is one of the best ways to reduce stigma and discrimination. • Discuss how TB is and is not acquired and ways we can all prevent others from acquiring TB. You are ill but you will beat TB and deserve to be treated as everybody else while you improve. • People and communities affected by TB have a right to a life free from TB, and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination. • Nobody has the right to stigmatise or discriminate against you because of your TB diagnosis.
EMOTION What do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel free from stigma and discrimination. 	<ul style="list-style-type: none"> • Imagine your family member is diagnosed with TB, wouldn't you want them to feel accepted and loved? • Stigma and discrimination hurt not only the person being treated for TB, but others with symptoms who become scared to go in for testing. • Stigma and discrimination can make the challenges of TB even bigger as people go into denial and stop seeking care. This can result in increased community transmission of TB.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Stigma and Discrimination</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in providing quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Fear of being ostracised as an identified person with TB ● Non-cordial attitude of healthcare providers toward people who have TB ● Harmful religious/cultural beliefs about TB ● Attitude of employers/co-workers toward DOTS providers ● Non-seeking of care or delay in seeking care for TB ● Social discrimination ● Concealment of disease status ● Self-isolation ● Challenges in getting married or marital problems ● Community members continue to contract TB ● Prolongation of illness ● Increased death from TB
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Community opinion leaders (traditional rulers, town union presidents, village heads), religious leaders, association/group leaders (women’s groups, political groups, age grades, transport, artisans, formal professional associations, landlords)</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Relate with people who have TB in the same way you do with other members of the community without the disease. ● Encourage community members to come out for TB control activities (awareness creation, TB screening, identification of presumptive TB, testing for TB, diagnosis of TB, and treatment of TB) in the communities. ● Support and care for community members living with TB. ● Dispel myths that TB is a spiritual problem. ● Discuss prevention of stigma and discrimination against members living with TB during meetings. ● Ensure equitable hiring, retention, and equal benefit packages for people who have TB. ● Champion legislation against stigma and discrimination. ● Encourage community members to speak about people who have TB without discrimination.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They know the effects of TB-related stigma and discrimination. 	<ul style="list-style-type: none"> ● Stigma can cause people who have TB to: <ul style="list-style-type: none"> • Avoid or delay seeking care for TB, leading to community members continuing to acquire TB; • Conceal their disease status; • Isolate themselves from others; • Travel to seek care in far-away health facilities, incurring avoidable costs and limiting adherence. ● All of these can lead to prolongation of illness and to other people continuing to acquire TB. ● Stigma and discrimination come from fear and misunderstandings. ● TB is like any other disease. Once a person with TB complies with treatment, he/she gets cured of the disease. ● TB is not a disgraceful disease. ● Anybody can get TB. ● TB does not reduce the quality of a person. ● People who have TB are not different from others; therefore, they should not be rejected or excluded from society.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> ● They have non-stigmatising attitudes toward people with TB. 	<ul style="list-style-type: none"> ● Support individuals with symptoms and signs suggestive of TB to visit the hospital for a TB test. ● Support every person with TB to access TB services. ● Be your brother's keeper. Show some concern. ● Working together we can overcome TB. ● Accept and care for people in the community who have TB. ● Treat people with TB just like any other person in the community.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that TB-related stigma and discrimination negatively impacts the community. 	<ul style="list-style-type: none"> • TB-related stigma and discrimination can have several harmful outcomes, including failure to seek or complete TB treatment. • Untreated TB leads to many people in the community becoming sick.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident they can address issues of stigma and discrimination in the community. 	<ul style="list-style-type: none"> • There are many things you can do to address issues of stigma and discrimination in your community: <ul style="list-style-type: none"> • Be a role model. Accept and care for people who have TB in the community. • Encourage community members to participate in TB control activities. • Discuss prevention of stigma and discrimination against members living with TB during meetings. • Dispel myths that TB is a spiritual problem. • Ensure equitable hiring, retention, and equal benefit packages for people who have TB. • Champion legislation against stigma and discrimination. • People who have TB are our brothers and sisters—treat them well. • We can work together to eliminate stigma.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe those in their community are receptive to people with TB. • They believe those in their community see them as a role model. 	<ul style="list-style-type: none"> • We can start combating stigma and discrimination by starting with ourselves, our families, and our communities. • You can be a role model for your community in how to eliminate stigma and discrimination.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
PERSONAL ADVOCACY What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They sensitise community members on how stigma and discrimination affect people with TB. 	<ul style="list-style-type: none"> • Use your voice as a leader to sensitise community members on how stigma and discrimination affects people with TB, and what they can do to reduce stigma and discrimination. For example: <ul style="list-style-type: none"> • Discriminating against people who have TB makes it difficult for them to initiate care and complete treatment. • Encourage people with TB to seek care early and support them to adhere to treatment. • Treat people who have TB the same as others. • Give people with TB equal rights and opportunities at workplaces. • We need to work together to end TB stigma.
EMOTION What do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They identify with the psychological trauma faced by people as a result of stigma and discrimination. 	<ul style="list-style-type: none"> • TB affects people's time and livelihood, so relationships are key to how they adhere to TB care. Treat them well. • People with TB go through each day with concerns about their health; we cannot make that worse with stigma. • Put yourself in the shoes of someone living with TB. How would you want to be treated? • Be your brother's keeper. • Supporting people who have TB is the responsibility of all.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Stigma and Discrimination</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Poor attitude of employers/co-workers toward people who have TB ● Refusal to work in TB units by healthcare workers ● Social discrimination of people with TB ● Siting of TB clinics in difficult to reach or remote areas of health facilities
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Providers
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: DOTS providers</p> <p>SECONDARY AUDIENCES:</p> <ul style="list-style-type: none"> ● Health facility authorities ● General healthcare workers (clinicians, nurses, pharmacy personnel, CHEW, junior community health extension worker, , CHO, lab personnel) ● Health facility support staff (cleaners, security) ● Social workers ● Health education officers ● Community pharmacists ● Maternity home providers ● PPMVs ● Traditional birth attendants ● Traditional medicine practitioners ● State and local government TB programme officers
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<p>PRIORITY AUDIENCES</p> <ul style="list-style-type: none"> ● Treat people who have TB in a friendly, respectful and supportive manner ● Provide psychological support to people being treated for TB ● Provide comprehensive health education on TB to people <p>SECONDARY AUDIENCES</p> <ul style="list-style-type: none"> ● Develop policies that will discourage stigmatisation and discrimination of people who have TB ● Treat patients who have TB in a friendly, respectful, and supportive manner ● Offer the same quality of care and service to people who have TB as to other people ● Triage/refer people presumed to have TB in a non-stigmatising manner ● Promote the social acceptance of people with TB ● Ensure that information on TB is included in the health education packages/handbook ● Provide comprehensive health education on TB to patients



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know the effects of TB-related stigma and discrimination.

SAMPLE MESSAGES

- Stigma can cause people who have TB to:
 - Avoid or delay seeking care for TB, leading to community members continuing to acquire TB;
 - Conceal their disease status;
 - Isolate themselves from others;
 - Travel to seek care in far-away health facilities, incurring avoidable costs and limiting adherence.
- All of these can lead to prolongation of illness and to other people continuing to acquire TB.
- Stigma can result from fear and misunderstandings.
- Persons who have TB are not different from other persons, and therefore should not be rejected or treated differently from others.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They have non-stigmatising attitudes toward people with TB.

SAMPLE MESSAGES

- Support every person who has TB to access TB services.
- Let us work together to support people with TB.
- Accept and care for people who have TB.
- Treat people who have TB with respect and dignity.

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They feel that TB-related stigma and discrimination impact negatively on access to TB services in the health facilities.

SAMPLE MESSAGES

- TB-related stigma and discrimination can have several harmful outcomes, including failure to seek or complete TB treatment. When it is untreated, people in the health facility and community can acquire TB and become sick.
- TB anywhere is TB everywhere—act now.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident that they can address issues of stigma and discrimination in the health facility. 	<ul style="list-style-type: none"> • There are many things you can do to address issues of stigma and discrimination in your health facility: <ul style="list-style-type: none"> • Be a role model. Accept and care for people with TB in the facility. • Treat people who have TB in a friendly, respectful, and supportive manner. • Offer the same quality of care and service to people being treated for TB as to others. • Triage/refer people presumed to have TB in a non-stigmatising manner. • Promote the social acceptance of people who have TB. • Provide psychological support to people who have TB. • Dispel myths and misconceptions around TB. • Develop policies that will discourage stigmatisation and discrimination of people with TB. • We can work together to eliminate stigma. • People who have TB are our brothers and sisters—treat them well.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe other service providers are receptive of people with TB. • They believe other service providers see them as a role model. 	<ul style="list-style-type: none"> • We can start combating stigma and discrimination by starting with ourselves and our health facility. • You can be a role model for your health facility in how to eliminate stigma and discrimination.



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

PERSONAL ADVOCACY

What do you want this audience to **say to others** (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?

COMMUNICATION OBJECTIVES

- They sensitise those closely associated with people who have TB on how stigma and discrimination affect people with TB.

SAMPLE MESSAGES

- Use your voice as a service provider to sensitise people and providers on how stigma and discrimination affects people with TB, and what they can do to reduce stigma and discrimination. For example:
 - Discriminating against people who have TB makes it difficult for them to initiate care and complete treatment.
 - Encourage people who have TB to seek care early and support them to adhere to treatment.
- Treat people who have TB with respect like others.

EMOTION

What do you want the audience to **feel** about the topic?

COMMUNICATION OBJECTIVES

- They empathise with people being treated for TB on the psychological trauma they face as a result of stigma and discrimination.
- They feel proud to be part of the drive to reduce TB-related stigma and discrimination.

SAMPLE MESSAGES

- Put yourself in the shoes of someone living with TB. How would you want to be treated?
- Be your brother's keeper.
- Supporting people who have TB is the responsibility of all.
- Be proud to be part of the drive to reduce stigma.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Gender and Human Rights</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Human rights and confidentiality violations of people who have TB by health workers, family/community member, employers, and social contacts ● Lack of access to testing and treatment centres due to inadequate coverage ● Lack of privacy and confidentiality
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Individual
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: People who currently have or previously had TB</p> <p>SECONDARY AUDIENCES: Community/family members, friends, and work colleagues/employers</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Be informed of and demand their rights ● Overcome harmful gender norms to access services in a timely manner



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know their rights as people who currently have or previously had TB. 	<ul style="list-style-type: none"> • People who currently have or previously had TB have rights and responsibilities. • You have a right to a life free from TB, and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination. • See the <i>Declaration of the Rights of People Affected by Tuberculosis</i> to learn more about these and other rights. • People being treated for TB can be in a social environment. They should practice preventive measures, like coughing into their elbow and ensuring there is good cross ventilation.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that men and women should have equal access to and treatment at TB services. • They feel strongly that their rights should be protected. 	<ul style="list-style-type: none"> • Men and women deserve equal access to and treatment at TB services. • The rights of people who currently have or previously had TB need to be protected.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that gender discrimination or any violation of their human rights puts their health and well-being at risk. 	<ul style="list-style-type: none"> • TB kills if not treated. • When access to TB services is restricted, family/ community members are at high risk of contracting TB due to an untreated person who has TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel confident they can freely access (or support access to) TB services, regardless of their gender. • They feel confident they can stand up for their rights. 	<ul style="list-style-type: none"> • You can seek care for TB services when you notice that you are coughing for 2 weeks or more. • Everyone irrespective of gender should seek care early. • Prompt access to treatment reduces risk to my family members. • Being a man means supporting my family members to seek care early. • Access to health services is for all.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe that others will protect their human rights. 	<ul style="list-style-type: none"> • My family and friends care about my well-being and support me to access care.
PERSONAL ADVOCACY What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They tell others their rights. 	<ul style="list-style-type: none"> • You have a right to a life free from TB, and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination.
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel free to access TB services. 	<ul style="list-style-type: none"> • No one should be denied access to TB service because of gender. • Everyone has a right to TB prevention and treatment.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Gender and Human Rights</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Gender <ul style="list-style-type: none"> • Men are more likely to have TB than women • Men with TB are less likely to be diagnosed than women • Health-seeking behaviour of men is less as compared with women because of issues of masculinity and economic needs • Decision-making and other socio-cultural factors (e.g., social norms, religion, culture, economic power) also inhibit women’s access to TB services • Preference for male or female health workers by the clients • Inadequate capacity and infrastructures for gender-sensitive services ● Human rights <ul style="list-style-type: none"> • Human rights and confidentiality violations of people who have TB by health workers, family/community members, employers, and social contacts • Lack of access to testing and treatment (DOTS) centres due to inadequate coverage • Lack of privacy and confidentiality (e.g., disclosure of health condition without client’s permission)
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Community
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Community opinion leaders (traditional rulers, town union presidents, village heads), religious leaders, association/group leaders (women’s groups, political groups, age grades, transport, artisans, formal professional associations, landlords)</p> <p>SECONDARY AUDIENCES: Community members</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Challenge harmful gender norms that negatively impact uptake of TB services ● Respect and advocate for the human rights of people who have TB

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know that gender influences how men and women seek TB services. • They know how human rights issues affect uptake of TB services. • They recognise harmful gender norms in their community. 	<ul style="list-style-type: none"> • Men and women have different needs (e.g., the time and manner they prefer to come to the clinic). • Men are more likely to seek TB care outside of business hours. • Women may delay seeking care because of socio-economic factors. • A person with TB has rights to access care and should be protected. • People and communities affected by TB have a right to a life free from TB, and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination. See the <i>Declaration of the Rights of People Affected by Tuberculosis</i> to learn more about these and other rights.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that men and women should have equal access to and treatment at TB services. 	<ul style="list-style-type: none"> • Men and women deserve equal access to and treatment at TB services. • Men and women may need different types of support in order to access TB services.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that not respecting and protecting the rights of a person with TB will contribute to TB burden and stigmatisation. 	<ul style="list-style-type: none"> • The impact of delayed access to TB services due to gender insensitivity or human rights violations is detrimental. • TB can kill if not treated promptly. • Respect and protect the rights of all people being treated for TB.
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience <i>to feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They are confident that they can challenge harmful gender norms that negatively impact uptake of TB services. 	<ul style="list-style-type: none"> • You have an important role to play in challenging harmful gender norms that negatively impact uptake of TB services.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
<p>PERCEIVED SOCIAL SUPPORT What do you want this audience to believe about how others (e.g., friends, family, neighbours, peers, etc.) feel about this topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They believe community members see them as a role model for gender equity and human rights. 	<ul style="list-style-type: none"> • The health of our people is in our hands. We all benefit when we do this together. • People appreciate access to TB care so that families will be happy and retain their livelihood.
<p>PERSONAL ADVOCACY What do you want this audience to say to others (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They encourage the community to grant their family members unrestricted access to TB services. 	<ul style="list-style-type: none"> • Advocate for gender-sensitive, rights-based TB services in your facility. • Support your community members to access TB services early, without restriction. • Early access to TB services can save lives.
<p>EMOTION What do you want the audience to feel about the topic?</p>	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They are passionate about gender equity and human rights for those affected by TB. 	<ul style="list-style-type: none"> • I am proud to be a leader and TB champion by facilitating access to TB services in my community. • Be proud to live in a community with free access to TB services.



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Gender and Human Rights</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> • Gender <ul style="list-style-type: none"> • Men are more likely to have TB than women • Men with TB are less likely to be diagnosed than women • Health-seeking behaviour of men is less as compared with women because of issues of masculinity and economic needs • Decision-making and other socio-cultural factors (e.g., social norms, religion, culture, economic power) also inhibit women's access to TB services • Preference for male or female health workers by the clients • Inadequate capacity and infrastructures for gender-sensitive services • Human rights <ul style="list-style-type: none"> • Human rights and confidentiality violations of people who have TB by health workers, family/community members, employers, and social contacts • Lack of access to testing and treatment (DOTS) centres due to inadequate coverage • Lack of privacy and confidentiality (e.g., disclosure of health condition without client's permission)
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Service Provider
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: DOTS providers</p> <p>SECONDARY AUDIENCES: Hospital administration, general health care workers, laboratory personnel, and record officers</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> • Provide gender-sensitive services by recognising: <ul style="list-style-type: none"> • Specific needs of men and women with respect to time of visit to facility • The need for confidential counselling • The need for treatment support • Instil self-confidence in clients to improve health-seeking behaviour • Respect and advocate for the human rights of people who have TB



STEP 5

What do you want the audience to know, understand, feel, believe, think, etc?

STEP 6

What are some examples of how to say the message to this audience that they will understand and like?

KNOWLEDGE

What do you want this audience to *know* about the topic?

COMMUNICATION OBJECTIVES

- They know that gender influences how people seek TB services.
- They know how human rights issues affect TB services.
- They know their roles and responsibilities in ensuring the provision of gender-sensitive services to their clients.
- They know and respect the rights of their clients.

SAMPLE MESSAGES

- Men and women have different needs (e.g., the time and manner they need to come to the clinic).
- Men are more likely to seek TB care at odd times.
- Women may delay seeking care because of socio-economic factors.
- A person with TB has rights to access care and should be protected.
- People and communities affected by TB have a right to a life free from TB, and to equitable access to quality TB prevention, diagnosis, and treatment, free from stigma and discrimination. See the *Declaration of the Rights of People Affected by Tuberculosis* to learn more about these and other rights.

ATTITUDE

What *attitudes* do you want this audience to have about the topic?

COMMUNICATION OBJECTIVES

- They empathise with the different service delivery needs of men and women.
- They feel that providing gender-sensitive, rights-based TB services is an important part of their role.

SAMPLE MESSAGES

- Your understanding, consideration of the different needs of men and women, and positive attitude is part of treatment.

PERCEIVED RISK

What *threat* do you want the audience to feel about the topic?

COMMUNICATION OBJECTIVES

- They feel gender insensitivity in rendering TB services will contribute to increased TB burden and deaths in Nigeria.
- They feel that not respecting and protecting the rights of a person with TB will contribute to stigmatisation and ultimately increased burden of TB.

SAMPLE MESSAGES

- You can scare away your clients by your attitudes. This can lead to death of people who have TB.
- The impact of delayed access to TB services is detrimental.
- TB can kill if not treated promptly.
- Respect and protect the rights of all people who have TB.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> They are confident that they can provide gender-sensitive TB services predicated on human rights. 	<ul style="list-style-type: none"> You are the primary contact for clients. You are capable and can provide gender-sensitive services. You have a professional mandate to protect the rights of TB clients.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> They believe that stakeholders expect the providers to improve on their performance and will support the providers to do so. 	<ul style="list-style-type: none"> As service providers, it is important for you to provide gender-sensitive services that will attract people and contribute to good treatment outcomes. Violation of the rights of TB clients has a negative effect on your performance and contributes to TB burden.
PERSONAL ADVOCACY What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> They advocate for gender-sensitive, rights-based TB services in their facility. They encourage family and friends to grant their family members unrestricted access to TB services. 	<ul style="list-style-type: none"> Advocate for gender-sensitive, rights-based TB services in your facility. Support your family members, friends, clients, and those in your community to access TB services early. Early access to TB services can save lives.
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> They are proud to provide gender-sensitive, rights-based TB services. 	<ul style="list-style-type: none"> Providing gender-sensitive, rights-based TB services is a major achievement. Be proud of your efforts!



NTBLCP ACSM Guidelines Development Worksheet

STEP 1	TOPIC, SUB-TOPIC, NATIONAL PROGRAMME OBJECTIVE, AND KEY CHALLENGE
	<p>TOPIC Gender and Human Rights</p> <p>NATIONAL PROGRAMME OBJECTIVE RELATED TO TOPIC (Refer to TB-NSP 2021–2025) To protect and promote human rights and gender-related factors in provision of quality TB services.</p> <p>KEY CHALLENGES AROUND THE CHOSEN TOPIC</p> <ul style="list-style-type: none"> ● Human rights and confidentiality violations of people who have TB by health workers, family/community member, employers, and social contacts ● Lack of access to testing and treatment (DOTS) centres due to inadequate coverage ● Lack of privacy and confidentiality
STEP 2	DOMAIN: INDIVIDUAL, COMMUNITY, SERVICE, OR ADVOCACY
	Advocacy
STEP 3	AUDIENCE(S)
	<p>PRIORITY AUDIENCES: Policy makers and political leaders (e.g., Vice President, governors, ministers, local government chairmen, senators, House of Representatives members, members of House of Assembly, counsellors), health administrators, budget and national planning, special advisors, and human rights advocates</p> <p>SECONDARY AUDIENCES: Media (e.g., reporters, executives, station managers, producers), family and friends of leaders, celebrities, and gatekeepers</p>
STEP 4	WHAT DO YOU WANT THE AUDIENCE TO DO? (Audience-Specific Behavioral Objective)
	<ul style="list-style-type: none"> ● Ensure the rights of people who currently have or previously had TB are not violated ● Provide legal support to redress rights violations such as loss of job due to TB status ● Ensure adequate TB services in restricted areas such as prisons and internally displaced people (IDP) camps ● Create an enabling environment devoid of stigma and discrimination ● Respect and advocate for the human rights of people who have TB

STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
KNOWLEDGE What do you want this audience to <i>know</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They know the gender and human rights barriers to TB control. 	<ul style="list-style-type: none"> • More men have TB than women. • The preferred time to access TB services varies for men and women. • Some people who have TB have lost their job as a result of TB.
ATTITUDE What <i>attitudes</i> do you want this audience to have about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They value the need to address human rights and gender issues around TB. • They believe that ACSM is effective for addressing TB human rights and gender issues. 	<ul style="list-style-type: none"> • You are a leader in this state/LGA/ward/community. It is your duty to facilitate access to TB care at all times so that the people in your state/LGA/ward/community are healthy.
PERCEIVED RISK What <i>threat</i> do you want the audience to feel about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that gender and human rights issues would impact on TB control in country/state/LGA/ward/community. • They feel that ignoring TB would result in them being perceived as neglecting a major health and development problem in their state/LGA/ward/community. 	<ul style="list-style-type: none"> • Gender and human rights issues around TB drive people into hiding and increase exposure of the families in this state/LGA/ward/community to TB. • If you do nothing, the community will suffer. • TB results in increased mortality among children, especially children under five.



STEP 5 What do you want the audience to know, understand, feel, believe, think, etc?	STEP 6 What are some examples of how to say the message to this audience that they will understand and like?
SELF-CONFIDENCE/SELF-EFFICACY What do you want this audience to <i>feel confident</i> they can do about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that they can use their influential role to effectively contribute to reduce gender and human rights issues around prevention of TB. • They have the confidence to develop supportive policies to prevent gender and human rights violations in TB control. • They feel they can openly speak out about gender and human rights issues around TB control in a non-stigmatising way. 	<ul style="list-style-type: none"> • The health of your people depends on you, don't let them down. • As a leader, the supportive policies you develop and enforce will go a long way to prevent gender and human rights abuses that increase TB infections and deaths. • Speak openly for the rights of people who currently have or previously had TB to retain and return to their job after treatment.
PERCEIVED SOCIAL SUPPORT What do you want this audience to <i>believe about how others</i> (e.g., friends, family, neighbours, peers, etc.) <i>feel</i> about this topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel that their constituencies will support their efforts to reduce gender and human rights abuse around TB control. • They feel that they will be viewed as taking on a positive leadership role. 	<ul style="list-style-type: none"> • Be a champion! Lead the efforts to eliminate gender and human rights barriers to TB control. • The health of your people is in your hands, supporting their access to care will help in eliminating TB. • Your community will thank you and praise you.
PERSONAL ADVOCACY What do you want this audience to <i>say to others</i> (e.g., friends, family, neighbours, peers, colleagues, etc.) about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They will encourage colleagues and friends to support the formulation of policies that reduce gender and human rights barriers to TB control. 	<ul style="list-style-type: none"> • Join the fight against TB. Promoting access to TB service by all Nigerians is everybody's business. • Nigeria/our state/LGA/community depends on elimination of gender and human rights barriers to eliminate TB.
EMOTION What do you want the audience to <i>feel</i> about the topic?	
COMMUNICATION OBJECTIVES	SAMPLE MESSAGES
<ul style="list-style-type: none"> • They feel their support towards policies around reducing gender and human rights violations in TB services could be the game changer. • They feel proud and excited to promote access to TB care. 	<ul style="list-style-type: none"> • You are a true leader when you promote the good health of your state/LGA/community. Support the elimination of gender and human rights barriers to TB control. • To eliminate TB in Nigeria, everyone must have access to the care they need.

“Act Now” Implementation Planning Guide

Introduction

Developing the “Think Big” Strategy will help to generate the broad vision and the list of potential activities to implement. However, priorities need to be identified to move beyond a wish list of activities to doable actions. Priority settings are quite a challenging process because all the issues identified are important but resources (financial, human, time, etc) are limited. Therefore, to make tangible progress, hard decisions of priorities must be made so we can “Act Now” and get ACSM interventions implemented. A phased approach to activity implementation can be adopted so that activities are spread out based on current priorities and available resources.

Domains and Audiences

The current situation in your TB programme implementation should determine which domains (individual, community, service or advocacy) to focus most of your activities on during the initial phase. This is where you will concentrate most of your resources during this phase. There will likely be interventions going on in all four domains, but you should prioritise one domain that will receive more effort during this phase.

Then, we need to look at the audience and activities at the same time to review the primary and secondary audiences selected in the Think Big Strategy for the chosen domain, and refine if necessary, to align it with the specific activity. In the current era of audience-centred communication, the primary target audience is the “nucleus” around which all other key elements of any strategic communication intervention revolve. For each of the thematic areas of TB control, the primary target audience should be carefully selected after audience analysis based on findings from relevant research. The nature of transmission of TB has implications for audience behaviour change at the individual and community domains. For instance, if a family member has active TB and is not on treatment, the entire family is at risk of developing TB. The factors and reasons for collective preventive action at the family level also apply at the community level, if the norm and culture of TB prevention are to be established and maintained. As such, the individual, family, and community are priority target audiences for TB communication. TB diagnosis and treatment are primarily conducted at the health facility. Hence, the service providers are an important target audience at an organisational level to facilitate smooth running of TB tests and in providing critical counselling that contributes to adherence for treatment completion. At the socio-political domain, the advocacy efforts are targeted primarily at the policy makers and leaders who are directly in control of funds and other resources needed for TB programmes. However, the other important audiences for advocacy are those who can exert influence on the policy makers to take action.

Activities and Channels

The use of mutually reinforcing activities and multiple communication channels is important for a strategic communication intervention to be successful. Different media, communities (NGO/ outreach, community leaders, faith-based, etc), and interpersonal communication activities/channels are better at conveying different types of content. For example, print materials are good at conveying detailed information, whereas music or drama is good at conveying emotion, social normative perceptions, etc. Ideally, we would implement many different types of activities and channels to support each other. However, it is practically impossible to apply all relevant channels in a communication intervention due to constraints including:

- Inadequate resources
- Limited budget
- Limited expertise and other related manpower issues
- Inadequate materials
- Limited time

Amidst the ever-present challenge of inadequate resources, it is most important for programme planners to set priorities in the selection of multimedia materials in order to achieve tangible outcomes. Each channel has an important role to play, and advocacy should be used to convince decision-makers of this. Some key considerations in setting priorities for multimedia include:

- The ability of a given medium to convey the type of content needed to achieve the communication objectives.
- The media habits and preferred channels of the priority audience.
- The requirements, advantages, and challenges related to the use of each medium.
- Information on the available budget for TB SBCC/ACSM.

- The cost implications of the use of each medium, including cost of design, development, production, distribution, and dissemination.
- Duration of the programme (programme life cycle).
- Documented commitment for co-funding by partners.

Messages

Messages in TB communication are developed based on the consideration of the interplay of factors and influences around priority target audiences by each of the domains of TB communication. Message content includes a number of different components. Usually, we think of message content as the information and ideas that we are trying to convey. While this is an important aspect of message content, other considerations also need to be included in the message, such as the tone (emotion and feel), and unspoken communication, such as colour, visual appeal, body language, gestures, and the like. The priority messages should be developed based on current knowledge, attitudes, practices, and beliefs of the priority audiences as revealed by formative research, and the current facts on the cause, transmission, prevention, and treatment of TB. For each of the thematic areas and identified audience, the priority messages should address the belief and attitudes to promote, the basic facts and information, and the key action and practices to promote. It is most important that the key messages developed by professionals should be pretested with representatives of the audiences and revised.

The Activity Creative Brief

The Activity Creative Brief is a format that communication practitioners use to define and convey the specific objectives, audiences, and elements of message content for a specific activity. See Appendix IV for an example of a creative brief addressing TB and COVID-19.

Step-by-Step Practical Guide

1. Prioritise Domains, Audiences, and Activities: From the “Think Big” Strategy, the ACSM sub-committee should collectively identify which of the domains, audiences, and activities listed in the strategy worksheets are the priority for the first phase of implementation. Practical and strategic considerations should be weighed when prioritising.

Strategic questions that must be weighed include:

- Which of the domains and which audience(s) within the domain should be the priority at the current point in time? Which is the most urgent and important to focus on currently?
- Which activities will contribute the most towards achieving desired behaviour change in the priority audience NOW?
- Which audiences and activities can be addressed in subsequent phases of implementation?
- Strategic considerations need to be balanced with practical considerations such as:
- Which of the audiences or activities do member organisations of the ACSM sub-committee or other organisations in your area have funding and human resources to start implementing NOW?
- Which of the activities can be quickly and easily implemented to create momentum from “quick, easy wins” while larger, more involved activities are being developed?

2. Identify the Lead Implementing Organisations for Each Priority Activity and Create a “Design Team”

The lead implementing organisation (LIO) for the activity will lead the materials adaptation/ development process for the specific activity. Depending on the nature of the activity, the lead implementing organisation may want to set up a small “design team” from two or three selected members of the ACSM sub-committee to be involved in the development process of draft materials. The LIO and/or the design team will seek inputs and review from the ACSM sub-committee at key stages in the process. This approach will ensure that there is consensus by the ACSM sub-committee on the overall direction for the activity and it will give the entire committee opportunity for inputs to the content of the materials. At the same time, the LIO will provide leadership and day-to-day momentum to ensure satisfactory progress on the design and implementation of the activity.

2.1. Develop a Detailed Work Plan with Tasks, Responsible Party, Timelines, and Budget Specified

The design team should develop a detailed work plan that outlines the specific tasks to be carried out, who is responsible for each task, and the timeline for the completion of the tasks. Estimate the budget required for each task and include the budget in the work plan. The detailed work plan can serve as an activity tracker for the design team.

2.2 Write an Activity Brief for Each Priority Activity

The Activity Brief is used to communicate what you want the creative personnel (graphic artists, writers, film producers, advertising agencies, community mobilisation specialists, etc.) to develop. The creative personnel help determine how best to convey the messages to the intended audiences to meet the communication objectives. In effect, the “public health” personnel (you) will primarily determine the “what” of the content of the messages using the creative brief format. The creative personnel will advise on “how” to convey the content of the messages most effectively for the audience using the various creative mediums, such as graphics, visuals, language, writing, film, community engagement approaches, etc.

Because the type of activity will dictate the focus of the specific communication objectives, content, style, and tone of messages, an Activity Brief needs to be written for each activity. For instance, with TV and radio spots, it is best to focus on a limited number of messages to allow enough clarity, intensity, and repetition of the message to have an impact on the audience. Whereas at the community level, interventions require a broad spectrum of content to be able to respond to the variety of issues that will arise in the community, but the content of messages needs to be appropriate for the community agent to be able to use it effectively. See the Activity Brief Template in Appendix II for more information.

2.3. Identify and Select Creative and/or Specialist Personnel

It is often (though not always) most effective to identify and select the best creative or specialist personnel for an activity through a competitive process known as a “pitch.” The creative brief is provided to interested parties who have been identified as having credible skills and experience. They will then be given a specified amount of time to develop a pitch at which they will present their initial ideas and approaches that they would use. This way you will be able to determine the group or individual that has the best understanding and ability to deliver what you need.

2.4. Material Development Process

- Develop/adapt the first draft of materials.
- Pre-test materials with the involvement of selected members of the ACSM sub-committee and revise based on pre-test findings.
- Revise and finalise materials with ACSM sub-committee.
- Print and produce materials.

See Appendix IV for sample materials addressing TB and COVID-19.

2.5. Implement Activities

Implementation begins with the development of a detailed implementation plan, including activities, timelines, deliverables and persons responsible. Activities may include, but are not limited to: dissemination of materials, training and capacity strengthening of required personnel (e.g., TBLS, DOTS providers, PPMVs, field workers, religious leaders, implementing partners), interpersonal communication and community outreach activities, broadcast of radio and television spots and programs, posting on social media, and holding advocacy sessions.

2.6. Monitor Outputs and Evaluate Impact

Monitor activities and outputs on a regular basis to ensure roll-out proceeds as planned. Make mid-course corrections as needed, and use lessons learned from monitoring activities to adjust and fine tune implementation. Evaluate activities to determine effectiveness and assess impact. Document and disseminate results with donors, partners, key stakeholders and decision-makers, and other interested individuals and organizations. See “Measure It” below for more information.

“Measure It” Monitoring, Evaluation, and Learning Planning Guide

Government, donors, and international and in-country partner organisations are demanding evidence of interventions activities across all components in TB programmes including ACSM. The increasing demand for programme results calls for development of an M&E plan during the programme planning phase for ACSM activities and regular revisions of the plan based on evidence of progress and achievements.

The development of the TB ACSM component requires all programme planners and implementers to have a good grasp of ACSM M&E. It has become imperative to have a standardised matrix for reporting ACSM activities at national, state, and LGA levels to address the varying degrees of ambiguity in the type of activities to include in the ACSM M&E report. The matrix will also help to clarify the areas of ambiguities around M&E activities and information for ACSM.

The standardized matrix on TB ACSM M&E would consider the current ACSM indicators in the TB-NSP 2021–2025 at the national level, and how they can be adapted to the state and LGA levels. Each indicator is defined to guide users on what the M&E focus should be, and the possible sources of information (see table below). Some of the indicators will require information that can be collected from reports of organised surveys, while other indicators will require information from internal reports of the NTBLCP, STBLCP, and other partners in the TB control.

The indicators and the source of information will to a large extent be reflected in the ACSM programme activities and the M&E plan. The development of the TB ACSM M&E plan at all levels is a major requirement for effective ACSM M&E machinery. Effective M&E machinery for TB ACSM requires active collaboration among relevant sections and units of N/STBLCP and partners. The machinery can be initiated and sustained when reports of the various organisations involved in TB control are shared with the ACSM Unit of NTBLCP, STBLCP, and LGA health department. The coordination forum such as the meeting of the TB technical working groups and the ACSM sub-committee at the NTBLCP and STBLCP provide a good platform for sharing information that feeds into M&E reports for TB.

The ACSM units at the national, state, and LGA levels have the responsibility to provide information on each of the items on the M&E reporting format at their respective levels of TB programme. The M&E report for TB ACSM is prepared and shared quarterly. The LGAs share the report with STBLCP, the STBLCP shares with the NTBLCP, and the NTBLCP shares with development partners and stakeholders.

Strategic Objectives From the TB-NSP 2021–2025

1. To increase TB case notification rate for all forms of TB from 60 per 100,000 population in 2019 to 157 per 100,000 population in 2025 through universal scale-up of patient-centred quality TB services addressing the need of all populations.
2. To achieve and sustain TB treatment success rate of 90% by 2025 through incorporation of people-centred social support services into management of people who have TB.
3. To enhance childhood TB detection and treatment through innovative provision of integrated services towards achieving childhood TB proportion of 12% among all forms of TB cases from 8% in 2018 to 12% in 2025.
4. To increase proportion of estimated MDR/RR-TB cases notified from 11% in 2019 to 73% by 2025.
5. To enroll 100% of diagnosed DR-TB cases on treatment in accordance with global standard of care.
6. To rapidly scale up TB preventive services with the number of persons receiving TB preventive therapy increasing annually from 121,784 in 2018 to 873,961 by 2025.
7. To improve access to quality TB care through comprehensive engagement of all private care providers with the sector accounting for 40% of notified TB cases by 2025.
8. To strengthen provision of integrated services for all co-infected with TB and HIV, people with diabetes and other comorbidities.
9. To strengthen domestic resource mobilisation with in-country funding of TB budget increasing from 8% in 2019 to 50% by 2025.
10. To strengthen community involvement in provision of quality TB care with the community contribution to TB case notification increasing from 22% in 2018 to 30% by 2025.
11. To protect and promote human rights and gender-related factors in provision of quality TB services.
12. Strengthen programme management and capacity at all levels for the achievement of the TB-NSP target.

Although the ACSM M&E indicator definition matrix will guide thoughts and action on the reporting on the indicators, it is still very important to have a format to be used by various organisations to provide the needed information to be collated by the ACSM. A form was developed to help collect, collate, and report ACSM data at the various levels. The monitoring and evaluation form is titled “Measure It: National TB ACSM Output Monitoring and Outcome Evaluation Reporting Form.” This form is designed to help officers at all levels of ACSM implementation to compile data on the output indicators as contained in the TB-NSP 2021–2025, and help officers at all levels of ACSM implementation to know the type of information required for collection with regards to the ACSM outcome indicators. The M&E unit in collaboration with the ACSM unit has the responsibility to compile and use the M&E information to provide regular status updates on ACSM activities at their respective levels of the national programme.

TB ACSM Monitoring Matrix

Monitoring Matrix on TB ACSM				
No.	Indicator	Description of What to Report	Possible Sources of Data	Comments/ Reporting Frequency
I. Individual Level				
I.1	# of print materials distributed	Count of print materials (see list in Appendix II: Communication Activities) distributed to end users, by type of material and user. Users include community members, mobilisers, outreach workers, service delivery personnel, service delivery points, pharmacists, and others.	Government/	Quarterly
I.2	# of radio spots broadcast	Count of radio spots aired during each one-month period, aggregated quarterly, by region	Media contract Station broadcast logs	Quarterly
I.3	# of people reached with TB messages	Estimated count of people reached with TB messages, by channel or medium. Estimates are actual counts, where available (e.g., from distribution of print materials, from social media analytics, and from community events) or extrapolation from broadcast logs and media reach data. Counts from each source will be summed to produce a total reach and can be disaggregated by medium, channel, or language.	Government/ partner reports Social media data Broadcast logs	Quarterly
I.4	% with correct knowledge of when to seek care for TB	Proportion of people who know that one should seek care for TB if experiencing a cough that lasts at least two weeks	Community survey	Baseline Midline Endline
I.5	% of presumptive TB cases who report seeking care for a cough of two weeks or more	Proportion of people who reported having a cough of two weeks or more who also reported seeking care for that condition	Community survey	Baseline Midline Endline
I.6	% who know that TB treatment is free	Proportion of people who know that TB treatment can be obtained free of charge	Community survey	Baseline Midline Endline
I.7	% who perceive the threat of contracting TB as serious	Proportion of people who agree that contracting TB would have serious or very serious health effects	Community survey	Baseline Midline Endline
I.8	% who report discussion of TB prevention/treatment with others	Proportion of people who say they have spoken to someone about TB prevention or treatment within the past 6 months, by whom they report speaking to	Community survey	Baseline Midline Endline

Monitoring Matrix on TB ACSM

No.	Indicator	Description of What to Report	Possible Sources of Data	Comments/ Reporting Frequency
I.9	% who know where to go (health facility)/whom to call (hotline) to report possible TB infection	Proportion of people who correctly identify a place to go to report a possible TB infection. Proportion of people who correctly name an existing hotline where they can call to report a possible TB infection.	Community survey	Baseline Midline Endline
I.10	% who know that TB is curable	Proportion of people who agree that TB can be cured if treated properly	Community survey	Baseline Midline Endline
I.11	% who report fear of stigmatisation or discrimination if they seek care for TB	Proportion of people who report that they hesitate/would hesitate to seek TB care because they fear being stigmatised or discriminated against by others in the community.	Community survey	Baseline Midline Endline
II. Community Level				
II.1	# of people reached through community outreach events, by type of event	Estimated count of people reached with TB messages through community-based events, by location (state, LGA, ward)	Government/ partner reports	Quarterly N.B.: This could be a subset of Indicator I.3
II.2	# of traditional/religious/local leaders oriented on TB, including stigma and discrimination	Count of community leaders who participate in orientation events, seminars, workshops, or meetings (face-to-face or virtual) about TB, including how to reduce stigma and discrimination.	Government/ partner reports	Quarterly
II.3	# of communities with an active TB support group	Count of communities that have a funded and functional TB support group. Functional means that the group has identified members and has conducted TB support activity within the previous six months. OR Proportion of people who report that there is an active TB support group in their community	Government/ partner reports OR Community survey	Quarterly OR Baseline Midline Endline

Monitoring Matrix on TB ACSM

No.	Indicator	Description of What to Report	Possible Sources of Data	Comments/ Reporting Frequency
II.4	% of community members who report that local leaders have spoken out against TB stigmatisation	Proportion of people who report that they have heard or heard about at least one local leader who has made a public statement in support of reducing TB stigmatisation.	Community survey	Baseline Midline Endline
III. Service Provision Level				
III.1	# of job aids/ materials distributed to health facilities	Count of copies of job aids and other materials distributed to service delivery personnel and service delivery points, including pharmacies and other facilities that have contact with people who have TB.	Government/ Management information systems (MIS) reports	Quarterly
III.2	# of service providers trained on TB interpersonal communication and counselling	Count of service providers who participate in orientation events, seminars, workshops, or meetings (face-to-face or virtual) about interpersonal communication and counselling for people who have TB, by type of provider.	Government/ MIS reports Provider survey Observational study with provider interviews	Quarterly Annual or Baseline, Midline, Endline
III.3	# of people reached with TB health education and/or counselled using TB job aids/materials	Count of people receiving TB counselling from providers trained and supplied with project-provided job aids and materials	Government/ MIS reports/ Facility records Observational study	Quarterly Annual or Baseline, Midline, Endline
III.4	% of service providers who have positive anti-stigma attitudes toward people who have TB	Proportion of providers who express positive anti-stigma attitudes toward people who have TB. Stigma attitudes will be measured using a 3-4 item battery of questions combined to create a stigma attitude scale. The scale score will be divided into terciles; providers will be considered to have positive attitudes if their score falls into the top tercile.	Provider sentinel survey Observational study with provider interviews	Annual or Baseline, Midline, Endline

Monitoring Matrix on TB ACSM

No.	Indicator	Description of What to Report	Possible Sources of Data	Comments/ Reporting Frequency
III.5	% of providers who counsel people with TB about dealing with stigma and discrimination	Proportion of providers who report counselling people about how to deal with TB stigma and discrimination OR Proportion of people who report that their provider discussed how to deal with stigma and discrimination at their most recent clinic visit	Provider sentinel survey Observational study with provider interviews Client exit interviews	Annual OR Annual or Baseline, Midline, Endline
III.6	# of people being treated for TB who complete the full course of treatment	Count of people verified by treatment support workers to have completed a full course of treatment for their most recent TB infection.	Government/ MIS reports	Quarterly
III.7	% of clients tested for TB because of information received through one of the ACSM channels	Proportion of clients tested for TB who report coming for a test because of information received through an ACSM channel	Client exit interviews	Quarterly
IV. Advocacy Level				
IV.1	# of advocacy meetings/events	Count of events, seminars, workshops, or meetings (face-to-face or virtual) conducted by the advocacy team, by location (state/LGA/ward)	Government/ partner reports	Quarterly
IV.2	# of policymakers/ decision-makers reached with advocacy materials and/ or information	Count of policymakers/ decision-makers/ other political leaders reached through events, seminars, workshops, or meetings (face-to-face or virtual) conducted by the advocacy team, by location (state/LGA/ward)	Government/ partner reports	Quarterly
IV.3	# of communities receiving local funds for TB prevention activities	Count of communities that report receiving local funds dedicated for TB prevention activities, by location (State/ LGA). This would need to be verified from financial records about funding disbursement (at the ward level).	Government/ partner reports	Annual, depending on programme funding cycles
IV.4	Amount of funding released for local TB prevention activities	Amount of funding (in naira) disbursed to local communities for TB prevention activities, by location (state/LGA). This would need to be verified from financial records about funding disbursement (at the ward level).	Government/ partner reports	Annual, depending on programme funding cycles
IV.5	% of TB funding support that comes from domestic sources	Proportion of all TB funding disbursed to LGAs that comes from domestic sources, by source. Denominator would be TB funding from all sources.	Government/ partner reports	Annual, depending on programme funding cycles

TB ACSM Output Monitoring and Outcome Evaluation Reporting Form

MEASURE IT: National TB ACSM Output Monitoring and Outcome Evaluation Reporting Formx

Name of Organisation: _____

Date of Submission of Report: _____ DD/MM/YY

Reporting Period: _____ DD/MM/YY to _____ DD/MM/YY

Level: Federal State LGA Sector: Public Private NGO International

Name of State or LGA: _____

Name and Designation of Reporting Officer: _____

Phone Number: _____ Email: _____

REACH BY TOPIC	Seeking Care	Prevention	Adherence	Hotline	Stigma	TOTAL
# of print materials distributed						
# of radio spots broadcast						
# of people reached with TB messages						
KNOWLEDGE & ATTITUDES BY AUDIENCE	Males	Females	Caregivers	TB Positives	TB Negatives	TOTAL
% with correct knowledge of when to seek care for TB						
% of presumptive TB cases who report seeking care for a cough lasting more than two weeks						
% who know that TB treatment is free						
% who perceive the threat of contracting TB as serious						
% who report discussion of TB prevention/treatment with others						
% who know where to go (health facility)/ who to call (hotline) to report possible TB infection						
% who know that TB is curable						
% who report fear of stigmatisation or discrimination if they seek care for TB						

COMMUNITY LEVEL						
REACH BY TYPE OF ACTIVITY	Community Dialogue	Participatory Activities	Traditional Media	Community Media		TOTAL
# of people reached through community outreach events, by type of event						
ORIENTATION BY TOPIC	Seeking Care	Prevention	Adherence	Hotline	Stigma	TOTAL
# of traditional/ religious/local leaders oriented on TB, including stigma and discrimination						
SUPPORTIVE ENVIRONMENT BY LOCATION	STATE 1	STATE 2	STATE 3	STATE 4	STATE 5	TOTAL
# of communities with an active TB support group						
% of community members who report that local leaders have spoken out against TB stigmatisation (by type of leader)						

II. SERVICE PROVISION LEVEL

DISSEMINATION BY TYPE OF MATERIAL	Leaflets Brochures Flyers	Booklets	Flipcharts	Counselling Cards	Reference posters	TOTAL
# of job aids/ materials distributed to health facilities						
SERVICE QUALITY OUTCOMES BY LOCATION	STATE 1	STATE 2	STATE 3	STATE 4	STATE 5	TOTAL
# of service providers trained on TB interpersonal communication and counselling						
# of people reached with TB health education and/or counselled using TB job aids/ materials						
% of service providers who have positive anti-stigma attitudes toward people who have TB						
% of providers who counsel people who have TB about dealing with stigma and discrimination						
# of people being treated for TB who complete the full course of treatment						
% of clients tested for TB because of information received through one of the ACSM channels						

III. ADVOCACY LEVEL

ADVOCACY OUTCOMES BY LOCATION	STATE 1	STATE 2	STATE 3	STATE 4	STATE 5	TOTAL
# of advocacy meetings/events						
# of policymakers/decision-makers reached with advocacy materials and/or information						
# of communities receiving local funds for TB prevention activities						
Amount of funding released for local TB prevention activities						
% of TB funding support that comes from domestic sources						

Section III

Appendix I: Current Strengths, Weaknesses, Opportunities, and Challenges Analysis for the TB Programme in Nigeria

The Strengths, Weaknesses, Opportunities, and Challenges analysis examines the tuberculosis programme in Nigeria and sets the stage for ACSM strategy and the guide for its implementation. The analysis was developed by a collaborative team of NTBLCP and other implementing partners in Nigeria.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ● Presence of a national TB/leprosy programme with a central unit ● Existing national policy on TB/leprosy control ● Existing workers manual ● Presence of a national ACSM committee ● National training centre for TB and leprosy a pivot for human resource development ● 1,929 TB DOTS centres are providing DOTS services within 505 out of 774 LGAs in Nigeria ● Quality assured anti-TB drug supplies are available at all levels supplied by the Global Drug Facility ● Increased accessibility to diagnostic and treatment services (100% DOTS coverage by states) ● Improving treatment success rates 	<ul style="list-style-type: none"> ● Low government commitment to TB control at all levels ● Over dependence on external donor funding for TB programming ● Lack of a national strategy to guide actions ● Low or lack of capacity to plan and implement ACSM activities at federal, state, and LGA levels including operational research ● Lack of financial resources to sustainably support coordination through the national ACSM committee
OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ● Health sector reform is expected to bring fundamental changes that will support accountability in improving programme performance ● Increasing interest to support the new democratic government by the international community ● Strong collaboration with other programmes such as HIV/AIDS ● Presence and support from Global Fund to fight AIDS, tuberculosis, and malaria 	<ul style="list-style-type: none"> ● Over dependence on external donor funding ● Absence or lack of government funding of TB activities at federal, state, and LGA level ● Lack of capacity at the federal level to strategically implement ACSM activities ● Weak mechanism for coordination among the various stakeholders and funding agencies

Appendix II: Activity Brief Template

TYPE OF MATERIAL:

INTENDED AUDIENCE: Whom is the material designed/intended for?

PURPOSE: Why do we need this material?

OBJECTIVES: What are we asking the audience to do/think/feel?

KEY BENEFITS: What is the key promise to the target audience?

CONTENT:

CHANNELS / LOCATION:

BRANDING AND CREDITS:

LANGUAGES AND LITERACY LEVEL:

PROPOSED FORMAT:

CREATIVE CONSIDERATIONS:

TONE:

FUNCTION: How will this material be used?

Appendix III: Communication Channel and Format

(Put Check Mark Next to Selected Ones)

COMMUNITY

Community Dialogue and Dissemination

- One-on-one
 - House-to-house
 - Guided Group Discussion
 - Compound Meetings
 - Other? (write in)
-

Community Participatory Activities

- Poetry, Essay, Storytelling, Music, or Art Contests/Forums
 - Games
 - Community Drama
 - Health Fairs
 - Sports Tournaments
 - Other? (write in)
-

Traditional Media

- Storytelling, Griot
 - Dancing
 - Traditional Music
 - Cloth Design
 - Other? (write in)
-

Community Media

- Town Announcers (Community Info Officers)
 - Announcements and Notices at Community Gathering Places: Churches, Mosques, Schools, Markets, Clubs, etc.
 - Community-based Public Address Systems
 - Community Radio
 - Other? (write in)
-

MASS MEDIA: TV AND RADIO

- TV and Radio Spots
 - Mini Drama/Documentary
 - Music Video and Song
 - Documentary
 - Serial Drama
 - TV or Radio Quiz Game Show
 - Full Length Movie
 - Other? (write in)
-

MASS MEDIA: TV AND RADIO Inserting Tuberculosis Content on Existing Mass Media Programs

- TV or Radio Talk Show
 - Existing Dramas and Shows
 - News Media
 - Newspaper Advert
 - Other? (write in)
-

MASS MEDIA: INFORMATION AND COMMUNICATION TECHNOLOGY

- SMS Messaging – Targeted
 - SMS Messaging – Blanket
 - Web ads
 - Dedicated Webpage
 - Facebook Site
 - Twitter
 - YouTube
 - Other? (write in)
-

PRINT MATERIAL primarily focused on conveying more detailed information

- Leaflets, brochures, flyers
 - Booklets
 - Flipcharts
 - Other? (write in)
-

“TOP-OF-MIND” PROMOTIONAL MATERIAL
“top-of-mind” awareness and reminders to support other activities that convey more message content.

- Signboards, Banners
 - Posters
 - T-shirts
 - Faze Caps, Wrist Bands, Pens, Bags, etc.
 - Other? (write in)
-

POINT OF SERVICE/SALE MATERIAL
to be displayed at service facilities and sales points to prompt clients to seek a service or product

- Posters
 - Stickers
 - Sign Post
 - Flex Stands
 - Badges
 - Other? (write in)
-

JOB AIDS
materials to assist health service providers to improve their quality of service

- Flipcharts
 - Counselling Cards
 - Reference Posters
 - Other? (write in)
-

TRAINING

Training in the Use of Specific Materials

- Training/Orientation in Use of Specific Communication Materials (example: flipcharts, job aids, etc.)
 - Other? (write in)
-

Training in Communication Skill Areas

- Interpersonal Counselling and Communication Skills (IPC/C) and/or Facilitation Skills
 - Community Entry and Mobilisation Approaches
 - Advocacy Skills
 - Other? (write in)
-

Training in Communication Concepts, Processes and Approaches

- Training
 - Other? (write in)
-

ADVOCACY MATERIALS

- Briefing packets
 - Presentations
 - Meetings
 - Other? (write in)
-

OTHER

Add other communication channels here (write in)

Appendix IV: TB and COVID-19 Creative Brief and Sample Materials

Creative Brief: Addressing Concerns Around TB and COVID-19

Purpose	<p>To maintain the gains made in TB case finding during the COVID-19 pandemic by allaying fears around presenting at a health facility with a cough.</p>
Background	<p>Reports from TB service delivery partners suggest that many patients presenting in hospitals during the COVID-19 pandemic are afraid to mention that they have a cough for fear of being suspected to have COVID-19. Other patients with cough are not going to health facilities in the first place for similar reasons. This has reduced the number of presumptive and confirmed TB cases notified in Nigeria. This impact, if not addressed, could reverse the gains already made in TB case finding.</p>
Target Audience	<p>INDIVIDUAL/COMMUNITY LEVEL Primary Audience: Anyone with any form of cough Secondary Audience: Supporters of anyone with a cough</p> <p>SERVICE PROVIDER LEVEL: Primary Audience: DOTS providers, PPMVs, community pharmacists, out-patient department (OPD) Secondary Audience: STBLCPs, TBLs, health facility in-charges</p>
Communication Objectives	<p>INDIVIDUAL/COMMUNITY LEVEL:</p> <p>Increase the % of the primary target audience who:</p> <ul style="list-style-type: none"> ● Knows the difference between TB and COVID-19 signs and symptoms ● Understands that one can only be declared positive for either TB/COVID-19 after clinical tests ● Feels confident in their ability to go to a health facility for a cough test if experiencing TB symptoms ● Calls their state COVID-19 hotline and/or the national TB hotline to find out more information ● Goes to a health facility for a cough test if experiencing TB symptoms <p>Increase the % of the secondary target audience who:</p> <ul style="list-style-type: none"> ● Has non-stigmatizing beliefs around TB and COVID-19 ● Supports anyone with a cough to call the state COVID-19 hotline and/or national TB hotline and go to a health facility for a cough test <p>SERVICE PROVIDER LEVEL:</p> <p>Increase the % of the primary target audience who:</p> <ul style="list-style-type: none"> ● Screens clients for TB and COVID-19 and refers appropriately ● Practices effective infection prevention and control measures ● Triage client presenting with cough without stigmatizing them <p>Increase the % of the secondary target audience who:</p> <ul style="list-style-type: none"> ● Empowers their trained and designated staff to screen clients for TB and COVID-19 ● Provides a supportive infection prevention and control environment (e.g. provision of PPE) ● Allays service provider fears around COVID-19

Barriers	<ul style="list-style-type: none"> • Perceived similarity in symptoms between COVID-19 and TB • Fear of a cough being perceived as COVID-19 • COVID-19 and TB-related stigma • Lack of awareness of the differences between TB and COVID-19 • Fear of becoming infected with COVID-19 															
Key Messages	<ul style="list-style-type: none"> • Not all coughs are COVID-19 coughs. • Sick people with COVID-19 and TB show similar symptoms such as cough, fever and difficulty breathing. Both diseases attack primarily the lungs, and both are transmitted mainly via close contact. However, there are several important differences between COVID-19 and TB: <ul style="list-style-type: none"> • In COVID-19, cough is usually dry. In TB, cough is usually productive of sputum. • In COVID-19, fever is high grade. In TB, fever is low grade. • In COVID-19, symptoms appear quickly (2-14 days after exposure, with a median of 5 days, if symptoms ever arise), and disappear after approximately 7 days, except in severe cases, which could be more. In TB, symptoms appear gradually (often over a period of weeks or longer) and persist if not treated. • If you are unwell and are showing the above symptoms and have a history of contact for either TB or COVID-19, and/or have risk factors (diabetes, Immunosuppression, other non-communicable diseases, etc) for either, it is important that you are tested for both TB and COVID-19. • If you are coughing, call your state COVID-19 hotline and/or the national TB hotline for more information. • If you are coughing and your cough is productive of sputum, go to the nearest health facility for a cough test. • The tests for COVID-19 and TB are different. You may be tested for both if you are showing symptoms, have been in contact with someone who is known to have COVID-19 or TB, or have a travel history that would increase your risk of exposure to either disease. When you visit the health facility, let them know your symptoms and any risk factors you may have for either COVID-19 or TB. <table border="1" data-bbox="448 1417 1417 1883"> <thead> <tr> <th></th> <th>COVID-19</th> <th>TB</th> </tr> </thead> <tbody> <tr> <td>Cough</td> <td>Dry cough</td> <td>Sputum cough</td> </tr> <tr> <td>Fever</td> <td>High grade</td> <td>Low grade</td> </tr> <tr> <td>Symptoms</td> <td> <ul style="list-style-type: none"> • Appear quickly (2-14 days, with a median of 5 days) after exposure, if symptoms ever arise. • Disappear after approximately 7 days, except in severe cases, which could be more. • May not present symptoms at all. </td> <td>Appear gradually, often over a period of weeks or longer, and persist if not treated.</td> </tr> <tr> <td>Call line</td> <td> <ul style="list-style-type: none"> • 080097000010 </td> <td>08002255282</td> </tr> </tbody> </table>		COVID-19	TB	Cough	Dry cough	Sputum cough	Fever	High grade	Low grade	Symptoms	<ul style="list-style-type: none"> • Appear quickly (2-14 days, with a median of 5 days) after exposure, if symptoms ever arise. • Disappear after approximately 7 days, except in severe cases, which could be more. • May not present symptoms at all. 	Appear gradually, often over a period of weeks or longer, and persist if not treated.	Call line	<ul style="list-style-type: none"> • 080097000010 	08002255282
	COVID-19	TB														
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Call line	<ul style="list-style-type: none"> • 080097000010 	08002255282														

Communication Channels	<p>CROSS-CUTTING</p> <ul style="list-style-type: none"> ● TB and COVID-19 message guide to inform all activities ● Posters for placement in communities, at PPMVs, in health facilities ● Brochures/leaflets for distribution to community members/clients ● Stickers for placement on tricycles (Keke Napep), commercial buses, etc ● Frequently Asked Questions (FAQs) for TB call center <p>INDIVIDUAL/COMMUNITY LEVEL</p> <ul style="list-style-type: none"> ● Radio spots ● Social media (Facebook) ● State COVID-19 hotlines ● National TB call center ● Media orientation and briefing packet ● Live interactive radio programming ● TV spots ● Short video animations ● News stories ● Short skits ● Online success stories <p>SERVICE PROVIDER LEVEL</p> <ul style="list-style-type: none"> ● TB and COVID-19 screening and referral tool
Geographic Scope	<ul style="list-style-type: none"> ● Mass media interventions will be national in reach. ● Community outreach interventions will target TB hotspots where there is a high disease burden and will roll out in partnership with NTBLCP and implementing partners. ● Service provider interventions will be rolled out primarily through STBLCPs and implementing partners in PPMVs, CPs and health facilities.

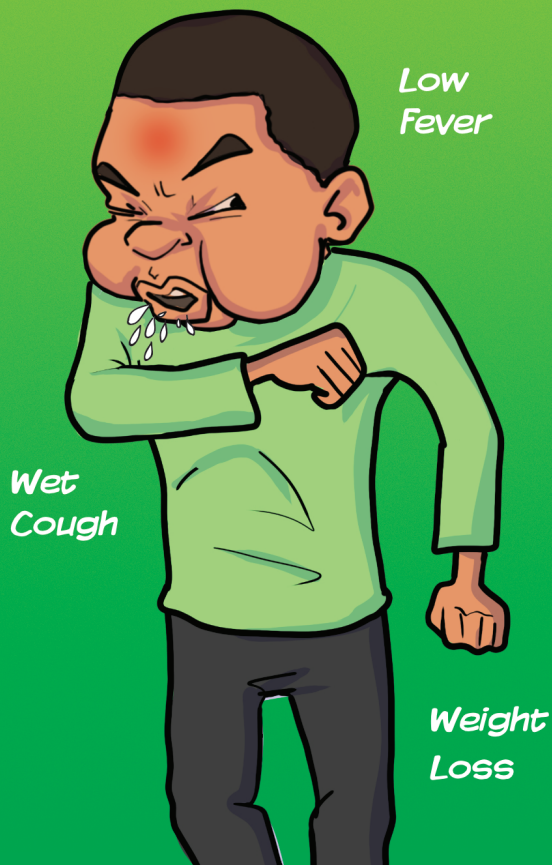


COUGHING?

IT COULD BE TUBERCULOSIS (TB)

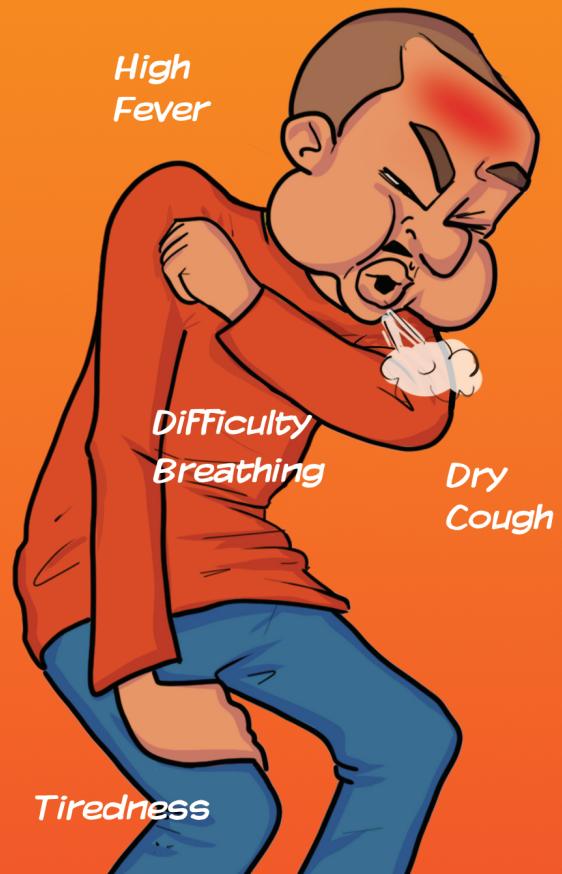
TB SYMPTOMS

Symptoms appear gradually



COVID-19 SYMPTOMS

Symptoms appear quickly



If you have these symptoms, call
the TB Hotline for a free test.

3340

If you have these symptoms, call
the COVID-19 Hotline for a free test.

0800 9700 0010

[check_am_o](#) [check_am_o](#) [check_am_o](#)





COUGHING?

IT COULD BE TUBERCULOSIS (TB)

TB SYMPTOMS

Symptoms appear gradually



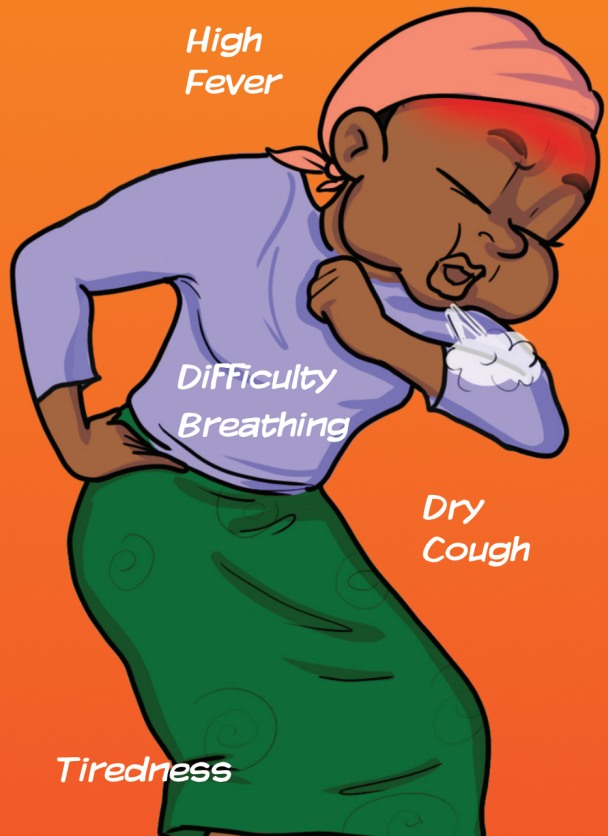
*Low
Fever*

*Wet
Cough*

*Weight
Loss*

COVID-19 SYMPTOMS

Symptoms appear quickly



*High
Fever*

*Difficulty
Breathing*

*Dry
Cough*

Tiredness

If you have these symptoms, call the TB Hotline for a free test.

3340

If you have these symptoms, call the COVID-19 Hotline for a free test.

0800 9700 0010

[f check_am_o](#) [i check_am_o](#) [t check_am_o](#)



TARI NE?
ZAI IYA KASANCEWA TARIN FUKA (TB)

ALAMOMIN TARIN FUKA
Alamomin suna bayyana kadan-kadan

Zazzabi marar tsanani

Tari mai majina

Ramewa

ALAMOMIN CUTAR KORONA
Alamomin suna bayyana da gaggawa

Zazzabi mai tsanani

Wahalar numfashi

Tari marar majina

Yawan gajiya

Da zarar anji wadan nan alamonin, a kira wannan layi na gaggawa don yin gwajin tarin fuka kyauta.

3340

Da zarar anji wadan nan alamonin a kira wannan layi na gaggawa don yin gwajin cutar Korona kyauta.

0800 9700 0010

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[i check_am_o](#)
[t check_am_o](#)

TARI NE?
ZAI IYA KASANCEWA TARIN FUKA (TB)

ALAMOMIN TARIN FUKA
Alamomin suna bayyana kadan-kadan

Zazzabi marar tsanani

Tari mai majina

Ramewa

ALAMOMIN CUTAR KORONA
Alamomin suna bayyana da gaggawa

Zazzabi mai tsanani

Wahalar numfashi

Tari marar majina

Yawan gajiya

Da zarar anji wadan nan alamonin, a kira wannan layi na gaggawa don yin gwajin tarin fuka kyauta.

0800 225 5282

Da zarar anji wadan nan alamonin a kira wannan layi na gaggawa don yin gwajin cutar Korona kyauta.

0800 9700 0010

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[i check_am_o](#)
[t check_am_o](#)

I NWERE UKWARA?
ONWERE IKE IBU UKWARA NTA

IHE MGBAAMA UKWARA NTA
Ihe mgbaa na eji nwayo nwayo aputa

Obere ahu oku

Ukwara mmiri mmiri

Ita ahu

IHE MGBAAMA COVID-19
Ihe mgbaa na aputa osiso

Oke ahu oku

Ike ume oku oku

Ukwara kporo riky

Ike ogwugwu

Oburu na i nwere ihe mgbaa ndi a, kporo ekwe-nti ulu oru ndi ahu maka ihe gbasara ukwara nta. Ha ga enyocha gi ahu na efu.

3340

Oburu na i nwere ihe mgbaa ndi a, kporo ekwe-nta ulu oru ndi NCDC nke steeti gi. Ha ga enyocha gi ahu na efu.

0800 9700 0010

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[i check_am_o](#)
[t check_am_o](#)

I NWERE UKWARA?
ONWERE IKE IBU UKWARA NTA

IHE MGBAAMA UKWARA NTA
Ihe mgbaa na eji nwayo nwayo aputa

Obere ahu oku

Ukwara mmiri mmiri

Ita ahu

IHE MGBAAMA COVID-19
Ihe mgbaa na aputa osiso

Oke ahu oku

Ike ume oku oku

Ukwara kporo riky

Ike ogwugwu

Oburu na i nwere ihe mgbaa ndi a, kporo ekwe-nti ulu oru ndi ahu maka ihe gbasara ukwara nta. Ha ga enyocha gi ahu na efu.

0800 225 5282

Oburu na i nwere ihe mgbaa ndi a, kporo ekwe-nta ulu oru ndi NCDC nke steeti gi. Ha ga enyocha gi ahu na efu.

0800 9700 0010

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[i check_am_o](#)
[t check_am_o](#)

YOU DEY COUGH? E FIT BE TUBERCULOSIS (TB)

TB SIGNS NA
Signs dey show small small

Fever wey body no too hot

Cough wey water dey comot

Reduce weight

COVID-19 SIGNS NA
Signs dey show sharperly

Fever wey body dey hot well well

To breath e dey difficult

Cough wey water no dey comot

Body dey tire person

If you get dis signs make you grin grin the TB hotline, make dem do free test for you. **3340**

If you get dis signs make you grin grin the COVID-19 hotline, make dem do free test for you. **0800 9700 0010**

[f check_am_o](#) [i check_am_o](#) [t check_am_o](#)

YOU DEY COUGH? E FIT BE TUBERCULOSIS (TB)

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If you get dis signs make you grin grin the COVID-19 Hotline, make dem do free test for you. **0800 9700 0010**

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ŞÉ Ò NŌWÚKÓ? Ó LEÈ JÈ IKỌ IFE (TB)

ÀWỌN ÀPÈÈRÈ IKỌ IFE
Àwọn àpèèrè yìò farahàn dièdiè

Ara tó n lẹ wọrọ

Ikọ ònì kẹlẹbẹ

Ki eniyan maa ru

ÀWỌN ÀPÈÈRÈ COVID-19
Àwọn àpèèrè yìò tètè farahàn

Ara gbìgbóná

Ki eniyan ma le min daada

Ikọ egbe

Kó maa re 'yan

Tí o bá ní àwọn àpèèrè wọnyí, pe nóm̀bà ipè pàjáwírí fún ikọ ife tí a ko sábe yí láti ẹ̀ ayẹ̀wò lẹ́fẹ́. **3340**

Tí o bá ní àwọn àpèèrè wọnyí, pe awon nóm̀bà ipè pàjáwírí tí a ko sábe yí fún COVID-19 láti ẹ̀ ayẹ̀wò lẹ́fẹ́. **0800 9700 0010**

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ŞÉ Ò NŌWÚKÓ? Ó LEÈ JÈ IKỌ IFE (TB)

ÀWỌN ÀPÈÈRÈ IKỌ IFE
Àwọn àpèèrè yìò farahàn dièdiè

Ara tó n lẹ wọrọ

Ikọ ònì kẹlẹbẹ

Ki eniyan maa ru

ÀWỌN ÀPÈÈRÈ COVID-19
Àwọn àpèèrè yìò tètè farahàn

Ara gbìgbóná

Ki eniyan ma le min daada

Ikọ egbe

Kó maa re 'yan

Tí o bá ní àwọn àpèèrè wọnyí, pe nóm̀bà ipè pàjáwírí fún ikọ ife tí a ko sábe yí láti ẹ̀ ayẹ̀wò lẹ́fẹ́. **3340**

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Stickers

English

COUGHING?
IT COULD BE TUBERCULOSIS (TB)

Call the TB Hotline For a Free test
3340

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USAID Breakthrough ACTION

COUGHING?
IT COULD BE TUBERCULOSIS (TB)

Call the TB Hotline For a Free test
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f check_am_o @ check_am_o t check_am_o

USAID Breakthrough ACTION

Hausa

TARI NE?
ZAI IYA KASANCEWA TARIN FUKA (TB)

Ayi hanzarin kiran wannan layi na gaggawa domin yin gwajin tarin fuka kyauta.

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USAID Breakthrough ACTION

TARI NE?
ZAI IYA KASANCEWA TARIN FUKA (TB)

Ayi hanzarin kiran wannan layi na gaggawa domin yin gwajin tarin fuka kyauta.

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USAID Breakthrough ACTION

Igbo

I NWERE UKWARA?
ONWERE IKE IBU UKWARA NTA

Kpoo ekwe-nti ulo oru na hu maka ukwara nta maka nyocha aru na efu

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USAID Breakthrough ACTION

I NWERE UKWARA?
ONWERE IKE IBU UKWARA NTA

Kpoo ekwe-nti ulo oru na hu maka ukwara nta maka nyocha aru na efu

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USAID Breakthrough ACTION

Pidgin

YOU DEY COUGH?
E FIT BE TUBERCULOSIS (TB)

Grin grin the TB numba make dem do Free test for you

3340

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USAID Breakthrough ACTION

YOU DEY COUGH?
E FIT BE TUBERCULOSIS (TB)

Grin grin the TB numba make dem do Free test for you

3340

f check_am_o @ check_am_o t check_am_o

USAID Breakthrough ACTION

Yoruba

ŞÉ Ò NÍWÚKÓ?
Ó LEÈ JÉ IKÓ IFE (TB)

Pe nóm̀bà yí láti se àyèwò lófèè

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USAID Breakthrough ACTION

ŞÉ Ò NÍWÚKÓ?
Ó LEÈ JÉ IKÓ IFE (TB)

Pe nóm̀bà yí láti se àyèwò lófèè

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USAID Breakthrough ACTION

WHAT ARE THE DIFFERENCES BETWEEN TB AND COVID-19?

WHAT ARE THE SIMILARITIES BETWEEN TB AND COVID-19?

WHAT HEALTH CARE WORKERS NEED TO KNOW AND DO TO REDUCE TUBERCULOSIS STIGMA

The cause of the disease:

- TB is caused by a bacterium called Mycobacterium tuberculosis.
- COVID-19 is caused by a virus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Coughing and Sneezing:

- In TB, the cough is usually wet and produces sputum, and only resolves only after treatment.
- In COVID-19, the cough is usually dry, usually appears quickly and resolves after virus is cleared from the body.

Fever:

- TB presents with a low grade fever.
- COVID-19 presents with a high grade fever.

Specimen For Laboratory Diagnosis:

- For TB, sputum is collected for diagnosis.
- For COVID-19, nasopharyngeal swab and/or nasal wash/aspirates are collected and sent to a laboratory for testing.

Systems Affected, Symptoms and Test Apparatus:

- Both affect the respiratory system and are transmitted from human to human.
- Some of the symptoms include cough, fever, and difficulty breathing, but there is evidence of some differences in the way these symptoms present
- Samples of both diseases can be tested using a GeneXpert machine.

Preventive Measures:

- Cough etiquette - cough/sneeze into bent elbow, tissue or handkerchief.
- Triaging at health facility is useful in both diseases.
- Use of Personal Protective Equipments (PPE) e.g., face mask, gloves and face shield.
- Practice universal safety precautions e.g., regular hand washing or using alcohol based hand sanitizer.

TB SYMPTOMS

Symptoms appear gradually



COVID-19 SYMPTOMS


Symptoms appear quickly



Similarities and Differences Between TB and COVID-19



MANY PEOPLE WITH A COUGH ARE AFRAID TO SEEK CARE



DID YOU KNOW?

- Tuberculosis is the leading cause of infectious death globally and in Nigeria.
- Tuberculosis can be diagnosed within 2 hours and diagnosis is free.
- Tuberculosis is curable and the treatment is free.
- You can call the TB hotline at 08002255282 to find the closest location for a free TB test.

WHAT CAN YOU DO?


- You can provide useful information to a client on TB and COVID-19.
- You can encourage your clients to adhere to preventive measures.
- You can encourage people with a persistent cough to call the TB hotline 08002255282 for the nearest testing location.
- Remember, by referring people for TB test or to the TB hotline, you are contributing to a TB-free Nigeria.

The Coronavirus Disease 2019 (COVID-19), which is caused by a new strain of coronavirus (SARS-CoV-2) has spread across the world and was declared a pandemic on 11 March 2020 by the WHO. COVID-19 has received both local and global attention and coverage. It has impacted all areas of life as well as control of several diseases of public health importance including Tuberculosis (TB).

Cough is one of the most common symptoms of COVID-19 and is a symptom of many other diseases also.

However, very few diseases have similarities with COVID-19 symptoms like TB. However these symptoms can be differentiated.

Healthcare service providers including doctors, nurses, community pharmacies and proprietary patent medicine vendors (PPMV) can provide useful information that can reduce the spread of disease and reduce stigma among clients seeking care.



IMAGINE...

EVERYONE WITH A COUGH SEEKS APPROPRIATE CARE, LIKE GETTING A TUBERCULOSIS TEST AND TREATMENT. WE WOULD BE SAVING MANY LIVES!

CALL 3340

FOR THE TB TEST CENTRE NEAREST TO YOU

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BASIC FACTS ABOUT Tuberculosis and COVID-19

	Tuberculosis	COVID-19
Organism	• Bacteria	• Virus
Species	• Mycobacterium tuberculosis	• Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)
Transmission	• From person to person through droplet nuclei when coughing or sneezing.	• From person to person through droplet particles and through contaminated surfaces.
Diagnosis	• Sputum tests for those with cough. Other samples depending on symptoms.	• Nasal or oropharyngeal swabs and/or sputum tests.
Infectiousness	• Ranges from less than 1 to up to 4 people infected for every 1 person with TB.	• Currently an average of 2.2 people are infected for every 1 person with COVID-19.
Prevention	<ul style="list-style-type: none"> • Cough or sneeze into your elbow, sleeve or handkerchief. • TB preventive therapy for close contacts of people with TB and other risk populations, such as people living with HIV. • Early diagnosis and appropriate TB treatment. • Keep living spaces well ventilated. 	<ul style="list-style-type: none"> • Practice physical distancing of 2 meters (6 feet). • Cough or sneeze into your elbow, sleeve or handkerchief. • Wash your hands frequently with soap under running water for at least 20 seconds. Use an alcohol-based sanitizer if you cannot access soap and water. • Wear a face mask, particularly if experiencing symptoms or taking care of someone with symptoms. • Wear personal protective equipment (PPE) for health care professionals. • Keeping living spaces well ventilated.
Symptoms	<ul style="list-style-type: none"> • Systemic or generalised symptoms include low grade fever, weight loss and night sweats. • Lung specific symptoms may include a cough which is usually productive of sputum (wet), shortness of breath, chest pain and coughing up blood. 	<ul style="list-style-type: none"> • High grade fever, cough (usually dry), sore throat and shortness of breath. Loss of smell and taste. • During the second week of illness (sometimes): difficulty breathing (severe acute respiratory distress). • Clinical presentation classified: <ul style="list-style-type: none"> – Asymptomatic/mild disease (80%) – Moderate disease (15%) – Severe disease (5%)
Onset	<ul style="list-style-type: none"> • Symptoms appear gradually, often over a period of weeks or longer. • Symptoms persist if not treated. 	<ul style="list-style-type: none"> • Symptoms typically appear quickly (2-14 days after exposure, with a median of 5 days), if symptoms ever arise. • Symptoms disappear after approximately 7 days, except in severe cases which could be more.
Treatment	<ul style="list-style-type: none"> • TB is curable when a patient is diagnosed early and adheres to the treatment regimen. • Drug-sensitive TB: 4 anti-tuberculosis medicines for 2 months and 2-3 anti-tuberculosis medicines for 4 months (6 month of treatment). • Drug-resistant TB: anti-tuberculosis medicines for 9-24 months. 	<ul style="list-style-type: none"> • Symptomatic and supportive treatments currently. • Depending on severity, concentrated oxygen and ventilator may be used. • Antibiotics if secondary bacterial infection is suspected. • Note: Many drug trials are underway.
Vaccine	• BCG offers some protection against severe forms of TB, particularly for children.	• No. Vaccine research and development underway.
Toll-free hotline	• 3340	• 0800-97000-010

