THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

National TB and Leprosy Programme

Advocacy, Communication and Social Mobilisation (ACSM) Strategy and implementation plan

FOR
TB AND LEPROSY PROGRAM
(2015-2020)

MARCH 2016

Contents

FOREWORD

Tuberculosis (TB) is still a serious public health problem in Tanzania. A total of 63,151 cases of all forms were notified in 2014, which shows a decline of 3.9% or 2,581 cases compared to the year 2013. Among the cases notified, new cases were 60,575 (95.9%) and the retreatment cases were 2,576 (4.1%) which is almost the same proportions for the past three years. Among the new TB cases, 23,447 (37%) were bacteriologically confirmed, 23,587 (37%) were clinically diagnosed and 13,441 (21%) were extra-pulmonary TB.

The National Tuberculosis and Leprosy Programme (NTLP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is charged with the responsibility of facilitating early diagnosis, treatment and cure of tuberculosis and leprosy patients in the country. Regrettably one of the major challenges faced by the programme is low awareness on TB, TB/HIV and MDR-TB among the general population. Many people do not have adequate knowledge about the disease, its cause, symptoms and treatment. Poor understanding of the disease has led to misconceptions and myths that prevent people from accessing timely diagnosis and proper care to break the chain of TB transmission

Therefore the government through the Ministry of Health, Community Development, Gender, Elderly and Children is determined to reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2020. To realize this NTLP in collaboration with partners has developed the National Advocacy, Communication and Social Mobilization (ACSM) Strategy for TB and Leprosy control which is also aligned with the National Strategic Plan V (2015-2020) for TB and Leprosy.

This ACSM strategy will contribute towards the reduction of morbidity and mortality of TB and leprosy in the country. It has been designed to implement a multi-level approach combining activities at the national and community levels using different communication channels to improve peoples' perceptions about causes, symptoms, transmission and prevention of Tuberculosis (TB), and generate demand for utilization of TB services. A range of activities have been identified to support behavior change communication, community mobilization, advocacy, and mass media campaigns through TV, radio, print and outdoor media as well as traditional media.

It is hoped that key stakeholders (national and international) are expected to continue playing the key role of providing technical and financial support where necessary. It is also hoped that, this strategy along with other national guiding documents will support in TB and Leprosy control in Tanzania.

Mpoki

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Permanent Secretary
May 2016

ACKNOWLEDGEMENT

The National Tuberculosis and Leprosy Programme (NTLP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) facilitated the development of National Advocacy, Communication and Social Mobilization (ACSM) Strategy for TB and Leprosy control. The development of this strategy was a result of a participatory and inclusive process combining the effort and support of various individuals and organizations. The process included individuals from central and local government, non-governmental organizations (NGOs), and development partner institutions. It is difficult to recognize all those who participated in this document, but some warrant special mention. NTLP and MoHCDGEC would like to acknowledge the contributions of:

- Key partners on ACSM activities from PATH, MGIT, ICAP, EGPAF, AGPAHI, FHI 360, TPHS, PHARM ACCESS, MUKIKUTE, CHMT, CSSC, PATH FINDER, AFRICARE and CHAI
- Dr. Beatrice Mutayoba-PM –NTLP
- Ms. Agatha Mshanga-NTLP
- Dr. Leonard Ndamugoba-RTLC (Retired)
- Dr. Rose Olotu-KNCV
- Dr. Alex William-KDIH
- Mr. Josiah Otega-Communication Expert
- Dr. Fred Lwila-NTLP (Retired)
- Dr. Aman Swai-RTLC (Retired)
- Mr. Fares Masaule - MoHCDGEC
- Mr. Fredrick Pasaka Ananga and Mr. Patrick Kanyamwenge, who served as consultants.

Sincere thanks also goes to development Partners who supported the process, especially the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for providing financial and strategic support towards the development of ACSM strategy 2015-2020.

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May 2016

ABBREVIATIONS

ACSM	Advocacy, Communication and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
BCG	Bacille Calmette-Guérin
CCHP	Council Comprehensive Health Plans
CDC	Centers for Disease Control and Prevention
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Strategy
DACC	District AIDS control coordinator
DMO	District medical officer
DTLC	District Tuberculosis and Leprosy coordinator
FDC	Fixed-dose combination
GDF	Global Drug Facility
GLRA	German leprosy and TB relief association
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
ILO	International Labor Organization
IPT	Isoniazid preventive therapy
IUATLD	International Union against Tuberculosis and Lung Disease
MDR	Multi-drug resistance
MDR-TB	Multi-drug resistant TB
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NACP	National AIDS Control Programme
NGO	Nongovernmental organization
NMSF	National multisectoral framework on HIV
NTLP	National Tuberculosis and Leprosy Programme
PATH	Programme for Appropriate Technology in Health
PLHA	People living with HIV/AIDS
RMO	Regional medical officer
RTLC	Regional tuberculosis and leprosy coordinator
TACAIDS	Tanzania Commission for AIDS
TB/HIV	Tuberculosis and Human Immunodeficiency Virus co-infection
TB	Tuberculosis
THIS	Tanzania HIV/AIDS indicator survey
TWG	Technical working group
VCT	Voluntary counseling and testing
WHO	World Health Organization.

EXECUTIVE SUMMARY

This National ACSM Strategy for Coordinated Response to TB, TB/HIV and leprosy in Tanzania has been developed in consultation with practitioners, policy makers, donors and implementing partners with additional input from national and district health authorities. NTLP in collaboration with stakeholders working in TB and Leprosy launched a new Five Year Strategic Plan V (2015-2020) which has included new interventions in TB control. These emerging developments laid the basis for reviewing the current ACSM strategy for TB, TB/HIV control to align it with this new NTLP Strategic Plan V. Therefore this 2nd ACSM strategy include various interventions which were not covered in the previous document such as targeting key affected populations e.g. prisoners, elderly, children, PLHIV, PWIDs, schools, miners, and mining communities.

In a summary, the advocacy, Communication, and Social Mobilization (ACSM) Strategy for TB, TB/HIV control in Tanzania align with the National Strategic Plan V (2015-2020) for TB and Leprosy. The goal of the National ACSM strategy is to support the overall goal of the NTLP Five Year Strategic Plan V (2015-2020) which aims to reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2020. This 2015-2020 ACSM Strategy objectives include the following;

- To advocate for sustainable and adequate funding and other resource for TB diagnostic activities by 2018
- To raise awareness of childhood TB among health workers and community members by 2020
- To advocate for decentralization of MDR-TB services to all regional hospitals in country by 2018
- To raise awareness among health care providers on the importance of TB and MDR TB early detection and timely referral
- To advocate for scale up of functional TB/HIV under one roof services in all regional, district and health centres including eligible public and private health facilities by 2020
- To raise awareness among health care workers on timely initiation of ART among co-infected TB/HIV patients by 2020
- To advocate for registered mining sectors to establish TB diagnostic and treatment services by 2020
- To publicize health facilities offering TB DOT services within and around the mining areas by 2017
- To advocate for early seeking care for leprosy diagnosis and adherence to treatment by 2020
- To advocate for good working environment for health care workers to facilitate provisional of high quality TB and leprosy services by 2020

A range of activities have also been identified to support behavior change communication, community mobilization, advocacy, and mass media campaigns through TV, radio, print and outdoor media as well as traditional media. The strategy will support development and distribution of Information, Education and Communication (IEC) materials to spread critical messages on TB. It will also help improve planning, coordination, implementation and monitoring of all ACSM activities. The strategy document outlines the strategic focus of ACSM and includes priority objectives, specific activities, a monitoring and evaluation plan that will be used by NTLP and the

implementing partners to monitor implementation and measure outcomes and impact of the ACSM activities.

A management and coordination structure has also been presented to ensure that the strategy implementation is well structured. NTLP will continue to lead and coordinate all the TB ACSM efforts in Tanzania. This strategy will be implemented through an operational plan for 2015 to 2020.

1.0. INTRODUCTION AND BACKGROUND INFORMATION

1.1. Purpose of the ACSM Strategy

Tuberculosis (TB) is still a serious public health problem in Tanzania. It is estimated that more than 65,000 people are diagnosed in health facilities with TB annually across the country with ten regions of Dar es Salaam, Mwanza, Shinyanga, Mbeya and Morogoro, Mara, Arusha, Tanga, Kilimanjaro and Iringa contributing over 70 percent of all cases notified in 2015. It is the third leading killer among adults after Malaria and HIV. The rapid increase of TB in Tanzania is mainly attributed to the HIV epidemic.

The National Tuberculosis and Leprosy Programme (NTLP) under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) are charged with the responsibility of facilitating early diagnosis, treatment and cure of tuberculosis and leprosy patients in the country. One of the major challenges faced by the programme is low awareness on TB, TB/HIV and MDR-TB among the general population. Many people do not have adequate knowledge about the disease, its cause, symptoms and treatment. Poor understanding of the disease has led to misconceptions and myths that prevent people from accessing timely diagnosis and proper care to break the chain of TB transmission.

In order to address these challenges, the NTLP in collaboration with the Programme for Appropriate Technology in Health (PATH) developed the National Advocacy, Communication and Social Mobilization (ACSM) Strategy for TB control.

Recently, the NTLP in collaboration with stakeholders working in TB and Leprosy developed a new Five Year Strategic Plan V (2015-2020) based on the results of the External Programme Review (2014) and evidences from researches, which has included new interventions in TB control. These emerging developments laid the basis for reviewing of the current ACSM strategy for TB, TB/HIV control to align it with the new NTLP strategy. The ACSM strategy will include various interventions, which were not covered in the current document as well as key affected populations such as prisoners, elderly, children, PLHIV, PWIDs, schools, miners, and mining communities. The strategy will also address the issues of infection control and Public, Private, Mix (PPM) issues.

In a nutshell, the advocacy, Communication, and Social Mobilization (ACSM) Strategy for TB, TB/HIV control in Tanzania is developed to contribute towards the reduction of morbidity and mortality of TB and leprosy in the country. Aligned with the National Strategic Plan V (2015-2020) for TB and Leprosy, ACSM goals and objectives, the ACSM strategy has been designed to implement a multi-level approach combining activities at the national and community levels using different communication channels to improve peoples' perceptions about causes, symptoms, transmission and prevention of Tuberculosis (TB), and generate demand for utilization of TB services. A range of activities have been identified to support behavior change communication, community mobilization, advocacy, and mass media campaigns through TV, radio, print and outdoor media as well as traditional media. The strategy will support development and distribution of Information, Education and Communication (IEC) materials to spread critical messages on TB. It will also help improve planning, coordination, implementation and monitoring of all ACSM activities. The strategy document outlines the strategic focus of ACSM and includes priority objectives, specific activities, a monitoring and evaluation plan that will be used by NTLP and the implementing partners to monitor implementation and measure outcomes and impact of the ACSM activities.

1.2. National Strategic plan V (2015-2019) for Tuberculosis (TB) and Leprosy control

The new national strategy for the coming five years has been developed to enhance TB and leprosy control activities in the country. The strategy also includes the interventions in line with the global move to end TB in 2035.

The targets set are ambitious in the areas of improving TB case detection by equipping district and referral hospitals with new diagnostic tools and engaging the private sector, the mining sector and Non-Governmental Organizations to identify, treat and report on TB and Leprosy cases. The community including TB patients and former TB patients, Civil Society Organizations and Community Based Organizations will be empowered to identify and refer TB suspects for early diagnosis and treatment.

Another important target is to maintain high treatment success rates above the global TB treatment targets while reducing the burden of the disease. Through decentralization, the strategy is to scale up diagnosis and treatment of drug resistant Tuberculosis in the country by enrolling more patients with drug resistance and managed in an ambulatory setting close to their homes. Collaborative TB/HIV activities will be accelerated by increasing the uptake of antiretroviral therapy for all HIV-positive TB patients. Integration of Childhood TB services into all other MNCH/eMTCT services, and identification of children with TB will be scaled up.

The strategy for Leprosy disease is to enhance early case finding and treatment, while decentralizing the services with a focus on 22 Leprosy endemic districts and preventing disability grade 2. All these will be supported by strengthening health system and program management with sufficient financial resources and removing barriers to service.

The Vision of the strategic plan is to ensure Tanzania free of tuberculosis and leprosy with zero deaths, disease and suffering due to tuberculosis and leprosy.

The Mission of the strategy is Provision of high-quality TB and leprosy interventions with a focus on universal access, equity, gender, and those most at risk through effective and sustainable collaboration with partners and stakeholders at all levels.

The Goal is to reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2020

The NSP V Objectives fall under six core modules i.e. (1) TB care and prevention (2) Childhood TB, (3) MDR TB, (4) Collaborative TB/HIV, (5) TB in the Mining sector and (6) Leprosy. The seventh objective is for the Supportive Systems modules which include; (i) Community systems strengthening, (ii) Removing Barriers, (iii) Public Private Mix, (iv) Health Systems Strengthening and (v) Program management. In a separate document the M& E and Operational Research are included as objectives 8 and 9 respectively. The objectives are listed below;

1. To increase the proportion of TB diagnostic centers in the country providing quality assured results from 50% to 95% by 2020.
2. To increase the percentage of childhood TB cases notified in the country from 8.6% to 15% by 2020
3. To increase MDR TB cases detected and enrolled for treatment from 20% of estimated total cases among those notified to 80% by 2020.
4. To increase the percentage of TB patients co-infected with HIV receiving timely ART from 54% to 100% by 2020 within 2-4 weeks of Treatment initiation
5. To establish and scale up TB control services by 25% within the mining sector by 2020
6. To reduce new Leprosy cases with disability grade 2 from 0.7 to 0.3 per 100,000 population by 2020
7. To support implementation of quality, accessible and equitable TB and Leprosy services in the country by 2020
8. To Institute an efficient and integrated M&E system that ensures all indicators listed are tracked and reported timely.

9. To increase collaboration between the program and research/academic institutions on operational research

It should be noted that the ACSM objectives and activities will enhance the realization of the above objectives

2.0. SITUATIONAL ANALYSIS

2.1. Tanzania's Demography, boundary and administrative structure

The United Republic of Tanzania (URT) is the largest country in East Africa, occupying an area of 945,087 sq. km. It lies between the latitudes 1°S and 12°S and longitudes 30°E and 40°E. The country shares borders with eight neighbouring countries, namely: Kenya and Uganda to the north; Rwanda, Burundi and Democratic Republic of Congo to the west; and Zambia, Malawi and Mozambique to the South. Tanzania has an estimated population of 44,928,923 inhabitants[1] with 51% of the population being females. Over 74% of the population live in rural areas. The number of households is about 9,109,150 and the average household size is 4.8 inhabitants. The annual population growth rate is estimated at 2.7%.

Tanzania mainland has 25 regions and 166 districts councils while Zanzibar has 5 regions and 10 districts. Each district is divided into 4 - 5 divisions, which in turn are composed of 3-4 wards (mainland) or Shehias (Zanzibar). Every 5-7 villages form a ward. There are approximately 9,808 villages.

2.2. TB situation in Tanzania

2.2.1. TB mortality in Tanzania

Tanzania ranks 6th among the highest TB burden countries in Africa and is among the 22 high burden countries globally. The estimated population mortality rate has been decreasing since the 1990s and is stable since 2011 at 13/100,000 population. TB-related mortality of HIV -infected TB cases specifically is 15/100,000.[2] TB cases mortality rates are higher among males than females in the age range 40-54 years and increased in adults aged 65 years and above. The notified TB mortality in Tanzania using the new WHO 2013 definition was 5.8% in 2012 for all categories of TB. This is a decrease from 11.6% in 2003. However, case mortality varies by region and is highest in Zanzibar at 10.1%. Dar es Salaam, which contributes the highest number of TB cases in the country, has done well in reducing TB case mortality from 10.0% to 5.4% between 2003 and 2012. The number of deaths from TB in the NTLP statistics is likely an underestimate since patients may die before diagnosis, or may have died during treatment but been misclassified as they were lost to follow-up.[3]

2.2.2. TP prevalence

The first nationwide TB prevalence survey was conducted in 2012. Preliminary results show that the prevalence of bacteriologically confirmed TB was 295/100,000 which was higher than the point prevalence estimated by WHO for all ages but within the 95% confidence interval. The draft annual program reports indicate that the prevalence (including HIV+ TB) is 176/100,000 and the TB incidence with HIV is 165/100,000.[4]

2.2.3. TB case notification

A total of 63,151 cases of all forms were notified in 2014, which shows a decline of 3.9% or 2,581 cases compared to the year 2013. Among the cases notified, new cases were 60,575 (95.9%) and the retreatment cases were 2,576 (4.1%) which is almost the same proportions for the past three years. Among the new TB cases, 23,447 (37%) were bacteriologically confirmed, 23,587 (37%) were clinically diagnosed and 13,441 (21%) were extra-pulmonary TB.

[1] Based on National Population Census 2012
[2] World Health Oorganization Global report 2013.
[3] TB epidemiological and impact analyses Draft report February 2014
[4] Program reports 2013-Still being processed

The notification rate of all forms of tuberculosis new and relapses was 130 cases per 100,000 populations. Notification rate of all cases new and previously treated cases including the failure, other and return after lost to follow up was 133 which were smaller compared to 142 cases per 100,000 in 2013. Dar es Salaam region had the highest TB notification rates in the country at 272 cases per 100,000, Kigoma region has the lowest TB case notification rate of 34 cases per 100,000, followed by Pemba Island (42) and Rukwa region (44).

2.2.4. Collaborative TB-HIV activities

In the year 2014 63,151 TB cases were notified, among the notified cases 55,686 (88%) were counseled and tested for HIV status. The testing results shows that 19,890 (36%) cases were found to be co-infected with HIV which is less by 1% compared to the co-infection rate in 2013. Furthermore, analysis shows that of the co-infected cases 19,131 (96%) cases were registered at HIV care and Treatment clinics (CTCs) for care and treatment services. Among them 19,222 (97%) were put on Co-trimoxazole Preventive Therapy (CPT) while 16,437 (83%) were initiated ART in both TB clinic and CTCs within the three months reporting period after a two weeks tolerance period following starting TB treatment. There was a big improvement in the proportion of those initiated with ART from 73% in 2013 to 83% in 2014. The noted improvement would be contributed by the introduction of one stop-shop model in TB clinics since the year 2010

2.2.5. Childhood TB

The 2014 data shows that of 61,573 new and relapse TB cases notified 6,489 (10.5%) were children. This notification has been increasing from the 2012 NTLP annual report which was 8.6%. Among children (under 15 years) notified 3,078 (47%) were children under the age of 5, while 1,731 (27%) cases were children between age group of 5 -9 years and 1,680 (26%) were children of the age-group 10 – 14 years.

The distribution of children under age of 15 notified according to forms of TB shows that new clinically diagnosed TB cases were 3,493 (53.8%) forming a larger part, followed by new extra-pulmonary TB cases that were 2,337 (36.0%) while new bacteriologically confirmed TB cases and relapse were 645 (9.9%) and 14 (0.2%) respectively.

Testing and counseling is also done to children under the age of 15, 2014 data shows that 5,543 (85%) of notified children were tested for HIV and 1,649 (30%) were HIV co-infected cases. Among all co-infected cases notified in 2014, children make up 8.3% of all TB/HIV cases.

2.3. Leprosy Trend

A total of 2,134 leprosy cases (all forms) were notified in 2014, of which 2,019 (94.6%) were new cases and 70 (3.3%) were relapses and 45 (2.1%) were return after default. The number of cases notified was 10 (0.5%) less than those in 2013. The number of relapses in Tanzania has persistently remained very high as of the past 15 years and this pose a challenge of whether the notified cases were all truly leprosy diseased.

Both the annual national notification rate (case detection rate) and registered prevalence were calculated at 4/100,000 and 0.4/10,000 population respectively and remained almost the same as compared to those of the year 2013. Among new cases notified, 1,632 (81%) were MB and 387 (19%) were PB. Females were 701 (35%) giving a female to male ratio of 1:1.8 suggesting that being male continues to be suggestive of risk factor. The number of children among the new cases remained higher at 90 or 4% like those reported in 2013. New leprosy cases notified with disability grade II were 239 or 12% which was slightly lower than those reported 2013 at 12.9% indicating that many cases continue to be detected late

2.4. National response to TB control and prevention

With the support of donors and partners, the government of Tanzania has been actively scaling up the quantity and quality of essential TB control measures such as provision of DOTS, laboratory services, drug supply management, MDR-TB control, and collaborative TB/HIV activities. The

results are that Tanzania has sustained 100% geographical DOTS coverage since 1986 and the number of diagnostic centres has increased from 508 to 720. The management of anti-TB drugs is fully integrated into the general health system and there is uninterrupted availability of TB medicines and supplies. Treatment success has recently increased from 81% to over 87%. Public-private partnerships, involvement of civil society and community empowerment play an increasing role in case detection and treatment support efforts.

The NTLP has started to engage TB patients and community members managing TB, especially in monitoring treatment adherence. More than three quarters of all TB patients notified in 2008 were managed through community DOTS and preliminary results show that treatment outcomes among home-based DOT are similar to facility based DOT. Community DOTS has been introduced in mobile populations in several districts with satisfactory results.

External quality assurance (EQA) of smear microscopy is currently operational in 72 out of 133 districts. There are 118 light emitting diode (LED) microscopes available across regional and district hospitals and liquid culture (MIGT) machines were introduced at the Central TB Reference Laboratory (CTRL) and Mbeya Referral Hospital. Molecular technology (HAIN test) was introduced in 2011 at the CTRL, and five laboratories have the capacity to perform TB culture. GeneXpert technology is slowly being introduced.

In 2009, the NTLP established MDR-TB treatment services at Kibong'oto National TB Hospital in Moshi and has since enrolled 75 patients. At present the country has the capacity to treat 50 MDR-TB patients annually, despite an annual estimated demand of 300. Currently about one-half of MDR-TB patients are found in Dar es Salaam, but resources are inadequate to decentralize MDR-TB treatment services and build capacity within more regional centres to diagnose and manage MDR-TB cases.

Collaborative TB/HIV activities started in 2005 and have been scaled-up nationwide to hospitals, health centres and major dispensaries. Over 70 TB/HIV clinics provide co-located TB/HIV care and treatment services to increase ART uptake among people living with HIV (PLHIV) co-infected with TB. With the National AIDS Control Programme, the NTLP has started phased implementation of the 3I's (*intensified case finding, isoniazid preventive therapy and infection control*) in 18 sites. Infection control measures are gaining momentum at several key sites.

The NTLP is also strengthening monitoring and evaluation (M&E) of TB at all levels in accordance to the national M&E plan (2015 – 2020) through:

3.0. ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION IN TB AND LEPROSY CONTROL

Advocacy Communication and Social Mobilization (ACSM) has been identified by WHO as a critical component in TB and leprosy control, thus effective ACSM activities are needed to support NTLP core TB and leprosy control activities. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the NTLP are committed to integrating ACSM into health planning and programming.

3.1. Advocacy, Communication and Social Mobilization

Advocacy, Communication and Social Mobilisation are three distinct sets of activities designed to address challenges and gaps within the continuum of more traditional, clinical approaches to TB and leprosy control. For example, a laboratory equipped with latest diagnostic technologies will not alone increase case detection if stigma ultimately prevents individuals from seeking a TB and leprosy diagnosis. ACSM addresses key barriers to case finding, diagnosing and treating TB, thus helping TB programmes achieve their national TB and leprosy control objectives and goals. ACSM can be expressed as follows:

- **Advocacy** aims to secure needed financial resources and change policies, guidelines or procedures by influencing stakeholders such as politicians, decision-makers, and journalists. Advocacy activities that contribute to TB control objectives might include educating religious leaders and political representatives, reforming legislation or policies, or influencing media coverage of TB through dissemination of media packages and training of journalists.
- **Communication** seeks to increase awareness, influence social norms, and create behaviour change among selected individuals or sub-populations. It can also improve interpersonal communication and counselling among people with TB disease, families, and health providers. Communication activities might include media campaigns to disseminate accurate information and dispel myths about TB and leprosy, patient education materials about treatment, or community education events to encourage families of TB patients to be more actively involved in care and to support treatment completion.
- **Social Mobilisation** aims to change norms, improve TB and leprosy services, and expand community support of TB and leprosy services. It often brings groups together to act on TB and leprosy care at a community level. Organizing social mobilisation events and community participation can raise TB and leprosy awareness, promote health-seeking behaviour, inspire dialogue, and heighten community concern and action for TB and leprosy control.

The National ACSM Strategy for coordinated response to TB and leprosy and HIV in Tanzania builds upon relevant policies and national planning to strategically guide implementation of ACSM interventions within the principles of best practice and a framework of prioritized objectives. It also outlines targeted, coordinated activities that collaborating institutions in Tanzania should ensure that decision-makers, health providers, TB patients and communities are fully utilizing ACSM in their TB and leprosy control activities. ACSM activities often overlap and can be used to support each other. For example, communication is often a critical component of advocacy and social mobilisation activities. Yet each approach has a distinct target audience and purpose. ACSM is increasingly being acknowledged as an essential strategy to achieve global and national TB, TB/HIV and leprosy prevention and control goals. Its use across all aspects of TB and leprosy

control around the world has been clearly documented.[5] The *END TB strategy* positions ACSM as an important existing strategy that must be promoted for wider use.[6]

3.2. NTLP implementation of ACSM strategic activities from 2010-2015

National ACSM strategy for coordinated response to TB, TB/HIV and leprosy in Tanzania has been developed in a consultation with practitioners, policy makers, donors and implementing partners with additional inputs from national and district health authorities in response to World Health Organization (WHO) recommendations of ACSM been a critical component in TB and leprosy control programmes. Thus MoHCDGEC through NTLP in close collaboration with development partners, stakeholders invested in the development of the national ACSM strategy in 2009/2010 which aimed at reducing the morbidity and mortality of TB, TB/HIV and leprosy in seven regions with low TB case notification. In 2014 the NTLP evaluated strategic ACSM TB activities in three regions[7]. The following are the evaluation findings:

3.2.1. Achievements

- **Creation of patient awareness on TB, TB/HIV and leprosy**: TB patients remembered the ACSM health communication messages about TB that they heard in the media, read from materials displayed in public places and TB talks in the radio/television. Banners and posters were the most frequently cited materials, ranking as number I and II respectively. The ACSM strategy had also contributed to the reduction of stigma since patients were able to disclose their illness without feeling ashamed. This implies that the stigma attached to TB in these communities is on the decline.
- **Training of health care workers on communication skills**: health workers appreciated that the training they had received was beneficial to them and it improved their knowledge and working skills. They stated that as a consequence of their enhanced interpersonal communication, patients were satisfied with the services they provided. Furthermore, the trained health workers were able to relate very well with patient supporters, thereby motivating more contacts of the patients to come forward for TB screening.
- **Increase in TB case notification**: The review of registers showed a clear trend in an increase of TB cases during the last three years in six of the 24 clinics evaluated.
- **Training of media personnel on TB and TB/HIV**: Five media practitioners who received TB training on health communication said that the training assisted them in reporting stories on TB through media.

3.2.2. Identified Gaps

- Evaluation of the ACSM strategy was conducted in three regions out of 26 implementing regions which does not represent the actual situation country wide
- The study that informed the planning and implementation of the strategy did not provide the hard baseline data about that situation against which evaluation results could be compared and contrasted.
- Some of community members still belief that only certain people can get TB. They too manifested poor understanding of the relationship between the two diseases TB and TB/HIV.
- Some of community members continual to believe that TB was still considered to be a high stigmatizing disease along with AIDS and Leprosy.
- ACSM evaluation on Training of media personnel indicated that most of them claimed to have written or produced stories about TB but none of them could provide copies of their articles or references to specific media productions.

[5] WHO *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programs.* Geneva: World Health Organization, 2007.
[6] WHO End TB strategy 2016-2035

[7] The regions were Dar es Salaam, Dodoma and Manyara

- Lack of resources was cited as a major obstacle for journalists conducting investigative stories on TB.

3.3. Knowledge, Attitudes and Practices on TB and TB/HIV in Tanzania

In 2009, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) through the NTLP and in collaboration with PATH conducted a Knowledge, Attitudes and Practices (KAP) study in ten districts from Arusha, Mwanza, Dar es Salaam, Pwani, Morogoro and Mbeya regions. The aim of the study was to identify factors that influence communication to effectively promote collaborative TB and TB/HIV services in the country. The study revealed a range of knowledge gaps, attitudes and sub-optimal health behaviours.

3.3.1. Knowledge

People used a variety of media and communication channels to get information, depending upon where they lived. Urban -population preferred the use of radio, TV, and printed materials However, people from rural areas preferred direct involvement in awareness campaigns and the use of local entertainment groups**.**

Sources of knowledge on TB and HIV were obtained from:

a. Mass media:
   - Radio: the commonest and easy to access means with wide coverage channel.
   - TV: not easily accessible in rural setting and it is expensive.
   - Newspapers: common sources of information in urban settings.

b. Health Facility:
   - Knowledge on TB and HIV given throughout the treatment period within the TB and CTC clinics.
   - Patients learning from group health education sessions, poster/charts, leaflets provided at the clinics.
   - Patients have opportunity to learn from video tapes at OPDs, VCT centers or CTC clinics

c. Events of special Health Days:
   - Open TB/HIV education campaigns,
   - Printed materials provided to patients and general public during health days including World Health day, World TB day, and World AIDS Day.

d. Traditional Media:
   - Attractive, use simple language, and related to social environment.

e. Patient to Patient Education:
   - Happens at the TB or CTC clinics; Learning from role model and very effective in empowering, consoling and trusted source
   - Home visits for advice and moral support
   - Some involved in HIV living positive clubs
   - Some patients learned from fellow patients during and after clinic at the health care facilities.

TB/HIV Awareness and Knowledge:

- Accurate knowledge on the causes, symptoms, treatment and prevention of TB was low in communities, although much higher regarding HIV/AIDS. The relationship between TB and HIV/AIDS was poorly understood. For example, most people did not know that TB was a common opportunistic infection in PLHIV and many believed that responding well to TB treatment proved that one did not have HIV.

- Lack of knowledge on TB and HIV including fear, shyness and denial of truth from stigma reported as main barriers of information about the diseases. However most of TB patients

had some knowledge about TB and HIV transmission, treatment and prevention, which was acquired only after they started attending TB and HIV care services at health facilities. While there were vigorous mass media campaigns and community based education about HIV, TB education was only seen in health facilities.

- Health education and promotion materials were insufficient, unevenly distributed, and those available did not target the highest risk groups in the community.

3.3.2. Attitudes and behaviour towards TB/HIV diseases:

- Cough was not perceived as a serious symptom of a severe illness like TB; but a minor symptom that will pass by time and/or with self-medication.
- Although people poorly understood the connection between TB and HIV, they feared both diseases and discriminated against those who had either disease.
- Individuals with TB or HIV are likely to be isolated and viewed as immoral and unworthy of resources.
- TB patients reported that stigma was widespread in households, communities and among healthcare workers in non-TB clinics.
- Stigma attached to HIV/AIDS was regarded as worse due to the, presenting symptoms of wasting, persistent cough and fever. Stigma about HIV led to feelings of shame and lack of motivation to seek treatment for TB symptoms.

3.3.3. Practices

In general, the onset of symptoms like "Cough" was not perceived as a serious symptom of a severe illness like TB; but a minor symptom that will pass by time and/or with self-medication, likewise; weight loss, fever, etc. do not trigger timely search for TB or HIV care. Majority of patients delay seeking appropriate health care due to lack of awareness and knowledge which predispose them to:

- Self-medication from local drug shops.
- Belief in traditional healers (who refer patients to health facilities only after their condition becomes serious).
- Delayed referrals of presumptive TB cases from other clinics to TB clinics.
- Lack of knowledge about TB and HIV, the importance of early diagnosis and the availability of free services for both TB and HIV.
- User fees.
- Delayed or denied permission from husband or family elders to women in seeking medical advice/care.

3.4. Main strengths and Challenges facing NTLP ACSM implementation

3.4.1. Strengths and Opportunities

- Availability of technical support from the donor organizations;
- Existing TB control programmes
- Viable Partnership: NTLP and its community-based partners each design and coordinate ACSM activities funded by support from multiple donors.
- Injection of funds from the Government of Tanzania and partners
- Health Policy supporting ACSM
- ACSM coordination: there is an ACSM focal person at the NTLP
- TB still ranks third among the major causes of morbidity and mortality in Tanzania
- Existing political support
- All-encompassing media networks
- Tanzania has a 5-year national TB control strategic plan which includes ACSM activities for strengthening NTLP plan objectives.
- Availability of technical support from the Stop TB Partnership, WHO guides, In country partners, international and regional ACSM trainings and workshops

- Availability of learning institutions where health education including TB control can be introduced.

3.4.2. Challenges

- Decreased funding for supporting ACSM activities.
- Limited technical capacity among ACSM implementers.
- Lack of interest or education about TB in society fuelled by high levels of stigma.
- Lack of interest in TB among the media.
- Stakeholders undervalue ACSM interventions
- High prevalence of household and community stigma against TB and TB patient
- Poor socio-economic conditions of TB patients creating significant need for services
- Regional differences in traditional, religious and social values
- Low priority of ACSM for TB managers and other health care workers and poor understanding of ACSM's role in strengthening the TB control system;
- Poor treatment adherence caused by personal, psychological, social, and medical and management factors.

4.0. PURPOSE AND OBJECTIVES OF THE ACSM STRATEGY

4.1. Rationale for this ACSM strategy

The National ACSM Strategy align fully with the objectives of the fifth NTLP Strategic Plan which prioritizes strategic directions for both TB and leprosy control initiatives for the period 2015-2020. The NTLP Strategic Plan is directly linked with national initiatives such as the National Vision 2025, National Strategy for Growth and Reduction of Poverty (also referred to as MKUKUTA), National Health Policy, Health Sector Strategic Plan (HSSP III) and END TB strategy 2035. The primary goal of the NTLP Strategic Plan 2015-2020 is to to reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2020. Therefore, the main purpose of the ACSM strategy is to support the main overall goal of the NTLP strategic plan.

The National ACSM strategy incorporates Advocacy, Communication and Social Mobilization approaches to controlling TB. It is designed to encourage leaders, health workers, non- state actors, community members, and individuals to take specific actions to; improve case detection and treatment adherence, combat and reduce stigma, empower people affected by TB and their communities; and Mobilize leadership commitment and resources for TB control at all levels of health care.

4.2. The ACSM Strategy Overall Goal

The goal of the National ACSM strategy is to support the overall goal of the NTLP Five Year Strategic Plan V (2015-2020) which aims to reduce the incidence by 25% and mortality by 50% of TB and Leprosy by 2020

4.3. ACSM strategic objectives

The ACSM strategic objectives are also in line with the NTLP Five Year Strategic Plan V (2015-2020) objectives. The table below indicate both the Strategic Plan V (2015-2020 objectives aligning with 2015-2020 ACSM strategy objectives.

Table: Strategic Plan V (2015-2020 objectives and the ACSM strategy objectives

NTLP Five Year Strategic Plan V (2015-2020 objectives	ACSM Five Years Strategy objectives (2015-2020)
To increase the proportion of TB diagnostic centers in the country providing quality assured results from 50% to 95% by 2020.	• To advocate for sustainable and adequate funding and other resource for TB diagnostic activities by 2018
To increase the percentage of childhood TB cases notified in the country from 8.6% to 15% by 2020	• To raise awareness of childhood TB among health workers and community members by 2020
To increase MDR TB cases detected and enrolled for treatment from 20% of estimated total cases among those notified to 80% by 2020.	• To advocate for decentralization of MDR-TB services to all regional hospitals in country by 2018 • To raise awareness among health care providers on the importance of TB and MDR TB early detection and timely referral
To increase the percentage of TB patients co-infected with HIV receiving timely ART from 54% to 100% by 2020 within 2-4 weeks of Treatment initiation	• To advocate for scale up of functional TB/HIV under one roof services in all regional, district and health centres including eligible public and private health facilities by 2020

	• To raise awareness among health care workers on timely initiation of ART among co-infected TB/HIV patients by 2020
To establish and scale up TB control services by 25% within the mining sector by 2020	• To advocate for registered mining sectors to establish TB diagnostic and treatment services by 2020 • To publicize health facilities offering TB DOT services within and around the mining areas by 2017
To reduce new Leprosy cases with disability grade 2 from 0.7 to 0.3 per 100,000 population by 2020	• To advocate for early seeking care for leprosy diagnosis and adherence to treatment by 2020
To support implementation of quality, accessible and equitable TB and Leprosy services in the country by 2020	• To advocate for good working environment for health care workers to facilitate provisional of high quality TB and leprosy services by 2020

5.0. THE ACSM STRATEGY COMPONENT AND PRIORITY ACTIVITIES

5.1. Advocacy

Advocacy activities will be designed to improve knowledge of decision-makers at national, regional, and district levels and media about the burden of TB and Leprosy diseases, their impact on communities and families with TB/Leprosy patients, and their roles and responsibilities in TB/Leprosy control and prevention. The NTLP will advocate for sustaining success attained in leprosy elimination and strengthening the elimination of TB as a public health threat at all levels.

Table: Advocacy priority activities and target audience

Priority activities	Target audience
• Ensure sustainable and adequate financing for NTLP • Provide continuous professional development of health care providers in TB, MDR TB, TB/HIV and leprosy care through up to date, evidence-based training programs • Introduce quality assurance tools to ensure high quality TB and Leprosy service delivery • Advocate for provision of adequate anti TB/Leprosy drugs and rational use by health professionals • Advocate for infection control measures at all health facilities providing TB and leprosy services • Orient and work with media sector on TB and Leprosy prevention, treatment, and relationship between TB and HIV, for effective coverage and reporting on TB and leprosy control	• Decision-makers at national, regional, and district levels • Policymakers (MPs and Councilors) • Professional Groups • Donor • Media • The mining sector • Civil Society Organizations and Community Based Organizations will

5.2. Behavior change communication

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

Table: BCC priority activities and target audience

Priority activities	Target audience
• Train health care providers to provide standardized treatment and interpersonal communication and counseling (IPC/C) • Sensitize RHMT and CHMT to supervise interpersonal communication and counseling implementation • Undertake community awareness campaign and mobilization particularly Household visits to counsel TB and leprosy patients on treatment adherence and completion.	• General Public Health Care Workers • TB and leprosy patients currently on treatment • Contacts of patients with active TB and leprosy • Ex-TB and leprosy patients • People at high risk of developing TB (Key populations) such as prisoners, elderly, children, diabetic patients, PLHIV, PWIDs, miners, and mining communities

• Facilitate Group counseling to educate families of TB, a MDR TB and leprosy cases about TB and leprosy infection prevention and personal hygienic practices • Undertake community awareness campaign and mobilization to increase knowledge and awareness about recognition, symptoms, transmission and prevention of TB and leprosy, mitigate stigma associated with TB and leprosy and where TB & leprosy services are offered • Train Ex-TB and leprosy patients as peer educators at community and facility levels to reduce default rates • Produce and distribute IEC materials on TB, MDR-TB, XDR-TB, TB/HIV and leprosy to the general public in common areas • Organize sensitization campaigns aimed at reducing a level of stigma • Develop and produce stigma reduction and awareness building communication messages and distribute them through media • Provide TB and leprosy prevention and care messages through cell phones to target TB and leprosy patients, providers and general public	

5.3. Social mobilization

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

Table: Social Mobilization priority activities and target audience

Priority activities	Target audience
• Identify and engage local, national level leaders and influential members of the community to promote key TB and Leprosy messages • Organize TB and leprosy awareness campaigns including TV, mobile video vans, mHealth approach, radio, web-based campaigns, series of club discussions and community events; • Organize meetings and rallies, such as commemoration of the World TB and World leprosy day	• Communities • National and local level leaders • NGOs and CSOs • People at high risk of developing TB such as prisoners, elderly, diabetic patients, children, PLHIV, PWIDs, miners, and mining communities • People affected with leprosy (PALs) Contacts of patients with active TB and leprosy

• Empower current and former TB and leprosy patients and community volunteers to deliver positive messages to the public about TB and leprosy diagnosis and treatment; • Mobilize and strengthen capacity of NGOs and other organizations working on TB and leprosy related activities	

6.0. THE ACSM STRATEGY IMPLEMENTATION PLAN

TB ACSM activities are being implemented in Tanzania under the ACSM strategy 2015-2020. Major partners in ACSM activities have been the MoHCDGEC through NTLP, PATH, MGIT, ICAP, EGPAF, AGPAHI, FHI 360, TPHS, PHARM ACCESS, MUKIKUTE, CHMT, CSSC, PATH FINDER, AFRICARE and CHAI. ACSM activities have been supported at various levels of society by these organizations. This ACSM 2015-2020 implementation plan will have a special focus on key affected populations such as prisoners, elderly, children, PLHIV, PWIDs, miners and mining communities.

Table: ACSM implementation chart

ACSM ACTIVITIES							
No	**Activities**	**Output Indicator**	**Outcome indicator**	**Timeline**	**Means of verification**	**Responsible**	**Budget**
Advocacy							
1	Advocate for sustainable and adequate financing for NTLP	Number of advocacy meetings for MoHCDGEC, parliamentarians committee, councilors	Amount of funds allocated from MoHCDGEC and councils for TB/Leprosy activities	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	0
2	To advocate for continuous professional development of health care providers in TB, MDR TB, TB/HIV and leprosy care through up to date, evidence-based training programs	Number of advocacy meetings held No. training conducted	No. health care providers trained	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	12,795,000.00
3	To Advocate for review of existing tools to incorporate new recommendations on TB and Leprosy service delivery	Number of advocacy meetings held	Tools reviewed	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	4,660,000.00

4	To advocate for establishment and implementation of infectious control plan at all health facilities providing TB and leprosy services	Number of advocacy meetings held	Implementation plans established and operational	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	0
5	Targeted advocacy meetings with media(Radio, TV, Blogs and Newspapers) representatives on TB/Leprosy	Number of advocacy meetings held	Number of TV and Radio spots aired. Number of stories published in Newspapers and Blogs	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	236,280,000.00
6	Targeted advocacy meetings with school health programmes of the MoHCDGEC, MOE and LGA to incorporate TB/Leprosy issues in their education curricular	Number of meetings held	TB/Leprosy issues incorporated in the curricular	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	9,755,000.00
BCC							
7	Train health care providers on Health communication skills	Number of training held Number of health care workers trained	Health care providers practicing communication skills	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	613,860,000.00
8	Orient RHMT, CHMT on health communication skills and supervision	Number of RHMT and CHMT team attended	Members of RHMT and CHMT practicing communication skills	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	28,590,000.00

9	Undertake community awareness campaign and mobilization to increase knowledge and awareness about recognition of symptoms, transmission and prevention of TB and leprosy, mitigate stigma associated with TB and Leprosy	Number of campaigns conducted	Level of awareness on TB and leprosy in the community, changes in case detection and treatment adherence, level of stigma in the community	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	581,000,000.00
10	Sensitize District school health coordinators on TB, TB/HIV and MDR TB	Number of Coordinators sensitized on TB, TB/HIV and MDR TB	Number of school reached Number of school health teachers oriented by coordinators on TB, TB/HIV and MDR TB	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	115,475,000.00
11	Provide Job AID to District health coordinators to orient school health teachers on TB/HIV	Proportion of school supplied with Job aids Proportional of coordinators provided with Job aids	Number of TB cases reported in schools	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	50,000,000.00
12	Providing TB and leprosy key messages through cell phones to target TB and leprosy patients, providers and general public	Number of messages sent, Number of mobile phone companies engaged	Level of awareness on TB and leprosy in the community, changes in case detection and treatment adherence, level of stigma in the community	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	**0**
Social mobilization							

13	Identify and engage local, national level leaders and influential members of the community to promote key TB and leprosy messages	Number of Local, national leaders and influential members of the community identified and engaged to promote Key TB and Leprosy messages	Number of local, national and influential members of the community promoting key TB and leprosy messages	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	46,325,000
14	Organizing meetings and rallies, such as the event on World TB and leprosy day	Number of meetings and rallies conducted	Number of people screened for TB and Leprosy, TB and Leprosy cases identified and referred for treatment	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	0
15	Empower current, former TB and Leprosy patients and community volunteers to deliver positive messages to the public about TB diagnosis and treatment;	Number of current, former TB and leprosy patients and community volunteers empowered	Number of current, Former TB patients and community volunteers delivering positive messages about Tb diagnosis and treatment, Number of presumptive TB and leprosy cases referred	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	0
16	Mobilization and strengthening capacity of NGOs and other organizations working on TB and Leprosy related activities	Number of organizations mobilized and involved	Number of presumptive cases referred, diagnosed and treated.	2015-2020	NTLP Quarterly reports	NTLP/ACSM Coordinator	8,835,000.00
	Total Budget for ACSM Activities						**1,707,575,000.00**

7.0. COMMUNICATION

The 2015-2020 ACSM strategy intends to provide a framework for improvements to internal and external communications for NTLP.

7.1. NTLP as a programme within MoHCDGEC

The National Tuberculosis and Leprosy Program (NTLP within the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has distinct characteristics which include:

- Tuberculosis (TB) and leprosy control.
- Nonprofit-oriented/public sector institution
- Provide TB, TB/HIV and Leprosy services to all stakeholders in the country
- Non Payment for TB and Leprosy services.

NTLP as a government institution has appointed representatives who make decisions about strategies, development and community issues. Nevertheless, it has the challenge of changing negative perceptions about TB and Leprosy. NTLP as a program in the MoHCDGEC provide a range of services in the country as stipulated in the NTLP Strategic Plan V (2015-2020), with a vision to ensure Tanzania free of tuberculosis and leprosy with zero deaths, disease and suffering. Hence there is a great need for improved internal and external communications for effective 2-way community consultation and interaction.

Communication within NTLP

There are two types of communication within NTLP internal and external. Internal Communication includes; vertical (management/staff), horizontal (across the organization between departments) and informal (social club/grapevine). External communication is between NTLP and its stakeholders.

Table: Communication tools within NTLP

External		**Internal**	
Medium	**Frequency**	**Medium**	**Frequency**
Media	Monthly	Departmental meetings	Weekly
Website	Monthly	Intranet	Daily
Publications	Biannual	Whatsapp/social media	Daily
Displays	Throughout	Memo	When need arise
Banners	Biannual	Flyers/Handouts/Brochures/Bookmarks	When need arise
Events	Twice in a year	Phone	When need arise
Consultations	Throughout	Tele-conference	When need arise
Tele-conference	When need arise		
Phone	When need arise		

7.2. NTLP Communication goals and objectives

7.2.1. External Communication

a) Ensure that relevant decision making takes account of outcomes acquired from such processes.
b) Strengthen partnership with the community,
c) Establish process for a public outreach program through digital engagement and outreach sessions
d) To build a positive image towards TB and leprosy diseases through the media
e) Develop and distribute NTLP Strategies, SOPs and other relevant documents.
f) Review and implement NTLP Branding procedures.
g) Improve quality, consistency and management of TB and leprosy publications.
h) Develop a package of visual communications to promote NTLP services, projects and events
i) Improve the NTLP electronic communications
j) Redesign and regularly update the NTLP website

k) Allocate resources to establish and maintain a proactive social media presence.
l) Utilize social media to communicate clearly and consistently to each of our audiences

7.3.2. Internal Communication

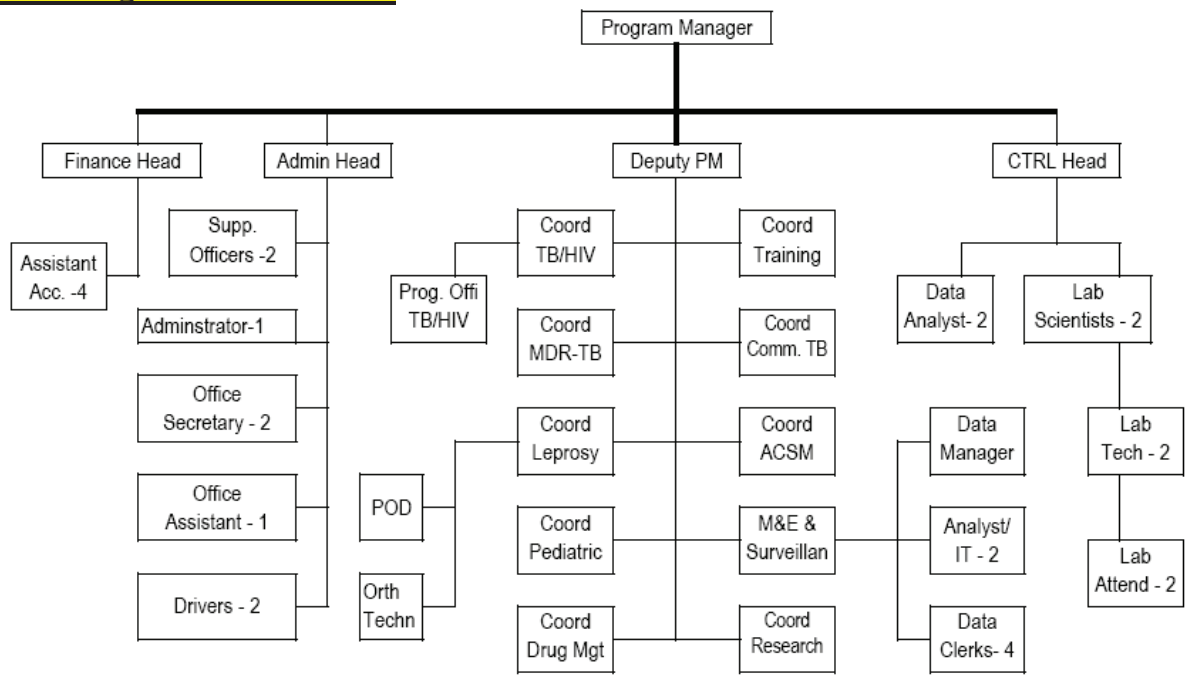
a) Improve the coordination of communication across NTLP
b) Review communications procedures to assist in the provision of proactive, planned, coordinated communications.
c) Consolidate and strengthen the NTLP organization identity
d) Raise awareness of the role of the ACSM Unit across the organization.
e) Improve Communication Skills of Employees
f) Improved teamwork

7.3. NTLP Internal environment

Internally, NTLP has both junior and senior staff who employees of the organization. The culture and identity of the organization provides a valuable accumulation of organizational knowledge and skills. The NTLP headquarters is in Dar es Salaam. Apart from headquarter staff, regional and district health staff dealing with TB and Leprosy forms a vital labor force for NTLP. Therefore it is essential to successfully implement an Integrated Communications Strategy which will lead to communications improvements across NTLP.

The ACSM coordinator oversees the implementation of the ACSM Strategy and works closely with other technical and support units in the programme to spearhead planned interventions.

NTLP Organization structure



7.4. The NTLP communication unit and its roles

It is recommended that the Communications Unit headed by ACSM coordinator and in consultation with Programme manager/Deputy Programme manager coordinates the NTLP communications and public relations activities. It is envisaged that the unit role will include:

- Coordination of integrated communication strategy implementation.
- Working closely with key external stakeholders like the media to promote a positive image and perception of TB and Leprosy within the community.
- Day-to-day media liaison, response and advice
- Coordinates appropriate branding and organization style with media.
- Publications coordination, including Quarterly reports, monthly newsletters and additional community information as required. Strategic advice on media, communications and public relations issues to Program manager, Deputy Programme Manager, senior and general staff

- Coordination of NTLP public interest topics campaigns
- Coordination of NTLP website management
- Advising on Community engagement activities and approaches.
- Coordination of social media management
- Helping to manage NTLPs interaction with the media by assisting with appropriate enquiries effectively and efficiently
- Issuing and writing approved press releases
- Monitoring media issues related to TB and Leprosy

7.5. TB and Leprosy Messages

It is necessary for all stakeholders involved in TB and Leprosy control to communicate in the same language using a harmonized set of messages. Therefore the process of developing effective messages is key to the success of this ACSM strategy. Messages must be based on well-developed audience research and reflect the cultural, spiritual, socio-economic and gender determinants impacting on behavior change. It is therefore important to identify key messages that will motivate the audience to think or act differently and to follow through on what is expected of them. Messages for each campaign must be prioritized, consistently applied, persistent, delivered in an engaging way, practical to expected demand generation and sustained over time in order to achieve the desired result. All communication messages and materials will be pre-tested among target audiences to ensure that they are appealing and acceptable to them and likely to lead to behavior change

The tables below show a sample of are key messages as suggested by stakeholders.

Table: Key TB and Leprosy messages

Thematic area	Message focus
General knowledge about TB and leprosy	• TB and leprosy are infectious diseases • TB is caused by bacteria called mycobacterium tuberculosis while Leprosy is caused by mycobacterium Leprae and are both spread through air droplets. • A TB patient can infect 10 to 15 people in a year while a Leprosy patient can infect relatively fewer people. • TB is a killer disease • Anyone can contract TB and or Leprosy.
Prevention of TB and leprosy	• The best way to prevent the spread of TB and Leprosy is to ensure that all TB and leprosy patients get early detection and complete treatment. • We can all contribute to stopping the spread of TB and leprosy • Open doors and windows to let in fresh air • Cover your mouth and nose when coughing/sneezing and wash your hands • Go to the health care facility and get TB and leprosy care
Detection of TB and leprosy	• If you have a persistent cough, weight loss and night sweats, you should get tested for TB. • If you have a skin patch/lesion with loss of sensation, painless swellings or lumps in the face and/or earlobes, burning sensation of skin, numbness or tingling of hands and/or feet get tested for Leprosy. • Early detection and treatment can prevent long term disability from leprosy and/or death from TB • Early detection and treatment is important to stop spreading infection to your family and community

	members • If you have a cough for more than 3 weeks go to your local health facility. • A simple sputum test will identify if you have TB and a simple examination of skin identifies if you have Leprosy. • Diagnosis and treatment of TB and leprosy is free, both in public and private facilities •
Treatment of TB and leprosy	• You will only be cured if you complete your treatment that takes 6 to 8 months for TB and 6 to 12 months for Leprosy. • Interruption of TB treatment can lead to multi-drug resistant TB (MDR-TB) which is difficult to treat and takes two years. • Interruption of Leprosy treatment can lead to partial treatment and persistent infection to the community. • Do not stop your TB treatment until you have completed your treatment • TB patients should ensure their rooms are well ventilated by keeping the windows open. • Treatment of TB is free, both in public and private facilities •
Care messages	• Support your family, friends and community members who are affected by TB • Your DOT supporter can help cure you of TB by providing treatment every day • After being cured of TB, your experience is crucial in letting other TB patients know the importance of treatment adherence
Address stigma	• TB is curable • TB does not discriminate, anybody can be infected and get diseased • TB and Leprosy are airborne diseases and are not spread by sharing utensils or body contact with a patient

8.0. MONITORING AND EVALUATION OF ACSM ACTIVITIES

As set in the NTLP Five Year Strategic Plan V (2015-2020), Monitoring and Evaluation and research are an integral part in generating strategic information on TB and leprosy control in Tanzania. Therefore monitoring and evaluation is critical to the design and implementation of ACSM strategic objectives. Therefore this ACSM strategy anchors itself with the NTLP monitoring &evaluation plan for TB and leprosy program (2015-2020). It is expected that performance indicators as stipulated in the table below is also reflected in the monitoring &evaluation plan & operational research for TB and leprosy program (2015-2020) . Therefore this will facilitate easier Monitoring and Evaluation of ACSM outcomes within the broader National M&E framework.

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

Table: Performance indicators

ACSM Objectives	Outcome Indicators	Data Source
To advocate for sustainable and adequate funding and other resource for TB diagnostic activities by 2018	• Percentage share of MoHCDGEC funding and other resources allocated to NTLP for diagnostic activities	Annual MoHCDGEC Budget and expenditure
To raise awareness of childhood TB among health workers and community members by 2020	• Case notification rate of child hood TB • Case notification rate (per 100,000 population), all forms of TB (of children under 15 years	Annual Reports ACSM Evaluation reports
To advocate for decentralization of MDR-TB services to all regional hospitals in country by 2018	• Number of MDR-TB cases notified and managed by specific regional hospitals. • Treatment success rate of MDR-TB by regional hospitals	Annual NTLP Reports ACSM Evaluation reports
To raise awareness among health care providers on the importance of TB and MDR TB early detection and timely referral	• Number of TB and MDR-TB patients early detected and timely referred	Annual NTLP Reports ACSM Evaluation reports
To advocate for scale up of functional TB/HIV under one roof services in all regional, district and health centres including eligible public and private health facilities by 2020	• Proportion/percentage of regional, district and health centres including eligible public and private health facilities nationally with under one roof TB/HIV services	Annual NTLP Reports ACSM Evaluation reports
To raise awareness among health care workers on timely initiation of ART among co-infected TB/HIV patients by 2020	• Proportion of co-infected TB/HIV patients initiated ART timely	Annual NTLP Reports ACSM Evaluation reports
To advocate for registered mining sectors to establish TB diagnostic and treatment services by 2020	• Proportion of registered mining companies with functioning TB diagnostic and treatment services.	Annual NTLP Reports ACSM Evaluation reports
To publicize health facilities offering TB DOT services within	• Number of people within and around the mining areas seeking TB DOT	Annual NTLP Reports

and around the mining areas by 2017	services in publicized heath facilities	ACSM Evaluation reports
To sensitize for early seeking care for leprosy diagnosis and adherence to treatment by 2020	• Proportion of leprosy patients with disability grade 2 on initiation of treatment • Proportion of leprosy patients who complete treatment	Annual NTLP Reports ACSM Evaluation reports
To advocate for good working environment for health care workers to facilitate provision of high quality TB and leprosy services by 2020	Proportion of health care workers admitting improvement of working environment.	Annual NTLP Reports ACSM Evaluation reports

9.0. MANAGEMENT AND COORDINATION OF THE ACSM STRATEGY

To ensure that this ACSM strategy is managed and coordinated as expected there is need to put in place an effective management and coordination structure. This involves having actors in place that have the capacity and resources to provide leadership in the various roles assigned to them. In this case the key actors that will be charged in the management and coordination of the various aspects of the strategy include; the National TB and Leprosy programme (NTLP), the national ACSM technical committee and development partners. Below we provide a brief definition of each key actor and the roles and responsibilities they are going to play in ensuring the effective implementation of the ACSM strategy.

9.1. Roles and responsibilities of key actors

Roles and responsibilities of the MoHSDGEC (NTLP)

The ministry of health and social welfare (MoHSW) launched the national tuberculosis and leprosy programme (NTLP) in July 1977. The NTLP is charged with the responsibility of preventing and controlling tuberculosis and leprosy in the country until the time when they will not be a major public health problem. One of the major roles of NTLP is to initiate an effective advocacy, communication and social mobilisation (ACSM) activities needed to support core TB control efforts. Therefore different levels of NTLP will be responsible for various roles all geared towards management and coordination of the implementation of the ACSM strategy. These roles include

National level (TB and Leprosy Central Unit)

- Oversee management (planning, implementation, supervision, monitoring and evaluation) of ACSM activities in the country.
- Coordinate development of strategic and annual plans for ACSM activities.
- Endorse guidelines, rules and regulations for ACSM at all levels.
- Receive and appraise periodic technical and financial progress reports, including audited financial statements.
- Mobilize necessary human, financial, and material resources required to implement ACSM, including capacity building.
- Coordinate partners and other stakeholders implementing ACSM activities.
- Ensure availability and proper use of ACSM materials at all levels.
- Coordinate and facilitate TB and Leprosy education to patients and the community.
- Conduct operational research related to TB and leprosy issues

Regional level

- Receive and translate TB and Leprosy ACSM directives/policies from the national level for implementation
- Mobilize necessary human, financial, and material resources required to implement TB and Leprosy ACSM, including capacity building within the region.
- Conduct operational research related to TB and Leprosy ACSM issues.
- Review and appraise implementation of Regional Health Management Team (RHMT) annual plans for ACSM activities.
- Receive and appraise periodic technical and financial progress reports on ACSM from districts.
- Oversee implementation, monitoring, and evaluation of ACSM activities in order to develop sound, evidence-based best practices.
- Ensure conducive working environment.
- Advise on adoption of new national and global initiatives on ACSM activities.
- Participate in national and global initiatives on ACSM activities.
- Produce/reproduce ACSM materials.
- Report to the on the progress of implementing ACSM activities in the region.

District level

- Receive and translate TB and Leprosy ACSM directives/policies from the national/regional level.
- Plan and include TB and Leprosy ACSM activities in the CCHP
- Identify and allocate human and financial resources to support ACSM activities at the districts.
- Implement the ACSM strategy
- Oversee district–level operation of ACSM activities through regular monitoring and supervision.
- Receive and appraise periodic ACSM technical progress reports from health facilities.
- Coordinate and harmonize different ACSM implementing partners in the district.
- Facilitate ACSM coordinating committee meetings quarterly and as needed.

Roles and responsibilities of the Development partners working on TB and Leprosy ACSM

- Plan their activities in line with NTLP Strategic plan v 2015-20120 and ACSM strategic plan of 20153-20120