This paper looks at the status of tuberculosis (TB) advocacy communication and social mobilization (ACSM) activities in selected national TB control programmes in the WHO African Region. The findings are from an assessment of TB ACSM activities in Ghana, Kenya, Lesotho, Malawi and South Africa.
**METHODS**

Missions were undertaken in five countries (Ghana, Kenya, Lesotho, Malawi and South Africa), each lasting two weeks, to conduct an evaluation of existing ACSM activities and assist countries to plan future activities. Official documents and reports were reviewed. Visits were conducted to relevant institutions, tertiary hospitals, rural and urban health facilities, partner NGOs, health promotion/education units and HIV testing and counselling centres. Interviews were held with various respondents at different levels of the health delivery system in both urban and rural settings, including among NGOs. ACSM practices and methods of implementation were observed. Interviews were also carried out with TB patients and clients in outpatient departments and in the community.

Most community workers exhibited knowledge gaps in ascertaining TB/HIV linkages, and in linking sensitizations to programme indicators. Sensitization methodology was mostly not structured and was not ongoing so as to ensure a good community recall. Owing to the lack of well-designed research-based evidence for developing IEC materials, the countries tend to follow a blindfold approach in designing and delivering ACSM services.

In this respect, IEC materials were not designed and tested for desired behavioural responses. There was little evidence in any country of engagement for advocacy to put TB high on the agenda at national as well as at peripheral levels, in order to mobilize adequate resources for TB control. Activities conducted were seldom linked to programme indicators and performance. None of the countries had a framework for monitoring and evaluating ACSM activities. Inconsistencies prevailed between proposed activities and actual verified activities. The provinces and districts also lacked operational action plans for ACSM activities.

**RESULTS**

All countries use a community approach in which health workers, community volunteers or treatment supporters offer counselling and health education. Although all these workers were providing health education and solving queries raised by patients and community members, the quality of the advice was found to be variable.

A well designed ACSM strategy will not only assist in understanding the knowledge, attitude, health-seeking behaviour and stigma-related issues regarding TB but will also help to develop future strategic planning for countries. A knowledge, attitude, practices (KAP) study is a prerequisite to guide identification and implementation of ACSM activities at national level. The baseline data generated will also be useful for conducting impact assessments following implementation.

Development of IEC materials must go through scientific procedures such as needs assessment and pre-testing to ensure correct interpretations. Visibility of the IEC materials in the right places needs to be ensured. Health workers must be oriented on the systematic and correct use of IEC materials. There is also a need for the country programmes to develop tools for conducting community sensitization, such as pictorial flip charts with messages on...
relevant aspects of TB, including TB/HIV, infection control and drug-resistant TB. These must be made available to all community health workers to aid their communication skills and in order to provide uniformity in the messages disseminated.

In order to be able to sustain effort and build the capacity of the workers conducting ACSM activities, a schedule for comprehensive training/refresher training based on identified needs must be prepared and adhered to. Countries must plan activities to target opinion leaders to build awareness and risk perceptions of the need for increased efforts towards TB control. Training of staff is also required for effective advocacy. Use of the existing structure of health promotion unit/education unit in countries should be maximized. These units should work in collaboration with TB personnel and public health workers at national and peripheral level for planning, implementation and monitoring of TB ACSM activities. This will facilitate closer integration of activities with the general health services.

**CONCLUSIONS**

Periodic review and evaluation of ongoing TB ACSM activities was found to be very useful. Field evaluation helped in the assessment of ACSM plans in terms of availability, feasibility, availability of infrastructure, resources and link to TB control programme indicators. It also facilitated the assessment of quality of implementation, relevance of activities, adequacy of TB ACSM delivery methods and adequacy of scope of content, with regard to the full package of the Stop TB Strategy. Evaluations also provided technical assistance to the countries to conduct situational analysis and also know-how to conduct assessment of ACSM activities. A generic framework for activity-based action plans was provided to the countries which will facilitate future planning.

During the subsequent biennium, AFRO support for implementation of TB ACSM activities will be sustained and more countries assessed in order to guide systematic planning and implementation of activities with a view to positively influencing programme performance indicators.

**REFERENCES**