

# Measuring Advocacy, Communication and Social Mobilization for Tuberculosis

## National Monitoring and Evaluation Framework



Ministry of Health  
Government of Pakistan



# Measuring Advocacy, Communication and Social Mobilization for Tuberculosis

## National Monitoring and Evaluation Framework

National TB Control Programme  
Ministry of Health

## Preface

---

Tuberculosis continues to be a major public health problem in Pakistan. Every year almost 300,000 new TB patients add up to existent prevalent cases. Government of Pakistan is committed to control Tuberculosis by achieving MDG targets through New Stop TB Strategy. National TB Control Program (NTP) in partnership with Provincial TB Control Programs (PTP) implemented the New Stop TB Strategy and achieved 100% DOTS coverage in 2005. Through sustained commitment, Strengthening Partnership with Public and Private Sectors and introducing new initiatives, the program steadily improved case detection and treatment outcome for TB patients. As part of its Human Resource Development and Health System Strengthening policy, NTP has developed many guidelines and training modules for implementation of quality DOTS in the country. After years of operational experience, introduction of new initiatives like Suspect Management, Contact Tracing and Public Private Mix (PPM), it was realized that Guidelines, Training modules and Recording and Reporting tools should be revised and synchronized with New STOP TB recommendations.

The Global Fund approved Round 6 Grant in Pakistan to address key components of Stop TB Strategy. NTP has been given the role of Principal Recipient (PR) from the public sector. NTP is also implementing activities under round 6 as a Sub Recipient (SR). Advocacy, Communication and Social Mobilization (ACSM), Quality assured bacteriology, role of tertiary care hospitals, HIV/TB co infection, MDR TB and health system strengthening are the major areas for NTP intervention. Development of National ACSM Strategy and Operational Guidelines is one of the key areas under ACSM.

Measuring Advocacy, Communication and Social Mobilization - National Monitoring and Evaluation Framework document has been developed by the National TB Control Program, Ministry of Health, Government of Pakistan in collaboration with Provincial TB Control Programmes; Mercy Corps Pakistan (Principal Recipient GFTAM/Round 6 Objective 3); and Integrated Health Services (IHS), Basic Development Network (BDN), Agha Khan Health Services (AKHS), Association of Social (ASD), Association for Community Programme Development (ACD) and Bridge Development Consultants.

Much of literature, inventory of ACSM indicators and strategic guidance has been derived from material produced by the World Health Organization on Advocacy, Communication and Social Mobilization for Tuberculosis.

We owe Special thanks to Dr. Shahid Hanif, Deputy Programme Manager, Provincial Programme Managers, Dr. Darakhshan Badar, Dr. Abdul Ghafoor, Dr. Baseer Achakzai and Dr. Asmat Ara for providing leadership support throughout the process of development. Also the whole ACSM team operating at national and provincial levels including WHO Sociologists, National and Provincial ACSM Coordinators, Task Coordinators and support staff played an important role in many ways.

Dr. Waheed I Chaudhry developed this national document based on the TOR; his contribution in the form of consulting partner organizations; reviewing ACSM literature and incorporating invaluable inputs from a diverse group of individuals played a pivotal role in producing this document.

At the end we would like to especially thank Dr. Muhammad Tariq, Technical Advisor ACSM for introducing the science of health communications within NTP and his technical leadership in initiating and coordinating the development of National Monitoring and Evaluation Framework for ACSM.

I hope Measuring Advocacy, Communication and Social Mobilization document will be very useful to provide strategic direction to measure health communications for Tuberculosis both for the public and private sectors.

Dr. Noor Ahmad Baloch  
National TB Control Program  
Manager, Pakistan

*Authors: Dr. Waheed I Chaudhry*

*Dr. Muhammad Tariq, Technical Advisor ACSM, NTP*

*This work was supported by The Global Fund as part of National TB Control Programme's Implementation of Objective 3 (2006 – 2011) and does not necessarily reflect the views of The Global Fund.*

## ACRONYMS

ACSM	Advocacy Communication & Social mobilization
AIDS	Acquired Immunodeficiency Syndrome
AJK	Azad Jammu & Kashmir
AKHSP	Aga Khan Health Services Pakistan
BBC	British Broadcasting Corporation
BDN	Basic Development Need
CBOs	Community Based Organizations
DCO	District Coordination Officer
DFID	Department for International Development
DOTS	Directly Observed Treatment Short-Course
DTC	District TB Coordinator
EDO (H)	Executive District Officer Health
FAQs	Frequently Asked Questions
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLRA	German Leprosy and TB Relief Association
GS	Green Star
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
IACC	Inter-Agency Coordination Committee
IEEC	Information Education, Empowerment & Communication
IPC	Interpersonal Communication
JICA	Japan International Cooperation Agency
LHWs	Lady Health Workers
M & E	Monitoring & Evaluation
MC	Mercy Corp
MoH	Ministry of Health
NA	Northern Area
NTP	National TB Control Programme
NTPCS	National TB Control Programme Communication Strategy
NWFP	North-West Frontier Province
OIC	Organization of Islamic Conference
PATA	Provincially Administered Tribal Areas
PHC	Primary Health Care
PTP	Provincial TB Control Programme
SARC	South Asian Regional Cooperation
SBC	Strategic Behavior Change Communication
TAF	The Asia Foundation
TB	Tuberculosis
TGF	The Global Fund
UC	Union Council
UN	United Nation
WHO	World Health Organization

## Table of Contents:

PREFACE.....	3
ACKNOWLEDGEMENT.....	ERROR! BOOKMARK NOT DEFINED.
<b>PART I .....</b>	<b>7</b>
INTRODUCTION TO NATIONAL TB CONTROL PROGRAMME.....	7
TUBERCULOSIS ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION (ACSM).....	9
ROLE OF ACSM IN TB CONTROL .....	12
APPROACH TO ACHIEVE THE OBJECTIVES OF ACSM .....	13
ACTIVITIES OF THE ACSM PROGRAMME .....	14
RATIONALE AND OBJECTIVES OF M&E FRAMEWORK .....	14
<b>PART II.....</b>	<b>16</b>
UNDERSTANDING MONITORING AND EVALUATION .....	16
DEFINITIONS ON M&E.....	16
ELEMENTS OF A GOOD M&E SYSTEM.....	17
MONITORING AND EVALUATION SYSTEM .....	18
MONITORING & EVALUATION FRAMEWORK .....	20
FUNCTIONS AND RESPONSIBILITIES OF M&E .....	20
PURPOSE OF MONITORING AND EVALUATION .....	23
LEVELS OF M&E .....	24
INFORMATION GENERATION AND COLLECTION .....	26
<b>PART III.....</b>	<b>28</b>
PLAN OF M&E FOR ACSM PROGRAMME .....	28
Desk Monitoring .....	28
Field Monitoring .....	37
DATA ANALYSIS AND PRESENTATION OF RESULTS.....	40
Monthly Performance Report .....	40
Periodical and Specific Reports .....	40
CONDUCTING EVALUATION OF ACSM PROGRAM.....	41
Planning of Evaluation.....	41
Timeline for Evaluation .....	42
Data Collection for Evaluation studies .....	43
ANALYSIS AND INTERPRETATION.....	44
Quantitative Analysis .....	44
Qualitative Analysis.....	44
<b>PART IV.....</b>	<b>45</b>
M&E FORMATS FOR DATA/INFORMATION COLLECTION & REPORTING .....	45
Monitoring of ‘Advocacy’ Activities .....	46
Monitoring of ‘Communication’ Activities.....	54
Monitoring of ‘Social Mobilization’ Activities .....	58
Monitoring of ‘Research’ Activities.....	68

# Part I

## Introduction to National TB Control Programme

Like other developing countries TB has been one of the major public health problems in Pakistan. TB has been prevalent in Pakistan and unfortunately it has been one of the neglected health areas in past. Pakistan ranks 8<sup>th</sup> amongst the countries with a highest burden of TB in the world. Pakistan contributes about 54% of tuberculosis burden in the Eastern Mediterranean Region. According to WHO (2001), the incidence of sputum positive TB cases in Pakistan is 80/100,000 per year and for all types it is 177/100,000. TB is responsible for 5.1 percent of the total national disease burden in Pakistan. The impact of TB on socio economic status is substantial.

WHO declared TB a global emergency in 1993. Since then efforts have been made to expand partnerships and bring all stakeholders on board in order to control this disease more effectively. Government of Pakistan endorsed the DOTS strategy, following WHO's declaration of TB as a global emergency, The National TB Control Program (NTP) Pakistan adopted DOTS (Directly Observed Treatment, Short course) strategy in 1995.

In year 2001, the Ministry of Health declared Tuberculosis as a national emergency and adopted the Islamabad Declaration calling upon all development partners and other stakeholders to make concerted efforts for the control of the disease in the country. The global targets were endorsed.

The declaration was followed up by the notification of an Inter-Agency Coordination Committee (IACC) as the National TB Program had entered into meaningful partnerships with a wide range of technical partners, donor agencies and civil society organizations.

### **Objective and Targets:**

The overall objective of NTP is to reduce mortality, morbidity and disease transmission so that TB is no longer a public health problem. The National targets are in line with the millennium development goals (MDGs). To cure 85% of detected new cases of sputum smear positive pulmonary TB and to detect 70% of estimated cases once 85% cure rate is achieved

The National TB Control Program (NTP) has also received tremendous support from partners/donors. The major projects are supported by USAID, three grants from the GFATM (Round 2, 3 and recently 56 million through Round 6). Moreover, the Global Drug Facility (GDF) is supplementing ATT drugs.

High government Commitment coupled with strong technical leadership in the program resulted in clear vision, which was translated into multi-year strategic plan (2001 – 2005) to achieve 100% DOTS coverage by year 2005. The strategic plan was revised for the period from 2005 to 2010. The Government of Pakistan increased the allocation of funds

for the control of TB. The new PC-1 of 1.184 billion is approved for the year 2002 – 2010.

### **Progress:**

A steady progress has been made from 2000 onwards to improve the case detection and treatment success rate by emphasizing on quality assurance of smear microscopy, drug management, community mobilization, involving tertiary care hospitals, NGOs, and inter-sectoral organizations and above all involving private sector for service delivery. Advocacy, community and social mobilization is also the mandate of the program. NTP has taken many new initiatives including a nation wide formative research for identifying risky behaviors, development of a BCC strategy, initiation of Mass Media Campaign, awareness seminars at provincial levels and advocacy activities at the district level. Operational research is carried out and steps are taken to enhance the research capacity at National Provincial and district levels and design the carryout researches. NTP has completed and published 10 research projects. A number of researches are in progress.

The commitment resulted in a rapid expansion of the DOTS strategy from 2000 to 2005, reaching DOTS-all-over in May 2005. Since then free diagnostic and treatment facilities for TB patients are available all over the country within the public sector health care delivery network, including rural health centers, Tehsil and district headquarter hospitals in addition to certain tertiary care teaching hospitals. Till date 1135 Diagnostic facilities and approximately 5000 treatment facilities are available throughout the country. Monitoring and supervision are carried out regularly. NTP Pakistan also undergoes assessments in the form of External Review Missions participated by International as well as National partners. The recommendations of the review missions help to improve and strengthen the Program.

In 2001, 20707 TB cases were registered. In 2007 234,100 were registered. The cases have increased with the DOTS expansion to private sector and tertiary care hospital and in Q1 2008, 60354 TB patients are registered.

Case detection rate for new Sputum Smear+ increased from 2.8% in 2000 to 18% in 2003. In 2007 it is 68% and in the first quarter of 2008 the CDR increased to 68% against the target of 70%. The treatment success rate, it has also been increased from 74% in 2000 to 87% in 2006 and maintained till date, against the target of 85%. However, it is expected that the CDR will rise more rapidly, as DOTS-all-over has been achieved and efforts are underway to make DOTS more comprehensive by greater involvement of public and private sector health care providers.

On ACSM, Pakistan remains leader in the EMR and is the first country to develop National Policy guidelines on ACSM Strategy, Operational Guidelines and M&E Frameworks for both public and private sectors after a consultative process. Further, a TB brand and branding strategy is under development process. PPM is being implemented in the country and 200 health care providers have been recently trained towards increasing access to DOTS services through the private sector.

## Tuberculosis Advocacy, Communication and Social Mobilization (ACSM)<sup>1</sup>

NTP has developed a Strategic Behaviour Change Communication (SBC) strategy, which initiates Mass Media campaigns, and conducts awareness seminars at National, Provincial and District levels along with advocacy activities at the grass-root level. Advocacy, Communication and Social Mobilization (ACSM) are integral and cross cutting segments to all programme components of the National TB Control Programme. The ACSM activities predominantly focus to set agendas, improve awareness and knowledge in shaping public attitudes toward risk behaviours. The ongoing efforts will provide evidence based strategic and targeted communication for enhanced visibility, acceptability and utilization of intended TB services throughout Pakistan – hence creating high demand for TB services. The current funding plan envisages Social Mobilization to contribute towards high utilization of desired TB services through private sector partner organization operating within communities.

Advocacy, Communication and Social Mobilization (ACSM) are integral and cross cutting to all programmatic components of the National TB Control Programme. The ACSM activities predominantly focus to set agendas, improve awareness and understanding and knowledge and shape public attitudes toward risk behaviors. The ongoing efforts will provide evidence based strategic and targeted communication for enhanced visibility, acceptability and utilization of intended TB services throughout Pakistan. The current funding plan envisages social mobilization which primarily will be addressed by the private sector will contribute to high acceptability and utility of desired TB services.

NTP uses Socio Ecological Framework and principles of social marketing while making use commercial marketing techniques to provide efficient means of communication for the print, electronic media and social mobilization activities. Research based messages will continue to deliver in the years to come. The implementation of BCC will involve the use of TV, radio, newspaper, video and audiocassettes, and print materials including posters, flip charts, and leaflets. Following approach will be employed to cover hard to reach areas where previous ACSM interventions have been executed.

### Research:

NTP has recently floated RFP for a comprehensive National Formative Research. The evidence and data will guide meaningful and targeted ACSM activities throughout the country. Moreover, NTP will use this data to guide development of National Communication Strategy in addition to National Monitoring and Evaluation Framework. The framework will essentially address the M&E needs of the National TB Control

---

<sup>1</sup> The information under this section is adopted from, *Proposal Form – Sixth call for Proposals. The Global Fund. Geneva, 5 May 2006*

Programme and Global Fund. Further, these national policy documents will serve both for the public and private sectors with mile stones for communication at all level.

Formative research will help identify desirous segments of population for building the communication campaign, development and pre-testing of creative concepts to ensure cultural appropriateness for a meaningful impact. Large-scale social marketing campaigns – television, radio print and outdoor media will be implemented to support community based programmes and service delivery. Community based ACSM activities and events – community theatre, music, dance and drama, community cinema, will be developed, to support advocacy and social mobilization through interpersonal dialogue based approaches.

Establishment of a Model Resource Center for TB Communication:

The need for developing a Model Resource Centre has been realized by the NTP. The resource center will function at the national level and Logistics Management Information System (LMIS) will be developed for ACSM local, regional and international material for effectively communicating about tuberculosis. The resource center will be reflection of high quality Pakistani, regional and international resource material for TB communication. Resource center will further provide efficient means of distribution of material to provinces, districts and partners from the private sector.

Enhanced ACSM coordination: management and partnership development

In order to achieve a meaningful impact of TB communication, NTP will spearhead enhanced coordination for ACSM programme design, implementation and evaluation through establishing a National ACSM Steering Committee comprising of MoH, NTP and programme partners to coordinate and scale up the wide range of ACSM activities around the country. The Steering Committee will contribute towards strategizing and coordinating ACSM plan.

Increased awareness, knowledge and self efficacy toward screening and treatment

There is high realization within NTP that Communication is cross cutting across all components of DOTS realization in Pakistan. Despite the fact that the DOTS coverage has reached 100% in public sector facilities, public awareness and knowledge of the efficacy of TB screening and treatment is low. Other knowledge gaps include poor understanding of the provision of free services and drugs provided by public sector health facilities. Community feedback indicates continuing high levels of stigma driving the disease and poor efficacy, especially amongst high risk, low income groups. In order to build on the gains made to date, more intensive, large-scale, strategic communication campaigns are required.

A number of diverse activities have been planned e.g. orientation sessions will be conducted with key advocates, opinion leaders, key influencers and celebrities to enhance

dedicated support for TB in the country. Provide incentives and merchandising opportunities to encourage involvement and leveraging advocacy opportunities.

Further, Public Relations Services will be contracted and health and media journalists will be identified, trained on effective evidence based communication for TB.

The current ACSM Unit has been strengthened and comprised of international and national trained Pakistani staff under the leadership of a Technical Advisor to oversee country wide communication initiatives. Further technical staff at the national and provincial levels is being recruited. NTP is also spearheading the process of developing integration with the general practitioners from the private sector for TB activities. National TB Control Programme has secured funds from the Public Sector Development Programme through PC-1 for 2008. NTP plans to implement Public Private Mix (PPM) activities in the forty districts of Pakistan.

Advocacy, communication and social mobilization are three distinct sets of activities, all of which have the shared goal of bringing about behavioral change. One of the major distinctions is their audiences: advocacy primarily works with public leaders or decision-makers; communication generally targets individuals or subpopulations in the public; and social mobilization aims to secure support from the broad public and specific communities. The lines between the three categories are often blurred, and interventions under one area may influence beneficially or facilitate processes in the other areas (2,3).

Broad descriptions of the three terms are provided here to help define and distinguish between categories of ACSM activities for TB control.

- **Advocacy** aims to secure needed financial resources and change policies, guidelines or procedures by influencing stakeholders such as politicians, decision-makers and journalists.
- **Communication** seeks to increase awareness, influence social norms, create behavioral change among selected individuals or subpopulations in the public, and improve interpersonal communication and counseling between people with TB disease, their families and providers.
- **Social mobilization** aims to change norms, improve services, expand community support and solve social problems, often by bringing groups together to act at a community level.

Regardless of how behavioral change objectives are organized, ACSM cuts across all aspects of TB control and should be integral to national TB control strategies. As a result, ACSM is a critical feature of TB control efforts in Pakistan to set agendas and raise awareness of specific health issues, increase knowledge and change public attitudes toward risk behaviors. ACSM is forms the backbone for strategic TB communication and is pledged to eliminate the differential of quality between public and private sectors communication. ACSM is imperative because evidence indicates low awareness of free

services provided by government facilities, location of clinics, and poor client perceptions of public sector service provision. The project will aim at facilitating the ongoing activities by making it more strategic and more efficient through involvement of 8 NGO partners, namely Pakistan Anti TB Association (PATA-14 districts), Mercy Corps (MC-9 districts), The Asia Foundation (TAF-10 districts), Bridge-5 districts, Integrated Health Services (HIS will implement school awareness programme in 10 districts covered by other partners), Basic Development Needs (BDN-8 districts), Association of Community Development (ACD-6 districts), Aga Khan Health Services (AKHSP-5 districts), in social mobilization and advocacy in 57 selected districts of the country while strengthening NTP capacity to take the lead in implementation of national social marketing campaigns. The districts selected cover hard to reach areas and were not part of previous ACS interventions.

## Role of ACSM in TB Control

ACSM activities address key barriers to accessing TB care and completing treatment, and thus support the achievement of national TB programme goals and objectives. ACSM is increasingly being acknowledged as an essential strategic component of TB control. There is an urgent need for ACSM planning as TB programme managers realize that the ambitious goals of the TB control community will not be met without prioritization of communication activities (1). The new *Global plan to stop TB 2006–2015* and the Stop TB Strategy launched by WHO in 2006 position ACSM as an important component of the TB Control programmes that must be promoted for wider use. It also outlines fundamental activities that will be led by the ACSM Working Group over the next 10 years to ensure wider strategic application of ACSM (4).

ACSM activities create greater social commitment and support behavioral change in order to ensure access to treatment and care for all, particularly poor, vulnerable and hard-to reach populations. For example, **advocacy** activities that contribute to TB control objectives might include educating religious leaders and political representatives, reforming legislation or policies, or influencing mass media through dissemination of media packages and training of journalists, with the goal of stimulating allocation of additional resources focused on TB control. **Communication** activities might include disseminating accurate information and dispelling myths about TB, or educating and encouraging people with TB and their family members to be more actively involved in care and to support community approaches to facilitating treatment completion. Organizing **social mobilization** events and community participation can raise TB awareness, promote health-seeking behavior, inspire dialogue, and heighten community concern and action for TB control.

Any ACSM strategy has to focus on individual and social change to meet four important TB control challenges:

- 1) Mobilizing political commitment and resources for TB,
- 2) Improving case detection and treatment adherence,
- 3) Combating stigma, and
- 4) Empowering people affected by TB and their communities.

# **Approach to Achieve the Objectives of ACSM**

Following approach will be employed to achieve the objective:

## **1. Enhanced ACSM coordination: management and partnership development**

In order to improve current programming efforts and enhance partnerships, a more strategic approach to ACSM programme design, implementation and evaluation is proposed involving the establishment of a national ACSM Steering Committee comprised of NTP and programme partners to coordinate and scale up the wide range of ACSM activities around the country. The Steering Committee will be involved in finalizing the national TB ACSM strategy and coordinating its implementation. Coordination activities could include the wide range of ACSM community based responses as well as planning of national Social Marketing Campaigns to raise awareness and set agendas for TB Control around the country. The Steering Committee will also be involved in coordinating the provincial and district level implementation of the ACSM programme. A comprehensive M&E framework will also need to be developed as part of the strategy to identify key performance indicators based on a range of behavioral determinants of programme success.

## **2. Increased awareness, knowledge and self efficacy toward screening and treatment**

Despite the fact that the DOTS coverage has reached 100% in public sector facilities, public awareness and knowledge of the efficacy of TB screening and treatment is low. Other knowledge gaps include poor understanding of the provision of free services and drugs provided by government facilities. Community feedback indicates continuing high levels of stigma driving the disease underground and poor efficacy, especially amongst high risk, low income groups. In order to build on the gains made to date, more intensive, large-scale, strategic communication campaigns are required.

## **3. Supportive environment: public and media advocacy**

Current advocacy activities are often infrequent, not targeted and usually conducted in smaller community settings, and in isolation to other coordinated efforts. Although TB was declared a national emergency, subsequent efforts to maintain the profile of TB prevention and care activities are not maintained at the possible highest level. More intensive efforts are required to increase advocacy initiatives both at public and mass media levels and integrate these activities within the overall ACSM framework.

## **4. Social mobilization: building consensus and commitment**

The low profile and limited client involvement in TB care through public facilities indicates that a greater commitment is required by communities to take greater responsibility for preventative health, treatment and care. Social mobilization that capitalizes on the presence of the large number of NGO/CBO/FBOs could contribute enormously to creating more enabling environment for TB control. Also acknowledged is the potential mobilization power of the more than 112,000 Lady Health Workers currently deployed around the country.

## **5. Institutional strengthening and capacity building**

NTP acknowledged the current shortfalls in institutional capacity to manage and coordinate a large scale ACSM programme and has commenced recruiting more technical staff to manage the coordination of the wide range of activities conducted by programme partners. NTP also acknowledged the need to provide technical assistance to ACSM partners in order to build capacity for the development of effective interventions and scaling up of activities. The Project will support capacity building through training and human resources support.

## **Activities of the ACSM Programme**

The proposed ACSM activities will be conducted by 8 partners for social mobilization and advocacy in 57 selected districts of the country. The NTP will take the lead in implementation of national social marketing campaigns. Details of the proposed activities are discussed in Part III.

## **Rationale and Objectives of M&E Framework**

The Advocacy, Communication and Social Mobilization (ACSM) component of NTP is aimed at strengthening internal systems and building capacities at the federal, provincial and district levels within infrastructure of TB services and communication. Another key component of ACSM programme is to design and develop National ACSM Strategy to guide communication activities for TB in Pakistan.

The ACSM component of NTP intends to measure the performance of the communication activities both in the public and private sectors and development of comprehensive set of indicators for the assessment of current TB environment and activities being done for increasing access to TB services particularly print and electronic media campaigns and other below the line activities. The national ACSM Framework will be envisaged to guide the overall measure of TB communication activities at various levels.

The key objectives for this framework will be:

- To design and develop a M&E framework for measuring Advocacy, Communication and Social Mobilization activities of TB both ATL and BTL activities at the national and provincial levels;
- To elaborate and define relevant indicators for above mentioned components of TB communication
- To develop appropriate matrix for measuring TB communication for the partner organizations

The TOR indicates the following key areas to be addressed in the national ACSM M&E framework document.

1. The need and rationale of a National ACSM M&E Framework as a policy document: The ACSM work plan (s) of both public and private sectors will be

- used to develop rationale for the framework as a standard for the measure of TB communication in the country both for public and private sectors;
2. M&E Framework and Guidelines for Implementation: The TA will take an introspective look at the framework, project design, literature, background document and the results of forthcoming Formative Research and KAP Analysis to develop comprehensive set of indicators based on the design of the framework. To document comprehensive information on each indicator prescribed to print and electronic and community based communication activities;
  3. Matrix for indicators for ATL and BTL activities: This task will analyze TB communication activities in the country and the region and will put the indicators appropriately in the different matrix to be used for both public and private sectors.

## Part II

### Understanding Monitoring and Evaluation

The ASCM programme of NTP is fighting against the menace of TB in Pakistan by executing its activities at national, provincial and district levels. To monitor the progress of the program activities at all levels, a built-in monitoring and evaluation system is proposed. The overall purpose of monitoring and evaluation will be the measurement and assessment of performance of partner organizations in order to more effectively manage the outcomes and outputs of the ASCM programme.

Monitoring of the programs provides information on the extent to which specific project objectives and expected results have been achieved. The purpose of ASCM Programmes monitoring is to improve the implementation status of all the interventions by identifying those aspects that are working according to plan and those that are in need of mid-course correction. It verifies that all programs activities are being effectively implemented. That is, whether the program activity undertaken has been completed and the results obtained as planned, both in terms of quality and quantity and within a given budget and time frame. It also identifies the reasons for achieving or not achieving expected results. The progress of any project/program can only be assessed if we know what we are trying to achieve and how it will be achieved. It needs to have target indicators assigned during the reporting period. For this purpose, the work plans /operational plans will be prepared and followed for the implementation of the activities/sub-activities/tasks at the grass-root level. The operational plan will be the reference point for the implementation, monitoring and evaluation and future planning of the projects. This operational framework includes two basic elements which guide the M&E system: expected performance and indicators of their achievements.

#### Definitions on M&E

M&E is a management tool for those who manage anything from a small project to a country program. Setting a good M&E system requires a careful thinking about overall program management and, particularly on how to manage the linkage between different program elements and partners at all level. The terms ‘monitoring’ and ‘evaluation’ are generally used together to refer to the whole process of assessing progress of a project or program towards its results.

**Monitoring** generally refers to the routine tracking of the project’s ongoing activities, achievements and constraints. It helps to ensure that activities are carried out as planned. It answers the question: What are we doing, e.g. people trained or counseled, people completed TB treatment.

**Evaluation** generally refers to the assessment of program/project implementation and its success in obtaining pre-determined project goals/objectives. It answers the questions: What have we achieved and how? What we have not achieved and why?

An **indicator** is a quantitative or qualitative factor or variable that provides a simple and reliable basis for assessing achievement, change or performance. It is a unit of information measured over time that can help show changes in a specific condition. Indicators of a project/program are identified from input to impact level. A SMART<sup>2</sup> indicator is highly recommended for efficient and effective M&E. An indicator is SMART if it is Specific, Measurable, Attainable, Relevant and Time bound.

## Elements of a Good M&E System

A good monitoring and evaluation system is the only way of establishing what is being done and if the interventions being undertaken are making a difference. TB control programs, in particular, require establishing strong M&E system because majority of the masses have limited knowledge about its various dimensions. Moreover, the specific challenges faced by TB control program are different from many other issues in development sector. Therefore, continuous assessment of various interventions is necessary as new strategies are constantly being proposed and adopted. Efforts must be made to identify interventions that are more effective and to make them more central in the national response.

In order to establish a functional National M&E system five key elements are important.

- Presence of an M&E unit: The establishment of M&E unit with qualified staff and enough budgets is essential. The Unit also needs to build links with regions, sector ministries, research institutions, NGOs, CBOs and donors.
- Clear goals and objectives of the program: It needs well-defined national program goals, objectives and targets where regular reviews/evaluations of the progress of the implementation of the National/Regional program are undertaken. Guidelines and guidance need to be put in place on the M&E to regions and sectors.
- A core set of indicators and targets: It is important to identify core indicators and additional indicators that cover program inputs, activities/processes, outputs, outcomes and impact. Also, selection of indicators needs to be through full participation of stakeholders and maintaining relevance and comparability. The process needs also to utilize past and existing data collection efforts to assess national trends.

---

<sup>2</sup> SMART is defined as: **Specific:** An indicator needs to be specific and related to the conditions the project/program seeks to change. It should be clear about what to change and where, when, and how the situation will be changed. **Measurable:** Able to quantify the targets and benefits. Quantifiable indicators are preferred because they are precise, can be aggregated and allow further statistical analysis of the data. However, development process indicators may be difficult to quantify, and qualitative indicators should also be used. **Attainable:** An indicator (or information) must be attainable at reasonable cost using an appropriate collection method. **Relevant:** An indicator must be one that is necessary to measure; it must have relevance to the management information needs of the people who will use the data. **Time bound:** The time period in which an indicator will be accomplished should be clearly stated.

- A plan for data collection and analysis: An overall national level data collection and analysis plan is important. The plan also has to address data collection and analysis systems at lower levels.
- A clear plan for data dissemination: Establishment of an overall national level data dissemination plan is important. This can include a well-disseminated informative annual report of the M&E Unit and annual meetings to discuss and disseminate M&E and research findings with policy-makers and planners. A clearinghouse/resource center at national level and gradually at lower levels is also necessary.

M&E is often perceived by project/program implementers in the field as an additional burden that has no clear goal or advantage. This requires providing regular feedback on M&E results to the implementers and also developing an M&E system that is simple to use and to understand, that does not introduce a work overload, and that has clear goal/objectives.

### Two golden rules of M&E

- Do not define indicators that cannot be measured
- Do not collect data that are not useful for decision-making or from which no lessons can be learned

## Monitoring and Evaluation System

Monitoring and evaluation are closely related. Both are necessary management tools for informed decision-making and accountability. Evaluation is not a substitute for monitoring nor is monitoring a substitute for evaluation. Both involve the same steps; however, they produce different kinds of information. Systematically generated monitoring data is essential for successful evaluations.

Monitoring continuously tracks performance against what was planned by collecting and analyzing data on the indicators established for monitoring and evaluation purposes. It provides continuous information on whether progress is being made towards achieving results through record keeping and regular reporting systems. It also identifies strengths and weaknesses in a program. The performance information generated from monitoring enhances learning from experience and improves decision-making. Evaluation is a periodic, in-depth analysis of program performance. It relies on data generated through monitoring activities as well as information obtained from other sources (studies, research, in-depth interviews, focus group discussions, surveys, etc.).

While monitoring and evaluation are complementary, they are two distinct processes. Monitoring follows a management model with a focus on improving day to day operations. Evaluation uses a research model to assess the extent to which project objectives have been met or surpassed. However, monitoring and evaluation are most effective as interwoven activities. The clear difference between monitoring and

evaluation is given below:-

<b>Monitoring</b>	<b>Evaluation</b>
Continuous	Periodic: at important milestones such as the mid-term of program implementation; at the end or a substantial period after program conclusion
Keeps track; oversight; analyses and documents progress	In-depth analysis; Compares planned with actual achievements
Focuses on inputs, activities, outputs, implementation processes, continued relevance, likely results at purpose level	Focuses on outputs in relation to inputs; results in relation to cost; processes used to achieve results; overall relevance; impact; and sustainability
Answers what activities were implemented and results achieved	Answers why and how results were achieved. Contributes to building theories and models for change
Alerts managers to problems and provides options for corrective actions	Provides managers with strategy and policy options
Self-assessment by program managers, supervisors, community stakeholders, and donors	Internal and/or external analysis by program managers, supervisors, community stakeholders, donors, and/or external evaluators

The Monitoring and Evaluation framework will be adopted by all implementing partners, i.e., ACSM Unit of NTP and partner organizations to monitor the overall progress of all the program activities. For that purpose, M&E department is expected to collect, compile and disseminate the updated progress on the status of each program activity. In any M&E system, information supports decisions, decisions trigger actions, and actions affect the achievements or performance of the projects.

The information generated by the M&E system would be the essential part of making realistic and practical decisions. It will not only equip the decision makers with facts and figures that will enhance the overall decision making process, it will also provide the means through which the ACSM component's activities will be monitored and information will be shared within the management of the ACSM Unit and among the stakeholders. The maintenance of the M&E system will be an ongoing process to

improve the overall system. Eventually, the M&E system will enhance job performance throughout ACSM programme.

## **Monitoring & Evaluation Framework**

The proposed M&E framework as presented in Figure-1 is simple and user-friendly for all program levels at national, provincial and district that would ultimately enhance the development effectiveness of ACSM programme as a whole. A conceptual framework describes the linkages that we believe connect the inputs to a program, to the processes employed to use the inputs, to the outcomes that derive from the processes and to the impacts that arise from the outcomes. Designing an M&E framework clarifies appropriate program elements to measure, assisting in the identification of appropriate indicators and data for measuring them, and the appropriate methodology to be used in monitoring and evaluating program success.

The above framework will be used from the grass root level to the head office (Community→ District→ Province→ National). The data will be collected, processed and compiled consistently and uniformly at all levels. Variance in data collection methods and channels for reporting distort information and trend analysis. Therefore, procedures of recording and reporting of each activity are documented and communicated clearly to the concerned, including an effective monitoring system.

The proposed M&E system includes both desk and field monitoring at all levels. Desk monitoring is based on the appropriate recording and reporting formats with time frames required by the operations. The proposed M&E system will not only support management's ability to perform reviews, measure performance, manage resources, and make appropriate decisions; it will also provide feedback to the grass-root levels and stakeholders on the achievements and drawbacks for further improvements. The M&E system will be used to function effectively as an interacting, interrelated, and interdependent feedback tool for management and staff. The following five elements of a useable M&E system are adopted to develop the system: timeliness, accuracy, consistency, completeness, and relevance. The usefulness of M&E is hindered whenever one or more of the elements are compromised. Hence, for an effective M&E system strict discipline for recording and reporting has been emphasized.

## **Functions and Responsibilities of M&E**

The main objective of M&E will be to devise a mechanism for all the ACSM interventions with the following Monitoring & Evaluating functions and responsibilities:-

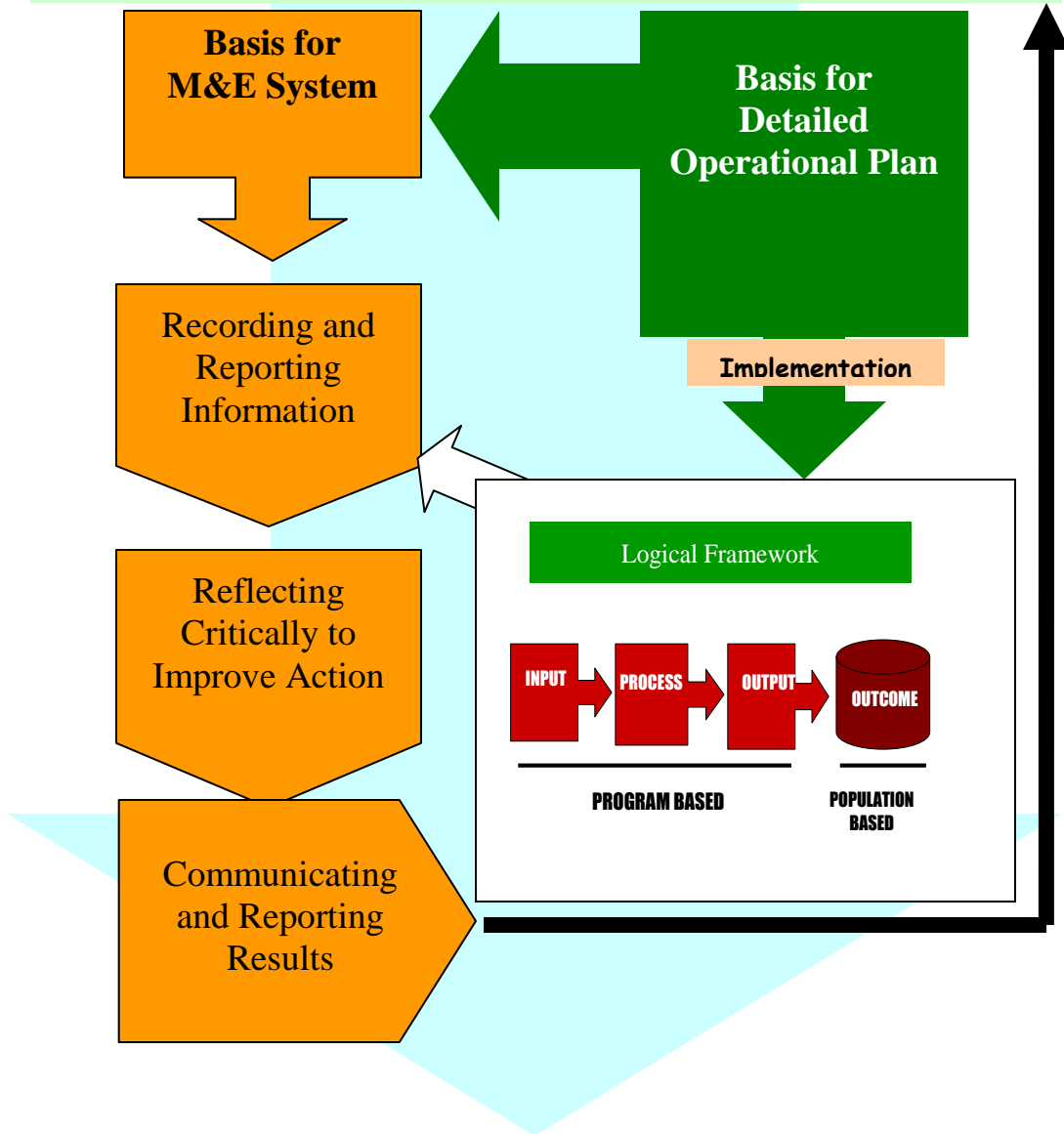
- Designing and implementing an M&E system across ACSM programme;
- Developing guidelines and providing training to concerned ACSM programme and stakeholder staff
- Collecting, compiling and analyzing data on different aspects of the ACSM programme activities;
- Monitoring and evaluating program interventions and outputs by using various M&E tools;

- Recommending remedial measures to remove the identified gaps in interventions.
- Preparing and submitting monthly, quarterly, and annual progress reports of ACSM programme for day to day monitoring and disseminating ACSM component achievements.
- Building capacity of the partners of ACSM programme such as health department, NGOs and CBOs, etc. in various Monitoring and Evaluation tools/strategies, which will eventually facilitate them in strengthening their own internal M&E systems.

The overall responsibility of the M&E system to be implemented throughout the country rests with the NTP head office. The provincial offices will be responsible for the management of the information through respective districts that they should continuously collect the data in the process of implementing field level activities. The district officers' acts as a focal point where the information from the various programs interventions is accumulated in the form of monthly performance reports received from the health outlet levels. The essential job of the District Coordination Officer-Health will be to monitor and evaluate the performance of the Project staff and take corrective action where ever necessary at the earliest so that the performance may not suffer.

# The Program Strategy: Conceptual Framework

(Plan for what will be achieved and how it will be achieved)



## Logical Framework of Program Strategy

Input →	Process →	Output →	Outcome →	Impact
<p><b>Program inputs refer to the set of resources:</b></p> <p>Personnel Facilities Space Equipment Supplies Record Keeping</p>	<p><b>Program processes refer to the set of activities in which program inputs are utilized in pursuit of the results expected from the program.</b></p> <p>Program processes include all of the service delivery operations:</p> <p>Management Training Commodities and logistics</p>	<p><b>Program outputs are the results obtained at the program level through the execution of activities using program resources.</b></p> <p>There are three types of program outputs:</p> <p>Functional area outputs; Persons trained; Service outputs; Service utilization</p>	<p><b>Progress outcomes are the set of results expected to occur at the population level due to program activities and the generation of program outputs.</b></p> <p>These may be divided into two components:</p> <p>Immediate outcomes: no incidence of TB undetected</p> <p>Long-term outcomes: reduction in mortality due to TB</p>	<p><b>What and how much change occurred at the program or population level that is attributable to the program</b></p>

### Purpose of Monitoring and Evaluation

The purposes of ACSM programme monitoring and evaluation is two fold: **improving** the programs and **tracking** the results. First, M&E of programs will inform program managers and implementers as to what extent the program is operating effectively and according to expectations. M&E will help in making informed decisions about the program operations. It will help to make the most effective and efficient use of resources. Monitoring of functional output levels will improve the number and quality of activities conducted in different areas of management/ supervision, training, commodities distribution and record keeping, whereas at the service output level, it will increase the access to services, improving the quality of care and program image.

Second, M&E will help to exactly determine if the program is on track or if it needs corrections. By keeping track of specific areas of program performance, operational problems can be identified while they can still be corrected, thus ongoing performance can be improved. Meanwhile, M&E will keep track of the extent to which activities are producing desired effects. Results demonstrated through good monitoring and evaluation techniques enable decision makers also to correct strategies or even overcome unanticipated difficulties. Monitoring for tracking the results means, to follow the results produced at the program level such as, number of people aware of symptoms of TB, number of people know that TB treatment is free, number of people knowing about

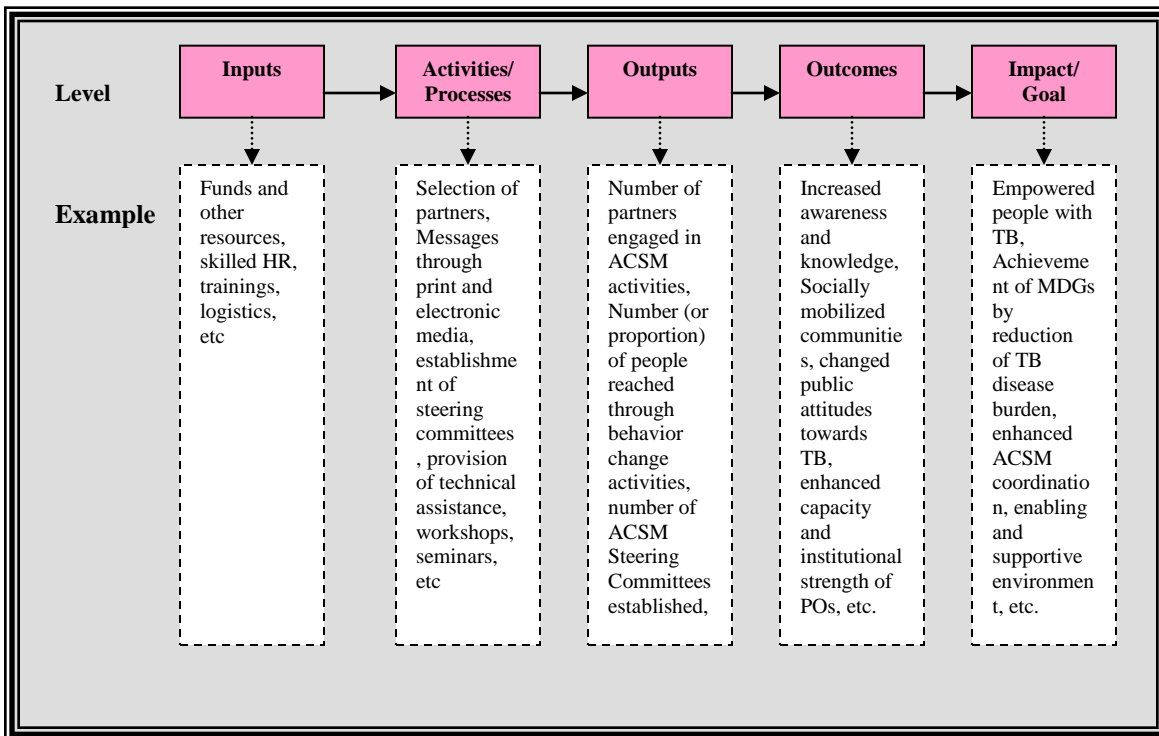
correct treatment regime, number of clinical staff trained for detection of TB, number of clinical staff with adequate tools and resources for diagnosis of TB, and so on. Finally, tracking the results at the output level, such as monitoring whether ACSM programme has been able to create the desired environment where the community promptly reacts to TB, the TB treatment rate has increased, the skills and diagnosis practices of clinical staff has increased, and certain communities have been declared as TB free. Finally, it will help to come to objective conclusions regarding the extent to which a program's impact can be judged and established a "success".

In other words, ACSM programme M&E will improve the ultimate impact through better information and increased understanding even while activities are in progress. And as results of the ongoing activities are shared, the future design of comparable activities and their implementation will all be improved as well.

## Levels of M&E

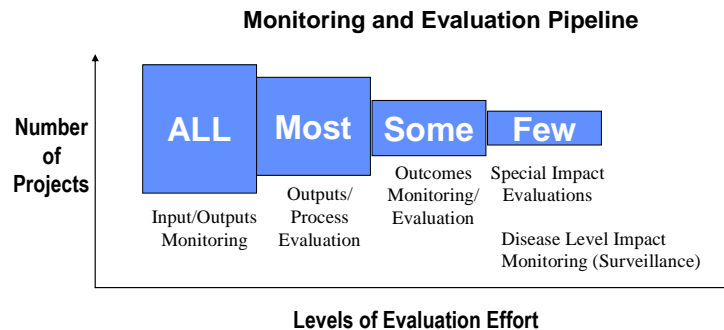
It is important to be noted that M&E is performed at different levels of a program. It starts right from the beginning of an intervention and continues until it is completed. To make a holistic list which may serve all types of programs is impossible; however, a standard order of program levels is discussed below:

- **Inputs** are the financial, human, material, technological and information resources provided by stakeholders (i.e. donors, programme implementers and beneficiaries) that are necessary to produce the intended output of a project/program. The monitoring of inputs through devising measurable indicators is the first step of M&E.
- **Activities/Processes** generally refer to the different steps in the implementation of projects/programs. It refers primarily to the fact that the activities are actually happening or not.
- **Outputs** are the immediate results of the activities conducted. Outputs are generally expressed for each activity separately. Examples: the number (or proportion) of people reached through behavior change activities, the number of TB patients treated, the number of clinical staff trained for TB diagnosis, etc.
- **Outcomes** are the medium term results of one or several activities. Outcomes are therefore, mostly expressed for a set of activities. They often require separate surveys to be measured. Examples: the proportion of target population that is aware of the symptoms of TB, the proportion of target clinical staff that has adequate tools and resources for detection of TB, the proportion target population that received appropriate treatment, etc.
- **Impact** refers to the highest level of results, to the long-term results expected of the project/program. Impact therefore, generally refers to the overall goal or goals of the project/program. Examples: decrease in the incidence or prevalence of TB; reduced mortality rate due to TB, increased contribution of non-government partners in TB control.



It is important to mention that the above stated standard order of program levels is not as simple as it appears in the above matrix. The relationship between program levels is similar to a pipeline which appears to be diminishing over the project life but in fact it is more focused, in case of TB control program it is focused on disease level as shown in the Diagram below. With every level of monitoring and evaluation effort, the process gets more focused and specific.

## Strategic Planning for M&E: Setting Realistic Expectations



Source: Source Family Health International - presentation on “Monitoring ACSM”, by Dr. Muhammad Tariq

The main purposes of various types of evaluations are as follows:-

1. **Formative Evaluation** - to improve the design and performance of an ongoing program
2. **Process Evaluation** - to assess how well the implementation of the program is progressing, such as the extent to which the program is consistently operating with objectives and procedures originally defined for them
3. **Impact Evaluation** - to examine the ultimate impact of a program on some type of community problem
4. **Outcome Evaluation** - to measure changes the program has made in participants/clients based upon program objectives

## Information Generation and Collection

### Data Collection Strategy for M&E

The M&E Framework clearly defines indicators for the specific ACSM intervention areas, sources of data to generate the indicators, measurement tool, frequency of data collection, responsible body for data collection (or data source), and the method of measurement. The selection of indicators has been made through a rigorous exercise with the staff of ACSM; and due attention has been paid to characteristics of a good indicator and elements of a good M&E system outlined earlier.

ACSM component of NTP will work with all partner organizations to collect data for generating reports on the national response to TB. In selecting the national indicators, care has been taken to explore the possibility of utilizing all available data, routine data collection systems before suggestions are made to use survey methods. As most indicators are health related, it is suggested that data collection system should be simple and straightforward. A deliberate effort has been made not to overburden the frontline staff of the project.

The data system for ACSM M&E plan is designed in conjunction with all partners and stakeholders who are contributing resources or data to M&E activities. All the program partners should be and will be actively involved in utilizing and implementing the M&E system at their respective levels, essentially because individual program decisions taken would partly be based on M&E results. The involvement of stakeholders and implementing partners in M&E planning should be taken as an opportunity for them to initiate their own M&E efforts which will be a benefit to all. This is also one of the objectives of ACSM M&E system.

The required data for monitoring and evaluation purposes categorically come from two main sources: program-based data and population-based data. On one hand, different types of information that constitute program-based data come from routine data collection through ACSM unit and partner organizations (service statistics, client and other clinic records, administrative records, commodities, facility visits) as well as information that is collected on-site where services are delivered. The routine data collection through the recording and reporting system as well as through regular field visits will be the basic responsibility of M&E. This data will be stored with the M&E department for routine and detailed analysis.

On the other hand, population-based data will be collected and used for evaluation purposes of different ACSM programs. The frequency and nature of the data collection will depend on the purpose of the program evaluations. This will be conducted at all levels such as national, provincial and local levels through sample surveys. M&E will make use of several methods for gathering, analyzing, documenting and presentation of progress.

## Part III

### Plan of M&E for ACSM Programme

#### Desk Monitoring

Desk monitoring of ACSM programme will be based on the recording, reporting and feedback system. The recording, reporting and feedback system is primarily a tool of management. It is a mechanism to adjudge whether the specified objectives and targets of the project are being achieved, and whether there are any shortfalls resulting due to certain reasons. It also provides the built-in evaluation for project managers. This system will develop the basis for data from the field for appraising project performance and for establishing accountability.

The proposed recording, reporting and feedback system is simple but comprehensive. It is manageable for those who need to record and report their performance, particularly the field functionaries. At the District level, all information will be collected, compiled and presented with achievements and shortfalls along-with reasons and suggestions. District will then submit their progress reports to the M&E department. The progress report for the ACSM programme will be compiled based on the District reports and will be submitted to Provincial NTP offices and further to the decision makers at NTP Head Office for appropriate action and feedback to the concerned.

#### Recording Formats

Recording of the status of any indicator is the basic requirement of any information system to operate. If the proper recording of activities/sub-activities/tasks is not in place, the reporting of the progress is impossible. For the ACSM program activities, the information on each indicator would be recorded at each level to keep the progress updated. For this purpose, the data recording forms are developed for all interventions.

The key activities designed to materialize the objectives of ACSM programme will be the main guideline for the construction of recording formats. For a better understanding, the detailed step order of all activities is described hereunder<sup>3</sup>:

#### ***Objective 1: Enhanced ACSM Coordination: management and partnership development***

To materialize this objective, following activities have been designed for the ACSM programme.

---

<sup>3</sup> The objectives and activities have been abstracted form “*Proposal Form – Sixth Call for Proposals. The Global Fund. Geneva, 5 May 2006*”

**Activity 1.1: Establish ACSM Steering Committee:** *Establish ACSM Steering Committee, finalize and endorse the National TB ACSM Strategy, develop national work plans for adaptation at provincial and district level.*

The establishment of ACSM Steering Committee (SC) is based on a series of efforts which should be properly recorded. For the purpose of recording these efforts a Recording Format has been developed which is based on a systematic step order for the accomplishment of this activity. The format will reflect the status of following practices:

- Framing the structure and functions of the SC
- Setting the bye-laws of SC
- Consultative meetings with potential SC members
- Setting the agenda and frequency of meetings of SC
- Finalize and endorse the National TB ACSM strategy
- Development of national work plans
- Adaptation of work plans at Provincial level
- Adaptation of work plans at District level
- Feedback on implementation of work plans
- Reports on execution of work plans
- Feedback on reports / corrective measures
- Check list for SC meeting

**Activity 1.2: Promote Participation and Involvement:** *Engage ACSM programme partners in advocacy and social mobilization programme strategy development in provinces and districts.*

As the statement of the activity reflects, the action will be carried out at district level by various program partners under the supervision of respective provincial offices of NTP. The information will be recorded by respective partner of the district and after collation at the provincial level will be submitted to the ACSM Unit at the Head Office.

- Number of meetings held for strategy development
- Number of partners involved
- Number of Districts covered
- Strategy document in place
- Number of partners implementing the strategy
- Issue and problems in advocacy and social mobilization

**Activity 1.3: Contract Private Sector Partners:** *Contract private sector partners to support the planning and implementation of national, social marketing campaigns and disseminate materials.*

- Number of partners contracted
- Number of partners provided with ACSM materials
- Number of partners trained on social marketing
- Number of partners actively supporting the program

- Number of posters, pamphlets, brochures and leaflets provided and disseminated by each partner

**Activity 1.4: Establish M&E Framework:** *Establish and endorse an M&E framework including qualitative and quantitative methodologies for ACSM formative research, communication pre-testing, process monitoring, impact and outcomes evaluation for adaptation to a range of ACSM programmes.*

- TORs for M&E Framework
- Draft development
- Hiring of consultant for TA for finalization of draft
- Compilation and provision of background material to the consultant
- Consultative meetings with ACSM staff
- Identification and activities and relevant indicators
- Comprehensive M&E framework covering qualitative and quantitative methodologies for ACSM formative research, process monitoring, impact and outcomes evaluation

**Activity 1.5: Provide Technical Assistance:** *Provide adequate technical assistance (TA) to the Steering Committee for ACSM campaign management, planning, development, implementation and evaluation.*

- Identification of TA for Steering Committee
- Number of TA provided for Campaign Management
- Number of TA provided for Planning
- Number of TA provided for Implementation
- Number of TA provided for Evaluation
- Number (or %age) of SC members participated in TA
- Number (or %age) of SC members completed all TA activities

**Objective 2: Increased awareness, knowledge and self efficacy toward screening and Treatment**

**Activity 2.1: Conduct Audience Research:** *Conduct formative research with campaign target groups, develop and pre-test creative concepts to ensure cultural appropriateness and impact.*

- Areas (geographical and thematic) identified for audience research
- Number of researches planned
- Number of researches conducted
- Reasons of inconsistency between planned and conducted
- Number of Research Reports prepared
- Number of attitude or household surveys conducted
- Number of staff surveys or focused groups conducted

- % of people in a community who knows that TB control is a high priority of the country/community
- Strong collaboration between TB and HIV/AIDS programs and those of other communicable diseases
- % who know about TB symptoms
- % who know how TB is transmitted
- % who know that TB is curable
- % who know that TB treatment is free
- % who know where to secure TB treatment if needed
- % who understand that people with TB symptoms should seek health care
- % who believe that people with TB symptoms should seek health care
- % who will encourage people they know with TB symptoms to seek health care.
- % of TB cases who come for diagnosis and treatment promptly.
- Mean time between occurrence of symptoms and visit to health facility.
- % or # of communities where Government, households and communities plan and work together to eliminate TB stigma
- % or # of communities with support groups for TB patients and their families.
- % who believes that TB treatment should be provided to all in need.
- % who look at TB patients as people who need help rather than avoided
- % or # of communities where Government, households and communities jointly conduct activities to ensure prompt detection of potential cases and to make correct diagnosis.
- % of TB control clinical staff who has correct knowledge and skills to detect potential cases and to diagnose correctly.
- % of TB control clinical staff who have adequate tools and resources for diagnosis and use them
- % or # of communities where Government, households and communities conduct joint activities to ensure correct treatment regimen both on the part of patients and TB control providers.
- % of TB control providers who have correct knowledge and skills to administer treatment regimen.
- % of families with TB cases who understand the consequences of not observing treatment regimen.
- % of families with TB cases who encourage patients to observe correct treatment regimen.
- % or # of communities with vision of a TB free community shared by Government, households and all stakeholders.
- % or # of communities who have a working partnership to make their community TB free which includes private sector, businesses, NGOs, CBOs, Faith-based organizations, PLWTB

**Activity 2.2: Implement Social Marketing Campaigns:** *Implement large-scale social marketing campaigns – television, radio print and outdoor media to support community based programmes and service delivery.*

- Number of Partner Organizations (PO) developed social marketing campaigns

- Number of districts of each PO having social mobilization and communication plans in place (developed and documented)
- Number of districts of each PO having detailed work plans for social marketing campaign
- Television and radio logs in place
- Number of Districts with established and active monitoring system for campaigns
- Number of TV advertisements and spots prepared and aired by each PO
- Number of radio programs on TB aired by each PO
- Number of radio advertisements aired by each PO
- Number of newspaper advertisement published by each PO in national / regional newspapers
- Number of articles published in national and regional newspapers
- Number of media clippings collected and maintained as record
- Number of partner feedback collected
- Number of news and information searches conducted
- Media monitoring cell in place
- What activities media monitoring cell is performing

**Activity 2.3: Conduct Community Events:** *Develop and disseminate a range of community based ACSM activities and events – community theatre, music, dance and drama, community cinema, to support advocacy and social mobilization through interpersonal, dialogue based approaches.*

- Identification of community events
- Identification of venues and occasions for community events
- Work plan for community events
- Nature of target audience for community events
- Reports of community events
- Effect on the level of awareness of community regarding TB
- Gender parity in community events
- Strategy for access to marginalized groups (women, youth children and elderly people)
- Status of planned activities

**Activity 2.4: Produce ACSM Resources:** *Design, produce and disseminate supporting community communication resources – toolkits, flip-charts, posters and merchandise; T-shirts, caps, bumper stickers etc. for advocacy and social mobilization activities and events.*

- Preparation of a suitable list of ACSM resources
- List endorsed by all stakeholders
- Inventory of materials prepared
- Designs of different communication resources discussed and finalized
- Hiring of designers for making resources (TORs, etc. in place)
- Hiring of vendors for the provision of resources according to rules

- Distribution mechanism of communication resources, e.g. distribution list
- Rationalization of demand from the partner organizations (through a committee, etc.)
- Submission of distribution plans and actual statements by the partner organizations
- Verification and validation of communication resources disseminated by the partner organizations through activity reports of staff
- Field monitoring of communication resources distributed

**Activity 2.5: Establish ACSM Information and Communication Resource Logistics**

**Programme:** *Develop resource centre at national level and Logistics Management Information System (LMIS) to develop ACSM resource materials for distribution and adaptation for provinces and programme partners.*

- Finalization of the location of resource center
- Management plan for the resource center
- Functionality of resource center
- Hiring of the consultant for development of LMIS
- Finalization of the contours of LMIS
- Dry run and/or pre-testing of the LMIS
- Development and distribution of resource materials through LMIS
- Regular monitoring of LMIS activities

**Objective 3: Supportive Environment: Public and Media Advocacy**

**Activity 3.1: Orientate Advocates** – *Conduct orientation sessions with key advocates, opinion leaders, key influencers and celebrity role models. Provide incentives and merchandising opportunities to encourage involvement and leverage advocacy opportunities.*

- Nature and levels of orientation sessions planned
- Identification of target audience
- Number of orientation sessions conducted
- Number of report of orientation sessions submitted
- Number of incentives and merchandize offered
- Number of key advocates, opinion leaders, key influencers and celebrity role models actively involved in TB control
- Initial outputs/outcomes of advocacy activities

**Activity 3.2: Contract Public Relations Partners** - *Contract public relations private sector partners, identify advocates and activities and develop a coordinated plan for public and media advocacy. Integrate advocacy initiatives within ACSM campaigns.*

- Strategy for contracting public relations private sector partners

- Action plan for contracting public relations partners
- Number of public relations partners contracted
- Number of activities in various thematic and program categories carried out by different public relations partners
- Number of events carried out through public relations partners

**Activity 3.3: Conduct Journalist Training** – *Identify health writers/media journalists in national and provincial media networks and conduct training and provide incentives to encourage advocacy activities.*

- Criterion for the identification of writers/media journalists in national and provincial media networks
- Identification of writers/media journalists for advocacy writings
- Preparation of training module for journalists
- Number of trainings conducted
- Number of journalists from national and provincial networks trained for TB control
- Number of advocacy writings produced by trained journalists
- Number of journalists provided different incentives

**Objective 4: Social Mobilization: Building Consensus and Commitment**

**Activity 4.1: Establish Community Coalitions** – *Conduct community consultations and build community coalitions comprising of local NGO/CBO/FBOs as well as community leaders and other stakeholders to become more actively involved in detection, encouraging screening and TB treatment support.*

- Preparation of guideline to conduct community consultations
- Preparation of TORs for proposed coalitions/networks
- Pre-testing of the guidelines and sharing with the partner organization for feedback/improvement/changes, if any
- Number of community consultations conducted with different stakeholders (NGOs, CBOs, FBOs, Community Leaders, Women and Children)
- Number of coalition/networks established
- Awareness/education of coalitions on various aspects of TB DOTS program
- Number of coalitions actively involved in TB control

**Activity 4.2: Mobilize Community Health Workers** – *Provide incentives i.e. recognition, training opportunities and merchandise for LHWs, especially in remote rural areas, for case detection and treatment support*

- Preparation of training modules for LHWs
- Training of Master Trainers

- Number of sessions conducted at various locations
- Number of LHWs trained on TB DOTS program
- Types of trainings provided to the LHWs
- Number of recognition ceremonies held to acknowledge efforts of LHWs
- Number of trained LHWs actively involved in TB DOTS program
- Number of TB cases identified, diagnosed and supervised for treatment by LHWs

***Objective 5: Institutional Strengthening and Capacity Building***

**Activity 5.1: NTP/Provincial Technical Support** - *Strengthen the existing ACSM Unit by recruiting additional technical staff at National, Provincial levels. Contract short-term Technical Advisors to provide technical transfer and build capacity with National and Provincial ACSM units for ACSM programme roll-out and evaluation.*

- Rational for expansion plan
- TORs for additional technical staff at National and Provincial levels
- Advertisement of the positions
- Process of recruiting the staff (short listing, test/presentation, interview committee, interview criterion, results of interviews, appointments)
- Progress monitoring of additional staff
- Monitoring of capacity building efforts
- Types and number of trainings conducted by the national and provincial staff
- Impact of trainings
- Handholding exercises for national and provincial staff
- Roll out strategy and its implementation

**Activity 5.2: Training** - *Conduct regular TB ACSM trainings at National/Provincial level with NTP and programme partners. Conduct regular TB ACSM trainings at District level with health care providers i.e. lady health workers, medical officers, DOTS facilitators.*

- Inventory of trainings through TNA (Number of TNAs conducted at what levels)
- List of identified trainings
- Work plan for conducting trainings
- Number of manuals prepared for trainings
- Number of master trainers trained
- Number of trainings conducted by master trainers
- Number of trainings conducted at National and Provincial levels
- Number of trainings conducted with each partner
- Number of Districts covered for these trainings
- Number of trainings conducted for LHWs
- Number of trainings conducted for Medical Officers
- Number of trainings conducted for DOTS facilitators

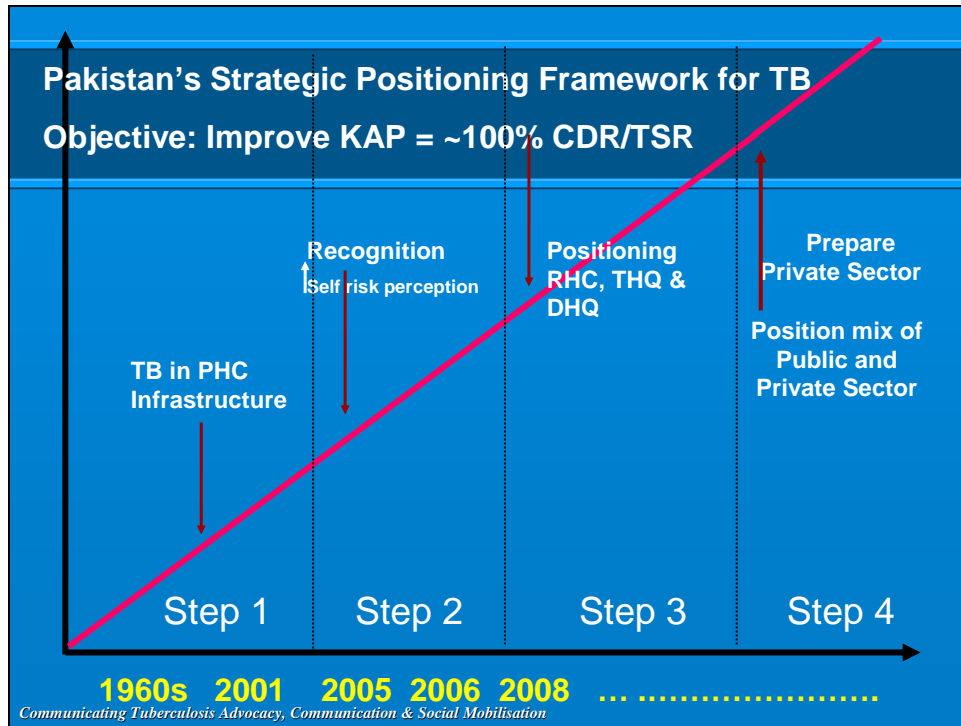
**Activity 5.3: Quality Assurance** – *Develop incentives and conduct workshops to encourage client focus and quality assurance of service delivery with Public/Private sector clinical service providers.*

- Identification of various clients for quality assurance workshops
- Type and number of workshops planned for public and private sector service providers
- Work plans of workshops at National and provincial levels
- Number of workshops conducted
- Number of beneficiaries in public and private sector
- Number of follow ups for each sector
- Number of reports prepared and submitted on the follow ups
- Corrective measures and other actions taken in the light of follow ups

### **Reporting Formats**

Reporting of activities is only possible if the activity is being recorded at that level. Reporting is the second step in the system to track the updated progress on the events/indicators. The status of the progress of the activities will be aggregated and reported to the higher level in the hierarchy from the registers where they are being recorded. The compilation of the reported progress will reflect program achievement trends. For all ACSM activities, the reporting formats have been devised for submitting the progress of the activities from the grass-root level to the M&E department. The formats are simple and will be maintained systematically at the field functionaries to district, and to M&E unit of ACSM. A “double-barrel” system of reporting is suggested:

1. **For Partner Organizations (POs):** The Partner Organization will collate the data at district and headquarters level. After collecting recording formats from the field level outlets like clinics, health care providers and grassroots level of the activity, the information will be aggregate at the district level, for its submission to the head office of the respective Partner Organization. The M&E Units of the POs will make a holistic picture of the activities for its further submission to M&E Unit of ACSM at NTP. The information collected from all over the project area will be analyzed and synthesized for presentation to the SC. The feed back and reflection on the state of the program will be disseminated to all concerned by back-tracking the same procedure.
2. **For Public Sector:** The data will be collected from Government health outlets, LHWs, RHCs, THQs and DHQs which will be collated in EDO Health’s office. The districts will submit their information to provincial NTP offices and finally the data would be consolidated at National NTP office. The rest of the procedure will be the same as in the case of POs.



Reproduced from Pakistan's Strategic Positioning Framework for communicating TB (Tariq et al)

The reports of each intervention will be submitted to the upper level in hierarchy until it reaches to the ACSM Unit. The reports submitted by the front line staff will be consolidated by the M&E Officer and submitted to the Head of ACSM Unit.

### Feedback System

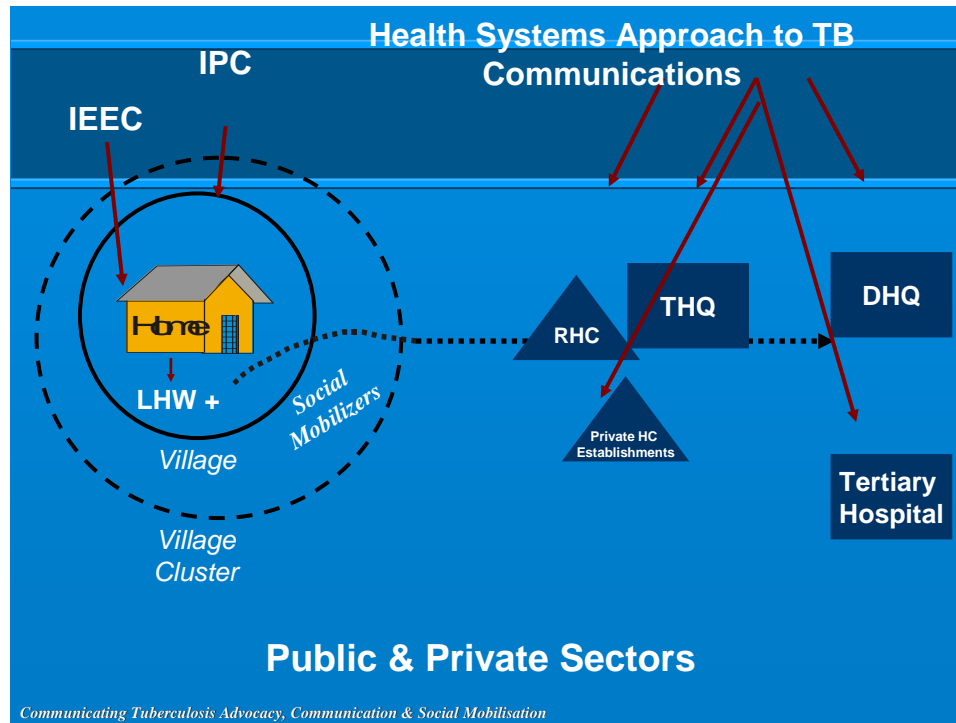
Feedback is an inbuilt process within the proposed framework of the M&E system. The information collected from all the sources will be used and assessed, and the progress and achievements of the ACSM Unit will be disseminated. The information collected from all the stakeholders will be aggregated in the form of monthly, quarterly and annual reports. These progress reports will include the achievements during the month as well as the cumulative performance of all interventions by highlighting the findings, conclusions, recommendations and lessons learnt from experience. This will also include the shortfalls along with their reasons. These reports will be circulated to all the stakeholders to keep them informed about the status of their progress indicators.

The feedback system also assures the stakeholders that the information collected from them is being utilized and decisions are taken for the improvement of the program. As timeliness, reliability, content and quality of feed-back affects the M&E process, the importance of these elements is fully recognized in the monitoring and evaluating exercises. The project-wise/district-wise compiled monthly report will be circulated to all with suggestions for improvements.

### Field Monitoring

Field monitoring of all the ACSM interventions will be conducted by physically visiting

the program areas. It will be carried out by all staff members of ACSM Unit. The ACSM officials will visit the field to validate the reports submitted by the partners and other stakeholders. The field monitoring will follow the below mentioned cycle of information which is a guideline for Health Systems Approach to TB Communications. The field monitoring will follow the scheme and direction of the communication strategy to ensure if the messages have reached the desired targets in public and private sectors. The household level will be the start of field monitoring and information collected will be collated at District level.



Reproduced from Health Systems Approach to Communicating Tuberculosis (Tariq et al)

Again, as in the case of desk monitoring, defining indicators is the first step of the field monitoring process. Indicators are the most critical with respect to monitoring, as they are measures of expected performance. The minimum number of indicators has been identified to adequately capture the progress towards intended/desired output/results. The selection and prioritizing of indicators between regular monthly indicators and field monitoring indicators have been distinguished for each ACSM intervention.

**Sample Selection for Field Monitoring:** Appropriate Sample selection is the key to unbiased monitoring and evaluation of program indicators. It is advisable for ACSM Unit staff to use systematic random sampling for sample selection. This would ensure that every geographical area of the selected 57 districts gets covered and each implementing partner has equal probability of being monitored.

In order to carry out random sampling it is prerequisite that the ACSM Unit should have updated information on the intervention area; lists of all the activities and operational areas, the venues and places of seminars, workshops and advocacy campaigns.

**Systematic Random Sampling Procedure:**

For example, to select 5 Community based events, out of four Districts of a Province, one is selected by drawing a slip out of a total of four slips. This would give a randomly selected District. Now taking the list of all the Community based events in that particular District (suppose it has 20 Community Events) the total number of events is divided by the number of events that are to be monitored ( $20/5 = 5$ ). This would give the number (5 in this case) on the basis of which systematic random sampling would be carried out. On the list choose randomly any event which falls within the first six entries and then from that number onwards keep adding 5 and resulting numbers will give you rest of the systematically selected events (in this case suppose 4 is selected because it falls within the first 5 entries, then  $4+5 = 9$ ,  $9+5 = 14$ ,  $14+5=19$ ). So your resulting randomly selected events on the list will be numbers 4, 9, 14, 19.

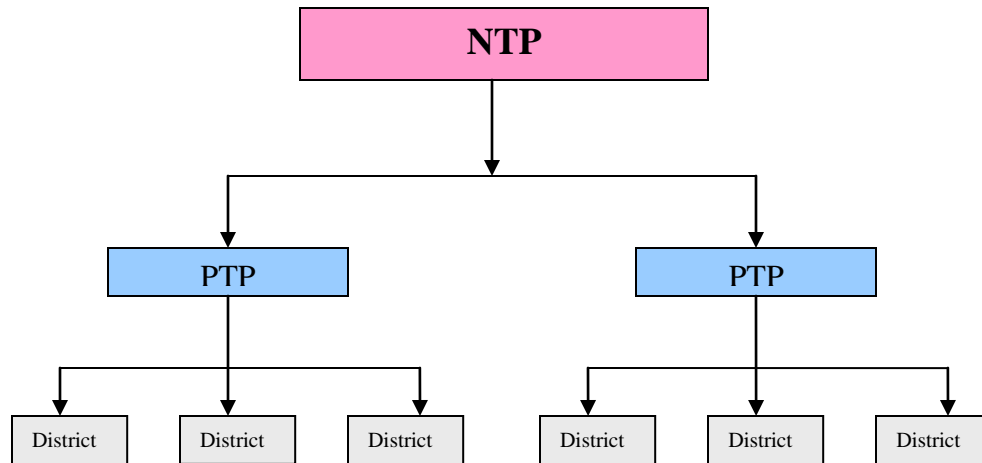
**Recording and Reporting Formats**

The field monitoring of the ACSM component activities will be conducted on a regular basis. The basic objective of field monitoring is to physically validate and verify the reported information during the cycle of an activity. Therefore, the field monitoring formats are always contextualized with desk monitoring and other reporting formats.

In case of ACSM, the formats developed for desk monitoring will be utilized for field monitoring. As majority of the activities are at an early stage of implementation, therefore, field monitoring formats will be evolved from the desk monitoring format. The actions designed during the various stages of implementation will provide the basis for field monitoring formats. As the desk monitoring formats also include the field level information, therefore, they can serve the purpose of both desk and field monitoring. It is also suggested that the field monitoring formats should be developed with an active participation of frontline staff of all partner organizations.

The following tree diagram illustrates the reporting framework from district to national level. This pattern would be followed by all partners and public sector officials.

## Reporting Framework from District to National Level



## Data Analysis and Presentation of Results

### Monthly Performance Report

The monthly progress reports of all ACSM Unit activities will be compiled and presented to Head of ACSM Unit, which afterwards would be disseminated by him/her to the other decision makers at NTP. This will be the main source of feedback to all the ACSM activities. The monthly report will include variety in analysis showing intervention-wise and district-wise comparisons, which will generate competition among the implementing partners for improving their performance. The monthly reports will include data presented in tables, graphs, pictorial as well as narrated explanations of the achievements and drawbacks. The performance of the reported month as well as the cumulative achievements of the ACSM unit will also be presented in these reports.

### Periodical and Specific Reports

Reports on special topics will also be generated from the data collected through desk and field monitoring. This will be the source of analytically analyzing the different topics, such as, steering committees achievements, provision of technical assistance, best practices in community events, etc.

## **Conducting Evaluation of ACSM Program**

Evaluation, as mentioned in Part II, is a periodic exercise which is carried out at important milestones such as the mid term or at the end of a substantial period of time. However, in real world it is done as and when required. The evaluation of ACSM activities or interventions, therefore, will be conducted on need basis. Keeping in view the stage and the objectives of the required evaluation, a detailed methodology including all aspects of the evaluation will be prepared. Keeping in view the importance of evaluation exercises, it is suggested that two to three interventions should be evaluated each year.

One of the responsibilities of the M&E Officer is to study the impact of interventions and the extent to which stated objectives have been achieved. The key focus of the evaluation would be to study the impact of results obtained. Desk and field monitoring will look into the immediate achievement of results and outcomes, while evaluation will extend its scope to look into impact of the achieved objective and results.

One way of distinguishing monitoring versus evaluation is that monitoring tends to be ongoing and relatively routine, while evaluation is a deeper review process that entails relatively more comprehensive data, more reflection, and an analytical critique of the implications for the program's implementation strategy, or the success or lack of success that can be seen from its tactics and operations. The findings of the evaluation will help in focusing on the lessons learnt and experiences drawn to formulate policy or guidelines. Evaluations will also contribute to a broader strategy by looking at the past and the present situation and identifying strategic issues in a particular sector. Evaluations will open up the opportunity to identify links between similar works in different areas and to see how they might benefit from each other's experiences.

The first rule of conducting evaluation of any program is to define the reasons for the evaluation. If the purpose is not clear, there is a risk that the evaluation will focus on the wrong concerns, draw the wrong conclusions and provide recommendations which will not be useful for the intended users of evaluation results. There are many reasons for program evaluation, some with emphasis on scientific methods to collect data, some with emphasis on the process of monitoring, and others with emphasis on the use of data to inform program managers and other key policy makers about how well a program is meeting its goals and objectives.

### **Planning of Evaluation**

Planning for evaluations will be an integral part of the program design so that timely evaluation information is available to inform decision-makers and ensure that ACSM Unit of NTP is able to demonstrate accountability and transparency to its stakeholders, particularly the partner organizations. Evaluation results are useful for making modifications in the ongoing program, or for purposes of designing a new program.

While planning the evaluation activities, the ACSM Unit together with key implementing partners, will jointly try to answer the following important questions:

- **Why:** the purpose of the evaluations, including who will use the evaluation findings and how;
- **What:** the main concerns and questions that the evaluations should address;
- **How:** the data sources and collection methods to be used in the evaluations;
- **Who:** will undertake the evaluations: what expertise is required? What should be the extent of stakeholder involvement?
- **When:** the timing of each evaluation so that their results in each case or in combination can be used to take important programme related decisions;

The size and extent of an evaluative activity will be decided by the ACSM unit, as it can cover entire country programmes; entire activities of a partner organization; thematic areas such as capacity building strategies and other management issues within a single activity or across a set of selected activities.

It is extremely important that a successful planning process will achieve a clear understanding of goals and measurable objectives; a clear determination of the relationships between goals and objectives, inputs, processes, outputs, outcomes, and other extraneous factors. Moreover, clear statements of the assumptions which are underlying these factors and their relationships; clear definitions of the purposes and uses of the monitoring and evaluation planning efforts; and clear definitions of indicators and data systems, and the way these data will be used.

### Timeline for Evaluation

Various types of evaluation can be utilized at different stages of a program to ascertain some specific outputs. The following matrix provides a guideline for the ACSM Unit, which may be utilized at appropriate levels of its interventions.

Types of Evaluations	When to use	What it shows	Why it is useful
Formative Evaluation	<ul style="list-style-type: none"> <li>• During the development of a new program.</li> <li>• When an existing program is being modified or is being used in a new setting or with a new population.</li> </ul>	<ul style="list-style-type: none"> <li>• Whether the proposed program elements are likely to be needed, understood, and accepted by the population you want to reach.</li> </ul>	<ul style="list-style-type: none"> <li>• It allows for modifications to be made to the plan before full implementation begins. Such as, the success of the existing models may result in expanding them in other districts</li> </ul>
Process Evaluation	<ul style="list-style-type: none"> <li>• As soon as program implementation begins.</li> </ul>	<ul style="list-style-type: none"> <li>• This will help to evaluate the existing working and efficacy of a program</li> </ul>	<ul style="list-style-type: none"> <li>• Provides an early warning for any problems that may occur.</li> </ul>

	<ul style="list-style-type: none"> <li>• During operation of an existing program.</li> </ul>	<ul style="list-style-type: none"> <li>• The extent to which the program is being implemented as designed.</li> <li>• Whether the program is accessible and acceptable to its target population.</li> </ul>	<ul style="list-style-type: none"> <li>• Allows programs to monitor how well their program plans and activities are working.</li> </ul>
Outcome Evaluation Objectives-Based Evaluation	<ul style="list-style-type: none"> <li>• After the program has made contact with at least one person or group in the target population.</li> </ul>	<ul style="list-style-type: none"> <li>• The degree to which the program is having an effect on the target population's behaviors.</li> </ul>	<ul style="list-style-type: none"> <li>• Tells whether the program is being effective in meeting its objectives.</li> </ul>
Impact Evaluation	<ul style="list-style-type: none"> <li>• During the operation of an existing program at appropriate intervals.</li> <li>• At the end of a program.</li> </ul>	<ul style="list-style-type: none"> <li>• The degree to which the program meets its ultimate goals</li> <li>• How far the results have been achieved</li> </ul>	<ul style="list-style-type: none"> <li>• Provides evidence for use in policy and funding decisions.</li> </ul>

### Data Collection for Evaluation studies

Depending upon the objectives of the desired evaluation, M&E Officer of ACSM Unit will decide on the methodology of collecting and analyzing data. Both quantitative and qualitative methods will be used for the purpose as these methods respond to different objectives and use different instruments and methodologies but at the same time are complimentary.

Both the methods of data collection, i.e., quantitative and qualitative, have their strengths and weaknesses and are suited to answer different types of questions as highlighted below:

	Quantitative Methods	Qualitative Methods
Use	To numerically measure “who, what, when, where, how much, how many, how often”	To qualitatively measure “how and why”
Examples	Standardized interviews; surveys using closed-ended questions; observation.	Free and guided interviews, discussions; surveys using open-ended questions; observation; interpretation of documents.
Strengths	<ul style="list-style-type: none"> <li>▪ Provide quantitative, accurate and precise data to prove that certain problems exist</li> <li>▪ Can test statistical relationships between a problem and apparent causes</li> <li>▪ Can provide a broad view of a whole population</li> </ul>	<ul style="list-style-type: none"> <li>▪ Useful when planning a program concerned with social change</li> <li>▪ Provide a thorough understanding of program/project context in order to interpret quantitative data</li> <li>▪ Provide insights into attitudes, beliefs, motives and behaviors of a small sample population (families, communities)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Enable comparisons</li> <li>▪ Establish baseline information which can be used for evaluating impact</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish baseline information which can be used for evaluating qualitative outcomes (changes in knowledge, attitudes, behaviors, institutional processes etc.)</li> <li>▪ Useful in case of money and time constraints</li> <li>▪ Useful for getting feed-back from stakeholders</li> </ul>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>▪ May be precise but not measure what is intended</li> <li>▪ Cannot explain the underlying causes of situations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Are generally not representative; do not allow generalizations</li> <li>▪ Susceptible to biases of interviewers, observers and informants</li> </ul>

## Analysis and Interpretation

The information collected for evaluation will be described, analyzed, interpreted, and the conclusions will be made on the results of the findings in the program context. Interpretation involves looking beyond the raw data to ask questions about what they mean, what the most significant findings are, and what conclusions and recommendations should be drawn from these findings. A few basic techniques for organizing and analyzing data are described below.

### Quantitative Analysis

Quantitative data analysis interprets the numerical findings considering the program context. As implementers of program activities are most knowledgeable about the context, they will work together with the M&E team to assess whether the figures make sense, whether they adequately reflect program aims, what possible explanations are for unexpected figures, and what conclusions and recommendations can be drawn from the figures.

### Qualitative Analysis

Analysis of qualitative data from interview transcripts, observations, field notes or open-ended surveys can identify similarities across several accounts, as well as directions, trends and tendencies. On the basis of these observations drawing hasty conclusions and making generalizations would not be possible. These problems will be avoided by writing case studies and narrative summaries, which highlight the context and particular characteristics of key pieces of the program being evaluated. The qualitative data will help in exploring further the information, ideas, opinions and attitudes which always help to answer the evaluation questions “why?” and “how?”.

## **Part IV**

### **M&E Formats for Data/Information Collection & Reporting**

For the purpose of monitoring, the activities performed by ACSM component of NTP can be fairly divided into four categories:

- Advocacy
- Communication
- Social Mobilization, and
- Research

The formats encapsulating different activities are grouped according to the above categories.

## *Monitoring of 'Advocacy' Activities*

**Follow-up of Steering Committee Activities**

Date:

Venue:

Agenda prepared and circulated

Yes

No

Agenda items followed accordingly

Yes

No

Review of last work plan

Yes

No

Feedback/suggestions on last work plan activities

Preparation of next work plan

Important Strategic Decisions Taken

---

---

---

---

---

Important Administrative Decisions Made

---

---

---

---

---

Comments/Observations/Special Notes:

**Provision of TA to SC**

Name of Partner Organization:

Did you prepare the documents on following? \_\_\_\_\_

ACSM Campaign planning

ACSM Campaign implementation

ACSM Campaign management

ACSM Campaign Evaluation

Number of SC Members participated in TA meetings

Number of SC Members completed all TA activities

Are the TA information included in agenda of SC meetings

Any other TA requested by the SC members

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

How TAs provided have helped to enhance the understanding of SC members about ACSM campaign?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**Orientation of Advocates**

Identification of target audience

---

Policy Makers	Politicians	Local representatives
Religious Leaders	Celebrities	Any other

Nature of orientation sessions planned

---

Seminars	Workshops	Corner Meetings
Walks	Any other	

Levels of orientation sessions planned

---

District Level	Tehsil Level	UC Level
Village/ Mohallah	Any Other	

Number of orientation sessions conducted

---

Number of reports of orientation sessions submitted

---

Number of incentives and merchandize offered

---

Number of key advocates, opinion leaders, key influencers and celebrity role models actively involved in TB control

---

Initial outputs/outcomes of advocacy activities

---

1

---

2

---

3

---

**Contract Public Relations Partners**

Designed strategy for contracting public relations private sector partners

	Yes	No
--	-----	----

Action plan for contracting public relations partners in place

	Yes	No
--	-----	----

Number of public relations partners contracted

--	--

Number of activities in various thematic categories carried out by different public relations partners

1		2	
3		4	
5		6	

Number of events carried out through public relations partners

--	--

**Advocacy through Journalist**

Criterion for the identification of writers/media journalists in national and provincial media networks

---

---

---

Number of writers/media journalists identified for advocacy writings

Number of Modules repaired for training of journalists

Number of trainings conducted

Number of journalists from national and provincial networks trained for TB control

From National:	From Provincial
----------------	-----------------

Number of advocacy writings produced by trained journalists

Number of journalists provided different incentives

Types of incentives provided to the journalists

- 1
- 2
- 3

**NTP/PTP Technical Support**

Rational for expansion plan

Work load	Horizontal Growth	Vertical Growth
-----------	-------------------	-----------------

The TORs for additional technical staff at National and Provincial levels are in place

	Yes	No
--	-----	----

Advertisement of the positions

	Yes	No
--	-----	----

Steps of recruiting the staff followed for quality assurance and transparency

Short Listing	Test / Presentation	Interview Committee
Interview Parameters	Transparency in results	Any other

Progress monitoring parameters of additional staff

	Yes	No
--	-----	----

Monitoring of capacity building efforts

	Yes	No
--	-----	----

Types and number of trainings conducted by the national and provincial staff

Impact of trainings:

Handholding exercises for national and provincial staff:

Roll out strategy and its implementation:

**Impact Assessment of Advocacy Interventions**

1. How far the participation of political leaders has been meaningful for NTP?

---



---



---

2. Have the PC1s been prepared by the Provinces? Name those who have done this.

---

---

---

3. Has the Advocacy Policy been devised by the Partner Organizations?

---

---

---

4. Have the resources been mobilized by the Partner Organization and Provincial NTPs?

---

---

---

5. Have special instructions been issued by the Federal and Provincial Health Ministries for facilitation of implementation of NTP?

---

---

---

6. Have the Health Ministry/Departments made some changes in procedures of implementation of activities?

---

---

---

7. At what levels policy makers are actively involved in NTP?

---

---

---

8. Number of National and Provincial level parliamentarians contacted for NTP and results of these contacts?

---

---

---

## *Monitoring of 'Communication' Activities*

**Private Sector Partners**

Name of Partner Organization:

District:  Province:

Target of partners to be contracted

Number of partners contracted

Reasons of Discrepancy:

Number of partners provided with ACSM materials

Number of partners trained on social marketing

Number of partners actively supporting the program

Number of posters, pamphlets, brochures and leaflets provided and disseminated by each partner

## Monitoring of IEC Material to Private Sector Partners

Name of the Partner:	
----------------------	--

District:			Province:	
-----------	--	--	-----------	--

Material Provided					
Posters	Pamphlets	Brochures	Leaflets	T-Shirts	Stickers
Material Distributed					
Posters	Pamphlets	Brochures	Leaflets	T-shirts	Stickers

Did you made a distribution plan for the IEC Material? 
 YES  NO

Who are the target beneficiaries of IEC material? \_\_\_\_\_

TB Patients	Students	Religious Leaders
Teachers	Elected Representatives	Shops
Public Offices	Govt. Officials	

Do you have the record of IEC material distribution? (Please verify by looking at the record) \_\_\_\_\_

Not Available	Fully maintained	Partially maintained
---------------	------------------	----------------------

Any suggestions for improvement of the content of IEC \_\_\_\_\_

---



---



---

Suggestions for better out reach and effect of IEC distribution \_\_\_\_\_

---



---



---

**Establish ACSM Information and Communication Resource Logistics  
Programme**

Finalization of the location of resource center

Management plan for the resource center

Functionality of resource center

Hiring of the consultant for development of LMIS

Finalization of the contours of LMIS

Dry run and/or pre-testing of the LMIS

Development and distribution of resource materials through LMIS

Regular monitoring of LMIS activities

## *Monitoring of 'Social Mobilization' Activities*

**SM Program Strategy Development**

Number of meetings held for strategy development	<input type="text"/>
Number of partners involved	<input type="text"/>
Number of Districts covered	<input type="text"/>
Strategy document in place	<input type="text"/>
Number of partners implementing the strategy	<input type="text"/>
SM Strategy adopted by Districts (#)	<input type="text"/>

**Implement Social Marketing Campaigns**

Number of Partner Organizations (PO) involved in Social Marketing campaigns

Number of Partner Organizations (PO) developed social marketing campaigns

Number of districts of each PO having social mobilization and communication plans in place

# of Plans Developed

# of Plans Documented

Number of districts of each PO having detailed work plans for social marketing campaign

Number of POs having Television and radio logs in place

Number of Districts with established and active monitoring system for campaigns

Number of TV advertisements and spots prepared and aired by each PO

Number of radio programs on TB aired by each PO

Number of radio advertisements aired by each PO

Number of newspaper advertisement published by each PO in national / regional newspapers

Number of articles published in national and regional newspapers

Number of media clippings collected and maintained as record

Number of partner feedback collected

Number of news and information searches conducted

Media monitoring cell in place

What activities media monitoring cell is performing

---

---

---

**Conducting Community Events**

Identification of community events

Community Theaters	
--------------------	--

Music programs	
----------------	--

Dance and drama	
-----------------	--

Community Cinema	
------------------	--

Puppet show	
-------------	--

Any other	
-----------	--

Identification of venues and occasions for community events

Household level	
-----------------	--

Communal Place	
----------------	--

Work plan for community events

Nature of target audience for community events

Reports of community events

Effect on the level of awareness of community regarding TB

Gender parity in community events

Strategy for access to marginalized groups (women, youth children and elderly people)

Status of planned activities

**Establishing Community Coalitions**

Are there any criteria for selection of communities for coalitions?

	Yes	No
--	-----	----

What are the main features of this criterion?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

How many communities identified and contacted to build coalitions?

# of Communities identified		
# of Communities contacted so far:		

What steps of social mobilization were applied?

Step 1 \_\_\_\_\_

Step 2 \_\_\_\_\_

Step 3 \_\_\_\_\_

Step 4 \_\_\_\_\_

Main contents of guideline to conduct community consultations

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Main features of TORs for proposed coalitions/networks

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Main findings of the pre-testing of the guidelines for sharing with the partner organizations for feedback/improvement/changes, if any

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Number of community consultations conducted with different stakeholders  
(NGOs, CBOs, FBOs, Community Leaders, Women and Children)

NGOs:	CBOs:
Community Leaders:	Women groups:
Youth Groups:	Any other:

Number of coalition/networks established

Number of coalitions actively involved in TB control

Awareness/education of coalitions on various aspects of TB DOTS program

1
2
3
4

Linkages of coalitions with other stakeholders in TB control

1
2
3
4

**Mobilization of Community Health Workers**

Does there exist any criteria for selection of CHWs/LHWs?

Yes	No
-----	----

What are the main features of this criterion?

1	
2	
3	
4	
5	

How many CHWs/LHWs identified and contacted for proposed trainings on TB DOTS?

--	--

Number of training modules prepared for LHWs

--	--

Number of Master Trainers trained

--	--

Number of sessions conducted at various locations

	District	
	Tehsil	
	UC	

Types of trainings provided to the LHWs

1	
2	
3	

Number of LHWs trained on TB DOTS program

--	--

Number of recognition ceremonies held to acknowledge efforts of LHWs

--	--

Number of surveys conducted to assess performance of LHWs

--	--

Results of the surveys:

Survey No. 1

% of LHWS performing very good	
% of LHWS performing satisfactory	
% of LHWS performing poor	
% of LHWS performing not at all	

Survey No. 2

% of LHWS performing very good	
% of LHWS performing satisfactory	
% of LHWS performing poor	
% of LHWS performing not at all	

Survey No. 3

% of LHWS performing very good	
% of LHWS performing satisfactory	
% of LHWS performing poor	
% of LHWS performing not at all	

**Planning and Conducting Trainings**

Inventory of trainings identified through TNAs is available

	Yes	No
--	-----	----

List of identified trainings is available

	Yes	No
--	-----	----

Work plan for conducting trainings is prepared

	Yes	No
--	-----	----

Number of manuals prepared for trainings

--	--

Number of master trainers trained

--	--

Number of trainings conducted by master trainers

--	--

Number of trainings conducted at:

National Level		Provincial Level	
----------------	--	------------------	--

Number of trainings conducted with each partner

Name of the partner:	# of Trainings:
Name of the partner:	# of Trainings:
Name of the partner:	# of Trainings:

Number of Districts covered through these trainings

--	--

Number of trainings conducted for LHWs

--	--

Number of trainings conducted for Medical Officers

--	--

Number of trainings conducted for DOTS facilitators

--	--

**Quality Assurance of Workshops**

**Types of clients identified for quality assurance workshops**

1	2
3	4
5	6

**Type and number of workshops planned for public and private sector service providers**

Workshop #	Public	Private	#
Workshop # 1:	Public	Private	#
Workshop # 2:	Public	Private	#
Workshop # 3:	Public	Private	#
Workshop # 4:	Public	Private	#
Workshop # 5:	Public	Private	#

**Work plans of workshops at National and provincial levels are in place**

	Yes	No
--	-----	----

Number of workshops conducted

--

Number of beneficiaries in public and private sector

Public Sector:	Private Sector:
----------------	-----------------

Number of follow ups for each sector

Public Sector:	Private Sector:
----------------	-----------------

Number of reports prepared and submitted on the follow ups

Public Sector:	Private Sector:
----------------	-----------------

Corrective measures and other actions taken in the light of follow ups

---



---



---



---



---



---

## *Monitoring of 'Research' Activities*

**Establishment of M&E Framework**

Name of Partner Organization:

Framing TORs for the M&E Framework	Yes	No
------------------------------------	-----	----

Hiring of consultant/appointment of staff for M&E framework	Yes	No
---	-----	----

Compilation and provision of background material to the consultant	Yes	No
--	-----	----

Consultative meetings with ACSM staff	Yes	No
---------------------------------------	-----	----

Identification of activities and relevant indicators	Yes	No
--	-----	----

Does M&E Framework cover the following?

Quantitative Methods

Qualitative Methods

Formative research

Process Monitoring

Outcome evaluation

Impact Evaluation

Output Monitoring

Recording Formats

Reporting Formats

Feedback System

**Conduct Audience Research**

**Planning the Research**

Areas identified for audience research:

Geographical Areas

1	2
3	4

Thematic Areas

1	2
3	4

Number of researches planned

Number of researches conducted

Reasons of inconsistency between planned and conducted

1
2
3

Number of Research Reports prepared

Number of attitude or household surveys conducted

Number of staff surveys or focused groups conducted

**Results of the Research**

% of people in a community who know that TB control is a high priority of the country / community

Strong collaboration between TB and HIV/AIDS programs and those of other communicable diseases

% who know about TB symptoms

% who know how TB is transmitted

% who know that TB is curable

% who know that TB treatment is free

% who know where to secure TB treatment if needed

% who understand that people with TB symptoms should seek health care

% who believe that people with TB symptoms should seek health care

% who will encourage people they know with TB symptoms to seek health care.

% of TB cases who come for diagnosis and treatment promptly.

Mean time between occurrence of symptoms and visit to health facility.

% or # of communities where Government, households and communities plan and work together to eliminate TB stigma

% or # of communities with support groups for TB patients and their families.

% who believes that TB treatment should be provided to all in need.

% who look at TB patients as people who need help rather than avoided

% or # of communities where Government, households and communities jointly conduct activities to ensure prompt detection of potential cases and to make correct diagnosis.

% of TB control clinical staff who have correct knowledge and skills to detect potential cases and to diagnose correctly.

% of TB control clinical staff who have adequate tools and resources for diagnosis and use them

% or # of communities where Government, households and communities conduct joint activities to ensure correct treatment regimen both on the part of patients and TB control providers

% of TB control providers who have correct knowledge and skills to administer treatment regimen

% of families with TB cases who understand the consequences of not observing treatment regimen

% of families with TB cases who encourage patients to observe correct treatment regimen.

% or # of communities with vision of a TB free community shared by Government, households and all stakeholders.

# of communities who have a working partnership with private sector, businesses, NGOs, CBOs, Faith-based organizations

## Monitoring of TB Patients

Name

Age

Sex	
M	F

Marital Status

Education

Name of the Health Facility

What are the symptoms of TB? \_\_\_\_\_

Constant low Fever	Cough	Weight loss	
-----------------------	-------	-------------	--

How did you get to know that you are suffering from TB? \_\_\_\_\_

Self	Family	Friends	Doctor	Any other:	
------	--------	---------	--------	---------------	--

Who motivated you for the test and treatment of TB? \_\_\_\_\_

Family	Friends	Relatives	Any other
--------	---------	-----------	--------------

Whom did you first contact/consult for the treatment? \_\_\_\_\_

Private Doctor	Tertiary care Hospital	Spiritual leader	Local Dispenser
----------------	---------------------------	------------------	-----------------

Why did you consult this particular facility/person? \_\_\_\_\_

Who diagnosed the TB disease? Please specify: \_\_\_\_\_

How was TB diagnosed?	Through Tests	Simple Observation
-----------------------	---------------	--------------------

Do you have a permanent Treatment Supporter?	YES	NO
--	-----	----

Do you have complete information about TB?	YES	NO
--	-----	----

Have you been properly given messages about TB? Please describe some of them:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

What specific problems do you face in getting TB medicine?

Delays

Shortage of  
Medicine

Staff Absenteeism

No Problem

After how long you get your sputum results?

1 Day	2 Days	3 Days	4 Days
-------	--------	--------	--------

Do you think TB is:

Curable	Fatal	Repetitive
---------	-------	------------

How a person can be infected from TB

Contact			
---------	--	--	--

What precautions one should take in this disease?

\_\_\_\_\_

\_\_\_\_\_

Do you know how and when to take TB medicine?

\_\_\_\_\_

\_\_\_\_\_

What happens if medicine is not regularly taken?

Nothing	Relapse	More Sickness	Will never cure
---------	---------	---------------	-----------------

Does your realtive & friend know that you have TB?

YES	NO
-----	----

What was your first reaction when you were diagnosed TB?

Very Dejected

Totally  
disappointed

Feeling like dying

Disturbed but hopeful about treatment

What was your family member's reaction about your disease?

---

How far you have recovered through treatment?

---



What was your family member's reaction then and now?

---

---

---

How is the level of knowledge of community about TB?

---

Very Poor	Based on tales/myths	False knowledge
Appropriate	Good	

What aspect of TB should be focused during communication with the community?

---

1	2	3
---	---	---

How the message of TB should be communicated to the community?

---

Corner Meetings	Street Theater	Film Shows
TV Advertisements	Radio Programs	Any other

What delivery outlet would you suggest to other patients for TB treatment?

---

TB DOTS facility	Private Doctor	Spiritual Healer
Traditional Methods	Any other	

## Checklist for Treatment Supporter

1. Name
2. Gender
3. Education
4. Health Facility
5. Relationship with TB patient
6. Marital Status
7. Who usually accompany your TB patient in his/her visit?
8. How often you are visiting this facility?
9. Have you heard about TB before coming here?
10. Have you received any advice from this health facility for your patient care?
11. Do you know symptoms of TB?
12. Among the TB symptoms which one do you think is more alarming for getting immediate TB diagnosis?
13. How could one get TB?
14. How would you protect yourself from getting TB?
15. Do you know when the follow up of sputum examinations should be undertaken?
16. Do you know how and when to take TB medicines?
17. Is it convenient for you of being as a Treatment Supporter?
18. What problems you usually face in your visit?
19. Did you ever face any threat of your association with TB patient?
20. Will it be convenient for you to become treatment supporter for the patient other than your family?
21. Did you face any negative behavior from the community of being a treatment supporter for the TB patient?

**Monitoring of Health Care Providers Performance**

Province	District	Health Facility Type & Location

Name of Interviewee	Designation	Experience of TB DOTS

Formally trained for TB DOTS	YES	NO
------------------------------	-----	----

Trainings Received for TB DOTS	1	2	3

Did you receive training on Health Education	YES	NO
--	-----	----

Is providing health education part of your duty	YES	NO
---	-----	----

What materials do you use during Health Education Sessions?

1	2	3

What are important messages of TB for patients?

1	2	3

Do you know how & when TB medicine should be taken? (Please specify)

---



---



---

Who is preferred as Treatment Supporter by the TB patients?

1	2	3

In your view, who should be preferred as Treatment Supporter?

1	2	3
---	---	---

Why to focus on Health Education of Treatment Supporter?

1	2	3
---	---	---

What problems do you face during Health Education Sessions of TB Patients and their Supporters?

---

---

---

What are the main contents of your Health Education session?

1	2	3
---	---	---

4	5	6
---	---	---

What is your preferred from of Health Education Session?

Individually
--------------

In a group
------------

Do you hold separate sessions for TB Patients and Treatment Supporters?

YES	NO
-----	----

Are you providing IEC material to TB Patients?

YES	NO
-----	----

What skills in Health Education you want to improve?

1	2	3
---	---	---

What is the best communication channel for reaching the community regarding TB?

---

---

---

---

How is TB perceived in communities around your Health Facility?

---

A Fatal Disease

A Curable Disease

Always relapses

Any other

In your view, what are the main causes of TB in your area?

---

1	2	3
---	---	---

**Participants of the Consultative meeting on National ACSM Strategy**  
**15<sup>th</sup> August 2008**

**Facilitators:**

Dr. Waheed I Chaudhry	Consultant
Dr. Muhammad Tariq	Technical Advisor, ACSM, NTP

**National TB Control Programme:**

Dr. Noor Ahmad Baloch	National Programme Manager, NTP
Dr. Shahid Hanif	Deputy National Manager, NTP
Dr. Muhamad Amin Jadoon	Senior Project Officer, GAFTM, Round 6
Dr. Abrar Ahmad	National Programme Officer, WHO
Dr. Sabira Tahseen	National Programme Officer, WHO

**Provincial TB Control Programmes:**

Dr. Abdul Ghafoor	Manager, Provincial TB Control Programme, NWFP
Dr. Darakhshan Badar	Manager, Provincial TB Control Programme, Punjab
Dr. Asmat Ara	Manager, Provincial TB Control Programme, Sindh

**Office of Principal Recipient:**

Dr. Aamir Hussain	Focal Person PR Office, Mercy Corps
-------------------	-------------------------------------

**Advocacy, Communication and Social Mobilization (ACSM) Unit:**

Mr. Amman Ullah	ACSM Coordinator, GFATM, Round 6
Mr. Zia Khursheed	Sociologist, WHO, Islamabad
Dr. Furqan Ahmad	ACSM M&E Officer
Ms. Maryam Jawaid	Task Coordinator
Ms. Mariam Zaidi	Task Coordinator
Ms. Shandana Khisro	ACSM Coordinator, NWFP
Mr. Anwar Chaudhry	Sociologist, WHO
Ms. Najma Chand	ACSM Coordinator, Sindh
Mr. Khair-ul Bashar	ACSM Coordinator, Balochistan

**Partners:**

Dr. Faisal Rifaq	Basic Development Network
Dr. Usman Hadi	Integrated Health Services
Dr. Nayyer Ghias Khokhar	ASD
Dr. A. K. Jamali	Bridge
Dr. Kahlid Mahmood	PATA
Dr. Akmal Naveed	ACD
Dr. Saadia Farrukh	AKHSP
Dr. Farman Ali	AKHSP

## References:

- A Field Guide to designing a Health Communication Strategy
- A guide for TB Treatment Supporters
- A Human Rights Approach to Tuberculosis
- A pocket guide to Building Partnerships
- ACSM KAP GUIDE
- ACSM for TB initiative 2004
- ACSM Handbook
- ACSM KAP survey design and research protocols, WHO, EMRO, Egypt, [www.ntp.gov.pk/acsm](http://www.ntp.gov.pk/acsm)
- ACSM to Fight TB.10 Year Framework
- ACSM training Modules. Japan
- Action on TB Communications (PANOS)
- Advanced - Dealing with Media, A practical guide, German Foundation for World Population, EC/UNFPA
- Advocacy Guide
- Advocacy Strategy Workbook
- Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control - A handbook for country programmes, WHO
- Advocacy, Communication and Social Mobilization to control TB - A guide to developing knowledge, attitude and practice surveys, WHO, Stop TB Partnership
- Advocacy, Communication and Social Mobilization to fight TB – A 10 years framework for action, WHO
- Anti-TB Drug Resistance in the World
- Applying Socio Ecological Framework (SEF) for ACSM Research – ppt. Dr. Muhammad Tariq, [www.ntp.gov.pk/acsm](http://www.ntp.gov.pk/acsm)
- Barrier Analysis Facilitator Guide
- Best Practice Guide for the care of patients with TB
- Civil Society Perspective on TB Policy. Bangladesh
- Civil Society Perspective on TB Policy. Thailand
- Civil Society Perspective on TB.HIV
- Community contribution to TB care
- Community contribution to TB care. Asia.
- Compendium of indicators for M&E National TB Programs
- Energisers 2002 (English)
- Engaging all health care providers in TB Control
- Essential Handbook on Radio & HIV (UNAIDS).
- Experts' consultation on Communication and Social Mobilization
- Fifty years of development communication. What works?
- Findings of the ACSM formative research, 2005, National TB Control Programme, Pakistan
- Forging Partnerships to Eliminate TB (CDC)
- From Cough to Cure
- Global MDR. XDR. Response Plan.
- Global TB 2007
- Global TB Control Report 2008
- Guidelines for Social Mobilization World TB Day 2001
- Handbook for Journalists Influenza (WHO)
- HIV-AIDS BCC Participation Monitoring Guide (PATH)
- International Standards for TB Care
- Knowledge Practices and Coverage Survey 2000
- Local solutions solve local problems best – ppt. Dr. Benjamin Lozare, JHUCCP

- Low-Lit IEC Matls Devt Guide (PATH)
- M&E toolkit GFATM
- Message mapping (PR).doc
- Monitoring and Evaluation of ACSM for TB – ppt. Dr. Muhammad Tariq, [www.ntp.gov.pk/acsm](http://www.ntp.gov.pk/acsm)
- Msg Map\_pandemic flu 05
- Networking for Policy Change Participants Guide.
- Networking for Policy Change Training Manual.
- Pakistan ACSM Case Study 2007 – ppt. Dr. Muhammad Tariq, [www.ntp.gov.pk/acsm](http://www.ntp.gov.pk/acsm)
- Public-Private Mix for DOTS
- Qualitative Research for Improved Health Programs
- TB Advocacy a Practical Guide
- TB fact sheet
- TB Guidelines for Social Mobilization Planning World TB day
- TB hand book 1998
- TB Tips
- The Patients' Charter for TB Care
- The role of Health Communication in Vietnams Fight against TB
- The Stop TB Strategy Final
- Use of Educational Radio in Developing Countries (World Bank)
- Use of Educational Radio in Developing Countries (World Bank)
- WHO Global TB Control.Surveillance.Planning.Finance.2006.