

CAMBODIA

TUBERCULOSIS & TB/HIV

INFORMATION, EDUCATION AND COMMUNICATION (IEC) ASSESSMENT

..... JANUARY 2008



This TB and TB/HIV IEC Assessment is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this assessment are the sole responsibility of Family Health International (FHI), the Program for Appropriate Technology in Health (PATH) and the National Centre for Tuberculosis and Leprosy Control (CENAT) and do not necessarily reflect the views of USAID or the United States Government.

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The Editorial Team would like to thank all the individuals and organizations who generously gave their time to provide information about the materials for this report and to those who gave samples of materials for review and use. These contributions make this document a more useful resource for all partners involved in tuberculosis prevention and treatment.

The Tuberculosis Control Assistance Program (TBCAP) is a five year USAID centrally funded project that aims to decrease morbidity and mortality by increasing case detection and treatment success of pulmonary TB patients in USAID priority countries by focusing on implementing World Health Organization's (WHO) Stop TB strategy. The eight partners implementing TBCAP include Management Sciences For Health (MSH), KNCV Tuberculosis Foundation, WHO, The International Union Against Tuberculosis, Centers for Disease Control and Prevention, Family Health International, American Thoracic Society, and the Japanese Anti-Tuberculosis Association.



FOREWORD

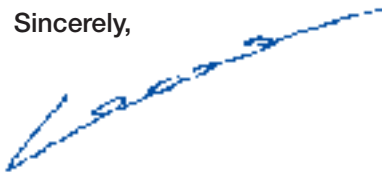
It is with great pleasure that we present the 'CAMBODIA TUBERCULOSIS & TB/HIV INFORMATION, EDUCATION AND COMMUNICATION (IEC) ASSESSMENT.' This assessment is an example of Government and non-Government stakeholder collaboration and is an important contribution to combatting TB in Cambodia.

Most readers of this assessment are familiar with the TB statistics in this country: Cambodia remains among the high burden countries of the world for TB, currently ranking 22nd. The keys to controlling TB are a high case detection rate and a high cure rate, and the role of IEC in progress towards these goals cannot be overemphasized.

This assessment has reviewed and described the contents of a broad range of materials and approaches. Some approaches have cast a wide net, with a goal of general information dissemination. Other approaches have been more focused and audience specific, focusing on particular population segments and addressing pertinent barriers or needs by adapting approaches based on a systematic assessment of previous efforts. For example, a leaflet was developed specifically to assist both health providers and suspected TB patients to correctly obtain sputum samples after it was determined that this was a major issue. A poster with a supervision checklist was developed for use in health facilities to assist Provincial Health Department (PHD) and Operational District (OD) Supervisors to review and assess education activities by Health Center (HC) staff.

I trust that all TB program stakeholders will use the findings and recommendations of this assessment in future activities to control TB in Cambodia and in so doing improve health and contribute to reducing poverty in Cambodia.

Sincerely,



Dr. Mao Tan Eang
Director, National Centre for Tuberculosis and Leprosy Control

LIST OF ACRONYMS

ACSM	Advocacy, Communication and Social Mobilization
BCC	Behavior Change Communication
CDHS	Cambodia Demographic and Health Survey
C-DOTS	Community-based Directly Observed Therapy Short Course
GENAT	National Centre for Tuberculosis and Leprosy Control
CHC	Cambodian Health Committee
CTDV	Community TB-DOTS Volunteers
DOTS	Directly Observed Therapy Short Course
ERA	Expanded Response and Access Project- Cambodia
FHI	Family Health International
GFATM	Global Fund to Fight AIDS, TB and Malaria
HBC	Home Based Care (for HIV)
IEC	Information, Education, Communication
INH	Isoniazid
IPT	Isoniazid Preventive Therapy
JATA	Japanese Anti-Tuberculosis Association
JICA	Japanese International Cooperation Agency
MOH	Ministry of Health
OD	Operational District
PATH	Program for Appropriate Technology in Health
PHD	Provincial Health Department
PLHA	People Living with HIV/AIDS
PPM	Public Private Mix
SCA	Save the Children Australia
RACHA	Reproductive and Child Health Alliance
RHAC	Reproductive Health Association of Cambodia
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Program
TOT	Training of Trainers
URC	University Research Corporation
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counseling and Testing
VHSG	Village Health Support Group
VHV	Village Health Volunteer

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INTRODUCTION & OBJECTIVES

In Cambodia, tuberculosis (TB) remains a burden on health and sustains poverty. According to the World Health Organization Global TB report 2006, 13,000 Cambodians die annually from TB; there were more than 70,000 new TB cases in 2004. The Ministry of Health's National Health Strategic Plan for TB Control, 2006-2010 reported that TB cases of all forms seen in public health facilities nearly doubled between 2001 and 2006.

Advocacy and IEC efforts to educate the public for the prevention of TB and to promote effective treatment have been consistent components in the national TB response. Together these efforts comprise an important element of the program aiming to reduce tuberculosis-related morbidity and mortality rates (National Health Strategic Plan for TB Control, 2006-2010). Advocacy and IEC are processes by which relevant information is received by distinct population segments in ways they understand, with which they can identify, and that motivate them to take personal action to reduce disease burden. In Cambodia, a wide range of materials have been developed and approaches implemented to disseminate information and motivate action as part of the national effort to address TB.

A joint CENAT/URC 2004 assessment of factors contributing to a low case detection rate reported the lack of knowledge and awareness about TB symptoms, treatment and services; weak health seeking behaviors; social and cultural constraints; and limitation of the responsiveness of the health system among the main barriers to case detection (Stoekel, 2004). The report also recommends improvements in IEC for improving case detection. Findings from this assessment echo what CENAT and other national stakeholders are aware of today, that there has yet to be a nationally coordinated assessment and strategy to guide advocacy and IEC activities.

As a result, USAID, Family Health International (FHI) and the Program for Appropriate Technology in Health (PATH), in partnership with the Cambodian Ministry of Health (MOH) and CENAT, have undertaken a national TB IEC Assessment. This assessment documents the available IEC outputs in Cambodia since 2001 with the goal of sustaining and advancing IEC's contribution to TB control. The objectives of the assessment are:

- To catalog TB IEC materials and methodologies from the recent past, documenting the audience, objective, messages, distribution and producers in order to review what has been done, assess strengths and areas for improvement, facilitate message consistency, and identify materials coverage and overlaps;
- To identify gaps in terms of audience or message coverage to inform future efforts;
- Identify ways organizations can work better together.

Materials were obtained through meetings with national stakeholders during June and July 2007. The resulting document is a collection of TB-themed IEC materials produced since 2001. The collection is not meant to be exhaustive, but rather it is a compilation of readily available materials. Most of the materials found have been used in this assessment, although space and time limited including them all. The methodology did not include a review of HIV-focused materials that include TB, but rather collected materials that focus primarily on TB. In some instances there is overlap with HIV messages: for example, if the material is primarily about TB for HIV patients it is included; if it is about opportunistic infections and discusses TB among other diseases, it is not included.

4

The materials are grouped by the primary audience. This facilitates assessment of the scope and comprehensiveness of the messages; the methods used and progress made in reaching each population; and it recognizes the distinct strategies often necessary to reach different audience segments. Each section presents the materials designed for one segment, presenting samples by material type in chronological order and describing the overview, messages, distribution and producers. The materials are presented in the following audience categories:

AUDIENCE 1 – General Population

AUDIENCE 2 – Village Health Support Groups (VHSG)

AUDIENCE 3 – TB Patients

AUDIENCE 4 – People Living with HIV/AIDS (PLHA)

AUDIENCE 5 – Public and Private Sector Health Staff

AUDIENCE 6 – PHD and OD TB Supervisors

AUDIENCE 7 – National Stakeholders

IEC PROCESS

Producing participatory, high quality, and high impact IEC materials in public health is a process that has been refined over decades and there are many reference materials outlining key steps and tips to assist program managers through the process. While guidance may differ in the language used or suggested sequence of steps, all typically contain similar principles that should be taken into account. The Cambodia National Center for Health Promotion has developed draft BCC Guidelines which suggest the following steps when planning interventions:

- Step 1 Analysis, preliminary research
- Step 2 Audience segmentation
- Step 3 Behavior change objectives
- Step 4 Strategic approach
- Step 5 Message brief
- Step 6 Materials development
- Step 7 Pre-testing messages and materials
- Step 8 Channels and tools
- Step 9 Management plan
- Step 10 Training
- Step 11 Evaluation plan

This IEC Assessment is focused on the materials portion of this BCC framework, so we have limited our discussion to steps 5 and 6. When reviewing the materials and methods catalogued here, it is suggested that the reader keep in mind the key components of developing IEC messages and materials below.

Message Design and Development

- Develop a profile of the target population from audience research;
- Identify desired behaviors;
- Identify the information or data you want the target population to understand;
- Decide to use or adapt existing materials or to develop new ones;
- Develop key benefit statements that take the hopes and aspirations of the target population into account;

- Develop messages from these key benefit statements;
- Through images and words, develop simple messages and clarify the reason the benefit is being promoted;
- Consider a theme or catch phrase to unify different components of a campaign;
- Plan to deliver more than one message over time.

Guidelines for Materials Production

- **Design / layout:** present one message per illustration; limit the number of concepts or pages per material; make the material interactive whenever possible; leave plenty of white space; arrange materials in the sequence that is most logical to the audience; use illustrations to supplement text.
- **Illustrations:** use appropriate color; use familiar images; use realistic illustrations; use simple illustrations; illustrate objects in scale and in context whenever possible; use a positive approach.
- **Text:** Chose a type style and size that is easy to read; test the reading level; review repeatedly.

Pre-testing and Revision

Pre-testing is fundamental towards ensuring your efforts in message and material design are appropriate to your intended audience. Materials are pre-tested to:

- Assess comprehension and readability;
- Assess recall of the messages;
- Identify strong and weak points;
- Determine whether the personal benefits are strong enough to promote behavior change;
- Look for sensitive or controversial elements;

There are two ways to pretest a material:

- Individual interviews;
- Focus group interviews.

No matter which pre-testing method you choose, you will need to provide respondents with a quiet environment in which they feel comfortable discussing the messages and materials you show them. Give the respondent a copy of your draft material and ask some of these questions:

1. What information is this page trying to convey?
2. In your own words, what does the text mean?
3. What does this picture show? Is it telling you to do anything? If yes, what?
4. Do the words match the picture on the page? Why or why not?
5. What do you like/dislike about this page?
6. Are there any words in the text you do not understand? Which ones? (If so, explain the meaning and ask respondents to suggest other words that can be used to convey that meaning).
7. Are there any words that you think others might have trouble reading or understanding? (Again, ask for alternatives).
8. Are there sentences or ideas that are not clear? (If so, have respondents show you what they are. After explaining the intended message, ask the group to discuss better ways to convey the idea).
9. Is there anything you like/dislike about these messages?
10. Is there anything you like/dislike about the pictures (use of colors, kind of people represented, etc.)?
11. Is there anything controversial or sensitive about these messages or pictures?
12. We want the materials to be as good as possible and easily understood by others. How can we improve the pictures?
13. What other suggestions do you have for improving this material (pictures, words or both)?
14. (After collecting the material say...) "Let's review. Tell me what you think were the most important messages."

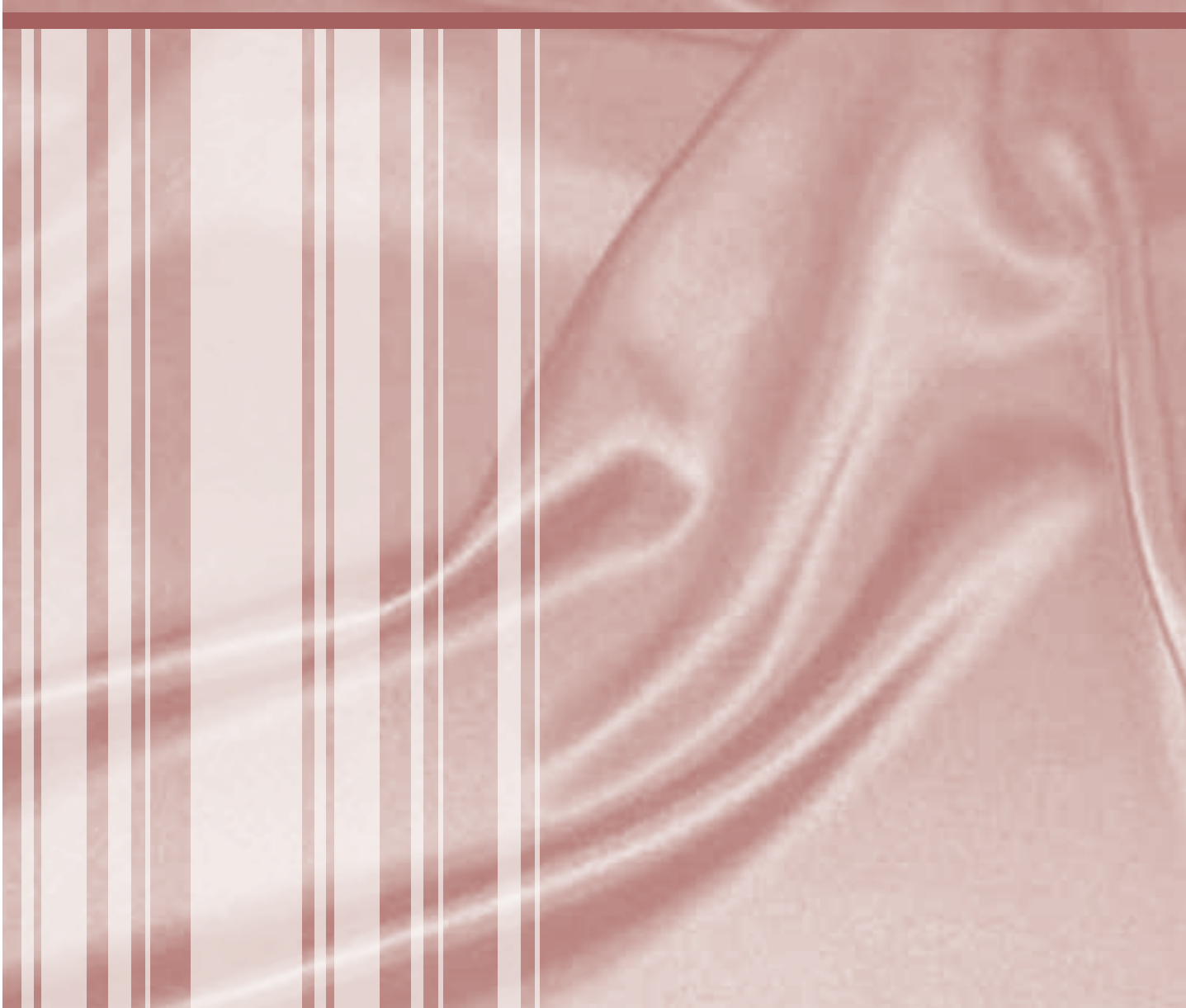
Following the pre-testing, you will need to assess how you will change the material based on the responses you received. Never try to save time by not pre-testing. Years of experience have shown that pre-testing saves time and money and increases impact in the long run.



AUDIENCE

1

GENERAL
POPULATION



WE START TOGETHER (Leaflet)



Summary:

The 'We Start Together' leaflet was designed for the purpose of encouraging and motivating communities to work together to prevent TB. The target audience is somewhat more specific than the general population, as it is designed for the use of community groups. This material was distributed by Village Health Support Group (VHSG) members after they conducted outreach education sessions using the TB education discussion cards also developed in the same style, with the same messages. The leaflet acted as a take home reference, reinforcing the information community members learned during the education session.

Key Messages / Content:

- Tell your community that TB can be cured in 6 months with the directly observed therapy short course (DOTS) strategy
- Treatment at DOTS services is free of charge
- Tell someone who is coughing for more than 21 days to seek testing for TB at a health center or referral hospital
- Early detection is the best way to reduce TB transmission in your community

Distribution:

20,000 produced and distributed in Battambang Province (Moung Roussey, Battambang and Tmor Koul ODs) and Kampong Cham Province (Memot, Tbaung Khmum and Cheung Prey ODs)

Producers:

MOH, CENAT, USAID, FHI (2006)

INFORMATION ABOUT TB DISEASE FOR COMMUNITY UNDERSTANDING (Leaflet)



Summary:

This leaflet is representative of six leaflets which contain similar messages in a similar format. These leaflets contain basic facts about TB, its prevention, transmission and treatment. The layouts include a mix of photos, diagrams and illustrations.

Key Messages / Content:

- What is TB?
- How people get TB and do not get TB
- How to know if you or someone in the family/community has TB
- What should someone do and where should they go if they have suspected symptoms of pulmonary TB?
- What should be done to prevent transmission of TB within the family or community?

Distribution:

Average of 100,000 copies of each leaflet printed and distributed nationally through health centers to communities

Producers:

MOH, CENAT, GFATM, USAID (2004-2007)

The leaflets shown below contain variations of the same messages, and have the following distribution.

1. CENAT, MOH, GFATM (2005)
2. MOH, CENAT, USAID, CRS (2007)
3. MOH, CENAT, GFATM (2004)
4. MOH, CENAT, GFATM (2005)
5. MOH, CENAT, GFATM (2005)
6. MOH, CENAT, GFATM (2005)

COUGHING MORE THAN 21 DAYS GO TO HEALTH CENTER (Leaflet)

**បើអ្នកក្នុងអាយុ ២១ ថ្ងៃ
ស្រាប់ត្រូវបានដឹងថាមានសញ្ញាភាព ឬ
បង្ហាញរោគសញ្ញាណាមួយដូចខាងក្រោម**



- រាកចាញ់ជំងឺដូច មិនរាកចាញ់ជំងឺដូចធម្មតា
- រលេចរាកចាញ់រលេចខ្លាំង ឬរាកចាញ់រលេចខ្លាំងបន្តិចបន្តួច



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វិធីករណា

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រកឱ្យបានលឿនបំផុត
- ជួយដល់អ្នកជំងឺដោយ
រកឱ្យបានលឿនបំផុត
- ជួយដល់អ្នកជំងឺដោយ
រកឱ្យបានលឿនបំផុត



**បើអ្នកមានសញ្ញាណាមួយ ឬដឹង
អ្នកគួរបរិភោគអាហារណាមួយត្រូវត្រួតពិនិត្យ**



ផលចំណេញពីការព្យាបាលជំងឺរលាក

~~លុប~~

- ជួយដល់អ្នកជំងឺដោយ
រកឱ្យបានលឿនបំផុត
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រកឱ្យបានលឿនបំផុត




Summary:

This leaflet was developed as a reinforcing method of disseminating basic TB information. It uses the same models and some of the same photographs that are in the discussion cards for VHSG members. The images are sharp and clear, and the layout is simple and concise. The leaflet was distributed to community members after they participated in a discussion with a VHSG member, during which the VHSG member used the discussion cards.

Key Messages / Content:

- If you cough more than 21 days, please go immediately to the health center or referral hospital nearest to your house
- TB is a transmittable disease, it is not a hereditary disease
- TB can be cured with correct treatment
- TB is transmitted by speaking, coughing or sneezing face to face
- TB is prevented by providing the TB vaccine to newborns; covering the mouth when speaking, coughing or sneezing; taking drugs regularly under the advice of the health staff
- To stay healthy during TB treatment, eat good quantities of nutritious food
- Advantages of TB treatment - treatment is free and curing TB is an effective way of stopping TB transmission

Distribution:

100,000 printed and distributed in 10 ODs where RACHA supports C-DOTS:
Battambang Province (Moung Roussey OD); Kampot province (Angkor Chey OD);
Banteay Meanchey Province (Preah Net Preah, Mongkul Borey and Or Chrov ODs);
Siem Reap Province (Siem Reap, Kralanh and Ankor Chum ODs);
Pursat Province (Bakan and Sampov Meas ODs)

Producers:

MOH, CENAT, USAID, RACHA (2004)

UNDERSTANDING ABOUT TB PREVENTION (Leaflet)



Summary:

Following focus group discussions with community members about a TB TV spot focusing on treatment seeking practices, program managers realized that there were misconceptions about TB in the community. As a result, this leaflet was designed to correct misconceptions about the transmission of TB among the general population.

Key Messages / Content:

- How TB is transmitted
- How TB is not transmitted
- How to prevent TB

Distribution:

200,000 were produced and distributed nationally through CENAT to health centers and to communities through health center staff

Producers:

MOH, CENAT, USAID, FHI (2002)

CALENDAR/POSTERS (Posters)



Summary:

These posters were produced by the National Tuberculosis Program with technical and financial support from USAID through FHI. The materials encourage persons who suspect they may have TB to seek free TB diagnosis and treatment at health centers. They reinforce the message that for TB treatment to be effective, the full course of treatment must be completed. One calendar (poster) was produced in 2002, and two calendars were produced in 2003.

Key Messages / Content:

Top two calendars (Calendar 2003a and Calendar 2002): If you cough more than 21 days, please go to a health center or referral hospital near your house. TB can be cured if you follow the health center staff's advice.

Lower calendar (Calendar 2003b): TB is curable- just come to take the medicine in front of health center staff every morning

Distribution:

30,000 copies of these of posters distributed nationally by CENAT through health centers to communities

Producers:

MOH, CENAT, USAID, GORGAS TB Initiative, FHI (2001 and 2002)

POSTERS 39 and 40 (Posters)

20



Summary:

Five posters were produced by the National Tuberculosis Program with collaboration and funding from the Global Fund to Fight AIDS, TB and Malaria. The posters were used by TB supervisors as education materials for community members and students. They were also used as information materials for display at health centers and health posts at the community levels.

Poster # 39

Key Messages / Content:

- TB is a transmittable disease, it is not hereditary disease
- If you cough more than 21 days you may have TB. Please consult with health staff at the health center or referral hospital
- By treating TB promptly and by taking drugs regularly every morning in the presence of health staff, you will be 100% cured
- Sputum examination and TB treatment are free

Distribution:

30,000 copies printed and distributed nationally through CENAT to health centers and communities

Producers:

MOH, CENAT, GFATM (2006)

Poster # 40

Key Messages / Content:

- If you cough more than 21 days, you may have pulmonary TB, and must go to the health center or referral hospital
- TB can be cured with prompt diagnosis and treatment
- Sputum examination and TB treatment are free

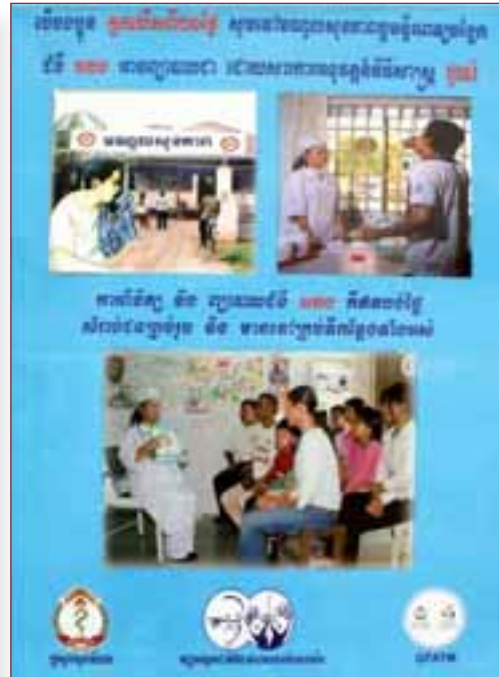
Distribution:

30,000 copies printed and distributed nationally through CENAT to health centers and communities

Producers:

MOH, CENAT, GFATM (2005)

POSTERS 41-43 (Posters)



Poster # 41

Key Messages / Content:

- TB is a transmittable disease, it is not hereditary disease
- TB can be transmitted when a pulmonary TB patient coughs, sneezes and talks
- Every time you cough, sneeze or talk, you must cover your mouth and nose by a kroma or handkerchief
- TB is 100% curable if treated early and if drugs are taken regularly by following the health staff's advice and the DOTS strategy

Distribution:

20,000 copies printed and distributed nationally through CENAT to health centers and communities

Producers:

CENAT, GFATM (2005)

Poster# 42

Key Messages / Content:

- If you cough for more than 21 days, please go the health center or referral hospital
- TB is curable by following the DOTS strategy
- Diagnosis and TB treatment is free for everyone and is available at every health center and referral hospital

Distribution:

30,000 copies printed and distributed nationally through CENAT to health centers and communities

Producers:

MOH, CENAT (2005)

Poster # 43

Key Messages / Content:

- If you cough more than 3 weeks, please go immediately to the health center or referral hospital for diagnosis and treatment

Distribution:

18,000 copies printed and distributed nationally through CENAT to health centers and communities

Producers:

MOH, CENAT, GFATM (2005)

HERE TB CURED 100% WITH NO CHARGE (Signboards)

24



Summary:

Save the Children Australia's (SCA) TB-DOTS program produced signboards to display at Community TB-DOTS Volunteer (CTDV) locations. SCA organized CTDVs in every village of four targeted ODs. OD staff organized training of volunteers using national curriculum materials. The sign notifies community members that a trained person is there who can assist someone with questions or information about TB.

Message:

Here we can cure TB 100%, free of charge.

Distribution:

Kampong Cham province (Memot, Ponhea Krek, Kroch Chmar and Cheung Prey ODs)

Producers:

CENAT, Save the Children Australia, GFATM (2004)

TUBERCULOSIS DISEASE

(Booklet)



Summary:

Designed for the general population and suspected TB patients, this booklet was distributed to community members following community education sessions. The booklet reinforces the messages presented during education sessions.

Key Messages / Content:

- Signs and symptoms of TB
- Transmission of TB (breathing, talking face to face, sneezing face to face, coughing)
- TB is not transmitted through sexual intercourse, eating together or sharing dishes
- TB is not a hereditary disease
- Newborns should get the BCG vaccination
- If coughing more than 3 weeks, one should go to the health center or referral hospital for consultation and testing
- TB patients must take medicine in front of health staff or DOT watcher in community

Distribution:

As specified below, 127,288 copies of the material were printed and distributed in the RHAC coverage area:

Battambang Province (Sangke, Tmor Koul and Battambang ODs)
Kampong Cham Province (Tbaung Khmum and Kroch Chmar ODs)
Sihanoukville (Kampong Som OD)
Takeo Province (Donkeo, Kirivong, Bati, Prey Kabass and Ang Roka ODs)
Kampong Speu Province (Kampong Speu and Kong Pisey ODs)
Phnom Penh Municipality (North, West and South ODs)
Svay Rieng Province (Romeas Hek and Chi Phou ODs)

Producers:

RHAC, MOH, USAID (2004)



AUDIENCE

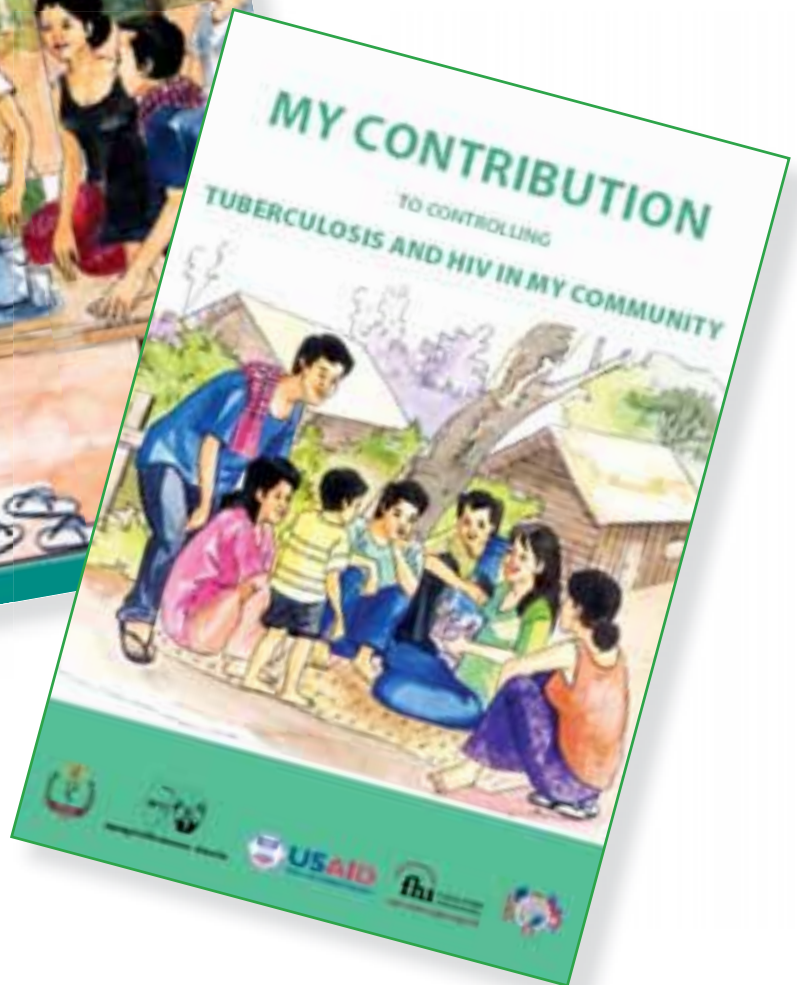
VILLAGE HEALTH
SUPPORT GROUPS

2



MY CONTRIBUTION TO CONTROLLING TUBERCULOSIS AND HIV IN MY COMMUNITY (Booklets)

30



Summary:

Barriers that prevent people from seeking TB treatment include low literacy, shame and stigma and discrimination in the community. The *'My Contribution to Controlling Tuberculosis and HIV In My Community'* booklet was developed for village health support groups, whose responsibilities are to inform and increase awareness of TB in their communities.

The booklet provides basic information about TB and HIV that village health support groups use to educate and encourage people to access early TB treatment. VHSG members also follow up on treatment adherence and encourage HIV positive people to have TB screening and treatment as required. VHSG members can also use this book to record their involvement and achievements on TB and HIV activities in their communities.

Key Messages / Content:

- Tips for effective community health and adult education
- What can I do to control TB and HIV in my community?
- What is TB?
- How is TB transmitted?
- How can we prevent the spread of TB?
- Identifying TB
- Is TB curable?
- How important is TB treatment adherence?
- Why do HIV positive people need to be aware of TB?
- What can I do to promote HIV counseling and testing?
- What can I do to prevent HIV infection in my community?
- Tracking sheets for conducting health education and attending trainings

Distribution:

3000 copies produced and distributed in Kampong Cham province (Memot, Tbaung Khmum and Cheung Prey ODs) and Battambang province (Moung Roussey, Battambang and Tmor Koul ODs)

Producers:

MOH, CENAT, USAID, FHI, PEPFAR (2007)

BASIC KNOWLEDGE ABOUT TB FOR VILLAGE HEALTH SUPPORT GROUPS (Booklets)



Summary:

The 'Basic Knowledge About TB for Village Health Support Groups' booklet provides VHSG with the skills to educate and encourage suspected TB patients to seek early diagnosis and treatment; to improve treatment compliance; and especially for HIV infected persons and their families, to encourage access to TB diagnosis and treatment. The booklet was distributed to village health support groups in Battambang after they completed a two-day training on TB organized and conducted by the National Tuberculosis Program with technical support from FHI.

Key Messages / Content:

- TB situation
- What is TB?
- Modes of TB transmission
- TB prevention
- Types of TB
- Identifying TB
- Where to refer suspected TB patients?
- TB treatment
- DOTS
- Side effects
- Relationship between HIV and TB
- TB treatment for HIV patients
- Role and responsibilities of VHSG to control TB

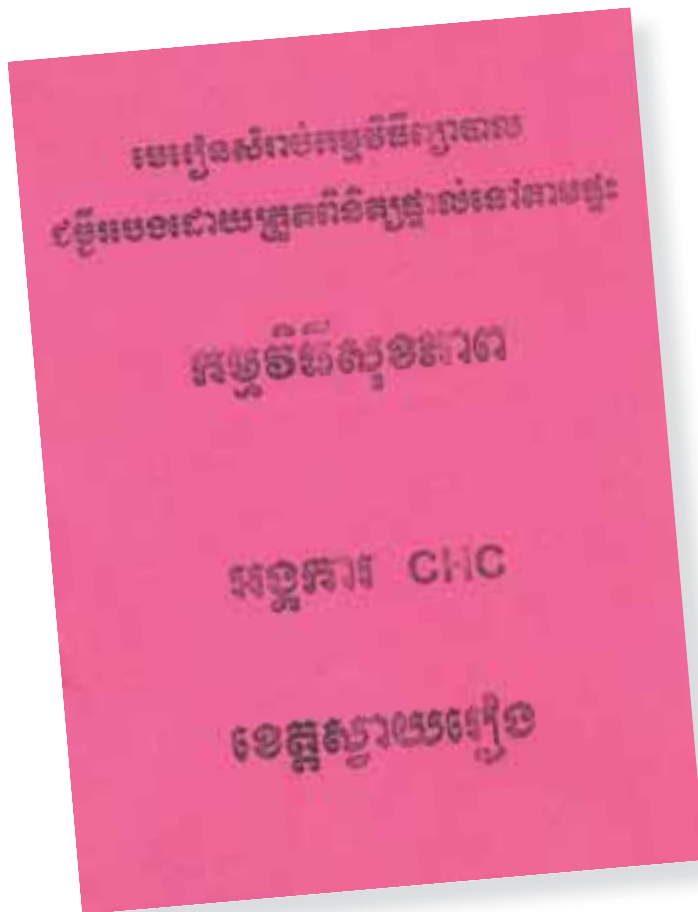
Distribution:

2000 copies were produced for use in Battambang province (Moung Roussey, Battambang, Tmor Koul and Sampov Luon ODs)

Producers:

MOH, CENAT, USAID, GORGAS TB Institute, FHI (2004)

LESSON PLAN FOR C-DOTS PROGRAM (Curricula)



Summary:

The Cambodian Health Committee (CHC) developed a five-day lesson plan for the community DOTS program. The training resources strive to increase knowledge of TB and DOTS for TB patients and their families. The materials were provided to families in Svay Rieng province after they had attended training at their homes or in their communities.

Key Messages / Content:

- TB and poverty
- What is TB?
- Types of TB (primary TB, pulmonary TB, pleurisy TB, lymphadenitis TB, Pott disease or spinal TB)
- TB and AIDS
- How to interview patients
- How to identify suspected TB
- How to record a patient's TB history
- Technical support to diagnose children with TB
- Patient education
- TB treatment (including patient responsibility for regularly taking medicine)
- Reporting and data collection
- Monthly report format and how to complete the report form

Distribution:

300 copies distributed in the six government health centers in Svay Rieng province

Producers:

CHC (1996)

VILLAGE HEALTH SUPPORT GROUPS (Discussion Cards)

36



Summary:

Village health support groups used these six illustrated cards during discussions with community members. VHSG members were trained in the use of the cards with the 'Community DOTS Lesson Plan.' The messages and images on the discussion cards are consistent with the leaflet that they also distributed.

Key Messages / Content for Discussion Cards:

- Modes of transmission
- TB treatment
- Primary TB
- Benefits of treatment compliance
- Prevention
- Nutrition

Distribution:

30,000 cards printed and distributed to trained VHSG in 10 ODs:

Battambang province (Moung Roussey OD); Kampot province (Angkor Chey OD); Banteay Meanchey province (Preah Net Preah, Mongkul Borey and Or Chrov ODs); Siem Riep province (Siem Reap, Kralanh and Angkor Chum ODs); Pursat province (Bakan and Sampov Meas ODs)

Producers:

MOH, CENAT, USAID, RACHA (2004)

Key Messages / Content for Community DOTS Lesson Plan:

- TB signs and symptoms
- Where to get a sputum examination?
- How TB is transmitted and how to prevent transmission
- Treatment, including how TB can be cured; duration and benefits of treatment; reasons for stopping treatment; when should the sputum examination be repeated
- The roles and tasks of VHSG in the C-DOTS program
- Follow up of TB treatment; why a TB patient card is needed; why follow-up care is needed
- How to use the discussion cards

Distribution:

300 copies printed and approximately 2000 VHSG trained in the following ODs:

Battambang province (Moung Roussey OD); Kampot province (Angkor Chey OD); Banteay Meanchey province (Preah Net Preah, Mongkul Borey and Or Chrov ODs); Siem Riep province (Siem Reap, Kralanh and Angkor Chum ODs); Pursat province (Bakan and Sampov Meas ODs)

Producers:

MOH, CENAT, USAID, RACHA (2004)

VILLAGE HEALTH SUPPORT GROUP (Discussion Cards)



ការយោងទៅសំរាប់អ្នកសំរបស់រួច

សំណួរ:

- ១- តើអ្នកមើលឃើញអ្វីខុសនៅក្នុងរូបភាពនេះ? តើច្បាប់កំរុងធ្វើអ្វី?
- ២- តើជំងឺរបេងជាប់ច្បាប់របស់អ្នកណា? ហេតុអ្វីបានជាវាជាប់ច្បាប់របស់អ្នកនោះ?

❖ ជំងឺរបេងនឹងមិនជាប់ច្បាប់របស់អ្នកណាម្នាក់ឡើយ ។ វាជាប់ច្បាប់របស់យើងទាំងអស់គ្នា ។ តើគ្រោះវារាត់ខ្លួនពីអ្នកជំងឺ ទៅមនុស្សដទៃទៀតបាន ប្រសិនបើយើងជំនុំមាឺនាមការណ៍ ការពារខ្លួន ។ បើយើងមន្ត្រា យើងនឹងអាចកាត់បន្ថយជំងឺរបេងទៅក្នុងសហគមន៍របស់យើង ។

Summary:

This set of three discussion cards was developed for use by VHSG members to stimulate discussion about TB and promote the referral of suspected TB patients to the health center. The Provincial TB Manager and OD TB Supervisors organized informal orientations with VHSG and health center staff on the use of these discussion cards. When VHSG members used the cards in their community, they also distributed the “Lets Start Together” leaflets.

Key Messages / Content:

Card 1

Image - Village Health Support Group member talking with a mother

Message - TB is not a problem for an individual but a problem for the community as a whole; unless preventive action is taken, TB can be spread from patients to others.

Discussion - Who is affected by TB? Why is TB a problem for people?

Card 2

Image - Woman taking medication in front of a health care provider

Message - TB is a transmittable disease. Without treatment it becomes serious and can lead to death. TB can be cured. To kill all TB germs, TB patients have to take TB drugs regularly for 6 months, using the DOTS strategy. Early diagnosis and treatment is the best way to control TB in the community.

Discussion - What can we do to control TB in our community?

Card 3

Image - Lab technician examining a smear and people going to a health center

Message - Signs of TB - cough lasting 21 days or more – go to the health center if you have this sign. A sputum smear (examination) is the best method to diagnose TB.

Discussion - How can we know if we have TB?

Distribution:

3000 cards printed and distributed to VHSG members in the following areas:

Battambang province (Moung Roussey, Battambang and Tmor Koul ODs); Kampong Cham province (Memot, Tbaung Khmum and Cheung Prey ODs)

Producers:

MOH, CENAT, USAID, FHI (2006)

VILLAGE HEALTH SUPPORT GROUP COLLATERALS (Bags, T-Shirts)

40



Summary:

The bags were produced primarily for VHSG members. In addition to carrying a TB message, they also were designed to hold materials for education outreach activities. The T-shirts, with the matching STOP TB logo, have been produced annually for World TB Day, and are distributed by CENAT to VHSG members, pharmacy staff and health center staff.

Key Messages / Content:

“Together We Stop TB”

“Find TB – Refer TB”

Distribution:

1000 bags and t-shirts distributed to VHSG and pharmacy and health center staff in the TB Public Private Mix (PPM) target areas:

Phnom Penh; Sihanoukville; Kampong Cham province (Kampong Cham, Prey Chhor, Cheung Prey, Chamkar Leu, Kroch Chmar and Tbaung Khmum ODs); Kandal province (Ponhea Lev, Takmao, Mouk Kampoul, Kean Svay, Ksak Kandal, Saang, Ang Snoul and Koh Thom ODs); Kampong Speu province (Oudong, Kong Pisey and Kampong Speu ODs); Takeo province (Donkeo, Bati, Kirivong, Prey Kabass and Ang Roka ODs)

Producers:

MOH, CENAT, USAID, PATH (2006)



AUDIENCE

3

TB PATIENTS



TB Patients Who Know or Suspect They Have HIV (Leaflets)

44



Summary:

CENAT and its partners have developed several IEC materials, such as these two leaflets, targeting TB patients who know or suspect they are HIV positive.

Key Messages / Content for Leaflet 1 (Promoting Counseling and Testing):

- TB patients should go for HIV counseling and testing
- HIV/AIDS patients should go for TB screening
- Services are accessible and free
- Benefits of HIV counseling and testing and confirmation of status
- What HIV test results mean (both positive and negative)
- Services available for HIV positive persons
- How the HIV blood testing process works, where to get testing services
- General information about HIV/AIDS
- Services available for TB patients who are HIV positive
- How HIV is transmitted
- How TB patients who are HIV negative can prevent HIV
- Why TB screening is important for persons living with HIV/AIDS (PLHA)
- When should PLHA be screened for TB
- Why PLHA should screen for TB, where to screen, and how screening works
- TB can be cured through DOTS

Distribution:

10,000 copies of the leaflet printed and distributed nationally through CENAT

Producers:

MOH, CENAT, JICA, JATA (2007)

Key Messages / Content for Leaflet 2 (For TB Patients Who Discover They are HIV Positive)

- Treatment, care, and support for HIV positive persons, including how to access these services
- The CD4 test and its meaning
- ARV treatment (including information that treatment at government referral hospitals is free)
- Home based care (HBC) and how to access it
- Information about positive living
- HIV transmission and prevention

Distribution:

5,000 copies printed and distributed nationally through CENAT

Producers:

MOH, CENAT, JICA, JATA (2006)

HOW TO PRODUCE A SPUTUM SAMPLE (Leaflet)



Summary:

This leaflet was developed after it was observed that many suspected TB patients did not know how to properly produce sputum. Often patients brought a sample that was mostly saliva and not sputum. The leaflet provides easy-to-read information on how to produce a quality sputum sample. It aids health workers in explaining the proper way of producing sputum for a laboratory smear examination. This material was distributed to TB units and health centers in Battambang province. There are two versions of this leaflet, one produced by MOH and CENAT with support from USAID and FHI and one produced by MOH and CENAT with support from GFATM. The second version was distributed nationally to TB units and health centers.

Key Messages / Content:

Provides information about how to get sputum for TB diagnosis

Distribution:

1000 leaflets distributed in Battambang and Kampong Cham Referral Hospitals (USAID version) and 100,000 copies printed and distributed nationally through GFATM funding

Producers:

MOH, CENAT, GORGAS TB, FHI, USAID (2005)

MOH, CENAT, GFATM (2005)

GENERAL TB INFORMATION (Leaflet)



Summary:

CENAT with GFATM support developed this leaflet as an educational material for TB patients who received TB drugs at health centers and referral hospitals. The leaflet was also given to VHSG members who attended a one-day training.

Key Messages / Content:

- What is TB?
- TB transmission
- TB treatment
- Benefits of treatment compliance
- Incorrect compliance can cause TB germs to be resistant to the medicine
- TB diagnosis and treatment is available at all health centers and referral hospitals and is free
- TB is curable by DOTS

Distribution:

80,000 copies printed and distributed nationally through CENAT

Producers:

MOH, CENAT, GFATM (2005)

POSTERS

50



a) To cure TB, take your medicine at the health center daily



b) Persons with TB should be tested for HIV



Poster (a)

Summary:

The objective of the poster is to encourage treatment adherence. This poster was developed and distributed in coordination with the TV spot on the same theme.

Key Messages / Content:

TB drugs must be regularly taken at the health center in front of the health center staff. TB is curable - come to take medicine at the health center.

Distribution:

20,000 posters distributed nationally through CENAT

Producers:

MOH, CENAT, USAID, FHI (2004)

Poster (b)

Summary:

The objective of this poster is to provide information and encourage TB patients to seek VCCT. This poster was developed for use by TB health providers at health centers and referral hospitals.

Key Messages / Content:

- If you have TB you should consult with health staff for HIV counseling and testing
- HIV testing is free

Distribution:

20,000 copies printed and distributed nationally through CENAT

Producers:

MOH, CENAT, GFATM (2005)

TV SPOTS

52



Summary:

Five TV spots were produced between 2001 to 2005 to encourage people to recognize TB signs and symptoms and to use the free treatment at the health centers and referral hospitals. Two spots were created for a general audience; three spots were targeted to TB patients. The spots sought to improve treatment adherence by motivating correct and consistent treatment, to inform people about the change in treatment policy, and to motivate TB patients to get tested for HIV.

Key Messages / Content:

2001 TV Spot: If you cough for more than 21 days, you should get a TB diagnosis and treatment at the health center. TB can be cured and all TB services at the health center are free of charge.

2002 TV Spot: If you take TB medicines correctly and consistently, your TB will no longer be contagious after two months. If you take the medicine every day, TB can be fully cured.

2004 TV Spot: During the first two months of TB treatment, patients must come to health center every morning to take medicine in front of the health center staff. During the following six months patients take medicine every day at home.

2005 TV spot: This TV spot was designed to encourage TB patients to get tested for HIV.

2006 TV spot: This spot provides information about the changing of the TB treatment regimen from eight months to six months.

Distribution:

2001: Through TVK, TV5 and TV3 for six months

2002: Through TVK, TV5 and TV3 for six months

2004: Through TVK for six months and CTN for three months

2005: Through TVK and TV5 for six months

2006: Through TVK, TV5 and CTN

Producers (In same order as described above):

MOH, CENAT, USAID, GORGAS TB Initiative, FHI (2001-2002)

MOH, CENAT, USAID, GORGAS TB Initiative, PATH, FHI (2004)

MOH, CENAT, USAID, PATH, FHI (2005)

MOH, CENAT, USAID, GFATM, PATH, FHI (2006)



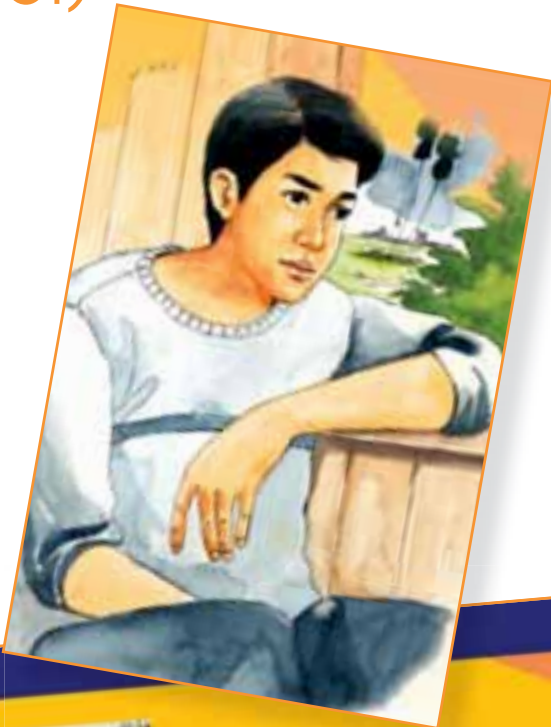
AUDIENCE

PEOPLE LIVING
WITH HIV/AIDS (PLHA)

4



INH-PREVENTIVE THERAPY (IPT) FOR TB PREVENTION: WHY I NEED TO THINK ABOUT TB IF I HAVE HIV (Leaflet)



56

លោកអ្នកបានទៅកាន់គ្រូពេទ្យកំរិត
ជំងឺរមេង ប្រសិនបើអ្នកមាន
ផ្នែកធានាការពេលសុខ

**ការពិនិត្យ ព្យាបាល
ឱសថបង្ការជំងឺរមេង
គីមីសបដំថ្ងៃទេ!**

២. មន្ទីរពេទ្យបង្អែកធានាប្រសិទ្ធភាព
ស្ថិតនៅស្រុកធានាប្រសិទ្ធភាព
ខេត្តបាត់ដំបង

លោកអ្នកបានទៅកាន់គ្រូពេទ្យកំរិត
ជំងឺរមេង ប្រសិនបើអ្នកមាន
ផ្នែកធានាការពេលសុខ

An illustration of the same young man from the top image, sitting on a wooden bench and looking thoughtful. This illustration is part of the leaflet's design.

Summary:

The Isoniazid Preventive Therapy (IPT) leaflet was developed to provide supplementary information to PLHA about the benefits of accessing TB preventive therapy and treatment services. This leaflet was used in a pilot TB-HIV program in Battambang province.

Key Messages / Content:

The leaflet contains key messages for PLHA about the risks of TB infection (a common and severe opportunistic infection in PLHA). Questions answered in the leaflet include:

- Why should I think about TB?
- What are the benefits of preventive therapy?
- Where can I access this service?

Distribution:

10,000 copies of this leaflet were distributed in health centers and VCCT centers in Battambang province (Moung Roussey and Battambang ODs)

Producers:

MOH, CENAT, USAID, GORGAS TB Initiative, FHI (2004)

INH PREVENTIVE THERAPY FOR HIV POSITIVE PEOPLE (Leaflet)

58



Summary:

FHI, with USAID support, collaborated with CENAT to produce this leaflet to encourage HIV clients to adhere to isoniazid preventive therapy (IPT).

Key Messages / Content:

- Taking regular drugs for nine months can prevent TB among PLHA
- IPT clients must see the doctor every month to collect drugs and to have health checkups
- Preventing yourself from getting TB also prevents TB transmission to your family and community

Distribution:

5000 copies distributed in Battambang province (Moung Roussey and Battambang ODs) at health centers, referral hospitals and VCCT centers

Producers:

MOH, CENAT, USAID, PEPFAR, GORGAS TB Initiative, FHI (2005)



AUDIENCE

PUBLIC AND
PRIVATE SECTOR
HEALTH STAFF

5



BASIC KNOWLEDGE ABOUT TB (Booklet)



62



Summary:

This TB booklet provides basic TB information to health center staff so that they provide correct information about TB to patients. The booklet was distributed to health center staff after they attended a three-day TB training course organized and conducted by the National Tuberculosis Program with technical support from FHI.

Key Messages / Content:

- What is TB?
- TB transmission-how it is transmitted, and how it is not
- TB infection
- TB disease
- Types of TB
- Suspecting TB
- Diagnosis of TB / sputum collection
- TB treatment and side effects
- DOTS
- Follow-up of TB patients
- TB prevention

Distribution:

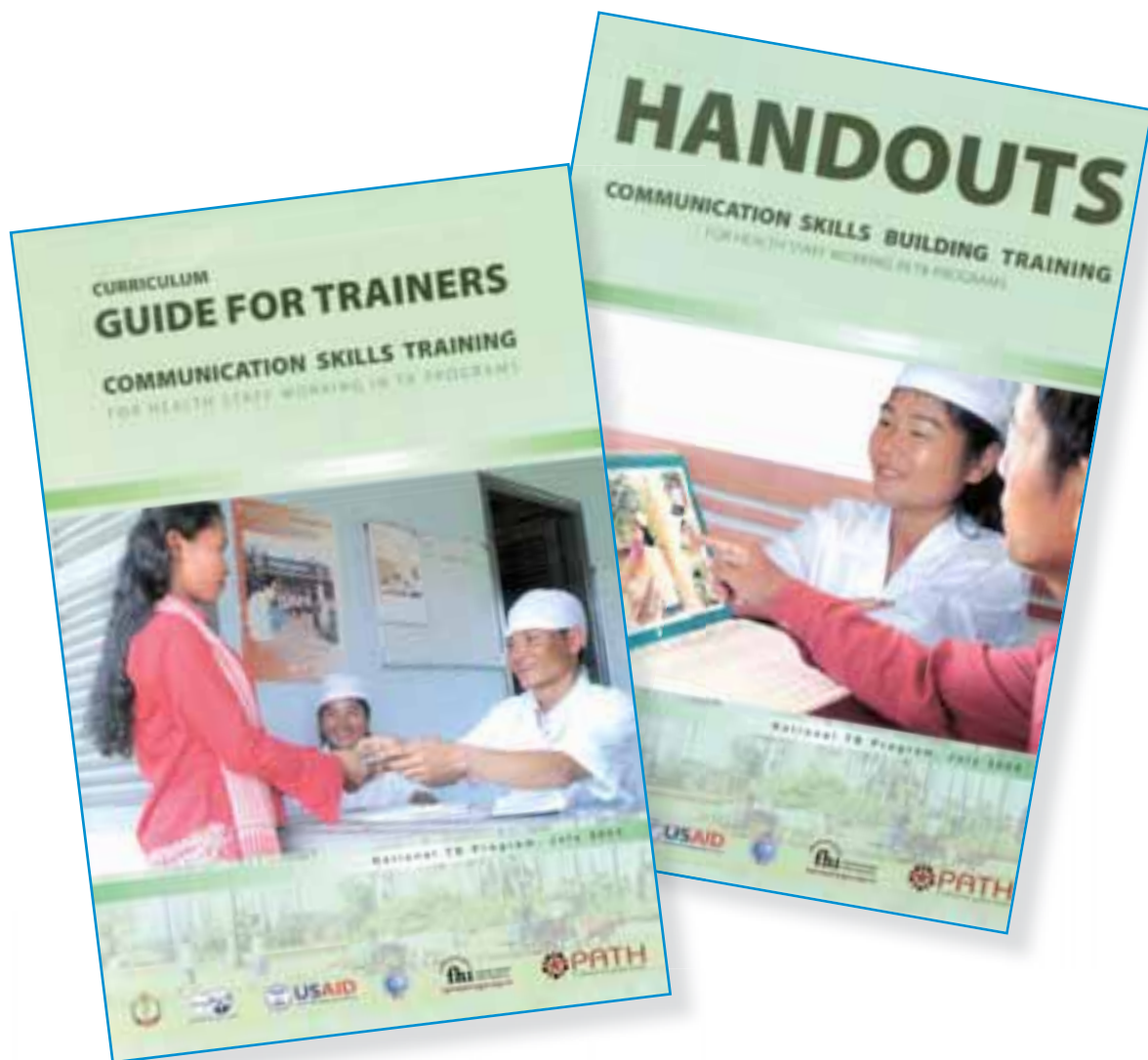
5000 copies to health center staff nationally through CENAT

Producers:

MOH, CENAT, USAID, FHI (2002)

HEALTH STAFF COMMUNICATIONS SKILLS BUILDING (Curricula)

64



Curriculum: Guide For Trainers On
Communication Skills Training For Health
Staff Working In TB Programs

Summary:

This training guide is for TB provincial supervisors who attended a ‘Training of Trainers’ in preparation for planning and facilitating a three-day communication skills building training for health center staff. The original ‘*Communication Skills Training*’ curriculum and participants’ handout was developed by the National TB Program with technical support from PATH and FHI in 2003. Since the curriculum was developed, 900 health center staff in 35 operational districts of Cambodia have received training to strengthen their patient communication skills.

Key Messages / Content:

- An overview of the contents of the training
- A list of materials needed for the training
- Checklist for trainers
- Objectives of training
- Session plans
 - Introduction
 - ‘Reflections of Me’
 - IEC/BCC
 - Effective communication skills
 - Use of flip chart for patient education
 - Final evaluation

The handouts include:

- Training schedule
- Training objectives
- ‘Reflections of Me’ questions; What is IEC and BCC?; What is effective BCC?
- Case Studies on the BCC process, communication skills, health education materials
- TB flip chart
- Health education checklist
- Training evaluation
- Guidelines for participant daily feedback

Distribution:

Curriculum in Khmer 200 copies, handout in Khmer 500 copies, curriculum in English 200 copies and handout 300 copies were printed, distributed and used nationally

Producers:

MOH, CENAT, USAID through FHI and PATH (2006)

UNDERSTANDING OF TB (Curriculum)



Summary:

This curriculum was used by village health committee members who successfully completed four days of training. These village health committee members used the information to provide educational sessions on TB, TB symptoms and TB/HIV co-infection and referred TB patients for HIV counseling and testing. The activities were conducted in a number of communes across Svay Rieng province.

Key Messages / Content:

Lesson 1

- What is TB? TB history in the world and in Cambodia
- The relationship between TB and poverty

Lesson 2

- Importance of curing TB
- Effective ways to cure TB
- Duration of treatment
- Treatment as effective TB prevention
- Side effects of TB drugs

Lesson 3

- Why is support from a person close to the patient important during treatment?
- Responsibility of TB patient
- Responsibility of “important” person
- Responsibility of health provider

Lesson 4

- TB drug resistance
- What to do and what not to do to prevent TB drug resistance

Lesson 5

- Agreement letter to get TB treatment
- Agreement letter of health provider

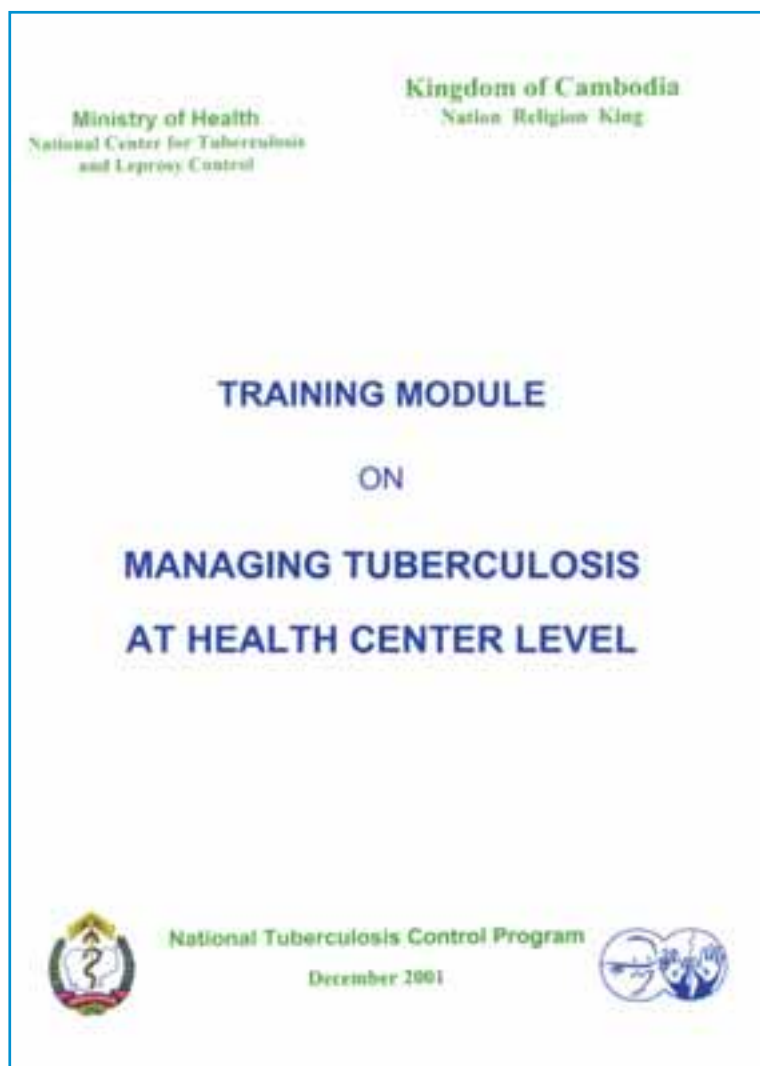
Distribution:

Across Svay Rieng province

Producers:

CHC (2002)

Managing Tuberculosis At Health Center Level (Curriculum)



Summary:

This training curriculum was developed to be in line with the MOH's TB decentralization strategy for TB prevention, case detection and health center management based on the Minimum Package of Activities. The training was designed for health workers working for TB control at health center levels, but it is also useful for health managers as well as others whose jobs include TB control within and outside the government. The modules address general knowledge including detection and identification of suspected TB cases, sputum taking, recording, treatment, prevention and health education.

Key Messages / Content:

- How to identify and refer suspected TB cases
- Sputum specimens (correct collection)
- TB treatment
- TB record keeping
- Side effects
- Communication with patients
- Patient TB records
- Monthly case detection reports

Distribution:

1,000 copies printed and distributed nationally to health center staff

Producers:

MOH, CENAT (2001)

HEALTH EDUCATION ABOUT TB FOR HEALTH CENTER STAFF (Flip Chart)



Summary:

The flip chart is 23 pages long and focuses on 12 key topics. The flipchart is a tool (job aid) for health center staff when discussing and providing information about TB to suspected TB patients, confirmed TB patients, or the general population. CENAT, with support from PATH and FHI, conducted training for health center staff on how to use the flip chart.

Key Messages / Content:

- Definition of TB
- How I know I have TB?
- Why do I have TB?
- How I know if I have pulmonary TB?
- TB is curable
- TB health care at home
- Exercises to help breathing and to cope with side effects
- Protecting families from TB transmission
- Correcting misunderstandings about TB
- When should I go to the health center?
- Things TB patients should do or should not do

Distribution:

8,000 copies distributed to health centers nationally, followed by training on use of flip charts

Producers:

MOH, CENAT, USAID through FHI and PATH (2003)

ANTIMICROBIAL RESISTANCE, MULTI-DRUG RESISTANT TB, TB/HIV Co-infection (Health Messenger)



Summary:

The goal of 'Health Messenger' is to contribute to improving the general knowledge, competence, and medical practices of health staff in the Kingdom of Cambodia; to strengthening health staff skills; to improving the services health care providers deliver; and supporting the improvement of the health status of the Cambodian people. This issue dedicated several sections to TB, emphasizing the area of drug resistance and TB/HIV co-infection.

Key Messages / Content:

- Antimicrobial resistance: consequences, causes and prevention
- Multi-drug resistant tuberculosis: epidemiology, impact, at-risk groups, causes, prevention
- TB-HIV Co-infection: understanding TB, links between TB and HIV, patterns of HIV-related TB, diagnosis and referral, HIV-related TB in children, treatment

Distribution:

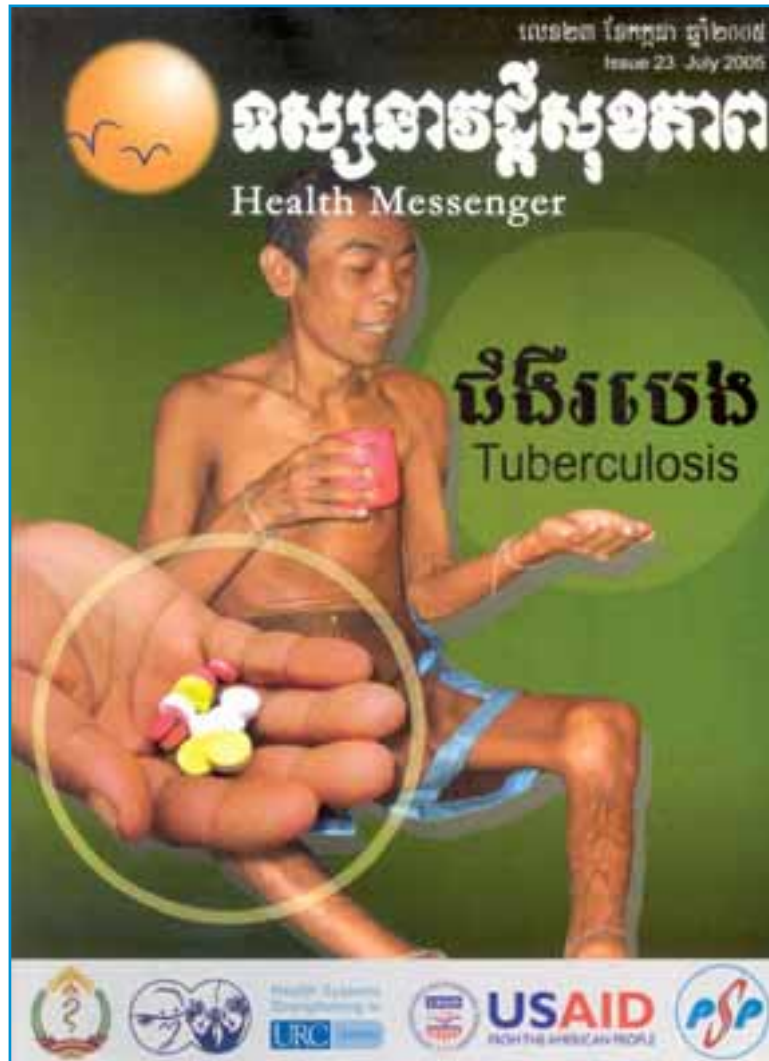
17,624 copies printed and distributed to MOH, to Provincial Health Departments, to five regional training centers, to NGO partners, to some libraries and universities, and to some commune committee members

Producers:

MOH, Ministry of Rural Development, USAID, PSP (January 2007)

TUBERCULOSIS

(Health Messenger)



Summary:

The goal of 'Health Messenger' is to contribute to improving the general knowledge, competence, and medical practices of health staff in the Kingdom of Cambodia; strengthening health staff skills; improving the services health care providers deliver; and supporting the improvement of the health status of the Cambodian people. This issue was dedicated to a wide variety of information about TB.

Key Messages / Content:

- The National TB Programme
- The current TB situation
- Pro-Poor DOTS package in Cambodia
- The development of TB disease
- The management of patients with TB
- Nutrition and TB
- Consultation with new patients
- Questions and answers on TB treatment
- The importance of completing the course of TB medication
- Interview with a DOTS watcher
- Prevention of TB in the community
- How to identify TB suspects in your community
- Peer education, an interview with Vor Ort
- A TB patient's story
- Sputum collection and smear making at the health center
- TB and HIV infection

Distribution:

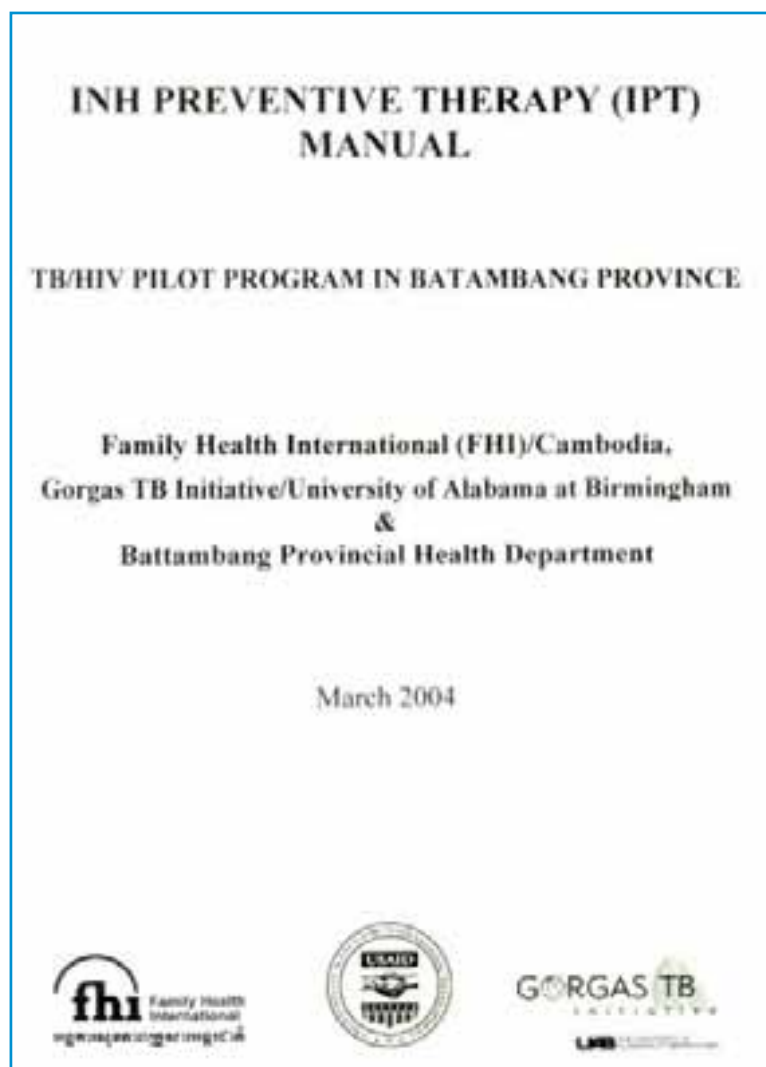
8,927 copies printed and distributed to MOH, CENAT, 15 provinces, five regional training centers and selected NGO partners

Producers:

MOH, CENAT, USAID, URC, PSP (July 2005)

INH PREVENTIVE THERAPY (IPT) MANUAL (Training Manual)

76



Summary:

The public health priority of a National TB Program is to cure smear-positive TB cases, while avoiding the emergence of drug resistance. In areas with high HIV and TB prevalence, preventive therapy (PT) is considered as an additional, effective measure to prevent progression of latent infection to active disease. This manual gives operational and technical recommendations to ensure that Isoniazid Preventive Therapy (IPT) services are delivered effectively and efficiently in the Cambodia setting.

The manual is intended for use by referral hospitals, especially for the health staff who provide and implement IPT services. The manual can be used both as an information resource and as a training resource for the planning and implementation of work on tuberculosis and HIV/AIDS programming.

Key Messages / Content:

- Background information on TB/HIV co-infection
- Situation assessment and preparation for implementing IPT
- Planning steps for IPT services in health care settings
- Steps for implementing IPT services
- Monitoring and evaluation

Distribution:

300 distributed to Battambang province (Battambang and Moung Roussey referral hospitals)

Producers:

USAID, FHI, GORGAS TB Initiative, Battambang Provincial Health Department (2004)

HEALTH STAFF (Job Aid)

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Summary:

This job-aid is designed for private health providers in Cambodia, including pharmacy staff, to enable them to provide correct TB information and advice and make appropriate referrals to DOTS services for TB-suspect clients. The providers use this material as a reference material to remind them of the four important messages on TB. Providers are also encouraged to use this material during cascade training for staff that have not attended official training on TB. This IEC material is provided in both Khmer and English. It was developed by the TB partners under the USAID TB PPM initiative implemented by PATH in collaboration with the National Tuberculosis Program.

Key Messages / Content:

- What you and your clients should know about TB
 - How do I know if myself or someone in my family or community has TB?
 - How do people get TB?
 - If I have the above symptoms what should I do?
- DOTS Service
 - Assess your clients- ask questions
 - Provide accurate information and advice to your clients
 - Most important things to remember
 - Address of DOTS health centers/referral hospitals

Distribution:

2000 Khmer and 50 English copies distributed to pharmacy and depot staff in TB PPM project areas: Phnom Penh (North, Southwest, Central ODs); Sihanoukville; Kampong Cham province (Kampong Cham, Tbaung Khmum, Kroch Chmar, Memot, Prey Chhor, Cheung Prey, Chamkar Leu ODs); Kandal province (Ponhea Lev, Takmao, Mouk Kampoul, Kean Svay, Ksak Kandal, Saang, Ang Snoul, Koh Thom ODs); Kampong Speu province (Oudong, Kong Pisey, Kampong Speu ODs); Takeo province (Donkeo, Kirivong, Prey Kabass, Ang Roka ODs)

Producers:

MOH, CENAT, JICA, USAID, PATH, URC, Cambodian Pharmacy Association (2005)

HEALTH STAFF (Collaterals)



← Communities free of TB in Cambodia



← Pharmacy staff active to stop TB



Summary:

The banner was distributed during World TB Day and during capacity building sessions. The banner was also used as a display item at pharmacies and health centers.

Key Messages / Content:

Communities free of TB in Cambodia

Distribution:

500 banners were distributed in TB PPM project areas : Phnom Penh (North, Southwest and Central ODs); Sihanoukville; Kampong Cham province (Kampong Cham, Tbaung Khmum, Memot, Prey Chhor, Cheung Prey, Chamkar Leu ODs); Kandal province (Ponhea Lev, Takmao, Mouk Kampoul, Kean Svay, Ksak Kandal, Saang, Ang Snoul, Koh Thom ODs); Kampong Speu province (Oudong, Kong Pisey, Kampong Speu ODs); Takeo province (Donkeo, Kirivong, Ang Roka, Prey Kabass ODs)

Producers:

MOH, CENAT, USAID, PATH (2007)

Summary:

The t-shirt was developed to encourage pharmacy staff to actively participate in TB diagnosis, care and treatment. The t-shirt also alerted the general population that the private sector was involved in TB prevention, care and treatment.

Key Messages / Content:

Pharmacy staff active to stop TB

Distribution:

600 t-shirts were distributed by PATH to PPM areas; 400 t-shirts were distributed nationally by CENAT

Producers:

USAID, PATH (2007)



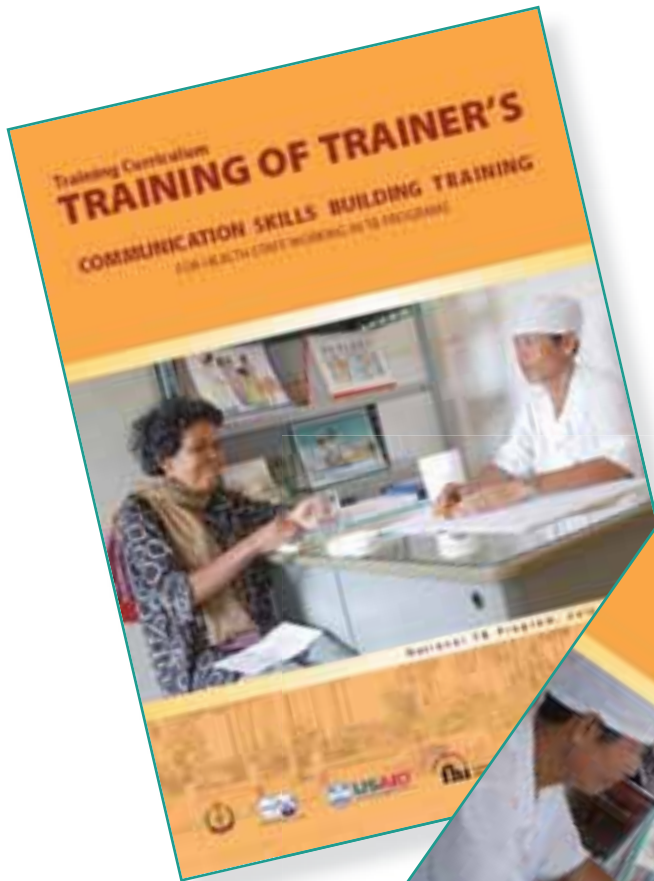
AUDIENCE

PROVINCIAL HEALTH
DEPARTMENT AND
OPERATIONAL DISTRICT
TB SUPERVISORS

6



HEALTH STAFF TRAINING OF TRAINERS (Curriculum)



Summary:

A training of trainers (ToT) curriculum and participants' handbook was used by the national TB program to train TB provincial trainers. The ToT curriculum complements the Health Center Staff Communication Skills Building Curriculum described earlier. It contains sessions on adult learning, participatory learning approaches, communication skills, facilitation skills and the role of trainers. The five-day training package includes practice facilitation sessions with peer feedback. Since provincial TB training of trainers began, 48 provincial TB trainers have been trained in nine provinces and municipalities.

Key Messages / Content:

The objective of the training is to strengthen the skills of TB managers to facilitate a three day participatory communication skills-building training for health center staff, using the 'Communication Skills Building Training Curriculum.' The training content is as follows:

- Objectives of training
- Why health center communication training is important
- Adult learning techniques
- Skills and characteristics of an effective facilitator
- Participatory learning methods
- Health center curriculum and checklist
- Participant practice facilitation
- Planning and training evaluation session

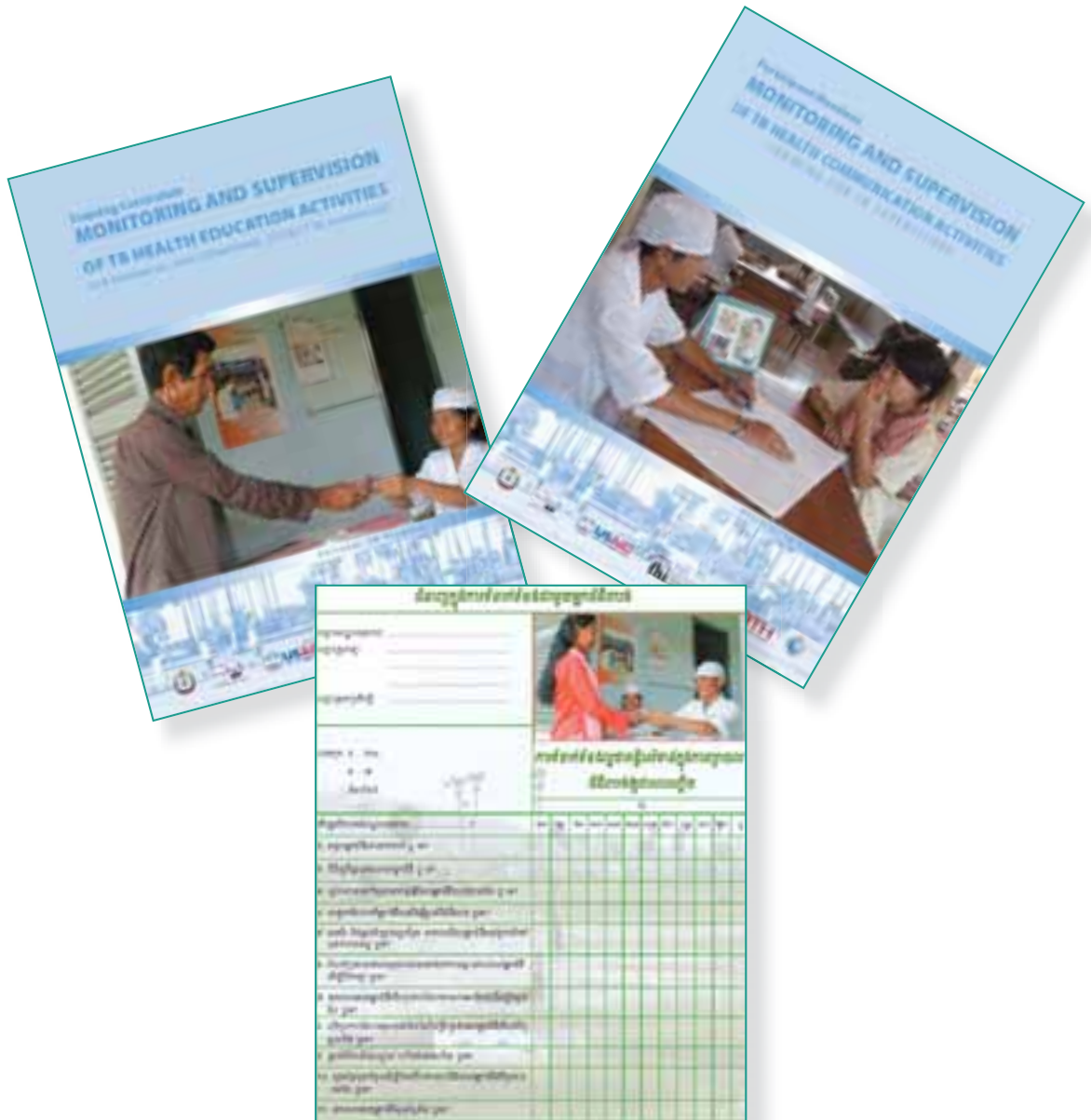
Distribution:

The training curriculum and the participants' handout were printed in Khmer and English (350 copies) and were distributed nationally through CENAT

Producers:

MOH, CENAT, USAID through FHI and PATH (2005)

MONITORING AND EVALUATION BY PHD AND OD TB SUPERVISORS (Curriculum and Poster)



Summary:

The aim of the ‘Monitoring and Supervision of TB Health Education Activities’ training is to strengthen the capacity of TB supervisors to provide supportive monitoring to health staff for planning and conducting TB health education activities. The curriculum uses participatory methodologies such as small group discussions, case studies, role plays and practical sessions with peer feedback. The training package includes a participant’s handbook, a set of overhead slides and a ‘Communication Skills Checklist Poster’ for use at health center levels. After conducting training in Prey Veng province, a follow up evaluation of the supervision of patient communication activities was conducted in August 2006. It was found that the training and use of the communication skills checklist poster at health center levels had contributed to improving the quality of supervision of patient health education activities.

Key Messages / Content:

The guide contains an overview of the training contents, a list of required materials, lesson plans for the training, and trainer’s notes for each session. The specific content is reproduced below:

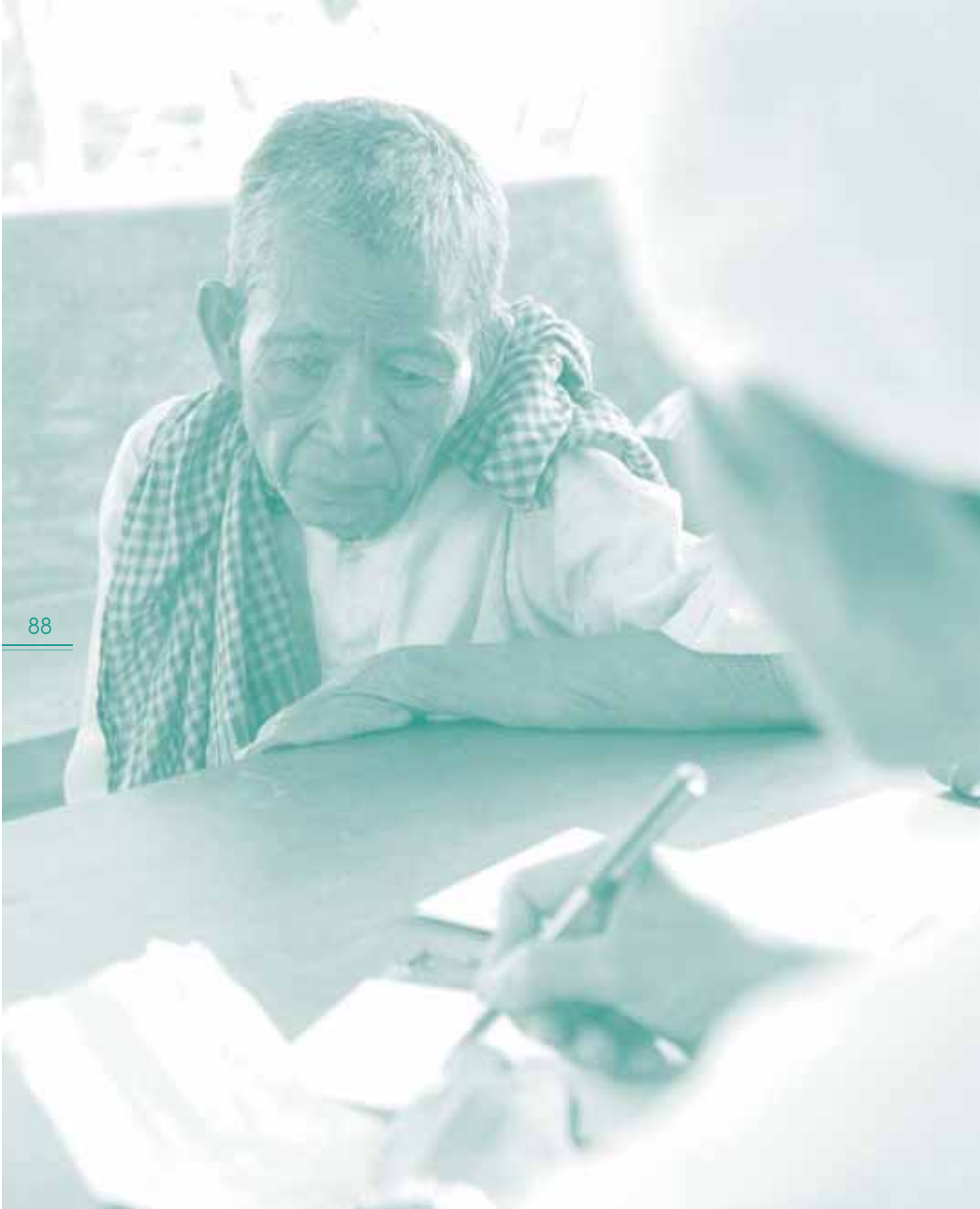
- Introductory session
- Review of training curriculum
- Presentation of mid-term evaluation results
- Review of patient education communication skills
- Review of patient TB education flip chart
- Overview of monitoring and supervision
- Attributes of a good TB supervisor
- Role of a TB supervisor concerning patient health education activities
- How to use the TB health communication poster as a tool for supervision
- Planning for follow up of communication activities

Distribution:

The training curriculum and handouts were produced in Khmer and English (450 copies each) and distributed through CENAT at trainings of OD TB Supervisors

Producers:

MOH, CENAT, USAID through FHI and PATH (2006)



AUDIENCE

NATIONAL STAKEHOLDERS

7



TB EXPANDED RESPONSE AND ACCESS (Report Folder)



Summary:

The TB Expanded Response and Access Report Package includes five TB-related research reports: (1) Perceptions Regarding Cough and TB; (2) Ideas, Attitudes and TB-Treatment Seeking Behavior (3) Prevalence of Pulmonary Tuberculosis Among HIV Infected Persons (4) Traditional Healers and TB Care; and (5) Pharmacists: The First Line of Treatment, that were developed under the TB Expanded Response and Access (TB/ERA) Project-Cambodia between April 2000 and December 2002. This package was distributed to participants at the XVI International AIDS Conference in Bangkok, as well as to government and NGO staff working in TB prevention, treatment and control in Cambodia.

Specific aims of the TB-ERA project were to assess the current disease burden of TB among disadvantaged groups; to improve access to TB care by linking the public TB services with selected groups (squatters, HIV positive patients, and prisoners) using innovative approaches; to expand and strengthen the DOTS strategy; and to link and strengthen TB-HIV home care programs to better meet the needs of patients and their families.

The research presented in this folder also was used as the basis for the design and distribution of TB information with a focus on correcting misconceptions and promoting DOTS.

Key Messages / Content:

- Project summary report
- Study 1 - Perceptions Regarding Cough and TB in the Bassac Area, Phnom Penh, Cambodia (1999)
- Study 2 - Ideas, Attitudes, and TB Treatment-Seeking Behavior among AIDS and TB Patients in Phnom Penh, Cambodia (2001)
- Study 3 - Pharmacists: The First Line in the Provision of Tuberculosis Care in Phnom Penh, Cambodia (2001)
- Study 4 - Traditional Healers and TB Care in Phnom Penh, Cambodia (2001)
- Study 5 - Prevalence of Pulmonary Tuberculosis among HIV-Infected Persons in a Home Care Program in Phnom Penh, Cambodia (2002)
- Summary and examples of IEC materials

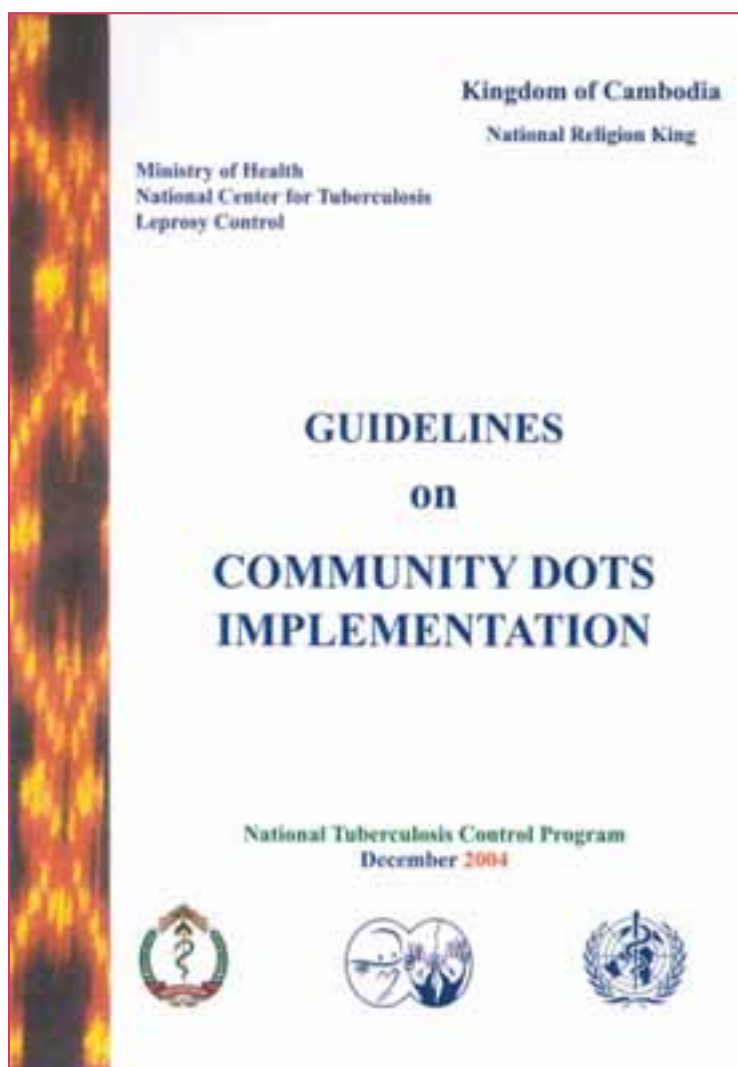
Distribution:

500 folders printed and distributed to Government and NGO stakeholders inside and outside Cambodia

Producers:

MOH, CENAT, USAID, FHI, GORGAS TB Initiative (2004)

GUIDELINES ON COMMUNITY DOTS IMPLEMENTATION (Manual)



Summary:

As of 2004, all health centers were implementing DOTS. This guide was developed to assist with the expansion of DOTS from the health center to the community levels. The guidelines provided direction for TB control at the community levels in line with the National Policies and Strategies for TB Control. It also provided general directions, principles and procedures for the organization and application of community DOTS in operational districts. The guidelines further contained a collection of pictures and messages for TB educational purposes.

Key Messages / Content:

- Community participation in health care
- Policy on community participation at health centers
- Main principles of community DOTS in Cambodia
- Eligible patients for community DOTS
- Community DOTS supervisor roles
- DOTS observer roles
- Information systems
- Important information for DOTS observers

Distribution:

Khmer 2000 copies and English 500 copies distributed nationally to TB supervisors and partners

Producers:

MOH, CENAT, WHO (2004)

USAID HSSC (Newsletter)



Summary:

This newsletter was designed to share information about URC's (USAID-funded) TB programs in Cambodia with stakeholders at all levels.

Key Messages / Content:

- Improving the Case Detection and Cure Rate of Tuberculosis
- USAID-HSSC TB Improvement Model
- TB Public-Private Mix (PPM)
- Health Systems Strengthening by Developing Human Resources

Distribution:

300 copies were produced and distributed to national stakeholders at all levels

Producers:

USAID, URC (2006)

PROMOTIONAL ITEMS (T-Shirt)



"Cough more than 21 days go to health center"



25,000 t-shirts and caps printed and distributed in 2005 by CENAT



"Cough more than 21 days go to health center"



3131 t-shirts and caps printed and distributed in 2006 by CENAT



"Cough more than 21 days go to health center"



7000 t-shirts and caps printed and distributed in 2007 by CENAT

RHAC (Promotional Items)



Summary:

These T-shirts and banners were developed by RHAC with support from USAID for use during World TB Day and during community DOTS activities.

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Key Message/Content

If you suspect you have TB you should have a sputum check

Key Message/Content

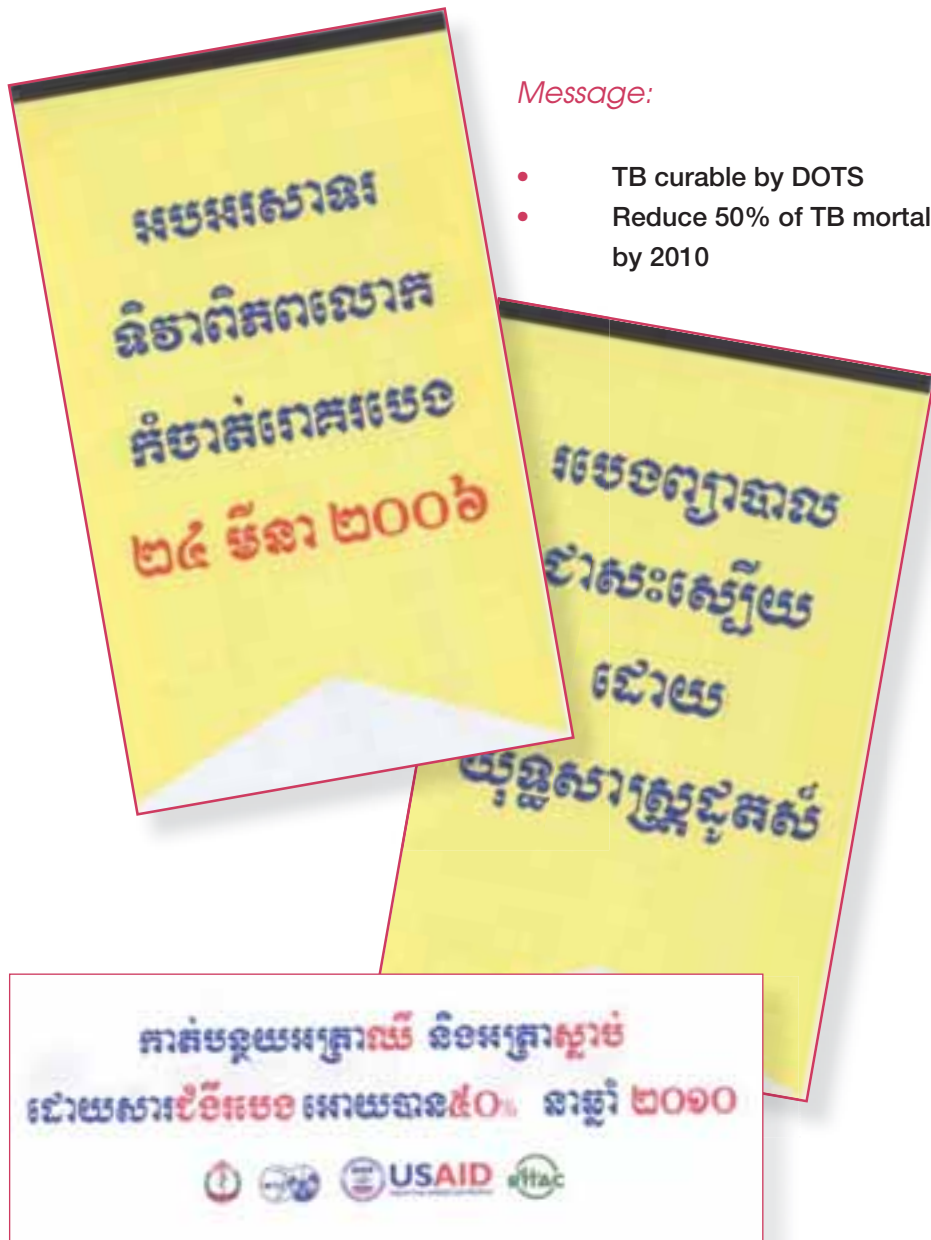
Reduce 50% of TB mortality and morbidity by 2010

Producers:

MOH, CENAT, USAID, RHAC



RHAC (Promotional Items)



Message:

- TB curable by DOTS
- Reduce 50% of TB mortality and morbidity by 2010

Producers:

MOH, CENAT, USAID, RHAC (various years as noted)



ASSESSMENT

In general, there are good examples of consistency of messaging within and between organizations. Training manuals, leaflets, and discussion cards have been developed with the same photographs or models and contain similar messages.

While there are good materials available, coverage remains a question: it is not clear how far the materials and messages penetrate into communities, and there do not seem to be many assessments of message penetration, recall, or comprehension. One notable exception is the 2005 Cambodia Demographic and Health Survey (CDHS) which included questions on women's TB awareness levels. Respondents were asked whether they had ever heard of the illness, how it spreads from one person to another, whether it can be cured and whether they would want to keep the information secret if a member of their family had TB. Although the survey only included women aged 15-49, its findings provide a good indication of knowledge, attitudes, and perceptions among the general population, and can be used to inform future programs and identify gaps in knowledge.

According to the CDHS, knowledge of TB among women aged 15-49 is almost universal (97%), and there is little variation in levels of knowledge by background characteristics. Two out of three women (64%) who know of TB reported that it is spread through the air when coughing or sneezing, although this knowledge varies by province and is as low as 39% in Banteay Meanchey. The CDHS also found that 84% of women believe that TB can be cured, with the number ranging from 62% in Rattanakiri province to 95% in Pailin. Wanting to keep a family member's TB a secret averaged 13%, with the range being from 5% in Battambang province to 23.3% in Prey Veng province. Immunization with BCG was high, at 91% nationwide, boding well for the future. However, figures as low as 71% were recorded in Kampot province which indicates that specific targeted messages in particular areas are required.

Another finding of interest in the CDHS is that only 19% of respondents whose family members sought treatment for an illness or injury (not specifically TB) did so in the public sector. Almost 60% chose to seek treatment in the private sector and another 14% in the non-medical sector (of which 13% was from shops/markets). While this information is not available for TB-specific treatment seeking behaviors, the data suggests that it may be appropriate to develop additional targeted messaging with the private and non-medical medical sectors, as well as to continue to promote use of public sector services.

Finally, since the CDHS surveyed women only, it may be appropriate to undertake some limited TB-specific data collection among men, in geographic areas where TB remains particularly problematic.

The following are the summary findings per audience:

GENERAL POPULATION

A number of TB IEC materials have been designed for a general audience with a goal of creating widespread awareness and knowledge in order to stimulate appropriate preventive and treatment seeking practices. The standard practice has been to not focus on audience segmentation within the general population, but implement activities and design materials that reach all Cambodians.

The main approaches used to reach the general population have been through print materials, television and community-based approaches. The main messages through these media have included: when someone should seek TB diagnosis; what TB is and how it is transmitted; that TB is not a hereditary disease; and that TB testing and treatment is free at public health centers and referral hospitals. In addition, some of the materials that are targeted to Audience 3 (TB patients) are also intended for the general population, so that everyone understands how treatment works and why it is important. While it may be necessary to continue to support messages intended for the general public in order to sustain knowledge and positive attitudes, data suggests that the time may have come to expend relatively more resources on focused messages and to expand programs with the private and non-medical sectors.

VILLAGE HEALTH SUPPORT GROUPS

The role of Village Health Support Groups in rural Cambodia is important and well established. VHSG function to relay information from health center levels to people in their communities. VHSG members act as resource persons and agents of change. These community members have been supported by the national TB program and partners

in several ways, including working with them to educate their communities about TB for prompt referral of suspected cases to health centers and referral hospitals. VHSG members also function as Directly Observable Treatment (DOT) watchers through community DOTS.

Several curricula are available to train VHSG in a variety of aspects of TB and also as DOT watchers. Additional tools and materials have been developed for VHSG to support them in conducting education, such as discussion cards and booklets, and have generally been well received. Coverage, however, has not always been ascertained and likely is limited to ODs where key stakeholders are working.

TB PATIENTS

After a person has sought TB treatment and diagnosis, it is vital that s/he take the recommended treatment correctly and consistently to ensure the patient is cured and to prevent drug resistance. TB patient IEC efforts have focused on assisting the patient to understand the treatment regimen; the importance of following this regimen; and the importance of following the treatment to completion. In addition, materials have focused on encouraging TB patients to access HIV counseling and testing services.

PLHA

TB is one of many opportunistic infections experienced by people living with HIV/AIDS. As a result, materials have been developed for PLHA to inform them about TB and the benefits of early diagnosis and treatment. With the correct information, it is possible for PLHA to understand their treatment options and to take steps to prevent TB or to get treated early. In addition, several materials assist PLHA to understand IPT to prevent TB and promote its use. Worldwide, TB and HIV co-infection is becoming increasingly common and problematic, with drug-resistant TB being of particular concern. In future IEC efforts, PLHA are clearly a priority target group.

HEALTH STAFF

Health center, referral hospital and private sector health staff are on the front lines of TB prevention, care and treatment and constitute a pivotal audience. TB patient education and community health education is a fundamental part of the national program's efforts to strengthen the implementation of the TB treatment program. Local health center personnel in partnership with VHSG are responsible for providing health education to TB

patients and communities. It is vital that they understand all aspects of the disease so they can ensure correct diagnosis, provide recommended treatment and help educate the public. Much work has been done in training of health center staff to improve their interpersonal skills for more effective outreach and information dissemination. What is lacking, however, is extensive training follow up and monitoring of training outputs.

PHD AND OD TB SUPERVISORS

Within the past five years, there has been a movement towards decentralizing TB activities. One of the results has been decentralized training of TB communication skills for health staff. Instead of national-level CENAT trainers conducting training for health staff a Training of Trainers curriculum has been developed which is used to train Provincial TB Managers and Operational District TB Supervisors, who in turn train staff at referral hospitals and health centers.

Like the communications gaps identified for health staff, the lack of extensive training follow up and support remains an issue that must be seriously addressed in future efforts.

NATIONAL STAKEHOLDERS

It is important for all partners to stay involved and up to date on TB activities. Several materials have been developed and distributed with the purpose of informing program managers in government, NGOs and communities about the current situation and on-going responses.

There is an annual push on ‘World TB Day’ to maintain awareness of the status of the problem and to renew commitment to the issues among program partners through the development and dissemination of miscellaneous messages and materials.

Summary Assessment Points

- There is good consistency of the key message points among different materials by different partners.
- This review found good use of multi-channel approaches within organizations – use of similar messages and images in different materials. Among organizations, style and presentation differ.

- Use of identifiable characters and situations to increase credibility are a strong point (similar to branding). This could be strengthened, however, to create a common campaign.
- For the general population, most are broad and attempt to incorporate all elements of general TB information, with a few materials/programs being somewhat more specific.
- Several materials have national distribution, so could be good reach, although extent of coverage is not always known. Rigorous evaluation remains the exception and needs to be addressed, although the CDHS provides answers to some fundamental questions, at least as concerns adult women.
- Several different training curricula are available for use and adaptation as appropriate.
- There is a good selection of support materials for VHSGs.
- Information for VHSGs is in line with what is being disseminated to general population, but is more in depth.
- More recent booklets/curricula have integrated adult learning techniques, which is a positive development.
- The sputum sample leaflet is an excellent example of IEC responding to barriers - in this case it was recognized that the samples people were giving were not being done correctly, and so a leaflet was developed to help the patient and assist the health care provider in sputum sample provision education.
- In many cases materials focus on TB patients, but are designed for a broader audience to allow them to understand the treatment process as a way to motivate treatment seeking.
- There has been good use of focused messages for the specific TB patient audience – perhaps more focus on specific needs and situations of those taking medicine every day (strategies to maintain compliance), in addition to general TB information, may now be required as both rates of knowledge and immunization are very high.
- There is a possible gap of strategies for improving adherence – for DOT watchers and TB patients.
- Educational information is consistent throughout materials.
- The focus on TB patients as a particular population seems to have been influential in the overall health education process.
- This assessment has attempted to collect and describe all relevant materials but there are other materials that have not been located and are therefore not listed or described here.



CONSIDERATION FOR FUTURE EFFORTS

As demonstrated by the range, quality and creativity of the materials presented in this assessment, Cambodia TB IEC efforts have a very rich history. It is always beneficial to review the status of programming efforts and assess what is working well, the direction in which the program is headed, and what areas might need improvement or redirection. Towards that end, TB stakeholders might consider the following questions in planning for future activities:

- To what extent do current materials and messages overlap?
- How might stakeholders improve the use of strategic communication processes (such as pre-testing and rigorous evaluation)? How could national stakeholders be better supported in the use of a strategic communication process, including message and materials design, evaluation and documentation?
- Has the distribution coverage of IEC material been sufficient?
- How can public and private sector providers (including pharmacy staff) be better supported to use materials and to improve their interactions with clients?
- Are more support tools needed for providers of DOTS?
- How might stakeholders assess the impact of advocacy and IEC activities?
- Is there adequate messaging for PLHA populations about TB/HIV co-infection?
- Is there adequate messaging with a focus on children and TB?
- Are we adequately informing Cambodians about drug resistant TB and the dangers it poses?
- Is there a role for social marketing in the country's TB campaign? Would effective social marketing increase use and access of DOTS?
- Are we adequately informing Cambodians about the risks of buying unlicensed medicines?
- As the TB campaign matures, should less focus be placed on reaching the general population and more on specific segments of the population? Are we targeting everybody and reaching nobody with efforts towards general coverage?
- Should programs consider targeting the person in the household who is the main decision maker regarding when and where to seek health care?

- Have stakeholders identified known barriers to treatment-seeking and sought to overcome these through targeted efforts? Are we aware of the barriers that limit coughing persons from going to a public health center? To a private health clinic? Materials focus on 'going to a health center, it's free' but is cost what is keeping people from going?
- Should we be developing materials about provider initiated testing, and in the case of suspected HIV co-infection, provider-initiated testing and counseling?
- Can persons who have been successfully cured of TB be better used as spokespersons? Could the relationship between the TB patient and the DOTS watcher be utilized as an emotional hook in campaigns?
- How can lessons learned and best (or promising practices) be better documented and shared inside and outside Cambodia?





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