

Main Objectives:

- SBCC in the TB Recovery Plan

Provide an overview of the importance of SBCC strategies to achieve the TB Recovery Plan goals, particularly Pillar 1.

- Understanding the SBCC strategy and how it enhances Linkage to Care Strategies

Provide detailed information on the key objectives and SBCC strategies within the TB SBCC Strategy; as well as explore the fundamentals of linkage to care within the context of public health initiatives

- Utilizing SBCC Toolkit

Equip participants with knowledge on how to apply SBCC toolkits to enhance linkage to care efforts by providing participants with practical guidance on leveraging SBCC methodologies to promote behaviour change and improve healthcare access.

- Enhancing SMS Notification Systems

Delve into strategies for increasing the effectiveness of SMS notifications in healthcare settings

Key issues to be covered:

- Brief overview of the role of advocacy and communication in strengthening the TB recovery plan
- Progress against TB recovery plan 2.0
- Key issues covered in TB Recovery Plan 3.0
- The role of SBCC in strengthening TB case finding and linkage to care

TB CONTROL & MANAGEMENT



TB Strategic Pillar: Communicate and Advocate

TB Webinar Presentation: 12 March 2024

Phumlani Ximiya

Director: ACSM



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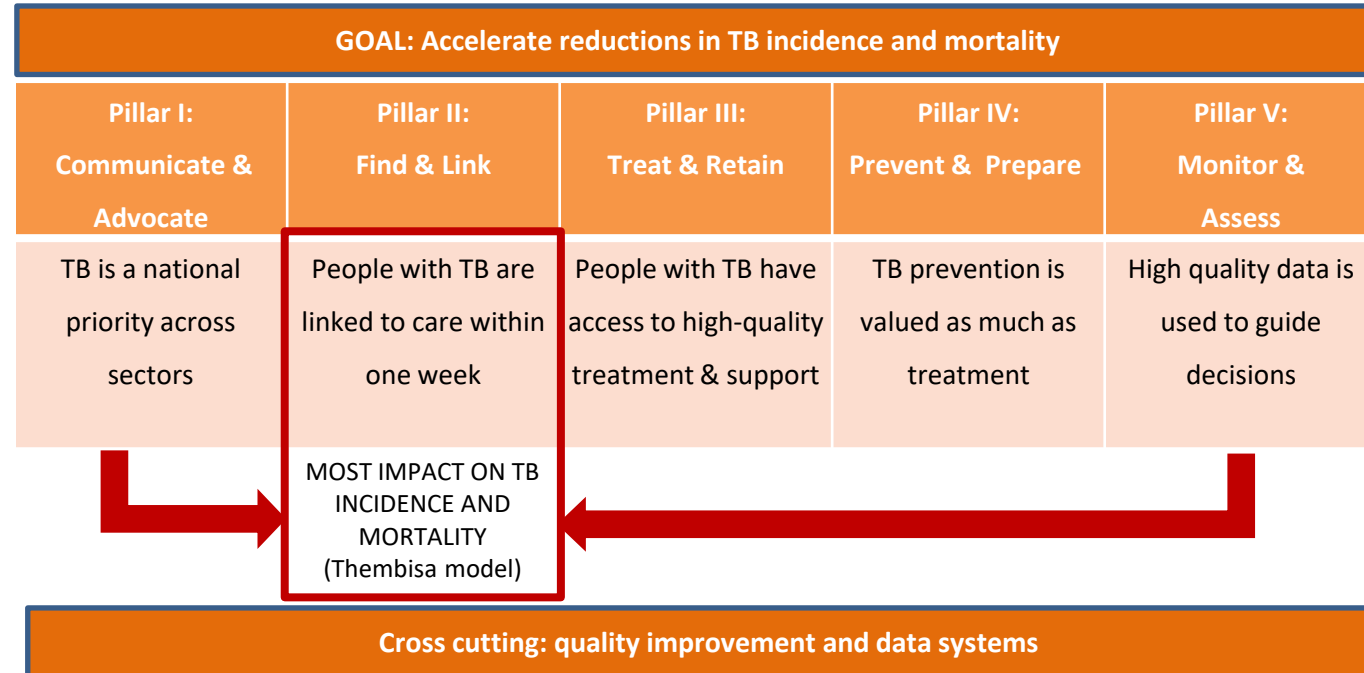
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NTP SP & TB Recovery Plan 2.0: Prioritising impactful interventions



The ACSM Directorate is primarily a function of Pillar 1 and aims to support other pillars

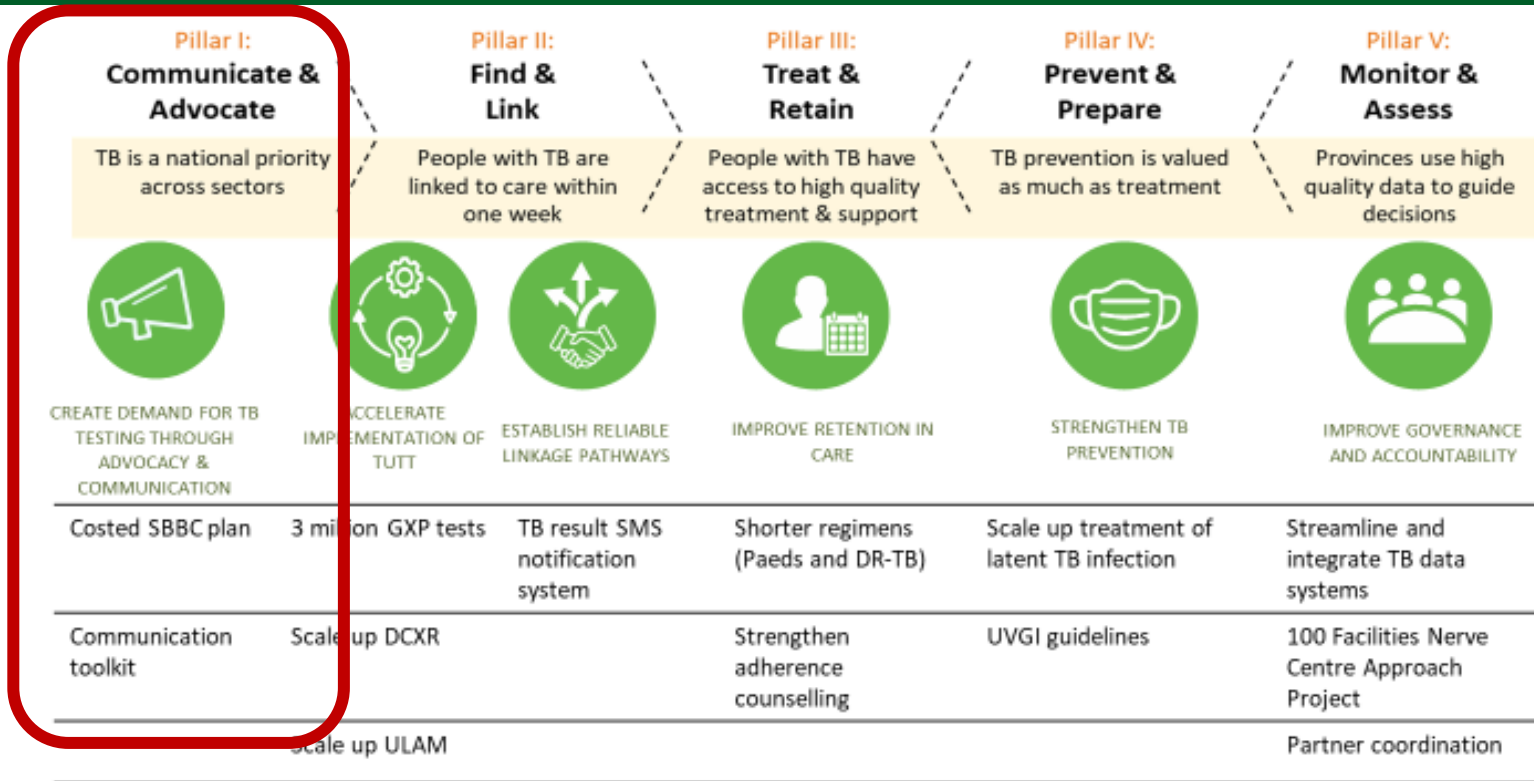


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The Role of ACSM in the TB Recovery Plan



Strengthen TB in mines
Compensation ex-miners

STRENGTHEN TB PROGRAMME IN THE MINES

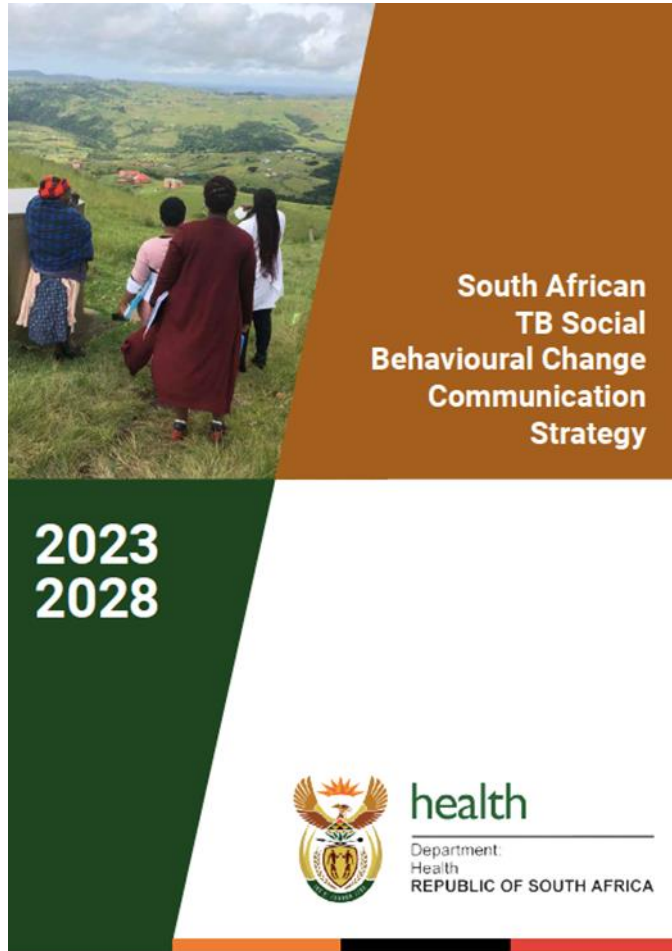
We are going to prioritise most impactful interventions to support NSP implementation



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TB SBCC Strategy:

- ❖ Guide effective communication that improves TB knowledge, supports improved health seeking behaviours, reduces TB stigma and strengthens linkage to care to achieve goals and objectives of the TB Recovery Plan.
- ❖ Has been Developed – Pending finalization and Approvals

Communication Toolkit:

- ❖ Developed – Pending finalization and approvals



WHAT HAVE WE BEEN DOING?



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Create and promote appropriate TB messaging for all stakeholders



- Posters, pamphlets and flyers
- All languages and at times include Braille
- Community and commercial radio
- Adverts in select media
- Billboards
- Television(limited)
- Branding including taxi branding
- Social media



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TB IS CURABLE



NEW REGIMEN for MDR-TB BPaL – L is better for you!



ONLY 6 months
of treatment



3 to 4
medicines



90% cure
rate



Simplified
regimen



The new regimen for **MDR-TB patients** has many advantages, including:

- Fewer pills required – only 23 pills per week
- Shorter treatment – only 6 months
- Fewer facility visits, which means a lower costs for you to get treated



Speak to your healthcare worker today to find out if you are eligible!



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What should you do?

-  Provide ID, Passport or Asylum number
-  Provide a valid home or work address
-  Provide correct Cellphone number/s

GETTING YOUR TB TEST RESULTS VIA SMS WILL ENSURE BETTER TREATMENT FOR YOU

GET TESTED FOR TB TODAY

Benefits

- I will get my results faster and know my TB status
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Why is it important to provide the clinic with the correct information?

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UPDATE AND CONFIRM YOUR CELLPHONE NUMBER AND PHYSICAL ADDRESS EVERY TIME YOU VISIT YOUR CLINIC.



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Support TB Caucus to advocate at a political level



- Promote the establishment of TB Caucuses in provinces that have not launched
- Support the training of political leadership in TB and how can they advocate for the resourcing of the programme through Caucuses
- Support the political leadership in assisting the programme to find missing TB patients and their linkage to care in their constituencies
- Support the Sanac TB Ambassadorial programme and promote the NDOH TB Champions programme



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Increase TB Awareness and Education in communities



- Promote and support technology to increase the profile of TB in communities
- Promote and support technology aimed at informing patients about their results and progress
- Support the DBE and other government social sector initiatives aimed at raising awareness on TB
- Provide TB awareness and education for key and vulnerable populations



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Multi-Sectoral Engagement



Engage sector leaders within:

- Traditional Leadership
- Faith sector/ religious leadership
- Traditional health practitioner leadership
- Civil society leadership
- Social sector government leadership



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Improve community awareness and education on TB



- ❖ Coordination of the World TB Day event
- ❖ The National World TB Day Commemoration will be hosted at Wilberforce Community College, Emfuleni Local Municipality, Sedibeng District.
- ❖ Theme: YES! WE CAN END TB
- ❖ The World TB Day campaign will contribute towards the achievement of targets and milestones of the TB Recovery Plan



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The World TB Day



- The 2024 World TB Day commemoration will focus on increasing the engagement with various stakeholders, including political leadership, civil society, business, as well as development partners to strengthen communities as they lead the drive towards ending TB by 2030, which entails:
 - Strong communication and media strategy that will drive the advocacy issues around TB.
 - Community engagements to do advocacy to address some of the challenges in the implementation of the TB Recovery.
 - Integrated service provision, including TB, HIV and non-communicable diseases, including treatment navigation messaging in the campaign activities.
 - Increase financing to scale up diagnosis, prevention and treatment, research and development of new tools.



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Media and Communications for World TB Day



Objectives

- TB awareness.
- Encourage a culture of screening and testing for TB.
- Motivate those infected with TB to start and complete their TB treatment.
- Address TB-related stigma and discrimination.
- Help find the missing TB clients.
- Emphasise that TB is curable.
- Encourage individual action to contribute to the national effort.

Communication Materials:

- Campaign logo and identity, Key Messages, Graphics - comprehensive creative concept, customised use of the theme as print-ready branding designs for posters, flyers, T-shirts, caps, wraps etc.



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Promote and support the implementation of the TB SBCC Framework



- Support the costing and strategy roll out initiatives
- Provide and adapt tools on the use of the strategy for the various stakeholders
- Provide training on the strategy and tools for provincial representatives
- Ongoing baseline study to determine the prevailing circumstances
- Roll out the SBCC Strategy in the 12 Global Fund supported districts



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Total Estimated Budget for Implementation the SBCC Activities in 2024/2025	
Activities Per Communication Objective	Implementation
<p>Objective 1: To improve knowledge and awareness about TB and rights through availability of comprehensive and engaging information from trusted sources.</p> <p>Objective 2: Foster improved health-seeking behaviours and demands for rights-based care and treatment in affected communities.</p>	Year 1
<p>Objective 3: Contribute towards improved TB diagnosis, care and treatment through equipping healthcare providers with knowledge and communication tools that support rights- and gender-based TB diagnosis, care and treatment.</p>	Year 2
<p>Objective 4: Shift attitudes in affected communities to reduce TB stigma and encourage increased social support for people affected by TB.</p>	Year 3



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Thank you



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The Role of Social and Behavioural Change Communication in strengthening Case Finding and Linkage to care

Monica Longwe

Social and Behavioural Change Communications Lead

12th March 2024



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Outline of the Presentation



- Unpacking Social and Behaviour Change Communication (SBCC)
- Unpacking Case Finding and linkage to care
- The Role of SBCC in the TB Recovery Plan
- SBCC strategies for strengthening TB Case Finding and Linkage to care
- Brief overview of the **draft** SBCC strategy
- SBCC work plan (Planned activities)
- Utilization of the SBCC Toolkit



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Social and Behavioral Change Communication (SBCC)



STRATEGIES:

- ❖ Advocacy
- ❖ Behaviour change Communications
- ❖ Social Mobilization (Including community mobilization)

AIM:

- ❖ Change individual Behaviours
- ❖ Change societal Norms.
- ❖ Create an enabling environment

Analysis determines the mix of strategies:

- **Advocacy** to raise resources & political/ social leadership commitment for change goals
- **Social Mobilization** for wider participation, collective action and ownership, including community mobilization
- **Behavior Change Communication** for changes in knowledge, attitudes and practices of specific audiences

Characteristic 3: SBCC Operates Through Three Key Strategies



SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)



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Case Finding and Linkage to Care



SBCC Implications for TB program and service delivery

Pillar/Priority	Service Delivery	Patient
Find the patients	Screening and Diagnosis	Present at facility on the onset of symptoms
Put them on treatment	Counselling and treatment initiation	Take the pills
Retain them in care	Follow up and proper management of the patient at the facility	Treatment adherence and completion
TB Prevention	TB Infection Prevention and Control	Adopt protective behaviours

Information Provision and Demand Generation for TB Services



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Barriers to TB care



Individual Level	Family Level	Community	Structural (Policy and System)
<ul style="list-style-type: none"> • Socio-demographics • Insufficient TB Knowledge • Treatment literacy • Self efficacy • Perceived risk • Food Insecurity • Perceptions • Access: Income and Distance • Mental Distress and substance abuse 	<ul style="list-style-type: none"> • Food insecurity. • Cost of transportation to a treatment center. • Lack of family support. • Household income • Insufficient TB Stigma 	<ul style="list-style-type: none"> • TB stigma • Misconceptions and misunderstandings. • Norms and beliefs 	<ul style="list-style-type: none"> • Policies • Facility opening hours • HCW attitudes • Access: Distance and Transportation • Treatment duration • TB Drug side effects • TB Stigma • Lack of trained HCS • Poor referral systems • Drug stock outs • Treatment Duration

Implications for SBCC

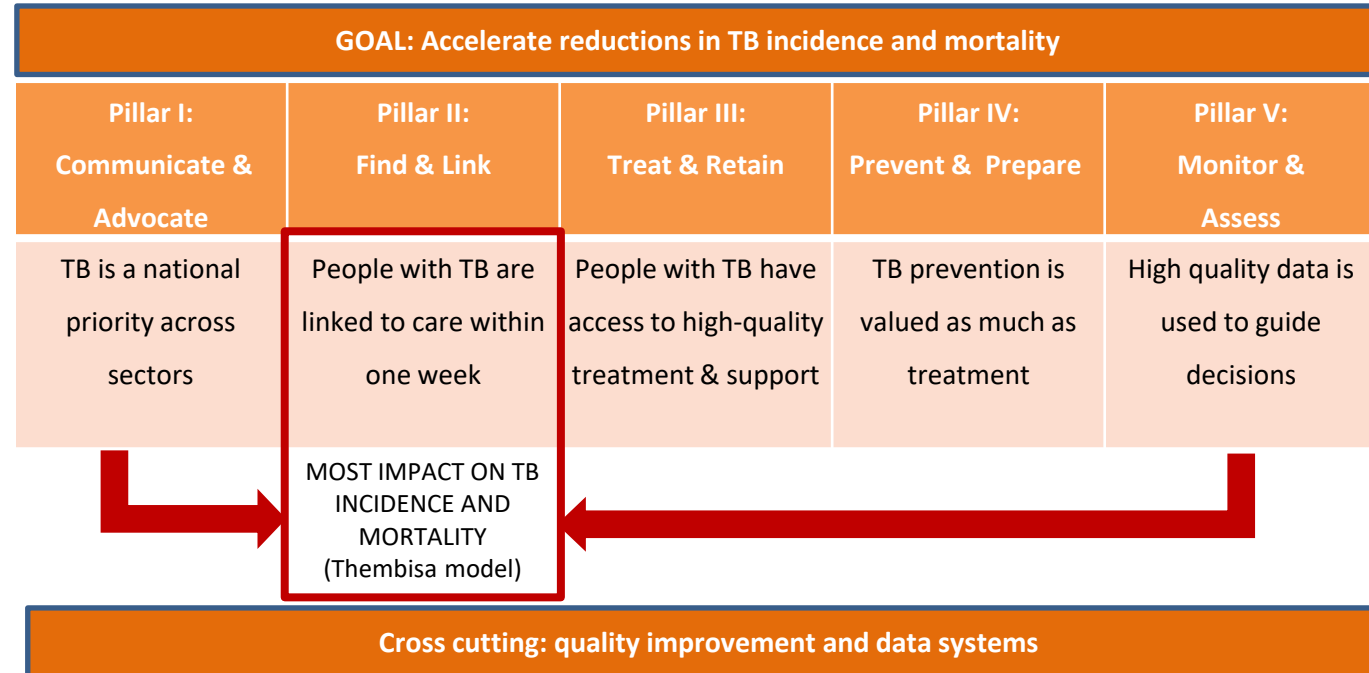


Barrier	SBCC Strategy
Insufficient knowledge about TB (resulting in Poor Health seeking behaviours)	<ul style="list-style-type: none"> • Information provision about TB , about TB signs and symptoms, where and how to seek help, forms of TB and the requirements for successful treatment completion. • Respond to key misconceptions about TB
HCW Attitudes	<ul style="list-style-type: none"> • Capacity strengthening for CHWs and facility-based providers in counseling and message prioritization to improve patient-provider relationships • Job aids and other materials to support • Digital Health (mobile apps, AI)
TB Stigma	<ul style="list-style-type: none"> • Community mobilization to foster support for people affected • Communication Campaigns to debunk myths • community-led campaigns • Testimonials from TB survivors
Treatment Duration	Advocacy: Resource allocation for shorter regimens

NTP SP & TB Recovery Plan 2.0: Prioritising impactful interventions



SBCC in the TB cluster is the function of the ACSM Directorate: Pillar 1

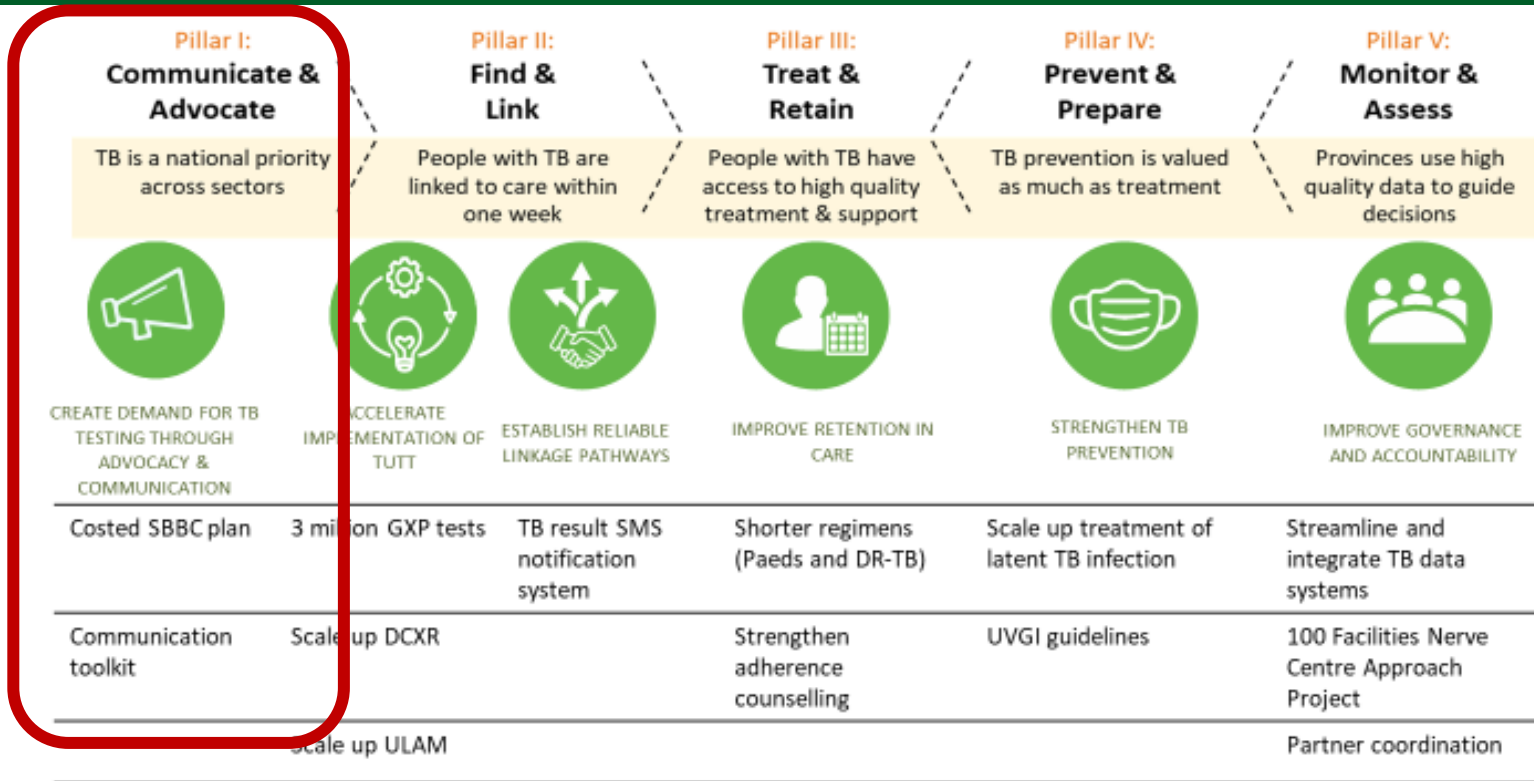


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The Role of SBCC in the TB Recovery Plan



Strengthen TB in mines
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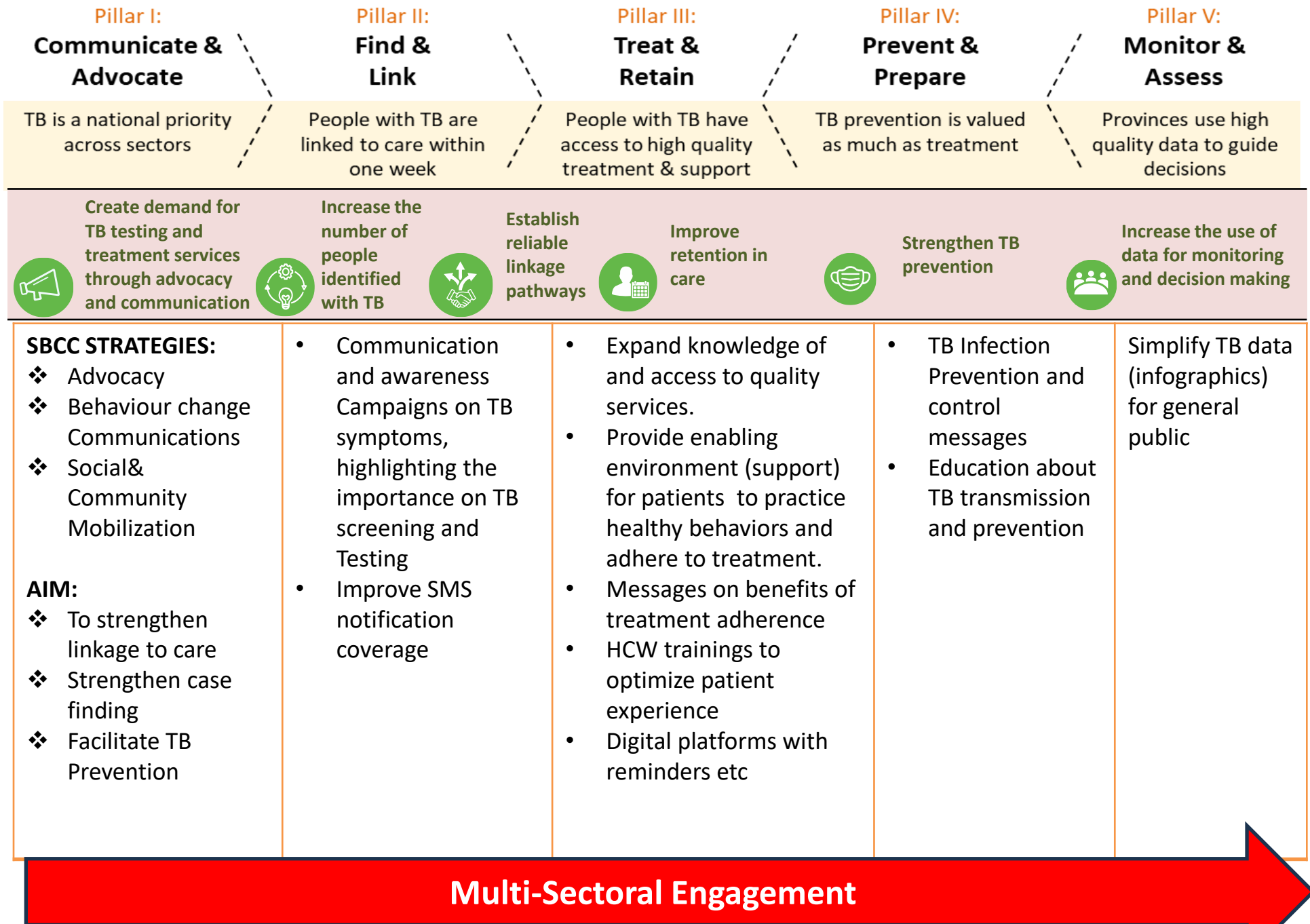
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COMMUNICATION FUNCTIONS



Communication Function	Find and Link	Treat and Retain	Prevent and Prepare
Information: Facilitating access to information and understanding of messages	multimedia campaign : Education about TB symptoms, TB transmission Promote TB Testing services	Promoting treatment adherence, How and where to access care	Education about TB symptoms, TB transmission, Increase risk perception
Persuasion: Motivating positive/healthy behaviour	Communicate benefits of Improve attitudes towards TB Testing Encouraging prompt linkage to care	Improve self-efficacy Social media campaign Short message service (SMS) reminders	Encourage implementation of TBIPC Measure
Social support: Seeking and providing social support	Facilitating peer support, Family support, community support	Treatment support groups	
Enabling Environment: Policy and Health Systems strengthening	Shifting Norms and believes Stigma reduction Strengthen HCW communication skills	Strengthen referral and follow up systems Leverage the National TB caucus for TB Resource allocation	Reinforce implementation of TBIPC

STOP TB What should you do?

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2030 NDP

TB IS CURABLE

NEW REGIMEN for MDR-TB

BPaL – L is better for you!

ONLY 6 months of treatment

3 to 4 medicines

90% cure rate

Simplified regimen

BPaL-L = Bedaquiline + Pretomanid + Linezolid + Levofloxacin

The new regimen for MDR-TB patients has many advantages, including:

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Speak to your healthcare worker today to find out if you are eligible!

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2030 NDP

www.health.gov.za @HealthSA

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UPDATE AND CONFIRM YOUR CELLPHONE NUMBER AND PHYSICAL ADDRESS EVERY TIME YOU VISIT YOUR CLINIC.

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STOP TB

2030 NDP

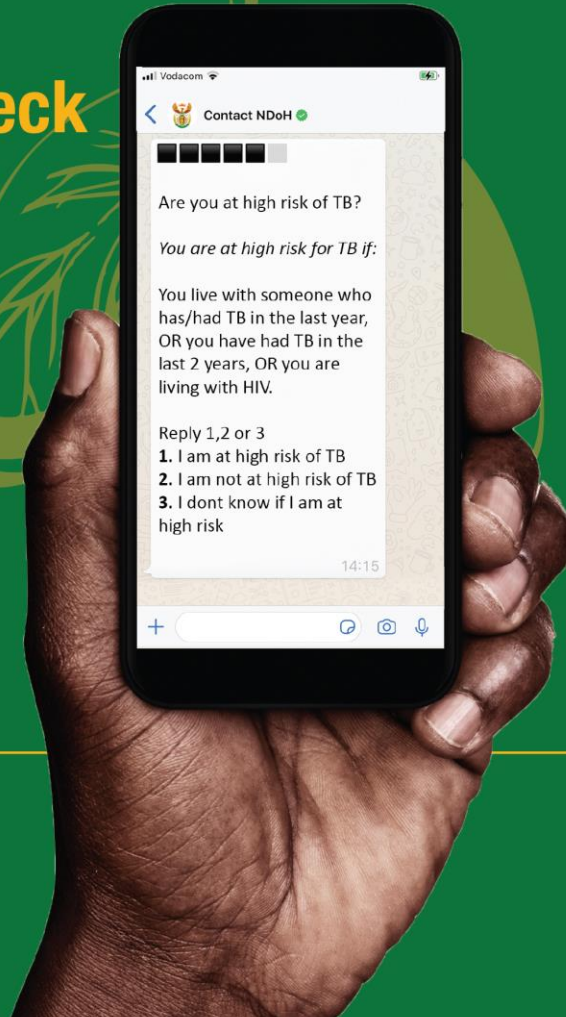
Do your TB HealthCheck on WhatsApp today.

- 1. Screen Yourself with TB HealthCheck
- 2. Get Tested if Prompted
- 3. Complete Your Medication if Positive



Send "TB" to 0600 123 456

#TBFreeSA



TB is curable

Know the signs of TB and start your journey to peace of mind today!

TBCheck it, **Treat** it, **Beat** it!

WhatsApp **"TB"** to **0600 123456** or
Dial ***134*832*5#** for a TB screen

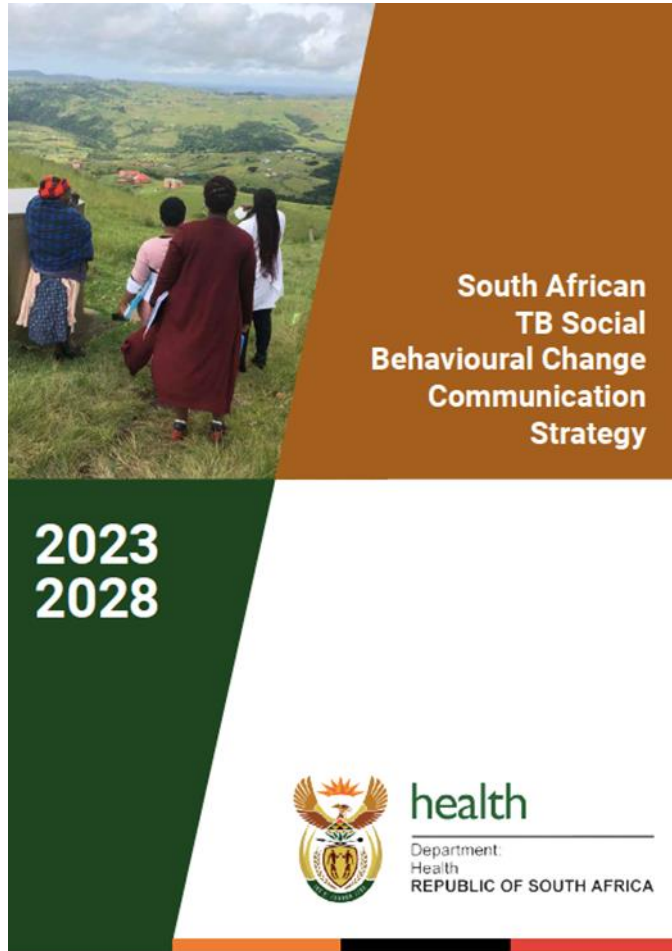


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TBCheck





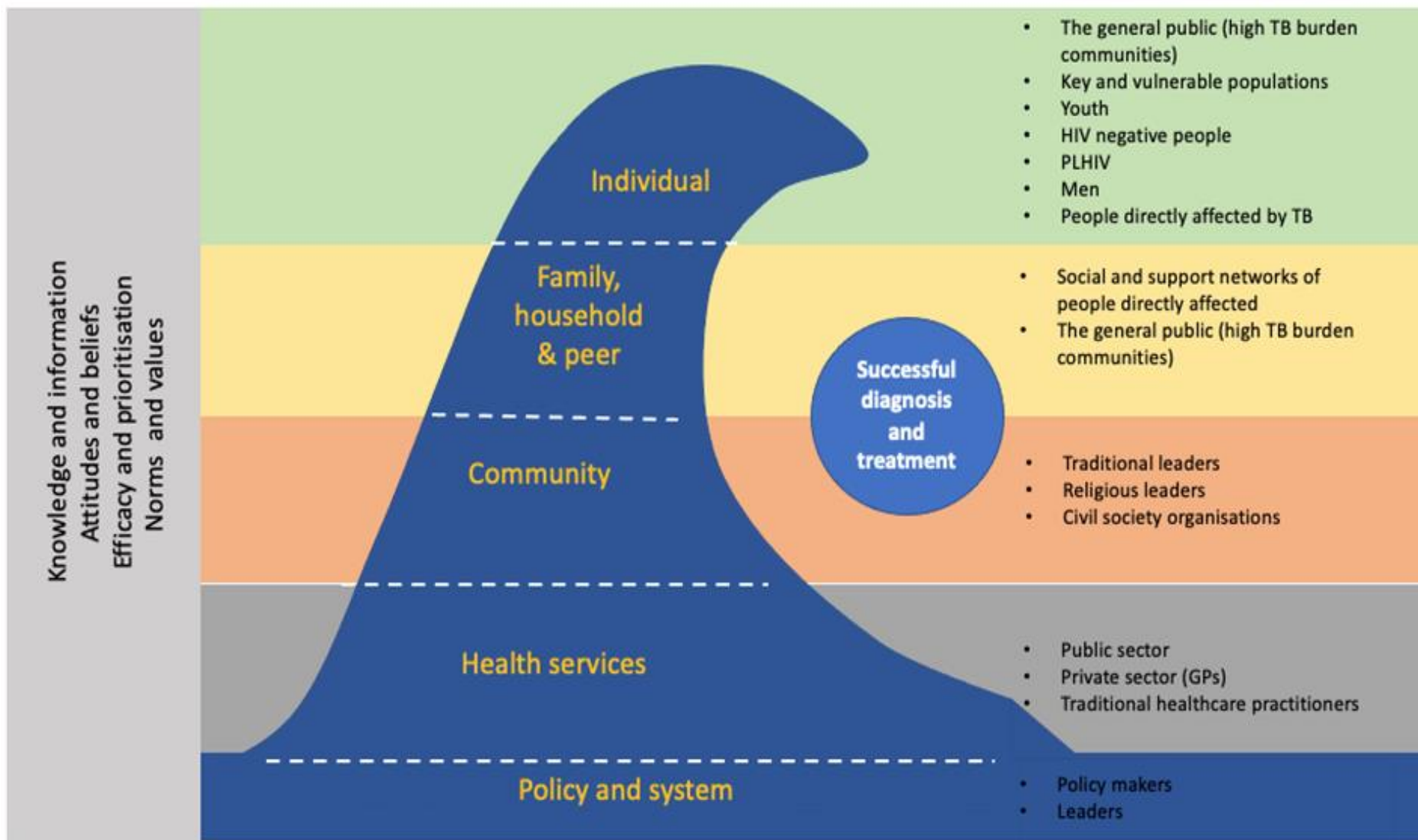
TB SBCC Strategy:

- ❖ Has been Developed – Endorsed by stakeholders. Pending finalization and Approvals
- ❖ Guide effective communication that improves TB knowledge, supports improved health seeking behaviours, reduces TB stigma and strengthens linkage to care to achieve goals and objectives of the TB Recovery Plan.

Communication Toolkit:

- ❖ Developed – Pending finalization and approvals

Conceptual Framework



Key principles



- ✓ **Community, Rights and Gender (CRG) approach**
- ✓ **Informed by theory and evidence**
- ✓ **Use of a multi-channeled approach to communication that incorporates short- and long-term interventions and activities**
- ✓ **Adaptation to context, informed by community expertise**

Community: People affected have the right to meaningful engagement in all matters that affected them

Rights: Everyone has the right to the social determinants of health and to health services that are available, accessible, acceptable and of a high quality

Gender: Services should be gender-responsive – they should acknowledge gendered vulnerabilities and needs and should seek to ensure gender-equity.



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Strategic Objectives



To improve knowledge and awareness about TB and rights

1. The need for **improved knowledge levels** about TB in the general public, especially in high burden communities and among lower-tier health care workers. Aligned with this is the need for improved, accessible and available information about TB.



To contribute towards improved TB diagnosis, care and treatment through equipping healthcare providers with knowledge and communication tools

3. The need for **improved health care provision**, in which health care providers are knowledgeable about patient rights and are using optimal communication to support the attainment of those rights. Aligned with this is the need for improved intersectoral collaboration between healthcare sectors.



To foster improved health-seeking behaviours and demands for rights-based care and treatment

2. The need for **better health seeking behaviours** in people affected along with improved co-ordination between health sectors to guide and support people affected by TB into and through care.



To improve knowledge and shift attitudes in affected communities to reduce TB stigma and encourage increased social support for people affected by TB.

4. The need for **reduced TB stigma** and the elimination of harmful stereotypes and misconceptions about TB and people affected by it.



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Communication channels



Direct communication channels

- Community media – radio, television, newspapers
- Social media platforms (X, Facebook, TikTok, Instagram, Youtube)
- Mass media (including national radio broadcasters, national and local newspapers and magazines and associated online platforms)
- Cell phone-based messaging (SMS and WhatsApp)
- Place-based television, billboards, and murals
- Printed information, education and communication (IEC) materials

Change agents as communication channels

- Healthcare providers
- TB ambassadors (including traditional and religious leaders & schools' leadership)
- Civil society organisations
- TB caucus members



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PLANNED SBCC ACTIVITIES TO SUPPORT TB RECOVERY PLAN



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Phase 1: Setting up for Implementation



Provincial SBCC Needs assessment/Capacity Mapping

AIM: To determine the different SBCC needs and capacity of the various provinces.

- Online surveys and follow up with visits to the provinces to assess SBCC needs in the 9 provinces.
- Findings will determine how the ACSM team and the SBCC lead will best support the provinces with implementation of the SBCC strategy.
- Roll out support



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Phase 1: Setting up for Implementation



SBCC Capacity Building

AIM: To capacitate provincial and district DoH staff to plan and implement the SBCC strategy.

We will conduct SBCC trainings to capacitate and mentor provincial, district and other stakeholders (Global Fund sub-recipients, NGOs, district support partners) to engage and support effective community media engagement and campaign rollout.



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Phase 1: Setting up for Implementation



Multi-sectoral engagement and collaboration

2024 - preparatory phase for the rollout of multi-sectoral activities in 2025.

- A landscape analysis will be conducted nationally to identify key industries
- Collaborate with South African National AIDS Council (SANAC) to identify, prioritize and engage three key industry leaders, and develop and cost three industry-specific SBCC campaign plans for implementation in 2025.
- District level stakeholder workshop will be conducted in 12 districts to obtain buy-in.
- Develop industry-specific TB SBCC campaign plans.



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Phase 2: Tactical Implementation of SBCC Strategies



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Objectives 1 & 2 (To improve knowledge and awareness; Foster improved health-seeking behaviours)



Activity 1: Implement a TB multi-media campaign

The following key activities will be implemented nationally with a focus on the 12 high burden districts:

- Campaign branding and positioning
- Develop and distribute TB audio-visual educational materials highlighting the importance of early diagnosis and treatment adherence.
- Monitoring and Evaluation



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Objectives 1 & 2



Activity 2: Implement a Social Media Campaign

The following key activities will be implemented nationally:

- Develop and implement a national TB social media campaign plan
- Develop and disseminate social adaptable media content weekly on national channels
- Capacity building and support for provinces.
- Monitoring and Evaluation



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Objectives 1 & 2



Activity 3. Develop and implement a TB Story Telling Platform

The following key activities will be implemented:

- Web Design and Development
- Hosting and Maintenance
- Production of flagship stories
- Campaign Advisory Services
- Capacity Building and Tech Onboarding Sessions
- Dissemination of the platform
- Marketing and Influencer engagement



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Objectives 1 & 2



Activity 4. Implement a low-data Digital interactive Platform for TB information and care linkage platform

- Landscape analysis of available TB digital platforms
- Adapt/upgrade the platform to include the following functions:
 - ✓ To provide access to information
 - ✓ Link people to their results and healthcare providers
 - ✓ Set up communities of care.
- TB Health Check – Whatsapp Platform



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Objectives 1 & 2



Activity 5. CCMDD (TB Information, Education and Communication material distributed through Central Chronic Medicines Dispensing and Distribution system

- Collaborate with the CCMDD to review potential for distributing TB messaging along with medication packs
- Develop, design and publish pilot information, education and communication materials
- Conduct TB knowledge baseline assessment in pilot districts
- Pilot approach and messaging in 4 high TB-burden districts
- Review impact and revise approach
- Develop national rollout plan



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Objective 3 : Contribute towards improved TB diagnosis, care and treatment through equipping healthcare providers with knowledge and communication tools



Activity 1. Capacity building for Health Promoters/CHWs in essential TB knowledge

Community based health workers are a key target audience and channel in the SBCC strategy. Activities include:

- Develop, pilot, revise and finalise 2 training toolkits (1 for trainers and 1 for trainees)
- Translate trainee toolkit into key languages
- Undertake toolkit design and desktop publishing
- Train the provincial-level trainers (4 days in-person)
- Mentor and support provincial-level trainers



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Objective 4: Shift attitudes in affected communities to reduce TB stigma and encourage increased social support for people affected by TB.



Activity 1. Advocacy: Engage, capacitate and support national and provincial level public figures as TB Champions

The following key activities will be implemented nationally:

- Identify and engage 4 national-level and 4 provincial TB Champions per province
- Develop and disseminate TB champion guidelines
- Include TB champions in national TB events and campaigns
- Provide content for TB Champion adaptation and dissemination



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Objective 4



Advocacy: National and Provincial TB Caucus

Leverage National and Provincial TB Caucuses to advocate for improved TB Resource allocation



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Objective 4



Description

Activity 3: Community mobilization: (Engage communities, leaders, religious leaders)

Target CHWs, treatment support groups, Religious leaders, Community leaders and families of people with TB.

- Set up/revamp community structures (such as treatment support groups)
- Conduct community dialogues and workshops to raise awareness about rights-based TB care and treatment
- Train CHWs in SBCC strategies
- Engage and capacitate community and religious leaders as change agents



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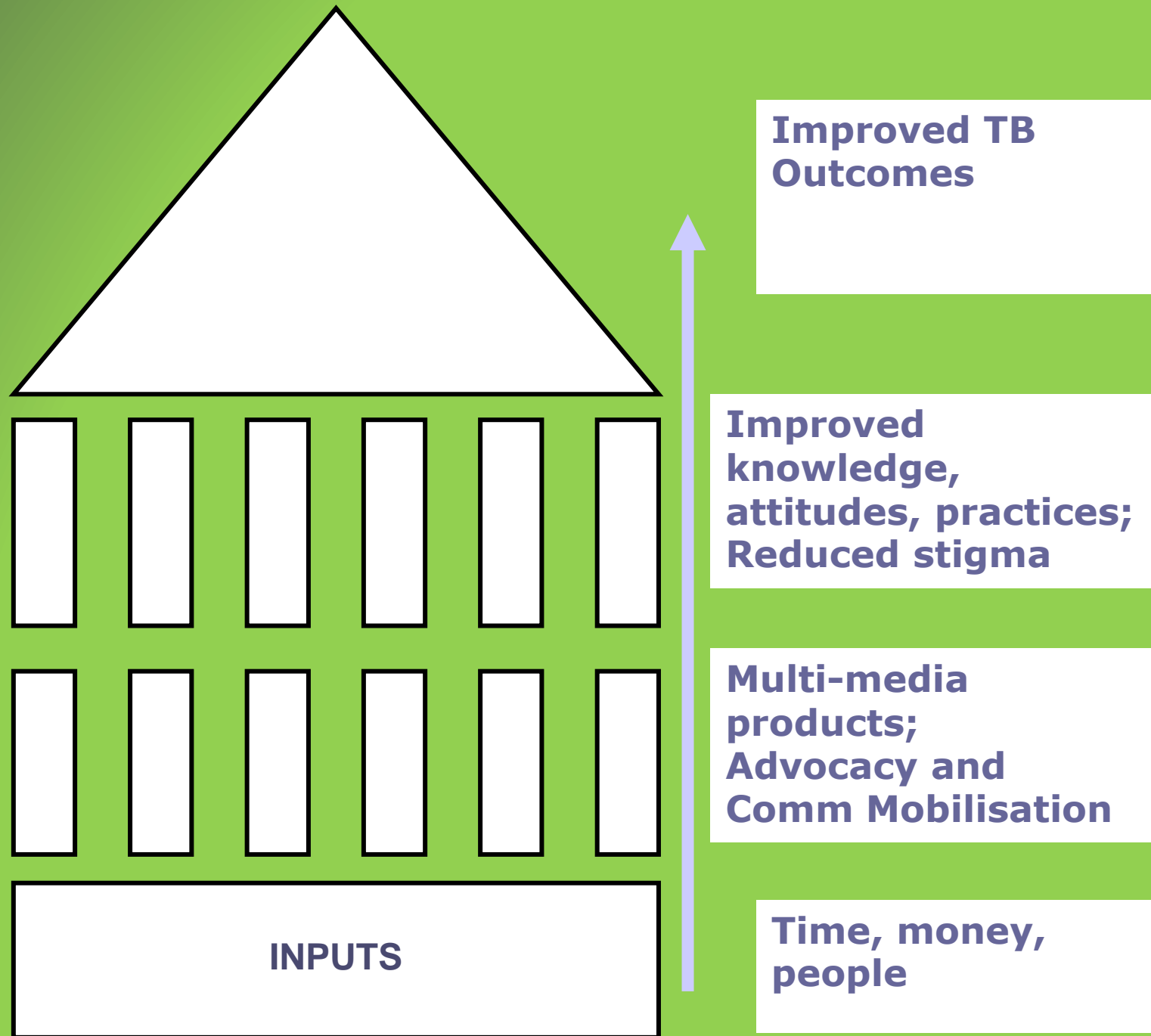
MONITORING AND EVALUATION



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Objective

Key Performance Indicator

Improve knowledge and awareness about TB and rights through availability of comprehensive and engaging information from trusted sources.

Increase in knowledge and awareness on TB and rights aligned with SBCC messaging between 2024 and 2028.

Foster improved health-seeking behaviours and demands for rights-based care and treatment in affected communities

Increase in adults in high TB burden districts who seek TB screening and diagnosis

Patients returning to facility for care based on intervention message

Proxies: Retention in care; Loss to follow up ; Treatment Succeeds attribution

Contribute towards improved TB diagnosis, care and treatment through equipping healthcare providers with knowledge and communication tools that support rights- and gender-based TB diagnosis, care and treatment

Increase in knowledge in healthcare providers on rights and gender-based TB care provision

Improved communication skills for HCWs

Improved HCW attitudes towards TB patients

Percentage of healthcare providers trained on medical ethics, rights and gender-based TB diagnosis, care and treatment.

Reduce TB stigma and encourage increased social support for people affected by TB

Percentage of people affected by TB who report experiences of TB-related stigma or discrimination in healthcare settings.

Percentage of people diagnosed with TB reporting feeling socially supported (through treatment support groups, CHWS/health promoters, family support) , spiritual) during their treatment period.

Improved TB related beliefs, norms, attitudes





THE SBCC TOOLKIT

A GUIDE TO IMPLEMENTING THE SOUTH AFRICAN TB SBCC STRATEGY



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PURPOSE AND APPROACH



- The purpose of the toolkit is to serve as a **guide to effectively adapt and implement the national TB SBCC strategy** within provincial health departments and among other stakeholders.
- The **toolkit** will provide users with the knowledge and resources needed to adapt and implement the national TB SBCC strategy, **and to develop, execute and evaluate robust communication campaigns.**

The toolkit is divided into two sections:

- **Section One** guides provincial health departments through **aligning programmes and campaigns with the national TB SBCC strategy and customising the national strategy to local realities.**
- **Section Two** provides **guidelines and tools** to equip provincial health departments or CSOs to **translate adapted strategies into action.**



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- **Information sections** give teams the necessary context and knowledge to make informed decisions.
- **Practical activities** turn theory into practice, helping teams to directly apply what they've learned to real-world scenarios.
- **Discussion prompts** encourage critical thinking and collaboration, ensuring that various perspectives are considered, and consensus is built.
- **Templates and tools** offer a ready-to-use framework that can streamline the planning, implementation and evaluation processes, saving time and ensuring consistency.



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SECTION ONE: STRATEGY ADAPTATION FOR PROVINCIAL HEALTH DEPARTMENTS

- 1: Introduction to the National TB Strategy
- 2: Setting Objectives
- 3: Target Audiences
- 4: Stakeholder Engagement
- 5: Adaptation and Distribution of SBCC Materials
- 6: Budgeting and Resource Allocation
- 7: Provincial Action Plans
- 8: Contingency Plans.
- 9: Monitoring and Evaluation

SECTION TWO: IMPLEMENTING SUCCESSFUL SBCC CAMPAIGNS

- 1: Content Creation
- 2: Selection of Relevant Media Channels
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THANK YOU!



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