

OVERVIEW OF KERALA/INDIA TB COMBI PLAN

Behavioural goal is to encourage 300,000 individuals throughout the State of Kerala/India with a cough that does not go away after three weeks to get the free TB sputum test at one of the 330 specialised government health facilities for TB diagnosis.

Constraining factors which suggest themes for engaged communication with the “consumer”:

- Lack of awareness of key symptom: 3 weeks of coughing.
- Lack of awareness of location of TB testing/treatment sites.
- Lack of awareness that X-rays are not the best way to diagnose TB.
- High tolerance for discomfort (more so among women)
- Perception that a major disease calls for service at a major facility.
- Many competing alternative actions with perceived “better” cost vs value calculations
- The behaviour being urged is a nuisance in terms of time, effort, transport costs, 3 tests.

COMBI strategy and interventions:

Singular Behavioural Theme: “Coughing? Coughing? Coughing? Get The Free TB Sputum Test”

- Administrative mobilisation/advocacy/public relations:
Circulars, group meetings, staff meetings, inter-ministerial meetings, other administrative meetings, district level meetings with District Controllers, district health staff and TB staff, meeting with Indian Medical Association/Kerala, badges for staff, mass media, feature articles, radio/TV talk shows, video, press conferences and press briefings, TB column in newspaper.
- Personal sellers: 40,000 Junior Public Health Nurses, Junior Public Health Inspectors, Anganwardi workers, members of MSS and Kudumbasree—with badges and TB worksheets for door-to-door home visits; and 3-5 million school children taking home paper pin-wheels with TB behavioural message and information worksheets (private sector co-sponsored); Thank You Lunches for these community health workers/volunteers with Certificates of Appreciation.
- Community mobilisation and promotional activities: Community meeting with Panchayats and Gram Panchayats at various levels, and meetings with Kudumbasree, MSS, other community NGOs and service organisations; TB Bicycle Team including former TB patient visiting villages every Sunday for two 12-Sunday periods; massive number of posters, two rounds; community drama.
- Massive advertising and point of service promotion: Logo design; cinema slides; radio, television and newspaper advertising—four 3-week flights/year, 6-8 radio spots per day and 2-3 TV spots per evening, five days per week in each flight, full page or half-page ads in first week of each flight in newspapers; windmills/large pinwheels and large “Chinese” flags/danglers and wooden signs, and/or helium balloons floating above microscopy centers as point-of-service promotion at each TB testing service site.
- Incentives: A modest incentive of small packets of Horlicks and/or tea to the first 100 people who come for and complete the TB Sputum Tests at each site; also small packets as gifts to the “personal sellers” for promoting the TB behavioural message at the Thank You luncheons

Notes:

- Carry it out in M-RIP (massive, repetitive, intense and persistent) style.
- Work for combined effect of multiple interventions – six impressions in short time period for behavioural impact.
- Management: Kerala TB Programme, contracted local communication/advertising agency (Media Mate).

Budget : USD 112,000

OVERVIEW OF KENYA'S TB COMBI PLAN

Behavioural goal is to encourage 400,000 individuals throughout Kenya with a cough that does not go away after three weeks to get a TB sputum test at one of the country's 320 health facilities for TB diagnosis.

Constraining factors which suggest themes for engaged communication with the “consumer”:

- Poverty leading to high tolerance for pain and discomfort in relation to cost-sharing fees at health centres.
- Many competing alternative actions with perceived “better” cost vs. value calculations.
- HIV/AIDS link contributing to sense of resignation.

Policy Action to Create Incentive: In 2003 only, waive all cost-sharing fees for TB.

COMBI Strategy and Interventions:

TB Behavioural Theme: “Coughing? Coughing? Coughing? Don’t wait...Get The (Free) TB Sputum Test”

- Administrative Mobilisation/Advocacy/Public Relations: Memos, mass media use (feature articles, radio/TV talk shows, video), group meetings, staff meetings, inter-ministerial meetings, other administrative meetings, provincial level meeting, press conferences and press briefings.
- Personal Sellers: 4,500 Public Health Technicians and Community Health workers/volunteers as “TB Assistants” with a TB badge and information sheets, maybe T-shirts; and 5 million school children taking home paper pinwheels with TB behavioural message and information worksheets (private sector co-sponsored); Thank You Lunches for Public Health Technicians and community health volunteers.
- Community Mobilisation and Promotional Activities: Community meetings, TB Bicycle Team; promotional flags as done for the World Cup; posters; community miking/mobile sound system; drummers/spokespersons; community drama; mobile cinema.
- Massive Advertising: Logo design; radio/TV/newspaper advertising—four 3-week flights/year; windmills/large pinwheels or large flags as point-of-service promotion at each TB testing service site; mobile cinema

Notes:

- Carry it out in M-RIP (massive, repetitive, intense and persistent) style.
- Work for combined effect of multiple interventions – six impressions in short time period for behavioural impact.
- Management: Combination of National TB Programme, WHO/Kenya, and WHO-contracted communication/advertising agency (Ayton, Young & Rubicam)

Budget : US\$ 185,000

OVERVIEW OF BANGLADESH'S TB COMBI PLAN

Behavioural goal is to encourage, over the period of a year, approximately 500,000 individuals throughout Bangladesh (but particularly those in rural areas) who have a cough that does not go away after three weeks to get the free TB sputum test at one of 500 specialised government health facilities for TB diagnosis.

Constraining factors which suggest themes for engaged communication with the “consumer”:

- Lack of awareness of key symptom: 3 week coughing.
- Lack of awareness that X-rays are the best method for diagnosing TB.
- High tolerance for discomfort (more so among women)
- Many competing alternative actions with perceived "better" cost vs. value calculations
- The behaviour being urged: It's a Pain—time, effort, transportation costs, 3 tests.

COMBI Strategy and Interventions:

TB Behavioural Theme: “Coughing, Coughing, Coughing...Get The TB Sputum Test”

- Administrative mobilisation/advocacy/public relations: Memos, mass media use (feature articles, radio/TV talk shows, video), group meetings, staff meetings, inter-ministerial meetings, press conferences and press briefings.
- Personal sellers: 30,000 Community Health workers as TB Assistants with a TB badge and information sheets; and 6 million school children taking home paper chorkis with TB behavioural message and information worksheets.
- Community mobilisation and promotional activities: Community meetings, TB Bicycle Team; promotional flags as done for the World Cup; posters; community miking/mobile sound system; drummers; community drama.
- Massive advertising: Cinema slides; radio, TV and newspaper advertising; windmills/large chorkis as point-of-service promotion at each TB testing service site.

Notes:

- Carry it out in M-RIP (massive, repetitive, intense and persistent) style.
- Work for combined effect of multiple interventions – six impressions in short time period for behavioural impact.
- Management: Combination of National TB Programme, WHO/Bangladesh, and WHO-contracted communication/advertising agency (Adcomm Limited)

Budget : US\$ 150,000