

# Data to Action Toolkit for Africa

## Using data to advance tobacco control policies and programmes

November, 2012



Centre for Tobacco Control in Africa (CTCA) Library Cataloguing - in Publication Data  
Supporting African governments to build and sustain capacity for tobacco control through  
technical, institutional and cross sector support Data to Action Toolkit for Africa.

Contents: Tobacco Control Spidergram 2. Prioritizing Three Areas for Improvement 3. Matrix  
for Selecting Action Areas 4. Traffic Lights for Tobacco Control 5. Influence and Interest Grid 6.  
Identifying Barriers 7. Countermeasures 8. Project Proposal.

**ISBN: 978-9970-451-02-9**

**© Centre for Tobacco Control in Africa (CTCA), 2012**

All rights reserved. Publications of the centre for Tobacco Control in Africa (CTCA) can be  
obtained from the CTCA and Makerere University School of Public Health (MakSPH) Websites;  
[www.ctc-africa.org](http://www.ctc-africa.org) & [www.musph.mak.ac.ug](http://www.musph.mak.ac.ug). They may be quoted, reproduced or translated,  
in full or in part, provided the source is acknowledged. This tool kit may not be sold or used  
for commercial purposes.

The designations employed and the presentation of the material in this publication do not  
imply the expression of any opinion whatsoever on the part of the CTCA and MakSPH  
concerning the legal status of any country, territory, city or area or of its authorities, or  
concerning the delimitation of its frontiers or boundaries.

All reasonable precautions have been taken by the CTCA to verify the information contained  
in this publication. However, the published material is being distributed without warranty of  
any kind, either expressed or implied. The responsibility for the interpretation and use of the  
material lies with the reader. In no event shall the CTCA and MakSPH be liable for damages  
arising from its use.

# Foreword

This “Data to Action Toolkit for Africa” has been adapted by the Centre for Tobacco Control in Africa (CTCA), with technical support from WHO TFI. It is based on a toolkit developed by the WHO Western Pacific Region.

The toolkit provides a method for tobacco control actors to translate data into action. The method uses various sources of data and information including tobacco surveillance and monitoring data and other relevant data. This CTCA tool provides best practices and information to policy-makers, stakeholders and civil society organizations to drive policy and legislative changes in tobacco control.

# Acknowledgements

The Centre for Tobacco Control in Africa would like to acknowledge WHO Tobacco Free Initiative that provided technical review and guidance on the development of the toolkit.

We would like to thank the CTCA team for working together to produce this toolkit.



**Assoc. Prof. William Bazeyo**

Director, Centre for Tobacco Control in Africa

# Acronyms and abbreviations

<b>AL</b>	<b>Alternative Livelihoods</b>
<b>GATS</b>	<b>Global Adult Tobacco Survey</b>
<b>GTCR</b>	<b>Global Tobacco Control Report</b>
<b>GYTS</b>	<b>Global Youth Tobacco Survey</b>
<b>NCDs</b>	<b>Non-Communicable Diseases</b>
<b>TC</b>	<b>Tobacco Control</b>
<b>TI</b>	<b>Tobacco Industry</b>
<b>TII</b>	<b>Tobacco Industry Interference</b>
<b>WHO - FCTC</b>	<b>WHO Frame Work Convention on Tobacco Control</b>

# Table of Contents

The document is composed of 11 sections namely:

<b>Overview</b> .....	7
<b>Session I</b> ... Introductory Activity .....	15
<b>Session II</b> ... Case Study .....	17
<b>Session III</b> ... Tobacco Control Spidergram .....	19
<b>Session IV</b> ... Prioritizing Three Areas for Improvement .....	23
<b>Session V</b> ... Matrix for Selecting Action Areas .....	25
<b>Session VI</b> ... Traffic Lights for Tobacco Control .....	29
<b>Session VII</b> ... Influence and Interest Grid .....	33
<b>Session VIII</b> ... Identifying Barriers .....	37
<b>Session IX</b> ... Fishbone Diagram .....	41
<b>Session X</b> ... Countermeasures .....	47
<b>Session XI</b> ... Country Project Proposal (Writing) .....	51
<b>Appendix</b> ... Sample Agenda for DTA Workshop .....	58

The main purpose of the Data to Action Toolkit is to provide a guide to government and other stakeholders to systematically think through the application of existing data and information on tobacco control to driving policy and programmes.

## Objectives of the Data to Action Process

1. Identify existing data/information sources that are relevant to TC
2. To develop a strategy on how to access and utilize the information for policy change , legislation development and implementation of TC programs
3. Identify data/information gaps including areas for further research
4. Identify strategies for improving monitoring policies/programs and surveillance systems in-country.
5. To build capacity at country level to be able to identify and utilize existing data/information in the different areas of tobacco control to be able to:
  - a) Drive policy change to advance tobacco control
  - b) Make evidence based decision
  - c) Counter tobacco industry interference (use evidence, existing statistics to reason a case)
6. Develop a plan of action on identified priorities

## Expected Outcomes of the DTA Process

1. TC Actors familiar with principles and tools on quality improvement and innovation that will be used to develop tobacco control policies and programmes.
2. Enhanced capacity for country teams to train tobacco control teams at country level on using the tools for policies and programmes.
3. Knowledgeable participants who are able to **defend legislation and policy actions in their countries** and therefore an **Action Plan** for their country on data/information they will need to

- Push for policy and legislation changes in their countries
  - Counter the TI interference
  - Demonstrate the effects of tobacco use and the implications
4. Ability to implement powerful evidence based advocacy programs on tobacco control. Use the facts to give influential public health arguments for governments to support tobacco control programs.
  5. An action Plan detailing the activities the country will be implementing in the next 1-2 years and the data/information needs.

## Process of Data to Action

The process of data to action focuses on two key areas namely quality improvement and innovations in TC. A quality improvement involves identifying data use barriers and priority action areas while innovation involves improvement through maximizing opportunities as shown in figure 1 and 2. For example quality improvement may involve translation of all TC material into local languages or simplifying GYTS data and presenting it to parliamentarian at a breakfast meeting while innovation may be a reality TV show on quitting for the youth as shown in Table 1.

## What is involved in Quality Improvement?

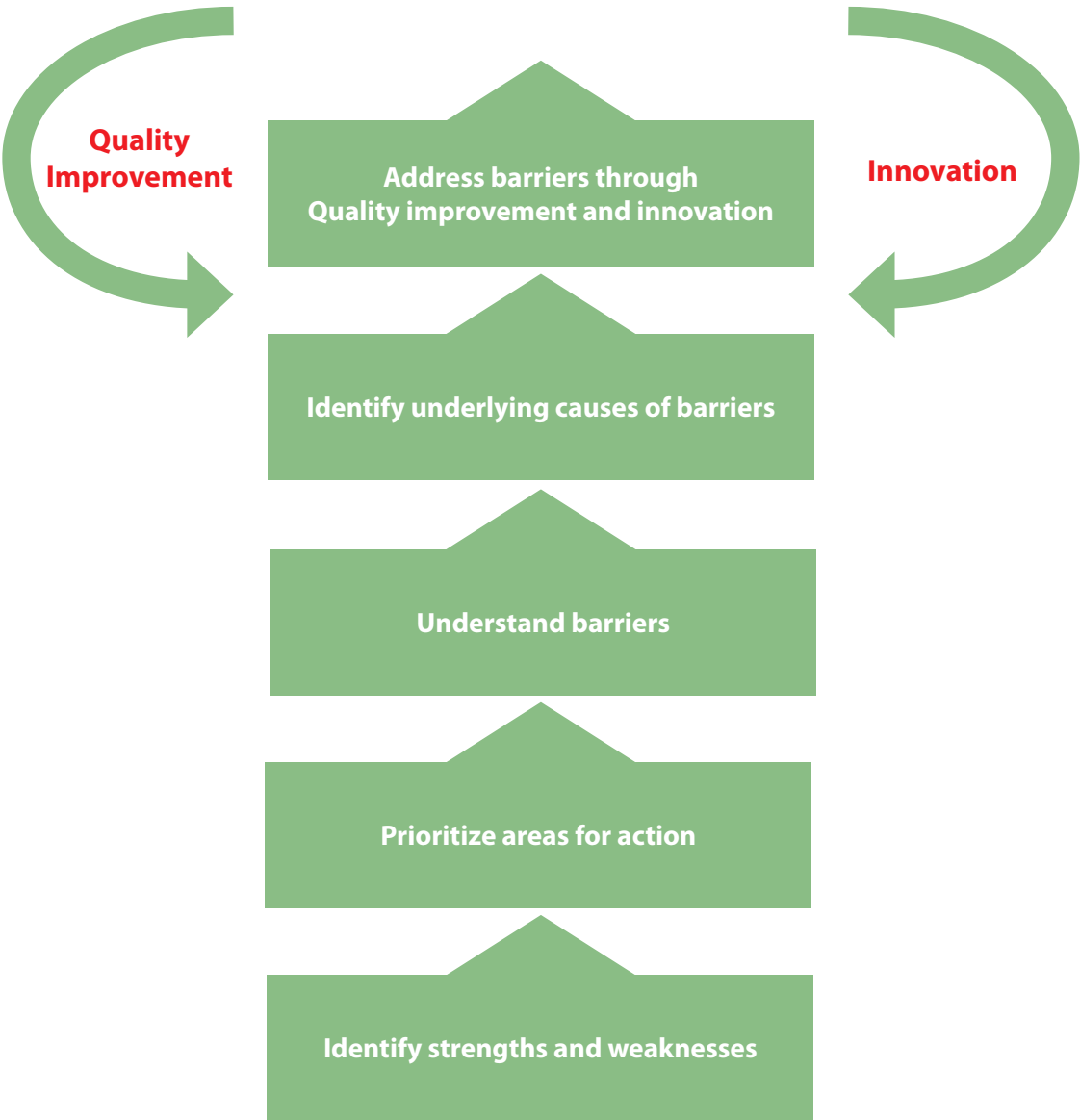
- Measure where you are and figuring out ways to make things better
- Problem solving in teams
- Improve systems and ways of working
- Build on existing work in ways that foster interaction of a team e.g sharing what each team player does
- Try to find the gaps in the system and “think outside the box.”

## What is involved in innovation?

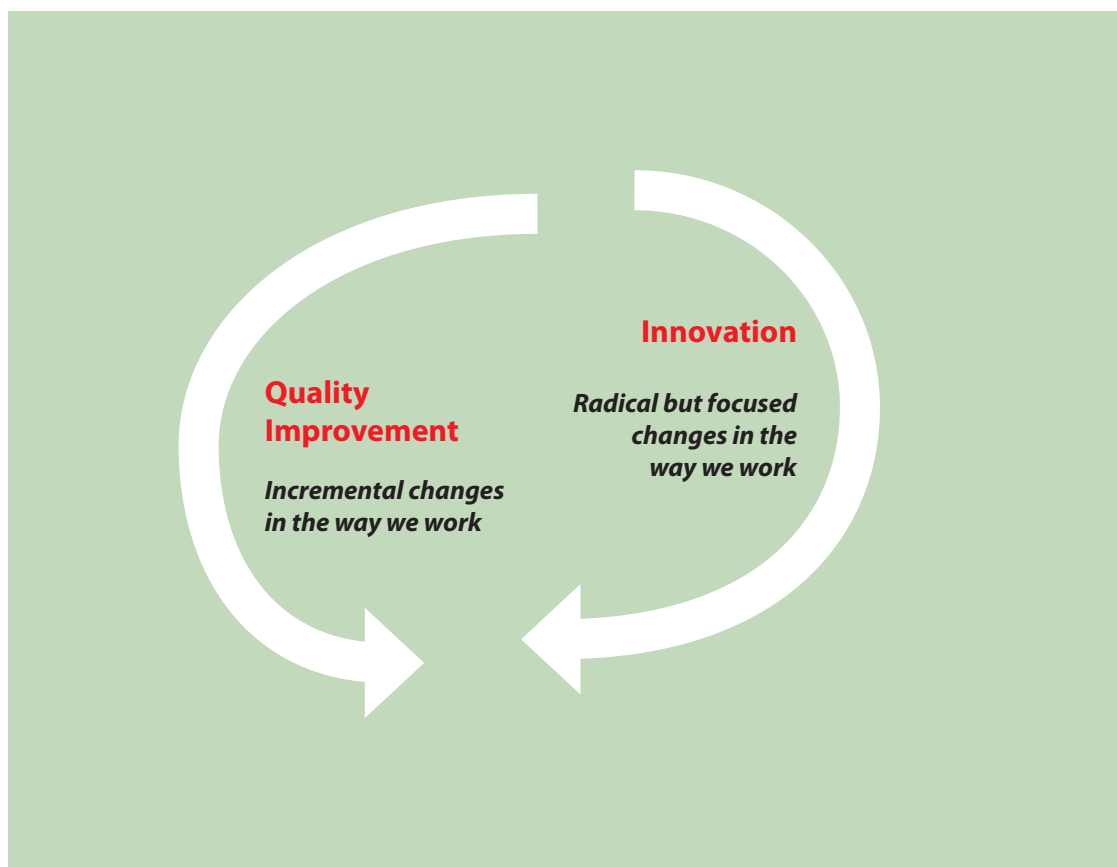
- Improving by maximizing opportunities
- Adopting, adapting and adding value by using opportunities and changing environment
- Looking for unique and unexpected ways to meet the current and future needs of end users



Figure 1: Quality Improvement and Innovation in tobacco Control



**Figure 2: Approaches to Addressing Barriers to Using Data for Policies and Programs**



**Table 1: Examples of quality improvement and innovations for TC**

Quality improvement	Innovation
<ul style="list-style-type: none"> <li>Translation of materials into all languages of a country</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of 100% smoke-free policies in GYTS schools</li> </ul>
<ul style="list-style-type: none"> <li>GYTS data presentation at an international meeting of parliamentarians</li> </ul>	<ul style="list-style-type: none"> <li>Reality TV show on quitting among youth</li> </ul>

## Methodology for implementing Data to Action

The Data to Action toolkit can be used in two ways namely a workshop setting involving all the TC stakeholders in a country or department and a technical working meeting led by the tobacco control Focal Person at the Ministry of Health supported by an expert in the methodology. The workshop approach requires ample time and financial resources to organize, while the technical meeting approach is less costly and requires less time to organize.

The cost for a workshop will range between \$25,000-30,000 and will require at least 3 days. The key cost categories include travel for participants and facilitator, per-diems, conference package and logistical support. While the cost for a technical working meeting will cost between \$5,000-\$7,000 and will take a day or may be done in phases. The cost categories will include facilitator's fees and meals and incidentals. In both cases an expert or facilitator can be used.

Depending on the stages at which a country is in TC, a country may apply a part or the whole of the toolkit steps. Countries in the initial stages of TC, may need to apply all the steps of the toolkit, while countries advanced in TC may apply only steps three to six.

## Steps in the DTA Process

Data to Action involves six steps namely:

1. Identification of data sources
2. Identification of data gaps/needs
3. Developing strategy on how to access and utilize data/information
4. Identification of strategies on how to improve monitoring and surveillance,
5. Capacity building
6. Developing an action plan

## Planning for Data to Action process

The planning process for DTA involves the following:

### ***a) Identification of priority areas for tobacco control for countries intending to undertake DTA***

In liaison with TC Focal Persons the TC priority areas for each country will be identified based on the capacity assessment /needs assessment reports and any other relevant data/information. These will form the basis for data/ information analysis and interpretation.

### **b) Identification of Participants**

The participants to the data to action process are drawn from government ministries including; Health, Agriculture, Trade, Finance, Academia-Schools of Public Health, economic policy centres, statistics, agriculture; government agencies including National Forestry Authority, National Environmental Management Agency, Bureau of Statistics, Media and Civil Society Organizations. Participant can be identified by Ministry of Health tobacco control Focal Persons. The Workshop will require 20-25 participants, while the technical meeting will require 5-10 participants.

### **c) Types of Data to be used in the training**

- Quantitative and qualitative data on the epidemic
- Research and evidence on effectiveness of policies and interventions
- Information about the programme, human and material resources, capacity, partnerships, political support
- Information about the activities of the tobacco industry

**Table 2: Sources of Data**

Area / Sectors	Type of Data
<b>Health</b>	<ul style="list-style-type: none"><li>• Global Tobacco Surveillance System</li><li>• National Health and Demographic Surveys</li><li>• STEPS</li><li>• National, sub-national and local research</li><li>• Independent research</li></ul>
<b>Agriculture</b>	FAO reports, acreage, number of farmers,
<b>Finance</b>	<ul style="list-style-type: none"><li>• Budget statements &amp; speeches, ministerial policy statement</li></ul>
<b>Trade</b>	UNCTAD, import & Export, Trade agreements
<b>Tax</b>	Revenue, tax structure, production, pricing data and strategies
<b>Illicit trade</b>	Seizure statistics
<b>Other data/ information</b>	<ul style="list-style-type: none"><li>• COP reports</li><li>• TC Opinion Poll Reports</li><li>• International/national published literature</li><li>• News reports</li><li>• Industry monitoring reports</li><li>• TI annual financial reports</li></ul>

## Tools Used in the DTA Process

A typical Data to Action process involves five tools, which are used to help the team come up with quality improvement and innovation on how to use data/information to drive TC policy and programmes.

### Tools in the Data to Action Toolkit

1. Tobacco control spidergram
2. Matrix for selecting priority action areas
3. Tobacco Control Traffic Lights
4. Tobacco Control Fishbone
5. Countermeasures and practical methods chart

### What are the tools for?

1. To map out strengths and weaknesses in availability and use of data for tobacco control policies and programmes;
2. To prioritize areas for action in using data for policies and programmes;
3. To understand barriers to using data for policies and programmes;
4. To identify underlying causes of barriers to using data for policies and programmes;
5. To address and overcome barriers through quality improvement and innovation.

### How should the tools be used?

- Tools are best used by a **team**
- Tools are **management instruments**
- Tools should stimulate **thinking and problem-solving**
- Tools help identify **entry points** for change
- Tools are used for **continuous quality improvement** and **innovation**



# Session I: Introductory activity (Ice-breaker)

**Objective:** To get each participant to know each other and share experiences and expectations of the process

## Instructions:

1. Write down 3 key words that best describe you who am I? (3 words)

1

2

3

2. Look at all the pictures that are displayed around the room and select the one that best captures where you are in your tobacco control journey and how it reflects your expectations from this workshop.

## Key Questions:

Where am I in my tobacco control journey?

What do I expect from the workshop?

**Note:** Facilitators may wish to use a different exercise adapted for local culture





## Session II: Case Study

**Objective:** Identify all data and information available in the country of focus that will be required to drive policy and programming.

### Instructions:

The TC Focal Person at MoH or the consultant should profile the country of focus as shown in Table 3.

- Provide the socio-demographic information by reviewing existing national reports
- Provide data/information on all economy and health status of the country
- Provide information on TC policies
- Provide a summary of programmes on TC

**Table 3: Example: Case Study of Starland**

<p><b>Tobacco data</b></p> <ul style="list-style-type: none"> <li>• Low income</li> <li>• 50 million population</li> <li>• Tobacco production</li> <li>• Tobacco manufacturing in 3 cities</li> <li>• Strong lobbying power of industry</li> <li>• Adult prevalence for men = 25%</li> <li>• Adult prevalence for women = 2%</li> <li>• Youth prevalence boys = 16%</li> <li>• Youth prevalence girls = 10%</li> </ul>	<p><b>Policies</b></p> <ul style="list-style-type: none"> <li>• WHO FCTC ratified; has no comprehensive tobacco control law</li> <li>• Few cities have local regulations but none are 100% smoke-free</li> <li>• No package warnings</li> <li>• Ban on sale to minors not implemented</li> </ul> <p><b>Programmes</b></p> <ul style="list-style-type: none"> <li>- World No Tobacco Day awareness raising</li> <li>- Tobacco control programmes in schools</li> <li>- Implemented smoke free laws</li> <li>- Cessation programme in a few hospitals</li> <li>- Has conducted 3 Global Youth Tobacco Surveys in the last 10 years</li> <li>- First Global Adult Tobacco Survey(GATS) is at planning stage for implementation this year</li> <li>- Multi risk factor health survey for Adults also planned in 3 years with subset of questions from GATS</li> </ul>
--	---



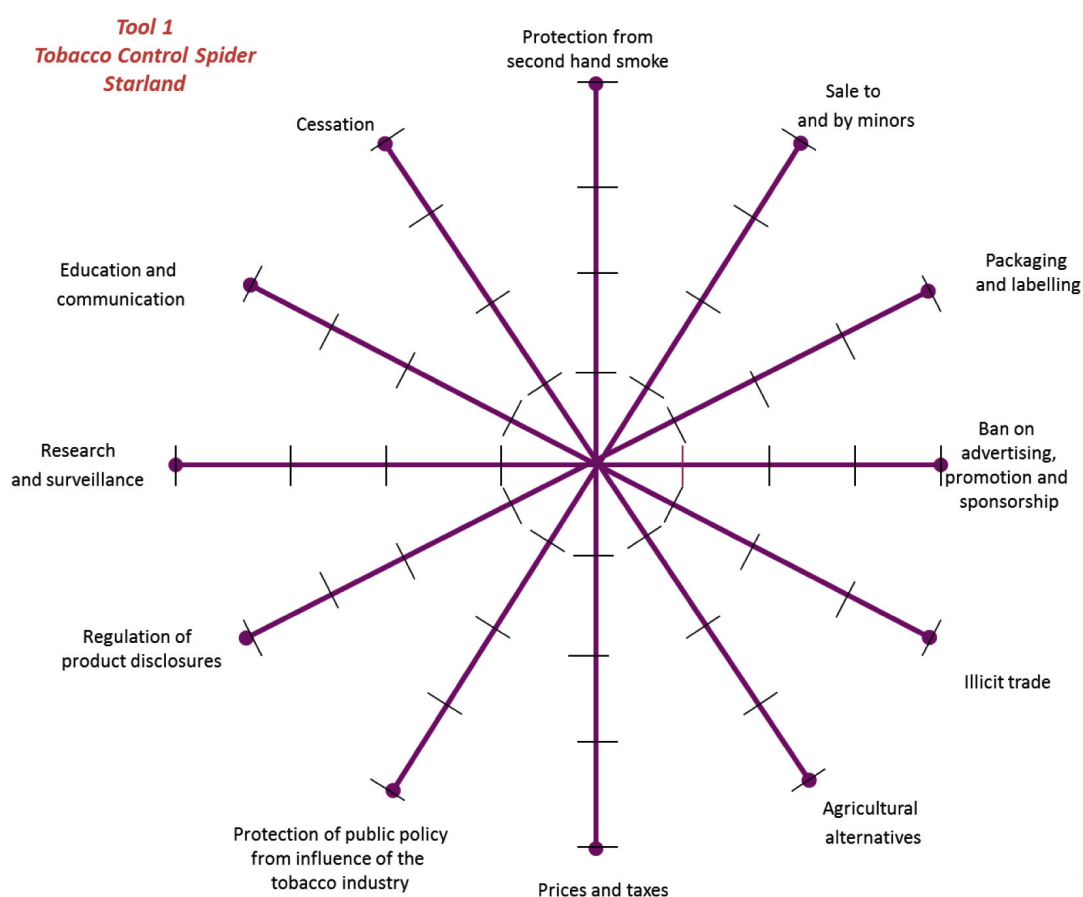
## Session III: Tobacco Control Spidergram

**Objective:** To understand a rapid assessment of strengths and weaknesses in data application for selected action areas.

### Instructions:

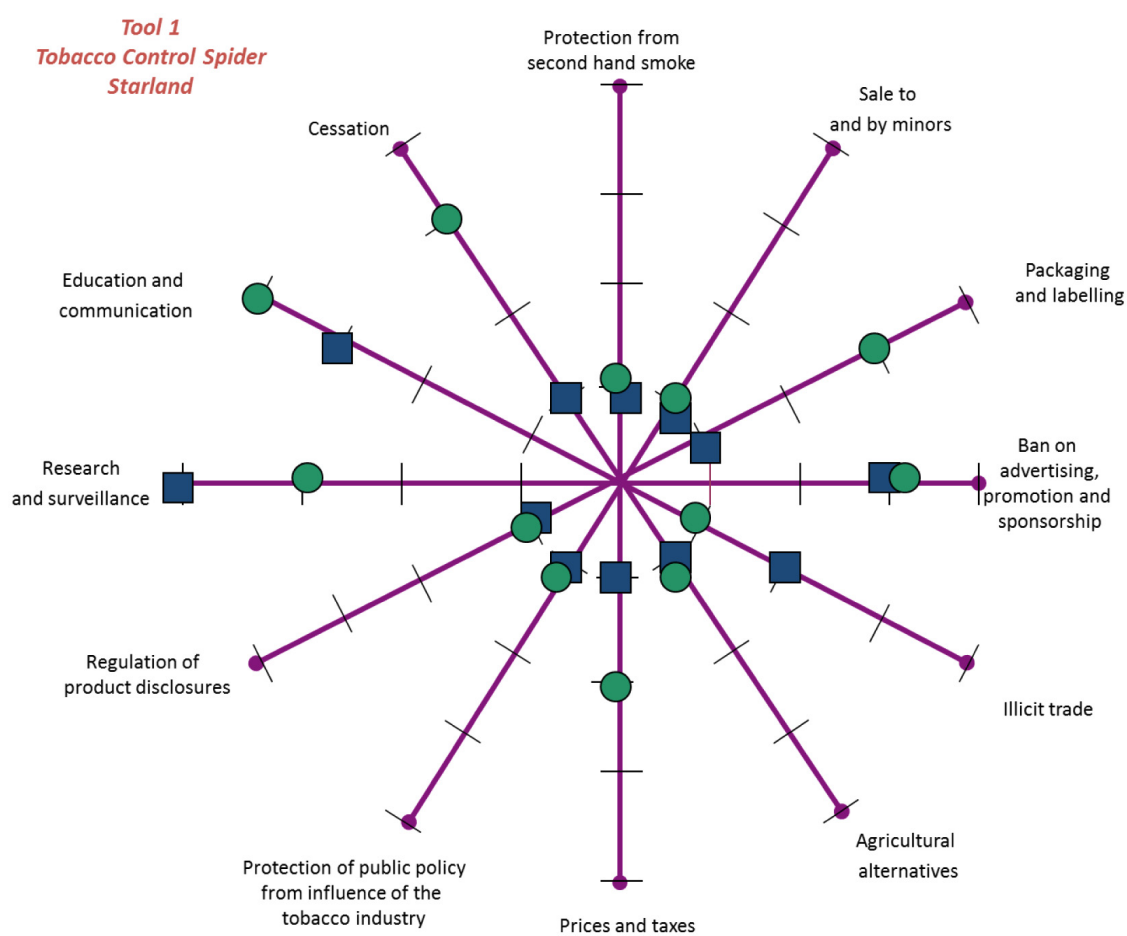
Place a blue square to mark on a scale of 1 to 4 the extent to which there are policies and programs pertaining to each action area

Place a green circle to mark on a scale of 1 to 4 the extent to which you currently use data for the corresponding action area



### Questions:

1. What is the real situation regarding legislation/programs/interventions in the selected action areas of the WHO FCTC?
2. To what extent are the available data used to develop/improve legislation/programs/interventions?



### Policies and program scale

#### ■ (Blue Squares)

- There is policy
- There is a law
- Policy/legislation present but enforcement needs to be strengthened

### Data Usage Scale

#### ● (Green Circles)

- Data not used
- Data not known
- Data occasionally used

Break out into two teams to look at the tobacco control Spidergram with the aim of prioritising areas of improvement



## Session IV: Prioritizing Three Areas for Improvement

**Objective:** To select three priority action areas that can be improved.

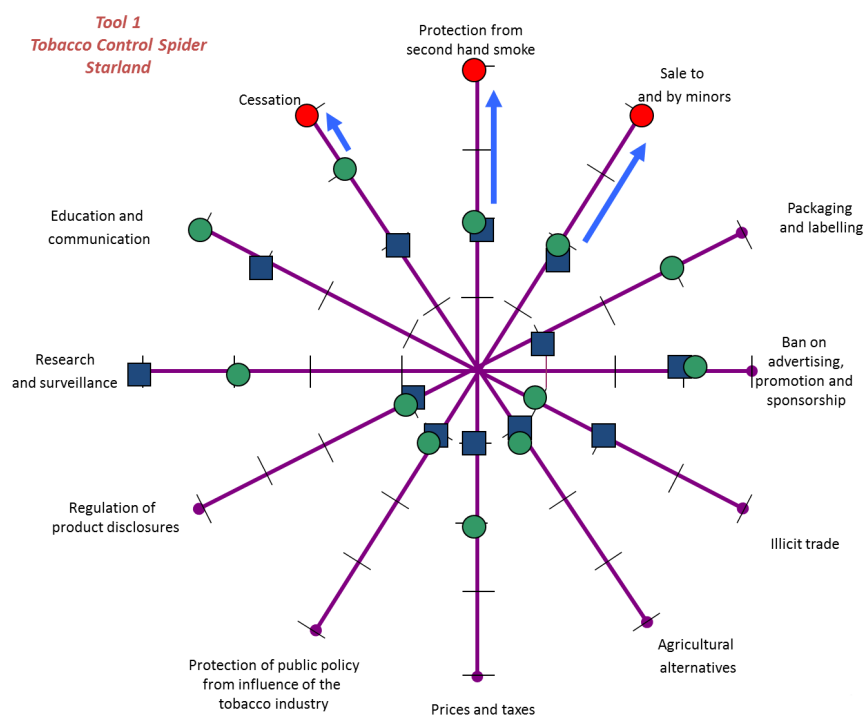
### Instructions:

Review the Spidergram you made in the previous exercise and identify three domains where you want to improve. Draw red circles at the end of the spider legs where you need to improve. Extend the legs with blue markers to show the extent of improvement.

### Break out group instructions

- Each participant will place red circles on the spider gram. Each participant should work alone to place the priorities and then come together as a group to discuss if the priorities converge or not and either way, discuss why?
- Then identify the three action areas where the arrows and circles converge more frequently

### Example: Spidergram for Starland







## Session V: Selecting Priority Areas for Improvement

**Objective:** To select one of the three action areas to improve the use of data for tobacco control policies and programs for your country.

### Instructions:

Take a look at your spider and write down the reasons for improvement for each action area selected based on local conditions. Assess on a scale of 0 to 5 its possible impact and opportunities

After multiplying both columns, the highest score will identify the area that most needs improvement in your country. Identify the audiences that need to access your data in order to improve in that area. Why are these audiences important? Are they able to create a ripple effect and disseminate your data further? Why or why not?

**Table 4: Example of Starland: Action area selection matrix by team**

Agreed action areas	Reason for improvement	Impact 0-5 (a)	Relevance 0-5 (b)	Total (max 25) (a*b)
Protection from second-hand smoke	Very few cities have comprehensive smoke-free places/policies	5	5	25
Sale to minors	High proportion of minors buy cigarettes in stores and are not prohibited from purchasing	4	5	20
Cessation	Few hospitals provide cessation programs	3	4	12
Others				

**Audiences that need to be reached for the selected action area:**

Media, policy-makers, professional groups( restaurant and hotel owners), researchers

## How do you evaluate impact and opportunity?

**Impact:** Level of change in the tobacco epidemic achieved if action is taken now.

**Relevance:** Political opportunity or public demand for action now (e.g. deadlines for compliance with FCTC articles)

### ***Group simulation on the use of action area selection matrix***

- In break out groups, each team will work on one of the priority areas selected above for improvement/innovation using the action area selection matrix.
- Team will discuss, agree and write down the reason for improvement/innovation in the action area based on assumed local conditions and put a value on each reason based on impact and relevance (0-5 pts)

### ***Sharing of the three priority action areas of each team***

- Each team will discuss the consolidated results and provide a brief analysis of clustering of strengths, weaknesses and areas for improvement.
- Each team will then present three priority areas for improvement/innovation that they have agreed on to test some of the tools.
- The priority areas will be analysed and three selected by the whole group based on the commonly identified priorities across the teams/groups

### Table 5: Action Area Selection Matrix by Country

Agreed action areas	Reason for improvement	Impact 0-5 (a)	Relevance 0-5 (b)	Total (max 25) (a*b)
Action Area 1				
Action Area 2				
Action Area 3				
Others				

**Audiences that need to be reached for the selected action area:**



## Session VI: Assessing Key Audiences using the Tobacco Control Traffic Lights and the Influence and Interest Grid

**Objective:** Identify the key audiences you need to contact and find out if they have access to the currently available data and or information on tobacco control measures.

### Instructions:

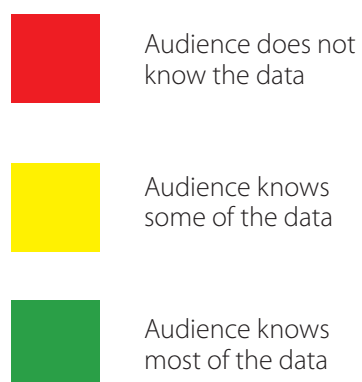
Write the key audiences on the right column. Colour the right column according to the level of knowledge of the available information.









### Key principles to note:

- Audiences need different types of data
- Audiences are “tuned in” to different communication channels
- Audiences “hear” data in different ways
- Why are these audiences important? Are they able to create a “ripple effect” and move your data to end-users who may in turn share this or use this for other audiences? Why or why not?
- List the audiences that need to see your data.

*Different strokes for different folks”*

[illegible]



Key Audience	Level of Knowledge on existing data
Policy makers	
Local officials and enforcers	
Researchers	
Civil society, NGOs	
Health professionals	
Media	
General public	
Organized groups and Networks of professionals	





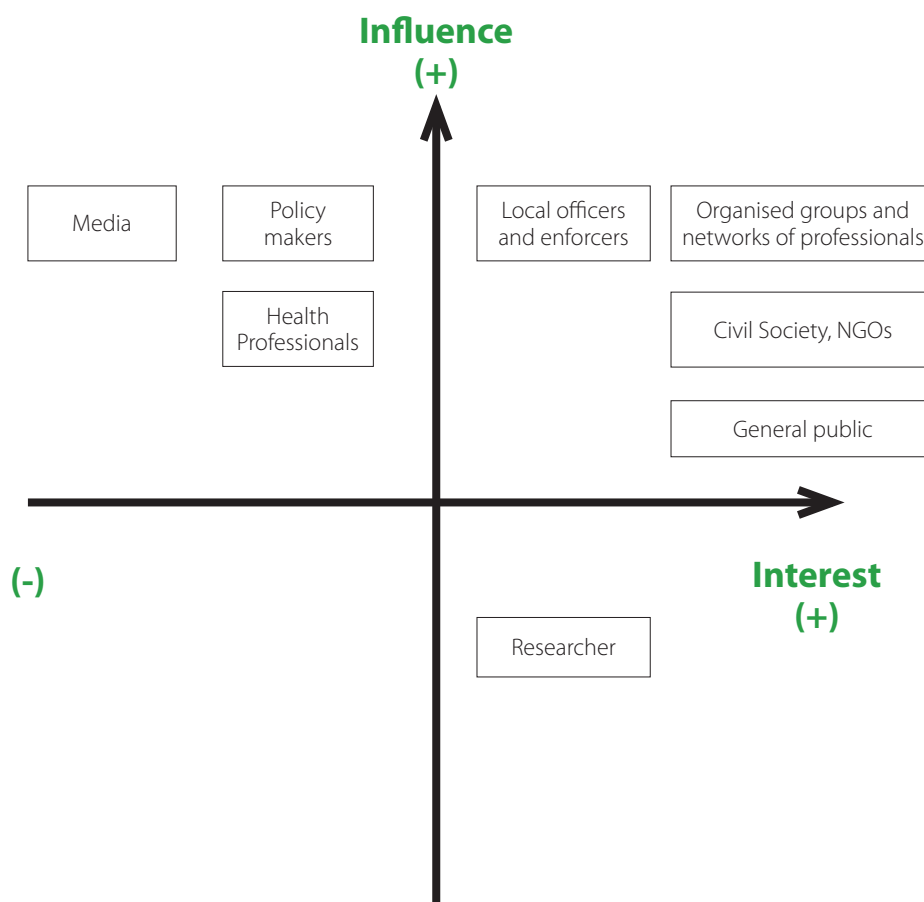
## Session VII: Influence and Interest Grid

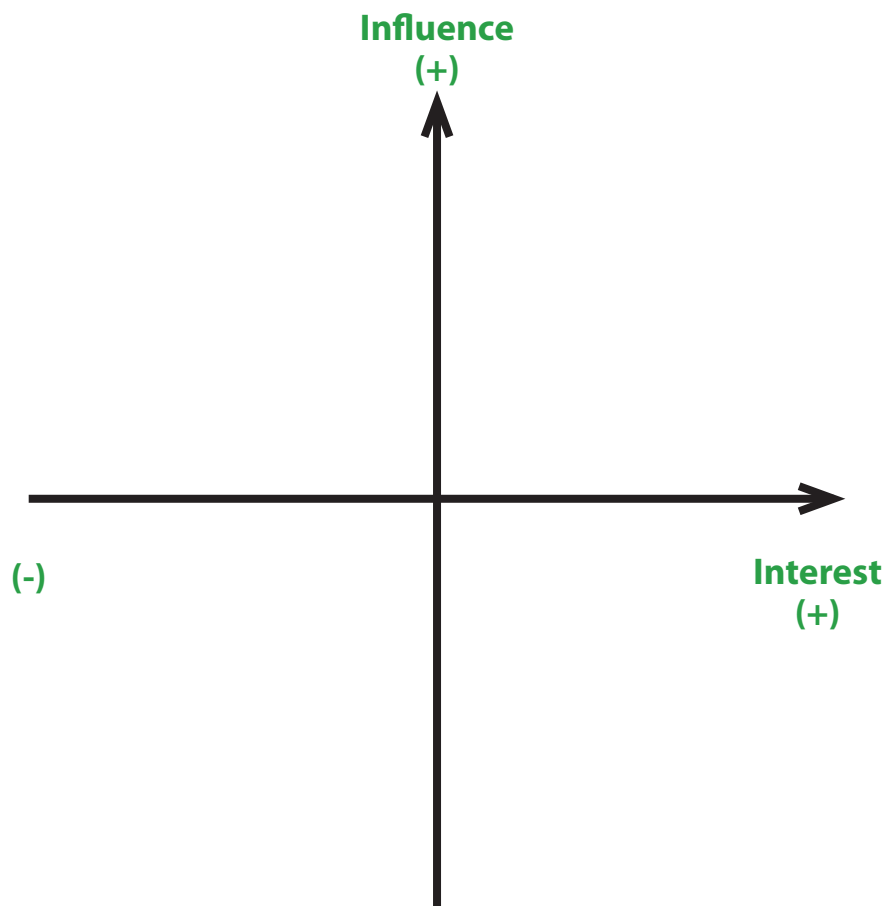
**Objective:** To map key audiences according to their levels of influence and interest

**Instructions:**

Write down each audience you identified in the previous exercise. Try to position them on the grid according to their level of influence and interest.

**Example of Starland**





***Where are your key audiences in relation to their Influence and interest within the action area you have selected?***





## Session VIII: Identifying Barriers to Using Tobacco Control Data for Policies and Programmes

**Objectives:** To identify common barriers to using tobacco control data and information for policies and programs in a specific action area. Identify a barrier to your top priority.

### Instructions:

Write down barriers to using data and information for tobacco control policies and programs in the chart. Review the list and vote for the barriers and delete for the next round those with least votes. Do it again a 2<sup>nd</sup> and 3<sup>rd</sup> time until you reach the most important barrier. Discuss the group output. Similar responses may be grouped. Responses that refer to the same idea may be collapsed.

Using a multi-voting system, select a few high priority barriers that you want to address as a group. First time of voting will identify priorities say 3 priorities identified; the second vote will focus on the three areas that have the highest votes in the first vote. The third vote will focus on the two areas with the highest votes in vote two.

**Table 6: Identifying Barriers**

Barriers	1 <sup>st</sup> Vote	2 <sup>nd</sup> Vote	3 <sup>rd</sup> Vote

**Table 7: Example of Starland**

Barrier	1 <sup>st</sup> VOTE	2 <sup>nd</sup> VOTE	3 <sup>rd</sup> VOTE
Lack of mechanism for providing data to policy makers	5	5	6
Lack of advocacy	3	3	-
No routine monitoring tobacco use & second hand smoke (surveillance system)	1	-	-
No clear guideline and instruction of data collection at the local level	1	-	-
Lack of knowledge & skills for using data in policy- and decision-making to protect population from second hand smoke	5	7	9

Share the results in each of the teams:

- What are the priority barriers in each action area?
- Are there common barriers across any of the action areas selected by the teams?







## Session IX: Introduction to Fishbone Analysis

**Objective:** To identify the main root cause to the priority barrier selected

### Instructions:

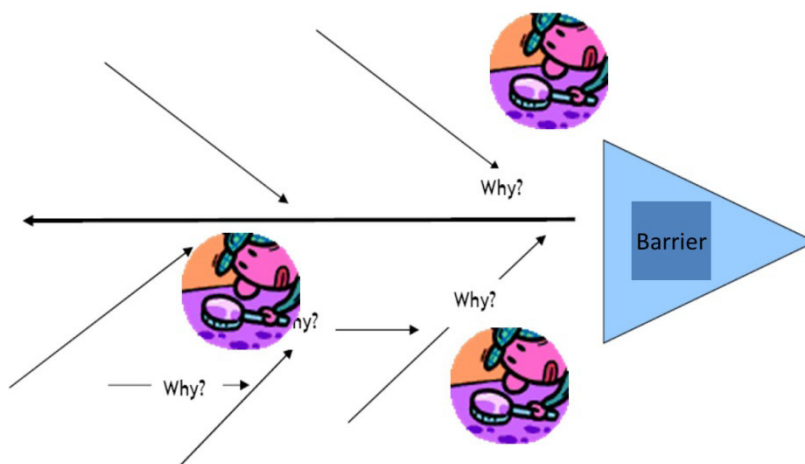
Using the fishbone diagram on the next page, try to understand the main root cause of the selected barrier. Draw a lateral fishbone identifying a cause to the barrier. Ask yourself why this cause exists. Proceed in identifying causes until you find a root cause that you can manage, modify, or mitigate and then draw a cloud around it.

### Questions:

1. What are the root causes of the barriers you selected? Using a fish-bone diagram, try to understand the root causes of the barrier you selected.
2. What are the underlying causes behind the causes?
3. Can we do something about the underlying causes? If yes, stop at this underlying cause. If no, go to the next underlying cause.
4. With each fishbone, ask yourself the question “Why?” Think about the barrier in relation to you, NOT the barrier in general.

## Example of a fishbone

### Root Cause Analysis of Barriers



#### Writing a barrier statement: the head of the fish

- The barrier statement will be the starting point of your fishbone analysis.
- It needs to be written in such a way that overcoming the barrier can be established or verified.
- Spend some time writing a good barrier statement that will trigger improvement in the way you use data for policies and programmes.

#### **ACTION AREA 1: Packaging and labelling**

##### **For example:**

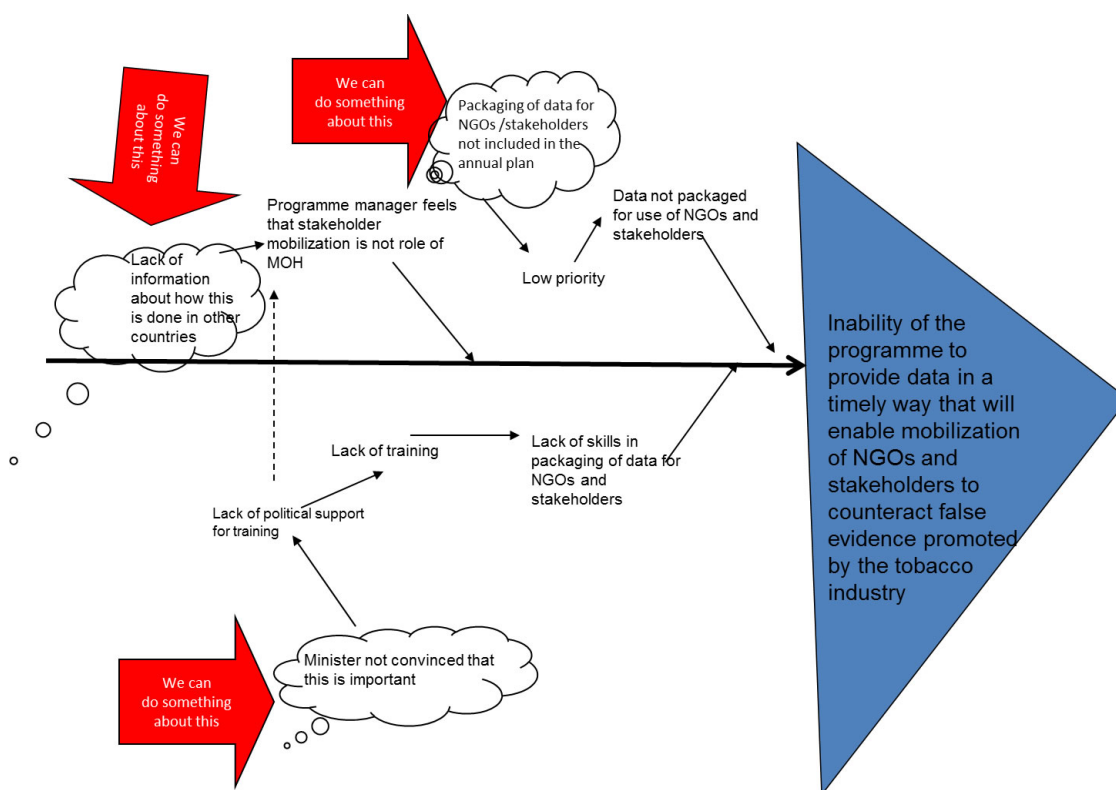
First barrier statement – “Tobacco industry interference”

##### **Result of overcoming barrier? Not clear.**

Improved barrier statement – “Inability of the programme to provide data in a timely way that will enable mobilization of NGOs and stakeholders to counteract false evidence promoted by the tobacco industry”

##### **Result of overcoming barrier?**

Inability of programme to provide data in a timely way that enables mobilization of NGOs and stakeholders to counteract false evidence



## ACTION AREA 2: Prices and Taxes

### For example:

First barrier statement – “Lack of access to economic data”

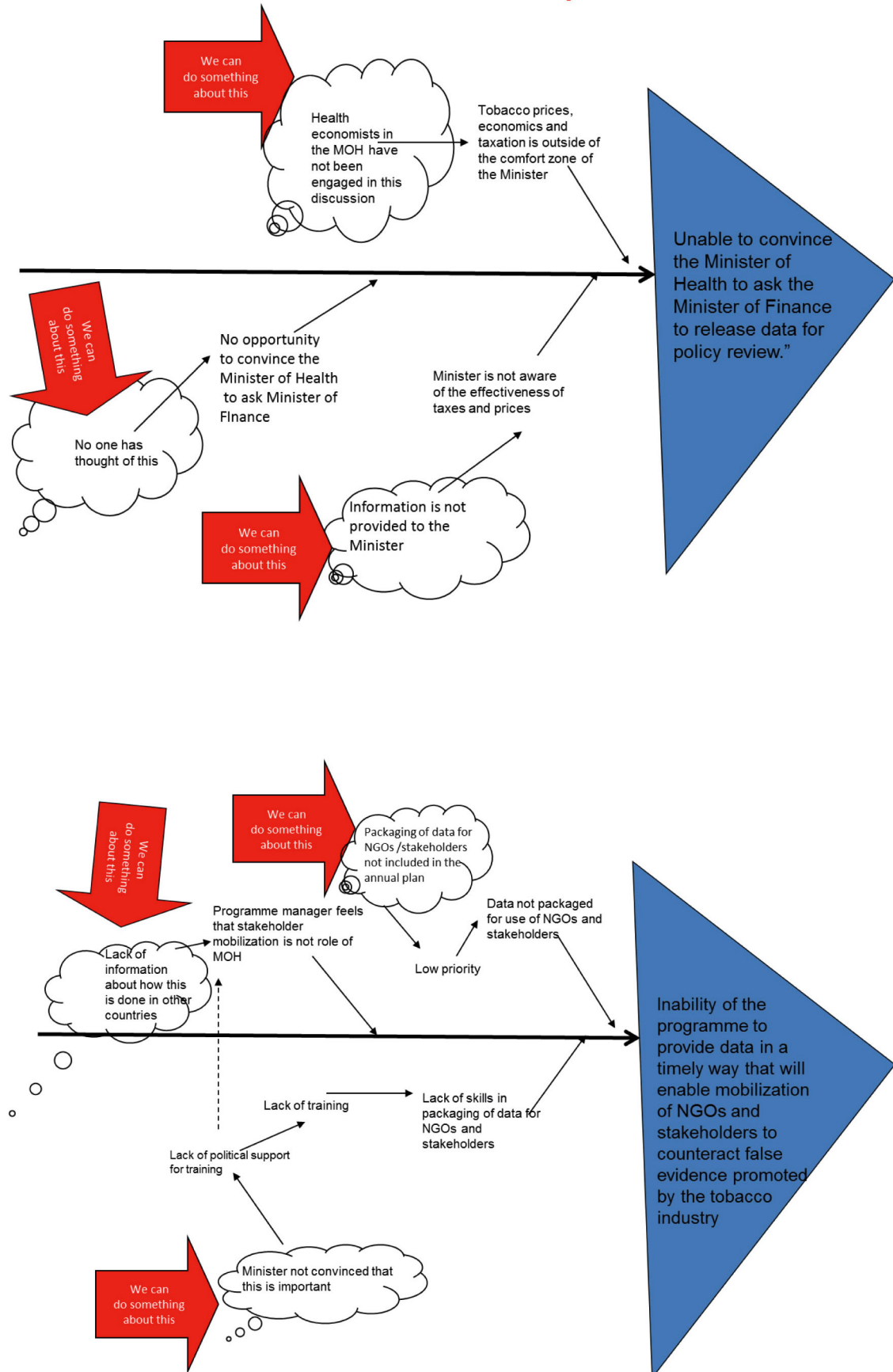
### Result of overcoming barrier? Not clear.

Improved barrier statement – “Unable to convince the Minister of Health to ask the Minister of Finance to release data for policy review.”

### Result of overcoming barrier?

Ability of Minister of Health to understand data and convince the Minister of Finance to take action on prices and taxes.

## Action area: Taxes and prices



### **ACTION AREA: Second Hand Smoke**

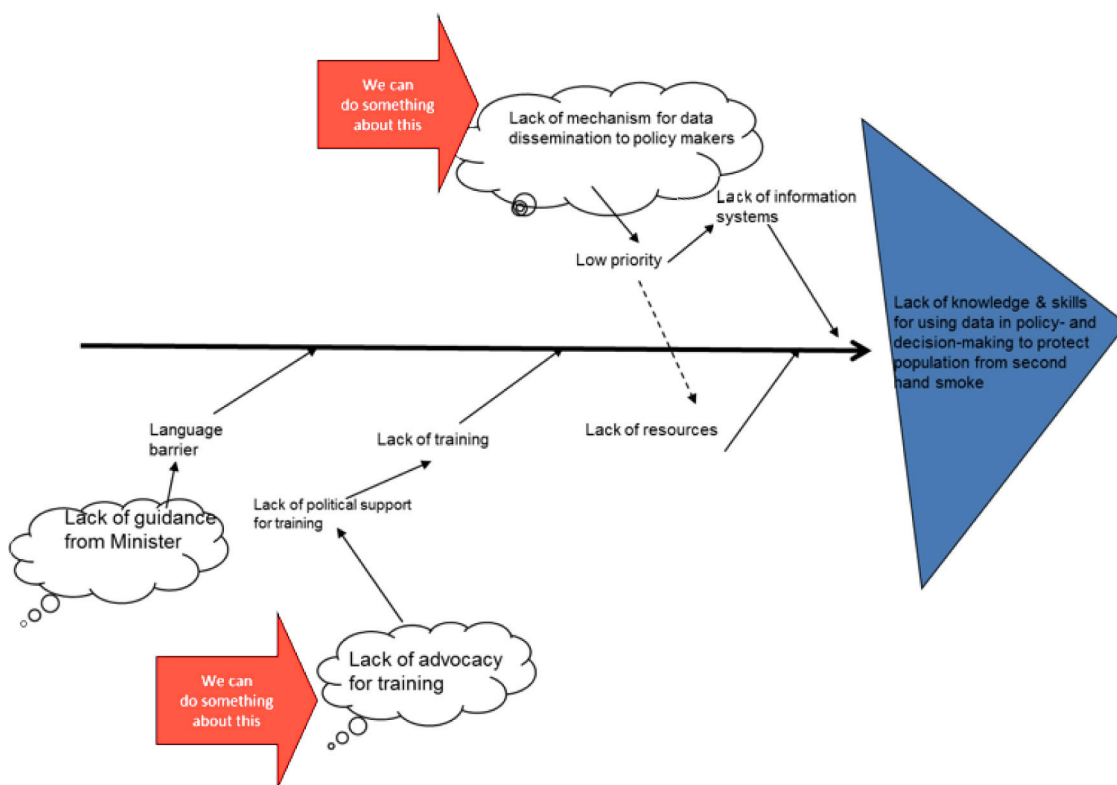
**For example:**

First barrier statement – “Data too technical”

**Result of overcoming barrier? Not clear.**

Improved barrier statement—"Lack of skills in packaging technical data for use of policy-makers"

**Result of overcoming barrier?** "Capacity to package technical data for use and action by





## Session X: From Fishbone to Countermeasures

**Objective:** To identify a countermeasure that may be applied to counteract the main root cause of the priority barrier selected.

### Instructions:

Instructions about a counter measure to address the main root cause of the barrier. What are the country-specific actions to address the barriers?

Think about practical methods that can be used to implement the countermeasures and complete the chart. Complete the countermeasures matrix and assess the effectiveness and feasibility of each method on a scale of 0 to 5. Multiply both parameters to get your overall score.

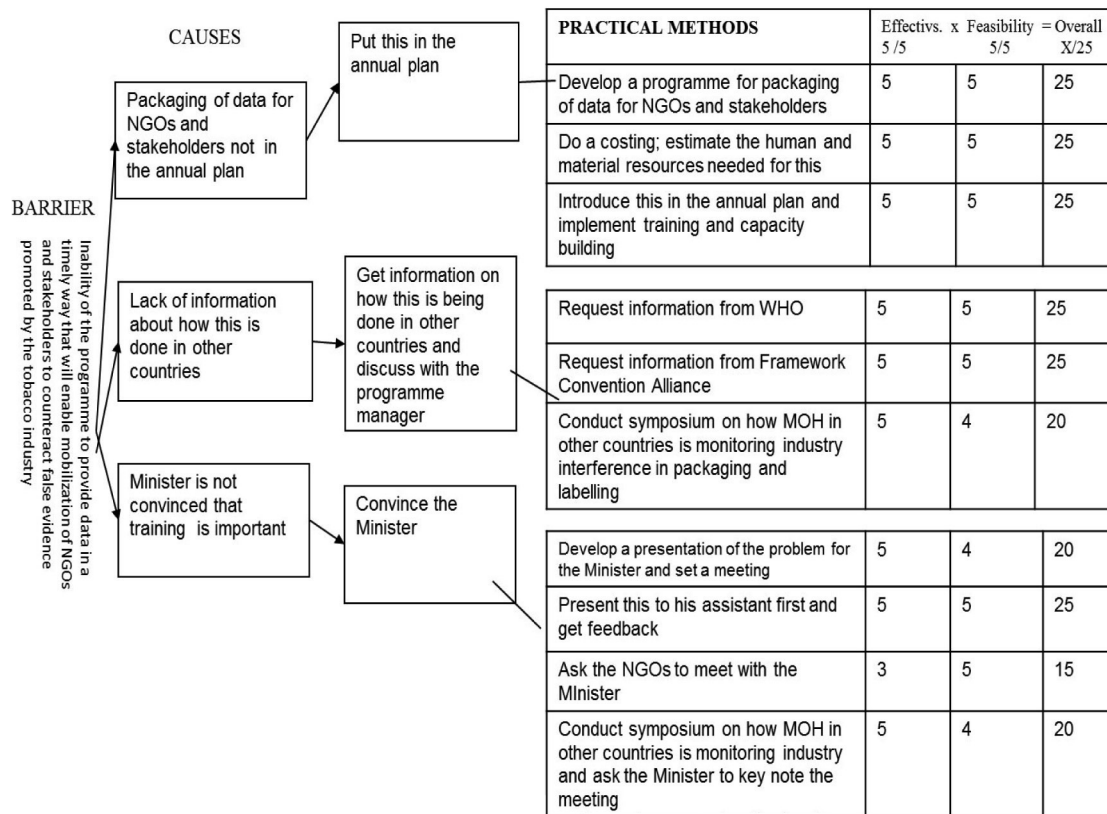
### Example: Countermeasures Matrix for Country X

*FOR EACH ACTION AREA develop a table for counter measures*

# Countermeasures and practical methods chart

## COUNTER MEASURES

## Action Area: Packaging and labelling



Effectiveness – the practical method will result in significant change toward overcoming the barrier

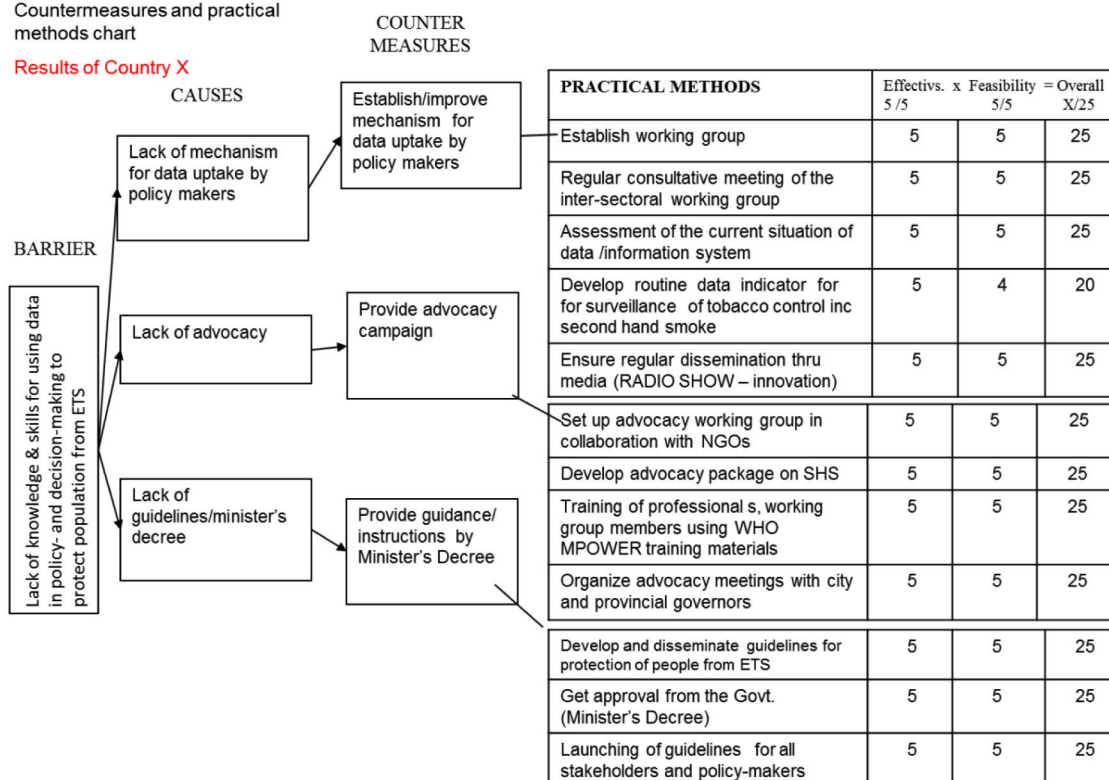
Feasibility – resources (material, human and time) are available and accessible for taking the action needed



## Smoke-Free Environment

Countermeasures and practical methods chart

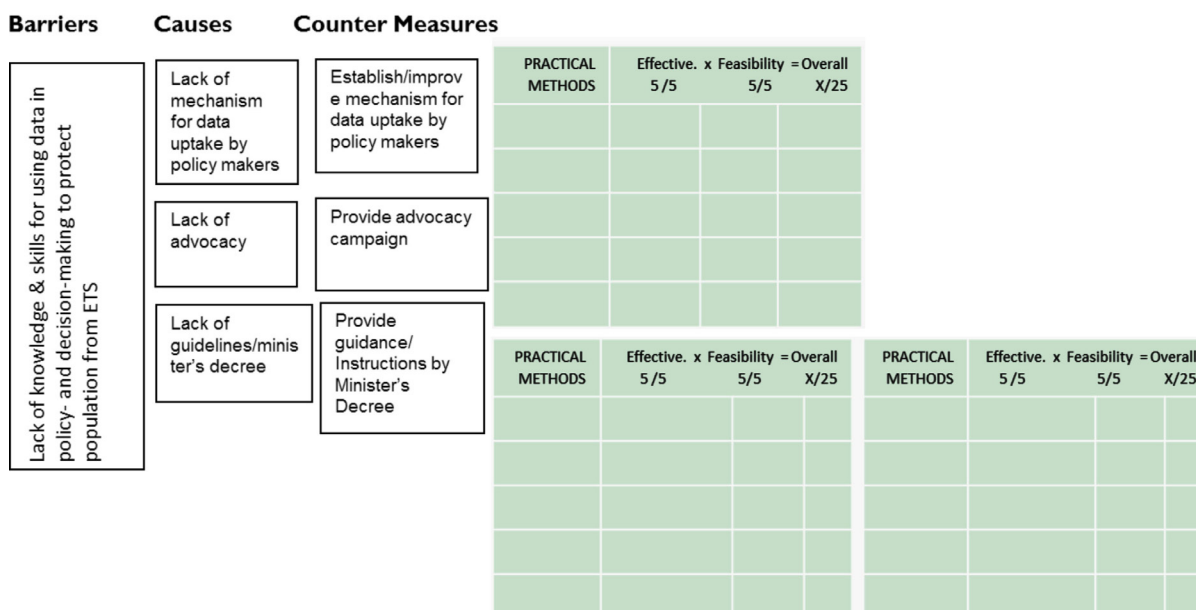
Results of Country X



Effectiveness – the practical method will result in significant change toward overcoming the barrier

Feasibility – resources (material, human and time) are available and accessible for taking the action needed

## Countermeasures Practical Methods Chart



**Effectiveness:** the practical method will result in significant change toward overcoming the barrier

**Feasibility:** resources (material, human and time) are available and accessible for taking the action needed



# Session XI: Reverse Fishbone Analysis

**Objectives:** To ensure all the barriers have been identified, root causes analysed and target audiences critical to improving the situation identified

## Instructions:

### Overcoming barriers with countermeasures

- Once you have identified the root causes to the barrier, brainstorm on countermeasures to address the root causes of the barrier.
- What specific actions will address the barriers?
- Is there a particular target audience that will be critical to improving your use of data for programmes and policies?

### Revisit the tobacco traffic lights

- Look at the tobacco traffic lights and the influence and interest grid again.
- What are the key audiences in relation to your barrier?
- How can you reach these audiences?

### Is there a primary audience in overcoming your barrier?

- PRIMARY – this audience is the key to reaching other audiences

## Innovation Opportunity Cycle







## Session XII: Group Reports on Reverse Fishbone Analysis and Countermeasures

**Objective:** To identify counter measures for the country based on the group countermeasures.

### Instructions:

Each group/team should present their counter measures in plenary for review and discussion. This will enable the entire team identify common areas of weakness and then finally come up with 3-4 areas of focus

Group presentation of results

- Results of each group



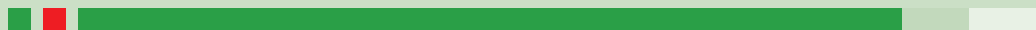


## Session XIII: Review and Reflection on All the Tools

**Objectives:** To appreciate the interrelatedness of the tools and how one can use them to get to an action plan for data to action for a particular country.

**Instructions:**

Participants should be able to review the tools and process of using the tools. This will help the participants to appreciate the tools, how to use them and what results to expect. The facilitator should be creative on how to review the tools.



## Session XIV: Introduction of Template for Country Project Proposals

**Objective:** To develop a proposal for a country project according to the guidelines provided by the facilitators.

### Instructions:

Prepare an action plan based on the template.

**Table 8: Example: Country Project Proposal-Results of your country**

Project Proposal:						
Project Title: smoke						
Priority Barrier:						
Countermeasure	Practical method	Indicator	Date due	Expected outcome	Cost	Source of funds

### Instructions:

After the proposal prepare your own detailed project work plan based on the template.

## Appendix 1: Sample Training program for Data to Action Workshop

### DAY 1:

9:00 – 09:15	<b>WELCOME AND INTRODUCTIONS</b> Welcome & Introductory remarks
9:15 – 09:30	<b>OVERVIEW AND EXPECTATIONS FROM THE TRAINING WORKSHOP</b> General Discussion
9:30 – 10:30	<b>OVERVIEW OF TC IN AFRICA</b> TC Challenges faced by the target countries & Key Recommendations from the WHO Capacity Assessment Report of the country in focus.
10:30 – 11:00	<b>Break</b>

11:00 – 12:00	<b>REVIEW DATA SOURCES</b> <ul style="list-style-type: none"> <li>○ What needs to be measured?</li> <li>○ Who measures?</li> <li>○ How it's measured?</li> <li>○ What are the available surveillance tools?</li> <li>○ Overview of GTSS surveys and GTCR</li> <li>○ What are the gaps</li> </ul>	<b>Chair: xxx</b> <b>Rapporteur: xxxx</b>
12:00 – 13:00	<b>HEALTH DIMENSIONS OF THE INFORMATION ON TC</b> Using specific information on TB, NCDs & Tobacco Mortality	<b>Chair: xxxxx</b> <b>Rapporteur: xxxxxx</b>
13:00 – 14:00	<b>Lunch</b>	

14:00 – 15:00	<b>SOCIO-ECONOMIC DIMENSIONS</b> <ul style="list-style-type: none"> <li>○ Where is the Economy in relation to Tobacco income vs GDP</li> <li>○ Trade balance in relation to cigarette exports &amp; other tobacco products</li> <li>○ Tobacco revenue in relation to other sectors &amp; countries in the region</li> </ul>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>
15:00 – 16:00	<b>TOBACCO REVENUE &amp; ILLICIT TRADE</b> <ul style="list-style-type: none"> <li>○ Amount of illicit trade on tobacco products in country of focus</li> </ul>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>
16:00 – 17:00	<b>DISCUSSION &amp; CLOSURE</b>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>

## DAY 2:

9:00 – 9:30	<b>ALTERNATIVE LIVELIHOODS</b> <ul style="list-style-type: none"><li>Sharing experiences of transiting farmers from tobacco growing to alternative enterprises: a case study</li></ul>	<b>Chair: xxx</b> <b>Rapporteur: xxxx</b>
9:30 – 10:00	<b>IMPLICATIONS OF AL</b> <ul style="list-style-type: none"><li>What will happen to the economy of country X if we move famers to alternative enterprises</li><li>How can the farmers be trained and by who</li><li>How much will it cost to train famers</li></ul>	
10:00 – 10:30	<b>THE ECONOMICS OF TRANSITING TOBACCO FARMERS TO ALTERNATIVE ENTERPRISES</b> <ul style="list-style-type: none"><li>Using a model of 5,000 famers what is the cost of transitioning</li></ul>	
10:30 - 11:00	<b>Break</b>	
11:00 - 12:00	<b>DISCUSSION ON AL</b>	<b>Chair: xxxxxxxx</b> <b>Rapporteur: xxxxxxxx</b>
12:00 – 13:00	<b>TOBACCO INDUSTRY</b> <ul style="list-style-type: none"><li>How existing information can be used to counter TII</li></ul>	<b>Chair: xxxxxxxx</b> <b>Rapporteur: xxxxxxxx</b>
13:00 – 14:00	<b>Lunch</b>	
14:00 – 15:00	<b>DISCUSSION ON TII</b>	<b>Chair: xxxxxxxx</b> <b>Rapporteur: xxxxxxxx</b>
15:00 – 15:20	<b>Break</b>	
15: 20 – 17:00	<b>DATA TO ACTION TOOLS</b> <ul style="list-style-type: none"><li>Fish Bone</li><li>Spider-gram</li></ul>	<b>Chair: xxxxxxxx</b> <b>Rapporteur: xxxxxx</b>

## DAY 3

9:00 – 10:30	<b>EXERCISES: Using 4 data/information Scenarios: AL, Taxation, SM Environments, Mortality Data and GTCR</b> <ul style="list-style-type: none"> <li>o presentation(s)- the focus will be on how the participants are able to use the available information sources and the lessons learnt in this workshop in developing a policy strategy for their country.</li> <li>o Identify information gaps, if any in developing the policy strategy and next steps to building capacity to bridge the gaps in the most cost effective manner</li> <li>o How to communicate the data/information and strategies to policy makers and other relevant stakeholders, including media /advocacy groups?</li> </ul>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>
10:30 – 11:00	<b>Break</b>	
11:00 – 13:00	<b>DISCUSSION/GROUP PRESENTATIONS</b> <ul style="list-style-type: none"> <li>o How existing information can be used to counter TII</li> </ul> <b>DISCUSSION ON IMPLICATION OF THE DATA/ INFORMATION</b>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>
13:00 – 14:00	<b>Lunch</b>	
14:00 – 17:00	<b>ACTION PLANNING &amp; CLOSURE</b>	<b>Chair: xxxxxx</b> <b>Rapporteur: xxxxxx</b>

## About CTCA

The Centre for Tobacco Control in Africa (CTCA) was established by the World Health Organization (WHO) with funding from the Melinda Gates Foundation.

CTCA's mandate is to support governments in African countries develop tobacco control policies and legislation as well as build and sustain institutional capacity for tobacco control. This is done through offering technical, institutional and cross sector support for tobacco control at national and regional levels.

The Centre is hosted by the School of Public Health at Makerere University College of Health Sciences, [www.musph.ac.ug](http://www.musph.ac.ug), as part of a consortium of three organizations.

MAURITANIA

UGANDA

KENYA

ANGOLA

SOUTH AFRICA

 CTCA initial Target countries



Kasangati - Gayaza Road, 15km from the City Centre \* P. O. Box 7072, Kampala, Uganda  
Phone: +256 312 202 379/4/5 \* e-mail: [ctca@ctc-africa.org](mailto:ctca@ctc-africa.org) \* Web: [www.ctc-africa.org](http://www.ctc-africa.org)