



## **INFORMATION GATHERING FOR SUCCESS STORIES**

Overview:

Good success stories should include portraits of individual families and communities whose lives have been touched by a particular health initiative or change in policy. These portraits can be used as a starting point for describing successes of regions and entire countries.

The success stories should be prepared by a professional writer. However, the material needed to write these stories can be collected by another person in the field. Let's call that person a *reporter*.

That's a good term to use, because this person should think like a journalist and follow a fundamental rule. When getting a story, always be sure to obtain the *who, what, where, when, and how*.

Another important message for reporters: details matter.

### **AT COMMUNITY LEVEL**

#### **Information for all individuals cited**

Full name, age, occupation and place of work, marital status, description of living situation (including income and how it compares to that of others locally), detailed description of housing. Physical descriptions also should be included (telling details about appearance, clothing, any striking characteristics). Obtain the same information for all members of immediate family and household.

#### **Details about locales**

Name, location and population of village profiled  
Basis for local economy  
Description of the setting, with as many details as possible  
Distance from nearest large town or city

#### **Information regarding local authorities**

Description of structure of local health system  
Name of nearest health facility and hospital  
Names, ages, and occupations of local health care givers (especially important to get details about those who have interacted with any families profiled)  
Name of village chief or other authority  
Any other relevant details that could shed light on the person's interaction with health care

## **Narratives**

Once the preceding information has been gathered, the reporter should obtain detailed stories about individuals' experiences with TB and TB control. The report should be obtained chronologically, and in detail. It is often necessary to guide an interview, since people tend to skip around and may miss important details when telling stories about themselves. The reporter should ask for specific dates (insofar as this is possible) when events are mentioned (as well as the who, where, what, and how).

### ***Sample questions:***

How did you find out you had TB?

Were you feeling sick at the time? What was wrong?

How did your illness affect your family?

Did your illness change the way you did things - could you work and take care of your family?

How about your children? (Same questions as above)

Has anyone in your family died of TB? Did that person receive treatment? If so, what kind of treatment, and where?

Did you pay for it or receive it free of charge?

## **Permission**

When obtaining stories about individuals and their families, it is very important to make sure the person does not mind having his or her name published. It's good to explain that the story will help other people, because they will understand more about TB and how to fight it. If your subject is hesitant, you can always ask to use the story with a pseudonym (meaning you can invent a suitable name and indicate in the story that the person's real name has been withheld for reasons of privacy).

## **Examples**

Here are two examples of good case studies, taken from a BBC report on British Red Cross TB projects in Kazakhstan and Kyrgyzstan.

### **Igor, 47, Almaty, Kazakhstan**

"Freedom is like a vacation," Igor jokes. He has spent 26 years of his life in prison and has a history of drug and alcohol abuse. He is living with HIV and TB.

Looking at Igor it's hard to believe he was released from prison just six months ago - he has quit drugs, alcohol and even stopped smoking. His last stint in prison was in a special TB facility in Karaganda in the north of the country. When released from prison, he had not quite recovered from TB.

"Prison is a terrible place. I got home to Almaty and fell out with my wife. I had nowhere to turn to. I was homeless, until the national Aids centre referred me to the Red Crescent. "They were able to secure me a place in a drug and alcohol rehabilitation centre and I am still living there now. There are no state facilities like this, so I am very lucky that the Red Crescent has been able to secure me a free place at this private centre."

Igor is being treated for TB and is also on anti-retroviral drugs at the Aids centre. Igor says: "I feel like I am in heaven compared to six months ago. I feel so much better that sometimes I even forget that I am still HIV-positive. "I feel like I have finally started to live. I feel like a re-born person."

### **Valery, 36 and Olia 46, Termirtau, Kazakhstan**

Valery and his partner Olia were injecting drug users and contracted HIV through sharing contaminated needles.

They met at a drug and alcohol rehabilitation centre in 2001, where they were sent by the government once they were released from prison for drug-related offences.

Olia describes how they found out that they were HIV-positive. "In 2004 we started feeling unwell and went to the hospital to be tested for TB and at the same time they also discovered HIV. I was so shocked to hear this news, and the casual way that they told me was as if I had flu. They didn't give me any advice at the hospital.

"All I wanted to do was die. I couldn't look to the future or even past one day," she says. "My husband would buy something nice for me like a pair of earrings, and I would ask him why he had bothered if I was going to die?"

Valery and Olia started visiting the Red Crescent centre after being diagnosed with HIV and TB. They receive support from the multi-disciplinary team of a lawyer, social worker and psychologist.

"Through the Red Crescent we have met others and we know that we are not alone. We feel better when we can share our stories and that someone cares about us," Olia says.

"We still can't share this with our families though. My seven children know that I had TB but we are afraid to tell them about HIV in case they stop me looking after my grandchildren. My family keeps me motivated for the future so this would be the worst tragedy for me."

Jelena their social worker says: "Valery and Olia were completely different people when they started the programme. Now every time Olia comes in, I tell her how much more beautiful she is looking. You can see life has returned to her."