



**USAID**  
FROM THE AMERICAN PEOPLE

**Stop TB Partnership**

**Overcoming Barriers to TB Control**

**The Role of Advocacy,  
Communication, and  
Social Mobilization  
(ACSM)**

**Training Curriculum**

**August 2011**

# Acknowledgments

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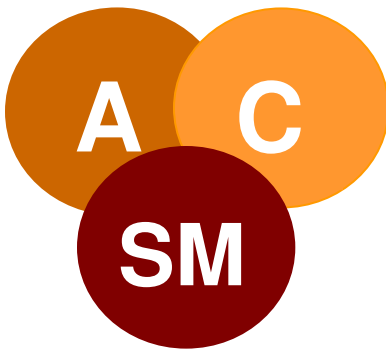
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# Abbreviations

ACSM	advocacy, communication, and social mobilization
AIDS	acquired immunodeficiency syndrome
CHW	community health worker
CSO	civil society organization
DHS	Demographic and Health Survey
DOT	directly observed therapy
DOTS	the internationally recommended TB control strategy
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
KAP	knowledge, attitudes, and practices
MDR-TB	multidrug-resistant TB
NGO	nongovernmental organization
NTP	National TB Program
PATH	Program for Appropriate Technology in Health
TB	tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	extensively drug-resistant TB

# Introduction



Much has been achieved in tuberculosis (TB) control with technical and medical interventions. To meet the Stop TB Partnership target of detecting 70 percent of new cases and successfully curing 85 percent of these cases, however, we must go beyond technical fixes (diagnostics, drugs, and vaccines) and address the many social, economic, legal, and political dimensions of TB that have an impact on TB control outcomes. Advocacy, communication, and social mobilization (ACSM) refers to a set of interventions that supports TB control goals and objectives at international, national, and local levels. These include advocating for sufficient resources, promoting healthy behaviors and attitudes, and engaging affected communities in the fight against TB.

ACSM activities also can battle stigma, correct misconceptions about TB, and identify new funding mechanisms to support TB control—all of which are essential to sustaining and increasing the gains that we have made in TB control over the past several decades.

This curriculum is designed for training TB control professionals and civil society activists at national and local levels who are involved in ACSM efforts. It is designed to provide country-level staff with the specific knowledge and skills to plan, implement, and evaluate effective ACSM interventions linked to specific TB control objectives. The curriculum structure and methodologies proposed by PATH were approved by the Stop TB Partnership ACSM Country Level Core Group members for global use. The original version of the curriculum was significantly refined and modified in response to partners' comments and to meet participants' needs.

## The training objectives are to:

- Orient participants to the basic concepts of advocacy, communication, and social mobilization for TB control.
- Provide country-level staff with specific knowledge, skills, and resources to plan, implement, and evaluate effective ACSM interventions linked to specific TB control objectives.
- Draft action plans specific to their settings and create follow-up technical assistance plans for moving forward with ACSM.

## Participants will:

- Understand the concepts of advocacy, communication, and social mobilization, their differences and interlinkages, and benefits of incorporating ACSM activities into TB programs.
- Understand how ACSM activities support the Stop TB Strategy and TB control objectives.
- Review specific TB program performance data, identify TB control challenges and contributing factors (barriers), and design ACSM activities to address those barriers.
- Be able to use a systematic process of program gap identification and barrier analysis to develop feasible and appropriate ACSM action plans.

# Guidelines for Trainers

## Selection of Participants

The success of the workshop and the sustainability of its outcomes depend crucially on how deeply participants are engaged in their local in-country TB ACSM activities. To the extent possible, make sure that the most engaged and committed staff are sent from each participating area. Participants will ideally include people who fit the following profiles:

- Represent a cross-section of relevant stakeholders at different levels (e.g., national, provincial, and local).
- Directly responsible for managing, planning, implementing, or evaluating ACSM activities on a day-to-day basis (e.g., ACSM focal point at the National TB Program [NTP] or the Global Fund to Fight AIDS, Tuberculosis and Malaria [Global Fund]).
- Civil society representatives, including affected groups (e.g., nongovernmental organizations [NGOs] implementing ACSM activities at the community level, TB patient organizations).
- Others who are critical to breaking identified roadblocks (e.g., NTP managers, media representatives, policymakers, Global Fund project managers).
- Individuals most likely to take specific action as a result of their participation in the workshop.
- Individuals who will be in their current positions for at least two years.

## Pre-training Arrangements

The availability of detailed TB control data (at national, regional, and district levels) ensures a practical and satisfying outcome of the workshop. Useful documents include NTP, national, and regional strategies and reports; knowledge, attitudes, and practices studies and Demographic and Health Survey reports; assessments (formative surveys, key informant interviews); and impact evaluations of activities. Ask participants to submit electronic versions and carry both hard and electronic copies of these files to the workshop.

## Number of Trainers

A minimum of two trainers is recommended in addition to the lead trainer. If possible, having up to five staff members with some level of facilitation skills will be useful, as they will play the role of group mentors. Each trainer will mentor a specific country group through the team exercises, which are an integral part of this training. The group mentors' duties include repeating and clarifying instructions for group work sessions and guiding the discussion when necessary so that it stays focused on the objectives and outcomes. This group's active involvement in all stages of selection and administration is essential to the success of the workshop.

## **Curriculum Review and Adaptation**

Prior to the workshop, the trainers should gather background information on participating countries and review their epidemiological data and plans/strategies for TB control. The co-trainers will work closely with the lead trainer to review and adapt the training materials to address specific country needs, and they will assist the lead trainer in the day-to-day facilitation of the workshop. The lead trainer and co-trainers should examine this curriculum, make adaptations as needed to customize the sessions to the local settings and participants' expressed needs, and prepare ACSM case studies/examples that are appropriate for the region. This should be among the first activities in the preparation. Trainers should be assigned to specific sessions well ahead of the training, to give them adequate time to familiarize themselves with the materials, content, and process, and to smooth out any potential problems.

## **Venue**

Make sure that the venue is spacious enough to provide extra space for about five or six breakout groups of five to six people each.

## **Materials**

Each participant should ideally receive a CD containing complete copies of ACSM resources as part of their registration packet. The CD should also contain digital copies of the agenda, all handouts, and the presentations that will be used in training sessions.

## **Participant Contributions**

Identify TB specialists willing to attend and present on the status of the national/regional TB control program for each country (see Day 1).

## **Computer Logistics**

Include a field on the registration form that asks whether the participant will bring a laptop computer and whether he or she has Microsoft Office installed. It is a training preference that each group has at least one laptop computer equipped with Microsoft Office to facilitate compilation of training products.

As part of workshop preparation, procure a USB flash drive for each work group as well. This will be used during sessions to transfer files and presentations between laptops and the main presentation computer.

## **Materials and Equipment**

Trainers should familiarize themselves thoroughly with the curriculum content before initiating the training and prepare copies of the agenda, handouts, and any other resources necessary. The following materials should be assembled before the training begins:

1. Copies of the registration form and needs assessment analysis.
2. Copies of the pre- and post-tests.
3. Copies of the final workshop evaluation form, handouts, and worksheets.
4. Welcome packets for participants—folders containing the training agenda, a notebook, and a pen.

5. Markers.
6. Flipchart paper.
7. Small, blank sheets of paper or index cards for daily participant evaluations.
8. Post-it notes.
9. Tape.
10. Name badges.
11. LCD projector(s)—one is essential, two would be ideal.
12. Two dedicated workshop laptops.
13. One USB flash drive per group.
14. Extension cords and adapters, as needed.
15. Certificates of Participation for each participant.

## Workshop Guidelines

Full participation by each group and its members is absolutely critical to the success of the training. Sessions are designed to be interactive and participatory to maximize discussions and sharing between individuals and groups. Trainers must be especially attentive to encourage this and ensure that sessions do not turn into lectures.

The strength of this training lies in its ability to be responsive and flexible to the capacities and needs of its participants. To this end, it is necessary to emphasize quality and depth of output over adherence to the time plan. Some teams may move more slowly than the rest. It is recommended that even if a five-day agenda is shared with the participants, it is presented as a draft agenda that will be subject to change from day to day. Secure prior agreement and understanding for this so that no one feels disoriented by rearranged agenda items.

If possible, each table should have at least one laptop computer and at least one PowerPoint-literate participant or trainer. Participants should be provided templates for their laptops in which to enter data from various group discussions.

Because the training is long and demands engagement, trainers should prepare a variety of short (5- to 10-minute) energizers to use between sessions or to break up sessions as they see fit. Alternatively, one or two participants each day can serve as “mood monitors.” These volunteers can be responsible for leading the group in a song, dance, or energizer exercise at least twice during the day when they sense that participants’ energy is low. The following resource provides excellent ideas for energizer activities: *100 ways to energize groups: Games to use in workshops, meetings and the community*. Brighton, United Kingdom: International HIV/AIDS Alliance; 2003. Available at: [http://www.medicalteams.org/sf/Libraries/Learning\\_Zone/100\\_Ways\\_to\\_Energize\\_Groups.sflb.a.shx](http://www.medicalteams.org/sf/Libraries/Learning_Zone/100_Ways_to_Energize_Groups.sflb.a.shx).

The trainers should plan on a meeting every evening to review the day and make decisions about adjusting the next day’s content and agenda to meet participants’ needs. This meeting is crucial to successful training outcomes.



# PowerPoint Presentations, Information Handouts, Worksheets, and Trainer's Guides at a Glance

## Day 1

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guides
Session 1	Registration			
Session 2	Welcome and Greetings			
Session 3	Objectives, Agenda, and Norms	<ul style="list-style-type: none"> <li>HO 1.1: <i>Overview of Agenda</i></li> <li>HO 1.2: <i>Pre-workshop ACSM Quiz</i></li> </ul>	<i>Roadmap for Using Worksheets</i>	Trainer's Guide 1: <i>Pre-/Post-workshop ACSM Quiz Answer Sheet</i>
Session 4	Why Is ACSM Essential to the Stop TB Strategy?	HO 1.3: <i>ACSM and the Stop TB Strategy</i>		
Session 5	Presentations by participants on NTP and ACSM status in their countries			
Session 6	Cough-to-Cure Pathway of Ideal Behaviors in TB Control	HO 1.4: <i>From Cough to Cure: A Path of Ideal Behaviors in Tuberculosis Control</i>	WS 1.1: <i>Barriers that Prevent Ideal TB Behavior</i>	
Session 7	Understanding Advocacy	<ul style="list-style-type: none"> <li>HO 1.5: <i>Differences Among ACSM Concepts</i></li> <li>HO 1.6: <i>Effective Advocacy Skills</i></li> <li>HO 1.7: <i>ACSM Case Studies</i></li> </ul>	<ul style="list-style-type: none"> <li>WS 1.1: <i>Barriers that Prevent Ideal TB Behavior</i></li> <li>WS 1.2: <i>Advocacy Activities</i></li> </ul>	
Session 8	Daily Evaluation and Closing			

## Day 2

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guides
Session 1	Review of Day 1 and Agenda for Day 2			
Session 2	Understanding Communication	<ul style="list-style-type: none"> <li>• HO 1.7: <i>ACSM Case Studies</i></li> <li>• HO 2.1: <i>Key Elements of Effective Communication</i></li> <li>• HO 2.2: <i>Effective Communication Skills</i></li> <li>• HO 2.3: <i>Developing Effective Messages</i></li> </ul>	<ul style="list-style-type: none"> <li>• WS 1.1: <i>Barriers that Prevent Ideal TB Behavior</i></li> <li>• WS 2.1: <i>Communication Activities</i></li> </ul>	<ul style="list-style-type: none"> <li>• Trainer's Guide 2: <i>Instructions for Knowledge, Beliefs, and Practices Exercise</i></li> <li>• Trainer's Guide 3: <i>Statements for Knowledge, Beliefs, and Practices Exercise</i></li> </ul>
Session 3	Understanding Social Mobilization	<ul style="list-style-type: none"> <li>• HO 1.7: <i>ACSM Case Studies</i></li> <li>• HO 1.8: <i>Ways in Which Communities Can Potentially Contribute to TB Care</i></li> </ul>	<ul style="list-style-type: none"> <li>• WS 1.1: <i>Barriers that Prevent Ideal TB Behavior</i></li> <li>• WS 2.2: <i>Social Mobilization Activities</i></li> </ul>	
Session 4				<ul style="list-style-type: none"> <li>• Trainer's Guide 4: <i>Statements for ACSM Summary Exercise</i></li> </ul>
Session 5	Daily Evaluation and Closing			

## Day 3

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guide
Session 1	Review of Day 2 and Agenda for Day 3			
Session 2	TB Control Program Goal, Objectives, Challenges, Barriers, and ACSM Activities	HO 3.1: <i>TB Control Objectives and ACSM Objectives and Activities</i>	<ul style="list-style-type: none"> <li>• WS 1.2: <i>Advocacy Activities</i></li> <li>• WS 2.1: <i>Communication Activities</i></li> <li>• WS 2.2: <i>Social Mobilization Activities</i></li> <li>• WS 3.1: <i>National TB Control Objectives, Challenges, and Barriers</i></li> <li>• WS 3.2: <i>ACSM Activities to Address TB Control Objectives</i></li> </ul>	
Session 3	Key Points of ACSM Action-Planning			
Session 4	Assessing ACSM Needs: Overview of Research Methods	HO 3.2: <i>Research Case Studies</i>		
Session 5	Planning for Effective Monitoring and Evaluation	<ul style="list-style-type: none"> <li>• HO 3.3: <i>Illustrative ACSM Indicators</i></li> <li>• HO 3.4: <i>Monitoring and Evaluation Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• WS 1.2: <i>Advocacy Activities</i></li> <li>• WS 2.1: <i>Communication Activities</i></li> <li>• WS 2.2: <i>Social Mobilization Activities</i></li> <li>• WS 3.3: <i>Monitoring and Evaluation Plan</i></li> </ul>	

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guide
Session 6		<ul style="list-style-type: none"> <li>HO 3.5: <i>Ten Steps to Developing an Advocacy Plan</i></li> </ul>	<ul style="list-style-type: none"> <li>WS: 1.2: <i>Advocacy Activities</i></li> <li>WS 3.3: <i>Monitoring and Evaluation Plan</i></li> <li>WS 3.4: <i>Advocacy Action-Planning</i></li> </ul>	Trainer's Guide 5: <i>Set of Cards for Advocacy Planning Exercise</i>
Session 7			<ul style="list-style-type: none"> <li>WS 2.1: <i>Communication Activities</i></li> <li>WS 3.3: <i>Monitoring and Evaluation Plan</i></li> <li>WS 3.5: <i>Communication Action-Planning</i></li> </ul>	
Session 8			<ul style="list-style-type: none"> <li>WS 3.3: <i>Monitoring and Evaluation Plan</i></li> <li>WS 3.4: <i>Advocacy Action-Planning</i></li> <li>WS 3.5: <i>Communication Action-Planning</i></li> <li>WS 3.6: <i>Developing a Social Mobilization Plan</i></li> </ul>	
Session 9	Daily Evaluation and Closing			

## Day 4

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guide
Session 1	Review of Day 3 and Agenda for Day 4			
Session 2	Technical Assistance and Resources to Support ACSM Activities	HO 4.1: <i>List of ACSM Resources</i>		
Session 3	Planning for ACSM		<ul style="list-style-type: none"> <li>• WS 4.1: <i>Roadmap for Developing an ACSM Action Plan</i></li> <li>• WS 4.2: <i>ACSM Action Plan</i></li> <li>• WS 4.3: <i>Technical Assistance Request</i></li> </ul>	
Session 4	Daily Evaluation and Closing			

## Day 5

Session	PowerPoint Presentations	Handouts (HO)	Worksheets (WS)	Trainer's Guide
Session 1	Review of Day 4 and Agenda for Day 5			
Session 2			<ul style="list-style-type: none"> <li>• WS 4.2: <i>ACSM Action Plan</i></li> <li>• WS 4.3: <i>Technical Assistance Request</i></li> </ul>	
Session 3	Final Evaluation and Closing	<ul style="list-style-type: none"> <li>• HO 5.1: <i>Post-workshop ACSM Quiz</i></li> <li>• HO 5.2: <i>Final Evaluation Form</i></li> </ul>		Trainer's Guide 1: <i>Pre-/Post-workshop ACSM Quiz Answer Sheet</i>

# Overview of Agenda

## Day 1: The Role of ACSM in TB Control: Understanding of Advocacy

Session	Title	Time
	Registration	8:30–9:00
1	Welcome and greetings	9:00–9:30
2	Participant introductions	9:30–10:15
3	Workshop expectations, objectives, agenda, norms, and logistics	10:15–10:45
	<b>Break</b>	10:45–11:00
4	Why is ACSM essential to the Stop TB Strategy?	11:00–11:35
5	Status of national TB control programs: Presentations by country representatives	11:35–1:00
	<b>Lunch</b>	1:00–2:00
6	ACSM and the Cough-to-Cure Pathway	2:00–3:30
	<b>Break</b>	3:30–3:45
7	Understanding advocacy	3:45–4:45
	Group work on developing advocacy actions	4:45–5:45
8	Daily evaluation and closing	5:45–6:00

## Day 2: Understanding Communication and Social Mobilization

Session	Title	Time
1	Review of Day 1 and agenda for Day 2	8:30–9:00
2	Understanding communication	9:00–9:45
	<b>Break</b>	9:45–10:00
	Understanding communication (continued)	10:00–12:00
	Developing communication actions	12:00–1:00
	<b>Lunch</b>	1:00–2:00
3	Understanding social mobilization	2:00–3:30
	<b>Break</b>	3:30–3:45
	Developing social mobilization actions	3:45–4:45
4	ACSM summary exercise	4:45–5:15
5	Daily evaluation and closing	5:15–5:30

## Day 3: Planning ACSM Activities to Address TB Control Objectives, Challenges, and Barriers

Session	Title	Time
1	Review of Day 2 and agenda for Day 3	8:30–9:00
2	TB control objectives, challenges, and barriers. ACSM activities to address TB control objectives, challenges, and barriers	9:00–10:00
3	Key points of ACSM action-planning	10:00–10:15
	<b>Break</b>	10:15–10:30
4	Assessing ACSM needs through research	10:30–11:30
	Research case study: Group work on assessing needs	11:30–12:30
	<b>Lunch</b>	12:30–1:30
5	Planning for effective monitoring and evaluation	1:30–2:30
6	Advocacy action-planning	2:30–3:30
	<b>Break</b>	3:30–3:45
7	Communication action-planning	3:45–4:30
8	Social mobilization action-planning	4:30–5:15
9	Daily evaluation and closing	5:15–5:30

## Day 4: Planning for ACSM

Session	Title	Time
1	Review of Day 3 and agenda for Day 4	8:30–9:00
2	Available ACSM support and resources. Requests for technical assistance	9:00–10:00
3	Planning for ACSM: Group work to plan priority activities for the next 6 to 12 months and discuss technical assistance needs	10:00–10:30
	<b>Break</b>	10:30–10:45
	Facilitated group work (continued)	10:45–12:30
	<b>Lunch</b>	12:30–1:30
	Facilitated group work (continued)	1:30–3:30
	<b>Break</b>	3:30–3:45
	Facilitated group work (continued)	3:45–4:45
4	Daily evaluation and closing	4:45–5:00

## Day 5: Going Forward

Session	Title	Time
1	Review of Day 4 and agenda for Day 5	8:30–9:00
2	ACSM action plan and technical assistance request presentations and discussion	9:00–10:15
	<b>Break</b>	10:15–10:30
	ACSM action plan and technical assistance request presentations and discussion (continued)	10:30–12:30
	<b>Lunch</b>	12:30–1:30
	ACSM action plan and technical assistance request presentations and discussion (continued)	1:30–3:30
3	Final workshop evaluation and closing	3:30–4:00



# Day 1

## The Role of ACSM in TB Control: Understanding Advocacy

### Schedule at a Glance

Session	Title	Time	Trainer
	Registration	8:30–9:00	
1	Welcome and greetings	9:00–9:30	
2	Participant introductions	9:30–10:15	
3	Workshop expectations, objectives, agenda, norms, and logistics	10:15–10:45	
	<b>Break</b>	10:45–11:00	
4	Why is ACSM essential to the Stop TB Strategy?	11:00–11:35	
5	Status of national TB control programs: Presentations by the country representatives	11:35–1:00	
	<b>Lunch</b>	1:00–2:00	
6	ACSM and the Cough-to-Cure Pathway	2:00–3:30	
	Break	3:30–3:45	
7	Understanding advocacy	3:45–4:45	
	Group work on developing advocacy actions	4:45–5:45	
8	Daily evaluation and closing	5:45–6:00	

## Registration

**Time:** 8:30–9:00 (30 minutes)

**Materials:**

- Markers.
- Welcome and information packets for participants (folders containing a welcome letter, training agenda, notebook, and pen).

**Process:**

1. As the participants enter the room, greet them and ask them to register their names.
2. Distribute information packets.

## SESSION 1 Welcome and Greetings

**Time:** 9:00–9:30 (30 minutes)

**Objective:** Introduce the workshop to participants and explain how the workshop will proceed.

**Preparation:** Prepare sufficient tables and chairs for the participants and any guests attending for the opening ceremonies.

**Process:**

1. Welcome the participants to the training. Ask the trainers to introduce themselves briefly.
2. If relevant local authorities or representatives of collaborating agencies are present, introduce them and ask them to present their remarks and officially open the workshop.

## SESSION 2 Participant Introductions

**Time:** 9:30–10:15 (45 minutes)

**Objective:** To meet and greet each other through one-on-one interactions, while introducing important TB-related themes.

- Materials:**
- Blank flipchart paper.
  - Markers/pens.
  - Write on flipchart paper:
    - Name.
    - Position.
    - What comes to mind when you hear the word TB?
  - Name cards.

### Training Steps:

1. Ask participants to sit at tables with others from their region.
2. To create diverse partner pairs, start a count-up from the number 1 upward. Each number must be called out twice, from individuals at different tables. In the next step, people who called the same number will pair up.
3. Ask participants to pair up by numbers (for example, the two people who called out 3 will be paired together), and spend 10 minutes learning about each other (name, position, etc.).
4. Ask each participant to share with his or her partner one or two things that come to their mind when they hear the word “TB.” Give them 10 minutes.
5. Each participant will introduce his or her partner by presenting their name and position, and sharing what comes to their partner’s mind when they hear the word TB. Each person has 1 minute to introduce their partner.
6. Distribute name cards to each pair after their introductions. Ask them to write on it a single name by which they would like to be called during the workshop.

**NOTE:** Facilitators can select other methods of introduction as they wish.

## SESSION 3 Workshop Expectations, Objectives, Agenda, Norms, and Logistics

**Time:** 10:15–10:45 (30 minutes)

**Objective:** Participants will understand the workshop objectives and agenda, share their expectations for the workshop, and develop appropriate group norms.

- Techniques:**
- Presentation.
  - Brainstorming.

- Materials:**
- Blank flipchart paper.
  - Post-it notes.
  - Laptop computer and LCD projector.
  - **PowerPoint presentation: *Objectives, Agenda, and Norms.***
  - **Handout 1.1: *Overview of Agenda.***
  - **Handout 1.2: *Pre-workshop ACSM Quiz.***
  - ***Roadmap for Using Worksheets.***
  - **Trainer's Guide 1: *Pre-/Post-workshop ACSM Quiz Answer Sheet.***

## Training Steps:



1. Summarize the overall training framework by explaining that participants were invited to attend as key resource people responsible for planning and implementing TB ACSM work.
2. **Objectives.** Deliver the **PowerPoint presentation: *Objectives, Agenda, and Norms.*** Post workshop training objectives on the wall:
  - Orient participants to basic concepts of advocacy (A), communication (C), and social mobilization (SM) for TB control.
  - Provide country-level staff with specific knowledge, skills, and resources to plan, implement, and evaluate effective ACSM interventions linked to specific TB control objectives.
  - Draft action plans specific to their settings and create follow-up technical assistance plans for moving forward with ACSM.

Explain that by the end of the workshop, participants will:

- Understand the concepts of A, C, and SM, their differences and interlinkages.
- Understand how ACSM activities support the Stop TB Strategy and TB control objectives.
- Review specific TB program performance data, identify TB control challenges and contributing factors (barriers), and design ACSM activities to address them.
- Be able to use a systematic process of program gap identification and barrier analysis to develop feasible and appropriate ACSM action and follow-up plans.

3. Discuss the **Outputs** of the workshop:
  - Identify TB control objectives, challenges, and barriers and ACSM objectives.
  - Develop ACSM action plans for the next 6 to 12 months.
  - Determine the technical assistance needed.
4. **Expectations.** Direct the participants to take one post-it note each from the table. Ask them to write their main expectation (what they most want to learn) on the note. Support staff will collect the notes and cluster them by common theme while the lead facilitator continues.
5. Collect the clusters of post-it notes from the support staff and go to the posted objectives on the wall. Place each cluster of notes next to the closest-matching objective. Compare the training objectives with the participants' expectations. Point out which participant expectations will be met by the training and which will not.
6. **Agenda.** Let participants know that over the next few days, they will be spending significant time learning more about each of the ACSM components, how they relate and contribute to each other, and how they could increase the outcomes of their TB control efforts (if designed and implemented appropriately). Refer participants to **Handout 1.1: Overview of Agenda** and introduce the general agenda for the five days of the workshop. Do this without going into the specifics of each session but by introducing the five topical themes:

**Day 1:** The Role of ACSM in TB Control: Understanding Advocacy.

**Day 2:** Understanding Communication and Social Mobilization.

**Day 3:** Planning ACSM Activities to Address TB Control Objectives, Challenges, and Barriers.

**Day 4:** Planning for ACSM.

**Day 5:** Going Forward.

Explain that these five topics do not represent a day-by-day breakdown of the five days. Instead, to retain maximum flexibility and sensitivity to the participants' needs and capacity, each day's agenda will be adjusted in light of the previous day's sessions and comments so that the content is covered without compromising quality or depth of discussions.

7. Review and post the agenda for Day 1.
8. **Norms.** Ask participants to suggest norms for the workshop. Norms are guidelines or rules that the group agrees to follow during the workshop to encourage an atmosphere of trust and respect for learning. Record suggested norms on the flipchart. Key norms should include: no cell phone or laptop use, timeliness, respecting opinions, no side conversations, speaking clearly and loudly, openness to ask questions. Agree on working hours for the workshop.

Ask for 3 volunteers for each day to:

- Enforce the norms.
- Serve as timekeeper.
- Summarize key points at the end of each day.

List the volunteers and their responsibilities on the wall.

9. Explain that the training depends on a high level of participation from the very beginning of the workshop and that it is very important for each participant to attend and actively participate in the workshop activities every day. Facilitation methods will include lots of hands-on practice of different approaches and processes.

10. **Training materials.** Introduce the training materials (information handouts and worksheets) to the participants. Explain the difference between handouts and worksheets. Refer participants to the **Roadmap for Using Worksheets** and briefly explain how to use it. Tell them that the Roadmap lists all the worksheets by day and session and points out how each worksheet requires information from and depends on the previously completed worksheets. Emphasize the importance of completing each worksheet for all training sessions.

Emphasize that it is very important that they brought their NTP program strategies (state, district, or organizational work plans), which will be used during several exercises.

11. **Logistics.** Explain any logistics issues such as orientation to the facility and arrangements for payment of participant transport, per diem, or lodging expenses, etc. Post the cell phone numbers of key staff. Circulate an attendance list and request that each participant review and correct his or her name and contact information.

12. Introduce the **group mentors**. Explain that the mentors' role will be to provide clarifications, guidance, and other help as needed to the specific group to which they are assigned.

13. Conduct the **Pre-workshop Quiz**. Explain to participants that this is an individual exercise and not a group one. Clarify that this is not a test but should be viewed more as a baseline before the workshop begins. Tell participants that if any question is unclear, they should ask for assistance.

Distribute copies of **Handout 1.2: Pre-workshop ACSM Quiz**. Request that the participants either mark their names on the quiz or use a special symbol that they should remember and use for the post-workshop quiz. Allow participants 15 minutes to complete the quiz. Collect the quizzes. Ensure that each quiz has the participant's name or symbol on it. **[NOTE: Correct answers are provided in Trainer's Guide 1: Pre-/Post-workshop ACSM Quiz Answer Sheet.]**



**BREAK** 10:45–11:00 (15 minutes)

## **SESSION 4** Why Is ACSM Essential to the Stop TB Strategy?

**Time:** 11:00–11:35 (35 minutes)

**Objective:** Participants share their understanding of the role of ACSM in TB control.

**Techniques:**

- Mini-lecture.
- Presentation.
- Brainstorming.
- Discussion.

**Materials:**

- Session objective (on a PowerPoint slide).
- **PowerPoint presentation: *Why Is ACSM Essential to the Stop TB Strategy?***
- **Handout 1.3: *ACSM and the Stop TB Strategy.***

### **Training Steps:**



1. Review session objective.

#### **2. EXERCISE:**

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- Give each table of participants one sheet of the flipchart paper.
- Give participants 10 minutes to draw or write what ACSM means to them.
- Reconvene in plenary. A representative from each group will take 3 minutes to present the group's ideas on what ACSM means to them.



3. Deliver the **PowerPoint presentation: *Why Is ACSM Essential to the Stop TB Strategy?***

4. Tell participants that advocacy, communication, and social mobilization methods have been successfully applied to address a number of health topics, including TB. Despite the good progress in DOTS implementation, TB control faces severe challenges, of which the greatest is the impact of HIV on increasing TB incidence and continued delayed diagnosis. Efforts are needed specifically to improve TB diagnosis, case management, referral, and transfer mechanisms, and defaulter tracing.

ACSM is essential to overcome those challenges. In recent years, there has been a growing understanding of the importance of ACSM, largely stimulated by the increasing involvement of people co-infected with TB and HIV. ACSM is now firmly on the global TB control agenda as an essential cross-cutting approach to supporting the six elements of the Stop TB Strategy.

5. Explain why ACSM is essential to the Stop TB Strategy. The Stop TB global strategy was launched in January 2006 by the Stop TB Partnership. Its six major components are to<sup>1</sup>:
  - Pursue high-quality DOTS expansion and enhancement.<sup>2</sup>
  - Address TB/HIV, multidrug-resistant TB (MDR-TB), and the needs of poor and vulnerable populations.
  - Contribute to health system strengthening based on primary health care.
  - Engage all care providers.
  - Empower people with TB and communities through partnership.
  - Enable and promote research.

ACSM activities can be used to achieve each of these six components. Incorporating ACSM activities as an integral part of reaching objectives set by NTPs is an effective approach to TB control.

6. Present a brief overview of the Stop TB Partnership's **10-year ACSM Framework for Action to Fight Tuberculosis** and explain how ACSM contributes to TB control. Emphasize that over the years, ACSM has been used successfully to address four key challenges:
  - Mobilizing political commitment and resources for TB.
  - Improving case-finding and treatment adherence.
  - Combating stigma.
  - Empowering people affected by TB and their communities.

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<sup>1</sup> World Health Organization (WHO), Stop TB Partnership. *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

<sup>2</sup> The components of the Stop TB Strategy were updated:  
[http://www.who.int/tb/strategy/stop\\_tb\\_strategy/en/index.html](http://www.who.int/tb/strategy/stop_tb_strategy/en/index.html).



7. Tell participants that advocacy, communication, and social mobilization are different sets of activities with different objectives. They are closely interlinked and complement each other; however, they are most effective when used together. ACSM activities should therefore be developed simultaneously and not separately. At this training, we will discuss each ACSM component in detail and how ACSM interventions can contribute to overcoming important TB control barriers in the participants' countries and specific regions.

## SESSION 5 Status of National TB Control Programs

**Time:** 11:35–1:00 (1 hour 25 minutes)

**Objectives:** Participants will:

1. Present the current status of their country's national TB control program (goal and objectives, strategies, challenges, and ACSM activities).
2. Discuss existing TB control challenges and the role of ACSM in addressing them.

**Techniques:**

- Presentations.
- Discussion.

**Materials:**

- Session objectives (on a PowerPoint slide).
- Participants' PowerPoint presentations loaded into the workshop laptop.
- LCD projector and screen.

### Training Steps:



1. Review session objectives.
2. Invite country representatives to deliver presentations (10 minutes each) on the status of their national TB control programs. Each presentation should include information on:
  - Latest epidemiology (population; TB and MDR-TB incidence, prevalence, mortality, and trends; TB case detection and treatment outcomes, including treatment interruption, treatment completion, and

treatment success; HIV prevalence and incidence; and TB/HIV co-infection rates).

- Goal, objectives, and strategies of the NTP.
  - Existing infrastructure to support DOTS implementation in the region.
  - Update on TB/HIV collaborative services.
  - ACSM overview.
3. Ask other participants to make notes on case detection, treatment outcomes, TB/HIV co-infection, drug resistance, and other pertinent information that is presented and whether the data indicate potential areas for improvement.
  4. Facilitate a 10-minute discussion on each presentation, including participants' reactions to the existing problems and common challenges, and any questions or suggestions that they would make for ACSM activities that could help address those problems.



**LUNCH** 1:00–2:00 (1 hour)

## **SESSION 6 ACSM and the Cough-to-Cure Pathway**

**Time:** 2:00–3:30 (1 hour 30 minutes)

- Objectives:**
1. Introduce participants to the Cough-to-Cure Pathway and discuss how ACSM activities can contribute to behavior change at various points along this continuum.
  2. Identify barriers to ideal TB patient behavior at individual, group, and system levels for each country.

- Techniques:**
- Mini-lecture.
  - Presentations.
  - Discussion.
  - Exercise.
  - Small group work.

## Materials:

- Session objectives (on a PowerPoint slide).
- PowerPoint presentation: *ACSM and the Cough-to-Cure Pathway of Ideal Behaviors in TB Control*.
- Handout 1.4: *From Cough to Cure: A Path of Ideal Behaviors in Tuberculosis Control*.
- Worksheet 1.1: *Barriers that Prevent Ideal TB Behavior*.

## Training Steps:

### **STEP 1: 35 minutes**

1. Review session objectives.
2. Ask participants if they are familiar with the Cough-to-Cure Pathway. Ask for a volunteer to explain what it is and what it illustrates.



### **3. EXERCISE:**

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- Tape 2-3 flipchart papers from end to end. On one end, write the word **COUGH**. On the other end, write the word **CURE**. Ask participants to stand, make a semi-circle, and together review the flipchart papers. Initiate a discussion as to what happens (what does the person do) from the time he/she starts to cough to the time he/she is cured. Allow for questions, guide the responses, and record them on the flipchart, then ask participants to come to the chart and list any barriers that exist at each of these steps. (Have participants write directly on the chart as an energetic group exercise.)
- At the end of the above activity, distribute **Handout 1.4: From Cough to Cure: A Path of Ideal Behaviors in Tuberculosis Control** and take participants through the steps of the ideal TB patient behavior.
- Ask participants to identify and discuss the stages at which the wrong decision or action could prove fatal to the person. (**NOTE:** The 3 points are [1] go for early diagnosis at the appropriate facility; [2] start treatment immediately if diagnosed with TB; and [3] adhere to treatment until cured.) Ask participants to compare the ideal behavior with what the group came up with on their own flipchart. Participants should think of the problems (barriers) that the person might have as he/she goes through each step of the Cough-to-Cure Pathway. Go through each step, guide the discussion, and record responses on the flipchart.
- When you have finished with all the steps, go back to the first step, read out each barrier identified, and ask participants whether this barrier is at the individual (I), group (G), or system (S) level. Note the

responses by placing I, G, or S next to each response. **(Do this for 2-3 steps or for as long as time permits.)**



4. Deliver the **PowerPoint presentation: *ACSM and the Cough-to-Cure Pathway of Ideal Behaviors in TB Control***. Tell participants that the Cough-to-Cure Pathway was developed as an analytical and planning tool for the Stop TB Partnership by the Academy for Educational Development. The model maps out the ideal pathway of behavior for an individual with TB, as well as possible barriers that may work against successful diagnosis and cure.
5. Explain how important it is to clearly understand and analyze each barrier that patients encounter at each level (while seeking care and during treatment) and the importance of effective ACSM to overcome these barriers and have an impact.
6. Tell participants that the Cough-to-Cure Pathway is an effective tool to identify obstacles to TB diagnosis and treatment. The tool can be used to identify defaulters and reasons for non-adherence to treatment. Make the following key points:
  - ▶ Barriers may be related to patient factors (lack of money for transport to health facility), provider factors (poor relationships with patients), community behavior (pervasive stigma related to TB), or flaws in the systems in which they operate (poor accessibility of TB services).
  - ▶ Individuals may lack TB knowledge or have care-seeking preferences and expectations as well as attitudes about health services that result in delay or in their going to providers or facilities that do not provide adequate care, or they may not perceive the risk of inadequately treating a cough. Patients with low knowledge are more likely to delay diagnosis by visiting traditional healers and pharmacists rather than DOTS providers.
  - ▶ Groups including families, neighbors, communities, and local organizations may have attitudes and opinions that influence individual decisions and behaviors. Group barriers include affecting stigma, social norms, and low risk perception.
  - ▶ System barriers include time, cost of transport, and distance to DOTS facilities; the availability of diagnostic tools and medicines; inadequate health providers' knowledge and interpersonal communication skills; insufficient human resources; and weak monitoring that may affect program success.
7. Point out four key steps in using the pathway as an ACSM planning tool (assessing where the dropout is in the pathway and reasons for the dropout, selecting which barriers can and should be addressed, designing

interventions, and conducting an evaluation to assess effectiveness and changes).

8. Emphasize that successful TB control requires specific behaviors from patients and health providers as well as favorable environments that support those behaviors. Understanding patients' behaviors and their reasons is fundamental to designing effective interventions. The Cough-to-Cure Pathway maps the identified behavioral and societal barriers along a preferred patient behavior pathway and provides a visual map of how ACSM activities can be integrated into an overall TB control structure. Tell participants that the Cough-to-Cure Pathway will be used as a framework for this training. We will refer to it throughout the training.

### **STEP II: 35 minutes**



#### **9. GROUP WORK:**

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- a) Divide participants into groups by country. Distribute **Worksheet 1.1: Barriers that Prevent Ideal TB Behavior**. Each group will select a reporter who will present back to the large group.
- b) Explain the task to the plenary. Emphasize that it is crucially important to complete this task; results will be used by the groups in future exercises.

**TASK:** Using their country presentation on the status of their NTP (Session 5), **Handout 1.4**, and **Worksheet 1.1**, ask each group to identify the priority problems in TB control for their country and why ideal behaviors are not occurring. The three primary dropout points are:

- Not seeking or receiving prompt screening and diagnosis.
  - Not starting treatment.
  - Not completing a full course of treatment (non-adherence).
- c) Ask participants to discuss the following questions:
    - Where is the greatest dropout?
    - What are the reasons for the greatest dropout?
    - What are the priorities (barriers that need to be addressed first)? Where can they get the best results?
  - d) Ask participants to analyze individual, group, and health systems factors that might be contributing to the problem. List them in priority order on **Worksheet 1.1**. Emphasize that participants should keep their completed **Worksheet 1.1**; it will be used in future group work.

10. Group mentors should assist groups in their work and make sure that the task is fully completed.

### **STEP III: 20 minutes**

11. Ask two groups to present their analysis to the plenary group. Give each group 5 minutes for their report. At the end of each presentation, participants will ask questions and give feedback on their colleagues' presentations.
12. Remind participants to keep **Worksheet 1.1** handy, as we will often refer to it during the workshop.



**BREAK 3:30–3:45 (15 minutes)**

## **SESSION 7 Understanding Advocacy**

**Time:** 3:45–5:45 (2 hours)

- Objectives:**
1. Share understanding of advocacy through real-life examples drawn from TB and other public health activities.
  2. Identify real-life challenges in participants' regions that can be addressed with advocacy activities.
  3. Strengthen skills in assessing appropriate objectives, audiences, and activities for advocacy.

- Techniques:**
- Mini-lecture.
  - Presentations.
  - Brainstorming.
  - Case study/discussion.
  - Small group work.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - **PowerPoint presentation: *Understanding Advocacy*.**

- **Handout 1.5: *Differences Among ACSM Concepts.***
- **Handout: 1.6: *Effective Advocacy Skills.***
- **Handout 1.7: *ACSM Case Studies.***
- Completed **Worksheet 1.1: *Barriers that Prevent Ideal TB Behavior.***
- **Worksheet 1.2: *Advocacy Activities.***

## Training Steps:

### ***STEP I: 45 minutes***

1. Review session objectives.
2. In a plenary group session, ask participants to share their thoughts and ideas about what advocacy means to them. Ask them to share and discuss examples of activities that they would classify as advocacy. Record their responses on the flipchart.
3. Deliver the **PowerPoint presentation: *Understanding Advocacy.***



Make the following key points:

- ▶ Advocacy is set of coordinated activities for creating political and social will and persuading/influencing decision-makers to take actions to support an achievable outcome/policy goal. Advocacy influences policymakers, funders, and decision-makers at international, national, regional, district, and local levels through a variety of channels to change or enhance policy and allocate necessary funding and resources to achieve NTP objectives.
  - ▶ The goal of advocacy for TB control is to mobilize political commitment and increase and sustain financial and other resources for TB. Advocacy efforts seek to ensure that:
    - a. National governments and local administrations remain strongly committed to updating and implementing TB control policies.
    - b. Necessary TB policies and protocols that enable positive changes (access to diagnosis, care, and treatment for people with TB and HIV, etc.) are developed and implemented.
    - c. Appropriate practices are reinforced.
    - d. Funds and resources are distributed and spent effectively.
  - ▶ Advocacy target groups include policymakers, decision-makers, people in positions of influence, traditional or other leaders, and donors.
4. Present the PowerPoint slide showing the Stop TB Partnership official definition of advocacy. Write the definition on flipchart paper and post it

on the wall in a prominent place where it will be visible throughout the workshop.

**Advocacy** for TB is a broad set of coordinated interventions designed to place TB high on the political and development agenda, foster political will, and increase and sustain financial and other resources.

5. Advocacy has the following three components:
  - a) Policy advocacy informs senior politicians and administrators on how a TB-related issue will affect the country and outlines actions needed to improve laws and policies.
  - b) Program advocacy targets opinion leaders at the national and community levels on the need for sustained resources and local action.
  - c) Media advocacy validates the relevance of a subject, puts issues on the public agenda, and encourages the media to cover related topics regularly and in a responsible manner so as to raise awareness of possible solutions and problems.
  - d) Donor advocacy targets donor organizations at all levels on TB control needs to raise and sustain financial resources and programs.
  
6. Ask participants what the most common advocacy activities are.
  - ▶ Advocacy uses a number of activities, often several at the same time, to mobilize political and public support and influence policymakers. Some of the most common activities are as follows:
    - Parliamentary debates and other political events.
    - Press conferences and media roundtables.
    - News coverage.
    - Television and radio talk shows.
    - Summits, conferences, and symposia.
    - Celebrity spokespeople.
    - Meetings between various categories of government and civil society organizations (CSOs), patient organizations, service providers, and private physicians.
    - Partnership meetings.
    - Official memoranda.
    - Petitions.
    - Donor events and discussions.
  
  - ▶ Provide real-life examples of successful implementation of advocacy activities.



7. Planning is critical to success. Steps to implement advocacy activities are as follows.
  - a) Research: Collecting evidence of the problem.
  - b) Define: Clearly and succinctly describe the problem.
  - c) Educate: Communicate the problem/need to policymakers and donors.
  - d) Advocate: Ask government officials to make the changes needed to address the problem.
  - e) Mobilize: Mobilize society to engage with policymakers.
8. Distribute **Handout 1.5: Differences Among ACSM Concepts** and review differences between advocacy, communication, and social mobilization. Emphasize that they are interlinked and complement each other.
9. Ask participants what skills are needed for effective advocacy. Review these in the PowerPoint presentation. Distribute **Handout 1.6: Effective Advocacy Skills** and supplement participants' answers as needed.



## 10. EXERCISE: Advocacy Case Study

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- a) In plenary, conduct the Advocacy Case Study as an example of how to analyze advocacy approaches to resolve ACSM challenges and gaps. Tell participants that this exercise will prepare them to perform the next task.
- b) Distribute **Handout 1.7: ACSM Case Studies**. Display the advocacy case study on a PowerPoint slide. Give participants 2-3 minutes to read the case study, and then ask a volunteer to read it aloud. Ask participants the following questions (displayed on the slide):
  - What stage of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this case study? What is the key barrier to moving along the pathway in this case?
  - What advocacy action might be helpful to address this barrier? Is this policy, program, media, or donor advocacy? Do you need more than one type of advocacy?
  - What are the important target audiences for the advocacy activities? What is the best way to reach these target audiences?
  - What partners would you need to involve in an advocacy effort to address this challenge?

- c) Emphasize that it is important to first define the problem (barrier to ideal TB patient behavior) to be addressed and then to decide if advocacy activities will resolve it.

### **STEP II: 1 hour**



### **11. GROUP WORK:**

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- a) Ask participants to work in their country groups.
- b) Distribute **Worksheet 1.2: Advocacy Activities**.
- c) Ask participants to review the list of barriers to TB patient ideal behavior that they recorded in their **Worksheet 1.1: Barriers that Prevent Ideal TB Behavior**. They should choose 2-3 resources, policies, or health system priority problems (barriers) that exist in their countries. For each problem identified, ask participants to brainstorm and propose priority advocacy activities that would be most effective in their countries for creating positive behavior change (i.e., what would encourage people to follow the Cough-to-Cure Pathway). Groups should think of activities through which they can achieve the best results considering available resources and other factors.
- d) Participants' answers should be recorded in **Worksheet 1.2**. Give groups 30 minutes to complete this task.
- e) Remind participants to keep their completed handouts, as they will continue working with them on Day 3.
- f) Ask two groups to present their priority barriers and proposed advocacy activities from **Worksheet 1.2**. Ask all participants for feedback. Emphasize that feedback can help a country program critically assess initial assumptions. Trainers should be very strict about the time for feedback.

## **SESSION 8 Daily Evaluation and Closing**

**Time:** 5:45–6:00 (15 minutes)

**Objectives:** 1. Summarize the key points of the day.

2. Get participants' evaluations of what they learned or what was most useful about the day, and what questions or suggestions for changes they have.

**Techniques:** Discussion.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - Small, blank sheets of paper or index cards with a happy face ☺ on one side and a turning arrow ↻ on the other.

### Training Steps:



1. Review the key points of today's discussion:
  - ▶ ACSM is an essential cross-cutting set of approaches that supports the six elements of the Stop TB Strategy.
  - ▶ The Cough-to-Cure Pathway is a diagnostic and planning tool that maps out the ideal pathway of behavior for an individual with TB and the possible barriers that might inhibit early diagnosis and complete treatment.
  - ▶ Barriers exist at individual, group, and system levels.
  - ▶ It is very important to understand and analyze each barrier that patients encounter at each level. This helps define the problem and design the solution.
  - ▶ Effective ACSM addresses many of these barriers.
  - ▶ The three stages where the wrong decision or action could be fatal are:
    - Seeking early diagnosis at the appropriate facility.
    - Initiating treatment immediately if diagnosed with TB.
    - Adhering to treatment until patient is cured.
  - ▶ If the target audience is small (individuals or small groups that have power and influence) and the objective relates to policy-level changes, the activity is more likely to be advocacy.
  - ▶ Advocacy, like other ACSM activities, should be geared toward supporting TB control objectives.
  - ▶ Advocacy activities should be tailored to the specific challenges and results that we are trying to achieve.

- ▶ Advocacy is:
  - A process
  - An action
  - An influence
 } leading to a positive change.
  
- ▶ Skills needed for advocacy:
  - Knowledge and understanding of topic.
  - Effective communication skills.
  - Negotiation and persuasion skills.
  - Media skills (communication channels).
  - Confidence and conviction.
  - Persistence.
  
- ▶ Although distinct from one another, advocacy, communication, and social mobilization are most effective when used together. ACSM activities should therefore be developed in parallel and not separately.
  
- ▶ Planning is critical to success.
  
- 2. Ask if anything needs to be clarified. Tell the participants that tomorrow, we will discuss communication and social mobilization in detail. The morning of Day 2 will begin with a session on synthesizing the elements that we covered in Day 1.
  
- 3. Ask participants to share any feelings or impressions from the day.
  
- 4. Distribute the blank sheets of paper or index cards to be used for participant evaluations. Ask participants to list up to two things that they liked or learned from the day on the side with the happy face ☺. Tell participants that this may be a piece of information, a technique used, a way that participants interacted, a story they heard, etc.
  
- 5. On the side with the turning arrow ↷, ask them to list up to two things that they would suggest changing or improving for the remaining days of the workshop, or to write down any questions they have.
  
- 6. Allow participants a couple of minutes to record their thoughts and ask for several volunteers to share their impressions orally.
  
- 7. Collect the evaluations for review later with the other trainers.
  
- 8. Attend to any remaining logistical issues and close the day's session, thanking the group for their participation. Remind attendees that the workshop begins at 8:30 am sharp tomorrow morning.

### **TRAINER'S END-OF-DAY TO DO LIST:**

- Review participants' feedback and summarize on a PowerPoint slide to be presented the following day.
- Go over the day's session, discuss processes (content, timing, facilitation style, and participants' feedback), and make necessary changes.
- Review the next day's agenda. Decide how to adjust the next day's content and agenda to meet participants' needs. Trainers should review and discuss the next day's sessions assigned to them.
- Remove flipcharts that are no longer needed, and arrange the remaining flipcharts for use during upcoming sessions.

# Day 2

## Understanding Communication and Social Mobilization

### Schedule at a Glance

Session	Title	Time	Trainer
1	Review of Day 1 and agenda for Day 2	8:30–9:00	
2	Understanding communication	9:00–9:45	
	<b>Break</b>	9:45–10:00	
	Understanding communication (continued)	10:00–12:00	
	Developing communication actions	12:00–1:00	
	<b>Lunch</b>	1:00–2:00	
3	Understanding social mobilization	2:00–3:30	
	<b>Break</b>	3:30–3:45	
	Developing social mobilization actions	3:45–4:45	
4	ACSM summary exercise	4:45–5:15	
5	Daily evaluation and closing	5:15–5:30	

## SESSION 1 Review of Day 1 and Agenda for Day 2

**Time:** 8:30–9:00 (30 minutes)

- Objectives:**
1. Share activities that participants found most useful from the previous day. Discuss any changes made to the workshop approach as a result of the feedback.
  2. Review the day’s agenda. Ask participants for any clarifying questions.
  3. Announce any housekeeping items.

- Materials:**
- Summary of key points from evaluations of Day 1.
  - Day 2 agenda (on a PowerPoint slide).

### Training Steps:

1. Welcome participants to Day 2 of the training. Thank them for completing the daily evaluation.
2. Summarize the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each completed evaluation). Address any changes that the trainers plan to make in response to participants’ requests (the ↗ side of each completed evaluation).
3. Ask for and respond to participant questions about material covered the previous day.
4. Review the agenda for Day 2.
5. Ask for 3 volunteers to monitor norms, time, and key points.

## SESSION 2 Understanding Communication

**Time:** 9:00–1:00 (3 hours 45 minutes)  
**Break:** 9:45–10:00

- Objectives:**
1. Share understanding of communication through real-life examples from TB and other public health activities.

2. Identify real-life challenges in participant's regions that can be addressed with communication activities.
3. Strengthen skills in defining communication problems and identifying appropriate objectives, audiences, and activities.

- Techniques:**
- Mini-lecture.
  - Presentations.
  - Brainstorming.
  - Case study/discussion.
  - Small group work.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - **PowerPoint presentation: *Understanding Communication.***
  - **Handout 2.1: *Key Elements of Effective Communication.***
  - **Handout 2.2: *Effective Communication Skills.***
  - **Handout 2.3: *Developing Effective Messages.***
  - Completed **Worksheet 1.1: *Barriers that Prevent Ideal TB Behavior.***
  - **Worksheet 2.1: *Communication Activities.***
  - **Trainer's Guide 2: *Instructions for Knowledge, Beliefs, and Practices Exercise.***
  - **Trainer's Guide 3: *Statements for Knowledge, Beliefs, and Practices Exercise.***

## Training Steps:

### ***STEP 1: 45 minutes***

1. Review session objectives.
2. Brainstorm with participants about what the term communication in ACSM means to them. Ask them to share and discuss examples of their TB communication activities, as well as what worked well and why. Record their responses on the flipchart.
3. In plenary, ask participants to share their thoughts and ideas about what communication means to them and when communication is effective. Ask them to share examples of activities that they would classify as communication. Record their responses on the flipchart. Make sure that the following key points are covered:





- ▶ Communication is a two-way process of exchanging information or feelings through speech, signs, materials, or actions, with the objective of bringing changes in the level of knowledge and understanding of a topic, and influencing attitudes and behavior among the general public or specific populations. Communication is used to advocate for, educate, and counsel people.
  - ▶ Emphasize that communication is effective only when there is feedback from the receiver that the message has been understood. **Communication is a process, not a set of deliverables** (e.g., brochures, Internet website, newsletters).
4. Divide participants into four groups. Ask each group to select one of the key elements of the communication process (sender, message, channel, or receiver) and discuss attributes of that specific element that makes communication effective. Give participants 10 minutes for discussion and then ask each group to report their results.
  5. Present to participants a slide depicting the communication process and its key elements (**PowerPoint presentation: *Understanding Communication***) and complement groups' reports as needed. Refer participants to **Handout 2.1: *Key Elements of Effective Communication*** and emphasize that it is important to consider attributes of the key elements of the communication process when designing communication activities.
  6. Review the official Stop TB Partnership definition of communication on the PowerPoint slide and emphasize the key points. Write the description on flipchart paper and post it on the wall in a prominent place where it will be visible throughout the workshop.

**Communication** primarily seeks to:

1. Create and improve knowledge about:
  - TB (e.g., its symptoms and curability).
  - TB control services (e.g., diagnosis and treatment).
2. Change patients' and program providers' attitudes and behavior in order to encourage people to seek care and complete treatment.



**BREAK 9:45–10:00 (15 minutes)**

## **STEP II: 2 hours**

### **7. Continue the PowerPoint presentation: *Understanding Communication*. Make the following points:**

- ▶ Perceptions are critical. For communication to be effective, it is important to remember that individuals come from different backgrounds. People perceive and think about things differently depending on who they are and how they feel at the time. How we perceive others affects the way we communicate and relate with them.
- ▶ We must learn to respect others' values and beliefs. This process starts by knowing one's own values and being aware of them. Your own feelings on many issues, the words you use, and your experience with and attitude toward certain issues may influence your perspective when communicating with others.
- ▶ People communicate verbally and nonverbally (by tone of voice, facial expressions, gestures, body language, use of space, and other visual cues).

An effective **verbal** communicator:

**Clarifies**  
**Listens**  
**Encourages empathically**  
**Acknowledges**  
**Restates/repeats**

(Ask participants to give a few examples to illustrate these points.)

An effective **nonverbal** communicator:

**Relaxes**  
**Opens up**  
**Leans toward the other person**  
**Establishes eye contact**  
**Shows appropriate facial expressions**

- 8. Ask participants what skills are needed for effective communication. Refer participants to **Handout 2.2: *Effective Communication Skills***.**
- 9. Review key points for developing effective messages. (Distribute **Handout 2.3: *Developing Effective Messages***.)**
  - ▶ Emphasize the importance of studying target audiences and their needs. The better the match between your audience's needs and the messages you provide, the more quickly you will move your audience toward your desired goal. Provide examples. Tailor messages to specific audiences and your communication objective. Include only

information that is necessary for target audiences to take the desired actions or decisions.

- ▶ Stress that accurate and clear messages are the most credible. Advice and information on TB treatment changes rapidly so scientific accuracy is vital. This is particularly true for MDR-TB and extensively drug-resistant TB, for which recommended treatment regimens, as well as access to treatment, frequently change.
- ▶ The audience must trust whoever delivers the message—whether it is someone in authority, a celebrity, or a group member. A person's credibility will be linked to the message he/she delivers. The right person to deliver a message highlighting TB as a public health problem, for example, might not be the appropriate person to deliver a message on trying to reduce TB stigma. A celebrity might be a good choice for the message on raising awareness of TB, but a person cured of the disease would be a better choice for the message on the stigma of TB. When a message involves using TB drug treatment, it is best to use a trusted and unbiased source. For example, a pharmaceutical company with a profit-driven interest in the treatment would not be a good messenger in this case, as the audience may dismiss the message.
- ▶ Emphasize the importance of pretesting messages with the target audiences.

**10.** Tell participants that it is important to choose the right communication channel for a specific target audience. Review the main communication channels as follows:

Mass media channels<sup>3</sup>:

- Broadcast (television or radio at national or regional level).
- Print media.
- Information and communication technology (Internet websites, social media [e-forums, blogs, chat rooms], distance learning, CD-ROMs, mobile phone programs).

Interpersonal channels:

- Telephone hotline.
- Client counseling.
- Peer education.
- Informal discussion groups.
- Trainings.

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<sup>3</sup> Johns Hopkins University, Bloomberg School of Public Health, Center for Communication Programs. Communication for better health. *Population Reports*. Series J, Number 56. Baltimore, USA; January 2008.

### Community-based channels:

- Group interaction (discussion groups, peer support groups, community meetings, rallies).
- Outreach activities by program staff or community members (community, village-to-village, household, peer-to-peer).
- Live performances (street theater, puppet shows, talent shows, contests [talent, art, dance]).
- Community media (community newspaper, local radio).

Tell participants that these channels also are used for advocacy and social mobilization activities.

- ▶ Brainstorm participants' understanding of interpersonal communication and dialogue-based processes such as provider-client interactions. Explore participants' understanding of areas of TB control in which interpersonal communication can play a role. Write their comments on the flipchart.

Health workers often need to improve their communication and counseling skills. Poor interaction with providers is often cited by patients as a reason for delay in seeking TB diagnosis or for discontinuing TB treatment. Interpersonal communication should be an important part of information exchange in all areas of TB services. Health workers who are good interpersonal communicators, who can convey concern and inspire trust, as well as express themselves clearly, simply, and in a respectful manner to their patients, are essential to delivery of high-quality TB services and to positive behavior change among TB clients. Training programs should especially address issues such as confidentiality and stigma.

- ▶ Counseling is a confidential dialogue between a health worker and a patient that helps a patient to define his or her feelings, cope with stress, and make informed decisions about diagnosis and treatment.

### Objectives of TB counseling:

1. Prevention of TB transmission.
2. Provision of emotional support to TB clients.
3. Motivation of TB clients to complete treatment.
4. To help clients make their own informed decisions about their behavior and supporting them in carrying out their decisions.

One-on-one discussions are most effective when a TB provider:

- Makes the client feel comfortable.
- Has the discussion in a setting that encourages questions and comments.

- Talks at a moderate pace and appropriate volume.
- Presents a message that is clear and simple.
- Asks questions to make sure that the listener understands the message.
- Is patient when the listener has difficulty understanding.

Characteristics of effective counseling:

- Client centered.
- Interactive.
- Private and confident.
- Individualized.

- 11.** Brainstorm participants' understanding of behavior change communication. Emphasize that information is not always enough to change behavior. People often have the right information, but other factors (refer to the barriers list) may have greater influence on behavior. Behavior is often a balance between the benefits of that behavior and the consequences. People also need skills, resources, and a positive environment (individual, group, and system-level support). This concept of behavior change can be applied not only to patients but to providers, policymakers, and others as well.

Behavior change communication is the strategic use of communication to promote positive health outcomes using a systematic process of formative research, behavior analysis, communication planning, implementation, and monitoring and evaluation. The type and amount of information and the way it is communicated to the receiver (general public, person with TB symptoms, TB patient, etc.) should depend on where this person or the group is in the behavior change process.

- 12.** Ask participants what stages of the behavior change process they know.

- Pre-awareness.
- Awareness.
- Preparation for action/decision-making.
- Action (trying the new behavior).
- Maintenance of the new behavior.

Tell participants that it is critical to remember these stages when developing interpersonal communication training or public health campaigns. The approach that they choose must match the stage(s) of the target audience or patient because the messages must match the needs that are unique to that stage of behavior. If information or behavior change is forced on a person prior to reaching the stage where he/she is ready to make a decision, the person will not feel comfortable, may reject the information, and may not follow the recommendations.



### 13. EXERCISE [OPTIONAL]:

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Conduct a *Knowledge, Beliefs, and Practices* exercise. (Instructions are provided in **Trainer's Guide 2** and statements in **Trainer's Guide 3**.)

14. Ask participants what the differences are between advocacy and communication. Emphasize that they are interlinked and complement each other. If not mentioned, remind participants of the following differences:
- ▶ Advocacy and communication are distinct as well as closely interrelated activities. Advocacy is a specific type of communication designed to produce changes in policies and approaches that are usually implemented by decision-makers and people in positions of authority. Communication is a broad term that within this context is used to mean communication for the purposes of individual and group behavior change.
  - ▶ To distinguish an advocacy activity from a communication activity, the following general guideline may be helpful: if the audience is small (an individual or small group) and the objective relates to policy-level changes, then it is more likely to be advocacy. If the audience is large (community, population, ethnic group, etc.) and the objective is behavioral, then it is more likely to be communication.
15. Provide examples of successful implementation of communication activities.



### 16. EXERCISE: Communication Case Study

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- a) In plenary, process only the Communication Case Study as an example of how to analyze communication approaches to resolve ACSM challenges and gaps.
- b) Refer participants to **Handout 1.7: ACSM Case Studies** and display the communication case study on the slide, so that the participants can see it.
- c) Give participants 2-3 minutes to review the case study; then ask a volunteer to read it aloud to the group.
- d) Ask participants the following questions (displayed on the slide):
  - What step of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this scenario? What is the key barrier to moving along the pathway in this case?

- What types of communication activities might be useful to address this barrier?
- Who is the primary target audience for this communication? What message(s) do they need to hear?
- What are the best channel(s) of communication to reach this population?

### **STEP III: 1 hour**



#### **17. GROUP WORK:**

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- Ask participants to work in their country groups.
- Distribute **Worksheet 2.1: Communication Activities** and refer participants to **Worksheet 1.1: Barriers that Prevent Ideal TB Behavior**, completed yesterday.
- Ask participants to review the list of barriers to TB patient ideal behavior that they recorded in their **Worksheet 1.1**. They should choose 2-3 priority communication problems (barriers) that exist in their countries. For each problem identified, ask participants to brainstorm and propose priority communication activities that would be most effective in their countries to bring about positive behavior change (i.e., what would encourage people to follow the Cough-to-Cure Pathway). Groups should think of activities through which they can achieve the best results considering available resources and other factors.
- Participants' answers should be recorded in **Worksheet 2.1: Communication Activities**. Give groups 30 minutes to complete this task.
- Remind participants to keep their completed handouts, as they will continue working with them on Day 3.
- Ask two groups to present that did not present their advocacy activities yesterday. They should name their selected priority communication barriers, present their proposed communication activities, and receive feedback from the larger group. Emphasize that feedback can help TB programs critically assess initial assumptions.



**LUNCH 1:00–2:00 (1 hour)**

## SESSION 3 Understanding Social Mobilization

**Time:** 2:00–4:45 (2 hours 30 minutes)  
**Break:** 3:30–3:45

- Objectives:**
1. Define social mobilization and understand why social mobilization is important.
  2. Emphasize the role that communities can play in TB care and prevention.
  3. Share understanding of social mobilization through real-life examples drawn from TB and other public health activities.
  4. Identify real-life challenges in participants' countries that can be addressed by social mobilization activities.
  5. Strengthen skills in assessing appropriate objectives, audiences, and activities for social mobilization.

- Techniques:**
- Mini-lecture.
  - Presentations.
  - Brainstorming.
  - Case study/discussion.
  - Small group work.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - **PowerPoint presentation: *Understanding Social Mobilization*.**
  - **Handout 1.7: *ACSM Case Studies*.**
  - **Handout 1.8: *Ways in Which Communities Can Potentially Contribute to TB Care*.**
  - Completed **Worksheet 1.1: *Barriers that Prevent Ideal TB Behavior*.**
  - **Worksheet 2.2: *Social Mobilization Activities*.**

### Training Steps:

#### **STEP I: 1 hour 30 minutes**

1. Review session objectives.



2. Ask participants to share their thoughts and ideas about what the term social mobilization in ACSM means to them. Ask them to share examples of TB-related social mobilization activities, what worked well and why.



3. Deliver the **PowerPoint presentation: *Understanding Social Mobilization***. Review the following key points:

- ▶ Social mobilization is a process of stimulating a public call for action by actively securing broad consensus and social commitment among all stakeholders for the elimination of TB and recognizing that TB is one of many important community issues.
- ▶ Effective social mobilization involves all relevant segments of society: decision-makers and policymakers, opinion leaders, NGOs, professional and religious groups, the media, the private sector, communities, individuals, patients, and patient groups.
- ▶ Social mobilization starts with an honest recognition of the problem to be addressed. The state of the epidemic and an awareness of contributing factors need to be assessed and acknowledged. The public needs to know their own vulnerability as well as what can be done to support, for example, positive acceptance of people with TB and appropriate policies and programs. Once there is an understanding of the issues, potential partners need to know what role they can play.<sup>4</sup>
- ▶ The process of social mobilization is concerned with mobilizing human and financial resources through five main approaches<sup>5</sup>:

Political mobilization—aims at winning political and policy commitment for a major goal and the necessary resource allocations to realize that goal. The “targets” are national policy decision-makers, and the communication methods include advocacy, lobbying, and using goodwill ambassadors and the mass media.

Government mobilization—aims at informing and enlisting the cooperation and help of service providers and other government organizations that can provide direct or indirect support. The communication methods include training programs, study tours, and coverage of the subject by the mass media.

Community mobilization—aims at informing and gaining the commitment to action among local political, religious, social, and traditional leaders, as well as local government agencies, NGOs, women’s groups, and cooperatives. The communication methods

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<sup>4</sup> World Health Organization (WHO). *Guidelines for Social Mobilization: A Human Rights Approach to Tuberculosis*. Geneva, Switzerland: WHO; 2001.

<sup>5</sup> World Health Organization Regional Office for the Western Pacific (WHO WPRO). *Social Mobilization for Health Promotion*. Manila, Philippines: WHO WPRO; 2003.

include training, participation in planning, and coverage of their activities by the mass media.

Corporate mobilization—aims at securing the support of national or international companies in promoting appropriate goals, either through the contribution of resources or the carrying of appropriate messages as a part of their advertising or product labeling.

Beneficiary mobilization—aims at informing and motivating program beneficiaries through training programs, the establishment of community groups, and communication through traditional and mass media.

- ▶ Social mobilization is critical to the sustainability of TB control efforts. It helps create immediacy and a call for action from the community for a policy-related advocacy objective and/or communication objective, such as going for early diagnosis. If people affected by TB can be involved in designing, planning, and implementing TB control strategies, their concerns and the daily difficulties they face will be better reflected.
4. Ask participants what the elements of community mobilization may look like. Make sure that the following key points are covered:
    - ▶ Community mobilization is a grassroots-level process within the context of a broader social mobilization effort.
    - ▶ CSOs, community leaders, schools, and religious organizations (churches, mosques) are critical to implementing community mobilization and civil society engagement activities.
    - ▶ Mobilizing resources, building partnerships, networking, and community participation are all key strategies for social mobilization.
  5. Discuss with participants what the term “community” means. A community is a group of people who feel that they have something in common. For example, a community might be people who live in the same village or area; people who work together; or a group of people who share interests or circumstances. This means that formal and informal organizations may feel that they too are part of a community (rather than separate from it) if they share the same interests and circumstances. People can also belong to more than one community at the same time. For example, a health worker may identify herself as part of the local community where she lives and part of the wider “health community” in the region.

New communities form when people find themselves in new circumstances. For example, people living with HIV/AIDS might begin to see themselves as a community as they identify shared problems, needs, and challenges. Understanding communities involves understanding how

people identify themselves rather than relying on the views or definitions of others.<sup>6</sup>

CSOs play an important role in community mobilization. They are nonprofit organizations that aim to further the interests of the communities they serve. These organizations work in areas such as community development, service provision (including TB care and prevention), advocacy, activism, and research. They include international and national NGOs, and faith-based, community-based, and patient-based organizations delivering health services, and advocacy organizations, which play a pivotal role in garnering political support and catalyzing program implementation.

6. Tell participants that the following areas should be considered to promote and implement the involvement of people who have been affected by TB, CSOs, and communities in TB care and prevention:
  - Policy guidance, initial implementation, and scale-up.
  - Advocacy and communication.
  - Capacity-building.
  - Addressing special challenges in controlling TB.
  - Ensuring the quality of services provided at the community level.
  - Budgeting and financing.
  - Establishing a plan for monitoring, evaluation, and supervision.
  - Operational research.<sup>7</sup>

CSOs have the following core functions in advancing TB prevention, care, and control efforts:

- Protecting the rights and health of civil society sectors through nongovernmental interventions and programs.
- Fostering partnerships with governments to ensure effective and efficient programs (including research and policy) that reflect community priorities and concerns.
- Holding international organizations and governmental and nongovernmental programs accountable by insisting on measures of transparency.
- Participating in monitoring and evaluation.

Many TB programs at country level, unfortunately, have neither sufficiently planned or budgeted for, nor devised strategies to engage CSOs as empowered partners in implementing different components of TB control and care.

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<sup>6</sup> International HIV/AIDS Alliance. *All Together Now! Community Mobilisation for HIV/AIDS*. 2006.

<sup>7</sup> World Health Organization (WHO). *Community Involvement in Tuberculosis Care and Prevention: Towards Partnerships for Health*. Geneva, Switzerland: WHO; 2008.

7. Explain the importance of involving communities in TB care and prevention. Community contribution to TB care is explicitly a contribution to, and not a substitute for, NTP activities. Responsibility for TB control must remain with the NTP. Community-based TB care is a feasible, acceptable, effective, and cost-effective way to deliver TB DOTS services; however, it must be implemented as an integral component of a national TB control program.

Refer participants to **Handout 1.8: Ways in Which Communities Can Potentially Contribute to TB Care** and discuss various ways in which communities may contribute to TB care, such as through:

- Case-finding.
- Supporting patients throughout treatment until cure (including directly observed therapy in the initial phase).
- Patient, family, and community education.
- Lobbying for government commitment to TB control.
- Increasing accountability of local health services to the community.<sup>8</sup>
- Reducing stigma.
- Recognizing adverse effects and tracing patients who interrupt treatment.
- Documentation of progress and outcomes.

Community volunteers and people who have had TB should engage in the following activities:

- Referring people with chronic cough for sputum examination.
- Sharing experiences and serving as advocates during community outreach.
- Promoting DOTS services.
- Serving as treatment partners for people with TB.
- Assisting staff at health centers.
- Giving talks in schools and sharing information about the disease to help reduce stigma and help people to identify TB symptoms.
- Storing drugs for people with TB.
- Keeping records of treatment progress.
- Reminding people with TB about follow-up visits.
- Accompanying people with TB to nearby health facilities.

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<sup>8</sup> World Health Organization (WHO). *Community Contribution to TB Care: Practice and Policy*. Geneva, Switzerland: WHO; 2003.

- Referring people with TB who experience adverse reactions to drugs to appropriate care.

The wide experience of community participation in primary health care, and the specific experience so far of community contributions to TB care, point the way toward a significant step in the evolution of provision of TB care beyond the hospital and health facility and into the community. Essential elements of success appear to be good collaboration between the health sector and community organizations, education of patients and family members, and training and supervision of community workers. Ensuring provision of care that is convenient and accessible to patients is essential to ensure successful treatment and cure. Providing TB care in the community represents an opportunity to make TB care more widely available and accessible. The challenge lies in harnessing community participation in ways that contribute to community development and are effective, acceptable, affordable, and cost-effective.<sup>9</sup>

8. Tell participants that communities have different characteristics and needs, and the way they mobilize has to suit these. So, there is no single model for how to conduct community mobilization and the time frame will vary from community to community. However, there are usually six stages in community mobilization<sup>10</sup>:

Stage 1: Starting together—identifying and involving different stakeholders and getting organized.

Stage 2: Assessing together—learning more about the community and the problems different people face, and identifying possible solutions.

Stage 3: Planning together—prioritizing problems and deciding how to solve them.

Stage 4: Acting together—taking action and implementing activities to address HIV/AIDS.

Stage 5: Monitoring and evaluating together—considering the results and impact of activities, and using monitoring information to adjust plans, including monitoring and evaluating the community mobilization capacity-building process, as well as activities specifically to address HIV/AIDS.

Stage 6: Scaling up together—learning how to do more activities or expand existing ones.

In practice, these stages often overlap.

9. Discuss with participants the role of community mobilizer. The process of mobilizing individuals, groups, and communities is facilitated by

<sup>9</sup> World Health Organization (WHO). *Community Involvement in Tuberculosis Care and Prevention: Towards Partnerships for Health*. Geneva, Switzerland: WHO; 2008.

<sup>10</sup> International HIV/AIDS Alliance. *All Together Now! Community Mobilisation for HIV/AIDS*. 2006.

community mobilizers. The tasks they perform are central to this process. These include<sup>10</sup>:

- Bringing people together at each stage of the process, motivating them to become involved and develop a shared identity and awareness of needs and problems they have in common.
- Building trust and an atmosphere of mutual respect that will help community members work together effectively.
- Encouraging participation by actively addressing issues that prevent people from participating fully in the community mobilization process; for example, creating a safe space where people feel comfortable to meet together and talk freely, or helping negotiate with gatekeepers to enable participation.
- Facilitating discussion and decision-making; the community mobilizer has an important role in asking questions that help challenge assumptions and encourage discussion in a sensitive and non-threatening way.
- Helping things to run smoothly and supporting community members in solving problems as they come up; for example, helping to resolve conflict between community members.

Community mobilizers need to feel confident and comfortable with their role and be able to communicate it clearly. This will help them address the expectations of different stakeholders who may not have a clear understanding of the role at first. Community mobilizers need ongoing structured support from the community mobilization team. This support should help them to find ways of addressing the problems and pressures they face and to receive encouragement for their work. Regular discussions with team members in the same role can provide strong support.

**10.** Ask participants who can be a community mobilizer. Make sure that the following key points are covered:

- There is no “ideal” community mobilizer. People from all kinds of backgrounds can be effective community mobilizers. Attitudes, behaviors, and skills are more important than who the person is or what qualifications they may have. Community mobilizers need to be able to motivate and establish strong and trusting relationships with different kinds of people. They need to be committed to the community mobilization process and to be willing and able to participate in the community at times and in places that are convenient to community members.

Different community mobilizers will face different opportunities and challenges. Building a team of community mobilizers provides an important opportunity to combine different skills and experiences.

- Community members are likely to feel more relaxed with mobilizers who share important characteristics with them, such as gender and age. Community members acting as mobilizers will have a strong understanding of their community and the relationships within it, which will facilitate acceptance by the community. Mobilizers who are from the locality will find their local knowledge useful and may already have good contacts within the community. So wherever possible, mobilizers should be members or peers of the community group with which they will be working (e.g., young men working with other young men).
  - If possible, it is very helpful for a community mobilizer to not only be from the same group or community, but also a positive role model around experiencing TB and/or living with HIV/AIDS—for example, a former TB patient, an injecting drug user who has stopped using drugs, or a person with HIV on antiretroviral treatment.
  - Mobilizers from outside the community may find it easier to ask questions about social or cultural issues that challenge assumptions and stimulate discussion. They may bring new ideas and experience from mobilizing with different communities.
  - Language is an important issue in community mobilization. Community mobilizers should speak the language normally used by community members. Expecting community members to communicate in a second language, or a language that is spoken by only certain community members, will seriously affect community participation and trust.
- 11.** Discuss with participants skills that community mobilizers need. In order to be effective, community mobilizers need to combine a range of knowledge, attitudes, and skills<sup>11</sup>:

Attitudes include:

- A willingness to examine and challenge their own assumptions, opinions, and beliefs.
- A genuine respect for all community members.
- A non-judgmental and accepting approach.
- An understanding that different people have different views and perspectives.
- A belief in community capacity to take effective action.

Skills include:

- Good communication skills, especially listening.
- Good facilitation skills to enable communities to conduct their own analysis of their lives and situations.
- Awareness of political, gender, and cultural issues and relationships.

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<sup>11</sup> International HIV/AIDS Alliance. *All Together Now! Community Mobilisation for HIV/AIDS*. 2006.

- An ability to challenge assumptions sensitively (e.g., about the role of women).

Knowledge includes:

- The community mobilization process.
- The principles of community mobilization.
- Knowledge of TB prevention (how it is transmitted and prevented).
- Knowledge of other TB and TB/HIV issues (e.g., care, support, and treatment).
- Understanding of the ethical issues related to community mobilization.

Other skills and knowledge that may be needed at different stages in the community mobilization process include:

- An ability to help communities form organizations.
- An ability to identify capacity-building needs among communities (e.g., leadership skills, networking, and partnership-building skills).
- An ability to help communities mobilize resources.
- Advocacy skills.
- Project planning and management skills.

**12.** Tell participants that common social mobilization activities include:

- Community meetings encouraging local leaders and communities to help initiate and participate in TB program design, implementation, and monitoring (helps to reduce stigma and discrimination).
- Involving former TB patients to train religious leaders and community volunteers, support DOTS treatment of TB patients, serve as patient treatment supporters, and provide incentives for successful patient treatment cases.
- Regular meetings of TB patient support groups.
- Registration of TB patient support groups as NGOs and involving them in TB control activities.
- Involving HIV service NGOs; they are important to target with TB information and messages.

**13.** Ask participants to give examples from their countries of social mobilization activities related to health issues.

**14.** Share the Stop TB Partnership definition of social mobilization on a PowerPoint slide. Write the description on flipchart paper and post it on the wall in a prominent place where it will be visible throughout the training.



**Social mobilization** is the process of bringing together all feasible and practical intersectoral allies to raise awareness of and demand for a particular program, to assist in the delivery of resources and services, and to strengthen community participation for sustainability and self-reliance.

Lead a discussion about the definition of social mobilization. Ask participants to “translate” it into simpler terms that might be more meaningful to them. Write their responses on flipchart paper and place them next to the Stop TB definition for comparison.

- 15.** Tell participants that social mobilization activities may be planned to support advocacy and communication activities that contribute to achieving TB control objectives. Give examples to illustrate how an advocacy or communication objective can be supported with social mobilization:

Problem: High treatment default rate.

Communication objective: Increase the number of people who know that completion of treatment is essential to cure.

Audience: TB patients on treatment and treatment supporters.

Key messages:

- TB is curable.
- Treatment is free.
- It is crucial to complete the treatment course to cure TB.
- Home stay support is important.

Social mobilization objective: Develop a community support system to promote treatment adherence.

Audiences:

- Village elders.
- TB groups.
- Health workers.
- Volunteers.

Social mobilization activities:

- Community meetings.
- Volunteer trainings.
- Patient home support activities.

- 16.** Provide real-life examples of successful implementation of social mobilization activities:

In Brazil, government officials in the states of Rio de Janeiro and São Paulo helped to establish NGOs and to get existing HIV/AIDS NGOs

engaged with TB. This included the São Paulo State Forum of AIDS NGOs, which supports 180 community-based organizations in fighting HIV/AIDS. Groups in both states have initiated efforts to engage and educate the broader public to give them an understanding of TB and the relationship between TB and HIV.<sup>12</sup>



## 17. EXERCISE: Social Mobilization Case Study

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- a) In plenary, conduct the social mobilization case study as an example of how to analyze social mobilization approaches to resolve ACSM challenges and gaps. Refer participants to **Handout 1.7: ACSM Case Studies**. Display the social mobilization case study on the slide, so participants can see it.
- b) Give participants 2-3 minutes to review the case study, then ask for a volunteer to read it aloud to the group.
- c) Ask participants the following questions (displayed on the slide):
  - What step of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this scenario? What is the key barrier to moving along the pathway in this case?
  - What type of social mobilization activity may be helpful to address this barrier?
  - Who should be involved in the social mobilization effort to address this barrier?
  - What would the District TB/HIV Coordinator want to see changed as a result of social mobilization to address this barrier?



**BREAK 3:30–3:45 (15 minutes)**

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<sup>12</sup> World Health Organization (WHO), Stop TB Partnership. *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

## STEP II: 1 hour



### 18. GROUP WORK:

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- a) Ask participants to work in their country groups.
- b) Distribute **Worksheet 2.2: Social Mobilization Activities** and refer participants to their **Worksheet 1.1: Barriers that Prevent Ideal TB Behavior**, completed yesterday.
- c) Ask participants to review the list of barriers to TB patient ideal behavior recorded in their **Worksheet 1.1**. They should choose 2-3 priority problems (barriers) from their countries. Tell participants that these might be the same problems that they chose to address with their advocacy and communication activities in the previous exercises.
- d) For each problem identified, ask participants to brainstorm and propose a priority social mobilization activity that would be most effective in their countries to create positive behavior change (i.e., what would enable people to follow the Cough-to-Cure Pathway). This social mobilization activity could complement proposed advocacy and/or communication activities. Groups should think of activities through which they can achieve the best results considering available resources and other factors.
- e) Participants should record their answers in **Worksheet 2.2: Social Mobilization Activities**. Groups have 30 minutes to complete this task.
- f) Remind participants to keep their completed handouts, as they will continue working with them on Day 3.
- g) Ask two groups to present that did not present in Session 2. They should name their priority barriers, present proposed social mobilization activities, and receive feedback from the larger group. Emphasize that feedback can help national programs critically assess their initial assumptions.

## SESSION 4 ACSM Summary Exercise

**Time:** 4:45–5:15 (30 minutes)

**Objective:** Review, consolidate knowledge on ACSM, and find and correct the knowledge gaps as needed.

**Techniques:** Group exercise.

**Materials:** **Trainer’s Guide 4: *Statements for ACSM Summary Exercise*.**

### Training Steps:



#### EXERCISE:

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- a) Tell participants that the goal of this exercise is to review key points learned on Day 1 and Day 2, check participants’ understanding of the three components of ACSM, and clarify any confusion the participants may have.
- b) The facilitator will read statements describing examples of advocacy, communication, or social mobilization activities. Participants should listen carefully and think about which activity was described (advocacy, communication, or social mobilization). Emphasize that because all three ACSM components are closely interlinked, there will be some overlap.
- c) In plenary, read the statements from **Trainer Guide 4: *Statements for ACSM Summary Exercise***. After each statement, ask a volunteer to determine the type of activity (advocacy, communication, or social mobilization) and why. Ask the rest of the group to comment. Correct participants’ responses and discuss them as needed.

## SESSION 5 Daily Evaluation and Closing

**Time:** 5:15–5:30 (15 minutes)

**Objectives:** 1. Summarize the key points of the day.

2. Get participants' evaluations of what they learned or what was most useful about the day, and what questions or suggestions for changes they have.

**Techniques:** Discussion.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - Small, blank sheets of paper or index cards with a happy face ☺ on one side and a turning arrow ↻ on the other.

### Training Steps:



1. Give a general review of the key points of today's discussion.
  - ▶ Communication is a process, not a set of deliverables. It is effective only when there is feedback from the receiver that the message has been understood.
  - ▶ The better the match between the target audience's needs and the messages you provide, the more quickly you will move your audience toward your desired goal. Tailor messages to specific audiences and to your communication objectives.
  - ▶ The TB messages disseminated should be consistent and relevant across all channels and activities. The more the messages reinforce each other across channels, the better the results will be. This does not mean creating only one message for everything. It means, rather, identifying key points that every message should convey, no matter how it is communicated.
  - ▶ Communication in TB control should go beyond merely awareness-raising.
  - ▶ Social mobilization is a process of:
    - Empowering affected communities and infected individuals.
    - Generating public action (e.g., bringing together people to raise awareness of and demand for a particular service).
    - Mobilizing communities and civil society for action to fight stigma and eliminate TB as a public health threat.
  - ▶ Consistency makes the ACSM strategy effective; for example, ensuring that the health care provider, the community mobilizer, and the radio public service announcement all give the same key information.

2. Ask if anything needs to be clarified.
3. Explain that the morning of Day 3 will begin with a session on synthesizing the elements we covered in Day 2.
4. Ask participants to share any feelings or impressions from the day.
5. Distribute the blank sheets of paper or index cards to be used for participant evaluations. Ask participants to list up to two things that they liked or learned from the day on the side with the happy face 😊. Tell participants that this may be a piece of information, a technique used, a way that participants interacted, a story they heard, etc.
6. On the side with the turning arrow ↻, ask them to list up to two things they would suggest changing or improving for the remaining days of the workshop, or to write down any questions they have.
7. Allow participants a couple of minutes to record their thoughts and ask for several volunteers to share their impressions orally.
8. Collect the evaluations for review later with the other trainers.

**IMPORTANT:** For *homework*, ask all participants to review their national TB control data, so that they are ready for group work tomorrow.

9. Attend to any remaining logistical issues and close the day's session, thanking participants for their participation. Remind attendees that the workshop begins at 8:30 am sharp tomorrow morning.

#### **TRAINER'S END-OF-DAY TO DO LIST:**

- Review participants' feedback and summarize on a PowerPoint slide to be presented the following day.
- Go over the day's session, discuss processes (content, timing, facilitation style, and participants' feedback), and make necessary changes.
- Review the next day's agenda. Decide how to adjust the next day's content and agenda to meet participants' needs. Trainers should review and discuss the next day's sessions assigned to them.
- Remove flipcharts that are no longer needed, and arrange the remaining flipcharts for use during upcoming sessions.

# Day 3

## Planning ACSM Activities to Address TB Control Objectives, Challenges, and Barriers

### Schedule at a Glance

Session	Outline of Sessions	Time	Trainer
1	Review of Day 2 and agenda for Day 3	8:30–9:00	
2	TB control objectives, challenges, and barriers. ACSM activities to address TB control objectives, challenges, and barriers	9:00–10:00	
3	Key points of ACSM action-planning	10:00–10:15	
	<b>Break</b>	10:15–10:30	
4	Assessing ACSM needs through research	10:30–11:30	
	Research case study: Group work on assessing needs	11:30–12:30	
	<b>Lunch</b>	12:30–1:30	
5	Planning for effective monitoring and evaluation	1:30–2:30	
6	Advocacy action-planning	2:30–3:30	
	<b>Break</b>	3:30–3:45	
7	Communication action-planning	3:45–4:30	
8	Social mobilization action-planning	4:30–5:15	
9	Daily evaluation and closing	5:15–5:30	

## SESSION 1 Review of Day 2 and Agenda for Day 3

**Time:** 8:30–9:00 (30 minutes)

- Objectives:**
1. Share activities participants found most useful from the previous day. Discuss any changes made to the workshop approach as a result of the feedback.
  2. Review the day's agenda. Ask participants for any clarifying questions.
  3. Announce any housekeeping items.

- Materials:**
- Summary of key points from evaluations of Day 2.
  - Day 3 agenda (on a PowerPoint slide).

### Training Steps:

1. Welcome participants to Day 3 of the training.
2. Summarize the common themes of the evaluation activity completed at the end of the previous day (the 😊 side of each completed evaluation). Address any changes that the trainers plan to make in response to the participants' requests (the 🔄 side of each completed evaluation).
3. Ask for and respond to participant questions about material covered the previous day.
4. Review the agenda for Day 3.
5. Ask for 3 volunteers to monitor norms, time, and key points.



## SESSION 2

# TB Control Objectives, Challenges, and Barriers. ACSM Activities to Address TB Control Objectives, Challenges, and Barriers

**Time:** 9:00–10:00 (1 hour)

**Objectives:** Participants will:

1. Understand the importance of direct linkages among TB control objectives, challenges, barriers, and ACSM activities.
2. Discuss country and regional epidemiological data and identify challenges to reaching TB control targets.
3. Understand how ACSM activities support TB control objectives.

**Techniques:**

- Mini-lecture.
- Group exercise/discussion.
- Small group work.
- PowerPoint presentation.

**Materials:**

- Session objectives (on a PowerPoint slide).
- **PowerPoint presentation: *TB Control Program Goal, Objectives, Challenges, Barriers, and ACSM Activities.***
- **Handout 3.1: *TB Control Objectives and ACSM Objectives and Activities.***
- Completed **Worksheet 1.2: *Advocacy Activities.***
- Completed **Worksheet 2.1: *Communication Activities.***
- Completed **Worksheet 2.2: *Social Mobilization.***
- **Worksheet 3.1: *National TB Control Objectives, Challenges, and Barriers.***
- **Worksheet 3.2: *ACSM Activities to Address TB Control Objectives.***

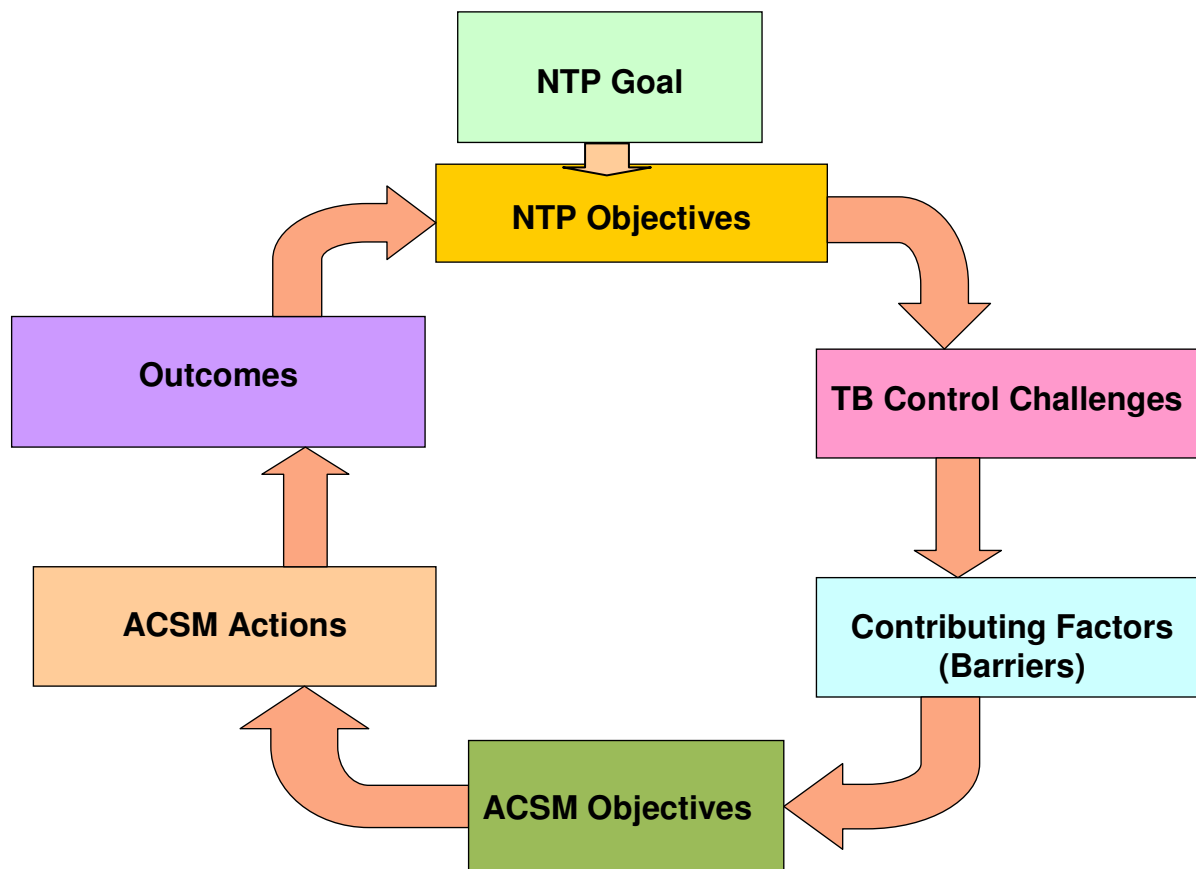
## Training Steps:

### STEP I: 20 minutes



1. Review session objectives.
2. Deliver the **PowerPoint presentation: TB Control Program Goal, Objectives, Challenges, Barriers, and ACSM Activities.**

Emphasize the importance of direct linkages among TB control objectives, challenges, barriers, and ACSM activities. Illustrate this thought through the following chart.



### 3. EXERCISE:

- a) Conduct an exercise with the whole group. Distribute **Worksheet 3.1: National TB Control Objectives, Challenges, and Barriers.** Provide a brief (2-minute) example of TB control program objectives, challenges, and contributing factors provided in **Worksheet 3.1.**

- b) Ask volunteers to provide real-life examples of their national/regional TB control objectives and ask participants to record them in Column 1 of **Worksheet 3.1**. Are they meeting, exceeding, or failing the targets (Column 2)? What are the barriers (possible contributing factors) to achievements (Column 3)? (Refer participants to **Worksheet 1.1: Barriers that Prevent Ideal TB Behavior**.)

### **STEP II: 40 minutes**

4. Tell participants that each ACSM objective should support a specific TB control objective and state how it will be achieved. Distribute **Handout 3.1: TB Control Objectives and ACSM Objectives and Activities** and walk participants through the examples of how ACSM objectives and activities should be linked to TB control objectives. Ask participants to give their examples of ACSM objectives. Some examples of ACSM objectives are provided below:
- Increase awareness of the epidemiological status of TB and the sociodemographic profile of patients among decision-makers in governments.<sup>13</sup>
  - Increase support for TB services among local leaders.
  - Increase knowledge of TB care services (location, free services) among specific populations, such as miners or seasonal migrants.
  - Increase knowledge of “incentive programs” (e.g., transport and food vouchers) offered by TB services among rural populations.
  - Increase risk perception of TB in specific neighborhoods or areas with high rates of TB but low diagnostic and treatment completion rates.
  - Educate HIV-related health care workers on how they can incorporate TB services into their programs.



### **5. GROUP WORK:**

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- a) Ask participants to remain in their country-specific groups. Distribute **Worksheet 3.2: ACSM Activities to Address TB Control Objectives**. Explain that in the current group work, participants will link their advocacy, communication, and social mobilization activities (from their completed **Worksheet 1.2: Advocacy Activities**, **Worksheet 2.1: Communication Activities**, and **Worksheet 2.2: Social Mobilization Activities** from Days 1 and 2) to their TB control objectives.

<sup>13</sup> World Health Organization (WHO), Stop TB Partnership. *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

- b) Refer participants to the ***Roadmap for Using Worksheets*** and remind them how the worksheets are linked.
- c) **TASK:** Review **Worksheets 1.2, 2.1, and 2.2**. Select one of each: advocacy, communication, and social mobilization activities. Record all three activities in Column 3 (*ACSM Activities*) of **Worksheet 3.2**. In Column 1 (*TB Control Objectives*), enter national or regional TB control objectives that are supported by the listed ACSM activities. In Column 2 (*ACSM Objectives*), state the ACSM objectives for the advocacy, communication, and social mobilization activities. Give participants 25 minutes to complete the task.
- d) Group mentors should assist the teams in their work.
- e) Ask one group to present their results in plenary. Encourage other participants to ask questions and make suggestions.
- f) Emphasize that each ACSM activity that they implement should be linked to and support TB control objectives.

## SESSION 3 Key Points of ACSM Action-Planning

**Time:** 10:00–10:15 (15 minutes)

**Objective:** Participants will understand and be able to discuss the key points of ACSM action-planning.

**Techniques:**

- Mini-lecture/presentation.
- PowerPoint presentation.

**Materials:** PowerPoint presentation: ***Key Points of ACSM Action-Planning***.

### Training Steps:



1. Review session objective.
2. Deliver the **PowerPoint presentation: *Key Points of ACSM Action-Planning***.
3. Encourage participants to ask questions and make comments on the presentation content.



**BREAK** 10:15–10:30 (15 minutes)

## **SESSION 4** Assessing ACSM Needs Through Research

**Time:** 10:30–12:30 (2 hours)

**Objective:** Understand the importance of evidence-based ACSM programming and share methods and resources for assessing needs through research.

**Techniques:**

- Brainstorming.
- Mini-lecture.
- PowerPoint presentation.
- Small group work.
- Discussion.

**Materials:**

- Session objective on a PowerPoint slide.
- **PowerPoint presentation: *Assessing ACSM Needs: Overview of Research Methods*.**
- **Handout 3.2: *Research Case Studies*.**

### **Training Steps:**

#### ***STEP I: 1 hour***

1. Review session objective.
2. Introduce the topic of needs assessment and evidence-based programming. Brainstorm with participants regarding their understanding of these terms. Ask for some examples of how they have assessed needs and used those data to design ACSM interventions in the past. Ask what the advantages are of conducting research before designing interventions. Ask what the consequences might be of not conducting research. Record all points that emerge on a flipchart sheet.
3. Deliver the **PowerPoint presentation: *Assessing ACSM Needs: Overview of Research Methods***. Emphasize the importance of qualitative research methods (focus group discussions, in-depth interviews, etc.) and discuss the key steps in conducting them.



4. Introduce participants to the Stop TB Partnership publication *Advocacy, Communication and Social Mobilization for TB Control: A Guide to Developing Knowledge, Attitude and Practice Surveys* and other resources on needs assessment that can be used in their work.

**STEP II: 1 hour**

5. Distribute copies of **Handout 3.2: Research Case Studies**. Allot 10-15 minutes for the groups to read the case studies and discuss the questions.
6. In plenary, ask one group to share their answers to the questions in Case Study A. Start with a group that did not present during the previous session. Ask other participants to make notes of their questions and suggestions and provide feedback.
7. Repeat the same steps for Case Study B.
8. Emphasize that it is important that ACSM activities are evidence based. The study provides data on the cultural barriers to TB detection, prevention, and treatment, and the underlying reasons for treatment interruption.



**LUNCH 12:30–1:30 (1 hour)**

## **SESSION 5**      **Planning for Effective Monitoring and Evaluation**

**Time:** 1:30–2:30 (1 hour)

- Objectives:**
1. Understand the importance of effective monitoring and evaluation of ACSM interventions.
  2. Understand basic elements of monitoring and evaluation.
  3. Use basic input, activity, output, and outcome indicators to monitor implementation of ACSM interventions.

- Techniques:**
- Brainstorming.
  - PowerPoint presentation.
  - Mini-lecture.
  - Exercise.

- Small group work.
- Discussion.

## Materials:

- Session objectives (on a PowerPoint slide).
- **PowerPoint presentation: *Monitoring and Evaluation for Advocacy, Communication, and Social Mobilization.***
- **Handout 3.3: *Illustrative ACSM Indicators.***
- **Handout 3.4: *Monitoring and Evaluation Plan.***
- Completed **Worksheet 1.2: *Advocacy Activities.***
- Completed **Worksheet 2.1: *Communication Activities.***
- Completed **Worksheet 2.2: *Social Mobilization Activities.***
- **Worksheet 3.3: *Monitoring and Evaluation Plan.***

## Training Steps:

### ***STEP I: 25 minutes***

1. Review session objectives.
2. Ask participants to share any experience that they have had in monitoring or evaluating TB-related ACSM activities. If they have examples related to ACSM, encourage them to share these experiences, but remind them that any monitoring and evaluation experience is a good starting point for building capacity for ACSM. So, if they have used monitoring and evaluation in other health areas, they should share these, too. Record their responses on the flipchart.
3. Deliver the **PowerPoint presentation: *Monitoring and Evaluation for Advocacy, Communication, and Social Mobilization.*** At the end of the presentation, allow time for questions and answers. Make sure to emphasize the following key points:
  - Difference between monitoring and evaluation: monitoring involves routine, ongoing collection of data that allow us to track implementation and effectiveness of ACSM interventions, while evaluation is a periodic, in-depth exercise that helps us to understand the impact of our interventions. Evaluation helps us answer questions about whether or not the activities are achieving their intended results, and what aspects of the program design might need to be changed.





#### 4. EXERCISE:

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- a) Lead a brief group exercise to recap the difference between monitoring and evaluation using the slide titled *Monitoring or Evaluation?*
  - b) Ask the group to decide which example is monitoring and which is evaluation.
  - c) Reiterate that the evaluation example would require a special, intensive effort to answer the question, while the monitoring example requires data that would be routinely reported from program records.
5. Continue the PowerPoint presentation. Emphasize that monitoring and evaluation is a complex topic worthy of its own workshop. Evaluation is often a resource-intensive undertaking that requires specialized expertise. Tell participants that this session focuses on the basics of monitoring ACSM; evaluation is not the priority of this training.

The remainder of this presentation will focus mainly on monitoring, as this is the most important of the two concepts that national and sub-national managers need to understand. Later, when they work on ACSM action plans, they will need to have a good understanding of monitoring and evaluation indicators in order to complete the exercises. Note that if participants are interested in learning more about evaluation, there are some resources on the participant CD for further exploration of evaluation of ACSM.

- Emphasize the importance of using a monitoring and evaluation framework to guide your monitoring and evaluation activities for ACSM. Monitoring and evaluation frameworks help us pull together a vision for what we want to achieve, how we will achieve it, and most important, how we will measure progress toward achieving the vision. Explain the key steps to developing a monitoring and evaluation framework. It is an essential to ensure that program activities are logically linked to critical outcomes and impact.
- Define the inputs, activities, outputs, outcomes, and impact.

Inputs are the resources that you need to plan and implement ACSM. For example, these include financial and human resources and/or an existing curriculum or materials that you can use in your ACSM efforts. Inputs are the materials you have readily available or need to acquire to support your efforts.

Activities are the key actions that you must take to implement ACSM. They might include training workshops and/or meetings and tend to focus on events and processes.



Outputs and outcomes are often the most difficult to define. Outputs are the immediate results of ACSM activities. For example, if we conduct training, we can report on the number of people trained. When we look at outputs, we want to know: did the planned activity occur? We can document that the training happened and say with confidence that we held a training workshop and 15 people attended and completed the training.

When we look at outcomes, we want to know: was the activity effective? The outcome of this workshop will tell us whether or not it was effective in achieving its objectives. For example, whether or not participants improved their knowledge of the workshop topic or whether or not they changed practices as a result of what they learned at the workshop. The outcomes may not be measured directly after the event; sometimes we need time to assess whether or not our efforts are effective.

Impact is the most challenging because it means that we can say with confidence that the change in outcomes was due to our efforts. If we say that the treatment success rate increased by 8 percent in a district where we initiated community-based care, but there were other interventions going on, then maybe the increase in treatment success is not due to our efforts alone.

- Define indicators (qualitative and quantitative). Distribute **Handout 3.3: Illustrative ACSM Indicators** and briefly discuss suggested indicators that can be used to measure success of ACSM activities.
- Distribute **Handout 3.4: Monitoring and Evaluation Plan** and explain that it provides illustrative examples of different input, activity, output, and outcome indicators that could be used to measure implementation of ACSM activities.
- Encourage participants to use these handouts as a resource for their group work.
- Explain the importance and key elements of a monitoring and evaluation plan:
  - Inputs, activities, outputs, and outcomes.
  - Indicators.
  - Data sources.
  - Reporting responsibility.
  - Frequency of reporting.
- Explain the key challenges of monitoring and evaluation for ACSM:
  - Lack of capacity at all levels.

- ACSM is relatively new. Many NTPs have only recently adopted ACSM activities or developed ACSM strategies, and they are not always linked to NTP goals and objectives.
- One of the strengths of the DOTS strategy is the existence and wide adoption of standardized reporting and recording forms, which facilitates monitoring of key programmatic outcomes and enables comparison at every level. The use of standardized indicators to track inputs, activities, outputs, and some key outcomes, however, is relatively new for TB-related ACSM, having been developed only in the last few years.
- Impact is particularly challenging: multiple activities are implemented to reach case detection and treatment goals.

## STEP II: 35 minutes



### 6. GROUP WORK:

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- Ask participants to work in their country groups again. Distribute **Worksheet 3.3: Monitoring and Evaluation Plan**.
- Refer participants to their completed **Worksheet 1.2: Advocacy Activities**, **Worksheet 2.1: Communication Activities**, **Worksheet 2.2: Social Mobilization Activities**, and the **Roadmap for Using Worksheets**. Remind them how the worksheets are linked. Ask them to select one advocacy, one communication, and one social mobilization activity that they have identified as high priority for their countries and complete the columns in **Worksheet 3.3**.
- For each activity, participants should identify input, activity, output, and outcome indicators and complete Columns 1 through 5.
- Lastly, the groups should describe the monitoring and evaluation methods or data source that they would use to assess progress of the interventions and enter these in Column 6 (*Methods and Data Sources*).
- In plenary, ask one group to report back on its advocacy activity, another group to report on its communication activity, and the next group on its social mobilization activity. Encourage discussion and questions for each group. Clarify any confusion.
- Remind the groups that a comprehensive monitoring plan would provide even more detail, with more detailed indicator descriptions, data sources, frequency of reporting, and reporting responsibilities clearly described.

- g) Emphasize that monitoring and evaluation of ACSM activities is a developing subject and that improvements will continue to be made in how the success of ACSM activities is measured. Above all, however, it is critically important to plan monitoring and evaluation at the same time that ACSM activities are planned so that the investment made in ACSM can be justified to NTP managers, donors, and other stakeholders.

## SESSION 6 Advocacy Action-Planning

**Time:** 2:30–3:30 (1 hour)

- Objectives:**
1. Discuss steps for advocacy action-planning.
  2. Develop a plan for country’s priority advocacy activities (identified on Day 1).

- Techniques:**
- Group exercise.
  - Group work.
  - Discussion.

- Materials:**
- **Handout 3.5: *Ten Steps to Developing an Advocacy Plan.***
  - Completed **Worksheet 1.2: *Advocacy Activities.***
  - Completed **Worksheet 3.3: *Monitoring and Evaluation Plan.***
  - **Worksheet 3.4: *Advocacy Action-Planning.***
  - **Trainer’s Guide 5: *Set of Cards for Advocacy Planning Exercise.***

### Training Steps:

**STEP I: 25 minutes**

1. Review session objectives.
2. Tell participants that in Session 3 today, we reviewed key steps for ACSM action-planning. Steps for advocacy, communication, and social mobilization action-planning may differ; however, the process has the same logical order: conducting a needs assessment and defining the problem; identifying changes that need to be made and setting objectives;

identifying target audiences and interventions; determining indicators to monitor and evaluate progress; holding stakeholder consultations, etc.



### 3. EXERCISE:

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- a) Ask participants to stay in their groups.
- b) Distribute the set of cards for the advocacy action-planning process to each group (**Trainer's Guide 5**). (Make sure that the cards are out of order.) Tell participants that each card describes one step of the advocacy action-planning process. The participants' task is to arrange and tape the advocacy action-planning steps on the wall in the order that makes sense to the group. Allot 15 minutes for group work.
- c) Once all groups are finished, each group should visit the other displays and compare their results (5 minutes).
- d) Distribute copies of **Handout 3.5: Ten Steps to Developing an Advocacy Plan**. Ask participants to compare steps in the handout with their displays and make changes as needed. Answer participant questions and provide clarification.

If possible, leave the steps taped to the wall during the workshop to refer back to the process at later stages of the workshop.

### **STEP II: 35 minutes**

4. Ask participants why thorough advocacy action-planning is important.



### 5. GROUP WORK:

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- a) Ask participants to work in their country groups. Distribute **Worksheet 3.4: Advocacy Action-Planning** to each group.
- b) Refer groups to their **Worksheet 1.2: Advocacy Activities**. Ask them to choose one priority advocacy activity from **Worksheet 1.2** that would be most effective in their countries to bring about positive change (i.e., what would encourage people to follow the Cough-to-Cure Pathway). Participants should develop a plan for their priority activity, using the steps listed in **Worksheet 3.4**. Fill out Column 2 (*Planning Steps for Your Priority Advocacy Activity from Worksheet 1.2*).
- c) Groups should use their completed **Worksheet 3.3: Monitoring and Evaluation Plan** while determining how to monitor implementation and evaluate progress and success of their advocacy activity.

- d) Group mentors will work with their assigned regional teams to complete the exercise.
- e) Ask the reporter from one group to briefly describe (in 5 minutes) to the plenary group the barrier that they need to address, the rationale for the approach they are taking, and steps to plan their advocacy activity. Encourage teams to incorporate feedback given by participants into their advocacy action plan.



**BREAK 3:30–3:45 (15 minutes)**

## **SESSION 7      Communication Action-Planning**

**Time:** 3:45–4:30 (45 minutes)

- Objectives:**
1. Discuss steps for developing a communication action plan.
  2. Develop a plan for each country's priority communication activities (identified on Day 2).

- Techniques:**
- Group work.
  - Presentation/Discussion.

- Materials:**
- Completed **Worksheet 2.1: *Communication Activities***.
  - Completed **Worksheet 3.3: *Monitoring and Evaluation Plan***.
  - **Worksheet 3.5: *Communication Action-Planning***.

### **Training Steps:**

***Step 1: 10 minutes***

1. Review session objectives.
2. Discuss with participants why thorough planning and assessment is important to develop and carry out a communication plan. Distribute copies of **Worksheet 3.5: *Communication Action-Planning***. Take

participants through a real-life example that demonstrates the steps for communication activity planning.

### **STEP II: 35 minutes**



### **3. GROUP WORK:**

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- a) Ask participants to work in their country groups.
- b) Refer groups to their **Worksheet 2.1: Communication Activities**. Ask them to choose one priority communication activity that they proposed as the most effective in their country to bring about positive behavior change (i.e., what would encourage people to follow the Cough-to-Cure Pathway). Participants should develop a plan for their priority communication activity, using steps listed in **Worksheet 3.5**, and fill out Column 2 (*Planning Steps for Your Priority Communication Activity from Worksheet 2.1*). Groups should use their completed **Worksheet 3.3: Monitoring and Evaluation Plan** while determining how to monitor implementation and evaluate progress and success of their communication activity.
- c) Group mentors will work with their assigned regional teams to complete the exercise.
- d) Ask the reporter from a group that did not report in Session 6 to briefly describe to the plenary group the barrier they need to address, the rationale for the approach they are taking, and steps to plan their communication activity. Ask participants to provide feedback.

## **SESSION 8 Social Mobilization Action-Planning**

**Time:** 4:30–5:15 (45 minutes)

- Objectives:**
1. Discuss steps for developing a social mobilization action plan.
  2. Develop a plan for country's priority social mobilization activities (identified on Day 2).

- Techniques:**
- Group work.
  - Presentation/Discussion.

## Materials:

- Completed **Worksheet 3.3: *Monitoring and Evaluation Plan***.
- Completed **Worksheet 3.4: *Advocacy Action-Planning***.
- Completed **Worksheet 3.5: *Communication Action-Planning***.
- **Worksheet 3.6: *Developing a Social Mobilization Plan***.

## Training Steps:

### **STEP 1: 10 minutes**

1. Review session objectives.
2. Remind participants that social mobilization activities may be planned to complement advocacy and communication activities that contribute to achieving TB control objectives.

The following questions will solicit information to inform social mobilization activities<sup>14</sup>:

- Which communities have large populations affected by TB? How have these communities been affected by the high rates of TB? Describe the characteristics of these communities. Identify respected community leaders or social organizers.
  - Do medical/health service facilities exist in the community? What services and care do they provide? What TB services do they provide? Who visits the health centers?
  - Where do people learn about health issues? Where do people gather when they have questions? Who do they ask for information? Do local media or other news sources exist?
  - Do any businesses in the community employ large numbers of people? If so, have these businesses provided any TB screening, treatment, or other services or resources?
3. Distribute **Worksheet 3.6: *Developing a Social Mobilization Plan***. Take participants through real-life examples that demonstrate the steps for planning the social mobilization activities outlined on the worksheet.

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<sup>14</sup> World Health Organization (WHO), Stop TB Partnership. *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

## STEP II: 35 minutes



### 4. GROUP WORK:

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- a) Ask participants to work in their country groups.
- b) Explain that they will develop a plan for social mobilization activities to complement their planned advocacy (**Worksheet 3.4: Advocacy Action-Planning**) and communication (**Worksheet 3.5: Communication Action-Planning**) activities. Refer participants to the **Roadmap for Using Worksheets** and remind them how the above mentioned worksheets are linked.
- c) Participants should discuss steps for planning social mobilization activities and complete **Worksheet 3.6: Developing a Social Mobilization Plan**:
  - In Column 1 (*Advocacy and/or Communication Objective Supported*), ask them to enter advocacy and communication objectives from **Worksheets 3.4** and **3.5**.
  - In Column 2 (*SM Objective*), enter a social mobilization objective statement.
  - In Column 3 (*SM Activity*), the group should enter details of the specific SM activity being proposed.
  - In Columns 4 (*Target Audience*) and 5 (*SM Audience*), the group should enter the audiences that they have identified for the SM objective.
  - Finally, groups should determine how to evaluate the progress and success of their social mobilization activities. Enter indicators in Column 6 (*Indicators*).
- d) Group mentors will work with their assigned country teams to complete the exercise.
- e) Ask the reporter from a group that did not report in Sessions 6 and 7 to describe to the plenary group the barrier that they need to address, the advocacy and communication objectives/activities they need to support, the rationale for the approach they are taking, and steps to plan their social mobilization activities. Encourage teams to provide feedback.
- f) Conclude by saying, “Successful TB control requires specific behaviors from patients and health providers as well as an



environment that is supportive of those behaviors. Understanding patients' behaviors is fundamental to designing successful ACSM interventions to strengthen TB control programs. It is important to identify key barriers that exist at three levels: individual, group (family, society), and in the medical system (Cough-to-Cure Pathway). It is critical to build partnerships to address these barriers at different levels. Advocacy, communication, and social mobilization activities should not be isolated, but rather, they should be strongly linked, and complement each other."

## SESSION 9 Daily Evaluation and Closing

**Time:** 5:15–5:30 (15 minutes)

**Objectives:**

1. Summarize the key points of the day.
2. Get participants' evaluations of what they learned or what was most useful about the day, and what questions or suggestions for changes they have.

**Techniques:** Discussion.

**Materials:**

- Session objectives (on a PowerPoint slide).
- Small, blank sheets of paper or index cards with a happy face 😊 on one side and a turning arrow ↻ on the other.

### Training Steps:



1. Give a general review of the key points of today's discussion.
  - ▶ Each ACSM action needs to have its clearly defined objective, which should be directly linked to and support NTP objectives.
  - ▶ It is very important that ACSM activities are evidence based. Needs assessments provide data on the barriers to TB detection, prevention, and treatment, and underlying reasons for treatment interruption.
  - ▶ Monitoring and evaluation are important for effective implementation of ACSM activities. Monitoring involves routine, ongoing collection of data that allows us to track implementation and effectiveness of

ACSM interventions. Evaluation is a periodic, in-depth exercise that helps us to understand the impact of the ACSM interventions.

- ▶ Using a monitoring and evaluation framework is essential to ensure that program activities are logically linked to critical outcomes and impact.
  - ▶ Steps for ACSM action-planning have the same logical order: conducting a needs assessment and defining the problem; identifying changes that need to be made and setting objectives; identifying target audiences and interventions; and determining indicators to monitor and evaluate progress.
  - ▶ It is critically important to plan monitoring and evaluation at the same time that ACSM activities are planned so that the investment made in ACSM can be justified to NTP managers, donors, and other stakeholders.
2. Ask if anything needs to be clarified. Tell participants that tomorrow morning, we will begin with a session on synthesizing the elements we covered in Day 3.
  3. Ask participants to share any feelings or impressions from the day.
  4. Distribute the blank sheets of paper or index cards to be used for participant evaluations. Ask participants to list up to two things that they liked or learned from the day on the side with the happy face ☺. Tell participants this may be a piece of information, a technique used, a way that participants interacted, a story they heard, etc.
  5. On the side with the turning arrow ↻, ask them to list up to two things they would suggest changing or improving for remaining days of the workshop, or write down any questions they have.
  6. Allow participants a couple of minutes to record their thoughts and ask for several volunteers to share their impressions orally.
  7. Collect the evaluations for review later with the other trainers.
  8. Attend to any remaining logistical issues and close the day's session, thanking participants for their participation. Remind attendees that the workshop begins at 8:30 am sharp tomorrow morning.

### **TRAINER'S END-OF-DAY TO DO LIST:**

- Review participants' feedback and summarize on a PowerPoint slide to be presented the following day.
- Go over the day's session, discuss processes (content, timing, facilitation style, and participants' feedback), and make necessary changes.
- Review the next day's agenda. Decide how to adjust the next day's content and agenda to meet participants' needs. Trainers should review and discuss the next day's sessions assigned to them.
- Remove flipcharts that are no longer needed, and arrange the remaining flipcharts for use during upcoming sessions.

# Day 4

## Planning for ACSM

### Schedule at a Glance

Session	Title	Time	Trainer
1	Review of Day 3 and agenda for Day 4	8:30–9:00	
2	Available ACSM support and resources. Requests for technical assistance	9:00–10:00	
3	Planning for ACSM: Group work to plan priority activities for the next 6 to 12 months and discuss technical assistance needs	10:00–10:30	
	<b>Break</b>	10:30–10:45	
	Facilitated group work (continued)	10:45–12:30	
	<b>Lunch</b>	12:30–1:30	
	Facilitated group work (continued)	1:30–3:30	
	<b>Break</b>	3:30–3:45	
	Facilitated group work (continued)	3:45–4:45	
3	Daily evaluation and closing	4:45–5:00	

## SESSION 1 Review of Day 3 and Agenda for Day 4

**Time:** 8:30–9:00 (30 minutes)

- Objectives:**
1. Share activities participants found most useful from the previous day. Discuss any changes made to the workshop approach as a result of the feedback.
  2. Review the day’s agenda. Ask participants for any clarifying questions.
  3. Announce any housekeeping items.

- Materials:**
- Summary of key points from evaluations of Day 3.
  - Day 4 agenda (on a PowerPoint slide).

### Training Steps:

1. Welcome participants to Day 4 of the training.
2. Summarize the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each completed evaluation). Address any changes that the trainers plan to make in response to the participants’ requests (the ↗ side of each completed evaluation).
3. Ask for and respond to participant questions about material covered the previous day.
4. Review the agenda for Day 4.

## SESSION 2 Available ACSM Resources. Requests for Technical Assistance

**Time:** 9:00–10:00 (1 hour)

- Objectives:**
1. Share available ACSM resources with the participants.
  2. Discuss how to access needed technical assistance to complete ACSM activities and submit requests to the Stop TB Partnership Secretariat for such assistance.

3. Create a system for staying in touch as a regional network of ACSM practitioners on an ongoing basis.

- Techniques:**
- Presentation.
  - Discussion.

- Materials:**
- **PowerPoint presentation: *Technical Assistance and Resources to Support ACSM Activities*.**
  - **Handout 4.1: *List of ACSM Resources*.**
  - CDs with ACSM resources.

**Training Steps:**

1. Review session objectives.
2. Deliver the **PowerPoint presentation: *Technical Assistance and Resources to Support ACSM Activities***. Review all appropriate and available venues for accessing technical assistance in ACSM, as well as related program areas, such as needs assessments or monitoring and evaluation. Lead a discussion in plenary to respond to questions posed by the participants.
3. Distribute **Handout 4.1: *List of ACSM Resources*** and discuss the available ACSM resources.
4. Ask participants to share what have they learned: Did they create any new friendships? Has anyone made plans to stay in touch after the workshop?
5. Next, lead a discussion in plenary based on the following questions:
  - How could participants continue to stay in touch? Who would benefit? Who would find it burdensome?
  - What sort of information should be shared among members of the group (if they decide to stay in touch) so that participation is seen as bringing tangible benefits?
  - Would such a group need to be moderated? What would moderation entail? Who would be best placed to do it?
  - What would be the exact process of staying in touch?
  - Which members would be interested in participating in such a network? Explore this question with the group. This should be done diplomatically, without implying that non-participation reflects poorly on the person.

- Separate those interested in participation into a separate group. Ask if the group is interested in including non-workshop participants who are critical to ACSM.

## SESSION 3 Planning for ACSM

**Time:** 9:00–4:45 (6 hours 15 minutes)  
**Break:** 10:30–10:45  
**Lunch:** 12:30–1:30  
**Break:** 3:30–3:45

- Objectives:**
1. Identify priority ACSM activities for implementation in the short term that support country TB control objectives.
  2. Identify key barriers to implementation as well as resources supporting implementation of the priority ACSM activities.
  3. Develop and agree on a practical list of the next steps for the next 6 to 12 months for moving forward with ACSM activities and a budget to support planned ACSM activities.
  4. Develop a follow-up plan on needed technical assistance to implement ACSM action plans.

**Techniques:** Group work.

- Materials:**
- Session objectives (on a PowerPoint slide).
  - **PowerPoint presentation: *Planning for ACSM.***
  - Completed **Worksheet 1.2: *Advocacy Activities.***
  - Completed **Worksheet 2.1: *Communication Activities.***
  - Completed **Worksheet 2.2: *Social Mobilization Activities.***
  - Completed **Worksheet 3.2: *ACSM Activities to Address TB Control Objectives.***
  - Completed **Worksheet 3.4: *Advocacy Action-Planning.***
  - Completed **Worksheet 3.5: *Communication Action-Planning.***
  - Completed **Worksheet 3.6: *Developing a Social Mobilization Plan.***
  - **Worksheet 4.1: *Roadmap for Developing an ACSM Action Plan.***

- **Worksheet 4.2: ACSM Action Plan.**
- **Worksheet 4.3: Technical Assistance Request.**

## Training Steps:

1. Review session objectives.
2. Deliver the **PowerPoint presentation: *Planning for ACSM***. Emphasize that for ACSM work to be effective, it is important for each NTP to have the following:
  - ACSM strategy.
  - ACSM coordinator on staff.
  - ACSM action plan.
  - ACSM working group that consists of representatives of the key organizations implementing ACSM activities.
  - Budget and available funding for ACSM.
3. Distribute **Worksheet 4.1: *Roadmap for Developing an ACSM Action Plan***. Review the key steps for developing an ACSM action plan.
4. Refer participants to the supporting worksheets that they filled out during the workshop. Remind them that these worksheets will be helpful in developing their action plans. Emphasize the role of the Cough-to-Cure Pathway and identifying barriers and changes needed for achieving TB control objectives.



## 5. GROUP WORK:

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- a) Explain that participants will work in their country groups. They will discuss appropriate steps that they must take at their work places to move their country ACSM activities forward. **Their goal is to develop a realistic, practical, and achievable ACSM action work plan for the next 6 to 12 months to support TB control objectives that participants will implement after the workshop.**
- b) Distribute **Worksheet 4.2: ACSM Action Plan**.
- c) Participants should select ACSM activities that are crucial for their regions and that they would like to implement during the next 6 to 12 months, using their completed **Worksheet 1.2: Advocacy Activities**, **Worksheet 2.1: Communication Activities**, and **Worksheet 2.2: Social Mobilization Activities**.

To select priority ACSM activities, groups should determine the priority TB control issues to address and the priority ACSM activities



at national, regional, and district levels for addressing those issues. Groups should think of activities through which they can achieve the best results, taking into consideration available resources and other factors. The suggestions should be sensitive to their countries' (regions') bureaucracy and procedures.

- d) For each activity, participants should conduct an analysis, looking at the following:
- Which TB control objectives does the activity support?
  - What factors work against implementation (i.e., what are the current barriers or gaps to effective implementation of this activity)? How can they be addressed?
  - What factors would support effective implementation?
  - Who will take the lead in designing, implementing, and evaluating this activity?
  - What resources are available and needed? What technical assistance is needed?
  - Is funding available? How much will it cost to implement?
  - What are the next steps? What is the timeline?
  - Can ACSM activities be integrated into the TB control planning process?
- e) When groups have decided on their priority ACSM activities, they should complete **Worksheet 4.2: ACSM Action Plan** (if possible, using a laptop computer).
- Write a specific TB control objective from **Worksheet 3.2: ACSM Activities to Address TB Control Objectives**.
  - Column 1 (*ACSM Objective*): Write a specific ACSM objective that supports the TB control objective from **Worksheet 3.2**.
  - Column 2 (*Activities*): List priority ACSM activities that support the ACSM objective. Think of the ACSM activities that are implemented by other partners to avoid duplication and to maximize resources and synergies.
  - Column 3 (*Who is responsible for implementing?*): For each listed activity, designate people responsible for activity implementation. (Members of the group who have the authority and status to carry out the activity listed should be named, with their approval. If no one in the group is positioned to carry out the activity, state that, and designate a person to complete that activity, with the note that this will have to be discussed further with them.)

- Column 4 (*Opportunities & resources available*): List opportunities for implementation and available resources.
- Column 5 (*Challenges & resources needed*): List challenges and resources needed.
- Column 6 (*Timeline*): Develop a timeline with **realistic** expectations for activity implementation. Consider the preparatory activities that need to be addressed first; then, identify the sequence of activities involved. Estimate how long each activity will take. Many factors can accelerate or slow down ACSM activities and must be considered when creating a timeline. Some factors might include conflicting partner schedules and unavailability, delays in producing and printing materials, holidays or other observances, unexpected illnesses among key personnel, or political transitions or civil unrest. Think about occurrences or conditions that have created delays in the past and factor those into the timeline.<sup>15</sup>

Group mentors should work with their assigned country teams to identify priority activities, link them to TB control objectives, and analyze the factors preventing and supporting implementation.

- f) After each group has worked on their draft ACSM action plan, ask them to pair with another group. Explain to them that each group will have 10 minutes to present their action plan to their peer group for feedback. The feedback needs to be constructive so it can help the group to improve its action plan. When both groups have finished presenting and receiving feedback, ask each group to go back to their tables to discuss the feedback that they received from the peer group, decide whether it is appropriate and feasible, and continue to work to improve their draft action plans.
- g) When groups have completed their work plans, they should develop a basic budget for their planned activities. It should be realistic and indicate the source of funding for each activity. It should reflect pre-planning and intended activities, such as:
  - Formative research.
  - Meeting and work space.
  - Material and product development (including pre-testing) and printing.
  - Revisions to materials and activities based on feedback from implementers.
  - Material distribution and storage.
  - Staff and consultants (specify the amount of time needed).
  - Process and outcome evaluation.

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<sup>15</sup> World Health Organization (WHO), Stop TB Partnership. *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

- Payment of external technical or creative experts as needed.
  - Miscellaneous costs such as transportation, telephone, and postage.
- h) Distribute **Worksheet 4.3: Technical Assistance Request**. After completing their ACSM action plans and budgets, ask the groups to complete the requests for technical assistance.



**BREAK 10:30–10:45 (15 minutes)**

Groups continue working on their ACSM action plans and follow-up plans.



**LUNCH 12:30–1:30 (1 hour)**

Groups continue working on their ACSM action plans and follow-up plans.



**BREAK 3:30–3:45 (15 minutes)**

Groups continue working on their ACSM action plans and follow-up plans.

## **SESSION 3 Daily Evaluation and Closing**

**Time:** 4:45–5:00 (15 minutes)

**Objective:** Participants will evaluate what they learned or what was most useful about the day, and what questions or suggestions for changes they have.

**Techniques:** Discussion.

**Materials:**

- Session objective (on a PowerPoint slide).
- Small, blank sheets of paper or index cards with a happy face 😊 on one side and a turning arrow ↻ on the other.

## Training Steps:

1. Give a general review of the key points of today's discussion. Ask if anything needs to be clarified. Tell participants that tomorrow, they will present their action plans and receive feedback from the group.
2. Ask participants to share any feelings or impressions from the day.
3. Distribute the blank sheets of paper or index cards to be used for participant evaluations. Ask participants to list up to two things that they liked or learned from the day on the side with the happy face 😊. Tell participants that this may be a piece of information, a technique used, a way that participants interacted, a story they heard, etc.
4. On the side with the turning arrow ↻, ask them to list up to two things they would suggest changing or improving the last day of the workshop, or to write down any questions they have.
5. Allow participants a couple of minutes to record their thoughts and ask for several volunteers to share their impressions orally.
6. Collect the evaluations for review later with the other trainers.
7. Attend to any remaining logistical issues and close the day's session, thanking participants for their participation. Remind attendees that the workshop begins at 8:30 am sharp tomorrow morning.

### TRAINER'S END-OF-DAY TO DO LIST:

- Review participants' feedback and summarize on a PowerPoint slide to be presented the following day.
- Go over the day's session, discuss processes (content, timing, facilitation style, and participants' feedback), and make necessary changes.
- Review the next day's agenda. Decide how to adjust the next day's content and agenda to meet participants' needs. Trainers should review and discuss the next day's sessions assigned to them.
- Remove flipcharts that are no longer needed, and arrange the remaining flipcharts for use during upcoming sessions.

# Day 5

## Going Forward

### Schedule at a Glance

Session	Title	Time	Facilitator
1	Review of Day 4 and agenda for Day 5	8:30–9:00	
2	ACSM action plan and technical assistance request presentations and discussion	9:00–10:15	
	<b>Break</b>	10:15–10:30	
	ACSM action plan and technical assistance request presentations and discussion (continued)	10:30–12:30	
	<b>Lunch</b>	12:30–1:30	
	ACSM action plan and technical assistance request presentations and discussion (continued)	1:30–3:30	
3	Final workshop evaluation and closing	3:30–4:00	

## SESSION 1 Review of Day 4 and Agenda for Day 5

**Time:** 8:30–9:00 (30 minutes)

- Objectives:**
1. Share activities that participants found most useful from the previous day. Discuss any changes made to the workshop approach as a result of the feedback.
  2. Review the day's agenda. Ask the participants for any clarifying questions.
  3. Announce any housekeeping items.

- Materials:**
- Summary of key points from evaluations of Day 4.
  - Day 5 agenda (on a PowerPoint slide).

### Training Steps:

1. Welcome participants to Day 5 of the training.
2. Summarize the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each completed evaluation). Address any changes that the trainers plan to make in response to the participants' requests (the ↗ side of each completed evaluation).
3. Ask for and respond to participant questions about material covered the previous day.
4. Review the agenda for Day 5.

## SESSION 2 ACSM Action Plan and Technical Assistance Request Presentations and Discussion

**Time:** 9:00–3:30 (5 hours 15 minutes)  
**Break:** 10:15–10:30  
**Lunch:** 12:30–1:30

- Objectives:**
1. Discuss and finalize country ACSM action plans.

2. Discuss how ACSM activities (including those that are planned for the next 6 to 12 months) can be incorporated into the participants' routine planning.
3. Discuss what technical assistance is needed for the ACSM action plans to be effectively implemented.

**Techniques:**

- Group presentation.
- Discussion.

**Materials:**

- Completed **Worksheet 4.2: ACSM Action Plan**.
- Completed **Worksheet 4.3: Technical Assistance Request**.

**Training Steps:**

1. Review session objectives.
2. Ask each group to give a brief presentation of their completed ACSM action plan and follow-up plans to the plenary, explaining their rationale for their selected ACSM activities, how they will implement them, and their budget. The presentations should cover the following:
  - What are the priority TB control issues in their country? Can ACSM interventions help address those priorities?
  - What are the priority ACSM activities at the national (regional or district) level to address those issues? Why?
  - What TB control objectives are supported by those ACSM activities?

For each listed activity:

- Which TB control and ACSM objectives does it support?
- What are the current barriers to effective implementation of this activity? How can they be addressed?
- What factors would support effective implementation?
- Who will take the lead in designing, implementing, and evaluating this activity?
- What resources are available and needed? What technical assistance is needed?
- What are the next steps? What is the timeline?
- How can ACSM activities be incorporated into routine planning?

Display the questions listed above on a flipchart or PowerPoint slide, so participants can follow them while presenting.

**TIME:** 10-15 minutes for each presentation.

3. The plenary will give feedback and ask clarifying questions. Make sure that there is enough time for discussion. Allot 20-25 minutes for each group.
4. At the end of each discussion, facilitators will summarize strengths and weaknesses of the ACSM action plan and what needs to be changed/incorporated to finalize it.

5. **Ask groups to submit a copy of their ACSM action plan and technical assistance request to the facilitators.** Remind each group that the facilitators need to know what type of technical assistance they will need.



**BREAK 10:15–10:30 (15 minutes)**

Groups continue presenting and discussing their ACSM action plans and follow-up plans.



**LUNCH 12:30–1:30 (1 hour)**

Groups continue presenting and discussing their ACSM action plans and follow-up plans.

## **SESSION 3 Final Workshop Evaluation and Closing**

**Time:** 3:30–4:00 (30 minutes)

**Objective:** Workshop participants will evaluate their level of satisfaction and learning from the workshop, receive Certificates of Participation, and the workshop will close.

**Materials:**

- Session objective (on a PowerPoint slide).



- **PowerPoint presentation: *Final Evaluation and Closing*.**
- Certificates of Participation.
- **Handout 5.1: *Post-workshop ACSM Quiz*.**
- **Handout 5.2: *Final Evaluation Form*.**
- **Trainer’s Guide 1: *Pre-/Post-workshop ACSM Quiz Answer Sheet*.**

## Training Steps:

1. Deliver the **PowerPoint presentation: *Final Evaluation and Closing***. Repeat workshop objectives and participants’ expectations. Ask for participants’ opinions on whether those objectives and expectations were met. Give a general review of the key points of the workshop:
  - ACSM is an essential cross-cutting approach that supports the six elements of the Stop TB Strategy.
  - The Cough-to-Cure Pathway is a diagnostic and planning tool that maps out the ideal pathway of behavior for an individual with TB and the possible barriers that might prevent early diagnosis and treatment completion. For developing effective ACSM activities, it is very important to understand and analyze each barrier that patients encounter at each level. This helps define the problem and design the solution. Effective ACSM addresses many of these barriers.
  - Although distinct from one another, advocacy, communication, and social mobilization are most effective when used together. ACSM activities should therefore be developed in parallel and not separately.
  - Each ACSM action needs to have a clearly defined objective that should be directly linked to and support NTP objectives.
  - Planning is critical to success. Steps for advocacy, communication, and social mobilization action-planning have the same logical order: conducting a needs assessment and defining the problem; identifying changes that need to be made and setting objectives; identifying target audiences and interventions; and determining indicators to monitor and evaluate progress.
  - It is critically important to plan monitoring and evaluation at the same time that ACSM activities are planned so that the investment made in ACSM can be justified to NTP managers, donors, and other stakeholders.
2. Tell participants that we have come to the end of the workshop training content sessions and that they will be evaluating the workshop, taking the post-test, and proceeding with the closing ceremonies.
3. Explain in plenary that participants will now have an opportunity to reflect and give feedback on the training.

4. **Post-workshop ACSM Quiz:** Distribute copies of **Handout 5.1: *Post-workshop ACSM Quiz***. Allow 20 minutes for participants to complete it.
5. **Workshop evaluation (written):** Distribute copies of **Handout 5.2: *Final Evaluation Form*** and allow 15 minutes for participants to complete it.
6. Present a **Certificate of Participation** to each workshop attendee.
7. Invite any appropriate collaborating or sponsoring representatives to make closing remarks and officially conclude the workshop.
8. Congratulate the participants for their attendance and active participation, and wish them well in their efforts to advance ACSM activities and reach TB control targets.

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# **Annex 1: Trainer's Guides**

## Trainer's guide 1

### Pre-/Post-workshop ACSM Quiz Answer Sheet

1. Advocacy, communication, and social mobilization (ACSM) activities have the same objectives and target audiences. False
2. Training medical providers to improve their counseling skills is an example of a communications activity. True
3. The goal of advocacy activities is to increase TB awareness among as many people as possible. False
4. ACSM activities are essential for supporting all six elements of the Stop TB Strategy. True
5. The Cough-to-Cure Pathway is a new diagnostic test for screening TB patients. False
6. "Stakeholders analysis" is a technique for assessing the importance and influence of various people and groups who affect a TB project or intervention. True
7. Most communication messages only need to be disseminated through the media once. False
8. It is more important to implement ACSM interventions quickly (because behavior change takes time) than it is to collect and analyze data and evidence to design the interventions. False
9. ACSM activities are essential components for reaching and sustaining national TB control targets. True
10. Identifying problems that TB patients have in adhering to treatment is an example of a "barriers analysis." True
11. Television is always the most effective channel of communication. False
12. The main goal of monitoring is to provide management and staff with information to make decisions. True
13. The main goal of social mobilization activities is increasing TB knowledge of journalists and politicians. False
14. Assessing ACSM needs may include various research methods. True
15. Tools and technical support to countries for ACSM planning and implementation can be accessed free of charge from the Stop TB Partnership. True

## Trainer's Guide 2

# Instructions for Knowledge, Beliefs, and Practice Exercise

### Objectives:

- Demonstrate that a person's behaviors do not always match what they know or believe.
- Analyze the fact that raising awareness or increasing knowledge is often not sufficient to bring about behavior change.
- Discuss new ways of describing or defining the target audience.
- Deduce the necessity of conducting qualitative research.

### Materials:

- Tape.
- Flipchart.
- Belief and behavior statements (see pages 4 and 5) printed on separate pieces of paper and taped to the flipcharts or wall in different parts of the room in the following order for each stack of papers: (1) behavior statement taped to the wall; (2) belief statement taped over the behavior statement; and (3) blank piece of paper taped over the belief statement.
- On a separate flipchart paper: Communication objective: We must increase the number of community members (that's us) who engage in at least 30 minutes of moderate physical activity four or more times a week.

### Exercise:

1. Explain to the participants that for this exercise, they will each play two different roles: one of a community health promoter and the other, a community member. Point out the communication objective written on the flipchart paper.
2. Tell the participants that before we decide how to address that objective, we are going to undertake some audience research involving all of you as research participants.
3. Ask someone to remove the blank sheets from each of the three stacks of papers taped to the flipchart or wall. Explain that three belief statements are posted on the walls. Have participants read them out loud.
4. Ask them to stand near the statement that most approximates their knowledge level. When participants have settled next to a statement, ask:
  - What do you notice about the groups?
  - How many are in each group?
  - Other observations: demographic observations? By profession? Gender? Age? Nationality? Language group? Region? Other?
5. Tell participants: You have just divided yourselves into segments, or subgroups of the community, according to *your stated knowledge/belief level* about exercising.



6. Tell the participants: We will now see what happens when we look at your behavior. Ask someone to remove the belief statement from each of the three stacks of papers. Explain that now three behavior statements are posted on the walls. Ask participants to read the action statements and reposition themselves according to what they actually did (i.e., their behaviors).
7. Stress that what we think and believe is often quite different from what we do.
8. Ask participants:
  - What differences do you see? Demographic observations? By profession? Gender? Age?
  - If as a community health promoter, you need to develop informational materials for those people, would the same brochure for all three target groups help to achieve communication objectives? Will the messages be the same or different? Why?
9. While participants are still standing in their groups, ask: If you had to pick one audience segment to work with first, which group would you pick? Introduce the term “target of opportunity”; i.e., looking at groups that may initially be more prone to change. This may be people with the greatest desire to change due to vulnerability, or those for whom the transition would not be difficult.
10. Now ask participants: What did you learn about prioritizing? Suggest that it is not always necessary or practical to divide by sociodemographic characteristics.
11. Ask participants: What have we learned from this exercise? Help to draw out the following themes:
  - What people do does not always reflect what they know or believe. That is obvious to all of us when we think about our own actions, but sometimes when we are planning health promotion, we forget this basic tenet.
  - Just giving people information is generally not enough—even convincing them of a new belief may not move them to take a beneficial action.
  - Look for targets of opportunity—where can I get the greatest impact from my investment? Consider that we may be more successful at moving the “sometimes exercise” people to the objective than getting the “almost never exercise” people all the way there.
  - This activity points us toward the value of doing qualitative research.

**Belief statements:**

1. I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.
2. I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.
3. I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.

**Behavior statements:**

1. I regularly participate in 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.
2. I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.).
3. Besides active work at home, I rarely do physical exercises. I am not a regular exerciser at all.

**Communication objective:  
Increase the number of people who  
exercise regularly for 30 minutes 4 or  
more times a week.**

**I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.**

**I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.**

**I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.**

**I regularly participate in 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.**

**I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.).**



**Besides active work at home, I rarely do physical exercises. I am not a regular exerciser at all.**

### Statements for ACSM Summary Exercise<sup>1</sup>

1. In Country A, limited health care access is a significant obstacle to reducing TB cases. Farm workers in District X sponsored community members to attend lay health care worker training. Armed with new-found skills and primary health care knowledge, the trained community members conducted monthly weighings and TB screenings, referred people with TB symptoms to the local clinic, administered DOT, supported families affected by TB, treated minor ailments, and educated the community to give them an understanding of basic health issues. These efforts led to a significant increase in treatment completion.  
*(Social mobilization activity)*
2. One of the key reasons for poor TB treatment completion in Country B is due to unavailability of TB drugs. Community organizations petitioned the Ministry of Health to request adequate drug supplies and TB services. Also, they organized a press conference to inform the press about this petition.  
*(Advocacy and social mobilization activities)*
3. Study results in Country C indicated that the risk of TB disease in children was two times higher if their family history included contact with people with TB, compared to families with no contact. To fill knowledge gaps related to TB, posters and brochures were developed to highlight TB symptoms, risk of TB for children in families in which at least one family member has already been diagnosed with TB disease, and where to go for help.  
*(Communication activity)*
4. In Country D, the pharmacists' association (PA) is the National TB Program's (NTP) main private-sector partner. The PA's role has been to mobilize registered pharmacies and encourage pharmacists to identify and refer people suspected of having TB disease to DOTS services. The PA also facilitates pharmacy staff training, oversees monthly supportive supervision activities, and coordinates and communicates with the public sector within the operational districts where the project is active.

Each participating pharmacy is involved in the DOTS activities of the TB public-private mix network in the country. Pharmacy staff were trained on national TB guidelines. They provide counseling and disseminate information materials about TB to pharmacy clients suspected of having active disease and refer them to public health facilities providing TB services. Pharmacists also keep records of any referrals made and provide this information to project coordinators every month.

*(Communication and social mobilization activities)*

5. In Country E, an exit survey with TB patients was focused on evaluating client satisfaction with client-provider communication. Patients often cited poor interaction with providers as a reason for the delay in seeking TB diagnosis or for stopping TB treatment. They suggested that establishing rapport between the health worker and the patient is a critical element of the communication activities of TB control. Survey results showed that patients often do not understand the terms the health worker uses and do not have enough time to ask questions. Health workers spend little time listening to patients, and privacy and confidentiality were

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<sup>1</sup> Adapted from: World Health Organization (WHO). *Advocacy, Communication and Social Mobilization (ACSM) for Tuberculosis Control: A Handbook for Country Programmes*. Geneva, Switzerland: WHO; 2007.

major concerns for patients. Survey results were used to develop a training curriculum for medical providers.

***(Communication activity)***

6. In Province X, community-based support for the DOT program was very successful in improving treatment adherence; however, funding for this program has ended. To gain public and government support and validate the relevance of TB control efforts, a number of local newspapers published articles. Also, program staff and community activists met with the current donor to request continued funding.

***(Advocacy activity)***

7. In District Y, only 29 percent of survey participants knew that TB care was free in the public sector. To fill this informational gap, posters were developed and posted on public transportation and in shops, schools, and churches. Also, a television program was aired and covered the opening of a new TB facility in the district.

***(Communication activity)***

8. Representatives of the NTP, local nongovernmental organizations (NGOs), trade unions, and community volunteers organized a meeting with the factory administration to request its support for a workplace DOT program.

***(Advocacy activity)***

9. In District Z, many rumors were spreading about TB transmission and risk factors. A local NGO organized a community rally to dispel rumors and reach people with messages about TB.

***(Communication and social mobilization activities)***

10. In Country F, the NTP, key NGOs, and community leaders and activists met with the president to place TB on the national agenda. The meeting resulted in more funds to the TB program and the declaration of TB as an emergency.

***(Advocacy activity)***

11. In Country G, there is a system for referring TB patients from the government TB clinic to workplaces that have joined the network. The TB coordination officer interviews and counsels each patient in his/her place of employment about completing treatment, trains the workplace TB treatment supporter, and monitors adherence to treatment. A good relationship between the treatment supporter and the TB patient is crucial. The TB coordination officer educates all the employees about TB and HIV through health education talks. This system also provides the opportunity for identifying workers with potential symptoms of TB and referring them for screening in the TB clinic.

***(Communication and social mobilization activities)***

12. Free TB screening was offered to homeless and low-income people across Country H. A local television station broadcast a program that featured experts on TB, with a call-in hotline for viewers.

***(Communication activity)***

13. Football, hockey, volleyball, and wrestling events were held throughout Provinces X, Y, and Z. Players wore specially designed T-shirts with messages about TB.

***(Communication and social mobilization activities)***

14. The World Health Organization presented findings from the largest survey to date on the scale of drug resistance to TB. The report was based on information collected from 90,000 TB patients in 81 countries between 2002 and 2006 and found that extensively drug-resistant TB, a virtually untreatable form of the disease, had been recorded in 45 countries. Events to share the survey results were held in Washington and Brussels to leverage potential commitments for action.<sup>2</sup>

***(Advocacy activity)***

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<sup>2</sup> World Health Organization (WHO). *Stop TB Partnership 2008 Annual Report*. Geneva, Switzerland: WHO; September 2009.

**Assess the situation  
and define  
the challenge(s)**

**Identify needed policy  
changes**

**Identify decision-maker(s) who have the power and influence to change policy to address the needs**

**Determine why  
decision-makers have  
not implemented the  
desired change yet**



**Identify opposition to  
the policy change and  
the reasons for the  
opposition**

**Assess your  
institution's strengths  
and weaknesses in  
advocating for the  
policy change**

**Identify others who  
have a similar interest  
in addressing the  
problem**

**Identify advocacy  
activities and  
messengers that  
could influence those  
in power**

**Assess resources  
that could be  
accessed to pursue  
the change**

**Determine how to  
evaluate progress and  
success**

# **Annex 2: Information Handouts**

## Handout 1.1

# Overview of Agenda

## Day 1: The Role of ACSM in TB Control: Understanding Advocacy

Session	Title	Time
	Registration	8:30–9:00
1	Welcome and greetings	9:00–9:30
2	Participant introductions	9:30–10:15
3	Workshop expectations, objectives, agenda, norms, and logistics	10:15–10:45
	<b>Break</b>	10:45–11:00
4	Why is ACSM essential to the Stop TB Strategy?	11:00–11:35
5	Status of national TB control programs: Presentations by country representatives	11:35–1:00
	<b>Lunch</b>	1:00–2:00
6	ACSM and the Cough-to-Cure Pathway	2:00–3:30
	<b>Break</b>	3:30–3:45
7	Understanding advocacy	3:45–4:45
	Group work on developing advocacy actions	4:45–5:45
8	Daily evaluation and closing	5:45–6:00

## Day 2: Understanding Communication and Social Mobilization

Session	Title	Time
1	Review of Day 1 and agenda for Day 2	8:30–9:00
2	Understanding communication	9:00–9:45
	<b>Break</b>	9:45–10:00
	Understanding communication (continued)	10:00–12:00
	Developing communication actions	12:00–1:00
	<b>Lunch</b>	1:00–2:00
3	Understanding social mobilization	2:00–3:30
	<b>Break</b>	3:30–3:45
	Developing social mobilization actions	3:45–4:45
4	ACSM summary exercise	4:45–5:15
5	Daily evaluation and closing	5:15–5:30



## Day 3: Planning ACSM Activities to Address TB Control Objectives, Challenges, and Barriers

Session	Title	Time
1	Review of Day 2 and agenda for Day 3	8:30–9:00
2	TB control objectives, challenges, and barriers. ACSM activities to address TB control objectives, challenges, and barriers	9:00–10:00
3	Key points of ACSM action-planning	10:00–10:15
	<b>Break</b>	10:15–10:30
4	Assessing ACSM needs through research	10:30–11:30
	Research case study: Group work on assessing needs	11:30–12:30
	<b>Lunch</b>	12:30–1:30
5	Planning for effective monitoring and evaluation	1:30–2:30
6	Advocacy action-planning	2:30–3:30
	<b>Break</b>	3:30–3:45
7	Communication action-planning	3:45–4:30
8	Social mobilization action-planning	4:30–5:15
9	Daily evaluation and closing	5:15–5:30

## Day 4: Planning for ACSM

Session	Title	Time
1	Review of Day 3 and agenda for Day 4	8:30–9:00
2	Available ACSM support and resources. Requests for technical assistance	9:00–10:00
3	Planning for ACSM: Group work to plan priority activities for the next 6 to 12 months and discuss technical assistance needs	10:00–10:30
	<b>Break</b>	10:30–10:45
	Facilitated group work (continued)	10:45–12:30
	<b>Lunch</b>	12:30–1:30
	Facilitated group work (continued)	1:30–3:30
	<b>Break</b>	3:30–3:45
	Facilitated group work (continued)	3:45–4:45
4	Daily evaluation and closing	4:45–5:00

## Day 5: Going Forward

Session	Title	Time
1	Review of Day 4 and agenda for Day 5	8:30–9:00
2	ACSM action plan and technical assistance request presentations and discussion	9:00–10:15
	<b>Break</b>	10:15–10:30
	ACSM action plan and technical assistance request presentations and discussion (continued)	10:30–12:30
	<b>Lunch</b>	12:30–1:30
	ACSM action plan and technical assistance request presentations and discussion (continued)	1:30–3:30
3	Final workshop evaluation and closing	3:30–4:00

## Handout 1.2

# Pre-workshop ACSM Quiz

Date: \_\_\_\_\_

Name: \_\_\_\_\_

1. Advocacy, communication, and social mobilization (ACSM) activities have the same objectives and target audiences.  True  False
2. Training medical providers to improve their counseling skills is an example of a communications activity.  True  False
3. The goal of advocacy activities is to increase TB awareness among as many people as possible.  True  False
4. ACSM activities are essential for supporting all six elements of the Stop TB Strategy.  True  False
5. The Cough-to-Cure Pathway is a new diagnostic test for screening TB patients.  True  False
6. “Stakeholders analysis” is a technique for assessing the importance and influence of various people and groups who affect a TB project or intervention.  True  False
7. Most communication messages only need to be disseminated through the media once.  True  False
8. It is more important to implement ACSM interventions quickly (because behavior change takes time) than it is to collect and analyze data and evidence to design the interventions.  True  False
9. ACSM activities are essential components for reaching and sustaining national TB control targets.  True  False
10. Identifying problems that TB patients have in adhering to treatment is an example of a “barriers analysis.”  True  False
11. Television is always the most effective channel of communication.  True  False
12. The main goal of monitoring is to provide management and staff with information to make decisions.  True  False
13. The main goal of social mobilization activities is increasing TB knowledge of journalists and politicians.  True  False
14. Assessing ACSM needs may include various research methods.  True  False
15. Tools and technical support to countries for ACSM planning and implementation can be accessed free of charge from the Stop TB Partnership.  True  False

## ACSM and the Stop TB Strategy

Components of the Stop TB Strategy	Examples of TB Control Challenges	Examples of ACSM Actions
<b>1. Pursue high-quality DOTS expansion and enhancement.<sup>1</sup></b>	Lack of support for DOTS strategy.	<ul style="list-style-type: none"> <li>• Conducting research and collecting facts.</li> <li>• Establishing a broader coalition of nongovernmental organizations (NGOs) to advance TB work.</li> <li>• Assessing barriers among decision-makers and medical providers.</li> <li>• Developing key messages to address those barriers and raise awareness of the benefits of the DOTS strategy.</li> <li>• Meetings with health decision-makers to support adoption of the DOTS strategy.</li> <li>• Presenting at professional conferences.</li> </ul>
	Lack of knowledge among general public about TB that can lead to stigma, discrimination, and delayed diagnosis and treatment.	<ul style="list-style-type: none"> <li>• Television and radio spots.</li> <li>• Television talk show with participation of former TB patients.</li> <li>• Celebrity endorsements.</li> <li>• Community theater.</li> </ul>
	Poor TB treatment completion due to unavailability of or poor-quality TB drugs.	<ul style="list-style-type: none"> <li>• Conducting research and collecting facts.</li> <li>• Newspaper articles covering news on the shipment of low-quality drugs, with the goal of gaining support and validating the relevance of supplying high-quality TB drugs (media advocacy).</li> <li>• Meetings with health policy- and decision-makers.</li> </ul>
	Treatment interruption due to poor understanding among patients and medical providers' attitudes.	<ul style="list-style-type: none"> <li>• Interpersonal communication training for medical workers.</li> <li>• Community-based support for TB control (volunteers, community groups, training, supervision, etc.).</li> </ul>

<sup>1</sup> The components of the Stop TB Strategy were updated: [http://www.who.int/tb/strategy/stop\\_tb\\_strategy/en/index.html](http://www.who.int/tb/strategy/stop_tb_strategy/en/index.html).

Components of the Stop TB Strategy	Examples of TB Control Challenges	Examples of ACSM Actions
	Lack of skills among TB doctors to use standardized treatment regimens.	<ul style="list-style-type: none"> <li>• Developing informational materials and job aids for TB doctors.</li> <li>• Training medical providers.</li> </ul>
<b>2. Address TB/HIV, multidrug-resistant TB, and the needs of poor and vulnerable populations.</b>	TB drugs sold in pharmacies without prescriptions.	<ul style="list-style-type: none"> <li>• Conducting research and collecting facts.</li> <li>• Developing key messages and advocacy materials (fact sheets, presentations, etc.).</li> <li>• Building partnerships.</li> <li>• Meetings with politicians and health decision-makers to advocate for appropriate legislation.</li> <li>• Developing guidelines that prohibit TB drugs to be sold at pharmacies.</li> <li>• Campaigns to highlight that TB drugs are free of charge at DOTS centers.</li> </ul>
	Lack of public awareness about TB/HIV co-infection and low perception of TB risk among HIV-positive people.	<ul style="list-style-type: none"> <li>• Community meetings to educate community members about TB and HIV.</li> <li>• Training community health volunteers on TB and using a screening tool to identify and refer possible TB cases to the local facility.</li> </ul>
	High TB incidence among prisoners.	<ul style="list-style-type: none"> <li>• Meetings with decision-makers at the appropriate ministries to ensure ministerial orders.</li> <li>• Educating prisoners on TB and distributing informational materials.</li> <li>• Meetings with prison administrations to advocate for appropriate infection control actions.</li> </ul>
<b>3. Contribute to health system strengthening based on primary health care.</b>	Lack of human resources in TB hospitals due to low salaries and unattractive work environment.	<ul style="list-style-type: none"> <li>• Meetings with decision-makers to advocate for ministerial orders and funding allocations to increase salaries.</li> <li>• Media coverage to draw attention to the problem.</li> <li>• Training community volunteers on DOTS to be a fully integrated component of the larger TB program.</li> </ul>

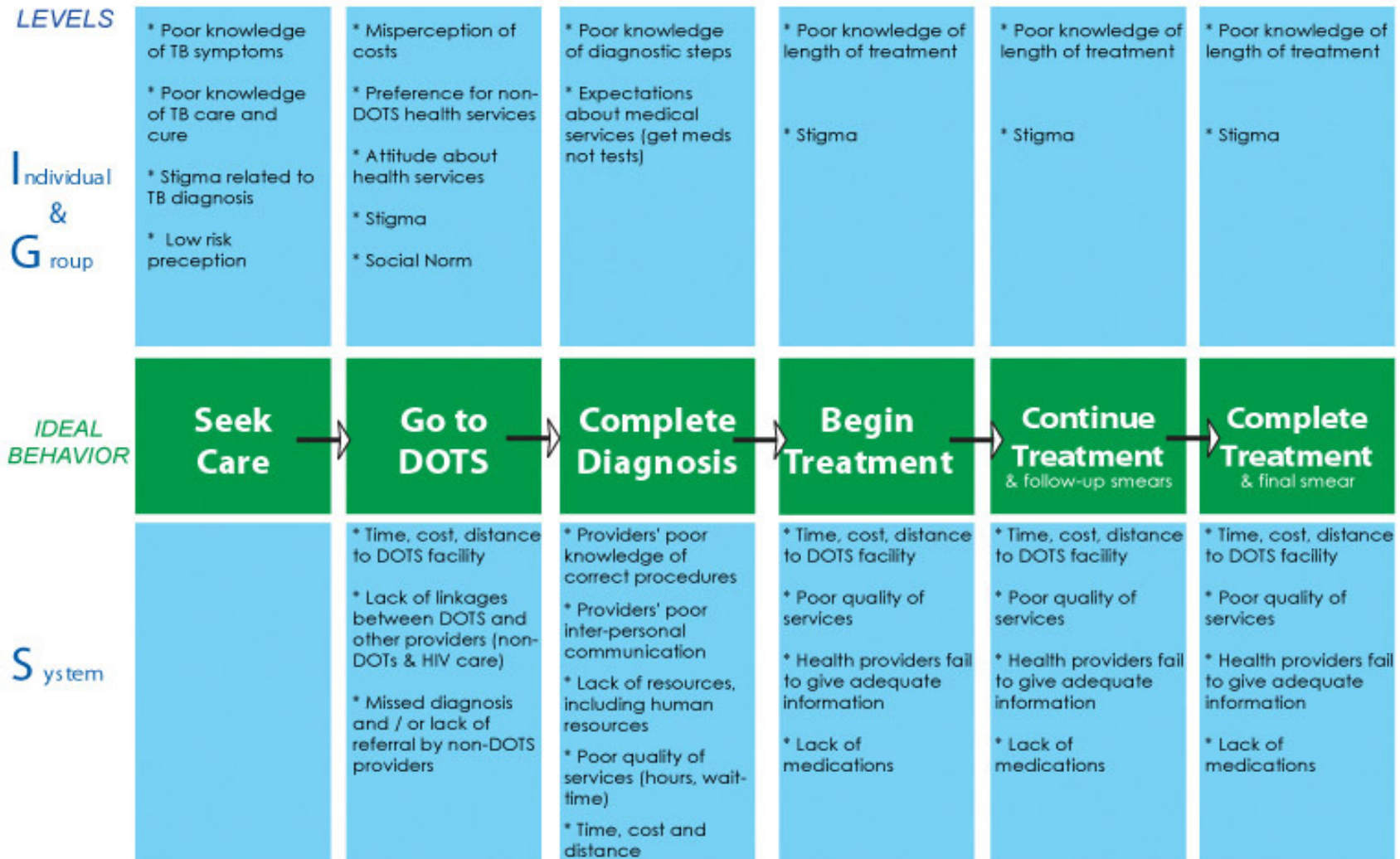
Components of the Stop TB Strategy	Examples of TB Control Challenges	Examples of ACSM Actions
	Growing TB incidence among TB health providers in district hospitals.	<ul style="list-style-type: none"> <li>• Advocating with the chief doctor to improve infection control measures.</li> <li>• Developing job aids, posters, and training materials with key messages for TB health care providers.</li> </ul>
	Delayed diagnosis and poor treatment adherence in rural areas due to long distance to DOTS facilities.	<ul style="list-style-type: none"> <li>• Training and supervision of community TB care volunteers.</li> <li>• Community meetings to promote community TB care.</li> <li>• Public theater to raise public awareness of TB and available services.</li> </ul>
<b>4. Engage all care providers.</b>	Missed TB cases, delayed diagnosis, and inappropriate or incomplete treatment because non-National TB Program (NTP) providers do not always use recommended TB management practices.	<ul style="list-style-type: none"> <li>• Advocating for appropriate ministerial orders and policies.</li> <li>• Bringing together the NTP, professional medical and nursing societies, academic institutions, NGOs, and HIV-service organizations to secure support for TB control efforts.</li> <li>• Training non-NTP providers.</li> <li>• Developing referral systems.</li> <li>• Developing informational materials and referral cards to TB and HIV services for patients.</li> </ul>
	People with TB-like symptoms come to the pharmacies for drugs; however, community pharmacists do not refer such clients (TB suspects) for TB testing. This significantly delays diagnosis, or TB cases are lost.	<ul style="list-style-type: none"> <li>• Meeting with pharmacy owners and associates to advocate for better referral.</li> <li>• Developing a referral system for TB testing.</li> <li>• Developing informational materials and referral cards for pharmacy clients.</li> <li>• Establishing a partnership with the national pharmacy association or other professional organizations to adopt new referral procedures in all pharmacies.</li> </ul>

Components of the Stop TB Strategy	Examples of TB Control Challenges	Examples of ACSM Actions
<b>5. Empower people with TB and communities through partnership.</b>	Delayed diagnosis and poor treatment due to lack of DOTS facilities.	<ul style="list-style-type: none"> <li>• Involving community activists in advocacy actions to demand better health services and bring care closer to the community.</li> <li>• Including community volunteers in all stages of developing messages and informational materials.</li> </ul>
	Low treatment adherence due to poor medical providers' attitudes and stigma in health facilities.	<ul style="list-style-type: none"> <li>• Inviting people with TB to present at professional medical conferences and medical and nursing facility staff meetings.</li> <li>• Media coverage of such events.</li> <li>• Training TB providers on interpersonal communication and counseling and discussing the <i>Patients' Charter for Tuberculosis Care</i>.</li> <li>• Developing photonovelas (a comic book-like booklet that uses photos to tell a dramatic real-life story of a TB patient) and distributing among health providers.</li> </ul>
<b>6. Enable and promote research.</b>	There is no effective vaccine against TB.	<ul style="list-style-type: none"> <li>• Advocacy action on World TB Day, with the goal of promoting development of an effective vaccine and increasing funding for research.</li> </ul>
	Pharmacy clients with TB-like symptoms often do not come for TB testing and are lost to follow-up.	<ul style="list-style-type: none"> <li>• Identifying problems and workable solutions and incorporating them into the current pharmacy education and referral system.</li> </ul>

## Handout 1.4

### From Cough to Cure: A Path of Ideal Behaviors in Tuberculosis Control

#### B A R R I E R S



The Cough-to-Cure Pathway was developed as a diagnostic and planning tool by the Academy for Educational Development.



## Differences Among ACSM Concepts

Concept	Objective (What can it change?)	Target Audiences	Typical Indicators of Success
<b>Advocacy</b>	<p>Mobilize political commitment and increase and sustain resources for TB</p> <p>(Policies; implementation of policies, laws, and practices; funding and other resources)</p>	<ul style="list-style-type: none"> <li>• Decision-makers at national, regional, and district levels</li> <li>• Policymakers</li> <li>• People in positions of influence</li> <li>• Donors</li> </ul>	<ul style="list-style-type: none"> <li>• Policies, implementation, laws, or practices that enable positive changes (access to diagnosis, care, and treatment for people with TB and HIV)</li> <li>• Increased funding and resources</li> </ul>
<b>Communication</b>	<p>Improve knowledge; change attitudes and behaviors</p> <p>(Awareness, knowledge, attitudes, behavior)</p>	<ul style="list-style-type: none"> <li>• Specific groups</li> <li>• General population</li> <li>• Health workers</li> </ul>	<p>Improved knowledge, positive attitudes, and behavior changes that encourage people to seek care and complete treatment</p>
<b>Social mobilization</b>	<p>Generate public support, build partnerships, and empower people affected by TB</p> <p>(Awareness, support, and demand for resources and services)</p>	<ul style="list-style-type: none"> <li>• Communities</li> <li>• Religious leaders</li> <li>• Social networks</li> </ul>	<p>Community problem is solved and more people are involved</p>

## Handout: 1.6

# Effective Advocacy Skills

### Skills needed for advocacy

1. Knowledge and understanding of topic, issue, subject.
2. Negotiation and persuasion skills.
3. Media skills (communication channels).
4. Confidence and conviction.
5. Effective communication skills.

### Knowledge and understanding of topic

- Identify a problem or issue that your community cares about:
  - Access to high-quality DOTS services for people with TB-like symptoms.
  - Fast diagnosis.
  - No fees for TB services.
- Collect or document accurate and current information:
  - Find out exactly what happens.
  - Obtain as much evidence as possible.
- Analyze and understand the effects of a policy, law, or practice:
  - Read documents and give to others to read.
  - Talk to others to understand the effects of its implementation.

### Negotiation and persuasion skills

- Always keep the goals of your negotiation clearly in your mind.
- Support your arguments with facts and figures.
- Have patience, do not hurry.
- Stay united and in agreement with your group.
- Know your own limitations and obligations.
- Keep the dialogue going even under difficult situations.
- Show no signs of hostility or contempt for others' views—stay calm and polite.
- Listen, empathize, and observe.
- Sound optimistic. Use voice tones and persuasive language.
- Be careful what you say—keep your promises and promise only that which you can deliver.
- Do not cheat or mislead.
- Accept setbacks but do not give up—build relationships for lasting solutions.

### **Media skills (communication channels)**

- Know what a journalist looks for in developing a story.
- Construct effective 'sound bites'—develop a pitch (promotional style) to increase your chances of media coverage.
- Build relationships with journalists to increase publicity.
- Understand what to include and what to leave out when telling your story.
- Keep control of how your key messages are represented in the media.
- Know the jargon (media words).

### **Confidence and conviction (passion)**

- Know your subject/topic/issue.
- Practice making presentations and answering questions.
- Identify and use your interpersonal strengths and your communication skills.
- Prepare key messages carefully.
- Express your points with enthusiasm.

# ACSM Case Studies<sup>2</sup>

## ADVOCACY CASE STUDY

**District A** has a very high burden of TB and a low treatment success rate. Recently, the Ministry of Health and the National TB Program approved guidelines for community-based DOT (direct observation of therapy). These guidelines are based on a pilot study in a neighboring district that showed proper implementation of community-based DOT can result in a higher treatment success rate than facility-based DOT. At the same time, DOT nurses have taken on many new tasks related to provider-initiated counseling and testing and referral to the HIV center. The District TB Coordinator and TB/HIV Coordinator have proposed district-wide implementation of community-based DOT as a solution to these challenges, but the District Medical Officer has not yet approved this activity. Without his official approval, the community-based DOTS program cannot move forward.

### Questions:

1. What step of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this case study? What is the key barrier to moving along the Cough-to-Cure Pathway in this case?
2. What advocacy action might be helpful to address this barrier? Is this policy, program, or media advocacy? Do you need more than one type of advocacy?
3. What are the important target audiences for the advocacy activities? What is the best way to reach these target audiences?
4. What partners would you need to involve in an advocacy effort to address this challenge?

## COMMUNICATION CASE STUDY

**Country B** ranks third among the top ten high-burden countries for TB. Next year, the National TB Program is planning to lead a TB prevalence survey that will be administered to 10,000 people in all provinces of the country. According to existing data, awareness of TB as a curable illness is high; however, accurate knowledge of transmission and symptoms is low. Very few people voluntarily present for TB screening, and TB is generally detected when the patient's disease is advanced. Local TB doctors have indicated that patients are often surprised to learn that TB screening and treatment are free. Many people in urban areas own or have access to a television, but in rural areas and peri-urban areas, most households rely on a radio for news and entertainment. The level of literacy varies greatly across the country.

### Questions:

1. What step of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this scenario? What is the key barrier to moving along the Cough-to-Cure Pathway in this case?
2. What types of communications activities might be useful to address this barrier?
3. Who is the primary target audience for this communication? What message(s) do they need to hear?
4. What are the best channel(s) of communication to reach this population?

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<sup>2</sup> In preparation for the workshop, facilitators should develop region- or country-specific case studies.

## **SOCIAL MOBILIZATION CASE STUDY**

In **District B**, TB/HIV co-infection is particularly high. With the expansion of provider-initiated counseling and testing, there is greater awareness of the relationship between TB and HIV. TB case detection indicators have decreased in this district over the last three years, and the community's own resource persons report that there is considerable stigma associated with TB. The District TB/HIV Coordinator has been asked to work with the communities to address this issue.

### **Questions:**

1. What step of TB patient ideal behavior (the Cough-to-Cure Pathway) is affected in this scenario? What is the key barrier to moving along the Cough-to-Cure Pathway in this case?
2. What type of social mobilization activity may be helpful to address this barrier?
3. Who should be involved in a social mobilization effort to address this barrier?
4. What would the District TB/HIV Coordinator want to see change as a result of social mobilization to address this barrier?

## Handout 1.8

# Ways in Which Communities Can Potentially Contribute to TB Care<sup>3</sup>

### Direct observation of therapy (DOT)

One element of the internationally recommended TB control strategy known as the DOTS strategy is the provision of short-course chemotherapy under proper case management conditions. These conditions include DOT for all smear-positive pulmonary TB patients. DOT is one of a range of measures recommended by the World Health Organization (WHO) to promote adherence to treatment and hence cure. In many areas, patients are admitted to hospital for the first two months of treatment or travel daily or three times weekly to a health center for DOT. This can result in considerable costs to the patient, an economic burden on the family, and may discourage adherence. Organized community groups, peer groups, chosen members of the community, and family members all have the potential to act as supervisors to ensure completion of treatment and hence cure.

### Support and motivation of patients

TB treatment is long; symptoms typically disappear well before treatment is complete; and the drugs used may cause side effects. Community members are well placed to help support and motivate patients during treatment. This may be done by raising awareness of the benefits of completing treatment, providing general support, and directly observing patients taking their medication.

### General support

In leprosy control and AIDS care programs, home visits by community members and self-help groups are two strategies used to support patients treated in the community. Sharing fears, beliefs, and experiences with others with the same disease may be beneficial. Family support is also clearly critical. Support for patients to promote adherence to treatment should be built into all TB control programs. In addition to enlisting family support, community members can be approached to volunteer as house-to-house supporters for TB patients, and the patients themselves encouraged to establish self-help groups.

### Case detection

Not all people with TB come forward for treatment. Case-finding in the community may help National TB Programs that already achieve high cure rates to make progress toward the WHO target of 70 percent case detection. Community-based surveillance has been shown to be sustainable in some settings, as community health workers (CHWs) know their local community well. CHWs may be involved by referring TB suspects for diagnosis, delivering sputum specimens to health care facilities, and collecting results. It is important to clearly define the role of the CHWs in each setting, and diagnosis and prescription of treatment must remain the responsibility of the health professional.

### Increasing community awareness

Many health programs have used informal and formal ways of raising awareness. Leprosy control programs have shown that school teachers and students can provide health education

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<sup>3</sup> Adapted from: World Health Organization (WHO). *Community Contribution to TB Care: Practice and Policy*. Geneva, Switzerland: WHO; 2003.

and motivate patients to continue treatment. School children have successfully encouraged families to practice handwashing and use latrines. More formally, CHWs were more suitable than physicians as educators to increase compliance in guinea worm eradication programs. Lessons from sanitation programs indicate the importance of the content of the messages, with a focus on individual benefits rather than ideal behaviors or community benefits.

The common symptoms of TB are non-specific, and TB is also often perceived as a chronic, incurable disease. TB programs could use a variety of community members to help spread messages to TB patients to raise awareness of the benefits of completing treatment. Messages via the mass media could complement those given by community members. Messages could encourage patients to complete treatment in order to restore full participation in society and prevent relapse or drug resistance. TB control programs could take advantage of existing community resources to enhance community knowledge of TB. Community members already directly involved with TB patients could collaborate with health workers to provide patients with accurate information regarding length of treatment and known side effects. Various community members, including village leaders, school teachers, CHWs, religious leaders, trade unions, and women's organizations, have the potential if mobilized to successfully raise awareness of the signs and symptoms of TB and the availability and benefits of its treatment. However, awareness campaigns will have a positive impact only if diagnosis is available and treatment is readily accessible.

### **Access to drugs**

TB treatment and control requires an uninterrupted drug supply. Distribution of drugs is an acceptable, effective, and sustainable function for a CHW, and it may empower the community by providing access to treatment, enhancing the status of the CHW, and addressing the true needs of the community. Interestingly, communities may attach a higher value to CHWs who provide drugs than to those who focus on preventive care only. Thus, involving CHWs in TB drug distribution may enhance their status and hence the impact of other programs. Practical lessons that have been learned from community-based drug distribution programs include:

- Programs are dependent on good drug supply, from central stores down to district and health center levels.
- Communication between drug distributors and stores is essential.
- Programs planned by the community are more likely to be sustainable than those planned by health professionals.
- The higher the level of participation, the greater the success of the program.
- Home visits for drug delivery, while apparently very convenient, are not always welcomed by patients with stigmatized diseases (including TB).
- Community members are able to evaluate the appropriateness of house-to-house versus central distribution and change their strategy accordingly.

### **Addressing stigma**

Stigma is a barrier presenting a serious obstacle to successful TB control. Health-seeking behavior includes a balancing of costs and benefits to the patient. The benefits of getting well may outweigh the costs of social and family rejection, and loss of employment or accommodation, for example. A direct approach to address stigma involves understanding the beliefs and attitudes of the community toward the disease through qualitative research and then

addressing them through awareness campaigns. An indirect approach to reducing stigma is to create more socially accessible services, by associating the stigmatized disease with a non-stigmatized disease treatment. This was done in Pakistan when family planning services were integrated into the primary health care system, resulting in improved social accessibility for women. By integrating with regular health services, and by increasing community involvement, stigma associated with TB should fall.

### **Recognizing adverse effects and tracing patients who interrupt treatment**

Patients suffering severe side effects are likely to interrupt their treatment, and CHWs and trained volunteers could usefully help patients to recognize adverse drug reactions, and refer them to the health clinic. Tracing patients who interrupt treatment remains problematic, but it is important if cure rates are to increase. Community-based supervisors could maintain close contact with patients and their social networks and hence trace any patients who default.

### **Documentation of progress and outcome**

Data collection, recording, and reporting are vital components of TB control programs. Increasing the role of communities in TB care will mean transferring some of this responsibility to community members. This may lead to some improvements in reporting treatment outcomes (e.g., less misreporting of deaths as defaults). In some primary health care and disease control programs, accurate and timely recordkeeping has been problematic.

Innovative solutions may include:

- Use of manuals, including recordkeeping, to enable illiterate or semi-literate community members to keep records accurately, using pictures and symbols to replace words and numbers.
- Formation of CHW associations to provide mutual support and peer pressure for record completion.

### **Summary**

The wide experience of community participation in primary health care, and the specific experience so far of community contribution to TB care, point the way toward a significant step in the evolution of provision of TB care, beyond the hospital and health facility and into the community. Essential elements of success appear to be good collaboration between the health sector and community organizations, education of the patient and family members, and training and supervision of community workers. Ensuring provision of care that is convenient and accessible to patients is essential to ensure successful treatment and cure. Providing TB care in the community represents an opportunity to make TB care more widely available and accessible. The challenge lies in harnessing community participation in ways that contribute to community development and are effective, acceptable, affordable, and cost-effective.



## Summary of potential for community involvement in TB control

Purpose of community involvement	Type of community involvement	Activity
Raising community awareness of TB and TB treatment	Formal/Informal	Delivery of messages to promote knowledge of TB symptoms and need for treatment completion
Case detection and referral for diagnosis	Formal	CHW surveillance
Providing access to drugs	Formal	CHWs as providers of TB drugs
Addressing stigma: direct approach	Formal/Informal	Disseminating information through home care volunteers or through communication and discussion groups
Addressing stigma: indirect approach	Formal	Integrating community-based TB control programs with non-stigmatized health care programs or primary health care
Raising awareness to encourage compliance	Formal/Informal	Disseminating information and encouraging compliance  Messages should address individual benefits of treatment completion  Known side effects of treatment should be explained
General support	Formal/Informal	Family support, peer groups, and community volunteers to support patients throughout treatment  Psychological support and assistance in the delivery and collection of sputum samples, results, and drugs
Direct observation of treatment	Formal/Informal	CHW, family member, or other community member to observe patient taking medication
Recognition of adverse effects and tracing of patients who interrupt treatment	Formal	CHWs to recognize and refer patients with adverse drug reactions  Community volunteers to keep in contact with patients over the entire treatment period
Ongoing care and support	Formal/Informal	Community volunteers or staff  To support patients through all aspects of illnesses (TB and HIV associated) (variable from country to country and setting)

<b>Purpose of community involvement</b>	<b>Type of community involvement</b>	<b>Activity</b>
Documentation of progress and outcome	Formal/Informal	Formation of CHW associations

## Handout 2.1

# Key Elements of Effective Communication

Effective communication requires the sender to:

- Know the subject well
- Be interested in the subject
- Know the audience members and establish a rapport with them
- Speak at the level of the receiver
- Choose an appropriate communication channel
- Seek feedback

Effective communication requires the message to be:

- Clear and concise
- Honest and credible
- Relevant to the needs of the receiver
- Timely
- Meaningful
- Persuasive
- Applicable to the situation
- Consistent

The receiver should:

- Be aware, interested, and willing to accept the message
- Listen attentively
- Understand the value of the message
- Provide feedback
- Be at the correct behavior change stage

The channel should be:

- Appropriate
- Affordable
- Appealing
- Acceptable
- Accessible
- Sustainable
- User friendly

Barriers to effective communication:

- Noise
- Interruptions
- Foreign language
- Value judgments
- Close-ended questions
- Inappropriate body language or distracting actions

## Handout 2.2

# Effective Communication Skills

1. An understanding of one's own values and willingness to withhold judgment about other people's values.
2. Focusing on the situation, issue, practice, not the person.
3. Ability to establish trust with a person.
4. Skills in verbal and nonverbal communication (maintaining direct eye contact, body posturing to show interest in client, etc.).
5. Ability to show empathy and provide encouragement.
6. Ability to observe and interpret the behavior of other people.
7. Knowledge to correct misunderstandings or misinformation.
8. Skills in asking questions (using open-ended and clarifying questions that allow for full description of the client's thoughts, feelings, and concerns; avoiding leading questions).
9. Active listening skills (ability to clarify, paraphrase, and summarize the concerns of the client; understanding what you are hearing).
10. Ability to encourage people to ask questions.
11. Praising and encouraging people for their efforts.
12. Not jumping to conclusions before the person is finished talking.
13. Ability to use language that lay people understand.
14. Skills to effectively use support materials.
15. Maintaining the self-confidence and self-esteem of others.
16. Checking the listener's understanding and seeking feedback.
17. Avoiding changing topics unnecessarily.

## Handout 2.3

# Developing Effective Messages

**Know your audience. The better the match between your audience's needs and the messages you provide, the more quickly you will move your audience toward your desired goal.**

1. Conduct research to define the target audience.
2. Study your audience and determine their informational needs.
3. Tailor the message to the specific audience and your communication objective.
4. Keep the message simple.
5. Make the message clear and sharp.
6. Emphasize benefits and eliminate barriers.
7. Connect with your audience: Affect not only people's minds, but also their emotions, so the message resonates with the audience. The audience should not just "get it"; the message should be meaningful and significant for them and usually trigger an emotional response (e.g., frustration, excitement, anger, passion, joy, happiness, or sadness).
8. Choose the appropriate type of appeal (informing, entertaining, persuading, educating, or empowering) and tone (humorous, rational, etc.) for your audience.
9. Try to make the message contagious (energetic, new, different, and memorable, so the audience "catches the message," and spreads it around).
10. Motivate your audience to do something. Elicit a demonstrable reaction: Call to Action!
11. Test your messages.
12. Find the right communication channel to deliver specific messages to specific audiences.
13. Repeat your key messages. Tell the audience what you are going to tell them; next, tell them; and then tell them what you told them.
14. Deliver consistent messages through the variety of channels over an extended period of time. Repetition is vital. Consistency is crucial, so do not change your messages until they have been absorbed by the audience.
15. Deliver the same message in different ways, using different words, so it does not become boring.

## Handout 3.1

### TB Control Objectives and ACSM Objectives and Activities

TB Control Objectives	ACSM Objectives	ACSM Activities
<p>To secure stable funding for the National TB Program as a line item in the Ministry of Health annual budget by 2014.</p>	<ul style="list-style-type: none"> <li>• Educate national policymakers and political leaders about the health and economic benefits of TB control.</li> <li>• Ensure that TB is declared a national health priority.</li> <li>• Solicit support of international and national partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Seminars and briefing meetings.</li> <li>• Print information (letters, fact sheets).</li> <li>• Events around World TB Day.</li> </ul>
<p>To improve the case detection rate from 50 percent to 70 percent by 2014.</p>	<ul style="list-style-type: none"> <li>• Raise awareness about TB among prisoners, urban poor, and homeless.</li> <li>• Reduce stigma against people with TB and correct misconceptions about TB infection by actively involving current and former TB patients in TB control activities.</li> <li>• Encourage individuals with TB symptoms to seek care.</li> <li>• Create patient-friendly environments in medical facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Formative research to determine best messages and approaches.</li> <li>• Developing print materials for general public, TB prisoners, urban poor, and homeless.</li> <li>• Conducting mass media campaign, including radio and television:               <ul style="list-style-type: none"> <li>– Press conference that spotlights the TB situation and program.</li> <li>– Talking points for the spokespersons.</li> <li>– Informational folders for press.</li> <li>– Expert panel discussion including people affected by TB.</li> <li>– Disease screening events.</li> <li>– Celebrity interviews.</li> <li>– Distribution of printed materials.</li> <li>– Newspaper articles.</li> <li>– Television and radio programs.</li> </ul> </li> <li>• Interpersonal communication and counseling training for health workers.</li> </ul>

TB Control Objectives	ACSM Objectives	ACSM Activities
<p>To increase treatment success rate from 75 percent to 85 percent by 2015.</p>	<ul style="list-style-type: none"> <li>• Encourage people with TB to seek treatment and complete it even if their symptoms improve before treatment ends.</li> <li>• Make people with TB aware of possible side effects of TB treatment and where to seek care if present.</li> <li>• Raise awareness about TB/HIV co-infection, TB treatment, and antiretroviral therapy.</li> <li>• Encourage health workers, family, and community members to supervise treatment for TB patients in order to ensure treatment completion.</li> <li>• Engage people who are fully recovered to encourage people currently affected by TB to complete treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting interpersonal communication and counseling training for health workers.</li> <li>• Developing print materials and distributing them at health care facilities.</li> <li>• Holding community or interest group meetings.</li> <li>• Conducting trainings for community leaders, volunteers, and recovered TB patients.</li> </ul>

## Handout 3.2

# Research Case Studies

### CASE STUDY A

**Country A** has one of the top ten highest TB burdens globally. Due to social, religious, and cultural traditions, men and women access health services differently. For example, women in rural areas are not allowed to visit health facilities unaccompanied. The National TB Program would like to study gender differences in knowledge and attitudes toward TB in urban and rural communities, and to compare male and female TB health-seeking behavior. Previous research suggests that knowledge of TB is poor; however, it is not known what other factors differ between women and men, or between rural and urban residents. Social isolation and rejection of people with TB disease is high, as well as misconceptions about TB transmission. TB is a disease to be feared, particularly by married women, who are worried about the consequences if they tell their husbands that they are sick with TB.

**Questions:**

1. What research methods would you recommend be used to find out more?
2. What are some key areas of inquiry and questions that you would suggest exploring?
3. Do the existing data provide you with any initial insight into what types of ACSM interventions could be most effective?

### CASE STUDY B

In **Country B**, initial research and experience suggest that TB patients are not treated very well by medical staff. Medical staff look down on the patients, and some of them fear being infected by the patients. Initial visits to clinics reveal that visual and oral privacy and confidentiality of medical records are not observed. Nurses come and go from the exam rooms abruptly, interrupt the doctors, and leave doors open. There is a significant problem with patients who do not return after their initial visit, and with incomplete treatment. The National TB Program and nongovernmental partners know that they want to conduct training of medical providers as part of their communications strategy.

**Questions:**

1. What research methods would you use to find out more about the providers' situation and the reasons for their poor performance?
2. What research methods would you use to find out more about the patient experiences?
3. What are key areas of inquiry and questions that you would suggest exploring?
4. What kinds of elements should be included in the training of providers?
5. What key messages should be included in the education of patients?



## Handout 3.3

### Illustrative ACSM Indicators

This handout provides an overview of ACSM indicators and examples that can be used to track implementation and effectiveness for different ACSM interventions. These indicators can be used to track inputs, activities, outputs, and outcomes, depending on the scale of your ACSM interventions and your objectives.

Most of these indicators can be used for routine monitoring, although some may also be useful for impact evaluation, depending on your ACSM objectives and whether or not you have the resources to undertake a rigorous impact evaluation. High-level impact indicators include those most closely aligned with National TB Program goals, such as the case detection rate and the treatment success rate.

#### Advocacy

Often, we monitor advocacy activities with a combination of qualitative and quantitative indicators. As with any type of indicator, it is important to develop clear definitions for indicators with a qualitative element, including data sources and reporting responsibilities. For example, if one of your key advocacy activities is to launch and maintain a network of organizations that support advocacy activities, you may want to routinely report on the number of organizations that are involved with the organization. This is a useful indicator; however, it will be critical to define the level of involvement that an organization needs to achieve to be included in the count, which is a more qualitative measure. Should we include only organizations that attend the regularly scheduled meetings of the network? Should we include only those organizations that contribute financially to the network? Or should we include any organization that initially expressed interest in being part of the network, even if they are not contributing very much?

Once these definitions are clear, it is important to clarify who would track the necessary data. For example, if you decide that only those organizations that send a representative to your quarterly meetings should be included, someone will need to document attendance and provide the data for monitoring purposes.

Advocacy Activities	Suggested Indicators
Create an advocacy network to support TB issues in Country X.	<ul style="list-style-type: none"><li>• Identified individuals and organizations participating in the network.</li><li>• Number of organizations and individuals participating in the network.</li><li>• Number of advocacy network meetings per year.</li><li>• Annual work plan available and disseminated to members.</li></ul>
Lobby district government officials to increase funding for TB diagnosis and treatment centers.	<ul style="list-style-type: none"><li>• Number of district officials sensitized on importance of TB diagnosis and treatment.</li><li>• Number of district council meetings attended by advocates.</li><li>• Level of funding for TB services.</li></ul>

Advocacy Activities	Suggested Indicators
	<ul style="list-style-type: none"> <li>• Number of TB diagnosis centers.</li> <li>• Number of TB treatment centers.</li> <li>• Number of TB suspects evaluated with smear microscopy.</li> </ul>
Work with journalists to improve media coverage of TB issues.	<ul style="list-style-type: none"> <li>• Number of journalists trained on TB issues.</li> <li>• Number of articles published by trained journalists.</li> <li>• Estimated number of people exposed to media coverage of TB issues.</li> <li>• Number of media events produced for World TB Day.</li> </ul>
Lobby Ministry of Health officials to allow community-based treatment for TB.	<ul style="list-style-type: none"> <li>• Number of policymakers reached with advocacy efforts.</li> <li>• Number of policymakers expressing favorable opinions about community-based DOTS.</li> <li>• Results of community-based treatment program disseminated to policymakers.</li> <li>• Adoption of desired policy change.</li> </ul>

## Communication

Standardized indicators to monitor and evaluate the implementation of communication activities are more readily available than those for advocacy and social mobilization. Some of the earliest guidance related to monitoring and evaluating health programs in low-resource settings originated with information, education, and communication programs to promote family planning and reproductive health, and many public health program managers have more experience with monitoring these types of interventions than with TB interventions. Similar to advocacy, there are qualitative and quantitative measures; however, the quantitative indicators used to measure the success of communication efforts often require population-based research methods and may not be reported very often due to the effort necessary to gather such data.

Knowledge, attitudes, and practices (KAP) surveys measure the extent to which a population demonstrates correct knowledge, desirable attitudes, and reported practices related to TB diagnosis and treatment. KAP surveys are useful for measuring the extent to which communications interventions are effective in changing knowledge and attitudes; however, these surveys are expensive and results are limited in terms of predicting actual behavior and whether or not ACSM interventions are effective for meeting National TB Program (NTP) goals. Program managers should carefully evaluate whether or not a KAP survey will be useful for monitoring and evaluating ACSM interventions before committing to a survey or to reporting on improved KAP as an outcome of their efforts.

KAP surveys must be done rigorously to produce high-quality, representative data, and baseline and follow-up measurements are needed to measure change over time. Population-based KAP surveys require a significant investment of financial and human resources and specialized expertise in sampling, questionnaire design, data collection, and data analysis to provide reliable data;

thus, you may gain more from looking at specific behavioral outcomes, such as number of TB suspects presenting for TB diagnosis over time, rather than changes in knowledge.

Communications Activities	Suggested Indicators
Train DOTS nurses in interpersonal communication skills.	<ul style="list-style-type: none"> <li>• Training curriculum developed and available for use.</li> <li>• Number of DOTS nurses trained in interpersonal communication skills.</li> <li>• Improvement in provider attitudes toward people with TB.</li> <li>• Improved client satisfaction.</li> <li>• Improved uptake of HIV diagnostic counseling and testing.</li> <li>• Improved treatment completion rates.</li> </ul>
Work with local theater groups to incorporate TB messages into performances.	<ul style="list-style-type: none"> <li>• TB messages developed for street theater performances.</li> <li>• Number of street theater performances with TB messages/content.</li> <li>• Estimated number of people attending street theater performances with TB content.</li> <li>• Number of TB suspects presenting for diagnosis in communities with street theater performances.</li> </ul>
Support celebration of World TB Day in District X.	<ul style="list-style-type: none"> <li>• Availability of funding in district budget to support World TB Day celebration.</li> <li>• Number of local organizations officially supporting World TB Day, by type (nongovernmental and faith-based organizations, women's groups, professional associations, etc.).</li> <li>• Estimated number of people attending World TB Day events in District X.</li> <li>• Number of media events produced for World TB Day in District X. (<i>Note: This indicator overlaps with an earlier advocacy indicator, much in the same way that the activities themselves will overlap from time to time.</i>)</li> </ul>

## Social mobilization

Indicators to monitor the implementation of social mobilization activities may overlap or be very similar to advocacy indicators. One key difference is that advocacy indicators tend to be measured in most cases at a national scale, while social mobilization indicators may be measured at the regional, district, or even community level. For example, both advocacy and social mobilization may include outreach to political leaders to garner support for a specific program, but advocacy activities may target the Ministry of Health, parliamentarians, National AIDS Control Program, or NTP, while social mobilization efforts may reach community leaders, such as church officials and district officials.

Social Mobilization Activities	Suggested Indicators
<p>Train lay community health workers to follow up with TB suspects and collect sputum at home.</p>	<ul style="list-style-type: none"> <li>• Number of lay community health workers trained on sputum collection and how to fix slides.</li> <li>• Number of TB suspects visited by lay community health workers.</li> <li>• Number of sputum samples collected by lay community health workers.</li> <li>• Number of smear-positive TB cases assisted with TB diagnosis by lay community health workers.</li> </ul>
<p>Sensitize religious leaders in District X on the challenges of TB-related stigma.</p>	<ul style="list-style-type: none"> <li>• Number of religious leaders sensitized on TB stigma.</li> <li>• Number of speeches given by religious leaders on TB stigma.</li> <li>• Estimated number of people reached by religious gatherings where TB stigma is discussed.</li> <li>• Proportion of the target population with stigmatizing attitudes toward people with TB. <i>(Note: This is an impact indicator and very difficult to measure at the population level. It is recommended that programs seek experts in this area to use this indicator.)</i></li> </ul>
<p>Mobilize community nutrition programs to provide extra food to TB patients through home visits.</p>	<ul style="list-style-type: none"> <li>• Number of community nutrition workers sensitized on TB issues.</li> <li>• Volume of food distributed to TB patients through home-based visits.</li> <li>• Number of TB patients provided with nutritional support.</li> <li>• Improved treatment completion rate.</li> </ul>

## Handout 3.4

# Monitoring and Evaluation Plan

ACSM Activity	Inputs	Activity	Outputs	Outcomes	Methods and Data Sources
<p><b>Example:</b></p> <p>Lobby district health management team to provide funding and other resources to increase the number of diagnostic centers in District X.</p>	<p>List of district officials who need to be sensitized and strategy for reaching them, including information on TB in the district and resources needed (e.g., coverage of current diagnostic facilities, how much money would be needed to expand, how many more laboratory technicians would be needed, etc.).</p>	<p>Sensitization meetings with district officials to request funding and other resources needed.</p>	<p>Number of district officials sensitized on the need for more TB diagnostic facilities in District X.</p>	<p>Additional funding approved to upgrade existing facilities to provide smear microscopy.</p> <p>Number of TB diagnostic facilities in District X.</p> <p>Number of smear microscopy tests per quarter.</p> <p>Number of new smear-positive TB cases per quarter.</p>	<p>Review meeting minutes, district budget report, district infrastructure inventory, National TB Program quarterly summary reports.</p>

## Handout 3.5

# Ten Steps to Developing an Advocacy Plan

Advocacy is often a helpful tool in achieving public health goals through policy change. While there are many different methods to influence policies, the resources are usually limited. It is important to assess your options and tactics strategically. Below are ten steps that you may find helpful as you determine your program's advocacy objectives and activities.

### **Step 1: Establish a process for assessing and understanding the challenges and needs of the target population.**

- Conduct a needs assessment of the affected population or use data already collected.
- Develop a process for ongoing feedback and input from the target population.

### **Step 2: Identify policy changes that would address the needs of the target population.**

Examples:

- Increased resources.
- Enforced, changed, or new policies or regulations.

#### **Conduct a policy scan:**

- Track government funding histories.
- Identify supportive policies/regulations that exist but are not being enforced.
- Identify policies/regulations that exist but should be changed.
- Seek gaps that need to be filled with new policies/regulations.

### **Step 3: Identify decision-maker(s) who have the power and influence to change policy to address the needs.**

Examples:

- Politicians (elected and appointed officials).
- Social leaders.
- Government agencies.
- International bodies.

### **Step 4: Determine why decision-makers have not implemented the desired change.**

Examples:

- Too expensive.
- Not a priority.
- Lack of understanding.
- Lack of community demand.

### **Step 5: Identify opposition to the policy change and the reasons for their opposition.**

- Who are opposing the policy?
- What are their key arguments?
- With whom do they have influence?

### **Step 6: Assess your institution's strengths and weaknesses in advocating for the policy change.**

Examples:

- Expertise.
- Spokespeople.
- Relationships/influence.
- Unique niche.

**Step 7: Identify others who have a similar interest in addressing the problem.**  
***Assess risks/benefits of your organization's partnership with each one.***

Examples:

- Patient coalition.
- Professional organization.
- Faith-based organization.
- Activist/Advocacy organization.

**Hint!** Include those who could be partners, but currently are not. For example, you may want to reach out to businesses or others with political influence that could be affected—directly or indirectly—by the policy change, but have not yet been actively engaged in the issue.

**Step 8: Identify advocacy activities and messengers that could influence those in power.**

Examples of activities:

- Meetings with decision-makers.
- Public event.
- Petition.

Examples of messengers:

- Media.
- Celebrities.
- Patients.
- Experts.
- Peers.
- Donors.

**Be strategic!**

Identify a set of criteria to assess and select among each of your options.

Consider using the following criteria:

- Level of influence the activity would have on decision-makers.
- Level of risk to your program/institution in pursuing the activity.
- Resources that would be needed.
- Access to effective messengers.

**Step 9: Assess current and future resources that could be accessed to pursue the change.**

Examples:

- Financial.
- Human.
- Intellectual.
- Networking.

**Step 10: Determine how to evaluate progress and success.**

Outputs measure whether the advocacy activities have been carried out successfully.

Outcomes measure the effectiveness of the advocacy activities in achieving identified goals.

Examples:

*Outputs*

- Public statement of support from decision-maker.
- Number of signatures on petition.
- Number of attendees at a rally.

*Outcomes*

- New resources allocated.
- Law passed/changed.
- Regulation implemented/changed.

## Handout 4.1

# List of ACSM Resources

## ACSM

### Advocacy

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## Handout 5.1

### Post-workshop ACSM Quiz

Date: \_\_\_\_\_

Name: \_\_\_\_\_

1. Advocacy, communication, and social mobilization (ACSM) activities have the same objectives and target audiences.  True  False
2. Training medical providers to improve their counseling skills is an example of a communications activity.  True  False
3. The goal of advocacy activities is to increase TB awareness among as many people as possible.  True  False
4. ACSM activities are essential for supporting all six elements of the Stop TB Strategy.  True  False
5. The Cough-to-Cure Pathway is a new diagnostic test for screening TB patients.  True  False
6. "Stakeholders analysis" is a technique for assessing the importance and influence of various people and groups who affect a TB project or intervention.  True  False
7. Most communication messages only need to be disseminated through the media once.  True  False
8. It is more important to implement ACSM interventions quickly (because behavior change takes time) than it is to collect and analyze data and evidence to design the interventions.  True  False
9. ACSM activities are essential components for reaching and sustaining national TB control targets.  True  False
10. Identifying problems that TB patients have in adhering to treatment is an example of a "barriers analysis."  True  False
11. Television is always the most effective channel of communication.  True  False
12. The main goal of monitoring is to provide management and staff with information to make decisions.  True  False
13. The main goal of social mobilization activities is increasing TB knowledge of journalists and politicians.  True  False
14. Assessing ACSM needs may include various research methods.  True  False
15. Tools and technical support to countries for ACSM planning and implementation can be accessed free of charge from the Stop TB Partnership.  True  False

## Handout 5.2

### Final Evaluation Form

1. What I liked most about the training \_\_\_\_\_

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2. What I would suggest changing or improving about this training \_\_\_\_\_

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3. What was your greatest area of learning from this training?

4. In what area did your skills improve the most?

5. What specific feedback do you have for the trainers/facilitators?

6. What other comments do you have?

# **Annex 3: Worksheets**

## Roadmap for Using Worksheets

Session	Active Worksheet	Supportive Worksheet
<b>Day 1</b>		
Session 6	Worksheet 1.1: <i>Barriers that Prevent Ideal TB Behavior</i>	
Session 7	Worksheet 1.2: <i>Advocacy Activities</i>	Worksheet 1.1: <i>Barriers that Prevent Ideal TB Behavior</i>
<b>Day 2</b>		
Session 2	Worksheet 2.1: <i>Communication Activities</i>	Worksheet 1.1: <i>Barriers that Prevent Ideal TB Behavior</i>
Session 3	Worksheet 2.2: <i>Social Mobilization Activities</i>	Worksheet 1.1: <i>Barriers that Prevent Ideal TB Behavior</i>
<b>Day 3</b>		
Session 2	Worksheet 3.1: <i>National TB Control Objectives, Challenges, and Contributing Factors</i> Worksheet 3.2: <i>ACSM Activities to Address TB Control Objectives</i>	Worksheet 1.1: <i>Barriers that Prevent Ideal TB Behavior</i> Worksheet 1.2: <i>Advocacy Activities</i> Worksheet 2.1: <i>Communication Activities</i> Worksheet 2.2: <i>Social Mobilization Activities</i>
Session 5	Worksheet 3.3: <i>Monitoring and Evaluation Plan</i>	Worksheet 1.2: <i>Advocacy Activities</i> Worksheet 2.1: <i>Communication Activities</i> Worksheet 2.2: <i>Social Mobilization Activities</i>
Session 6	Worksheet 3.4: <i>Advocacy Action-Planning</i>	Worksheet: 1.2: <i>Advocacy Activities</i> Worksheet 3.3: <i>Monitoring and Evaluation Plan</i>
Session 7	Worksheet 3.5: <i>Communication Action-Planning</i>	Worksheet 2.1: <i>Communication Activities</i> Worksheet 3.3: <i>Monitoring and Evaluation Plan</i>
Session 8	Worksheet 3.6: <i>Developing a Social Mobilization Plan</i>	Worksheet 3.4: <i>Advocacy Action-Planning</i> Worksheet 3.5: <i>Communication Action-Planning</i>



Session	Active Worksheet	Supportive Worksheet
<b>Day 4</b>		
Session 2	Worksheet 4.2: <i>ACSM Action Plan</i> Worksheet 4.3: <i>Technical Assistance Request</i>	Worksheet 1.2: <i>Advocacy Activities</i> Worksheet 2.1: <i>Communication Activities</i> Worksheet 2.2: <i>Social Mobilization Activities</i> Worksheet 3.2: <i>ACSM Activities to Address TB Control Objectives</i> Worksheet 4.1: <i>Roadmap for Developing an ACSM Action Plan</i>

**Worksheet 1.1**

**Barriers that Prevent Ideal TB Behavior**

Country: \_\_\_\_\_

Ideal behavior	Reasons why ideal behavior is not occurring (barriers)		
	Individual level	Group level	System level
Promptly seeking and completing diagnosis			
Starting treatment			
Adhering to and completing treatment			

Worksheet 1.2

Advocacy Activities

Country: \_\_\_\_\_

#	What is the barrier?	What change is needed?	Who has the power to create the change?	Who is the advocate (change agent)?	What activities will influence the people in power?
1	<i><b>Example:</b> TB patients do not have a say in issues concerning policy, diagnosis, or treatment.</i>	<i>Involvement of patients in issues concerning policy, diagnosis, and treatment.</i>	<i>Ministry of Health</i>	<i>TB patients</i>	<i>TB patients participating in key Ministry of Health meetings and major TB activities like World TB Day).</i>
<b>TB control challenge:</b>					
2					
3					

Worksheet 2.1

**Communication Activities**

Country: \_\_\_\_\_

#	What is the barrier?	What change is needed?	Who are you trying to reach? (target audience)	What message(s) needs to be communicated?	What communication activities could be used?
1	<i><b>Example:</b> Health providers are not communicating effectively with patients about TB treatment.</i>	<i>Improving health care providers' interpersonal communication and counseling skills.</i>	<i>Health care providers (primary) Health program managers (secondary)</i>	<i>To improve patient's adherence to treatment, it is important that your patient understands the treatment process completely.</i>	<i>Interpersonal communication and counseling training. Flipcharts.</i>
<b>TB control challenge:</b>					
2					
3					

## Worksheet 2.2

### Social Mobilization Activities

Country: \_\_\_\_\_

#	What is the barrier?	What change is needed?	Who is in your target audience?	Who could be the social mobilizer (change agent)?	What are potential social mobilization activities?
1	<b>Example:</b> <i>There is a shortage of facilities that offer TB and HIV services.</i>	<i>The number of facilities should increase.</i>	<i>Ministry of Health Regional health officials</i>	<i>People living with HIV/AIDS People with TB</i>	<i>Establishing a community action group of people living with HIV/AIDS and people affected by TB to advocate for accessible services.</i>
<b>TB control challenge:</b>					
2					
3					

**Worksheet 3.1**

**National TB Control Objectives, Challenges, and Barriers**

Country: \_\_\_\_\_

National TB Control Goal: \_\_\_\_\_

	<b>National TB Control Objectives</b>	<b>TB Control Challenges</b>	<b>Barriers (Possible Contributing Factors)</b>
	<i><b>Example:</b> Reach the target of 70 percent case detection by 2015.</i>	<i>Case detection is only 55 percent, below the target of 70 percent.</i>	<ol style="list-style-type: none"> <li>1. Lack of sufficient human resources to staff all microscopy centers.</li> <li>2. High level of stigma related to TB and HIV prevents people from attending services.</li> </ol>
1			
2			
3			

**Worksheet 3.2**

**ACSM Activities to Address TB Control Objectives**

Country: \_\_\_\_\_

TB Control Objectives	ACSM Objectives	ACSM Activities	

## Worksheet 3.3

### Monitoring and Evaluation Plan

ACSM Activity	Inputs	Activity	Outputs	Outcomes	Methods and Data Sources
<p><b>Example:</b> Lobby district health management team to provide funding and other resources to increase the number of diagnostic centers in District X.</p>	<p>List of district officials who need to be sensitized and strategy for reaching them, including information on TB in the district and resources needed (e.g., coverage of current diagnostic facilities, how much money would be needed to expand, how many more laboratory technicians would be needed, etc.).</p>	<p>Sensitization meetings with district officials to request funding and other resources needed.</p>	<p>Number of district officials sensitized on the need for more TB diagnostic facilities in District X.</p>	<p>Additional funding approved to upgrade existing facilities to provide smear microscopy.</p> <p>Number of TB diagnosis facilities in District X.</p> <p>Number of smear microscopy tests per quarter.</p> <p>Number of new smear-positive TB cases per quarter.</p>	<p>Review meeting minutes, district budget report, district infrastructure inventory, National TB Program quarterly summary reports.</p>



ACSM Activity	Inputs	Activity	Outputs	Outcomes	Methods and Data Sources

## Worksheet 3.4

# Advocacy Action-Planning

Country: \_\_\_\_\_

TB control objective: \_\_\_\_\_

Advocacy objective: \_\_\_\_\_

Step	Planning Steps for Your Priority Advocacy Activity from Worksheet 1.2
<p><b>1. Assess the situation; define TB control challenge and contributing factors (barriers).</b></p> <p><i>Example:</i></p> <p><i>Challenge: Low TB case detection.</i></p> <p><i>Barriers: lack of funding, laboratory equipment, and training.</i></p>	
<p><b>2. Identify policy changes that would address the needs of the target population.</b></p> <p><i>Example: Changes in budget allocation processes (for buying equipment and training personnel); lifting of hiring freeze.</i></p>	
<p><b>3. Identify decision-maker(s) who have the power and influence to change policy to address the needs.</b></p> <p><i>Example: Minister of Health and/or Finance.</i></p>	
<p><b>4. Determine why decision-makers have not implemented the desired change.</b></p> <p><i>Example: Too expensive, not a priority, lack of understanding.</i></p>	
<p><b>5. Identify opposition to the policy change and the reasons for the opposition.</b></p> <p><i>Questions to answer:</i></p> <ul style="list-style-type: none"> <li>• <i>Who is the opposition?</i></li> <li>• <i>What are their key arguments?</i></li> <li>• <i>With whom do they have influence?</i></li> </ul>	
<p><b>6. Assess your institution's strengths and weaknesses in advocating for the policy change.</b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Expertise.</i></li> <li>• <i>Spokespeople.</i></li> <li>• <i>Relationships/Influence.</i></li> <li>• <i>Unique niche.</i></li> </ul>	

Step	Planning Steps for Your Priority Advocacy Activity from Worksheet 1.2
<p><b>7. Identify others who have a similar interest in addressing the problem. Assess risks/benefits of your organization's partnership with each one.</b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Patient coalition.</i></li> <li>• <i>Professional organization.</i></li> <li>• <i>Faith-based organization.</i></li> <li>• <i>Activist/Advocacy organization.</i></li> </ul>	
<p><b>8. Identify advocacy activities and messengers that could influence those in power.</b></p> <p><i>Examples of activities:</i></p> <ul style="list-style-type: none"> <li>• <i>Meeting with decision-makers.</i></li> <li>• <i>Public event.</i></li> <li>• <i>Petition.</i></li> </ul> <p><i>Examples of messengers:</i></p> <ul style="list-style-type: none"> <li>• <i>Media.</i></li> <li>• <i>Celebrities.</i></li> <li>• <i>Patients.</i></li> <li>• <i>Experts.</i></li> <li>• <i>Peers.</i></li> <li>• <i>Donors.</i></li> </ul>	
<p><b>9. Assess current and future resources that could be accessed to pursue the change.</b></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Financial.</i></li> <li>• <i>Human.</i></li> <li>• <i>Intellectual.</i></li> <li>• <i>Networking.</i></li> </ul>	
<p><b>10. Determine how to evaluate progress and success.</b></p> <p>Outputs measure whether the advocacy activities have been carried out successfully. Outcomes measure the effectiveness of the advocacy activities in achieving identified goals.</p> <p><i>Examples:</i></p> <p><i>Outputs</i></p> <ul style="list-style-type: none"> <li>• <i>Public statement of support from decision-maker.</i></li> <li>• <i>Number of signatures on petition.</i></li> <li>• <i>Number of attendees at a rally.</i></li> </ul> <p><i>Outcomes</i></p> <ul style="list-style-type: none"> <li>• <i>New resources allocated.</i></li> <li>• <i>Law passed/changed.</i></li> <li>• <i>Regulation implemented/changed.</i></li> </ul>	

## Worksheet 3.5

# Communication Action-Planning

Country: \_\_\_\_\_

TB control objective: \_\_\_\_\_

Communication objective: \_\_\_\_\_

#	Step	Planning Steps for Your Priority Communication Activity from Worksheet 2.1
1	Assess the situation and define TB control challenge and contributing factors (barriers).	
2	Identify behavior change(s) you want to be addressed through communication.	
3	Identify the audiences affected by the problem.	
4	Define relevant messages for each target audience to address the problem.	
5	Identify the appropriate channels and interventions for reaching each target audience effectively.	
6	Determine how you will evaluate your progress and success.	

#	Step	Planning Steps for Your Priority Communication Activity from Worksheet 2.1
7	<p><b>Make a draft communication action plan.</b></p> <p>Outline:</p> <ul style="list-style-type: none"> <li>• Key assessment findings</li> <li>• Objectives</li> <li>• Target audiences</li> <li>• Key messages</li> <li>• Channels</li> <li>• Interventions</li> <li>• Monitoring and evaluation</li> <li>• Work plan</li> </ul>	
8	<p><b>Stakeholder review of draft strategic communication plan.</b></p>	
9	<p><b>Identify advocacy and social mobilization resources to strengthen your communication campaign.</b></p>	
10	<p><b>Develop final version of communication action plan.</b></p>	

## Worksheet 3.6

# Developing a Social Mobilization Plan

Country: \_\_\_\_\_

Advocacy and/or Communication Objective Supported (Worksheets 3.4 and 3.5)	SM Objective	SM Activity	Target Audience	SM Audience	Indicators
<p><b>Advocacy objective:</b> Increase number of health facilities that offer DOTS services.</p>	<p>Increase public support for adequate DOTS facilities.</p>	<p>Event at a health facility that lacks services, in which community leaders, people living with HIV/AIDS, and TB groups highlight their need for more DOTS centers and services.</p> <p>Media mobilized to cover the event and report on the shortage.</p>	<p>Ministry of Health Ministry of Finance</p>	<p>Communities People living with HIV/AIDS TB groups Media</p>	<p><u>Outputs</u> Event successfully conducted. Number of newspaper articles; radio and television coverage.</p> <p><u>Outcomes</u> Funding of \$XX is allocated.</p>
<p><b>Communication objective:</b> Increase number of people with cough who know they should go to a DOTS center for evaluation.</p>	<p>Develop community support to encourage people with a cough to go for evaluation.</p>	<p>Community leaders use community meetings/forums to deliver three messages:</p> <ol style="list-style-type: none"> <li>1. Early diagnosis for cough is important to keep the community healthy.</li> <li>2. TB is a curable disease and treatment is free.</li> <li>3. Anyone can get TB, and members of the community with TB should not be discriminated against.</li> </ol>	<p>Individuals with a cough</p>	<p>Village elders Community leaders District Health Officers</p>	<p><u>Outputs</u> Number of community leaders involved. Number of community meetings held.</p> <p><u>Outcomes</u> Number of people who know where to go when they have a cough.</p>

<b>Advocacy and/or Communication Objective Supported</b> (Worksheets 3.4 and 3.5)	<b>SM Objective</b>	<b>SM Activity</b>	<b>Target Audience</b>	<b>SM Audience</b>	<b>Indicators</b>

## Worksheet 4.1

# Roadmap for Developing an ACSM Action Plan

**Goal:** To develop a realistic, practical, and achievable ACSM action work plan for the next 6 to 12 months to support TB control objectives.

Steps		Resources
1	Review your national (regional) TB control objectives and <b>select priority objective(s) that are crucial to address</b> in the next 6 to 12 months.	<ul style="list-style-type: none"> <li>▶ National (regional) TB control strategies</li> <li>▶ Worksheet 3.1: <i>National TB Control Objectives, Challenges, and Barriers</i></li> </ul>
2	<b>Identify TB control challenges</b> (for each TB control objective).	<ul style="list-style-type: none"> <li>▶ Latest national (regional) TB indicator data</li> <li>▶ Worksheet 3.1: <i>National TB Control Objectives, Challenges, and Barriers</i></li> </ul>
3	For each challenge, determine barriers (individual, group, or system barriers to achieving TB control objective). <b>Identify changes that need to occur and key target groups.</b>	<ul style="list-style-type: none"> <li>▶ Handout 1.4: <i>From Cough to Cure: A Pathway of Ideal Behaviors for Tuberculosis Control</i></li> <li>▶ Worksheet 1.1: <i>Barriers that Prevent Ideal Behavior</i></li> </ul>
4	<b>Define ACSM objective(s) to address contributing factors.</b> Link it to specific TB control objective. (You might have a few ACSM objectives for one TB control objective.)	<ul style="list-style-type: none"> <li>▶ Worksheet 3.2: <i>ACSM Activities to Address TB Control Objectives</i></li> </ul>
5	<p><b>Think of ACSM activities needed to reach each ACSM objective.</b> Remember that ACSM activities are most effective when used together; therefore, they should be developed in parallel whenever possible:</p> <ul style="list-style-type: none"> <li>• Advocacy activities</li> <li>• Communication activities</li> <li>• Social mobilization activities</li> </ul>	<ul style="list-style-type: none"> <li>▶ Worksheet 1.2: <i>Advocacy Activities</i></li> <li>▶ Worksheet 3.4: <i>Advocacy Action-Planning</i></li> <li>▶ Worksheet 2.1: <i>Communication Activities</i></li> <li>▶ Worksheet 3.5: <i>Communication Action-Planning</i></li> <li>▶ Worksheet 2.2: <i>Social Mobilization Activities</i></li> <li>▶ Worksheet 3.6: <i>Developing a Social Mobilization Plan</i></li> </ul>



	Steps	Resources
6	For each proposed activity, <b>assess existing opportunities, available resources, current barriers</b> to effective implementation, and <b>lacking resources</b> .	
7	<b>Determine priority ACSM activities</b> for implementation in the short time (through which you can achieve the best results considering available resources and existing challenges). For each ACSM objective, list priority ACSM activities in the logical order.	▶ Worksheet 4.2: <i>ACSM Action Plan</i>
8	<b>Assign roles and responsibilities for each activity.</b> (Who is responsible for implementing? Whose approval is needed?)	
9	<b>Develop a timeline</b> with realistic expectations for implementation of activities (including preparatory activities and technical assistance needed).	
10	<b>Develop a realistic budget</b> and indicate source of funding for each activity.	

## Worksheet 4.2

# ACSM Action Plan

Country: \_\_\_\_\_

<b>Current status of ACSM:</b>	
<b>What we would like to accomplish in the next _____ months:</b>	
<b>Who must approve or support this plan:</b>	

ACSM Objective (Worksheet 3.2)	Activities (What can you do to make this happen?)	Who is responsible for implementing?	Opportunities & resources available	Challenges & resources needed	Timeline											
					1	2	3	4	5	6	7	8	9	10	11	12
<b>TB Control Objective</b> (Worksheet 3.2)																

ACSM Objective (Worksheet 3.2)	Activities (What can you do to make this happen?)	Who is responsible for implementing?	Opportunities & resources available	Challenges & resources needed	Timeline																				
					1	2	3	4	5	6	7	8	9	10	11	12									
<b>TB Control Objective (Worksheet 3.2)</b>																									
<b>TB Control Objective (Worksheet 3.2)</b>																									

