

Making Advocacy, Communication, and Social Mobilization (ACSM) Work for TB Control

A Facilitator's Guide to an ACSM Action Planning Workshop

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Abbreviations

AED	Academy for Educational Development
ACSM	Advocacy, Communication, and Social Mobilization
DHS	Demographic Health Survey
EMRO	Eastern Mediterranean Regional Office of WHO
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IPCC	Interpersonal Communication and Counseling
KAP	Knowledge, Attitudes, and Practice
LCD	Liquid Crystal Display
M&E	Monitoring and Evaluation
MDR	Multidrug-Resistant TB
NTP	National Tuberculosis Program
PATH	Program for Appropriate Technology in Health
SEARO	South-East Asia Regional Office of WHO
SM	Social Mobilization
STP	Stop TB Partnership
TB	Tuberculosis
TOR	Terms of Reference
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization
WPRO	Western Pacific Regional Office of WHO
XDR	Extensively Drug-Resistant TB

Why ACSM is important to TB control

Advocacy, communication, and social mobilization (ACSM) refers to a set of interventions that support TB control goals and objectives at international, national, and local levels. Many success stories have been gathered over the years supporting the use of ACSM techniques to address four key TB control challenges:

- Mobilizing political commitment and resources for TB.
- Improving case detection and treatment adherence.
- Combating stigma and discrimination.
- Empowering people affected by TB.

According to WHO's *Advocacy, Communication, and Social Mobilization to Fight TB: A 10-Year Framework for Action*, ACSM consists of three linked, overlapping, and complementary components defined as follows:

- **Advocacy** denotes activities designed to place TB control high on the political and development agenda, foster political will, and increase and sustain financial and other resources.
- **Communication** is concerned with informing and creating awareness among the general public or specific populations about TB and existing services and empowering people to take action.
- **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.

ACSM is now recognized as an essential element of TB control. ACSM is an integral and cross-cutting theme in the Stop TB Strategy; an ACSM working group has been formed in the Stop TB Partnership (STP); a growing number of initiatives to promote the mobilization of TB-affected communities exist; and there are a substantial number of national TB programs with plans and funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to conduct ACSM activities in support of their TB control goals.

An ACSM strategy and specific set of activities should be an integral part of every national tuberculosis control program's plans. In July 2003, a declaration from an expert consultation on communication and social mobilization stated that: "In terms of available treatments and an existing health infrastructure, more has been achieved to tackle TB than almost any other current health issue. However, for these interventions to achieve their full potential in TB case detection and treatment compliance, the central strategic challenge is now one of advocacy, communication and empowerment." In other words, we must go beyond technical fixes alone (diagnostics, drugs, and vaccines) in order to address the many social and political dimensions of TB that have an impact on TB control outcomes. Advocating for sufficient resources, promoting healthy behaviors and attitudes, and engaging affected communities in the fight against TB are essential to sustaining and increasing the gains we have made in TB control over the past several decades.

Overview of ACSM Workshop

The ACSM facilitator's guide presented in this document was developed at a five-day ACSM workshop conducted by PATH and WHO in Amman, Jordan, in April 2008. It is based on the original facilitator's guide developed for the Bangkok ACSM workshop conducted in August 2007. Its primary goal was to assist GFATM recipient countries in developing ACSM strategic action plans to scale up, enhance, and integrate ACSM activities into ongoing TB control work. The workshop also lays a basic foundation of ACSM skills and knowledge, but this is not the primary objective.

The workshop's primary objective is to identify opportunities, challenges, and gaps in the implementation of ACSM in the context of each country's national TB control strategy and GFATM grants, as well as to develop a practical activity plan to address them. It is expected that the process used throughout the workshop will help deepen participants' common understanding of ACSM principles and will increase participants' confidence in their ACSM skills and knowledge. The single, crucial indicator of the workshop's success is that a specific ACSM activity action plan is developed by each country's participants by the end of the workshop, with dates and names of persons responsible for implementation. Creating ownership and commitment to this activity plan is also a key objective of this workshop.

Since ACSM is a relatively new area and is unlikely to be the prime area of expertise for most of the workshop participants, the five-day workshop includes necessary sessions to build capacity to understand and implement ACSM and point participants to resources they can access afterwards.

The workshop management structure described below is a key component contributing to the effective facilitation of the workshop and its outcomes.

The following human resources are recommended for managing and conducting the workshop:

- ▶ Workshop Coordinator.
- ▶ 1 Lead Facilitator.
- ▶ 2–5 Facilitators who also act as Group Mentors.
- ▶ 1 Workshop Assistant.
- ▶ 1 Rapporteur.

The duties and responsibilities of each of these individuals are detailed below.

1. **Workshop Coordinator:** This person will have overarching responsibility for the success of the workshop; communication and coordination with the Stop TB Partnership, WHO, and other stakeholders; all budgetary and management decisions; and administrative details of the workshop.
2. **Lead Facilitator:** The lead facilitator will be present on all days of the workshop, starting two days prior to the workshop and one day after for briefing and debriefing. She/he will bear overall responsibility for the structure of the workshop, content, and decisions regarding day-to-day modifications and course corrections in the workshop schedule and process. This person will also lead the initial review and adaptation of the workshop facilitator's guide and resources list so that they are tailored to the region's time and content requirements and the analysis of the participants' needs assessment (see Annex 1). She/he will lead the day-to-day facilitation of the workshop in cooperation with the cofacilitators and lead the evening review sessions.

3. **Facilitators/Group Mentors:** A minimum of two facilitators is recommended in addition to the Lead Facilitator. Having up to five staff members with some level of facilitation skills will be useful, as they play the role of Group Mentors (see below). Facilitators will review country materials prior to the start of the workshop; be present on all days of the workshop, starting from two days before and one day after; and will work closely with the Lead Facilitator to review and adapt the workshop facilitator's guide and resources list. They will assist the Lead Facilitator in the day-to-day facilitation of the workshop, as well as participate in the evening review sessions. The facilitators also mentor a specific country group through the team exercises that are an integral part of this workshop. A Group Mentor should ideally be familiar with the language spoken by participants at the table he or she is helping. Where this is not possible, one bilingual volunteer participant at the table should be requested to act as translator. The Group Mentor's duties include helping to repeat and clarify instructions for group work sessions, guiding the discussion when necessary so that it stays focused on the objectives and outcomes, and enabling an in-depth exploration of country-specific ACSM issues.
4. **Workshop Assistant:** This person will coordinate all aspects of workshop logistics planning, including correspondence with participants; facilitating teleconferences; distributing, collecting, and collating forms and data in cooperation with the Stop TB Partnership; ensuring that letters of invitation and the preregistration needs-assessment forms are sent out well ahead of time; and helping with travel, payments, and logistics. The Workshop Assistant will attend all the days of the workshop, arriving a day or two before the workshop. She/he will be responsible for local logistics; preparation of workshop materials, folders, and data CDs; information-sharing; and coordination during the workshop.
5. **Rapporteur:** This person will be present on all days of the workshop and is responsible for transcribing all flip chart materials from participants into the computer; preparing printouts as needed; and ensuring that necessary handouts, files, and other materials are available on participants' laptops prior to each session. The Rapporteur will be responsible for live note-taking using PowerPoint during plenary discussions so that all statements are captured live and visible on the screen. Another duty of the Rapporteur will be to transcribe any new session or process that may be introduced in step-wise manner, and also note any modifications that may be made to the existing curriculum during the workshop.

Guidelines for Facilitators

The guidelines that follow reflect the lessons learned at the Bangkok and Amman workshops and are presented in the following sections:

1. Selection of the participants.
2. Pre-workshop arrangements.
3. Workshop guidelines.

1. Selection of participants

Criteria for selection: 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. It is a reality that different countries may apply other criteria when nominating participants (for instance, some governments have rules that regulate how often a person may be nominated for training or travel). Similarly, sometimes a candidate is nominated simply because he or she is the only one able to attend, even though they are not closely involved in the TB program. Be prepared to negotiate—to the extent it is possible—with country-level officers to ensure that the most engaged and committed officials are sent from each participating area.

After names of nominated participants have been received, the Workshop Coordinator should make direct contact with them (preferably by phone) to reconfirm they fulfill the criteria prior to issuing a formal invitation or sending out the needs assessment form.

2. Pre-workshop arrangements

Point person at country level: To facilitate smooth correspondence between country-level NTP officers, STP, and the workshop managers, it is useful for the NTP to identify and nominate one point person at the country level. This person should ideally be responsible for coordinating between the proposed participants, STP, and the workshop administration. As soon as a point person has been nominated, begin collecting as much information as possible regarding that country's national TB plans. Useful documents include **national and regional strategies; GFATM documents; knowledge, attitudes, and practices (KAP) studies and demographic health surveys (DHS); assessments (formative surveys, key informant interviews); and impact evaluations of activities.** The materials should be solicited as Word or Acrobat files, so that they may be compiled and burned to a CD in preparation for the workshop. Late-joining participants may be unable to submit these files in time. They should be asked to carry both hard and electronic copies of these files to the workshop. The availability of detailed country data ensures a practical and satisfying outcome.

Choosing the workshop team: As early as possible, identify the team that will facilitate and manage the workshop; refer to the previous section as a guide. This group's active involvement in all stages of selection and administration is essential to the success of the workshop.

Review of the facilitator's guide: The Lead Facilitator and the Facilitators/Group Mentors should examine this facilitator's guide and make adaptations as needed to customize the sessions to the local settings and participants' expressed needs. This should be among the first activities in the preparation. Facilitators should be assigned to specific sessions well ahead of the workshop to give them adequate time to familiarize themselves with the materials, content, and process, and to smooth out any potential problems. During this pre-workshop activity, it is important to ensure that all facilitators are familiar with the participating country's plans/strategies for TB control and with the STP definitions of ACSM.

Selection of venue: Make sure that the venue is spacious enough to accommodate about 45 to 50 participants and sufficient extra space for about seven or eight breakout groups of five to six people each. It is preferable if the breakout spaces are all in the vicinity of the main workshop space, so that precious time is not lost in getting participants back from their discussions to the plenary.

Burning data CD: Each participant should ideally receive a data CD as part of their registration pack. This CD should contain electronic copies of country level TB and health data, as well as any other material gathered, for each participating country. The CD should also contain digital copies of the agenda, all handouts, and presentations that will be used in workshop sessions.

Arrange for TB specialists: Identify a TB specialist willing to attend and present on global TB (see Day 2) and a regional resource person from WHO or STP willing to present an overview of the status of relevant funding sources and to provide guidance on strengthening regional networks (see Day 5).

Language issues: Since participants will come from several countries in the region, there may be a mix of languages at the workshop. For participants from countries that do not use the workshop language, you may need to arrange special help in interpretation. One way to do this is to ensure that at least one participant from each country is fluent in the workshop language as well as the country's language and could serve as interpreter and presenter for his or her own group. This person will be the intermediary between the country group and Group Mentor.

Laptop computers: Include a field in the pre-registration form that enquires whether the participant will bring a laptop computer and whether he or she has Microsoft Office installed. It is a workshop preference that each group has at least one laptop computer equipped with Microsoft Office to facilitate compilation of workshop products.

One USB Flash drive per table: As part of preparations for the workshop, procure a USB flash drive for each participating country. This will be used during sessions to ferry files and presentations between laptops and the main presentation computer.

Assembling materials and equipment before the training begins: Facilitators 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 workshop begins:

- Copies of the registration form and needs assessment analysis.
- Copies of the pre- and posttests.
- Copies of the final workshop evaluation form, agenda, and handouts.
- Welcome packets for participants—slim-ring binders with folder pockets, containing a welcome letter, training agenda, notebook and pen.
- Marker pens (felt-tip or whiteboard markers).
- Flip chart paper.
- Index cards or blank sheets of paper.
- Masking tape.
- Name badges.
- LCD projector(s)—one is essential, two is ideal.
- Dedicated workshop laptops (2).
- 1 USB flash drive per participating country.

- Extension cords and adapters, as needed.
- Certificates of completion for each participant.

3. Workshop guidelines

Participation: Full participation by each group and its members is absolutely critical to the success of the workshop. This helps ensure ownership of the workshop by each country's participants. Sessions are designed to be interactive and participatory, to maximize discussions and sharing between individuals and groups. Facilitators must be especially attentive to encourage this and ensure that sessions not turn into lectures.

Time management: The strength of this workshop process 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, either because of capacity or language issues, and should not be penalized for this. **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 agendas.

One laptop per table. Each table should have at least one laptop computer and at least one PowerPoint-literate participant or facilitator. Participants should receive PowerPoint templates in which to enter data from various group discussions. This is the preferred format for presentations so they can then be easily transferred to the final workshop CD. The Workshop Assistant's duties will include the preparation of these data CDs.

Encourage the use of flip charts: During group discussion sessions, encourage teams to use flip charts so everyone can share the information and contribute to the discussion. Using only a laptop tends to limit the discussion to the person with the laptop and those closest to her or him, and shuts down discussion rather than allowing the whole group to participate actively. Once the discussion is finished, important points can be transferred to a Word file for electronic sharing.

"Country Exchanges": During country-group work sessions, it is useful to have one person from each country team sit in as a "guest" on another country team's discussion to become familiar with their ACSM activities, challenges, and experiences. This allows mutual exchange of information and problem solving, and challenges the host country group to think through and clearly articulate their ACSM strategy.

Using energizers: Trainers should pay attention to the energy level of the group throughout each day. Because the training is long and demands engagement, trainers should prepare a variety of short (five-ten 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 once 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: International HIV/AIDS Alliance; 2003. Available at: [www.cedresources.ca/docs/Energisers2002\(English\).pdf](http://www.cedresources.ca/docs/Energisers2002(English).pdf).

Daily review: The workshop team, including all Facilitators, the Workshop Assistant, the Rapporteur, and Workshop Coordinator, should set aside one to one and a half hours 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 indispensable and crucial to successful workshop outcomes.

New workshop facilitator's guide: At the end of the workshop, it will be useful to have a workshop manual that reflects the sessions and the processes that were actually used in the workshop. To prevent this from becoming a post-workshop chore, it is recommended that the Rapporteur be charged with maintaining changes and additions in an electronic copy of this

workshop manual every day. By the time the workshop ends, he/she should have an up-to-date version of the actual workshop.

New sessions: If any new sessions are developed, or if any existing sessions are modified, please let the Rapporteur know immediately. In the case of modifications, the changes should be recorded in tracked changes in the workshop facilitator's guide. New sessions and deletions of old sessions should be incorporated into the manual as well.

List of Handouts and Facilitator's Guides

Day 1

- Handout 1.1: Pre-workshop ACSM Quiz
- Handout 1.2: ACSM Challenges
- Handout 1.3 Advocacy Activities
- Handout 1.4: Communication Activities
- Handout 1.5: Social Mobilization Activities

Day 2

- Handout 2.1: National TB Control Objectives, Challenges, and Gaps
- Handout 2.2: Country ACSM Activity Status

Day 3

- Handout 3.1: ACSM Gaps and Opportunities
- Handout 3.2: Research Case Studies
- Handout 3.3: Assessing Needs through Research
- Handout 3.4: Ten Steps to Developing a Strategic Advocacy Plan
- Handout 3.5: Strategic Advocacy Planning
- Handout 3.6: Steps in Developing a Strategic Communication Plan
- Handout 3.7: Strategic Communication Planning

Day 4

- Handout 4.1: Developing a Social Mobilization Plan
- Handout 4.2: Cough-to-Cure Pathway Analysis
- Handout 4.3: Sample Country ACSM Action Plan
- Handout 4.4: Country ACSM Action Plan

Day 5

- Handout 5.1: Planning for Monitoring and Evaluation
- Handout 5.2: Post-workshop ACSM Quiz
- Handout 5.3: Final Evaluation Form

Facilitator's Guides

Facilitator's Guide 1: Pre- and post- workshop ACSM Quiz Answers

Facilitator's Guide 2: Working Descriptions of ACSM

Overview of Agenda

Day 1: Understanding ACSM

Outline of Sessions	Time
Registration	8:30–9:00
Welcome & Greetings	9:00–9:15
Participant Introductions	9:15–10:15
Break	10:15–10:30
Workshop Expectations, Objectives, Agenda, Norms, and Logistics	10:30–11:00
Pre-workshop ACSM Quiz	11:00–11:20
Understanding Advocacy	11:20–12:30
Lunch	12:30–13:30
Understanding Advocacy	13:30–14:15
Understanding Communication	14:15–15:30
Break	15:30–15:45
Understanding Social Mobilization	15:45–17:15
Daily Evaluation and Closing	17:15–17:30

Day 2: ACSM in TB Control

Outline of Sessions	Time
Review of Day 1 and Agenda for Day 2	8:30–9:00
Global and Regional: TB update	9:00–9:30
National TB Control Objectives, Challenges, and Gaps	9:30–10:40
Break	10:40–11:00
National TB Control Objectives, Challenges, and Gaps (continued)	11:00–12:00
Country Presentations of ACSM Programs	12:00–12:30
Lunch	12:30–13:30
Country Presentations of ACSM Programs (continued)	13:30–15:00
Break	15:00–15:20
Status of Country ACSM Activities to Address TB Control Objectives, Challenges, and Gaps	15:20–16:45
Daily Evaluation and Closing	16:45–17:15

Day 3: Opportunities and Barriers

Outline of Sessions	Time
Review of Day 2 and Agenda Day 3	8:30–9:00
Analyzing ACSM Gaps and Opportunities	9:00–10:45
Break	10:45–11:00
Key Points of ACSM Strategic Planning	11:00–11:30
Assessing Needs through Research	11:30–12:30
Lunch	12:30–13:30
Assessing Needs through Research (continued)	13:30–14:25
Developing a Strategic Advocacy Plan	14:25–15:25
Break	15:25–15:45
Developing a Strategic Communication Plan	15:45–17:15
Daily Evaluation and Closing	17:15–17:30

Day 4: ACSM Planning

Outline of Sessions	Time
Review of Day 3 and Agenda for Day 4	8:30–9:00
Developing a Strategic Social Mobilization Plan	9:00–10:00
Break	10:00–10:20
ACSM and the Cough-to-Cure Pathway	10:20–11:20
Country ACSM Case Study	11:20–11:50
Translating Theory into Action: ACSM Plans of Action	11:50–13:00
Lunch	13:00–14:00
Translating Theory into Action: ACSM Plans of Action (continued)	14:00–15:00
Break	15:00–15:15
Translating Theory into Action: ACSM Plans of Action (continued)	15:15–16:30
Summary of ACSM Strategy Key Points	16:30–17:00
Daily Evaluation and Closing	17:00–17:15

Day 5: Going Forward

Outline of Sessions	Time
Review of Day 4 and Agenda Day 5	8:30–8:45
Sharing of Print and Web Resources	8:45–9:00
Planning for Effective Monitoring and Evaluation	9:00–10:30
Break	10:30–10:45
Accessing Technical Assistance	10:45–11:45
Strengthening Regional Networks	11:45–12:30
Workshop Final Evaluation and Closing	12:30–13:00

ACSM for TB Control

Day 1

Understanding ACSM

Schedule at a Glance

Session	Title	Time	Facilitator
	Registration	8:30–9:00	
1	Welcome and Greetings	9:00–9:15	
2	Participant Introductions	9:15–10:15	
	Break	10:15–10:30	
3	Expectations, Objectives, Agenda, Norms, and Logistics	10:30–11:00	
4	Pre-workshop ACSM Quiz	11:00–11:20	
5	Understanding Advocacy	11:20–12:30	
	Lunch	12:30–13:30	
	Understanding Advocacy (continued)	13:30–14:15	
6	Understanding Communication	14:15–15:30	
	Break	15:30–15:45	
7	Understanding Social Mobilization	15:45–17:15	
8	Daily Evaluation and Closing	17:15–17:30	

Day 1: ACSM Workshop

Registration

8:30–9:00 (30 minutes)

Materials and preparation

- ▶ Markers.
- ▶ Welcome and information packets for participants (25 slim-ring binders with folder pockets, 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
9:00–9:15 (15 minutes)	Facilitator:

Objective

Introduce workshop to participants and explain how workshop will proceed.

Materials and preparation

- ▶ Prepare sufficient tables and chairs for the participants and any guests attending for the opening ceremonies.

Process

1. Welcome 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
9:15–10:15 (1 hour)	Facilitator:

Objective

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

Materials and preparation

- ▶ Blank flip chart paper.
- ▶ Markers/pens.
- ▶ Masking tape.

Day 1: ACSM Workshop

► Write on flip chart paper:

- Name
- Country
- What comes to mind when you hear the word TB?

► Name cards.

Process

1. Ask participants to sit at tables with others from their country.
2. To create diverse partner pairs, start a count-up from the number 1 upwards. Each number must be called out twice, from individuals at different country 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 ten minutes learning about each other (name, country, 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 where they’re from, and sharing what comes to their 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 and ask them to write on it a single name by which they would like to be called during the workshop.

BREAK: 10:15–10:30

SESSION 3	Expectations, Objectives, Agenda, Norms, and Logistics
10:30–11:00 (30 min)	Facilitator:

Objective

Workshop participants understand the workshop objectives and agenda, share their expectations for the workshop, and develop appropriate group norms.

Materials and preparation

- Blank flip chart paper.
- Laptop computer and LCD projector.
- Session objectives (written on flip chart paper or a PowerPoint slide).
- First-day agenda (written on flip chart paper or a PowerPoint slide).
- Masking tape.

Day 1: ACSM Workshop

Process

1. **Participant expectations. Present a summary** on PowerPoint of the participants' main needs as expressed in their Needs Assessments. **[NOTE TO FACILITATOR: The Needs Assessment is one of the preparatory steps in the planning of the ACSM Workshop and provides valuable information necessary to assess participants' current understanding, strengths, and weaknesses regarding ACSM.]** In plenary and verbally, ask participants if there is anything they want to add. Record their answers on flip charts. Ask participants to share their expectations in the plenary, record them on flip charts, and group them thematically as the session progresses.
2. Summarize the list of participants' expectations and post the flip chart paper on the wall.
3. 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 in their countries. One of the workshop's most important objectives is to assist them to identify roadblocks to implementing their ACSM activities, improve their strategic planning and implementation skills, and understand how to access technical assistance they may need.
4. **Workshop objectives.** Review and post the following training objectives for this workshop on flip chart paper:
 - Create a shared understanding of advocacy, communication and social mobilization, their interlinkages, and how they function in synergy.
 - Create a shared understanding of practical steps for developing an effective ACSM strategic plan and activities, evaluating barriers and opportunities, and using existing and newly developed ACSM resources (e.g., KAP Survey Guide, ACSM Handbook).
 - Share lessons and experiences between countries.
 - Identify gaps and challenges in countries' current GFATM ACSM plans and assist them in developing an ACSM strategy to resolve them.
 - Develop revised ACSM action plans to accelerate the implementation of ACSM activities in-country.
5. Compare the training objectives with the participants' expectations. Point out which participant expectations will be met by the training, and which will not.
6. 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:
 - Understanding ACSM.
 - ACSM in TB Control.
 - Opportunities and Barriers.
 - ACSM Planning.
 - 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 the 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 first day's agenda.
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 on flip chart. Be sure to add "Keep mobile phones on silent mode

Day 1: ACSM Workshop

or off” as a rule if participants do not suggest it themselves. Agree on working hours for the workshop.

9. Ask for a volunteer (to be changed each day) to monitor the observance of the norms and to draw the group’s attention when a norm is broken.
10. Ask for one volunteer (to be changed each day) to be responsible for the role of timekeeper and another for other issues that arise from day to day.
11. Ask for two volunteers to be that day’s **Eyes and Ears**. Their duties will include listening to and sharing participant reactions and feedback on workshop- and content-related issues with the facilitators during the review sessions each morning.
12. Explain that the training invites and depends on a high level of participation. Facilitation methods will include lots of hands-on practice of different approaches and processes.
13. **Logistics.** Explain the logistics and arrangements for payment of participant transport, per diem, or lodging expenses, etc. Clarify what internet access or facilities are available on-site, and introduce the Workshop Assistant [see **Guidelines for Facilitators on page 6**]. Circulate an attendance list and request that each participant review and correct his or her name and contact information.
14. **Group Mentors:** Introduce the Group Mentors and explain that their role will be to provide clarifications, guidance, and other help as needed to the specific group to which they are assigned.

SESSION 4	Pre-workshop Quiz
11:00–11:20 (20 min)	Facilitator:

Materials and preparation

- Copies of **Handout 1.1: Pre-workshop ACSM Quiz**.

Process

1. Request the help of participants to help evaluate the workshop better by participating in a Pre-workshop Quiz. Explain 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 seek the assistance of their Group Mentor. Request that participants mark their name on the quiz.
2. Distribute copies of **Handout 1.1: Pre-workshop ACSM Quiz**. Allow participants 15 minutes to complete the quiz. Collect the quizzes. Ensure that each pretest has the participant’s name on it. [NOTE: Use the **Facilitator’s Guide 1: Pre- and post-Workshop ACSM Quiz Answers to correct the participants’ responses after the close of Day 1.**]

Day 1: ACSM Workshop

SESSION 5	Understanding Advocacy
11:20–12:30 (1 hour 10 min)	Facilitator:

Objectives

1. Share understanding of advocacy through real-life examples from the participating countries, drawn from TB and other public health activities.
2. Develop a working description of advocacy.
3. Strengthen skills in assessing appropriate objectives, audiences, and activities for advocacy.

Materials and preparation

- ▶ Session objectives (written on flip chart paper or a PowerPoint slide).
- ▶ **Handout 1.2: ACSM Challenges.**
- ▶ **Handout 1.3: Advocacy Activities.**
- ▶ **Facilitator's Guide 2: Working Descriptions of ACSM.**

Process

Step 1: 60 minutes

1. Review session objectives.
2. **What is Advocacy?** 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 advocacy in their countries, as well as what worked well and why. Develop an initial working description of advocacy based on the discussion.
3. **Facilitator will present a brief case study as an example of how to analyze advocacy approaches to resolve ACSM challenges and gaps.**
4. Facilitator should emphasize that as part of ACSM strategic planning, we must first define the **problem** to be addressed, and then decide if advocacy will resolve it.
5. **Distribute Handout 1.2: ACSM Challenges** to all country groups. Ask them to study and review the advocacy problems related to aspects of TB linked to health systems, policies, or resources. After reviewing this sheet, the group should decide if they would like to discuss an advocacy challenge from the sheet or use a real-life challenge from their own country setting. Emphasize that participants should continue working with the same challenge or a real-life challenge during subsequent exercises on developing communication and social mobilization activities in sessions 6 and 7. Make sure that each country team chooses a different challenge from **Handout 1.2: ACSM Challenges**. **Task:** Develop and discuss advocacy activities to address the challenge they have chosen.
6. **Advocacy Activities:** Distribute **Handout 1.3: Advocacy Activities** to all groups to guide them through the plenary session activities. Ask each group to identify the health system, policy, or resource problem that must be addressed in order to resolve the advocacy challenge they have selected.

LUNCH: 12:30–13:30

Day 1: ACSM Workshop

SESSION 5	Understanding Advocacy (<i>continued</i>)
13:30–14:15 (45 min)	Facilitator:

Step 2: 30 minutes

- 7. Plenary discussion:** Ask each group to present its thinking and analysis from their *Advocacy Activities* Handouts to the plenary group and receive feedback. **NOTE:** Emphasize that there are no right or wrong answers and that feedback can help a country TB group to critically assess their initial assumptions.

Step 3: 15 minutes

- 8. Develop consensus description of advocacy:** Present the Stop TB official definition of Advocacy on PowerPoint. Ask participants to share their description of advocacy, including the kind of activities that they would classify as advocacy. Where it is useful, ask participants to share how the plenary feedback session helped them sharpen their thinking on the topic. Discuss briefly and rework it so that everyone is comfortable with the definition. Record it on PowerPoint. Write the description on flip chart paper and post it on the wall in a prominent place where it will be visible throughout the workshop.

SESSION 6	Understanding Communication
14:15–15:30 (1 hour 15 min)	Facilitator:

Objectives

- Participants will share their understanding of communication through real-life examples from the participating countries, drawn from TB and other activities.
- Develop a working description of communication.
- Participants will gain skills in assessing appropriate objectives, audiences, and activities for communication.

Materials and preparation

- ▶ Session objectives (written on flip chart paper or a PowerPoint slide).
- ▶ **Handout 1.2: ACSM Challenges.**
- ▶ **Handout 1.4: Communication Activities.**

Process

Step 1: 20 minutes

- Review session objectives.
- 2. What is Communication?** In the full group session, ask participants to share their thoughts and ideas about what the term communication in ACSM means to them. Ask them to share and discuss examples of TB communication activities in their countries, as well as what worked well and why.

Day 1: ACSM Workshop

3. Note similarities and differences among countries, particularly creative communication activities, and ask for clarification about activities that don't seem clear.

Step 2: 55 minutes

4. Distribute **Handout 1.2: ACSM Challenges** and **Handout 1.4: Communication Activities** to all the groups. **TASK:** Country-specific groups should continue working with the challenge from **Handout 1.2: ACSM Challenges** or a real-life example that they have chosen for the previous task. They should review the communication problem and develop communication activities that will address this problem. Groups should not use any of the activities defined as advocacy in step 6 of previous session.
5. Ask group representatives to present their results and discuss them with all participants.
6. Recap the Stop TB official definition of Communication on PowerPoint and emphasize the key points. Write the description on flip chart paper and post it on the wall in a prominent place where it will be visible throughout the workshop.

BREAK: 15:30–15:45

SESSION 7	Understanding Social Mobilization
15:45–17:15 (1 hour 30 min)	Facilitator:

Objective

1. Participants will share their understanding of social mobilization through real-life examples from the participating countries, drawn from TB and other activities.
2. Participants will develop a working description of social mobilization.
3. Participants will gain skills in assessing appropriate objectives, audiences, and activities for social mobilization.

Materials and preparation

- ▶ Session objectives (written on flip chart paper or a PowerPoint slide).
- ▶ **Handout 1.3: Advocacy Activities** and **Handout 1.4: Communication Activities** completed in the earlier sessions.
- ▶ **Handout 1.5: Social Mobilization Activities.**

Process

Step 1: 45 minutes

1. Review session objectives.
2. **What is Social Mobilization?** In the full group session, ask participants to share their thoughts and ideas about what the term social mobilization in ACSM means to them. Ask them to share and discuss examples of TB-related social mobilization in their countries, as well as what worked well and why.

Day 1: ACSM Workshop

3. Explain that they will now work in country specific groups with their advocacy and communication activities that they developed in the earlier sessions. Ask participants to review their **Handout 1.3: Advocacy Activities** and **Handout 1.4: Communication Activities**.
4. Distribute: **Handout 1.5: Social Mobilization Activities**. **Task:** Complete the first two rows of the handout with two examples each of advocacy and communication problems taken from previous **Handout 1.3** and **Handout 1.4**. For each activity proposed for advocacy and communication, the groups will discuss what social mobilization (community support or engagement) is required (bearing in mind that some activities may not require any community support while others require significant community involvement), and from whom they need support. Allow about 20 minutes for group work.

Step 2: 25 minutes

5. In plenary session, ask each group to present its thinking and analysis on social mobilization and receive their feedback. **NOTE:** There are no right or wrong answers, but feedback can help a group to critically assess their initial assumptions and refine social mobilization activities. Each group should limit its presentation to three minutes. Note similarities and differences, particularly creative community activities, and ask any clarification questions about activities that don't seem clear. Thank the groups for their work.

Step 3: 20 minutes

6. **Develop a consensus working description of social mobilization.** Share the Stop TB description of Social Mobilization on PowerPoint slide:
 - 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. "Allies" include decision- and policy-makers, opinion leaders, nongovernmental organizations (NGOs) such as professional and religious groups, the media, the private sector, communities and individuals.

Make the following points:

- The long-term goal of social mobilization is to create a community will and commitment around TB control and prevention within the context of that particular community, recognizing that TB is one of many important community issues. Social mobilization is critical to the sustainability of TB control efforts.
- Within the context of a project, social mobilization helps create immediacy and a call for action from the community level around a policy-related advocacy objective.
- Within the context of a project, social mobilization can help create an impetus and a call for action around a communication objective such as going for early diagnosis.

Discuss briefly and rework it so that everyone is comfortable with the definition. Record it on PowerPoint. Write the description on flip chart paper and post it on the wall in a prominent place where it will be visible throughout the workshop.

7. Collect each group's ACSM Handouts and safely retain them. They will be useful as reference in upcoming sessions.

SESSION 8	Daily Evaluation and Closing
17:15–17:30 (15 min)	Facilitator:

Objective

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

Materials and preparation

- ▶ Session objective (written on flip chart paper or a PowerPoint slide).
- ▶ Index cards and markers or small, blank sheets of paper with a happy face on one side and a turning arrow on the other.

Process

1. Give a general review of the key points of today's discussion. Explain to participants that this first day we have taken some time to explore our experiences and understanding of advocacy, communication, and social mobilization. Ask if anything needs to be clarified. The next step tomorrow will be to synthesize our understanding of these concepts and look at effective ways of applying ACSM in our country settings. The morning of Day 2 will begin with a session on synthesizing the elements we have covered in Day 1.
2. Ask participants to share any feelings or impressions from the day.
3. Distribute index cards or ask each participant to use a blank sheet of paper. One the side with a happy face ☺ ask them to list up to two things they liked or learned from the day. Tell participants this may be a piece of information, a technique used, the way that participants interacted, a story they heard, etc.
4. On the side with a turning arrow ↻, ask them to list up to two things they would suggest changing or improving for future days of the workshop, or 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 cards or papers from participants for review later with the other trainers.

IMPORTANT: For *homework*, ask all participants to review their GFATM ACSM plans carefully. Remind them that they should be prepared to make their PowerPoint presentations on the current state of GFATM-funded ACSM activities on Day 2. The presentations should be based on the PowerPoint template they received prior to the workshop (ask if anyone needs it again and provide an electronic copy through a flash drive).

7. Attend to any remaining logistical issues and close the day's session, thanking them for their participation. Remind attendees that the sessions begin at 8:30 am sharp the following morning.

ACSM for TB Control

Day 2

ACSM and TB Control

Summary of the day: Day 2 gives participants an overview of the global and regional TB situation and new developments in TB control approaches to set the broad context for their work in ACSM. The sessions provide them an opportunity to explore their country's TB control objectives and the TB control challenges they face in their own countries (e.g., low case detection, high default rates), then to link their planned ACSM activities to addressing those specific challenges. Each country team will have an opportunity to present a summary of their ACSM activities and plans and receive feedback from their peers. They will then examine which activities are developing slowly and which activities should be prioritized based on those that best address their countries' TB challenges. The process in Day 2 will prepare them to develop their action plans on Day 4.

Schedule at a Glance

Session	Title	Time	Facilitator
1	Review of Day 1 & Agenda for Day 2	08:30–09:00	
2	Global and Regional TB Update	09:00–09:30	
3	National TB Control Objectives, Challenges, and Gaps	09:30–10:40	
	Break	10:40–11:00	
	National TB Control Objectives, Challenges, and Gaps (continued)	11:00–12:00	
4	Country Presentations of ACSM Programs	12:00–12:30	
	Lunch	12:30–13:30	
	Country Presentations of ACSM Programs (continued)	13:30–15:00	
	Break	15:00–15:20	
5	Status of Country ACSM Activities to Address TB Control Objectives, Challenges, and Gaps	15:20–16:45	
6	Daily Evaluation & Closing	16:45–17:00	

Day 2: ACSM and TB Control

SESSION 1	Review of Day 1 & Agenda for Day 2
8:30–9:00 (30 minutes)	Facilitator:

Objectives

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

Materials and preparation

- ▶ Summary of key points from evaluations of Day 1.
- ▶ Day 2 agenda (written on flip chart paper or on a PowerPoint slide).
- ▶ Masking tape (if using flip chart paper).

Process

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

SESSION 2	Global and Regional TB Update
9:00–9:30 (30 minutes)	Presenter: Facilitator:

Objectives

Participants will understand:

1. The latest epidemiological information and state-of-the-art approaches to TB, MDR-TB, and TB/HIV control at the global level.
2. The special focus is on the regional goal and objectives, strategies, and challenges.
3. How ACSM activities support TB control objectives.

Materials and preparation

- ▶ Session objectives (on a PowerPoint slide).
- ▶ LCD projector and screen/wall.
- ▶ PowerPoint presentation: *Global and Regional TB Update*.

Day 2: ACSM Workshop

Process

A TB expert (usually a regional WHO representative or a Stop TB representative) will make a presentation of the latest epidemiological data and regional goal and objectives, strategies, and gaps, linking them with ACSM approaches.

1. Review session objectives.
2. Make a presentation of the latest facts, figures, and developments in global TB control. Present PowerPoint slides that give an overview of the burden of TB disease globally with a special focus on the region. Slides should include information on:
 - The Stop TB Strategy and Global Plan to Stop TB.
 - Updates on new policies and guidelines at the international level (e.g., new guidance on TB diagnostics) and external resources available (e.g., GFATM, other donors, TB TEAM resources, new publications).
 - Regional TB control objectives, strategic plans, progress, and challenges.
 - Linkages between targets, challenges, and ACSM activities, emphasizing how ACSM can contribute to reaching regional objectives.
3. Ask participants for questions and encourage discussion among participants on how the regional data and targets match with their own country programs.

SESSION 3	National TB Control Objectives, Challenges and Gaps
9:30–12:00 (2 hours 30 minutes)	Facilitator:

Objectives

Participants will be able to:

1. Analyze country epidemiological data to identify program areas that pose challenges to reaching TB control targets.
2. Identify potential contributing factors to the challenges identified.

Materials and preparation

- ▶ Session objectives on a PowerPoint slide.
- ▶ PowerPoint slides—Examples of:
 - National objectives and related TB control challenges.
 - Contributing factors.
- ▶ Country data from the latest WHO Global TB Report, national strategies, NTP evaluations, studies, etc.
- ▶ **Handout 2.1: National TB Control Objectives, Challenges, and Gaps**
- ▶ Flip chart, markers, and tape.

Day 2: ACSM Workshop

Process

Step 1: 40 minutes

1. Review session objectives.
2. Ask participants to remain in country-specific groups. Distribute **Handout 2.1: National TB Control Objectives, Challenges, and Gaps**.
3. Describe the assignment to the groups. **TASK:** Review your country's latest TB indicator data from the WHO Global TB Report and other relevant documents. Look at data on case detection, treatment outcomes, TB/HIV co-infection, drug resistance, and other pertinent information for your country, and discuss whether your data indicate potential areas for improvement. Are you at or above the targets, or below them? Review other documents, such as a recent national TB program evaluation, to identify any other gaps that are mentioned by reviewers. Complete Columns 1 and 2 (Column 1 = *National TB Control Objectives*, Column 2 = *Challenges/Gaps*) of **Handout 2.1: National TB Control Objectives, Challenges, and Gaps**. List at least three objectives and three challenges or gaps where you think your TB control program could improve its performance.
4. Using a PowerPoint slide, walk the participants through a brief (two minute) example of identifying objectives, challenges, and gaps
5. Group Mentors should assist the country teams in analyzing the challenges and gaps revealed by program data.

BREAK: 10:40–11:00

Step 2: 30 minutes

6. Ask participants to move now to Column 3, *Potential Contributing Factors*, and explain the new task. **TASK:** For each TB control challenge they listed in Column 2, ask them to identify two to three potential contributing factors for the inadequate achievement of that indicator.
7. Using a PowerPoint slide, walk the participants through a brief (two minute) example of identifying potential contributing factors to inadequate achievement. Answer any clarifying questions.
8. Group Mentors should assist the country teams in identifying potential contributing factors to the TB control challenges identified.

Step 3: 60 minutes

9. Ask two groups to present and select a person to report back to the plenary on TB control challenges they identified and the potential contributing factors. Give each group 5 minutes for its report. At the end of each country presentation, participants will ask questions and give 10 minutes of feedback on their own experiences with the challenges.

SESSION 4	Country Presentations of ACSM Activities
12:00–12:30 (30 minutes)	Facilitator:

Objectives

Participants will:

1. Understand the status of their own and their peers' ACSM activities.

Day 2: ACSM Workshop

2. Identify common challenges and share effective ACSM approaches from their own experiences.

Materials and preparation

- ▶ Session objectives (on a PowerPoint slide).
- ▶ Country presentations loaded onto the workshop laptop.
- ▶ LCD projector and screen/wall.
- ▶ Flip chart paper, markers, and tape.

Process

1. Review session objectives.
2. Ask one country group to share its prepared 15-minute (or shorter) presentation on their country's current NTP goal and objectives and their ACSM goals, objectives, activities. Ask the other participants to make notes of their questions, observations, and suggestions. Start with a country group that did not volunteer to present in the previous session.
3. Facilitate a 15-minute discussion of the presentation, including participants' reactions to new ideas, what is relevant to their own programs, what has worked for them, and any questions or suggestions they would make if they were acting as an ACSM consultant for the country.
4. **NOTE:** Other country presentations will follow after lunch using the same format.

LUNCH: 12:30–13:40

SESSION 4 (continued)	Country Presentations of ACSM Activities
13:30–15:00 (1 hour 30 minutes)	Facilitator:

Follow the process above to allow the rest of the countries to present and discuss. ***HINT:** Put an energizer between the presentations to lift the energy in the room.

BREAK: 15:00–15:20

SESSION 5	Status of Country ACSM Activities to Address TB Control Objectives, Challenges, and Gaps
15:20–16:45 (1 hour 25 minutes)	Facilitator:

Objectives

Participants will:

1. Review current and planned ACSM activities in their countries and be able to report on the status of each.
2. Be able to prioritize their country's ACSM activities and link them to the TB control goal, objectives, and challenges with ACSM activities.

Day 2: ACSM Workshop

Materials and preparation

- ▶ Session objectives (on a PowerPoint slide).
- ▶ Country level strategies, documents, studies.
- ▶ **Handout 2.1: *National TB Control Objectives, Challenges, and Gaps*** (completed in previous sessions).
- ▶ **Handout 2.2: *Country ACSM Activity Status***.
- ▶ Flip charts, markers, and tape.

Process

1. Review session objectives.
2. Divide participants into country-specific groups. Designate one group member to report back to the large group in plenary. Ask them to take out **Handout 2.2: *Country ACSM Activity Status***. Share the following instructions with the group:
3. **TASK:** Each group will study its national TB plan/strategy document and identify the current priority national ACSM goal for that country and record it into **Handout 2.2: *Country ACSM Activity Status*** and then complete Column 1 (*TB Control Objectives*) and Column 2 (*ACSM Objectives*).
4. In Column 3 (*ACSM Activities*) list current activities and interventions connected with each of the listed objectives. Activities and interventions can include research, studies, capacity building, peer education, mass media campaigns, and others.
5. In Columns 4–8, place a check mark in the column that best describes the current status of the activity (Completed, In Progress, Halted, Not Begun, and Not Planned but Desirable).
6. In the group, discuss the status of ACSM activities as it has evolved from the previous sessions on TB control objectives and challenges and the analysis of country plans. ***HINT:** Suggest a Country Exchange wherein one representative from each country group will sit in on the discussion of another country to encourage interactive learning. Some guiding questions:
 - Ask participants to pick one TB control objective from Column 1 of **Handout 2.2: *Country ACSM Activity Status*** and describe how their ACSM objectives and activities relate to achieving their TB control objective.
 - Go back to Column 4 of **Handout 2.1: *National TB Control Objectives, Challenges, and Gaps*** and review the possible contributing factors related to TB control objectives and ask participants to comment how well their ACSM objectives and activities address these contributing factors.
 - Does the group feel that ACSM could play a bigger role than it is currently playing in the country plans?
 - Given the status of the activities listed and the prior work from today, which of the activities should have highest priority for moving forward, and why?
 - Is there an ACSM strategy that is currently guiding activities in advocacy, communication, or social mobilization? Is there need for one?
7. Before the participants begin, walk them through the example.
8. Ask two groups who did not present during Session 3 to report back to the plenary how their ACSM objectives and activities address their TB control objectives, challenges, and gaps, as well as contributing factors.

SESSION 6	Daily Evaluation and Closing
16:45–17:00 (15 minutes)	Facilitator:

Objective

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

Materials and preparation

- ▶ Session objective (on PowerPoint slide).
- ▶ Index cards with a happy face drawn on one side and a turning arrow on the other, enough so that there is one for each participant.

Process

1. Give a general review of the key points of today's discussion. Ask if anything needs to be clarified.
2. Distribute index cards or ask each participant to use a blank sheet of paper. On the side with a happy face ☺ ask them to list up to two things they liked or learned from the day. Tell participants this may be a piece of information, a technique used, the way that participants interacted, a story they heard, etc.
3. On the side with a turning arrow ↻, ask them to list up to two things they would suggest changing or improving for future days of the workshop, or questions they have.
4. Allow participants a couple of minutes to record their thoughts.
5. Collect the cards from participants for later review. While they are being collected, ask participants to share any impressions or questions from the day.
6. Attend to any other remaining logistical issues and close the day's session, thanking them for their participation. Remind attendees that the sessions begin at 8:30 am sharp the following morning.

ACSM for TB Control

Day 3 Opportunities and Barriers

Schedule at a Glance

Session	Title	Time	Facilitator
1	Review of Day 2 and Agenda Day 3	8:30–9:00	
2	Analyzing ACSM Gaps and Opportunities	9:00–10:45	
	Break	10:45–11:00	
3	Key Points of ACSM Strategic Planning (PowerPoint)	11:00–11:30	
4	Assessing Needs through Research	11:30–12:30	
	Lunch	12:30–13:30	
	Assessing Needs through Research (continued)	13:30–14:25	
5	Developing a Strategic Advocacy Plan	14:25–15:25	
	Break	15:25–15:45	
6	Developing a Strategic Communication Plan	15:45–17:15	
7	Daily Evaluation and Closing	17:15–17:30	

Day 3: ACSM Workshop

SESSION 1	Review of Day 2 & Agenda for Day 3
8:30–9:00 (30 minutes)	Facilitator:

Objectives

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

Materials and preparation

- ▶ Summary of key points from evaluations of Day 2.
- ▶ Day 3 agenda (written on flip chart paper or on a PowerPoint slide).
- ▶ Masking tape (if using flip chart paper).

Process

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 evaluation card). Address any changes that the trainers plan to make in response to the participants' requests (the ⚡ side of each evaluation card).
3. Ask for and respond to participant questions about material covered the previous day.
4. Review and post the agenda for Day 3.

SESSION 2	Analyzing ACSM Gaps and Opportunities
9:00–10:45 (1 hour and 45 minutes)	Facilitator:

Objectives

1. Participants will be able to identify priority ACSM activities for implementation in the short term that support country TB control objectives.
2. Participants will be able to identify key barriers to implementation as well as resources supporting implementation.

Materials and preparation

- ▶ Session objectives (written on flip chart or on a PowerPoint slide).
- ▶ Masking tape.
- ▶ **Handout 2.2: Country ACSM Activity Status.**
- ▶ **Handout 3.1: ACSM Gaps and Opportunities.**

Day 3: ACSM Workshop

Process

Step 1: 45 minutes

1. Review session objectives.
2. Ask participants to work again in their country-specific groups. Ask each group to designate a group member to report back at the plenary. Distribute **Handout 3.1: ACSM Gaps and Opportunities**.
3. **TASK:** Ask each country team to refer to **Handout 2.2: Country ACSM Activity Status** from the previous day and select three to five ACSM activities that they would like to see implemented during the next six months that have not yet been implemented because of challenges or barriers. List these activities in Column 1 of **Handout 3.1: ACSM Gaps and Opportunities**. For each activity listed, participants should do a brief analysis, looking at what TB control objective(s) the activity supports, what factors are working against implementation (i.e., what are the current barriers to effective implementation of this activity), and what factors would support effective implementation.
4. 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. Discuss which of these factors are most important in successful implementation, in terms of both barriers to overcome and resources to access.

Step 2: 45 minutes

5. Representatives from groups present highlights of their analysis, and share recommendations to the large group. Allot about 10 minutes to each group for their presentations and to respond to questions from the large group. Discuss in plenary as needed following each small group presentation.

BREAK: 10:45–11:00

SESSION 3	Key Points of ACSM Strategic Planning
11:00–11:30 (30 minutes)	Facilitator:

Objective

Participants will understand and be able to discuss the key points of ACSM strategic planning.

Materials

- ▶ Blank flip chart paper.
- ▶ Markers and tape.
- ▶ Session objective on a PowerPoint slide.
- ▶ PowerPoint presentation on laptop: *Key Points of ACSM Strategic Planning*.

Day 3: ACSM Workshop

Process

(30 minutes)

1. Review session objectives.
2. Make a PowerPoint presentation, *Key Points of ACSM Strategic Planning*.
3. Encourage participants to ask questions and make comments on the presentation content.

SESSION 4	Assessing Needs through Research
11:30–12:30 (1 hour)	Facilitator:

Objective

Participants will understand the importance of evidence-based ACSM programming, and share methods and resources for assessing needs through research.

Materials and preparation

- ▶ Session objective written on flip chart paper or a PowerPoint slide.
- ▶ **Handout 3.2: *Research Case Studies*.**
- ▶ **Handout 3.3: *Assessing Needs Through Research*.**

Process

Step 1: 25 minutes

1. Review session objective.
2. Introduce the topic of needs assessment and evidence-based programming. Ask participants what their understanding is of these terms. Ask for some examples from participants of how they have assessed needs of populations in their countries and used those data to design ACSM interventions. Ask what the advantages are of conducting research before designing interventions. Ask what the consequences might be of not conducting research. Take about 15–20 minutes (or as long as the natural discussion of the group seems to demand) to discuss these topics. Record all points that emerge on a flip chart sheet or PowerPoint slide.

Step 2: 35 minutes [OPTIONAL]

3. **TASK:** Go around the room setting up clusters of three participants each. Distribute copies of **Handout 3.2: *Research Case Studies*** to each person. Explain that it has three research case studies. Allot 5–10 minutes for the groups to read each case study and discuss the questions. To save time in this step, ask participants to remain at their tables during their discussions.
4. In plenary, ask participants to share some of their answers to the questions in the case studies. Guiding questions for facilitator to ask: Do these resemble situations that may occur in your countries? Have you seen similar examples?

LUNCH: 12:30–13:30

Day 3: ACSM Workshop

SESSION 4	Assessing Needs through Research (continued)
13:30–14:25 (55 minutes)	Facilitator:

Step 3: 30 minutes

- 5. TASK:** Ask participants to work in their country groups. Distribute **Handout 3.3: Assessing Needs through Research**. Instruct participants to read and discuss the questions and complete the handout. Group mentors should work with their assigned country teams to complete the exercise.

Step 4: 25 minutes

- 6.** In plenary, ask a representative from each group to report back. Encourage discussion and questions about the various research methods that participants have employed.

SESSION 5	Developing a Strategic Advocacy Plan
14:25–15:25 (1 hour)	Facilitator:

Objectives

- Participants will be able to use the tools and processes for developing a strategic advocacy plan.
- Participants will use a sample tool to conduct an advocacy assessment of country-specific goals and challenges.

Materials

- ▶ Blank flip chart paper, markers, and tape.
- ▶ Session objectives on a PowerPoint slide.
- ▶ **Handout 3.4: Ten Steps to Developing a Strategic Advocacy Plan.**
- ▶ **Handout 3.5: Strategic Advocacy Planning.**

Process

Step 1: 10 minutes

- 1.** Review session objectives.
- 2. Developing a strategic advocacy plan:** Discuss with participants why thorough planning and assessment is important to developing and carrying out a strategic advocacy plan. Distribute copies of **Handout 3.4: Ten Steps to Developing a Strategic Advocacy Plan**. In plenary, take participants through a real-life example that demonstrates the ten steps in the handout. This will be used as a reference for the upcoming task.

Day 3: ACSM Workshop

Step 2: 20 minutes

- 3. Breakout sessions:** Seat participants in country-specific groups and ask each group to select a reporter. **TASK:** Distribute **Handout 3.5: Strategic Advocacy Planning** to each group. Refer groups to their **Handout 2.2 Country ACSM Activity Status** and ask them to choose one country-specific advocacy objective to complete the exercise.
- 4.** Group mentors will work with their assigned country teams to complete the exercise.

Step 3: 30 minutes

- 5. Report out and discussion:** Ask the reporter for each group to briefly describe (in five minutes) to the plenary group the challenge they need to address, the rationale for the approach they are taking, and factors they determined might influence the success for their advocacy initiative. Encourage teams to incorporate feedback given by participants into their strategic advocacy plan.

BREAK: 15:25–15:45

SESSION 6	Developing a Strategic Communication Plan
15:45–17:15 (1 hour 30 minutes)	Facilitator:

Objectives

- Participants will be able to use the tools and processes for developing a Strategic Communication Plan.
- Participants will use a sample tool to conduct a communication assessment of country-specific goals and challenges.

Materials

- ▶ Blank flip chart paper, markers, and tape.
- ▶ Session objectives on a PowerPoint slide.
- ▶ Handout 3.6: Steps in Developing a Strategic Communication Plan.
- ▶ Handout 3.7: Strategic Communication Planning.
- ▶ PowerPoint presentation entitled: *Defining Communication Terminology*.

Process

Step 1: 45 minutes

- Review session objectives.
- 2. Review the difference between advocacy and communication:** Briefly review/discuss the differences between advocacy and communication (no more than 5 minutes). 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.

Day 3: ACSM Workshop

- To distinguish an advocacy activity from a communication activity, the following general guideline may be helpful: if the audience is small (individuals or small groups) and the objective relates to policy-level changes, then it is more likely to be advocacy. If the audiences are large (communities, populations, ethnic groups, etc.) and the objectives are behavioral, then it is more likely to be communication.
3. **Make a PowerPoint presentation entitled: *Defining Communication and Terminology* [OPTIONAL].** During the presentation, the facilitator will review various terms and ask participants their understanding of these terms, what is confusing about the terms, and when it is appropriate to use these various types of communication approaches. This will be based on facilitators' observations of communication approaches used in various country plans. The presentation will be very interactive.
 4. **Develop a Strategic Communication Plan:** Discuss with participants why thorough planning and assessment is important to develop and carry out a communication plan. Distribute copies of **Handout 3.6: *Steps to Developing a Strategic Communication Plan***. Take participants through a real-life example that demonstrates the steps in the handout.
 5. **Interpersonal communication:** Discuss participants' understanding of interpersonal communication (IPC) and dialogue-based processes such as provider-client interactions, peer education, and community theatre. Explore participants' understanding of areas of TB control in which IPC can play a role.

Step 2: 30 minutes

6. **Breakout sessions:** Use a peer exchange approach to this session and have two country groups work together through one example from one of their countries on flip chart paper. Explain the task to the plenary before groups break up. **TASK:** Ask the paired groups to discuss each step in **Handout 3.7: *Strategic Communication Planning*** in the context of country TB plans, needs, and issues. Steps should be recorded onto flip chart paper. For steps that require specific expertise or information not yet available, have participants note that and continue to the next step until finished (e.g., Steps 7, 9, 10, 12, 13, and 14 are lengthy, formal processes, often involving specialist agencies, so noting who should be retained to help with that step is sufficient for this exercise). If participants finish one example quickly, have the other country offer an example, or go into more depth on each step.
7. Group mentors should work with the country pairs to complete this exercise.

Step 3: 15 minutes

8. **Report out and discussion:** Reporters from the two groups will briefly describe to the plenary group the factors they determined might influence the success of their communication initiative and how their thinking was refined through the comments received through the peer exchange in Step 6.

SESSION 7	Daily Evaluation and Closing
17:15–17:30 (15 minutes)	Facilitator:

Process

1. Give a general review of the key points of today's discussion. Ask if anything needs to be clarified.
2. Distribute index cards or ask each participant to use a blank sheet of paper. On the side with a happy face ☺ ask them to list up to two things they liked or learned from the day. Tell participants this may be a piece of information, a technique used, the way that participants interacted, a story they heard, etc.
3. On the side with a turning arrow ↻, ask them to list up to two things they would suggest changing or improving for future days of the workshop, or questions they have.
4. Allow participants a couple of minutes to record their thoughts.
5. Collect the cards from participants for later review. While they are being collected, ask participants to share any impressions or questions from the day.

IMPORTANT:

Explain to the plenary that you would like to identify one country team to present a short case study of one of their country's specific ACSM approaches and/or activities on Day 4. The country that volunteers will present their case study on PowerPoint. They will have 15 minutes for the presentation. Other country teams will act as their "consultants" and will be responsible for asking clarifying questions, providing feedback, and helping generate ideas to meet the challenges the country is facing. Provide the volunteering country with an electronic copy of the presentation template.

6. Attend to any other remaining logistical issues and close the day's session, thanking them for their participation. Remind attendees that the sessions begin at 8:30 am sharp the following morning.

ACSM for TB Control

Day 4 ACSM Planning

Schedule at Glance

Session	Title	Time	Facilitator
1	Review of Day 3 and Agenda for Day 4	8:30–9:00	
2	Developing a Strategic Social Mobilization Plan	9:00–10:00	
	Break	10:00–10:20	
3	ACSM and the Cough-to-Cure Pathway	10:20–11:20	
4	Country ACSM Case Study	11:20–11:50	
5	Translating Theory into Action: Preparing ACSM Plans of Action	11:50–13:00	
	Lunch	13:00–14:00	
5	Translating Theory into Action: Preparing ACSM Plans of Action (continued)	14:00–15:00	
	Break	15:00–15:15	
	Translating Theory into Action: Presenting ACSM Plans of Action	15:15–16:30	
6	Summary of ACSM Strategy Key Points	16:30–17:00	
7	Daily Evaluation and Closing	17:00–17:15	

Day 4: ACSM Workshop

SESSION 1	Review of Day 3, Agenda for Day 4
8:00–9:00 (30 minutes)	Facilitator:

Process

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

SESSION 2	Developing a Strategic Social Mobilization Plan
9:00–10:00 (1 hour)	Facilitator:

Objective

Participants will understand how to develop a country-specific social mobilization plan.

Materials and preparation

- ▶ Session objective (written on PowerPoint slide).
- ▶ Index cards and markers.
- ▶ Country level Communication Actions and Advocacy Actions from Day 1 sessions.
- ▶ Stop TB definition of Social Mobilization written on flip chart page or PowerPoint slide.
- ▶ **Handout 4.1: Developing a Social Mobilization Plan.**

Process

Step 1: 15 minutes

1. Review session objective.
2. Participants should be divided into country-specific groups. Distribute each group's **Handout 1.5: Social Mobilization Activities** from Day 1 and **Handout 4.1: Developing a Social Mobilization Plan**.
3. Review the Stop TB definition of Social Mobilization on the flip chart page or PowerPoint slide.
4. *"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."*
5. Remind participants that social mobilization activities may be planned to support advocacy and communication activities that contribute to achieving TB control objectives. Ask participants to suggest examples of social mobilization activities for supporting TB objectives from their own countries.

Day 4: ACSM Workshop

6. Explain that in the current session, participants will develop a social mobilization plan consisting of activities that may support planned advocacy and communication objectives to support TB control objectives.
7. Give examples to illustrate how an advocacy objective or a communication objective can be supported with social mobilization. For instance, if the communication objective is encouraging people with a cough to report for an early diagnosis, then mobilizing community elders, religious leaders and others to support early diagnosis by discussing this issue in community meetings and urge them to go to facility to be tested would support the communication objective. Similarly, if the advocacy objective was to influence policy to increase the number of facilities that offer TB and HIV services, then forming a community action group of people living with HIV/AIDS and people with TB to advocate for accessible services would help create urgency around the issue.

Step 2: 25 minutes

1. **TASK:** Ask each country group to review **Handout 1.5: Social Mobilization Activities** from Day 1. For each social mobilization (SM) activity (up to five maximum—quality is more important than quantity in this exercise) develop a social mobilization objective statement and enter it in column 2 of **Handout 4.1: Developing a Social Mobilization Plan**. In Column 3 (*SM Audience*), the group should enter the audiences they have identified for the SM objective. In Columns 4 (*Advocacy and/or Communication Objective Supported*) and 5 (*Target Audience*), the group should enter the ACSM objectives being supported by the social mobilization activity, and the audiences identified for those objectives. In Column 6 (*SM Activity*), the group should enter details of the specific SM activity being proposed.
2. Before the participants begin, walk them through one of the examples on the handout.
3. Group mentors should work with their assigned country teams to complete the exercise.

Step 3: 20 minutes

4. Ask the two country groups who did not present in the last session to present their social mobilization plans in plenary. Encourage participants to ask questions and make suggestions.

BREAK: 10:00–10:20

SESSION 3	ACSM and the Cough-to-Cure Pathway [OPTIONAL]
10:20–11:20 (1 hour)	Facilitator:

Objective:

To introduce participants to the Cough-to-Cure Pathway and evaluate how ACSM activities can contribute strategically to behavior change at various points along this continuum.

Materials and preparation

- ▶ Session objective (written on flip chart paper or on a PowerPoint slide).
- ▶ Blank flip chart paper.
- ▶ Masking tape.
- ▶ **Handout 4.2: Cough-to-Cure Pathway Analysis.**
- ▶ PowerPoint Slides: *Cough-to-Cure*.

Day 4: ACSM Workshop

Process

Step 1: 20 minutes

1. Review session objective.
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. Explore the participants' knowledge of the Cough-to-Cure continuum. Present the PowerPoint slides on Cough-to-Cure. Point out key steps in using the pathway as an ACSM planning tool (using research to assess where the drop off is in the pathway, reasons for the drop off, selecting which barriers can and should be addressed, designing interventions, and conducting an evaluation to assess effectiveness and changes).
4. Divide participants in country-specific groups, and distribute **Handout 4.2: Cough-to-Cure Pathway Analysis**. Each group will select a reporter who will present back to the large group.

Step 2: 25 minutes

5. Explain the task to the plenary. **TASK:** Using **Handout 4.2**, ask each group to identify, for their home-country settings, why ideal behaviors are not occurring. The three primary deviation points are:
 - Not going for or receiving prompt screening and diagnosis;
 - Not starting treatment; and
 - Not completing a full course of treatment.

Ask them to analyze patient, provider, community, and health systems factors that might be contributing to the problem. For each factor identified, ask participants to brainstorm what ACSM activities would be most effective to bring about positive behavior change (i.e., what would encourage people to follow the Pathway).

Step 3: 15 minutes

6. Ask each group to present their analysis of and recommendations for only one point of deviation from the continuum to the large group.

SESSION 4	Country Case Study
11:20–11:50 (30 minutes)	Facilitator:

Country Case Study (PowerPoint presentation)

Objectives

1. One country team will present key points related to ACSM approaches and/or activities (IEC materials, etc.).
2. All participants will gain experience in analytical thinking and consultation on solving real-life ACSM challenges.

Materials and preparation

- ▶ PowerPoint presentation of country case study.
- ▶ Laptop and LCD projector.

Day 4: ACSM Workshop

- ▶ Flip chart paper and flip chart stands, arranged in three different corners of the room.
- ▶ Marker pens in several colors and masking tape.

Process

Step 1: 10 minutes

1. Review session objectives.
2. Ask the country that volunteered to present their case study. They will have 15 minutes to provide their “consultants” with a summary of one of the ACSM approaches, activities, or challenges they are facing, their key issues and questions related to that challenge, and what they see as options to address it.

Step 2: 15 minutes

3. At the end of the case study presentation, the Facilitator will support a discussion between the “client” country and its “consultants.” This should be a dialogue in which “consultants” ask questions and make suggestions and the “clients” react to those suggestions with their own analysis of the potential effectiveness of the recommendations. The focus should be on ACSM strategy, approaches and activities with background information on the rationale for what the “consultants” are recommending. Throughout, facilitators should ask a few provocative questions that bring participants back to the concepts they have learned in previous sessions.

SESSION 5	Translating Theory into Action: Preparing ACSM Plans of Action
11:50–13:00 (1 hour 10 minutes)	Facilitator:

Objective

Participants will develop a practical list of next steps for moving forward with ACSM activities as part of their GFATM grants and integrating A, C, and SM interventions designed earlier in the workshop into the national TB control plan.

Materials and preparation

- ▶ Handout 3.1: *ACSM Gaps and Opportunities [completed on Day 3]*.
- ▶ Handout 3.5: *Strategic Advocacy Planning [completed on Day 3]*.
- ▶ Handout 3.7: *Strategic Communication Planning [completed on Day 3]*.
- ▶ Handout 4.1: *Developing a Social Mobilization Plan [completed on Day 4]*.
- ▶ Handout 4.3: *Sample ACSM Action Plan [completed example]*.
- ▶ Handout 4.4: *Country ACSM Action Plan [blank]*.
- ▶ *Country Plan of Action [blank]* template on their laptop computers (provide by flash disk)

Process

Step 1: 1 hour 10 minutes

1. Review session objective.
2. Divide participants into country-specific groups, and give each group all of their completed Handouts from Day 3 (**Handout 3.1: ACSM Gaps and Opportunities, Handout 3.5:**

Day 4: ACSM Workshop

Strategic Advocacy Planning, Handout 3.7: Strategic Communication Planning, and Handout 4.1: Developing a Social Mobilization Plan).

- 3. TASK:** Distribute **Handout 4.3: Sample ACSM Action Plan (completed example)** and **Handout 4.4: Country ACSM Action Plan of Action (blank)**. Ask the groups to discuss appropriate steps that they, as members of the group, could undertake to move their country ACSM activities forward. While discussing this, they should bear in mind the following points:
- The suggestions should be sensitive to their country's bureaucracy and procedures.
 - Specific stakeholders should be identified for each intervention. Explain that the stakeholders list may include one or more individuals whose involvement, agreement, and participation is crucial to the success of the step. These people could be bosses, heads of departments, members of civil society or affected communities, government or Ministry of Health employees, or donors.
 - Each proposed action step should be practical and achievable within a framework of 6 to 12 months.
- 4. TASK:** Ask teams to fill out the *Country ACSM Action Plan template* on a flip chart during the discussions, and transfer their work to a laptop computer. (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, then that should be indicated, and a potential person to complete that activity can be identified with the note that this will have to be discussed further with them).

LUNCH: 13:00–14:00

SESSION 5	Translating Theory into Action: Preparing ACSM Plans of Action (continued)
14:00–16:30 (2 hours 30 minutes)	Facilitator:

Step 1: 1 hour - continued

Country groups continue working on their ACSM Action Plans.

BREAK: 15:00–15:15

Step 2: 1 hour 15 minutes

- 5. TASK:** Ask each country group give a brief presentation of their completed *ACSM Plan of Action* (using either flip charts or PowerPoint) to the plenary. The plenary will give feedback and ask clarifying questions.

SESSION 6	Summary of ACSM Strategy Key Points
16:30–17:00 (30 minutes)	Facilitator:

Objective

Participants will clearly understand the strategic approach to planning and designing an ACSM program.

Day 4: ACSM Workshop

Materials and preparation

- ▶ PowerPoint presentation loaded onto workshop laptop.
- ▶ Laptop and LCD projector.
- ▶ Presentation *Summary of ACSM Strategy Key Points*.

Process

1. Review session objective.
2. The Facilitator will make a PowerPoint presentation called the *ABC's of ACSM Strategic Planning*. This presentation will review all the key steps in strategically planning and designing an ACSM program. After the presentation, the Facilitator will answer questions. It will be distributed to participants in the workshop CD of documents.

SESSION 7	Daily Evaluation and Closing
17:00–17:15 (15 minutes)	Facilitator:

Process

1. Give a general review of the key points of today's discussion. Ask if anything needs to be clarified.
2. Distribute index cards or ask each participant to use a blank sheet of paper. On the side with a happy face ☺ ask them to list up to two things they liked or learned from the day. Tell participants this may be a piece of information, a technique used, the way that participants interacted, a story they heard, etc.
3. On the side with a turning arrow ↻, ask them to list up to two things they would suggest changing or improving for future days of the workshop, or questions they have.
4. Allow participants a couple of minutes to record their thoughts.
5. Collect the cards from participants for later review. While they are being collected, ask participants to share any impressions or questions from the day.
6. Attend to any other remaining logistical issues and close the day's session, thanking them for their participation. Remind attendees that the sessions begin at 8:30 am sharp the following morning.

ACSM for TB Control

Day 5 Going Forward

Schedule at Glance

Session	Title	Time	Facilitator
1	Review of Day 4 and Agenda Day 5	8:30–8:45	
2	Sharing of Print and Web Resources	8:45–9:00	
3	Planning for Effective Monitoring and Evaluation	9:00–10:30	
	Break	10:30–10:45	
4	Accessing Technical Assistance	10:45–11:45	
5	Strengthening Regional Networks	11:45–12:30	
6	Workshop Final Evaluation and Closing	12:30–13:15	

Day 5: ACSM Workshop

SESSION 1	Review of Day 4, Agenda for Day 5
8:30–8:45 (30 minutes)	Facilitator:

Objective

Participants will review content and share their reactions to the previous day's activities.

Materials and preparation

- ▶ Session objective written on flip chart paper or on a PowerPoint slide.
- ▶ Day 5 agenda written on flip chart paper or on a PowerPoint slide.
- ▶ Evaluations of Day 4.
- ▶ Masking tape.

Process

1. Welcome participants to Day 5 of the training.
2. Summarize for the group the common themes of the evaluation activity completed at the end of the previous day (the ☺ side of each evaluation card). Address any changes that the trainers plan to make in response to the participants' requests (the ↗ side of each evaluation card).
3. Ask for a volunteer to summarize the main activities and content that were covered the previous day.
4. Ask for two or three volunteers to share what most impressed them from the previous day, or any further reflections they would like to share with the group since the end of Day 4.
5. Ask for and respond to participant questions about material covered the previous day.
6. Review and post the agenda for Day 5.

SESSION 2	Sharing of Print and Web Resources
8:45–9:00 (15 minutes)	Facilitator:

Objective

Share with the participants available ACSM resources.

Materials and preparation

- ▶ PowerPoint presentation: *Critical Elements to ACSM Implementation in GFATM*.
- ▶ Printed list and CD of available Stop TB ACSM resources

Process

1. Review session objective.
2. Share a printed list and CD of available Stop TB ACSM resources. Using the PowerPoint slide, run through each time on the resource list with explanations if needed.

SESSION 3	Planning for Effective Monitoring and Evaluation
9:00–10:30 (1 hour 30 minutes)	Facilitator:

Objectives

1. Participants will understand the importance of effective monitoring and evaluation of ACSM interventions.
2. Participants will be able to identify process and results indicators to measure the success of their planned ACSM interventions.

Materials and preparation

- ▶ Session objective written on flip chart paper or on a PowerPoint slide.
- ▶ PowerPoint presentation on laptop entitled: *Monitoring and Evaluation Terminology and Framework*.
- ▶ LCD Projector.
- ▶ Handouts from all previous sessions (especially Day 2).
- ▶ **Handout 5.1: *Planning for Monitoring and Evaluation*.**

Process

Step 1: 30 minutes

1. Review session objectives.
2. Begin the session with a brief PowerPoint presentation, *Monitoring and Evaluation Terminology and Framework*. At the end of the presentation, answer questions.
3. Ask participants to work in groups of three. **TASK:** In these small groups, ask them to each share one experience they have had in monitoring or evaluating TB-related ACSM activities. This may be an activity that they themselves conducted, or something they observed or supervised. Allow about 10–15 minutes for the small groups to share.
4. In a plenary session, ask for just three or four examples (not every group or individual will report back—just a few). Post a blank flip chart with two columns and ask the group to brainstorm a list of monitoring and evaluation activities and methods (on the left side), as well as in what type of situation each method would be most useful (on the right side). Take some time to discuss and comment on each method. Complete the list with any additional methods that were not cited.

Step 2: 30 minutes

5. **TASK:** Ask participants to work in their country groups again. Distribute **Handout 5.1: *Planning for Monitoring and Evaluation*** and ask them to refer to their completed handouts and identify one advocacy, one communication, and one social mobilization activity that they have identified as high priority for moving forward. For each activity, ask them to complete the columns in the handout.
6. Before they begin, spend about five minutes explaining the Columns in **Handout 5.1** and illustrative examples.

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7. For each activity, each group should identify between one and three input or output indicators, and enter these in Column 2 (*Process Indicators*).
8. For each activity, each group should identify between one and three outcome or impact indicators and enter these in Column 3 (*Results Indicators*).
9. Lastly, the groups should describe the monitoring and evaluation methods that they would use to assess progress and impact of the interventions and enter these in Column 4 (*Evaluation Method*).

Step 3: 30 minutes

10. In plenary, ask each group to report back on their work. Encourage discussion and questions for each group; clarify any confusion. 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.

BREAK: 10:30–10:45

SESSION 4	Accessing Technical Assistance
10:45–11:45 (1 hour)	Facilitator:

Objective

Participants will be able to identify areas where technical assistance is needed to complete ACSM activities and submit requests to Stop TB for such assistance.

Materials and preparation

- ▶ Session objectives (written on flip chart paper).
- ▶ Completed **Handout 4.4: Country ACSM Action Plan**.

Process

1. Review session objectives.
2. Ask a regional resource person from WHO or Stop TB Partnership to present on an overview of the status of GFATM grants in the region, focusing on the need for technical assistance in each relevant country. The resource person should review all appropriate and available venues for accessing technical assistance in ACSM, as well as related program areas such as needs assessment or monitoring and evaluation.
3. Lead a discussion in plenary to respond to questions posed by the participants.

SESSION 5	Strengthening Regional Network
11:45–12:30 (45 minutes)	Facilitator:

Objective

Participants will share their opinions on and ideas for staying in touch as a regional network of ACSM practitioners on an ongoing basis.

Materials and preparation

- ▶ Session objective (written on flip chart paper or on a PowerPoint slide).
- ▶ Index cards and markers.

NOTE TO FACILITATOR: The preferred structure for this session is a presentation by a regional officer of Stop TB or WHO, addressing issues of staying in touch, networking, sharing lessons learned, and other resources. The process outlined below should be used only if such a person is not available at the workshop.

Process

1. Review session objective.
2. For about five minutes, ask participants to share their experiences dealing with NTP counterparts from other countries. What have they learned? Did they create any new friendships? Has anyone made plans to stay in touch after the workshop?
3. Lead a discussion in plenary based on the following questions:
4. Why should this group continue to stay in touch? Who would benefit? Who would find it burdensome?
5. What sort of information should pass between members of the group (if they decide to stay in touch) so that participation is seen as bringing tangible benefits?
6. Would such a group need to be moderated? What would moderation entail? Who would be best placed to do it?
7. Should PATH or STP have a role in such a network? What should that role be?
8. What would be the exact process of staying in touch: (e.g., listserv, web-based, user group, email, telephone/Skype, etc.)
9. Which members would be interested in participating in such a network? The facilitator explores this question with the group. This should be done diplomatically, without implying that non-participation reflects poorly on the person.
10. Separate those interested in participation into a separate group. Verify that all participating countries are represented. Ask if the group should include non-workshop participants from the home countries who are critical to ACSM.
11. Close by asking for a volunteer to liaise with the Stop TB secretariat or regional WHO representative in taking this matter forward.

SESSION 6	Final Workshop Evaluation and Closing
12:30–13:15 (45 minutes)	Facilitator:

Objective

Workshop participants will evaluate their level of satisfaction and learning from the workshop, receive certificates of participation, and close the workshop session.

Materials and preparation

- ▶ Session objective (written on flip chart paper or on a PowerPoint slide).
- ▶ Index cards and markers.
- ▶ Certificates of Participation.
- ▶ **Handout 5.2: *Post-workshop ACSM Quiz*.**
- ▶ **Handout 5.3: *Final Evaluation Form*.**

Process

1. Tell participants that we have come to the end of the workshop training content sessions and will be evaluating the workshop, taking the post-test, and proceeding with the closing ceremonies.
2. Explain in plenary that participants will now have an opportunity to reflect and give feedback on the training.
3. **Post-workshop ACSM Quiz.** Distribute copies of **Handout 5.2: *Post-workshop ACSM Quiz*** and allow 20 minutes for participants to fill it out.
4. **Workshop evaluation (written).** Distribute copies of **Handout 5.3: *Final Evaluation Form*** and allow ten minutes for participants to complete.
5. **Present Certificates of Participation.** Present certificates of participation to each workshop attendee. (15 minutes)
6. **Closing statements.** Invite any appropriate collaborating or sponsoring representatives to make closing remarks and officially conclude the workshop. (5 minutes)
7. 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.

Annex 1: Needs Assessment Form

Tell us what you want.

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Your name:

Native language:

Title:

Gender: Male ☐ Female ☐

Organization:

Country:

1. How long have you been in your current position?

☐ 1-2 years

☐ 7-10 years

☐ 3-4 years

☐ 11 or more years

☐ 5-6 years

2. How much training (that is, workshops, classes, or other formal learning) have you had related to public health, TB, or advocacy and communications?

☐ Professional (degree or diploma)

☐ Average (more than 4-5 trainings)

☐ A little (between 1 and 3 trainings)

☐ On-the-job training

3. Does your country already have an advocacy or communications strategy for TB, either as a completed document or as a draft work in progress?

☐ No strategy

☐ Advocacy strategy only (completed)

☐ Communication strategy only (completed)

☐ Advocacy and communication strategy (completed)

☐ Draft document in progress

4. If yes, what was your role in the creation of your country's advocacy or communication strategy?

5. What role do you currently play in implementing your country's advocacy or health communications strategy?

6. Does your national TB program budget include a line item for ACSM activities?
7. What types of ACSM activities are you planning or have you conducted under GFATM grants?
8. List up to five areas of health-related advocacy, communications, or social mobilization in which you could share your expertise with others.

- | | |
|--|---|
| <input type="checkbox"/> Designing an advocacy strategy | <input type="checkbox"/> Conducting a KAP study |
| <input type="checkbox"/> Designing a communication strategy | <input type="checkbox"/> Conducting a policy assessment |
| <input type="checkbox"/> Making a media plan | <input type="checkbox"/> Developing M&E indicators |
| <input type="checkbox"/> Conducting a stakeholder analysis | <input type="checkbox"/> |
| <input type="checkbox"/> Interpersonal communication processes | <input type="checkbox"/> |

9. List up to five areas of health-related advocacy, communications, or social mobilization about which you would like to learn more.

- | | |
|--|---|
| <input type="checkbox"/> Designing an advocacy strategy | <input type="checkbox"/> Conducting a KAP study |
| <input type="checkbox"/> Designing a communication strategy | <input type="checkbox"/> Conducting a policy assessment |
| <input type="checkbox"/> Making a media plan | <input type="checkbox"/> Developing M&E indicators |
| <input type="checkbox"/> Conducting a stakeholder analysis | |
| <input type="checkbox"/> Interpersonal communication processes | |

10. Tell us about your English language proficiency (check boxes that apply to you).

Speaking			Reading			Writing			Understanding		
Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please use this space to list any additional questions, concerns, or suggestions.

Annex 2: Facilitator's references

Facilitator's Guide 1: Pre-/post-Workshop ACSM Quiz Answer Sheet

- | | | |
|-----|--|-------------------------------------|
| 1. | Advocacy, communication, and social mobilization 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. | What does "KAP" mean? | Knowledge, attitudes, and practices |
| 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 |

Facilitator's Guide 2: Working Descriptions of ACSM

Stop TB Partnership definition of ACSM

A short concise definition taken from Stop TB Planning Matrix and Frameworks: Tool for Global Fund Round 8 proposal preparation (WHO)

- **Advocacy:** Advocacy for TB is to be understood as a broad set of coordinated interventions, designed to place TB high on the political and development agenda, foster political will, increase and sustain financial and other resources.
- **Communication:** Within countries, and in the context of TB control, communication primarily seeks to create and improve knowledge among the general public about TB (e.g. its symptoms and curability), TB control services (e.g. diagnosis and treatment) and improve interpersonal communication between patients and program providers contributing to behavioral change or to meet a particular behavioral goal.
- **Social Mobilization:** In the national and sub-national contexts, social mobilization is a process of generating public will by actively securing broad consensus and social commitment within civil society to fight stigma and eliminate TB as a public health threat. That is, social mobilization seeks to convert knowledge into demonstrable action.

More detailed definitions taken from *Advocacy, Communication, and Social Mobilization to Fight TB: a 10-Year Framework for Action* (ACSM sub-group at country level WHO/Stop TB Partnership)

There are three linked, overlapping, and complementary communication strands—program communication, advocacy, and social mobilization. The degree of overlap between these terms (particularly between social mobilization and advocacy) has caused confusion in the past, and these definitions are the subject of continuous debate in the public health and communication communities.

Within countries, and in the context of TB control, program **communication** is concerned with informing and creating awareness among the general public or specific populations about TB, and empowering people to take action. It is often principally concerned with communicating a series of messages about the disease (e.g., “if you have a cough for more than two weeks, seek treatment,” or “TB is curable”), or informing the public about what services exist (for diagnosis and treatment).

Program communication also works to create an environment through which communities, particularly affected communities, can discuss, debate, organize, and communicate their own perspectives on TB. It is aimed at changing behaviors (such as persuading people with symptoms to seek treatment) but can also be used to catalyze social change (such as supporting community or other communication for social change processes that can spark debate, and other processes to shift social mores and barriers to behavior change).

Advocacy denotes activities designed to place TB control high on the political and development agenda, foster political will, increase financial and other resources on a sustainable basis, and hold authorities accountable to ensure that pledges are fulfilled and results achieved.

Policy advocacy includes data and approaches to advocate to senior politicians and administrators about the impact of the issue at the national level, and the need for action. *Program advocacy* is used at the local, community level to convince opinion leaders about the need for local action. Related forms of advocacy include *media advocacy* to generate support from governments and donors, validate the relevance of a subject, put issues onto the public agenda, and encourage the media to cover TB-related issues regularly and in a responsible manner.

In the global context, advocacy for TB control is to be understood as a broad set of coordinated interventions directed at placing TB control high on the political and development agenda, for securing international and national commitment, and mobilizing necessary resources.

In country contexts, advocacy efforts broadly seek to ensure that national governments remain strongly committed to implementing national TB control/elimination policies. Advocacy at country level often focuses on administrative and corporate mobilization through parliamentary debates and other political events; press conferences; news coverage; TV and radio talk shows; soap operas; summits, conferences and symposia; celebrity spokespeople; meetings between various categories of government and civil society organizations, patients organizations, service providers, and private physicians; official memoranda; and partnership meetings.

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. “Allies” include decision- and policy- makers, opinion leaders, nongovernmental organizations (NGOs) such as professional and religious groups, the media, the private sector, communities, and individuals.

The following working descriptions of advocacy, communication, and social mobilization were generated at the first Regional TB ACSM Workshop in Bangkok in August 2007, and are provided here as a reference and guide for facilitators of future workshops.

In order to avoid getting side-tracked into semantic discussions about the correct ‘definition,’ it was decided to use the term ‘working descriptions’.

Advocacy

Creating the political and social will and persuading/influencing decision makers to take actions to support an achievable outcome/policy goal

Communication

Two-way process/dialogue with a message, a messenger, a medium, and a receiver, with the objective of bringing about changes in the level of knowledge and understanding, attitudes and behavior of individuals, communities, and groups.

Social Mobilization

In the national and sub-national contexts, social mobilization is a process of generating public will by actively securing broad consensus and social commitment among all stakeholders for the elimination of TB. Community mobilization is a particular grassroots-level tool or process, in the context of wider social mobilization. “Process” and “empowerment” are the key imperatives of social mobilization.

Annex 3: Handouts