

Building advocacy, communication, and social mobilization capacity for TB control

Strategies to improve case detection and treatment adherence in India

THE IMPORTANCE OF ACSM

Advocacy, communication, and social mobilization (ACSM) refers to a set of interventions that are used to improve tuberculosis (TB) control, particularly with the objectives of improving case detection and treatment adherence. Internationally and in India, ACSM has been increasingly recognized as adding synergy to traditional technical and clinical TB-control efforts by raising awareness of TB services, mobilizing diverse stakeholders to contribute to national TB goals, and sustaining funding. PATH's work with India's civil society and the Revised National TB Control Program (RNTCP) is an important part of a wider global effort to ensure that ACSM activities are focused and measurable according to TB-control objectives.



APPROACH

Funded by the US Agency for International Development (USAID), PATH's ACSM work in India supports the RNTCP's goals of reducing TB-related morbidity and mortality and accelerating progress toward achieving the targets of the Stop TB Strategy. PATH's main objectives were to

help the RNTCP strengthen its ACSM approaches and methodologies and build the capacity to design robust, measurable ACSM work plans that include components on monitoring and evaluation (M&E). Key activities were thus designed to build the capacity of RNTCP staff and civil society professionals to plan, implement, and monitor and evaluate ACSM activities using innovative, culturally appropriate educational approaches and materials.

IMPLEMENTATION

Civil society organizations

As part of a USAID-funded initiative aimed at “kick-starting” the anticipated Global Fund Round 9 award, PATH trained a World Vision consortium of civil society organizations (CSOs) in preparation for carrying out Project Axshya's TB control activities, an advocacy, communication and social mobilization initiative. CSOs taking part in Project Axshya cover 374 districts across 23 states.

The objectives of the training were to increase the CSOs' awareness of TB and its related issues, accelerate advocacy through a national TB secretariat, and mobilize local government bodies and community-based organizations to adopt the rights-based Patient Charter on TB Care. PATH customized its ACSM training curriculum, *Overcoming Barriers to TB Control: The Role of Advocacy, Communication, and Social Mobilization*, to fit the Indian context. A training workshop was held for select members of project CSOs in collaboration with the RNTCP and partners. Basic ACSM concepts were introduced, and participants learned M&E principles used for ACSM.

The training was designed so that the approaches learned could be applied in practice and used to help strengthen existing plans. This ensured that capacity-building occurred within the context of the CSOs' working reality. The training helped participants identify the most effective implementation approaches by guiding them



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through a rigorous ACSM strategy design and planning process. Clear work plans—in line with wider RNTCP goals and objectives and inclusive of M&E components—were developed by all participants.

Revised National TB Control Program

Following the successful training of CSO staff, the RNTCP requested PATH to train RNTCP program staff from non-Global Fund districts. Key staff from the states of Karnataka, Maharashtra, Madhya Pradesh, Uttarakhand, and Uttar Pradesh participated in the PATH-led workshops using the India-specific curriculum developed for the CSOs. RNTCP staff benefited by obtaining in-depth knowledge of ACSM and key M&E concepts, which they have used to develop robust ACSM work plans.

RESULTS

Over the course of 11 months, PATH trained 118 health professionals from 39 civil society organizations and more than 250 RNTCP staff from 10 districts in 5 states. A participant were given pre- and post-tests on ACSM and its role in TB control, and their scores were, on average, 13 percent higher after the training.

As part of the trainings, all participants prepared ACSM plans tied to TB-control objectives and M&E plans. District-level ACSM plans developed by government staff were used in some states to prepare annual program implementation plans to guide future work.

LESSONS LEARNED/WAY FORWARD

Persistent reinforcement and messaging to make ACSM measurable has helped program staff develop robust M&E into their work plans with clear results frameworks and increase recognition of ACSM's valuable role in TB control efforts. ACSM is increasingly being recognized as a specialized area to support TB control in India.

PATH helped develop an ACSM status report for the RNTCP as part of FHI360's Improving Healthy Behaviors (IHPB) project. The report will describe the country's existing ACSM planning and implementation and will summarize key successes and challenges in implementing innovative ACSM activities. In addition, PATH will work with IHPB to develop ACSM operational guidelines, with input from all states and partners working in TB care and control in India. These will guide states and districts as they design and implement ACSM activities and will complement the ACSM strategy in RNTCP's National Strategic Plan 2012-2017. It is envisioned that the capacities developed by district and CSO staff through PATH trainings will enable them to monitor and evaluate the rollout of the guidelines in the future.



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