

Annex 2: Information Handouts

Handout 1.1

Overview of Agenda

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

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

Day 2: Understanding Communication and Social Mobilization

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

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

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

Day 4: Planning for ACSM

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

Day 5: Going Forward

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

Handout 1.2

Pre-workshop ACSM Quiz

Date: _____

Name: _____

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

ACSM and the Stop TB Strategy

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

¹ The components of the Stop TB Strategy were updated: http://www.who.int/tb/strategy/stop_tb_strategy/en/index.html.

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

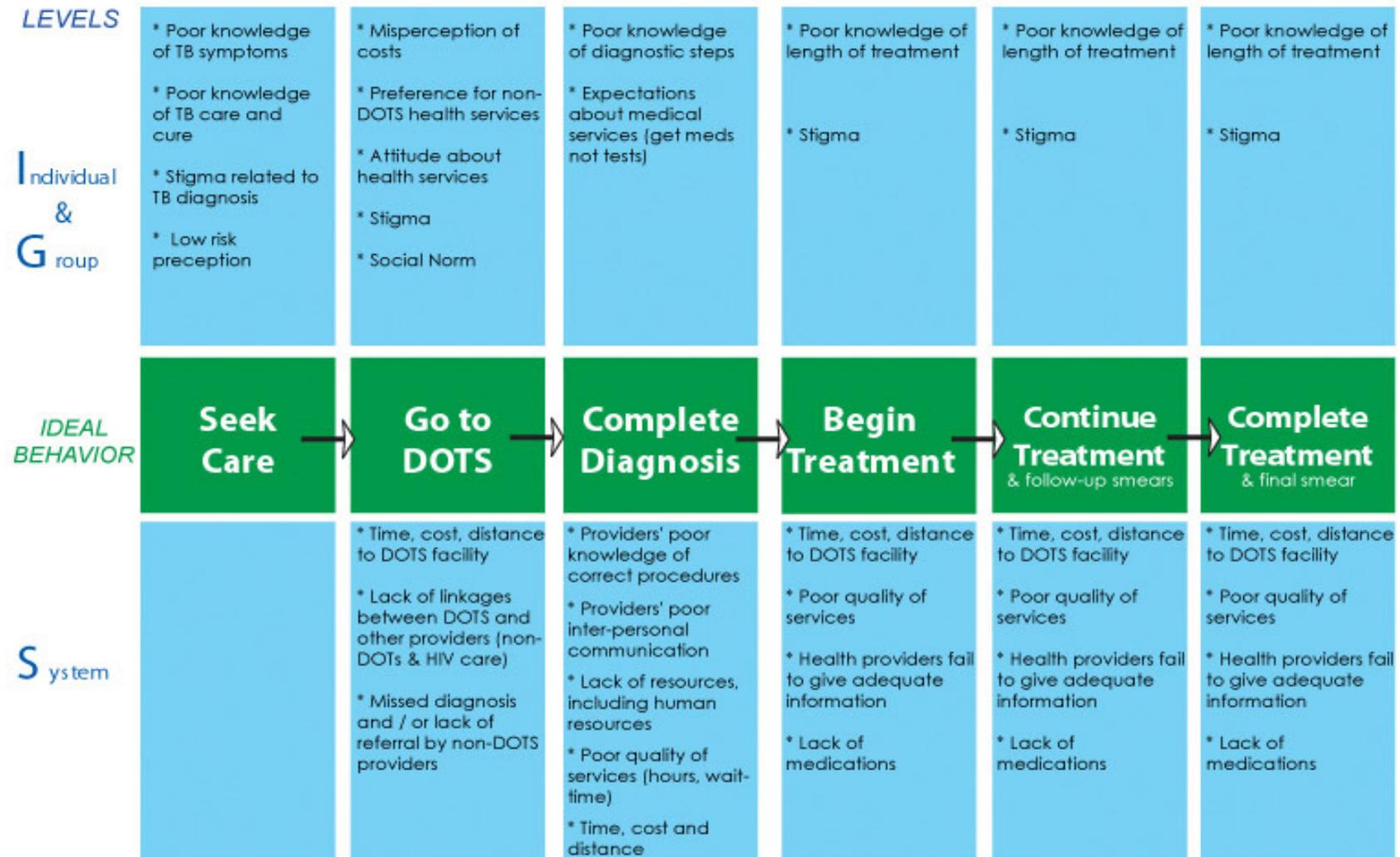
Components of the Stop TB Strategy	Examples of TB Control Challenges	Examples of ACSM Actions
	Growing TB incidence among TB health providers in district hospitals.	<ul style="list-style-type: none"> • Advocating with the chief doctor to improve infection control measures. • Developing job aids, posters,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

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

Handout 1.4

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

B A R R I E R S



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

Differences Among ACSM Concepts

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

Handout: 1.6

Effective Advocacy Skills

Skills needed for advocacy

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

Knowledge and understanding of topic

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

Negotiation and persuasion skills

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

Media skills (communication channels)

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

Confidence and conviction (passion)

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

ACSM Case Studies²

ADVOCACY CASE STUDY

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

Questions:

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

COMMUNICATION CASE STUDY

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

Questions:

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

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

SOCIAL MOBILIZATION CASE STUDY

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

Questions:

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

Handout 1.8

Ways in Which Communities Can Potentially Contribute to TB Care³

Direct observation of therapy (DOT)

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

Support and motivation of patients

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

General support

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

Case detection

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

Increasing community awareness

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

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

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

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

Access to drugs

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

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

Addressing stigma

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

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

Recognizing adverse effects and tracing patients who interrupt treatment

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

Documentation of progress and outcome

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

Innovative solutions may include:

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

Summary

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

Summary of potential for community involvement in TB control

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

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

Handout 2.1

Key Elements of Effective Communication

Effective communication requires the sender to:

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

Effective communication requires the message to be:

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

The receiver should:

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

The channel should be:

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

Barriers to effective communication:

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

Handout 2.2

Effective Communication Skills

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

Handout 2.3

Developing Effective Messages

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

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

Handout 3.1

TB Control Objectives and ACSM Objectives and Activities

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

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

Handout 3.2

Research Case Studies

CASE STUDY A

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

Questions:

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

CASE STUDY B

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

Questions:

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

Handout 3.3

Illustrative ACSM Indicators

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

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

Advocacy

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

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

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

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

Communication

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

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

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

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

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

Social mobilization

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

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

Handout 3.4

Monitoring and Evaluation Plan

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

Handout 3.5

Ten Steps to Developing an Advocacy Plan

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

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

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

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

Examples:

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

Conduct a policy scan:

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

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

Examples:

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

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

Examples:

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

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

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

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

Examples:

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

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

Examples:

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

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

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

Examples of activities:

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

Examples of messengers:

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

Be strategic!

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

Consider using the following criteria:

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

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

Examples:

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

Step 10: Determine how to evaluate progress and success.

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

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

Examples:

Outputs

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

Outcomes

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

Handout 4.1

List of ACSM Resources

ACSM

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Handout 5.1

Post-workshop ACSM Quiz

Date: _____

Name: _____

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

Handout 5.2

Final Evaluation Form

1. What I liked most about the training _____

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

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

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

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

6. What other comments do you have?