



**Monitoring and Evaluation of  
Advocacy, Communication, and  
Social Mobilization Interventions  
to Support Tuberculosis  
Prevention and Care**

**Training Curriculum**

**2013**

# Acknowledgments

This curriculum was produced for review by the United States Agency for International Development (USAID). It was prepared by PATH for USAID Tuberculosis Task Order 2015, Task Order 1, GHS-I-00-09-00006.

Its primary authors are Charlotte Colvin, PATH, and Susan Kingston, PATH consultant. We would like to thank the following individuals for their significant contributions to developing this curriculum: Svitlana Okromeshko (PATH), D'Arcy Richardson (PATH), Stefania Slabyj (PATH), Lucica Ditiu (WHO Stop TB Partnership Secretariat), Young-Ae Chu (WHO Stop TB Partnership Secretariat), Jamilya Ismoilova (USAID/Quality Health Care Project), Kate Doyle (PATH); and Elizabeth Pleuss, Amy Piatek, and Mukadi YaDiul (USAID) for their support and contribution to this work.

## **For more information**

Please contact Svitlana Okromeshko  
Program Officer  
Advocacy, Communication, and Social Mobilization  
[svitlana@path.org](mailto:svitlana@path.org)

# Table of Contents

Acronyms and Abbreviations.....	4
Introduction .....	5
Planning the Workshop .....	7
Materials Checklist .....	14
Workshop Agenda.....	16
Day 1: Overview of ACSM, Monitoring and Evaluation .....	17
Day 2: M&E Frameworks .....	34
Day 3: Routine Monitoring.....	45
Day 4: Introduction to Evaluation .....	59
Day 5: Putting It All Together .....	72
Auxiliary Materials .....	80
Pre-workshop Participant Assessment .....	80
Pre-/Post-workshop ACSM M&E Quiz Answers .....	82
Case Example: Facilitator Version .....	83
Annex 1: PowerPoint Presentations	
Annex 2: Handouts	

## Acronyms and Abbreviations

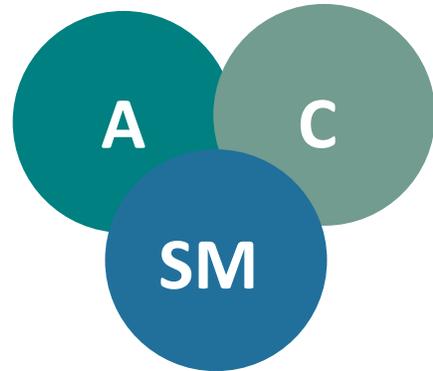
ACSM	advocacy, communication, and social mobilization
AIDS	Acquired Immunodeficiency Syndrome
BCG	Bacille Calmette-Guérin
DOT	directly observed therapy
DOTS	global strategy for tuberculosis control
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IDU	injection drug user
IPCC	interpersonal communication and counseling
IPT	isoniazid preventive therapy
KAP	knowledge, attitudes, and practices
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis
MOH	Ministry of Health
NGO	nongovernmental organization
NTP	National Tuberculosis Program
PATH	Program for Appropriate Technology in Health
SMART	Specific, Measurable, Attainable, Relevant, Time-bound
SS+	sputum smear positive
SS-	sputum smear negative
TB	tuberculosis
TB/HIV	tuberculosis and HIV co-infection
TBTEAM	TB Technical Assistance Mechanism of the Stop TB Partnership
Three I's	intensified case-finding, isoniazid preventive therapy, infection control
TST	TB skin test
USAID	United States Agency for International Development
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

# Introduction

## ROLE OF ACSM

Advocacy, communication, and social mobilization (ACSM) refers to a set of interventions that support tuberculosis (TB) control goals and objectives at international, national, and local levels. These include advocating for sufficient resources, promoting healthy behaviors and attitudes, and engaging affected communities to battle stigma and correct misconceptions about TB.

ACSM adds synergy to traditional technical and clinical TB control efforts by addressing the many social, economic, legal, and political dimensions of TB that have an impact on TB control outcomes. National Tuberculosis Programs (NTPs) and donors across the globe have thus acknowledged the essential role ACSM has played in advancing the gains made in TB prevention and care over the past several decades toward achieving global TB prevention and care targets.



## MONITORING AND EVALUATION OF ACSM

As the momentum and capacity to design and implement ACSM interventions have grown, so has the need for rigorous monitoring and evaluation (M&E) of ACSM. Stakeholders need to know how ACSM is contributing to desired prevention, detection, and treatment outcomes so they can refine strategies and activities and gather evidence for continued support for ACSM.

This training was developed in response to this increased demand for M&E of ACSM activities. It has been designed specifically for TB prevention and care professionals, ACSM officers, and civil society activists at national and local levels who are directly involved in ACSM efforts. **The primary goal of this training is to build capacity for rigorous monitoring and evaluation of advocacy, communication, and social mobilization activities.**

This training was developed by PATH as a companion to its core ACSM training, *Overcoming Barriers to TB Control: The Role of Advocacy, Communication, and Social Mobilization (ACSM)*. It is designed to continue building on the foundational skills developed in the core ACSM training. Another companion document is the *Guide to Monitoring and Evaluation of Advocacy, Communication and Social Mobilization to Support TB Prevention and Care*, a practical, field-level guide to monitoring and evaluating ACSM activities, developed by PATH and the Stop TB Partnership. When used together, these resources will help TB professionals and community partners gain practical skills to effectively monitor and evaluate their ACSM activities.

As a result of this training, participants will:

- Understand the basic terms and concepts of monitoring and evaluation and how both can be applied to ACSM activities.
- Develop comprehensive M&E plans with ACSM strategic plans to support national TB control objectives.
- Utilize a strategic mix of M&E methods to design, implement, and assess the outcomes and quality of ACSM activities.
- Systematically apply results of M&E to adapt and improve ACSM activities.

## **THE CURRICULUM**

This curriculum package includes all materials needed to conduct a five-day workshop:

- Workshop objectives.
- Daily agendas and learning objectives.
- Step-by-step instructions for conducting each day's activities.
- PowerPoint slides with complete speaker's notes.
- Handouts.
- Auxiliary materials, including workshop evaluation tools.

Although the training was designed for an audience of participants from several countries, it could be easily adapted for regional or local use.

# Planning the Workshop

## PLANNING SCHEDULE

Workshop organizers will need to complete the following steps to plan a successful training:

1. Select the participants.
2. Assemble the training team.
3. Review the curriculum.
4. Manage the venue/travel logistics.
5. Conduct a facilitator’s meeting before the training.

Planning should begin several months before the workshop, following this general schedule:

Timeline	Task
2-3 months before	<ul style="list-style-type: none"> <li>• Assemble the training team.</li> <li>• Secure a venue.</li> <li>• Invite the participants.</li> </ul>
1 month before	<ul style="list-style-type: none"> <li>• Arrange travel logistics (earlier if visas are required).</li> <li>• Confirm participant list.</li> <li>• Administer pre-workshop survey and analyze results.</li> <li>• Review and adjust curriculum.</li> <li>• Assign roles and presentations among trainers.</li> </ul>
2-3 weeks before	<ul style="list-style-type: none"> <li>• Finalize and produce materials (3-4 weeks before if they must be translated).</li> <li>• Confirm venue logistics.</li> </ul>
1 week before	<ul style="list-style-type: none"> <li>• Assemble participant packets and materials (see checklist below).</li> </ul>
2 days before	<ul style="list-style-type: none"> <li>• Trainers travel to workshop location.</li> <li>• Conduct the facilitator’s meeting.</li> </ul>

## 1. Select the Participants

Inviting the most engaged and committed participants is crucial for the success of the workshop. The outcomes from the training will last longer if participants are deeply engaged in their local TB ACSM activities. **Participants will ideally include those who:**

- Represent a cross-section of stakeholders from national, provincial, and local levels.
- Directly plan, implement, manage, or evaluate ACSM activities on a day-to-day basis (e.g., ACSM focal point at the NTP).
- Represent civil society, including affected groups (e.g., nongovernmental organizations [NGOs] implementing ACSM activities at the community level, TB patient organizations).
- Are likely to be in their current positions for at least two years.

It is highly recommended that all participants chosen for this training have previously completed PATH's core ACSM training. Though not required, this will ensure that participants have a common background in ACSM concepts that are useful for this advanced M&E training. At a minimum, all participants should have some prior training in ACSM.

To select the final participants:

- Request a list of nominated participants from each participating country or region.
- Contact nominees directly (preferably by phone) to confirm they fulfill the above criteria.
- Issue a formal invitation.

After selecting the final participants, you may wish to assess how much experience or training each participant has with ACSM and with M&E. *(NOTE: A sample of a pre-workshop assessment survey is included in the Auxiliary Materials section, on page 80.)*

## **Participant Preparation**

Advise each participant to bring the following materials to the workshop (drafts are acceptable):

- National TB control strategy or plan.
- ACSM strategic plan.
- ACSM work plans/action plan.
- Global Fund to Fight AIDS, Tuberculosis and Malaria work plans (if receiving Global Fund funding for ACSM).

Each country/regional group should also have at least one laptop computer to facilitate small group exercises and to compile training materials. If the training involves participants from several global regions, each country team may also wish to bring small food or craft items from their home culture to share with the training participants.

## **2. Assemble the Training Team**

The training team will work closely together during all stages of the workshop to review and adapt the training materials and facilitate workshop sessions. The training team should ideally include a Team Lead and at least 3-4 other trainers who have collective expertise in:

- Curriculum/Training design.
- Group facilitation.
- ACSM, especially in TB.
- M&E, especially in TB.
- The regions represented at the workshop.

It is very effective to assign specific roles within the training team, including:

- Team Lead to oversee the general flow of the sessions and manage daily adjustments.
- M&E Subject Experts to address technical questions during presentations.
- Logistics Coordinator to handle communication with the venue, catering, etc.

Each trainer will also mentor a specific country/regional group during the team exercises that are integral to this training. Each “Table Coach” will repeat and clarify instructions for group work sessions and guide the small group discussion when necessary so the group stays focused on the correct objectives and outcomes. Therefore, it is important to have enough trainers to cover all of the groups.

To become familiar with the local TB contexts represented in the workshop, trainers should gather and review relevant TB epidemiological data, national TB control strategies, ACSM work plans, and other background information from each participating country.

### **A Note about Translation**

Determine the main language that all trainers and participants will use during the workshop. If simultaneous translation will be needed, select a Primary Translator who will translate each day during the presentations and plenary discussions. It is best to appoint a Primary Translator who has a technical vocabulary for TB and/or M&E. Also appoint 2-3 back-up translators who can provide additional language support to the Primary Translator and assist in small group discussions. It is also helpful if several members of the training team have bilingual language skills, even if only at a conversational level.

## **3. Review the Curriculum**

This curriculum is complete and flexible enough to be conducted for a wide variety of audiences. Each day builds on material and examples from the previous day, so sessions should be conducted in the order presented here. However, trainers may wish to adapt the presentations, activities, or regional case examples based on participant learning needs, agenda times, room space, or size of the group, while adhering to the original session sequence and instructions. Facilitators may also wish to identify and invite specific participants to present data or case studies from their region or country to illustrate learning concepts.

Trainers should be assigned to specific sessions with adequate time to become familiar with the session slides, speaker’s notes, and activities.

### **Materials**

A complete list of materials to assemble before the training can be found on page 14.

Participant packets should include:

- Agenda
- Copies of slides
- Participant roster
- CD-ROMS containing additional ACSM and M&E resources
- Notepaper
- Logistical information

## **4. Manage the Venue/Travel Logistics**

Make sure that the venue is spacious enough to accommodate all participants and provide extra space for several breakout groups of 5-6 people each. It is better to have breakout spaces close to the main workshop room to save time between breakouts and plenary.

Other logistics to consider include:

- Visas for participants and trainers.
- Catering for breaks and lunch.
- Participant per diem.
- Hotel reservations.
- Local transportation.

Flextime is scheduled on Day 4 for additional topic discussions or a visit to the local NTP, DOTS center, or other site of local interest. Arrangements must be made with the site and for group transportation. The host country/venue may also wish to organize a group dinner for one evening.

## 5. Conduct the Facilitator's Meeting

The training team should arrive at least two days before the workshop to convene the Facilitator's Meeting to review logistics and plan each day's activities. The following checklist may be useful.

### Pre-workshop Checklist

\_\_\_ Training room "walk-through":

- Table arrangements.
- Facilitator table.
- Lighting.
- Microphones (2).
- LCD projector and screen.
- Power cords and adapters.
- Four flipcharts, easels.
- Markers, tape.
- Norms, Parking Lot.

\_\_\_ Participant folders, attendance sign-in sheet for each day, name tags.

\_\_\_ Registration process/materials.

\_\_\_ Breaks, lunches.

\_\_\_ Participant per diem/other logistics.

\_\_\_ Table seating (by country, region, organization?)

\_\_\_ Primary roles for each trainer. Suggestions:

- Team Lead (manage agenda and curriculum changes, observe training flow).
- Participant logistics.
- Facility issues.
- Subject Experts.
- Translation (Primary Translator, back-up translator).
- Other roles. (Table Coaches, etc.).

\_\_\_ Table Coach assignments.

\_\_\_ Language management:

- Translator process (who will translate and when).
- How to best present when using translators.
- Slides, flipcharts in another language.

\_\_\_ Energizer ideas.

\_\_\_ Review results of pre-assessment survey.

Trainers may wish to use the form on page 11 (*Facilitator's Meeting Discussion Notes*) to guide their review of each day's agenda and activities and take notes.

## Facilitator's Meeting Discussion Notes

For Each Day		Special Activities	Notes or Follow-up
1. Review agenda. 2. Confirm materials. 3. Discuss each session. 4. Decide who will do what.	<b>Day 1 Monday</b>	• • •	• • •
	<b>Day 2 Tuesday</b>	• • •	• • •
	<b>Day 3 Wednesday</b>	• • •	• • •
	<b>Day 4 Thursday</b>	• • •	• • •
	<b>Day 5 Friday</b>	• • •	• • •

## FACILITATION TIPS

Keep the following guidelines in mind as you plan the delivery of each day's sessions.

### **Keep it interactive.**

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

### **Stay flexible.**

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

### **Watch the group energy.**

Pay attention to the energy level of the group throughout each day. This training is long and demands engagement, so trainers should prepare a variety of short (5-10 minute) energizers to use between sessions or to break up sessions as they see fit. Alternatively, 1-2 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 each day when participant energy is low.

### **Debrief every day.**

The trainers should have a half-hour meeting every evening to review the day and decide how to adjust the next day's content and agenda to meet participants' needs. This meeting is indispensable and crucial to successful training outcomes.

## TIPS FOR TABLE COACHES

This workshop involves multiple opportunities for small groups or country teams to work together on a specific activity. One trainer should be assigned as a "Table Coach" to 1-2 teams to provide guidance and answer questions as needed.

**Your primary role is to make sure participants follow instructions, understand the learning concepts, and apply those concepts correctly in their work.** You are closely positioned to look for areas that may be confusing to participants and to answer questions as they arise.

Table Coaches should follow these general guidelines:

- **Allow teams to work independently before jumping in.** The group may not feel like it needs your help at first. Simply sit back and observe for a few minutes.

- **Pay attention to the conversation.** If the team is getting off track or members clearly do not understand a concept correctly, do not hesitate to redirect or clarify ideas.
- **Encourage the group's critical thinking.** If the team asks you a question, respond with another question to get them thinking. Then give your opinion when appropriate.
- **Watch the clock.** Teams may get into vigorous discussions, easily lose track of time, and thus fail to complete an activity. Offer time reminders at mid-point and 5-10 minutes before the activity ends.

## Materials Checklist

### For Each Day:

- |                              |  |  |
|------------------------------|--|--|
| ___ Laptops (2)              | ___ Flipcharts (4) and easels (4)              | ___ USB flash drives (one per participant) |
| ___ LCD projector and screen | ___ Markers                                    | ___ Energizer ideas                        |
| ___ Microphones (2)          | ___ Tape                                       | ___ Attendance sign-in sheet               |
| ___ Power cords and adapters | ___ Daily feedback forms (one per participant) |  |

	PowerPoint Slides	Handouts	Other Materials
<b>Day 1</b>	<ul style="list-style-type: none"> <li>Session 1: Opening Session</li> <li>Session 2: Overview of ACSM</li> <li>Session 3: TB 101: TB Basics and Global Approaches</li> <li>Session 5: Planning M&amp;E to Tell Our ACSM Story</li> <li>Session 6: Key Terms for Monitoring and Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>1.1 Workshop Agenda</li> <li>1.2 Pre-workshop ACSM M&amp;E Quiz</li> <li>1.3 Case Example</li> <li>1.4 Results of ACSM</li> <li>1.5 Glossary of TB Terms</li> <li>1.6 Cough to Cure Pathway</li> <li>1.7 Typical ACSM Action Plan</li> <li>1.8 M&amp;E Planning Checklist</li> <li>1.9 M&amp;E Plan Outline</li> </ul>	<ul style="list-style-type: none"> <li>Attendance sign-in sheet</li> <li>Participant packets</li> <li>Name tags</li> <li>Pre-/Post-workshop ACSM M&amp;E Quiz Answers</li> <li>Post-it Notes</li> <li>M&amp;E terms flashcards (one set per two participants)</li> <li>Candy prizes</li> <li>Daily feedback forms (one per participant)</li> </ul>
<b>Day 2</b>	<ul style="list-style-type: none"> <li>Session 1: Agenda Day 2</li> <li>Session 2: SMART* Objectives</li> <li>Session 4: Introduction to M&amp;E Frameworks</li> </ul>	<ul style="list-style-type: none"> <li>2.1 TB Control Objectives and ACSM Objectives</li> <li>2.2 Developing SMART Objectives</li> <li>2.3 M&amp;E Framework Example</li> <li>2.4 M&amp;E Framework Template</li> </ul>	<ul style="list-style-type: none"> <li>Attendance sign-in sheet</li> <li>Daily feedback forms (one per participant)</li> </ul>

	<b>PowerPoint Slides</b>	<b>Handouts</b>	<b>Other Materials</b>
<b>Day 3</b>	<ul style="list-style-type: none"> <li>• Session 1: Agenda Day 3</li> <li>• Session 2: Indicators for ACSM</li> <li>• Session 4: Uses for Data</li> <li>• Session 5: Collecting High-Quality Data</li> </ul>	<ul style="list-style-type: none"> <li>• 3.1 Common ACSM Indicators</li> <li>• 3.2 Indicator Description Examples</li> <li>• 3.3 Indicator Worksheet</li> <li>• 3.4 Data Use Plan</li> <li>• 3.5 Tools to Collect Monitoring Data</li> <li>• 3.6 Elements of Data Quality</li> <li>• 3.7 Data Quality Plan Example</li> <li>• 3.8 Monitoring Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance sign-in sheet</li> <li>• Daily feedback forms (one per participant)</li> </ul>
<b>Day 4</b>	<ul style="list-style-type: none"> <li>• Session 1: Agenda Day 4</li> <li>• Session 2: Introduction to Evaluation</li> <li>• Session 4: Evaluation Methods</li> <li>• Session 5: Selecting the Right Evaluation Method</li> </ul>	<ul style="list-style-type: none"> <li>• 4.1 Evaluation Questions Worksheet</li> <li>• 4.2 Guide to Effective Focus Group Discussions</li> <li>• 4.3 More Qualitative Methods</li> <li>• 4.4 Evaluation Example</li> <li>• 4.5 Evaluation Template</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance sign-in sheet</li> <li>• Daily feedback forms (one per participant)</li> </ul>
<b>Day 5</b>	<ul style="list-style-type: none"> <li>• Session 1: Agenda Day 5</li> <li>• Session 4: Real-World Challenges of M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>• 5.1 Post-workshop ACSM M&amp;E Quiz</li> <li>• 5.2 Final Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance sign-in sheet</li> <li>• Pre-/Post-workshop ACSM M&amp;E Quiz Answers</li> <li>• Certificates of Participation</li> </ul>

\*SMART: Specific, Measurable, Attainable, Relevant, Time-bound.

## Workshop Agenda

	Day 1	Day 2	Day 3	Day 4	Day 5
	<b>Overview of ACSM, Monitoring and Evaluation</b>	<b>M&amp;E Frameworks</b>	<b>Routine Monitoring</b>	<b>Evaluation</b>	<b>Putting It All Together</b>
8:30 - 9:00	Registration				
9:00 - 9:30	Introduction and Workshop Overview	Opening Session	Opening Session	Opening Session	Opening Session
9:30 - 10:45		SMART Objectives	Indicators for ACSM	Introduction to Evaluation	Flexitime
10:45 - 11:00	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>
11:00 - 12:00	Overview of ACSM	Writing SMART Objectives	Selecting Indicators	Evaluation Questions	Ask an Expert
12:00 - 13:00	TB 101: TB Basics and Global Approaches		Uses for Data	Evaluation Methods	
13:00 - 14:00	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>
14:00 - 15:00	Gap Analysis	Introduction to M&E Frameworks	Collecting High-Quality Data	Selecting the Right Evaluation Method	Real-World Challenges of M&E
15:00 - 15:45	Planning M&E to Tell Our ACSM Story				What's My Story?
15:45 - 16:00	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>	<i>Break</i>
16:00 - 17:15	Key Terms for M&E (16:00 - 17:45)	Frameworks, continued	Developing Monitoring Plans	Plan Your Evaluation	Final Evaluation and Workshop Closing (16:00 - 17:00)
17:15 - 17:30	Summary and Closing (17:45 - 18:00)	Summary and Closing	Summary and Closing	Summary and Closing	

**DAY 1**

**Overview of  
ACSM,  
Monitoring and  
Evaluation**

# DAY 1 Overview of ACSM, Monitoring and Evaluation

## Schedule at a Glance

Session	Title	Time	Trainer
	Registration	8:30 - 9:00	
1	Introduction and Workshop Overview	9:00 - 10:45	
	Break	10:45 - 11:00	
2	Overview of ACSM	11:00 - 12:00	
3	TB 101: TB Basics and Global Approaches	12:00 - 13:00	
	Lunch	13:00 - 14:00	
4	Gap Analysis	14:00 - 15:00	
5	Planning M&E to Tell Our ACSM Story	15:00 - 15:45	
	Break	15:45 - 16:00	
6	Key Terms for Monitoring and Evaluation	16:00 - 17:45	
7	Summary and Closing	17:45 - 18:00	

### Today's theme: Set the foundation.

- Welcome and orient participants to the workshop.
- Review the basic concepts of advocacy, communication, and social mobilization in TB prevention and care.
- Explain how gap analysis is used to select priority ACSM objectives and link them to national TB control objectives.
- Discuss how M&E helps tell the story of program successes.
- Define essential terms used in monitoring and evaluation.

## Registration

<b>Materials:</b>	<ul style="list-style-type: none"><li>• Table placeholder cards.</li><li>• Markers.</li><li>• Attendance sign-in sheet.</li><li>• Nametags.</li><li>• Participant packets.</li></ul>
<b>Time:</b>	30 minutes

### Preparation:

- Prepare sufficient tables and chairs for participants and any guests attending the opening session. Make sure tables are in the desired formation.
- Decide how participants should be grouped into teams for small group work and assign seating. Set placeholders on each table (e.g., by country, participant name, organization).
- Place an information packet at each chair (or distribute at registration table).
- Designate a place where participants will sign in and gather name tags.
- Arrange tables and chairs for trainers in the back of the room.
- Adjust room temperature.
- Set up LCD and laptop. Display the Welcome Slide with the name of the training.

### Training Steps:

1. Greet participants as they enter and ask them to sign the attendance sheet.
2. Guide participants to sit at tables according to the placeholders.

## SESSION 1

## Introduction and Workshop Overview

<b>Objective:</b>	Welcome participants and familiarize them with the workshop, facilitators, and each other.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Opening Session</li><li>• Handout 1.1 Workshop Agenda</li><li>• Handout 1.2 Pre-workshop ACSM M&amp;E Quiz</li><li>• Pre-/Post-workshop ACSM M&amp;E Quiz Answers</li></ul>
<b>Time:</b>	1 hour, 45 minutes

### Training Steps:

#### 1. Welcome participants to the training.

*15 minutes*

If relevant local authorities or representatives of collaborating agencies are present, introduce them and invite them to make opening remarks.



#### 2. Present slides: Opening Session

*60 minutes*

##### Main Talking Points:

- Introduce the trainers and invite participants to introduce themselves.
- The goal of this workshop is to build capacity for rigorous monitoring and evaluation of advocacy, communication, and social mobilization activities in TB prevention and care.

##### Participants will:

- Understand the basic terms and concepts used in monitoring and evaluation.
- Practice skills to create and use M&E frameworks in ACSM planning.
- Become familiar with various methods of evaluation.
- Share expertise and experiences to strengthen group learning.
- Develop detailed M&E plans for ACSM activities in their home country.
- Review the general agenda for the week.
- Establish norms for the workshop.



**3. Activity: Pre-workshop ACSM M&E Quiz**

*15 minutes*

- Ask participants to complete *Handout 1.2 Pre-workshop ACSM M&E Quiz*.
- Tell participants that they will see many methods of evaluation used in this workshop. One method is a pre- and post-training assessment. This is not a test. It is simply a way to assess the group's baseline knowledge before we begin and to see what was learned when we are finished.
- Collect the quizzes. (*NOTE: Answers are in the Auxiliary Materials section, on page 82.*)

**4. Discuss relevant logistics**

*15 minutes*

(e.g., transport, lodging, per diem, special activities, etc.)



**BREAK 10:45 - 11:00 (15 minutes)**

## SESSION 2

## Overview of ACSM

<b>Objective:</b>	Define and give examples of advocacy, communication, and social mobilization and how ACSM is used to support NTP objectives.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation.</li><li>• Discussion.</li><li>• Flipchart activity.</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Overview of ACSM</li><li>• Handout 1.3 Case Example</li><li>• Handout 1.4 Results of ACSM</li><li>• Three flipcharts, markers</li><li>• Post-it Notes</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Present slides: Overview of ACSM

45 minutes

*NOTE: This session introduces the case example. (NOTE: The facilitator version of Handout 1.3 can be found in the Auxiliary Materials section, on page 83.)*

#### Main Talking Points:

- Advocacy is a broad set of coordinated efforts designed to (1) place TB higher on the political agenda, (2) strengthen government commitment to implement or improve TB control policies, or (3) increase and sustain financial and other resources.
- There can be policy, program, or media advocacy. In general, advocacy aims for changes in funding levels, policies, or administrative guidelines. It targets decision-makers and people with influence (politicians, government ministers, department managers, etc.).
- The techniques of advocacy include lobbying, partnership meetings, parliamentary debates, political events, petitions, letter/email campaigns, meetings with decision-makers, and others.
- With communication, we are trying to change or influence knowledge and attitudes to ultimately change behavior. Our communication efforts are successful if our

targets do something differently because they have more information or a different attitude/belief. Communication targets patients, providers, stakeholders, or community members.

- The most common communication activities include brochures, posters, media campaigns, special events, counseling, trainings, and presentations.
- Social mobilization is the process of building alliances, engaging stakeholders, and increasing community participation to improve visibility and urgency of an issue; boost momentum of communication and advocacy efforts; and help people realize that TB issues are important.
- Social mobilization targets involvement, interest, and political will. We know we are successful if more people gain interest in our cause or become involved in our activities.
- The four types of mobilization include political, community, patient/client, and corporate.
- Advocacy, communication, and social mobilization are different sets of activities with different objectives. However, they are closely interlinked, complement each other, and are most effective when used together.
- ACSM can effectively support the main NTP goal and objectives of improved case detection and treatment outcomes.



## 2. Activity: Flipcharting

*15 minutes*

The purpose of this exercise is to test understanding of the basic ACSM definitions.

- Label three flipcharts as “Advocacy,” “Communication,” and “Social Mobilization.”
- Distribute two Post-it Notes to each participant.
- Ask participants to choose two activities from their ACSM work plans, preferably from two different approaches (i.e., do not choose two communication activities) and write each one on a Post-it Note. Remind them to write clearly.
- Invite participants to come to the flipcharts and place their Post-it Notes under the corresponding ACSM approach.
- Allow 7-8 minutes to complete this task.
- Reconvene in plenary to review the lists. Make sure each activity is properly categorized as A, C, or SM. Move the activity to another flipchart if it is not in the right category.
- Make a note of these activities and reference them throughout the training.

## SESSION 3

## TB 101: TB Basics and Global Approaches

<b>Objective:</b>	Review key terms and strategies used in TB prevention, detection, and treatment.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: TB 101: TB Basics and Global Approaches</li><li>• Handout 1.5 Glossary of TB Terms</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Present slides: TB 101: TB Basics and Global Approaches

50 minutes

*NOTE: If you have NTP staff or TB clinicians/epidemiologists in the audience, draw on their expertise to actively assist during this presentation.*

##### Main Talking Points:

- TB can infect any part of the body. When a person breathes in TB bacteria, the bacteria can settle in the lungs (pulmonary TB). From there, they can move through the blood to other parts of the body (extrapulmonary TB).
- In latent TB infection, people are not sick and cannot spread TB. Only about 10% of people will develop active TB in their lifetime. For people living with HIV, the risk is three times higher.
- When people develop symptoms, they have active TB disease and can spread the bacteria. The sicker you are, the more infectious you are. So it is important to find people quickly. There is a vaccine against TB for infants and children.
- People with HIV get sicker faster and are more likely to die of TB. TB is the most common fatal opportunistic infection among people with HIV worldwide.
- The World Health Organization's (WHO) collaborative TB/HIV policy provides guidelines in three key areas:
  1. Establishing mechanism of collaboration between TB and HIV programs.
  2. Decreasing the burden of TB in people living with HIV through the "Three I's" (intensified case-finding, isoniazid preventive therapy, and infection control).
  3. Decreasing the burden of HIV among TB patients.

- The Global Plan to Stop TB/Stop TB Strategy is a roadmap to highlight key activities and targets at the global level to help prioritize activities at a regional or country level.
- DOTS is the first component under the Stop TB Strategy and underpins the basic approaches to strengthen TB services. It has five components: political commitment, early case detection and diagnosis, standardized treatment, effective drug supply, and monitoring and evaluation.
- The main laboratory methods to diagnose TB infection are smear microscopy and culture. A TB skin test can detect latent TB infection. The best method for your area depends on cost, TB prevalence, laboratory infrastructure, personnel training, etc.
- Smear negative TB patient is usually not infectious. The person's smear test was negative in at least two samples, and no TB bacilli were visible on the slide under the microscope. Yet other diagnostic tests indicate TB or the person has symptoms, and the provider has decided to treat for TB.
- Smear positive means that TB bacilli were visible by microscope, so the person is possibly contagious. These TB patients are prioritized for interventions to avoid further transmission and because they are often very sick.
- A "person with presumptive TB" is one who presents with signs or symptoms that suggest TB infection. This is replacing the old term "TB suspect."
- "First-line" drugs are the most important drugs used to treat most cases of TB throughout the world, while "second-line" drugs are used to treat TB that has become resistant to first-line drugs.
- Isoniazid preventive therapy (IPT) is used to prevent active TB disease in people who have latent TB infection or people with HIV who are at high risk for becoming sick with TB but who do not have active TB disease.
- There are six outcomes of treatment according to WHO: Cured, Completed treatment, Died, Failed, Defaulted, and Not evaluated. A "person lost to follow-up" is a patient who starts TB treatment which is later interrupted for at least two consecutive months. This replaces the old term "defaulter."
- Routine case-reporting is the required reporting of suspected or confirmed TB cases to a public health authority. In active case-finding, the TB program actively searches for unreported cases of disease.
- Case detection rate is the estimated percentage of all smear-positive cases that have been diagnosed and reported to the NTP out of those existing in the community. Treatment success rate is the percentage of new, registered smear-positive cases that were cured or in which a full course of treatment was completed.

## 2. Facilitate Question & Answer discussion.

*10 minutes*



**LUNCH 13:00 - 14:00 (1 hour)**

## SESSION 4 Gap Analysis

<b>Objective:</b>	Demonstrate using the Cough to Cure Pathway tool to identify challenges and barriers in TB prevention and care and ACSM activities to address them.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group exercise</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Flipchart paper, markers, tape</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Activity: Cough to Cure Pathway exercise

60 minutes

The purpose of this exercise is to help participants identify common barriers that interfere with complete and proper treatment from diagnosis to cure.

Divide participants into two groups: those who were not previously trained on ACSM and those with previous ACSM training. Assign a facilitator to each group and have the groups move to separate areas of the room.

**Participants with no previous ACSM training should complete the traditional Cough to Cure exercise as follows:**

- Tape 2-3 flipchart papers from end to end. On one end, write the word **COUGH**. On the other end, write the word **CURE**. Have participants stand in a semi-circle in front of the flipchart papers. Ask them to list the steps a person should take from the time s/he starts to cough to the time s/he is cured. Guide the responses to include the following steps and record them on a horizontal line across the middle of the papers: *seek care at a DOTS center, confirm a diagnosis, begin treatment, stay on treatment, complete treatment*.
- Ask participants to come to the chart and write down any barriers that prevent or limit a person's ability or willingness to complete each step. Have participants write directly on the chart as an energetic group exercise. Watch the time and spend only 5-7 minutes per step.
- Clarify the following key points as needed:

- Barriers may be related to patient factors, provider factors, community behavior, or flaws in the health care or TB systems.
- Individuals may lack TB knowledge or have attitudes about health services that delay their proper care. They may not perceive the risk of inadequately treating a cough. Patients with low knowledge are more likely to delay diagnosis by visiting traditional healers and pharmacists rather than DOTS providers.
- Groups, including families, neighbors, communities, and local organizations, may have attitudes and opinions that influence individual decisions and behaviors. Group barriers include stigma, social norms, and low risk perception.
- System barriers include time, cost of transport, and distance to a DOTS facility; availability of diagnostic tools and medicines; inadequate communication skills of health providers; insufficient human resources; and weak monitoring.
- When you have finished with all the steps, return to the first step. Read each barrier identified and ask participants whether this barrier is at the individual (I), group (G), or system (S) level. Note the responses by placing I, G, or S next to each response. Do this for 2-3 steps or for as long as time permits.
- Reconvene in plenary.

**Participants with previous ACSM training should complete the following exercise:**

- Write the Cough to Cure steps on a series of flipcharts (this should be review for them). Ask participants to quickly brainstorm a few barriers (individual, group, system) for each step (*10 minutes for brainstorm*).
- Then ask: “How do you know these are barriers? What data could you collect or analyze that would prove your assumptions are correct or not?”
- Encourage participants to list some types or sources of data that could be used to measure these barriers. Brainstorm a data source for each barrier. Emphasize that we need data to provide evidence that these barriers exist. That is why monitoring and evaluation are so important (*50 minutes for discussion*).
- Reconvene in plenary.

## SESSION 5 Planning M&E to Tell Our ACSM Story

<b>Objective:</b>	Explain how ACSM planning and M&E planning link to “tell the story” of how ACSM activities contribute to TB control.
<b>Techniques:</b>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Individual writing</li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides: Planning M&amp;E to Tell Our ACSM Story</li> <li>• Handout 1.6 Cough to Cure Pathway</li> <li>• Handout 1.7 Typical ACSM Action Plan</li> <li>• Handout 1.8 M&amp;E Planning Checklist</li> <li>• Handout 1.9 M&amp;E Plan Outline</li> </ul>
<b>Time:</b>	45 minutes

### Training Steps:



#### 1. Present slides: Planning M&E to Tell Our ACSM Story

35 minutes

##### Main Talking Points:

- The Cough to Cure Pathway is a helpful tool to identify some of the challenges we face in TB control. The reasons or root causes of those challenges are called “barriers.”
- Challenges usually have multiple barriers or root causes at the individual, group, and/or system level. They may require several approaches to address, which is where ACSM can be very useful.
- Starting with NTP goals and objectives, we can use the Cough to Cure Pathway to conduct a gap analysis regarding those objectives. Then we can decide how ACSM can be used to strengthen these “weak spots” in TB control.
- After we choose our ACSM objectives and activities, we can map out the next steps in a strategic plan and an action plan. An ACSM “strategic plan” is a narrative report on the long-term, “big-picture” strategies for how ACSM will align with national TB control strategies and priorities. An ACSM “action plan” is a template or chart that shows how those strategies will be put into action over a short-term period and involving specific activities.

- As we plan our ACSM, we must also consider how we will document our successes so we can “tell the story” of our ACSM contributions to TB control. We conduct monitoring and evaluation to improve our programs and to document our successes so we can show that our activities make important contributions to fighting TB. We need an M&E plan to collect evidence for that story.
- ACSM plans and M&E plans work together over the course of the project. Planning starts with a needs assessment or gap analysis. Then we choose our ACSM objectives and activities and how we will monitor and evaluate them. As we implement our activities, we use monitoring to track our progress and we conduct evaluations to determine how well we are doing or what outcomes we are achieving. We apply the M&E results back to another round of planning to refine the project.
- We also want to consider:
  - Why is our work important?
  - What have we accomplished?
  - Who needs to know about this?
  - What do we want them to know?
- An M&E plan is our “master strategy” for monitoring and evaluation. All of the details about how we will conduct our M&E activities should be included in this plan: frameworks, indicators, monitoring, data quality, data use, evaluation, budget, and implementation and reporting responsibilities.



## 2. Activity: Individual writing

*10 minutes*

The purpose of this exercise is for participants to reflect on the stories they want to tell about their ACSM activities.

- Instruct participants to find a blank piece of paper or open their notebooks.
- Ask participants to think about the story they want to tell about their ACSM activities. What specific successes do they want to brag about? Who should hear the story?
- Invite them to write down their story using as much detail as possible. Participants should remember this story throughout the workshop as they begin to plan their monitoring and evaluation.
- Allow 10 minutes for reflection and writing and then reconvene for a coffee break.



**BREAK 15:45 - 16:00 (15 minutes)**

## SESSION 6 Key Terms for Monitoring and Evaluation

<b>Objective:</b>	Familiarize participants with common M&E terms.
<b>Techniques:</b>	<ul style="list-style-type: none"> <li>• Brainstorm</li> <li>• Presentation</li> <li>• Discussion</li> <li>• Flashcard game</li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides: Key Terms for Monitoring and Evaluation</li> <li>• Flipcharts, markers</li> <li>• M&amp;E terms flashcards</li> <li>• Candy prizes</li> </ul>
<b>Time:</b>	1 hour, 45 minutes

### Training Steps:



#### 1. Activity: Brainstorm

10 minutes

The purpose of this exercise is to help participants formulate useful questions about ACSM activities that could inform how they monitor and evaluate those activities.

- Choose one activity that participants wrote on the A, C, or SM flipcharts and ask participants: “What questions could we ask ourselves about this activity?”
- Flipchart several responses. Subtly prompt them to think of questions that could be for monitoring and for evaluation, without calling them such. For example, questions about a World TB Day event could include:
  - Was the event held?
  - How many people or NGOs attended?
  - What effect did it have on participants’ attitudes toward people with TB?
- Tell participants that we will return to this list shortly.



## 2. Present slides: Key Terms for Monitoring and Evaluation

60 minutes

### Main Talking Points:

- Monitoring is the routine collection and analysis of program data, specifically on program activities. Evaluation is more in-depth but less frequent analysis that tells us how to improve our activities and helps us understand why we achieve (or do not achieve) results. Sometimes monitoring leads us to an evaluation. We may see a trend in the routine data that we cannot explain. So we could design an evaluation to help us understand what is going on.
- Goals are very broad results that are seen at a population level. They usually require more than ACSM to achieve, but ACSM certainly contributes.
- Objectives are the results of your program that contribute to the goal. They are specific to ACSM.
- Inputs are the raw materials you need to conduct your activities, such as money, staff, materials, guidelines, or equipment.
- Activities are the work that we do. Sometimes activities are called “processes.”
- Outputs are the immediate results of our activities, the proof that our activities happened. Often they are expressed as a number or amount.
- Outputs lead to outcomes, which are the “effects” of our activities, or what happens as a result of our activities. These can be short-, medium-, or long-term effects.
- Indicators are signs or evidence of our activities, outputs, and outcomes. They “indicate” that something has happened. Indicators are what we watch for.
- Impact is what happens as a result of our objectives and is usually related to our goals. Impact is measured at a broader scale and requires data beyond the scope of our project. The difference between outcomes and impact is how confident we are that the changes are a direct result of our activities and not the result of other factors.



## 3. Activity: M&E flashcard game

25 minutes

The purpose of this exercise is to test understanding of the basic M&E terms.

- Divide participants into pairs.
- Distribute one set of flashcards to each pair, telling participants to keep their cards hidden from each other until we begin. (Each set of flashcards contains two groups of M&E terms, each with different examples. Each partner gets a different group of terms.)
- Partner A starts by showing Partner B the example side of one flashcard. Partner B must guess what term is being described by that example. Partner A flips over the flashcard to reveal the correct answer.

- Partner B now does the same for Partner A. Partners alternate turns like this until all flashcards have been used. Partners should tally the number of correct answers for each partner.
- Allow 20 minutes for this activity. Then reconvene in plenary.

**4. Facilitate plenary discussion**

10 minutes

- Identify which participants received a perfect score in the game and distribute candy prizes to those individuals.
- Ask participants: “Which terms were the easiest? Which terms, if any, confused you?” Clarify any confusion about the terms and ask for final questions about the difference between monitoring and evaluation.

**SESSION 6 Summary and Closing**

<b>Objective:</b>	Summarize the day’s key points and get participant feedback.
<b>Techniques:</b>	<ul style="list-style-type: none"> <li>• Journal writing</li> <li>• Daily feedback</li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• Daily feedback forms</li> </ul>
<b>Time:</b>	15 minutes

**Training Steps:**



**1. Activity: Journal writing**

10 minutes

- Ask the Summary Volunteer to review the day’s key discussion points.
- Ask participants for any final questions or comments about the day.
- Instruct participants to create a section in their workshop notebooks to use as a “workshop journal.” Ask them to reflect on any important ideas, thoughts, or insights

they had today that they want to remember or act upon after they return home. Then ask them to write those in their workshop journals.



## 2. Activity: Daily feedback

*5 minutes*

- Distribute daily feedback forms. Ask participants to write something they liked or learned today on the side with the happy face ☺. On the side with the STOP sign, ask them to list something to change or improve tomorrow or any questions they still have.
- Collect the forms to review during the Trainer's Debrief.
- Attend to any remaining logistics, thank participants for their participation, and close the day. Remind everyone that tomorrow's session begins promptly at 9:00 am.

### **TRAINER'S DEBRIEF MEETING:**

- a. Review participants' feedback. You may choose to summarize the feedback on a PowerPoint slide to show tomorrow morning.
- b. Go over the day's session, discuss processes (content, timing, facilitating style, and participant feedback), and agree on necessary changes.
- c. Review the next day's agenda. Decide how to adjust the content and agenda to meet participants' needs. Trainers should review each session assigned to them.
- d. Arrange the day's working flipcharts and remove flipcharts that are no longer needed.

**DAY 2**

**M&E**

**Frameworks**

# DAY 2

## M&E Frameworks

### Schedule at a Glance

Session	Title	Time	Trainer
1	Opening Session	9:00 - 9:30	
2	SMART Objectives	9:30 - 10:45	
Break		10:45 - 11:00	
3	Writing SMART Objectives	11:00 - 13:00	
Lunch		13:00 - 14:00	
4	Introduction to M&E Frameworks	14:00 - 15:45	
Break		15:45 - 16:00	
5	Frameworks, continued	16:00 - 17:15	
6	Summary and Closing	17:15 - 17:30	

**Today's theme: How frameworks help connect objectives and activities with their results and with NTP objectives.**

- Define and practice writing SMART objectives.
- Introduce frameworks as a way to connect ACSM activities with objectives.
- Guide participants in drafting M&E frameworks for their ACSM work plans.

## SESSION 1

## Opening Session

<b>Objective:</b>	Welcome and prepare participants for the day.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Agenda Day 2</li><li>• Summary of Day 1 feedback</li></ul>
<b>Time:</b>	30 minutes

### Training Steps:

*PREPARATION: Before participants arrive, consider rotating seating placements so that those who were at back tables now sit at middle or front tables.*

1. **Welcome participants to Day 2 of the training.**
2. **Summarize the feedback given the previous day. Address any concerns or changes the trainers plan to make in response.**
3. **Ask for and respond to participant questions about material covered the previous day.**



4. **Present slides: Agenda Day 2**

*15 minutes*

#### Main Talking Points:

- Yesterday we reviewed the basics about ACSM and introduced some common terms that we will be using for the rest of this week.
- Today we will learn how to write effective objectives and develop frameworks, which are simple models to help us organize our M&E thoughts. We will discuss what they are, why we use them, and how to create them.

## SESSION 2

## SMART Objectives

<b>Objective:</b>	Explain the SMART criteria and demonstrate how to write effective objectives.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Individual exercise</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: SMART Objectives</li><li>• Handout 2.1 TB Control Objectives and ACSM Objectives</li><li>• Handout 2.2 Developing SMART Objectives</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Present slides: SMART Objectives

50 minutes

##### Main Talking Points:

- Goals are meant to have a very broad impact across a very broad population. They usually take a very long time to achieve and need several types of activities to do so.
- We have a long-term, broad goal, and we also have our short-term, specific activities. They do not seem very connected unless there is an objective to link them together.
- An objective is the result of our short-term program activities, and contributes to the larger goal. In other words, the objective says what we will do and when. The activity is how we will do it, and the goal is why we will do it.
- Our objectives need to have a logical connection to a specific national TB control objective and address a key barrier to that TB control objective.
- Because our M&E planning is based on our objectives, it is critical for objectives to be as clear as possible. The five qualities objectives should have are called “SMART:”
  1. Specific means the objective has a single focus or result and does not overlap with other objectives. It describes what we will accomplish, with whom, where, and when.

2. An objective should be measurable, meaning we can actually quantify a change, attach a number to that change, or observe something new.
  3. Objectives should be attainable, achievable, and easy to put into action based on our resources.
  4. Objectives should be relevant. They should connect to larger NTP goals and objectives, and be worthwhile and important to the work.
  5. Objectives should be time-bound. A timeline or “due date” keeps our activities moving and we know when to expect change to happen.
- There are times when it is very difficult to get an objective perfectly SMART. In these cases, you do the best you can.
  - A properly stated objective is action oriented, often beginning with an action verb such as “reduce, improve, develop, recruit, or produce.”
  - The easiest way to write an objective is to break it into parts: an action verb, the object of your action, with whom, by how much, and when. These are the basic building blocks of a SMART objective.



## 2. Activity: Individual exercise

25 minutes

The purpose of this exercise is to practice writing SMART objectives using the “building blocks” method.

- Refer participants to *Handout 2.2 Developing SMART Objectives*.
- Read the first box details from the case example. Then show how the full objective below was constructed by linking the individual “building blocks.”
- Instruct participants to work individually to write an objective for the second set of activities (pharmacist training) in the case example, using the same “building blocks” method. Encourage participants to try this exercise on their own first. Allow 5-7 minutes for this activity.
- Invite participants to compare their objectives with others at their table.
- Ask 1-2 volunteers to share their objectives in plenary.
- Select a final objective or offer the objective from the facilitator version. Write this objective on a flipchart to use later in the M&E Frameworks exercise.



**BREAK 10:45 - 11:00 (15 minutes)**

## SESSION 3 Writing SMART Objectives

<b>Objective:</b>	Assist participants to write SMART objectives to link their ACSM activities to NTP objectives.
<b>Techniques:</b>	<ul style="list-style-type: none"> <li>• Small group work</li> <li>• Peer feedback</li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• Handout 1.9 M&amp;E Plan Outline</li> </ul>
<b>Time:</b>	2 hours

### Training Steps:



#### 1. Activity: Small group work

45 minutes

The purpose of this exercise is to write SMART objectives for ACSM work plans.

- Ask participants to cluster with others in their assigned small group. (Countries with only 1-2 participant(s) can be grouped together as a team, if desired.)
- Instruct teams to review their draft ACSM work plans and write as many SMART objectives as they can. If teams already have finalized work plans, ask them to assess which objectives could be improved with the SMART criteria.
- Table Coaches should join their assigned groups. See “*Tips for Table Coaches*” on page 12.
- After 45 minutes, reconvene in plenary.



#### 2. Activity: Peer feedback

30 minutes

The purpose of this exercise is to improve participant objectives by reviewing and discussing example objectives from two groups.

- Invite one group to briefly present its objectives. Facilitate the plenary to give feedback and ask clarifying questions. Remind everyone to make feedback constructive so it can help the group improve its work.
- Allow 10-15 minutes for the entire discussion. Repeat with a second group.

**3. Complete small group work.**

*45 minutes*

- Reconvene groups to revise or write more objectives. Instruct teams to then select 1-2 objectives to insert into their M&E Plan Outline.



**LUNCH**      **13:00 - 14:00 (1 hour)**

**SESSION 4      Introduction to M&E Frameworks**

<b>Objective:</b>	Explain and demonstrate how frameworks logically organize M&E terms to link ACSM activities with their objectives.
<b>Techniques:</b>	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Discussion</li> <li>• Demonstration</li> <li>• Small group work</li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• PowerPoint slides: Introduction to M&amp;E Frameworks</li> <li>• Handout 2.3 M&amp;E Framework Example</li> <li>• Handout 2.4 M&amp;E Framework Template</li> <li>• Four flipcharts, easels, markers</li> </ul>
<b>Time:</b>	1 hour, 45 minutes

**Training Steps:**



**1. Present slides: Introduction to M&E Frameworks**

*40 minutes*

Main Talking Points:

- A framework is a visual presentation of how activities are related to the expected results. It shows how inputs, activities, and outputs will lead to expected outcomes and impact, and ultimately, contribute to overall goals and objectives.
- The M&E framework is just one component of your M&E plan, like a chart or a picture you might insert into a written report.
- A framework is simply a big loop or a map that shows how you logically move from NTP objectives to ACSM objectives to ACSM activities. It then shows how the

outcomes of those activities will contribute back to the main NTP goals and objectives. A framework shows why your ACSM planning decisions make sense.

- Even though we generally read frameworks from left to right, you can actually complete them in any order, depending on your starting point.



## 2. Activity: Demonstration

20 minutes

The purpose of this exercise is to demonstrate the steps to complete an M&E framework using a real case example.

- Place four flipcharts on easels in a line in the front of the room. Label the flipcharts from left to right as *INPUTS*, *OUTPUTS*, *OUTCOMES*, and *IMPACT*.
- Refer participants to *Handout 1.3 Case Example*.
- Refer to the final social mobilization objective (pharmacist training), written on a flipchart in the SMART Objectives exercise.
- After reading the ACSM activities for that objective, ask one table to identify the necessary inputs for these activities. Record their answers on the chart labeled *INPUTS*. Make sure the large group agrees and discuss any additions or questions.
- Ask participants at another table to identify the possible outputs for these activities. Record their answers on the chart labeled *OUTPUTS*. Make sure the large group agrees and discuss any additions or questions.
- Continue in this way with two more tables to complete the charts for *OUTCOMES* and *IMPACT*.
- Ask participants to discuss how the results of these activities will contribute to both the ACSM objective and the NTP objective.
- Invite participants to ask any questions about completing and using frameworks.

*NOTE: Save these flipcharts for future exercises.*



## 3. Activity: Small group work

45 minutes

The purpose of this exercise is to assist participants to complete an M&E framework for their ACSM work plans.

- Ask participants to cluster in their small groups and refer them to *Handout 2.4 M&E Framework Template*.
- Instruct teams to use Handout 2.4 to begin creating a framework for the objective they selected for their M&E Plan Outline.
- Table Coaches should join their assigned groups. See *“Tips for Table Coaches” on page 12*.
- After 45 minutes, dismiss participants for a coffee break.



**BREAK 15:45 - 16:00 (15 minutes)**

## SESSION 5 Frameworks, continued

<b>Objective:</b>	Assist participants to complete actual M&E frameworks.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group work</li><li>• Peer feedback</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 2.4 M&amp;E Framework Template</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Activity: Peer feedback

*30 minutes*

The purpose of this exercise is to improve participant frameworks by reviewing and discussing framework drafts from two groups.

- Invite one group to briefly present its framework. Facilitate the plenary to give feedback and ask clarifying questions. Remind everyone to make feedback constructive so it can help the group improve its work.
- Allow 10-15 minutes for the entire discussion.
- Repeat with a second group.

#### 2. Complete small group work.

*45 minutes*

- Reconvene groups to revise or continue creating their frameworks.

## SESSION 6 Summary and Closing

<b>Objective:</b>	Summarize the day's key points and get participant feedback.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Journal writing</li><li>• Daily feedback</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Daily feedback forms</li></ul>
<b>Time:</b>	15 minutes

### Training Steps:



#### 1. Activity: Journal writing

*10 minutes*

- Ask the Summary Volunteer to review the day's key discussion points.
- Ask participants for any final questions or comments about the day.
- Ask participants to reflect on any important ideas, thoughts, or insights they had today that they want to remember or act upon after they return home. Then ask them to write those in their workshop journals.



#### 2. Activity: Daily feedback

*5 minutes*

- Distribute daily feedback forms. Ask participants to write something they liked or learned today on the side with the happy face 😊. On the side with the STOP sign, ask them to list something to change or improve tomorrow or any questions they still have.
- Collect the forms to review during the Trainer's Debrief.
- Attend to any remaining logistics, thank participants for their participation, and close the day. Remind everyone that tomorrow's session begins promptly at 9:00 am.

**TRAINER'S DEBRIEF MEETING:**

- a.** Review participants' feedback. You may choose to summarize the feedback on a PowerPoint slide to show tomorrow morning.
- b.** Go over the day's session, discuss processes (content, timing, facilitating style, and participant feedback), and agree on necessary changes.
- c.** Review the next day's agenda. Decide how to adjust the content and agenda to meet participants' needs. Trainers should review each session assigned to them.
- d.** Arrange the day's working flipcharts and remove flipcharts that are no longer needed.

**DAY 3**

**Routine  
Monitoring**

# DAY 3

## Routine Monitoring

### Schedule at a Glance

Session	Outline of Sessions	Time	Trainer
1	Opening Session	9:00 - 9:30	
2	Indicators for ACSM	9:30 - 10:45	
Break		10:45 - 11:00	
3	Selecting Indicators	11:00 - 12:00	
4	Uses for Data	12:00 - 13:00	
Lunch		13:00 - 14:00	
5	Collecting High-Quality Data	14:00 - 15:45	
Break		15:45 - 16:00	
6	Developing Monitoring Plans	16:00 - 17:15	
7	Summary and Closing	17:15 - 17:30	

### Today's theme: Putting together the essential pieces of a monitoring plan.

- Explain the purpose of indicators.
- Help participants select and define indicators for their M&E frameworks.
- Describe the different ways data can be used and presented to different audiences.
- Outline methods and tools for collecting and analyzing routine monitoring data and the factors that impact the quality of data.
- Assist participants to develop their monitoring plans.

## SESSION 1

## Opening Session

<b>Objective:</b>	Welcome and prepare participants for the day.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Agenda Day 3</li><li>• Summary of Day 2 feedback</li></ul>
<b>Time:</b>	30 minutes

### Training Steps:

*PREPARATION: Before participants arrive, consider rotating seating placements so that teams who were at back tables now sit at middle or front tables.*

1. **Welcome participants to Day 3 of the training.**
2. **Summarize the feedback given the previous day. Address any concerns or changes the trainers plan to make in response.**
3. **Ask for and respond to participant questions about material covered the previous day.**



4. **Present slides: Agenda Day 3**

*15 minutes*

#### Main Talking Points:

- Yesterday we started with a discussion and some practice with SMART objectives. We ended with M&E frameworks, which is a model for helping us link the outputs and outcomes of our activities with our ACSM and NTP objectives.
- Today we will discuss indicators for those outputs and outcomes, how we plan to collect high-quality data, and then ultimately use our data. Together, these elements make up our plan for routine monitoring.

## SESSION 2 Indicators for ACSM

<b>Objective:</b>	Explain how to effectively select and define indicators.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Demonstration</li><li>• Small group exercise</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Indicators for ACSM</li><li>• Handout 1.3 Case Example</li><li>• Handout 3.1 Common ACSM Indicators</li><li>• Handout 3.2 Indicator Description Examples</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Present slides: Indicators for ACSM

45 minutes

##### Main Talking Points:

- Indicators are the signs or markers that tell us what is going on in our program. They “indicate” what is happening. When we collect and analyze the correct indicators over time, we know that (1) we carried out the work we said we would do, and (2) whether or not the work achieved the objectives it was intended to support.
- Indicators are very similar to the components of our M&E framework, but they are more detailed descriptions of inputs, activities, outputs, and outcomes. With indicators, everyone understands our activities and results to mean the same thing.
- There is a subtle difference between an output and its indicator. An output is simply what you can count right after the activity is completed. But that number alone does not tell you very much. There is no indication if this is a good number or not unless we compare it to our target. That comparison becomes our output indicator.
- Indicators can be quantitative or qualitative and should have the following characteristics:
  - Valid means the indicator is correct or true. Does it tell us what we *really* want to know or could it actually measure something else?

- A reliable indicator is one that gives us the same result even if different people collect it. Everyone knows how to measure or calculate it in exactly the same way. Clear definitions are essential.
  - Specific means the indicator tells us only what we need to know and could not actually represent something else. Gap analysis of all of the individual-, group-, and system-level barriers helps identify other factors besides ACSM that could affect this indicator.
  - Feasible means the indicator can be collected with existing systems and resources and we have the financial and human resources to collect it.
  - When indicators are comparable, they represent the same result or outcome in different places over time.
- After we select the right indicators, we have to determine how we will define, collect, analyze, and report them. These are called indicator descriptions. They are another part of your M&E plan.
  - A complete indicator description includes a full definition, data source(s), and an explanation of how to calculate the value.



## 2. Activity: Demonstration

30 minutes

The purpose of this exercise is to demonstrate how to create a complete indicator description.

- Refer participants to *Handout 3.2 Indicator Description Examples*. Explain that the example at the top is a complete indicator description for the outcome indicator from the case example framework we just saw in the presentation.
- Read the indicator at the top of the page and the boxes underneath. Explain that these details together make up the complete description for this indicator.
- Now select an outcome from the flipchart exercise to create a framework for the pharmacist training objective. Lead the plenary to decide on an indicator for that outcome.
- Instruct each table (not the assigned small group) to now work together to complete a full description for that indicator in the empty “Practice Example” table in Handout 3.2.
- Allow 10 minutes for table work, then reconvene in plenary. Quickly compare and discuss examples from as many tables as time permits.



**BREAK 10:45 - 11:00 (15 minutes)**

## SESSION 3    Selecting Indicators

<b>Objective:</b>	Help participants select and define actual indicators for their M&E frameworks.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group work</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 2.4 M&amp;E Framework Template</li><li>• Handout 3.3 Indicator Worksheet</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Activity: Small group work

45 minutes

The purpose of this exercise is to assist participants to complete indicator descriptions for their M&E frameworks.

- Ask participants to cluster with their small group and find their M&E frameworks from yesterday (Handout 2.4).
- Refer participants to *Handout 3.3 Indicator Worksheet*.
- Instruct teams to use Handout 3.3 to begin creating indicator descriptions for their M&E frameworks. Remind participants to refer to the indicator criteria in the upper right corner of Handout 3.3.
- Table Coaches should join their assigned groups.
- After 45 minutes, reconvene in plenary.

#### 2. Facilitate plenary discussion

15 minutes

- What did you learn from doing this exercise?
- What problems came up and how did you solve them?
- What questions do you still have? (If time is short, record questions in the Parking Lot to answer later.)

## SESSION 4 Uses for Data

<b>Objective:</b>	Describe the different ways data can be used and presented to different audiences.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Small group work</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Uses for Data</li><li>• Handout 1.9 M&amp;E Plan Outline</li><li>• Handout 3.4 Data Use Plan</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Present slides: Uses for Data

30 minutes

##### Main Talking Points:

- Data quality and data use are additional components of our monitoring planning. We need to consider how we will use our data and how we will ensure that our data are accurate, complete, and unbiased.
- There are many reasons we need to use data:
  - To know if we are meeting targets.
  - To make decisions about programs and policies.
  - To prioritize activities.
  - To identify support/supervision needs.
  - To report back to donors.
- Different stakeholders might also be interested in our data for different purposes.
- Usually, data flows upward from the ground to higher levels of the ministry or the government. But data should also flow back to the field in the form of feedback. Ground-level providers need to know how they are performing, so data play an important role in supportive supervision.
- Because we understand our program and know the activities so well, we can forget that our stakeholders may not be as familiar with the terms we use or the

context. When reporting data, always think about your audience: How much do they know about ACSM and TB? How well do they understand the local context? We may need to explain or “interpret” data for them that seem really obvious to you. It is also helpful to focus more on trends than on separate pieces of data.



## 2. Activity: Small group work

30 minutes

The purpose of this exercise is to help participants create data use plans.

- Refer participants to *Handout 3.4 Data Use Plan*.
- Explain that teams will now use this template to help them think about their data use and reporting. Review the data use plan for the case example to show teams how to complete the template.
- In their teams, instruct participants to think about how they will use the data they collect for the objective in their M&E Plan Outline and how they will report those data and to whom. Teams should work out ideas on Handout 3.4 and then transfer their final ideas into their M&E Plan Outline.
- Table Coaches should join their assigned groups.
- After 30 minutes, dismiss participants for lunch.



**LUNCH 13:00 - 14:00 (1 hour)**

## SESSION 5

## Collecting High-Quality Data

<b>Objective:</b>	Describe methods and tools for collecting and analyzing routine monitoring data and the factors that impact the quality of data.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Brainstorm</li><li>• Small group work</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Collecting High-Quality Data</li><li>• Handout 3.5 Tools to Collect Monitoring Data</li><li>• Handout 3.6 Elements of Data Quality</li><li>• Handout 3.7 Data Quality Plan Example</li><li>• Handout 3.8 Monitoring Plan</li><li>• Three flipcharts, markers</li></ul>
<b>Time:</b>	1 hour, 45 minutes

### Training Steps:



#### 1. Activity: Brainstorm

40 minutes

The purpose of this exercise is to create a list of practical tools for collecting data.

- Divide participants into three groups and assign each one an ACSM approach: advocacy, communication, or social mobilization.
- Label one flipchart *ADVOCACY*, one flipchart *COMMUNICATION*, and one flipchart *SOCIAL MOBILIZATION*.
- Explain that we will now create a list of the different tools we might use to collect data on the most common ACSM activities. Monitoring tools are the actual documents or records we will use to collect data like patient registration cards, training attendance forms, outreach contact logs, meeting minutes, inventory sheets, etc.
- Refer participants to *Handout 3.5 Tools to Collect Monitoring Data*.
- Instruct each group to use Handout 3.5 to brainstorm a list of tools that could be used to collect monitoring data for the activities listed under that group's ACSM

approach. Groups will have about 20 minutes for this brainstorm, so 1-2 monitoring tools for each activity is sufficient.

- Then groups should record their monitoring tool list on their corresponding flipchart.
- One facilitator should join each group.
- Allow 25 minutes for this activity. Reconvene and invite everyone to cluster around the ADVOCACY flipchart.
- Ask the advocacy group to quickly present its list and facilitate a brief discussion. Ask others to suggest more ideas or tools they currently use in their own programs.
- Bring everyone to the next flipchart and repeat the activity. Repeat again at the last flipchart.
- Tell participants that these lists will be typed into a final document and distributed to them either as a print handout or on a flash drive.



## 2. Present slides: Collecting High-Quality Data

*20 minutes*

### Main Talking Points:

- Because we have many ways that we will use our data and many people with whom we will share the data, the quality of those data is important. Data quality is how well our M&E system represents what really happened. Are the results we report our *real* results?
- There are six basic elements of data quality, which are similar to the characteristics of good indicators that we have already reviewed:
  - Validity and reliability are both about hitting the target. Valid means it really happened, and reliable means that everyone collects and interprets it the same way.
  - Precision means that data and indicator descriptions have sufficient detail and the units of measurement are very clear.
  - Completeness means that data include all of the values needed to calculate indicators and no variables are missing.
  - Timeliness means that data are consistently collected and reported according to internal and external deadlines. It also means that data are analyzed frequently enough to be useful in management decisions.
  - Integrity means that data are true. The values are safe from deliberate bias and have not been changed for political or personal reasons.
- Data quality should be included in your M&E plan.



### 3. Activity: Small group work

45 minutes

The purpose of this exercise is for participants to begin creating monitoring plans.

- Refer participants to their M&E Plan Outline and to *Handout 3.8 Monitoring Plan*.
- Explain that Handout 3.8 is a template that brings together data collection, data use, and data quality into a final monitoring plan. Review each column.
- In their teams, instruct participants to begin to complete Handout 3.8 for as many activities from their M&E Plan Outline as possible.
- Table Coaches should join their assigned groups.
- After 45 minutes, dismiss participants for a coffee break.



**BREAK 15:45 - 16:00 (15 minutes)**

## SESSION 6 Developing Monitoring Plans

<b>Objective:</b>	Participants develop their monitoring plans.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group work</li><li>• Peer feedback</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 1.9 M&amp;E Plan Outline</li><li>• Handout 3.8 Monitoring Plan</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Activity: Small group work

*60 minutes*

The purpose of this exercise is to assist participants to complete monitoring plans.

- Reconvene teams and Table Coaches to continue work on their final monitoring plans.
- Instruct teams to transfer their final plans into their M&E Plan Outline.



#### 2. Optional activity: Peer feedback

*15 minutes*

The purpose of this exercise is to improve participant monitoring plans by reviewing and discussing plan drafts from one group.

- If time permits during the hour, interrupt the small group work for one team to present some of its monitoring plan.
- Invite one group to briefly present its monitoring plan. Facilitate the plenary to give feedback and ask clarifying questions. Remind everyone to make feedback constructive so it can help the group improve its work.
- Facilitate a brief discussion and then reconvene the small groups to complete their monitoring plans.

## SESSION 7 Summary and Closing

<b>Objective:</b>	Summarize the day's key points and get participant feedback.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Journal writing</li><li>• Daily feedback</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Daily feedback forms</li></ul>
<b>Time:</b>	15 minutes

### Training Steps:



#### 1. Activity: Journal writing

*10 minutes*

- Ask the Summary Volunteer to review the day's key discussion points.
- Ask participants for any final questions or comments about the day.
- Ask participants to reflect on any important ideas, thoughts, or insights they had today that they want to remember or act upon after they return home. Then ask them to write those in their workshop journals.



#### 2. Activity: Daily feedback

*5 minutes*

- Distribute daily feedback forms. Ask participants to write something they liked or learned today on the side with the happy face ☺. On the side with the STOP sign, ask them to list something to change or improve tomorrow or any questions they still have.
- Collect the forms to review during the Trainer's Debrief.
- Attend to any remaining logistics, thank participants for their participation, and close the day. Remind everyone that tomorrow's session begins promptly at 9:00 am.

**TRAINER'S DEBRIEF MEETING:**

- a.** Review participants' feedback. You may choose to summarize the feedback on a PowerPoint slide to show tomorrow morning.
- b.** Go over the day's session, discuss processes (content, timing, facilitating style, and participant feedback), and agree on necessary changes.
- c.** Review the next day's agenda. Decide how to adjust the content and agenda to meet participants' needs. Trainers should review each session assigned to them.
- d.** Arrange the day's working flipcharts and remove flipcharts that are no longer needed.

**DAY 4**

**Evaluation**

# DAY 4

## Evaluation

### Schedule at a Glance

Session	Title	Time	Trainer
1	Opening Session	9:00 - 9:30	
2	Introduction to Evaluation	9:30 - 10:45	
Break		10:45 - 11:00	
3	Evaluation Questions	11:00 - 12:00	
4	Evaluation Methods	12:00 - 13:00	
Lunch		13:00 - 14:00	
5	Selecting the Right Evaluation Method	14:00 - 15:45	
Break		15:45 - 16:00	
6	Plan Your Evaluation	16:00 - 17:15	
7	Summary and Closing	17:15 - 17:30	

### Today's theme: Planning for evaluation.

- Introduce the five categories of evaluation and when they can be used in the project cycle.
- Review the uses and limitations of the most common qualitative and quantitative evaluation methods.
- Discuss how to prioritize activities for evaluation and the important criteria to consider when choosing evaluation methods.
- Assist participants to select, design, and plan evaluation activities.

## SESSION 1

## Opening Session

<b>Objective:</b>	Welcome and prepare participants for the day.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Agenda Day 4</li><li>• Summary of Day 3 feedback</li></ul>
<b>Time:</b>	30 minutes

### Training Steps:

*PREPARATION: Before participants arrive, consider rotating seating placements so that teams who were at back tables now sit at middle or front tables.*

1. **Welcome participants to Day 4 of the training.**
2. **Summarize the feedback given the previous day. Address any concerns or changes the trainers plan to make in response.**
3. **Ask for and respond to participant questions about material covered the previous day.**



4. **Present slides: Agenda Day 4**

*15 minutes*

#### Main Talking Points:

- Yesterday we focused on the elements of routine monitoring: indicators, tools to collect those indicators, how to ensure the quality of those data, and how to use and report our data. Today we will begin to talk about evaluation. Evaluation is a very large part of our “M&E Plan Peacock.”
- We will discuss the different categories and methods of evaluation and how to choose the best methods to answer key questions about our ACSM activities.

## SESSION 2

## Introduction to Evaluation

<b>Objective:</b>	Provide an overview of evaluation categories and their uses.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Brainstorm</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Introduction to Evaluation</li><li>• Handout 2.3 M&amp;E Framework Example</li><li>• Flipchart, markers</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Present slides: Introduction to Evaluation

60 minutes

##### Main Talking Points:

- Evaluation is another part of the M&E plan.
- Monitoring is the routine collection of data and analysis of program activities. It answers the question, “Did we do the work we planned?” Evaluation is less frequent but more in-depth analysis that tells us how to improve our activities. It answers the question, “How effective were our activities?”
- Baseline evaluation is often called a needs assessment. It helps us understand where to start, especially important with very new activities or target groups.
- Once we decide what activities we will implement, we need to make sure those activities are acceptable to the target audience. Formative evaluation helps design or “form” the right activities. In communication, we commonly use formative evaluation to test messages (“pre-testing”).
- Process monitoring often overlaps with routine monitoring but it goes a bit further. Monitoring looks mostly at the outputs of our activities. Process evaluation looks at the “process” of implementing those activities to identify what is really working well and why, or to identify reasons why things are not working well.
- We use outcome evaluation to determine how well our activity achieved the intended results and the effect it had in the short and long terms.

- Outcome evaluation is very comprehensive and can be expensive. At a minimum, an outcome evaluation includes analysis of key case detection and treatment outcome indicators targeted by the ACSM activity and then describes the likely contribution of ACSM activities to those changes. Therefore, most programs put more time and effort into baseline and formative evaluation.
- Impact evaluation determines whether or not our ACSM activities *directly* contribute to long-term outcomes. With impact evaluation, we can confidently say that an outcome (e.g., treatment success rate) changed because of our ACSM and not because of another intervention. Because so many factors influence higher-level outcomes, it is usually too complicated and expensive for programs to conduct impact evaluation.
- Different categories of evaluation are used at different stages of the project: baseline evaluation at the very beginning to determine our starting point; formative evaluation to develop and launch our activities; process evaluation throughout implementation; outcome and impact evaluation after the activity is finished.



## 2. Activity: Brainstorm

15 minutes

The purpose of this exercise is to use the case example to demonstrate how to formulate useful evaluation questions during each evaluation stage.

- Remind participants that each category of evaluation is meant to answer different evaluation questions. There are many questions we can ask at each stage of our projects and it is important to select the most important questions to focus our evaluation efforts.
- Refer participants to *Handout 2.3 M&E Framework Example*.
- Ask participants to brainstorm a few questions that could be asked at each stage of this objective: baseline, formative, process, outcome, and impact.
- Flipchart several responses.
- Tell participants that they will complete this same activity for their own objectives after the coffee break.



**BREAK 10:45 - 11:00 (15 minutes)**

## SESSION 3 Evaluation Questions

<b>Objective:</b>	Assist participants to think critically about the evaluation questions they will ask and for what specific purpose.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group work</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 2.4 M&amp;E Framework Template</li><li>• Handout 4.1 Evaluation Questions Worksheet</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Activity: Small group work

60 minutes

The purpose of this exercise is to write evaluation questions for the selected ACSM objective.

- Refer participants to *Handout 2.4 M&E Framework Template* and *Handout 4.1 Evaluation Questions Worksheet*.
- In their teams, participants should list the most important questions they want to ask about their framework activities for each category of evaluation.
- Table Coaches should join their assigned groups.
- Allow 1 hour for this activity, then reconvene in plenary.

## SESSION 4

## Evaluation Methods

<b>Objective:</b>	Describe the different types of quantitative and qualitative methods that can be used to evaluate ACSM.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Evaluation Methods</li><li>• Handout 4.2 Guide to Effective Focus Group Discussions</li><li>• Handout 4.3 More Qualitative Methods</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Present slides: Evaluation Methods

60 minutes

##### Main Talking Points:

- Quantitative methods give us the numerical data to calculate estimates of indicators for an entire population. Qualitative methods help give us in-depth understanding of behavior.
- Quantitative methods differ from qualitative methods in the way people are chosen to participate, the types of questions we want to answer, and the tools we use to gather the data, among others.
- The quantitative methods we will discuss today are analysis of routine surveillance and NTP data, analysis of program data, population-based surveys like knowledge, attitudes, and practices, or KAP, surveys, and simple surveys.
- A lot of detail is already available to us through existing surveillance and disease reporting systems. These data can give us information about patient demographics, diagnostic and treatment statistics, and how services are used, how frequently, and where. Be careful about data quality at this level.
- Another important quantitative method is analysis of our own ACSM program data. These are the output and outcome indicators collected on a regular basis to determine if we are implementing the project as planned and achieving anticipated results. The data come directly from your project and are included in your M&E plan.
- Try to make a strong link between your data and larger data sets, which means adding context to your data. Interpreting the values and trends of our project within

the context of what is happening in the community and overall TB indicators gives our data more meaning and importance.

- This illustrates the difference between monitoring and evaluation. Looking at the raw numbers of our own program data is simple monitoring. But those same numbers can be used in evaluation if we connect them to an evaluation question that is linked to a larger context. This is why frameworks are so important, because they show the connection between our activities and the broader NTP objectives, or context.
- Population-based surveys are very large-scale efforts to survey a large group of people. They usually require a large team with specialized expertise and a full-time survey manager.
- KAP surveys measure the knowledge, attitudes, and practices of a broad population. These surveys are a huge effort requiring expertise and money. Weigh the costs of this method with its benefits. Is there another way you could get the same data?
- When we do not have the resources to conduct a population-based survey, we may be able to conduct a simple survey, questionnaire, or poll with our target population on specific issues.
- While quantitative methods produce “hard numbers,” qualitative methods capture more descriptive data. There is less emphasis on counting numbers of people who think or behave in certain ways and more emphasis on explaining why people think and behave in certain ways.
- A focus group discussion is a semi-structured conversation with a small group of people who share something in common (usually members or sub-groups of your target population). The group is led by a moderator who follows a question guide.
- Focus group discussions are particularly useful to pre-test communication materials or gather formative information to help you design a project, especially when you need to collect as many diverse opinions as possible in a short period of time.
- Key informant interviews are useful to collect detailed information on opinions/insights from someone (usually a leader/key stakeholder) who may not want to participate in a larger group or would prefer to remain anonymous. You need to choose informants carefully so you get a range of opinions.
- With exit interviews, a trained interviewer uses a standard instrument to interview patients or clients as they leave a facility to gather data on patient experiences. They can evaluate short-term outcomes of changes to service delivery, measure patient satisfaction, or monitor provider behavior after a training.
- Media scans involve searching for material related to a specific topic (e.g., TB) over a specific time period to determine how often it is covered in the media, and the messages that are communicated. You can scan print media (newspapers, magazines), radio, television, and the Internet and social media.



**LUNCH 13:00 - 14:00 (1 hour)**

## SESSION 5

## Selecting the Right Evaluation Method

<b>Objective:</b>	Describe how to select the proper mix of evaluation methods.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li><li>• Demonstration</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Selecting the Right Evaluation Methods</li><li>• Handout 1.3 Case Example</li><li>• Handout 4.4 Evaluation Example</li></ul>
<b>Time:</b>	1 hour, 45 minutes

### Training Steps:



#### 1. Present slides: Selecting the Right Evaluation Methods

60 minutes

##### Main Talking Points:

- If we had unlimited time and money, we could theoretically evaluate every ACSM activity. But since our resources are limited, we need to make very careful choices about what and how we evaluate.
- In general, there are three main reasons to evaluate a project or activity. Baseline or formative evaluation gives us up-front information so we can develop the program correctly and tailor it effectively to the target population. We also use outcome, process, or impact evaluation to tell us if our activities had the outcomes and effect we had hoped for. We should also use the “lessons learned” from our evaluation to make our program and activities more effective or efficient.
- We prioritize activities for evaluation if they are new, they might be expanded, we invested a lot in start-up, or if something unexpected is happening. Funders may also require evaluation.
- First we must choose the right category of evaluation, which is usually based on when we are evaluating (e.g., baseline, process, etc.). But then we also must choose the specific method of evaluation.
- Choose a quantitative method any time you need to know how much, how many, how few, etc., especially useful if you need to measure your results against a target or to monitor change over time.

- Use qualitative methods when you need ideas and opinions more than numbers. Choose these methods when you need to know why something is happening or to get an idea of where to start or to explore a situation in real depth.
- It is often best to combine methods and overlap them at different times. For example, you can analyze surveillance data or conduct a focus group discussion at any time in your project. KAP surveys, however, are best used for baseline and outcome/impact evaluation.
- Our choice should also depend on our evaluation questions, which are also tied to our ACSM objective. Our evaluation should always link back to the objective and attempt to provide information relevant to this objective.
- The important factors to consider when selecting an evaluation method are scale, cost, generalizability, and rigor. Another factor is the purpose of the evaluation. If you only need to identify the strengths and weaknesses of a single activity, you can choose a simple, low-cost method. However, if you need to generate strong evidence about ACSM activities at a national level, you will need a more expensive, rigorous method. Your choice also depends on how quickly you need the results and what financial and human resources are available.
- An evaluation template is an easy tool to use when making decisions about your evaluations.



## 2. Activity: Demonstration

45 minutes

The purpose of this demonstration is to show what kind of information should be included in a plan for evaluation activities, following the workshop case example.

- Refer participants to *Handout 4.4 Evaluation Example*. This is an example of how to plan for evaluation activities, which we will demonstrate using our case example.
- Read the objectives and activities. Review each column, emphasizing how these elements help to answer the evaluation question and link logically to the objective.
- Ask if there are any questions.
- Explain that teams will complete a template for their own ACSM activities after the break.



**BREAK 15:45 - 16:00 (15 minutes)**

## SESSION 6 Plan Your Evaluation

<b>Objective:</b>	Assist participants to select and plan evaluation activities.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Small group work</li><li>• Peer feedback</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 1.9 M&amp;E Plan Outline</li><li>• Handout 2.4 M&amp;E Framework Template</li><li>• Handout 4.5 Evaluation Template</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:



#### 1. Activity: Small group work

75 minutes

The purpose of this exercise is for country teams to develop their evaluation plans.

- Ask participants to cluster with their small groups.
- Refer participants to *Handout 4.5 Evaluation Template* and *Handout 2.4 M&E Framework Template*, which they completed on Day 2.
- Instruct teams to review their M&E frameworks to select activities to evaluate and the appropriate evaluation methods.
- Instruct participants to complete *Handout 4.5 Evaluation Template* as they plan their evaluation.
- Instruct teams to transfer their evaluation information into their M&E Plan Outline to join the objective they selected.
- Table Coaches should join their assigned groups.
- After 75 minutes, reconvene in plenary.

## SESSION 7 Summary and Closing

<b>Objective:</b>	Summarize the day's key points and get participant feedback.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Journal writing</li><li>• Daily feedback</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Daily feedback forms</li></ul>
<b>Time:</b>	15 minutes

### Training Steps:



#### 1. Activity: Journal writing

*10 minutes*

- Ask the Summary Volunteer to review the day's key discussion points.
- Ask participants for any final questions or comments about the day.
- Ask participants to reflect on any important ideas, thoughts, or insights they had today that they want to remember or act upon after they return home. Then ask them to write those in their workshop journals.



#### 2. Activity: Daily feedback

*5 minutes*

- Distribute daily feedback forms. Ask participants to write something they liked or learned today on the side with the happy face ☺. On the side with the STOP sign, ask them to list something to change or improve tomorrow or any questions they still have.
- Collect the forms to review during the Trainer's Debrief.
- Attend to any remaining logistics, thank participants for their participation, and close the day. Remind everyone that tomorrow's session begins promptly at 9:00 am.

**TRAINER'S DEBRIEF MEETING:**

- a.** Review participants' feedback. You may choose to summarize the feedback on a PowerPoint slide to show tomorrow morning.
- b.** Go over the day's session, discuss processes (content, timing, facilitating style, and participant feedback), and agree on necessary changes.
- c.** Review the next day's agenda. Decide how to adjust the content and agenda to meet participants' needs. Trainers should review each session assigned to them.
- d.** Arrange the day's working flipcharts and remove flipcharts that are no longer needed.

**DAY 5**

**Putting It All  
Together**

# DAY 5

## Putting It All Together

### Schedule at a Glance

Session	Title	Time	Trainer
1	Opening Session	9:00 - 9:30	
2	Flextime	9:30 - 10:45	
Break		10:45 - 11:00	
3	Ask an Expert	11:00 - 13:00	
Lunch		13:00 - 14:00	
4	Real-World Challenges of M&E	14:00 - 15:00	
5	What's My Story?	15:00 - 15:45	
Break		15:45 - 16:00	
6	Final Evaluation and Workshop Closing	16:00 - 17:00	

### Today's theme: Back to our stories.

- Step back to examine how all of the pieces fit together into an M&E plan.
- Provide an opportunity to ask final questions and get additional mentoring feedback on M&E plans.
- Discuss real-world challenges of M&E and practical ideas to overcome them.
- Reflect again on the stories we want to tell about our ACSM programs.

## SESSION 1

## Opening Session

<b>Objective:</b>	Welcome and prepare participants for the day.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Agenda Day 5</li><li>• Summary of Day 4 feedback</li></ul>
<b>Time:</b>	30 minutes

### Training Steps:

1. Welcome participants to Day 5 of the training.
2. Summarize the feedback given the previous day. Address any concerns or changes the trainers plan to make in response.
3. Ask for and respond to participant questions about material covered the previous day.



4. Present slides: Agenda Day 5

*15 minutes*

#### Main Talking Points:

- Today we will see how everything we talked about this week comes together in your final M&E plans. We will give you an opportunity to get more direct feedback about your M&E plans.
- Then we will talk about how M&E works in the real world, with challenges like budgets, staffing, and lack of resources.

## SESSION 2 Flextime

<b>Objective:</b>	Flexible time to use as needed.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• TBD</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• TBD</li></ul>
<b>Time:</b>	1 hour, 15 minutes

### Training Steps:

This is extra time available to facilitators for whatever activity is needed. Options include:

- Visit to the local NTP or DOTS facility.
- Special guest presenters.
- Additional time for small group work on M&E plans.
- Small group “salon” conversations on topics of interest to participants.
- Review of any previous content or areas of confusion.



**BREAK 10:45 - 11:00 (15 minutes)**

## SESSION 3 Ask an Expert

<b>Objective:</b>	Explore participant-chosen topics in depth through small group conversations.
<b>Techniques:</b>	Small group discussion
<b>Materials:</b>	None
<b>Time:</b>	2 hours

### Training Steps:

*PREPARATION: Designate meeting spaces for 2-4 small groups where there is enough space for 8-12 people to sit and speak comfortably without creating noise for others.*



#### 1. Activity: Small group discussion

120 minutes

The purpose of this exercise is for participants to get personal feedback from an M&E expert on their evaluation plans and to ask questions on any M&E topic.

- Divide teams into 2-4 small groups of equal number and assign meeting places.
- Assign 1-2 trainers/experts to facilitate each group.
- Explain that this is an opportunity to get personalized assistance from their own M&E expert. Participants are encouraged to ask each other and their expert about:
  - Feedback on their evaluation plans.
  - Advice on facing unique M&E challenges back home.
  - M&E concepts that remain confusing.
- Encourage participants to share ideas and brainstorm with each other as much as they consult with the expert/facilitator.
- Inform participants that they will then go to lunch directly from their small groups.
- Ask for any questions and dismiss participants to their groups.

*NOTE: The Lead Facilitator should remain free to roam between groups to monitor mood and pace of the groups and to give facilitators a time reminder 15 minutes before lunch.*



**LUNCH 13:00 - 14:00 (1 hour)**

## SESSION 4

## Real-World Challenges of M&E

<b>Objective:</b>	Discuss obstacles to conducting M&E at home and generate practical solutions.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Presentation</li><li>• Discussion</li></ul>
<b>Materials:</b>	<ul style="list-style-type: none"><li>• PowerPoint slides: Real-World Challenges of M&amp;E</li></ul>
<b>Time:</b>	1 hour

### Training Steps:



#### 1. Present slides: Real-World Challenges of M&E

60 minutes

##### Main Talking Points:

- All programs need to find a balance between ideal M&E activities and what is possible given constraints in funding, staff, time, and political will. These challenges are not always independent and they can often overlap.
- One challenge can be donors who demand detailed monitoring data beyond what are routinely available, or request impact evaluation for ACSM activities without providing sufficient budget for either.
- Another challenge is not having any baseline data with which to compare our outcomes. If this is the case, try to estimate baseline measurements using a secondary data source or to identify a control group and compare differences between cases and controls.
- If your program lacks funding to do a truly comprehensive evaluation, you can:
  - Simplify the design or reduce sample size.
  - Use existing data (program reviews, etc.).
  - Use a historical comparison group rather than collecting new data.
  - Reduce costs of data collection and analysis.
  - Limit analysis to simple quantitative measures.
- If your evaluation time is short, consider rapid data collection methods, hire more staff on a temporary basis, or use existing data sources, such as routine reports.
- There are several resources available for technical assistance or limited funding to support ACSM and monitoring and evaluation.

## SESSION 5 What's My Story?

<b>Objective:</b>	Participants reflect again on their "ACSM stories" and the next action steps they will take at home to collect and tell those stories.
<b>Techniques:</b>	<ul style="list-style-type: none"><li>• Journal writing</li><li>• Discussion</li></ul>
<b>Materials:</b>	None
<b>Time:</b>	45 minutes

### Training Steps:



#### 1. Activity: Journal writing

45 minutes

- Ask participants to open their workshop journals and reflect again on the ACSM story they wrote about on Day 1 and to review their daily journal entries.
- After reflecting on the week, participants should write down the next three steps they plan to take after they return home to help make their ACSM stories come true. What actions will they take next to integrate what they have learned here? What will they do to initiate or improve their M&E activities at home? What do you need to do first in order to tell this story?
- Allow 20 minutes for writing, then reconvene in plenary.
- Invite each person to stand and present his/her list of three steps to the group.  
*NOTE: Another facilitator should record the responses for the workshop report and any follow-up.*
- Summarize the responses and dismiss participants for a coffee break.



**BREAK 15:45 - 16:00 (15 minutes)**

## SESSION 6

## Final Evaluation and Workshop Closing

<b>Objective:</b>	Share ideas for “next steps” and evaluate the workshop.
<b>Techniques:</b>	Presentation
<b>Materials:</b>	<ul style="list-style-type: none"><li>• Handout 5.1 Post-workshop ACSM M&amp;E Quiz</li><li>• Handout 5.2 Final Evaluation</li><li>• Certificates of Participation</li></ul>
<b>Time:</b>	1 hour

### Training Steps:

1. Lead a brief discussion on how participants would like to stay in touch or support each other in their work after this workshop.
2. Explain that participants will now have an opportunity to reflect and give feedback on the training.
3. Distribute copies of *Handout 5.1 Post-workshop ACSM M&E Quiz*. Allow 10 minutes for participants to complete.
4. Distribute copies of *Handout 5.2 Final Evaluation*. Allow 10 minutes for participants to complete.
5. Present a Certificate of Participation to each workshop participant.
6. Invite any appropriate collaborating or sponsoring representatives to make closing remarks and officially conclude the workshop.
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.

# Auxiliary Materials

## Monitoring and Evaluation of Advocacy, Communication, and Social Mobilization to Support Tuberculosis Prevention and Care

### Pre-workshop Participant Assessment

2. Name \_\_\_\_\_
3. Organization \_\_\_\_\_
4. Job title \_\_\_\_\_
5. What is your role in TB control? \_\_\_\_\_
6. What ACSM activities are you responsible for and how? \_\_\_\_\_  
\_\_\_\_\_

7. Do you have an ACSM plan (or draft) for your country/region?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

8. Do you have an M&E plan for ACSM (or draft)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

9. How much experience do you have designing or implementing these evaluation methods?

	None	Very little	Some	A large amount
Focus group discussions				
Knowledge, attitudes, and practices surveys				
Key informant interviews				
Media scans				
Secondary analysis of routine data				

10. How much training have you had in the following topics?

	None	<1 day	≥1 day
ACSM planning			
Cough to Cure Pathway gap analysis			
Monitoring methods			
Program evaluation strategies			

11. I want to develop better knowledge or skills in: (check the three most important below)

- |   |  |
|---|--|
| <input type="checkbox"/> Understanding different M&E terms    | <input type="checkbox"/> Creating M&E plans        |
| <input type="checkbox"/> Choosing the right evaluation method | <input type="checkbox"/> Developing indicators     |
| <input type="checkbox"/> Creating monitoring tools            | <input type="checkbox"/> Developing questionnaires |
| <input type="checkbox"/> Conducting a needs assessment        | <input type="checkbox"/> Analyzing data            |
| <input type="checkbox"/> Data quality assurance               | <input type="checkbox"/> Other: _____              |

12. List up to five areas of ACSM or M&E about which you could share your expertise with others.

## Pre-/Post-workshop ACSM M&E Quiz Answers

**ACSM:** advocacy, communication, and social mobilization; **M&E:** monitoring and evaluation.

1. Evaluation is a routine practice that helps ACSM managers understand whether or not activities are being implemented as planned. False
2. Outcome evaluation should always be done before process evaluation. False
3. The only important characteristics of high-quality data are accuracy, timeliness, and completeness. False
4. Gap analysis is a critical step in planning for M&E of ACSM activities. True
5. An M&E framework can help show how ACSM activities contribute to National Tuberculosis Program goals and objectives. True
6. Focus group discussions are a useful way to pre-test communication materials. True
7. An M&E plan includes a framework, indicators, and evaluation methods. True
8. An output is a long-term result of ACSM activities that should be analyzed over time. False
9. Knowledge, attitudes, and practices surveys are a very inexpensive, quick way to collect data needed to support ACSM programs. False
10. National Tuberculosis Program staff are always the best people to conduct evaluations of ACSM. False

## Case Example: Facilitator Version

The National Tuberculosis Program (NTP) has a goal to reduce morbidity and mortality related to tuberculosis (TB). A key objective of the NTP is to raise its case detection rate from 42% to 60% by 2015. One problem in case detection is that urban residents are poorly educated about TB symptoms and where to go for care if they have TB-like symptoms (cough for 2+ weeks, chest pain, cough with blood, fever, night sweats). As a result, they consult local pharmacists to treat these symptoms rather than go to government health facilities.

Also, pharmacists have limited knowledge about TB and TB services and provide inappropriate treatments for prolonged cough. A local public health graduate student recently conducted a telephone survey of 70 pharmacists in three large cities to determine their knowledge of TB symptoms and their response to customers with prolonged cough (e.g., sell cough syrups, sell antibiotics, or refer them to a formal health facility for evaluation). Of the 70 interviewed, only one-third (23) of the pharmacists could list the most common symptoms of TB. Only six (9%) reported they had referred a customer with prolonged cough for TB screening in the past six months, and only eight (12%) knew where the nearest DOTS facility was located.

A local nongovernmental organization (NGO) is funded to work with the NTP to conduct a public awareness campaign and pilot efforts to engage private pharmacists in the capital, City X, to refer people with TB symptoms for TB screening at DOTS facilities. If the pilot shows good results, the NGO would like to approach its donor to expand the pharmacy intervention to ten large cities with high pharmacy density.

These are the planned activities:

### 1. Conduct a public awareness campaign.

#### **Communication objective:**

Raise knowledge of TB symptoms and TB services to increase the number of people in City X seeking care for TB symptoms at DOTS centers by 30% by December 2013.

Activity 1: Conduct a knowledge, attitudes, and practices survey to explore the general public's knowledge of TB symptoms and informational needs.

Activity 2: Develop and air a series of three radio commercials promoting awareness of TB symptoms and screening for symptoms at the DOTS facility.

Activity 3: Develop and produce a series of three subway ads promoting awareness of TB symptoms and screening for symptoms at the DOTS facility.

### 2. Involve pharmacies to refer people with TB-like symptoms for DOTS screening

#### **Social mobilization objective:**

Mobilize at least 20% of private pharmacies in City X by December 2013 to refer people with TB-like symptoms for screening at DOTS facilities.

Activity 1: Train 50 pharmacists to recognize common TB symptoms and counsel customers with TB symptoms to be screened at the local DOTS facility.

Activity 2: Conduct monthly visits to participating pharmacies to track referrals and provide technical support.

Activity 3: Conduct monthly visits to participating DOTS facilities to track people presumed to have TB who came with pharmacy referrals and to track TB case detection.

### **3. Obtain expansion funding**

#### **Advocacy objective**

By June 2014, acquire funding to expand pharmacy intervention to ten cities.

Activity 1: Develop a brief proposal describing the results of the pharmacy pilot project, expansion targets, and expected budget. Distribute to donor and leaders at the NTP and Ministry of Health.

Activity 2: Conduct meetings with the NTP, Ministry of Health, and donor to review the report and approve funding for the pharmacy intervention.