Module & Toolkit
TB Advocacy at Decentralized Level

December 2009

USAID
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Stop TB Partnership

KNCV TUBERCULOSEFONDS

TB CTA
The Tuberculosis Coalition for Technical Assistance

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ACKNOWLEDGEMENTS

The creation of the module finds its origins in the conviction that the long-term sustainability of TB control hinges on financial and political support at the base, i.e. at de-centralized level. Strong proponents, a broad group of **stakeholders in the Indonesia TB Program**, found receptive support for this conviction within the **USAID** financed **TB CAP** project (IR1 in the conceptual framework). The development of this module was encouraged as a tool to enable and foster advocacy at de-centralized levels, building on the adaptation of the Planning and Budgeting Tool for district level.

A joint endeavor got to a start in January 2009. The **National Tuberculosis Program of Indonesia**, the **USAID Indonesia Country Mission, KNCV Office Indonesia, PPTI**, and … collaborated with international ACSM and advocacy experts to prepare a workshop for the participative development of advocacy tools and a standard curriculum. Representatives from five districts in Indonesia (Kabupaten Bantul, Kabupaten Lampung, Kabupaten Langkat, Kabupaten Tarakan, and Kota Malang), selected for their active and often innovative ACSM engagement, participated and contributed their essential perspective from the realities, power relations and priority setting at de-centralized levels.

We were able to build on available policies in the field of ACSM for TB control, much of it spear-headed by the Stop TB secretariat. For the development of the curriculum both **PATH** and **BBO** generously shared their expertise from years of work in the field of advocacy and capacity building for advocacy. **HRD consultants from KNCV** provided didactic and methodological advice.

We acknowledge gracious financial support for the development of the module from **USAID, Bill & Melinda Gates Foundation** (through the **Stop TB Partnership**) and DGIS.

Our personal thanks go to those on the writing team who contributed with particular dedication and know-how, much of it in spare time: Yoana Anandita, Attin Utoro, Mary Lengkong, Candyana Yohan, Jan Voskens, Netty Kamp, Chris Smith, Nonna Turusbekova, Bert Schreuder, Louise Baker, Homero Hernandez. Foremost, our appreciation goes to the participants in the Bogor workshop on July 9 -11, 2009 for their enthusiasm and generous sharing of ideas and insights into the context of advocacy at de-centralized level. The layout was done by Tristan Bayly.

The Hague,
December 2009

LIST OF ABBREVIATIONS

ACSM	Advocacy, Communication, and Social Mobilization
APA	Annual Plan of Activities - within the TB CAP activities running from APA1 (2006) to APA5 (2010)
BPN	Business Professional Network
BBO	Bureau Beleidsbeïnvloeding Internationale Samenwerking, a not-for-profit advocacy advisory organization
DGIS	Directorate General for International Development, Department within the Dutch Ministry of Foreign Affairs
DOTS	Directly Observed Treatment Short-course
DPRD	District Parliament
HRD	Human Resource Development
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
IR1	TB CAP Intermediate Result– Political Commitment to TB control
KNCV	KNCV Tuberculosis Foundation
M&E	Monitoring and Evaluation
MP	Member of Parliament
NGO	Non-Governmental Organization
NTP	National TB Program
PATH	Program for Appropriate Technology in Health
PPTI	Perkumpulan Pemberantasan Tuberculosis Indonesia = NGO
SEKDA	Decision maker
SMART	Specific Measurable Achievable Realistic Time bound
SMS	Short Message Service
SWOT	Strengths, Weaknesses, Opportunities and Threats analysis
TB	Tuberculosis
TB CAP	TB Control Assistance Program
TBCTA	TB Coalition for Technical Assistance
TB/HIV	Tuberculosis/Human Immunodeficiency Virus
USAID	United States Agency for International Development
VIP	Very Important Person
WHO	World Health Organization

GLOSSARY

Advocacy	Influence decision makers to defend the interests of a specific group. Characteristics: send information, influencing by asking changes and formulating demands. Examples: demonstration, petitions, letters.
Administrator	TB control officer, TB district manager, infectious disease manager, district health officer
Communication	*-as used in ACSM acronym-* is behavior-change communication. This communication aims to change knowledge, attitudes and practices among various groups of people. It frequently informs the public of the services that exist for diagnosis and treatment and relays a series of messages about the disease – such as "seek treatment if you have a cough for more than two weeks", "TB hurts your lungs" or "TB is curable".
De-centralized	The appropriate administrative level in the country for de-centralized advocacy. This will depend on the country's governance model.
Lobby	Systematic informal effort to influence decision makers on behalf of a specific group. Characteristics: open two way communication, influencing by linking interests of stakeholders, creating a win-win. Examples: personal meetings with decision makers, telephone conversations, site visits.
Social Mobilization	*–as used in ACSM acronym-* Social mobilization brings together community members and other stakeholders to strengthen community participation for sustainability and self reliance. Social Mobilization generates dialogue, negotiation, and consensus among a range of actors that includes decision makers, the Media, NGOs, opinion leaders, policy makers, the private sector, professional associations, TB Networks and religious groups.
TB Stakeholder	Those persons or organizations who have a stake or a say in resolving the problem on TB control.

Chapter 1. INTRODUCTION

1.1 Readers' Guide to this document

This document encompasses the Module & Toolkit for TB Advocacy at Decentralized Level. Chapter 1 provides the rationale for the development of the Module and an introduction to the objectives, target group, profile of the facilitators, as well as a suggestion for the follow-up after running the module. Chapter 2 may serve as an instruction guide for preparation and implementation of the Module in a specific context. Module curriculum is presented in Chapter 3 with related exercises in attachment II and Advocacy Toolkit in attachment III.

The document in its entirety is addressed primarily at facilitators who will run the Advocacy Module. Before actually running the Module the adaptation to a specific country context is of paramount importance. This document is a starting point for the actual preparation by the facilitators who will run the course. Facilitators with expertise in the area of advocacy, or advocates with some expertise in facilitating and knowledge of the particular context can finalize their module on the basis of this document.

The document may also be of interest to stakeholders in a national TB partnership or other potential sponsoring organizations who intend to foster capacity development in the field of TB/health advocacy, particularly at de-centralized level within countries.

The Advocacy Toolkit (attachment 3) is meant to be of value to those preparing their advocacy subsequent to attending the Module. It is a stand-alone and take-home toolkit to assist people to strategize and shape their advocacy.

1.2 Background and justification

KNCV Tuberculosis Foundation (KNCV), in cooperation with USAID and other partners leads the implementation of a global TB Control Assistance Program (TB CAP) with activities in 32 countries. As part of its mission towards the global elimination of TB, KNCV and partners of the TB Coalition for Technical Assistance (TBCTA) are committed to achieving strengthened political commitment for TB control. These activities complement the KNCV engagement in policy development, technical program support, research and capacity building for TB control. USAID provided funding for the development of this module through APA4 Core-funding, and APA4 Indonesia Country-funding related to intermediate result IR1, strengthening political support. The Stop TB Partnership is co-funding the project under the auspices of a Bill and Melinda Gates Foundation grant.

Currently available advocacy trainings within the existing ACSM (Advocacy, Communication and Social Mobilization) curricula need to be adjusted in order to be better suited to the:

- Political and stakeholder context at de-centralized rather than national levels;
- Functional role and professional of the target group (not professional advocates, but TB administrators who need to advocate for local support as part of their broader management tasks);
- Skill level and priorities of the target group.

From July 9 -11, 2009 a workshop was conducted in Indonesia for the participative development of methods for advocacy capacity building at de-centralized levels. The envisaged output included a generic training module (to be applied and further developed in country contexts in other parts of the world) and a replicable and easy-

to-apply framework for advocacy planning and advocacy presentation based on planning and budgeting at de-centralized[1] levels.

Participants in the workshop included district health administrators (TB control officer, TB district manager, infectious diseases manager, district health officer) from five districts which had each engaged in a variety of ACSM activities. A group of advocacy experts with previous ACSM engagement participated; staff from the Indonesia National TB Program and staff from the KNCV Jakarta office participated and were engaged in the organizing committee of the workshop. In addition, various NGO representatives and the academic community participated.

In the preparation of the module the importance of support structures for implementation and use of acquired advocacy skills emerged as a determining success factor in reaching the goal: advocacy engagement by health administrators to ensure appropriate resource allocations for TB control from district budgets. While this was beyond the scope of the terms of reference, a recommendation on support structures for the operational follow-up was developed and this aspect is now embedded in the modules (final day).

While de-centralized advocacy for domestic budget allocations to TB control was the original objective, it transpired that this specific advocacy objective, particularly at the local level, needs to be embedded in a broader objective of securing funding for health, as well as ensuring in-kind resource allocations (e.g. human resources and drugs). We have therefore chosen to include both TB specific and broader health advocacy into the examples and semantics of the course.

Justification:
Policy influencing at decentralized level is becoming increasingly important because:

- Local governments often do not show sufficient political commitment to invest resources in public health care, including TB control;
- Political interest in public health is often at a disadvantage in comparison with clinical care;
- Nationally allocated financial resources for the prevention and treatment of TB do not sufficiently reach the decentralized level;
- Governments are increasingly decentralizing the management of resources from national to decentralized levels;
- High dependence on external donors makes public health service provision vulnerable in terms of continuity and long term financial sustainability.

To enable administrators to mobilize greater political commitment for effective TB prevention and treatment programs at decentralized levels, it is necessary to equip them with proper tools and instruments, enabling them to analyze the internal and external environment in which they are working, and to strengthen their skills on engaging with decision makers at various levels.

To achieve the above, this module on de-centralized advocacy is proposed to be used by the National TB Program[2] and in-country facilitators to sensitize and equip

1 We have chosen the generic word "de-centralized" to distinguish the national level from the sub-national level. Which level is the appropriate administrative level of focus for de-centralized advocacy depends very much on the country's governance model. In the case of Indonesia the appropriate level was determined to be "districts". Representative structures (district parliaments) exist, a district head ("Bupati ") is the elected administrator. The crucial determinant is at what administrative levels the principal budgeting decisions are prepared and decided.

2 Defined to be either the official NTP (part of the Ministry of Health) or a National Stop TB Partnership.

health administrators at de-centralized levels for their important advocacy role, in combination with the ACSM module or separately.

It is recognized that advocacy does not take place in isolation from the community and affected population. To the contrary, social mobilization of the target population is a crucial enabling building block for effective advocacy. This advocacy module nevertheless is focused foremost on strategies targeting decision makers. When looking at the Cough-to-Cure Pathway (attachment IV) advocacy aims to address the issues on the bottom part, the system side which must ensure the availability and quality of services, financial resource allocation, and availability of supplies such as drugs.

1.3 Objectives of the module

This module is intended as a tool to build skills for strategizing (and implementing) TB advocacy at de-centralized level. The module aims to:

- Give insight into the various steps to be taken to develop an effective advocacy action plan to enhance TB control at decentralized level;
- Equip local health administrators with an easy-to-follow step-by-step process to engage strategically in TB control advocacy at decentralized level;
- Share experience and practices in TB control advocacy at decentralized level;
- Result in the development by participants of a concrete influencing strategy and action plan.

1.4 Structure and use of the module

The module consists of four parts:
PART 1: Getting started
PART 2: Exploring the concepts and conditions for advocacy
PART 3: Getting prepared for advocacy, step-by-step
PART 4: Drafting the participant's advocacy plan.

The setup of these four parts is step-wise as reflected in the separate sessions within each part. For each session stand-alone objectives and work-methods are developed, such that an individual session can be lengthened or shortened, even left out, if this is deemed appropriate given the available competencies and advocacy skills of the participants, their interests and/or time constraints. Together these steps result in an effective and appropriate decentralized level advocacy plan of the participants.

It is advised to plan and work through the four parts and steps over a period of four days. An example of a four day program for the workshop is presented below:

Day	Part	Type	Time	Sessions
1	**Part I: Getting started**	Core	1.45	1: Welcome and introduction into the program
2	**Part II: Exploring the concepts and conditions**	Core, flexible	2.30	2: Exploring the concept of ACSM, with a focus on Advocacy
		Core	2.00	3: Sharing experiences with advocacy
		Core, flexible	1.00	4: Factors for successful advocacy
		Core	0.30	5: Summary of day 1

3	**Part III: Getting prepared for advocacy**	Core	1.00	6: Introduction into day 2 and the 10 steps for advocacy
		Core	1.00	7: Step 1: Who are you as advocate of TB control?
		Core	1.30	8: Step 2: What are the core barriers to better TB control in your district?
		Core, flexible	2.00	9: Step 3: Knowing the actor environment, develop your network and become aware of potential opposition
		Core	1.00	10: Step 4: Identify a possible solution
		Core	1.30	11: Step 5: Define SMART advocacy objectives
		Core	0.30	12: Summary of day 2
		Core	0.30	13: Introduction into day 3
		Core, flexible	1.00	14: Step 6: Prepare your institution for advocacy
4	**Part IV: Drafting the participants' advocacy plan**	Core	1.00	15: Towards an advocacy action plan
		Core, flexible	1.30	16: Step 7: Develop appropriate advocacy messages
		Core	1.30	17: Step 8: Make an advocacy action plan
		Core, flexible	0.30	18: Step 9: Carry out the advocacy action plan
		Core	1.15	19: Step 10: Monitoring and evaluation and adjustments of the advocacy action plan
		Core	0.30	20: Future steps and agreements for the way forward
		Core	0.30	21: Evaluation and closure of the workshop

1.5 Users of the module

The facilitators

This module on advocacy is to be conducted by a team of facilitators (at least two). At least one of the facilitators should be familiar with TB advocacy and the ACSM methodology. The other facilitator should preferably contribute an outsider's perspective (as to TB), but have strong roots in the local advocacy context, and preferably some familiarity with the health management context at de-centralized level.

The targeted participants

As mentioned before, this module is targeted at local level health managers with sufficient authority to address local decision makers and politicians. Given the rapid staff turn-over which characterizes the health staff environment in many countries, it is advised to consider to enroll per local government area (district in the case of Indonesia) a critical mass - say three - local level staff members from various backgrounds (diversity of institutions) (for example a TB manager, a senior health manager and a person from the local health promotion department). The added advantage of training a small group per local entity is that there is a built-in local collegial support structure with an opportunity for sounding out, cross fertilization of networks and keeping each other to task for follow-through.

The curriculum fine-tuning
It is advised that, before rolling out the training module, the curriculum is tested and adapted to suit the specific country context. This might be done in a participative workshop run by the facilitators as a way of preparing themselves and allow fine-tuning of the curriculum to the specific context, target group needs, and their own personal style. This could be done through a workshop of two to three days with a diverse mix of participants: in-country advocacy experts, an a local facilitator with a general advocacy background and an (international) advocacy facilitator familiar with ACSM and TB advocacy, and a representative selection of the target group, i.e. managers of health centers at decentralized levels, involved in TB programs and / or general health activities.

The operational support structure for follow-up:
Advocacy capacity building is no more than a first step towards effective advocacy. An operational support structure needs to be in existence to support and encourage managers to take up the role as an advocate.

Health program managers operate in a context of competing priorities. In their day-to-day activities opportunities for advocacy do arise. Whether these are utilized depends in large measure on individual responsiveness. Responsiveness can be enhanced by being prepared through timely strategizing. Strategizing, in our view, best occurs if the manager is backed-up and kept to task on advocacy through an operational support structure. This can be either promoted through the NTP or through retaining a local advocacy NGO. A participative preparatory workshop allows the opportunity to explore what support structure may be optimal and feasible. In the Indonesia context a number of potential driving actors for such a support structure emerged.

Chapter 2. PREPARATIONS BEFORE CONDUCTING THE MODULE

2.1 Preparation of the facilitator
This advocacy module is designed to be used by a facilitator guiding the participants through the various steps. Important considerations are:
- Facilitators need to prepare themselves thoroughly requiring at least two days of adapting the curriculum to the specific context (a participatory curriculum adaptation sessions at national level may be considered in addition. In this way the curriculum can be made adapted to the context and specific target audience). The aim of such a participatory session is for the facilitators to grasp the methodology of the module and to prepare, select and / or adjust the various exercises and tools presented to local circumstances.
- We advice the teaming up of a local advocacy NGO or consultant with a national or international TB ACSM or Advocacy consultant. This will strengthen the political relevance and ensure a broader perspective on the local political context, local civil society, and existing power relations between institutions. It will also help to guard against TB myopia and better gear the advocacy to the non TB target audience.

2.2 Preparation of the module
Regarding the preparation of the module:
- Participants in this advocacy workshop should be persons who need to do advocacy as part of their daily work. Decentralized advocacy is likely to be conducted by generalists, not by professional advocates, i.e. by managers of TB and health programs, and will be part of their regular workload.
- Participants should be well informed about the objective of the workshop. State

clearly that the module is developed to be a hands-on tool for developing advocacy action plans and materials to be implemented and used at decentralized level, and to equip participants with a toolset to deliver advocacy.
- Facilitators are encouraged to adjust the selection of theoretical background to suit the needs, time available, and interests of the specific audience attending a particular workshop. In addition, while working towards a concrete advocacy action plan per district (in Part 4 of the program), the facilitators will be available to give additional input on (theoretical) advocacy issues, where needed by a particular district group.
- A word of caution on time indication as provided, per session and within sessions. The very detailed level should not suggest a great deal of precision. We stress that these are indications only, facilitators have to make their own independent judgment and base this on the expected participants, their backgrounds, his/or her own style of facilitating. Moreover, parts of the module may need to be skipped in order to stay within the time-frame allotted for the course. The time indications are realistic but tight. One always is at-risk of running over time unless time keeping is strictly monitored.

2.3 Implementation of the module

Regarding the implementation of the module:
- Depending on the circumstances: translation and adaptation to the local context by giving and extracting (from the participants) local examples is crucial to enable participants and facilitators to make use of the existing experiences of the participants.
- Allow for sufficient time to discuss the relevance of advocacy in a particular context because certain ways of advocacy might not always be necessary, desirable or possible.
- In the text various examples are presented, as well as exercises and practical tools. Depending on the experience of the participants and the available time, the facilitator should make an optimal selection for exercises during the training.
- As stated the curriculum as presented consists of core elements (considered essential to retain) and some flexible elements (to be considered for use when necessary by the facilitator)
- We recommend daily evaluations at the end of the day a closure with a preview on the proposed program for the following day. For the evaluation of the whole workshop the evaluation format (see attachment I: Evaluation form) may be used. The daily evaluations can be a shorter version and geared to the stated learning objectives per element of the module offered that day, as well as general feedback on the relevance of the program on that particular day.

2.4 Preparation and follow-up of the module by participants

Preparation

Participants need to prepare themselves before joining the workshop: see homework assignment following Exercise 3 in attachment II.

Follow-up

After the advocacy module, it is highly advisable to:
- Remain in contact with the participants to be able to give and receive feedback on their advocacy plans. Often, these plans need to be completed and periodically adjusted. During implementation, participants may run into problems or need extra information.
- Set-up a periodic communication and support structure to assess progress of advocacy in trained districts as well as reinforce advocacy through sharing of

experiences and creation of a peer group of TB/health advocates.
- Participants' feedback also helps to improve the advocacy module in the future.
- The formation of a small core group of facilitators and organizers involved in the advocacy process at centralized level would be very effective to provide these additional follow-up support to participants.

2.5 Structure of the guidance for the sessions

Below, an overview of each of the suggested sessions is provided along a fixed format:

Title: name and number of the session, suggested duration[3], status in the curriculum (core and flexible).
Learning objectives / output objectives: a listing of the objectives, an answer to the question "why should I follow this session?" At the end of the session each of these objectives should be met.
Learning methodology: The methods / learning format used.
Materials needed: A listing of the materials in addition to the standard audio visual equipment: 2 laptops, one for notes and one for presentations, 2 screens and 2 projectors, and micro phones when necessary.
Outline of the session: a step-by-step summary description of the component parts and varied methodologies used in the session.
Following the outline more detailed conceptual background instructions are given in a mix of text, exercise, illustration, and tool boxes:
Text: A detailed description of the theoretical content which the facilitator is to share with the participants. The facilitator can prepare the actual content of the session in accordance with the time available and level of sophistication aimed for.
Exercises: Suggested exercises to enhance the participative and interactive nature of the workshop.
Example: Examples given as guidance for the facilitator to underline the conceptual direction. The illustrations are based principally on the workshop as conducted in Indonesia from July 9-11, 2009.
Tools: A number of analytical tools are provided. in the form of a step-by-step guidance for participants to (a) prepare a strategic advocacy plan and (b) prepare presentation (build an advocacy case) for a particular type of audience.

3 The very detailed level should not suggest a great deal of precision. We stress that these are indications only, facilitators have to make their own independent judgment.

Chapter 3. ADVOCACY MODULE

PART 1 GETTING STARTED

Session 1	**Name:** Welcome and introduction into the program	
Day 1	**Core**	**Duration:** 1 hr 45 min
Learning objectives: 1. To get to know the facilitator and the other participants 2. To get to know the aim, methodology and set up of the workshop 3. To be informed about all practicalities and rules during the workshop 4. To understand the expectations of the participants and help address any doubts of participants		
Learning methodology: 1. Individual introductions by participants 2. Interactive lecture by the facilitator 3. Individual work 4. Plenary discussion of individual expectations		
Materials needed: 1. Name tags for each participant 2. Hand-outs (list of participants, agenda of the workshop, logistical info) 3. Blank sheet of (firm) paper to write names and institution 4. Markers, writing pad and pen for each participant 5. Laptop and projector 6. PowerPoint presentation 7. Small carton cards (or large 'post-it' notes) and a flip-chart 8. Tape for attaching cards to the wall or a flip-chart		
Outline of the session: 1. The facilitator introduces himself to the group, welcomes everybody, wishes to have a fruitful 3-4 days together. The facilitator then can make a few administrative and logistic announcements and explain the rules during the workshop (e.g. no phones, sessions start on time, translation, etc.) (5'). 2. Participants are requested to write their names and institution they are representing and make this visible to the rest (2'). The facilitator then asks participants to introduce themselves to the group (20'). Alternatively (a more dynamic introduction/ice-breaker) is to first interview shortly your neighbor, take notes and present your neighbor in plenary (25'). 3. The facilitator gives a PowerPoint presentation based on the Text 1 below and asks participants whether there are any questions (15'). 4. The facilitator invites all participants to write down their principal expectation of the workshop (with a marker on a "post-it" note) and fears they may have about the workshop (e.g. not enough time for sessions or too vague objectives). Participants are asked to produce a maximum of 2 expectations and 1 fear. Fears are to be addressed at the end of the exercise and if necessary re-visited at the end of the workshop (15'). 5. The facilitator hangs 'post-it' notes on a flip-chart, clustering them in groups. Next, the facilitator explains which expectations will be met and which not. All cards remain on the wall during the full three days and by the end a check is made which expectations have been met and which not (30'). 6. Finally, before the break the facilitator will identify volunteers that will present the summary of the day (one for each of the days) and will provide an outline as guidance (Text 1, slide 7) (5').		

Text 1: Introduction
Recommended outline for a PowerPoint presentation as introduction to the workshop; this presentation must be adjusted to the local context, using local examples and justification based on the country environment:

Slide 1: Background and justification (why political commitment at de-centralized levels is so crucial to sustainability)
Policy influencing at decentralized level is becoming increasingly important because:
- Central and Local Governments often do not show sufficient political commitment to invest resources in health care, including TB control.
- Nationally financial resources for the prevention and treatment of TB are usually limited and do not sufficiently reach the decentralized level.
- Governments are increasingly decentralizing the allocation and management of resources from national to decentralized levels.
- High dependence on mainly external donors makes programs more vulnerable in terms of continuity and sustainability.

Slide 2: Aim of the workshop
To be able to mobilize greater political commitment for effective TB prevention and treatment programs at decentralized levels, it is necessary to equip program staff with the right tools and instruments and strengthen their skills on engaging with decision makers at various levels.

Slide 3: Concrete objectives of the workshop
- Explore the steps to be taken to develop an effective advocacy action plan to enhance TB control and health at decentralized level.
- Strengthen practical skills to engage in TB and health advocacy at decentralized level.
- Share practical tools for the implementation of TB and health advocacy at decentralized level.
- Develop a concrete influencing strategy and action plan.

Slide 4: Structure and use of the module
The module consists of four parts:
PART 1: Getting started
PART 2: Exploring the concepts and conditions for advocacy
PART 3: Getting prepared for advocacy, step-by-step
PART 4: Drafting the participant's advocacy plan

To get prepared for effective advocacy one has to follow a set of steps and methods as have been defined in the ACSM strategy of the Stop TB Partnership. In this workshop participants will learn to follow these steps suited for effective planning for advocacy at de-centralized level.

After defining the advocacy strategy for your particular local level context the participant (groups) draft their own advocacy plan and jointly define a time-line for its implementation. Follow-up steps are also agreed upon before the workshop's closure.

Slide 5: Agenda of the workshop
Discuss and agree upon the program per day, the timing of the breaks, lunch and dinner, etc.

Slide 6: Rules and agreements
Agree upon the rules for the conduct of the workshop: use of mobile phones, interruptions, time management, etc.

Slide 7: Assigning reporters and possibly a time-keeper
Assign reporters for each day and ask them to give a summary of the previous day's highlights. Give an example or outline how to do it (e.g. give an overview of the topics discussed, the main lessons learnt, and summary of impressions by the participants). Finally, consider assigning a time-keeper.

PART 2 EXPLORING THE CONCEPTS AND CONDITIONS

Session 2	**Name:** Exploring the concept of ACSM, focus on advocacy	
Day 1	**Core, Flexible**	**Duration:** 2 hrs 30 min

Learning objectives:
At the end of the session the participants will:
1. Know the concepts of ACSM and Advocacy.
2. Be able to describe different influencing methods and their key characteristics.
3. Be able to identify basic conditions for advocacy and how to strengthen them.

Learning methodology:
1. Interactive lecture.
2. Exercises (group work).
3. Plenary presentations.

Materials needed:
1. Laptop and projector.
2. Flip charts (3-4).
3. Markers.
4. Stop TB Handbook for ACSM.
5. Cards with group numbers (1-6).
6. Suitable room for group work (6 small groups).
7. PowerPoint presentation.

Outline of the session:
1. In a PowerPoint presentation (based on Text 1 below), the facilitator briefly explains the basic concepts of ACSM and how ACSM fits into the Stop TB strategy. Reference should be made to the ACSM handbook (10') and the Cough-to-Cure Pathway in attachment IV.
2. The facilitator splits the participants up in small groups (2') (based on counting to 3, ideal is 3 persons per group) to do Exercise 1: Exploring the concepts of ACSM. E.g. small group 1 and 4 works on describing A, group 2 and 5 – C, and group 3 and 6 – SM. (15'). Then group 1 and 4 come together and finalize their concept of A, etc. (3'). They appoint a spokes person and writes it on a flip-chart. Then spokesperson of groups 1 & 4 presents their definition of Advocacy, etc. (10')
3. The facilitator guides the plenary group, on the basis of the groups' presentations, to one common definition. This definition is pasted to the wall and stays there for the duration of the workshop (15').
4. The facilitator then proceeds with a presentation of the theoretical concepts, explaining in more detail the concept of advocacy and lobbying (10').
5. Using Text 2, in a plenary Exercise 2 (Clarifying various influencing methods), the participants are asked to list different influencing methods. The facilitator then will ask participants to identify key characteristics and which influencing method would be appropriate in various situations (30').
6. Using Text 3, the facilitator presents basic conditions and elementary questions that will be asked decision makers (15').
7. The participants then split up in small groups (it is suggested to split into groups with people from the same institution) to do Exercise 3 (Identify basic conditions for advocacy and how to strengthen these). Conclusions will be written on a flip chart (20') and thereafter presented and discussed in plenary (15').
8. The facilitator concludes and summarizes the session by illustrating examples of advocacy at the decentralized level, making use of Text 4 (5').

Text 1: ACSM and Advocacy

ACSM stands for Advocacy, Communication and Social Mobilization for Tuberculosis Control. The handbook for ACSM was developed in 2007 by the Stop TB Partnership and published by the WHO to support the design and implementation of effective advocacy, communication and social mobilization activities in Tuberculosis control at country level. The use of this combined approach of ACSM as part of the fifth component (engaging communities and affected populations) of the Stop TB Strategy is considered as crucial to be able to achieve the global targets for tuberculosis control as detailed in the Global Plan to Stop TB 2006 – 2015.

The first challenge, however, is to clarify and reach consensus amongst the participants on the exact meaning of advocacy, communication and social mobilization. Asking this to the participants in a workshop is an essential starting point. Proceed to Exercise 1: Exploring the concepts of ACSM (see attachment II). An example is given below.

***Example* Concepts of ACSM:**

Participants in the July 2009 Indonesia workshop organized by KNCV were asked to discuss and identify (in small groups) key words to describe advocacy, communication and social mobilization. Results were:

- Advocacy: Strategic and step by step process to gain support and commitment from decision makers for a specific group. Advocacy requires effort and exact data (should be evidence based) and is targeted at the top decision makers to draw attention to problems and to propose policy changes. Examples: petition, SMS campaigns, letters in the newspaper.
- Communication: Requires understanding the source and the target, interactive process between two parties, getting understanding to change attitudes.
- Social mobilization: To mobilize the community for action to solve a problem.

After the groups presentations, a consensus was reached on the meaning of advocacy, communication and social mobilization in the context of Indonesia.

Text 2: Methods for influencing

Communication strategies are essential within ACSM and they also can link social mobilization with advocacy. Vice versa, advocacy needs social mobilization to support it and give it legitimacy in civil society. As such, A, C and SM complement and reinforce each other. However, each component requires a specific approach and in this module the focus will be on A: advocacy.

Proceed to Exercise 2 (see attachment II): Clarifying various influencing methods.

On advocacy...

Through advocacy you want to defend the interests of a specific group (in this case the TB patients in the first place, the affected communities but indirectly also healthcare workers who have to provide services to TB patients), make them heard and influence the powerful who can make changes happen. The goal of advocacy is to win your cause and effect the right policies (including resource allocation) for the benefit of your target group (i.e. communities with TB). Examples of advocacy activities are: writing letters, presenting petitions, organizing SMS actions, demonstrations, use of audio visual materials, newspaper articles, etc. With these activities you try to attract attention from decision makers for your problem and motivate them to do something to change the situation.

...and lobbying

Often lobbying is part and parcel of advocacy, but there are differences. A definition of lobbying is the ''systematic informal efforts to influence decision makers'':

- Systematic: your actions are planned, they're not incidental (it is about building relationships).
- Informal: not to be confused with formal procedures; and also it is preferably done before decision makers make their formal position known.
- Decision makers: your target audience is the people with power to enact policies and allocate resources.

Another important characteristic of lobbying is that it is focussed on creating win – win situations. This means developing and presenting constructive proposals to relevant decision makers, which point to mutual benefits reaped through your proposed solution (e.g. budget or policy priorities).

Text 3: Basic conditions for advocacy and lobby
Proceed to introduce Exercise 3 (see attachment II): Identify basic conditions for advocacy and how to strengthen these.

Basic conditions are:
a. *For both lobby and advocacy you need an open attitude and sufficient knowledge of the decision making process.* Only then it is possible to link the different interests of the stakeholders. For lobbying specifically you also need the willingness to improve the quality of decision making, to create a win-win situation and to be a constructive partner to decision makers. It is important to try to offer solutions and not just dump your target group's problems on a decision maker. If you are not willing to compromise or do not have the legitimacy/position to create a win-win situation (where both sides gain something), you shouldn't use lobby as your tool to reach your goal. Advocacy, i.e. placing an issue squarely on the policy agenda and propose changes, would be a better method to influence decision makers.

b. *Before a lobbyist or advocate can start, he or she has to comply with some elementary questions that will implicitly or explicitly be asked by the decision makers:*
- Who are you and why should I listen to you? Who do you represent, what is your support group?
- Can you be trusted?
- Are you a reliable source of information? Are you presenting the information in a balanced and transparent way?
- Are you dangerous or helpful and what is your power?

c. These questions can be translated into the four basic conditions to meet before your institution can even think of starting influencing:
- Legitimacy - with the related question; *Where does my institution get its legitimacy?*
- Credibility - with the related question; How does my institution build credibility?
- Accountability - with the related question; *Is my institution doing what it promised to do?*
- Power - with the related question; *Where does the power of my institution to change things come from? How do we use this power?*

These four dimensions can be explored and translated into the particular circumstances of the participants in their role as advocates. NB. In session 14 ways to strengthen these are explored.

Text 4: Differences between advocacy at centralized and decentralized level

Of course there are several levels to influence decision makers: local, national and international. For successful TB advocacy, it is essential to find out where the key decisions related to TB control are being made: who has the power to decide and at what level?

Often, allocation of resources to basic services such as education, health, housing are decentralized to lower levels. This may also be the case for TB control programs: decisions about resource allocation may be partially or completely made at decentralized level. Hence there is a strong need for developing advocacy activities at decentralized level. The question then is: What makes advocacy at decentralized level different from advocacy at national level? Possible differences are:

- There are other (types of) stakeholders at these levels with differences in legitimacy, influence and power. This will have implications for the way we strategize advocacy.
- The variety of stakeholders at decentralized level is rather limited (compared to national level) and the number of possible coalitions is likely to be more limited.
- Often, personal relations (i.e. between advocates and other stakeholders) are stronger at decentralized level. This can create more opportunities for advocacy. However, in less favorable circumstances, this can hamper and limit the room for advocacy. As such, there is a need to know very well the power relations at decentralized level.
- Advocacy at de-centralized level is less likely to be supported by professional advocates, more likely it will be devised and done by a generalist. Time constraints are great, but the broad scope of operational activities may also give rise to advocacy opportunities and network building.

These differences need to be taken into account when developing your plan and implementing your advocacy activities.

Session 3	**Name:** Sharing experiences	
Day 1	**Core**	**Duration:** 2 hrs
Learning objectives: At the end of this session the participants will: 1. Be able to assess the daily practice of advocacy and analyze its effectiveness 2. Be able to differentiate various forms of advocacy and list some lessons learnt 3. Have gained conceptual knowledge on Advocacy in relation to the other components of ACSM		
Learning methodology: 1. Individual presentations in plenary of real cases by participating institutions 2. Plenary discussions 3. Group work		
Materials needed: 1. Laptop and projector 2. Laptops for the groups to make PowerPoint presentations or flip charts 3. Markers		

Materials needed:
1. Laptop and projector
2. Laptops for the groups to make PowerPoint presentations or flip charts
3. Markers

Outline of the session:
1. Prior to the workshop, the participants per district (or other appropriate de-centralized geographic entity) are requested to prepare a six slides PowerPoint presentation (one for each of the six questions raised in homework exercise: Presenting your experiences with advocacy, see attachment II and Text 1).
2. The facilitator invites all who made a presentation to present it in plenary (time available will depend on number of presentations available. In case of 6 presentations, each has 15' available (5' for presenting, 5' for explanations, 5' for plenary assessment and summary; should there be 4 groups, then each group has 20').
3. Summary and review (directly following each of the presentations): the facilitator guides the group to summarize the presentation along the lines of the six questions. If the presentation was clear by itself most of the attention can be focused on the final question: what lessons can be learned from your experience? Often the initial presentations do not sufficiently distinguish A, C, SM components. The plenary reflection on the presentation reinforces the conceptual clarity of all participants on the concepts as presented in session 2.

Text 1: Presentations on the basis of the homework
Participants are asked to make their presentations on the basis of their preparations prior to coming to the workshop. The instructions for the presentations (one by each institution) are included in attachment II.

The participants are asked, again by the facilitators to address the following six questions:
- What was the problem you wanted to address?
- What was the solution you were proposing?
- What was the objective of the advocacy?
- What methods and advocacy activities did you plan?
- What were the achievements (both positive and negative)?
- What lessons can be learned from your experience?

A review is done following each of the presentation as described in the outline above.

Session 4	**Name:** Factors for successful advocacy	
Day 1	**Core, Flexible**	**Duration:** 1 hr

Learning objectives:
At the end of the session the participants will:
Be able to describe the factors for successful advocacy based on analysis of experiences.

Learning methodology:
1. Plenary discussion by participants.
2. Optional: group work to do a more in-depth analysis per institution.

Materials needed:
1. Laptop with projector
2. Flipcharts and pens

Outline of the session:
1. Room is open for further questions and discussion on the presentations of session three (30').
2. The facilitator at a certain stage will focus the discussion on which factors contributed to the success of the advocacy activity (make use of Text 1), which will be listed on one of the flipcharts. The latter can be done plenary; alternatively group work may be done per institution and subsequently discussed plenary (30').

Text 1: Factors for successful advocacy
Factors for successful advocacy may include:
- Work in alliances to get information, contacts, etc.
- Invest in preparation to get to know the current political debate and prevailing legislation including policies and regulations for TB control, infectious diseases and health services (e.g. minimal service standards).
- Inform yourself continuously at policy level
- Do not only ask, but also give information to decision makers
- Be creative when looking for alliances
- Assure you have enough support for advocacy from within your institution.

Session 5	**Name:** Summary of day 1	
Day 1	**Core**	**Duration:** 30 min
Learning objectives: At the end of this session: 1. Participants are able to list the main results and conclusions of session 1 - 4. 2. Facilitators have received feedback on the content, methodology and facilitation of the sessions so far and can make recommended adaptations.		
Learning methodology: 1. Individual work 2. Plenary discussion		
Materials needed: 1. Flip chart with pen 2. Evaluation forms		
Outline of the session: 1. Re-cap by the facilitator (5'). 2. Pre-view into the next day's program presented by the facilitator (5'). 3. Evaluation forms (10'). 4. The facilitator then asks feed-back from the participants. They are invited to raise issues. Any announcements will be made, and the session is closed by the facilitator (10'). 5. In case there is an organizing committee, it is strongly recommended to sit down for 10 - 15 minutes and review the evaluations and make any recommended changes or adaptations to the program at this moment.		

PART 3 GETTING PREPARED FOR ADVOCACY, STEP-BY-STEP

Session 6	**Name:** Introduction into day 2 and the 10 steps for advocacy	
Day 2 / 3	**Core**	**Duration:** 1 hr
Learning objectives: 1. To review the content of the previous day 2. To be informed about the agenda for day 2 (and 3 and 4 if necessary) 3. To become familiar with the concept of the 10 steps necessary to strategically organize your advocacy		
Learning methodology: 1. Individual presentation of the summary of the previous day 1 2. Presentation of the agenda of the day 2 (and 3 and 4 if necessary) 3. Interactive lecture		
Materials needed: 1. Laptop with projector 2. Agenda of the following days 3. PowerPoint with 10 step process recommended to strategize advocacy		
Outline of the session: 1. Reporter presents summary of the previous day 1 (5'), facilitator asks for remaining questions or issues with the audience (5'). 2. Facilitator presents the agenda of the day (or next 3 days) for conceptualizing advocacy (5'). 3. Facilitator introduces the 10 steps for advocacy (Text 1). The facilitator will provide background on how these steps emerged and consequently lead the participants through the individual steps, why the sequence is logic and what each step entails. In order to get participants more involved, the facilitator will challenge the participants to contribute. Participants may, throughout the session, raise doubts (45').		
Text 1: 10 Steps to developing strategic advocacy Based on the Stop TB ACSM Framework and the 10-step model for the ACSM curriculum as developed by Path, a 10-step process focusing on the Advocacy component has been defined and is used in the advocacy module. Proceed to use advocacy tool 1 (see attachment III, Advocacy Toolkit): 10 steps to developing strategic advocacy. Explain briefly all steps and point out where we are in the process.		

Session 7	**Name:** Step 1: Who are you as advocate of TB control?	
Day 2 / 3	**Core**	**Duration:** 1 hr

Learning objectives:
At the end of the session the participants will:
1. Be able to describe the mission, added value and potential contribution of their respective organizations involved in TB control.
2. Be able to define the role of their respective organization in advocacy.

Learning methodology:
1. Interactive lecture.
2. Group work.
3. Plenary presentations of group work and plenary discussion.

Materials needed:
1. Laptop and projector.
2. PowerPoint presentation.
3. Flipcharts for each group.
4. Room for group work.

Outline of the session:
1. The facilitator explains in an interactive PowerPoint presentation (using the Text 1) the concepts of "mission", challenging the participants to contribute and "added value". The facilitator asks the groups to think of their specific role in TB control (15').
2. Participants are split into groups and write in concise form the "mission" and "added value" on the flipchart (optional: a choice may be made that from this point onwards the participants from the same organization will work together) (30').
3. By the end of the session, the facilitator calls to return to plenary and asks one of the groups to present. Other groups are requested to contribute and reflect (15').

Text 1: Mission and added value
Make sure it is clear who you are as an institution and what you want to contribute to the fight against TB: What is your mission and specific role as an institution in the fight against TB? Which is your (organization's) specific added value in relation to other activities and actors in improving TB control?

Important is also to discuss the attitude towards, and the degree of consensus within your institution, for advocacy on TB issues.

Proceed to Exercise 4 (see attachment II) on: Mission and added value of your institution.

Session 8	**Name:** Step 2: Pinpointing the barriers to better TB control in your district	
Day 2 / 3	**Core**	**Duration:** 1 hr 30 min

Learning objectives:
At the end of the session the participant will:
1. Be able to identify and list core problems holding back effectiveness in TB control in the participant's district.
2. Be able to demonstrate the gaps between actual and required levels of financing and resource allocation in the district.

Learning methodology:
1. Presentation by facilitator and plenary discussion.
2. Group work.
3. Plenary presentation of group work, followed by a joint reflection.

Materials needed:
1. Laptop and projector.
2. PowerPoint presentation.
3. Flip charts.
4. Room for group work.

Outline of the session:
1. The facilitator explains (using Text 1) the planning and budgeting tool at de-centralized level and gives a short summary of the main barriers to TB control. (10').
2. In case there is no information available from the planning and budgeting tool, the facilitator explains (using Text 2) the importance of identifying the information via joint analyses with colleagues, inviting external experts or getting information from policy scans carried out at national level. Using Text 3, the facilitator underlines some considerations when working with data (15').
3. The facilitator asks participants to split up in small groups, to analyze their district data / situation and to define the barrier that needs to be attacked by advocacy or lobbying. The problem must be clearly defined and supporting evidence must be made explicit (40').
4. Then the facilitator ends the group work and explains how feedback will be given. To enhance variety in presentation the participants will now go from group to group. Each group will present its problem and base it on evidence, the facilitator asks the participants to ask probing questions (25').

Text 1: Principal barriers to TB control
The outcomes of the **planning and budgeting tool at de-centralized level** should be used here, if possible. These outcomes will give an indication of the challenges and barriers to TB control. Often these challenges and barriers refer to a deficient case finding, inequitable access, inadequate service provision (e.g. in HIV programs or in the private sector) and inadequate resource allocation. Finding out these challenges and barriers will give leads for advocacy.

Text 2: Analyzing TB control programs

If the outcomes of the planning and budgeting tool are not available, it is essential to find out this information in a different way, e.g. by discussing this with your direct colleagues and with your target group. Important questions to discuss are: What is holding back the effectiveness of TB control in your district? What are impeding factors? Think of challenges and barriers leading to a deficient case finding, inequitable access, inadequate service provision (e.g. in HIV programs or in the private sector) and inadequate resource allocation. Finding out these challenges and barriers will help you define what you want to ask for in your advocacy.

As mentioned, it is essential to also communicate outside your own environment with other programs and particularly with people in your target (beneficiary) group, TB patients and their families and also relevant staff within the decentralized administration and parliament. What problems do they see as hampering a more effective TB control? Communicating with these groups helps to raise awareness as well as to strengthen your contacts and network, perhaps identifying allies in the process This is very helpful when engaging in advocacy (and social mobilization) activities.

Another way to discuss the problems and barriers related to TB control is to invite known experts to give presentations on essential issues of TB control to the audience. Specific issues of interest can be the planned resources for the TB programs versus its real current expenditure. Finally, a policy scan can be done to get more information on the existing TB policies at national and decentralized level. This means tracking the government funding histories for TB control to identify gaps and weaknesses in current policies, specifically to:

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

Often such policy scans are (or could be) done at national level by NTP programs.
Proceed to Exercise 5: Analysis of presentations and data on actual TB control at decentralized level.

Text 3: Considerations when working with data

Important considerations when working with data are:

- Reliability of the data: who has collected the TB data? What year? How did they collect the data?
- Adaptability: Are the available decentralized TB data relevant? If not, can you use national data as a basis to make an estimate?
- Message: what are the conclusions based upon the data? Where are the gaps and barriers to TB control? What message can be drawn?

Session 9	**Name:** Step 3: Knowing the actor environment, develop your network and become aware of potential opposition	
Day 2 / 3	**Core, flexible**	**Duration:** 2 hrs

Learning objectives:
At the end of the session the participant will:
1. Understand the importance of having an effective network.
2. Understand why and how to do a stakeholder mapping and analysis.
3. Understand why and who might be opposing your aim.
4. Know how to analyze stakeholders interests, perceptions and motivations.
5. Known how to carry out a power analysis.
6. Understand the dynamics of the advocacy arena.

Learning methodology:
1. Interactive lecture.
2. Role play.
3. Group work.

Materials needed:
1. Laptop and projector.
2. Flipchart.
3. Instructions for the role play.

Outline of the session:
1. Using Text 1, the facilitator underlines the importance of knowing the actor environment by doing a stakeholder analyses and a power analyses to get more insight into the power relations between stakeholders and to get to know the real decision makers (10').
2. Referring to Text 2, the facilitator introduces a role play on interests and motivations (15').
4. After the role play the facilitator summarizes the conclusions of the role play together with the participants (5').
5. Referring to Text 3 and Text 4, the facilitator then introduces the work for the working groups to identify and analyze the stakeholders, their motivations and interests and to assess their influence / power regarding the advocacy objective chosen (60').
6. The facilitator facilitates plenary presentations and discussions of the results and draws conclusions (30').

Text 1: Knowing your network

An effective network is essential to be able to carry out advocacy activities. Therefore, it is important to find out **what stakeholders** are involved in health services and TB control and linked areas such as human resources and education in health at decentralized level. Moreover, it is important to find out what **interests** and **position** these stakeholders have regarding your advocacy topic and what kind of **influence / power** they have at decentralized level to make the necessary changes happening.

It is therefore essential to determine the interests of the stakeholders, specifically of the main decision makers. Why did they not implement the desired change? What are their reasons or hidden interests which hamper change? Examples:

- TB control program is too expensive
- TB is not a priority at the moment
- There is a lack of understanding on TB issues
- There is a lack of community demand for more effective TB control.
- Understanding why these people / decision makers have not yet agreed or adopted the TB policies that you aim for is an essential condition for advocacy. You can do this by exploring the following issues:
- You must understand their **interests**, because they may be different than yours; check before the conversation what are their professional and personal interests related to TB control.
- You must bridge the gap between their interest and your interest. You can do so by finding a **common aspect**, creation of a bond on a professional or personal interest.
- You must identify and address the **perceptions** of the stakeholders:

-Know what the other person thinks of you and
-Know what you think of the other person / institution

It might be necessary to first change the perceptions and prejudices of stakeholders before entering advocacy activities. Examples of prejudices are that civil servants are lazy, or that farmers are backward or that doctors are not interested in TB. These negative perceptions first need to be removed if you are to be partners in a respectful dialogue. This is also important to counter misconceptions of your institutions mission, credibility and reliability. In case you are operating as a coalition of diverse partners, you should explain the strength and legitimacy of the partnership in respect of the advocacy objective.

- **Trust** is very important, and must be based on the correct perceptions. Often it will take a lot of time and investment to build trust. Credibility and legitimacy are important components of trust.
- Create a ***win - win situation***. It is essential to show the benefit for the decision maker or his / her institution of going along with the proposed change. A solution that is attractive to the decision-maker from his or her primary interests and concerns is most likely to be adopted. The proposed solution may remove the real problem, help him or her to execute his responsibility, or he or she can take some credit for success and thus strengthen his or her position. This can be beneficial for future advocacy work.

Text 2: Role play on stakeholders and their interests, perceptions and motivations

To show the importance of determining and understanding the interests, perceptions and priorities of stakeholders, a **role play** can be done. In the role play there are players and observers. Each player must have a sheet with instructions, spelling out their interests and motivation, which may not be communicated to the others at the beginning. The objective of the role play for the players is to try and identify each other's interests and motivation and try to find a win-win situation. For the observers it is important to look at how the players identify each others' interests, motivations, etc. and how they reach a win-win situation.

Text 3: Stakeholder analyses

Identify the relevant stakeholders (those who have a stake / a say in resolving the identified problem), including the most important decision makers at decentralized level who have the power and influence to change policy to address the needs of your target population. Identify: identify clients, decision makers, (potential) allies, (potential) opponents, neutral stakeholders at de-centralized level.

Proceed now to advocacy tool 2 in attachment III: Stakeholder mapping and analyses.

An example of a stakeholder mapping and analyses is given below in the context of Indonesia.

Example Stakeholders in Indonesia
Examples of stakeholders active in TB control activities at decentralized level in Indonesia are: District Health Officer (decision maker), TB coordinator, Health Centres, hospitals, NGO's, professional organizations, laboratories, media, mosque, religious chief, Bupati (decision maker), Bappeda (decision maker), SEKDA (decision maker), TB patient and the wider local community.

Together, these stakeholders operate in the advocacy arena. As such within the advocacy arena there are clients, decision makers, (potential) allies and (potential) opponents. Finally, there are neutral people and organizations who do not have a direct stake or position regarding the advocacy objective. Specifically:

Clients
The TB patient and the community give you legitimacy as an advocate and the mandate for advocacy. TB patients are the ultimate client of your advocacy.

Decision makers
Identify who is really making the decisions regarding your advocacy objective. Ask yourself if you know them and if you can approach them easily. If this is difficult, do you know and have access to someone who can approach them more easily (wife, important person, e.g. chairperson of local women organization)?

When investing time in establishing your network and access to decision makers, it is good to distinguish between civil servants and political persons: civil servants tend to last longer while politicians often change quickly (may have only temporarily interest) and are elected (accountability).

(Potential) allies
Identify potential allies: What organizations, institutions or persons can strengthen your advocacy? Do also look outside the health sector as it can be organizations or persons working in other sectors like the media. Do also look at different levels (local, national and international) as allies at these levels can strengthen your position and influence via the input of resources and knowledge, via contacts with influential people, etc. Examples of allies at decentralized level in Indonesia are: Head of the Planning Bureau, Head of District Health Department, Head of Health Centres, (international) NGOs and the media.

(Potential) opponents
Identify the opposition (opponents) to this change and understand the opposition's rationale; If they are opposed you must ensure you understand why as fully as possible. Examples of sources of opposition are scientific opposition, professional opposition, economic reasons or personal reasons. The latter is often the most difficult to change. However, if you understand the source of the opposition you are more able to find a way to bridge diverging interests, more able to find common ground as a starting point. Examples of opponents or potential opponents at decentralized level in TB control in Indonesia are professional organizations, religious chiefs and specialists.

After having identified all relevant stakeholders, it is important to get a good insight into and gather more information about their interests, perceptions and motivations: use advocacy tool 3.

Proceed now to advocacy tool 3 in attachment III (Advocacy Toolkit): Identification of interests and motivations.

Text 2: Role play on stakeholders and their interests, perceptions and motivations

To show the importance of determining and understanding the interests, perceptions and priorities of stakeholders, a role play can be done. In the role play there are players and observers. Each player must have a sheet with instructions, spelling out their interests and motivation, which may not be communicated to the others at the beginning. The objective of the role play for the players is to try and identify each other's interests and motivation and try to find a win-win situation. For the observers it is important to look at how the players identify each others' interests, motivations, etc. and how they reach a win-win situation.

Text 3: Stakeholder analyses

Identify the relevant stakeholders (those who have a stake / a say in resolving the identified problem), including the most important decision makers at decentralized level who have the power and influence to change policy to address the needs of your target population. Identify: identify clients, decision makers, (potential) allies, (potential) opponents, neutral stakeholders at de-centralized level.

Proceed now to advocacy tool 2 in attachment III: Stakeholder mapping and analyses.

An example of a stakeholder mapping and analyses is given below in the context of Indonesia.

***Example* Stakeholders in Indonesia**
Examples of stakeholders active in TB control activities at decentralized level in Indonesia are: District Health Officer (decision maker), TB coordinator, Health Centres, hospitals, NGO's, professional organizations, laboratories, media, mosque, religious chief, Bupati (decision maker), Bappeda (decision maker), SEKDA (decision maker), TB patient and the wider local community.

Together, these stakeholders operate in the ***advocacy arena***. As such within the advocacy arena there are clients, decision makers, (potential) allies and (potential) opponents. Finally, there are neutral people and organizations who do not have a direct stake or position regarding the advocacy objective. Specifically:

Clients
The TB patient and the community give you legitimacy as an advocate and the mandate for advocacy. TB patients are the ultimate client of your advocacy.

Decision makers
Identify who is really making the decisions regarding your advocacy objective. Ask yourself if you know them and if you can approach them easily. If this is difficult, do you know and have access to someone who can approach them more easily (wife, important person, e.g. chair person of local women organization)?

When investing time in establishing your network and access to decision makers, it is good to distinguish between civil servants and political persons: civil servants tend to last longer while politicians often change quickly (may have only temporarily interest) and are elected (accountability).

(Potential) allies
Identify potential allies: What organizations, institutions or persons can strengthen your advocacy? Do also look outside the health sector as it can be organizations or persons working in other sectors like the media. Do also look at different levels (local, national and international) as allies at these levels can strengthen your position and influence via the input of resources and knowledge, via contacts with influential people, etc. Examples of allies at decentralized level in Indonesia are: Head of the Planning Bureau, Head of District Health Department, Head of Health Centres, (international) NGOs and the media.

(Potential) opponents
Identify the opposition (opponents) to this change and understand the opposition's rationale; If they are opposed you must ensure you understand why as fully as possible. Examples of sources of opposition are scientific opposition, professional opposition, economic reasons or personal reasons. The latter is often the most difficult to change. However, if you understand the source of the opposition you are more able to find a way to bridge diverging interests, more able to find common ground as a starting point. Examples of opponents or potential opponents at decentralized level in TB control in Indonesia are professional organizations, religious chiefs and specialists.

After having identified all relevant stakeholders, it is important to get a good insight into and gather more information about their interests, perceptions and motivations: use advocacy tool 3.

Proceed now to advocacy tool 3 in attachment III (Advocacy Toolkit): Identification of interests and motivations.

Text 4: Carry out a power analyses

After having an insight into the interests and motivations of the stakeholders and specifically the decision makers, it is important to conduct a power analysis to assess the power and influence of the stakeholders regarding your advocacy issue. Use the advocacy tool 4 in the Advocacy Toolkit: Power analyses.
An example of a power analyses is given below:

***Example* Power analyses based on stakeholders at decentralized level in Indonesia regarding a specific advocacy objective**

Stakeholder	in favour	Against	Influence / Power
District Health Officer	++		+
Wasor	++		+
Health Centre	++		+
Hospitals	++		++
NGO	++++		+
Professional institution			+
Laboratories			+
Kader			
Media			++
Mosque			
Religious chief		-	++
Head of District, decision maker		--	++++
Bappeda, decision maker		--	++
SEKDA, decision maker		--	++
TB patient	+++		+
Community	+++		++

As mentioned before, the **advocacy arena** (i.e. all relevant stakeholders and their area of work) is **not static**. During time the arena is likely to change, depending on the objective of your advocacy. Also stakeholders can move out of the arena, and others may come in (e.g. during the implementation of a certain policy). As such, a permanent assessment of the advocacy arena is crucial. This is both the responsibility of the person in charge of advocacy as well as the other members of the team / organization. Working in a team prevents becoming blind to new developments in the external environment!

Session 10	**Name:** Step 4: Identifying a possible solution	
Day 2 / 3	**Core**	**Duration:** 60 min

Learning objectives:
At the end of the session the participants will:
1. Understand what is meant with finding a suitable advocacy "solution", i.e. how to use the instrument of advocacy to help you address barriers to effective TB control in your district.
2. Be able to analyze the decision making process at de-centralized level.
3. Be able to identify possible solutions for advocacy.

Learning methodology:
1. Short presentation and introduction to the group work by facilitator.
2. Group work.
3. Plenary presentations of group work and plenary discussion.

Materials needed:
1. Flipcharts for each group
2. Room for group work

Outline of the session:
1. Using Text 1, the facilitator explains the importance of understanding the decision making process at de-centralized level to be able to identify possible solutions to overcome the identified barriers (15').
2. Referring to Text 2, the facilitator asks the participants to identify possible solutions, suitable for advocacy (30').
3. Plenary presentations of the group work and validation of the results by the participants (15').

Text 1: Understanding decision making processes
After having identified the main stakeholders (including the main decision makers) and their interests, perceptions and priorities, it is important to get a better understanding of the decision making process at de-centralized level. To be able to influence the right people with the right message at the right time, it is essential to know:

- How the budget cycle works at decentralized level.
- Who is preparing the budget, which different people and/or institutions are involved.
- When are they preparing the budget: what is the best time to influence?

You must continuously keep your eye on changes in policies at decentralized level, as well as be informed about the policy recommendations coming from centralized (or global) levels to be able to effectively carry out your advocacy.

Text 2: Identify possible solutions

After finding out the problems or barriers for an effective TB control at decentralized level (see also session 8, step 2), having an understanding of the stakeholders and their interests, perceptions and motivations (see session 9, step 3) and knowing more about the decision making processes, the next step is to identify a realistic solution to overcome these problems and bottlenecks: What could be a solution to the problem identified? What suggestions do the main stakeholders have?

To the extent available, take into account the information and knowledge of stakeholders such as the WHO, other relevant ministries, universities, NGOs and the private sector. Is an increase in resources for TB control sufficient to overcome the real problem? Are enforced, changed, or new policies or regulations for (TB) health staff enough?

Consider as well who should be responsible for implementing the solution. Is there a role for the government at decentralized level? In case there is, who would that specifically be? And what would be our own responsibility in implementing the solution?

Proceed to Exercise 6 in attachment II: Identifying possible solutions.

Session 11	**Name:** Step 5: Translating your solution into phased advocacy objectives	
Day 2 / 3	**Core**	**Duration:** 1 hr 30 min

Learning objectives:

At the end of the session the participant will:

1. Understand what an advocacy objective is

Understand why phasing is important

2. Be able to formulate a set of SMART advocacy objective for the solution identified in the short, medium and long term

Learning methodology:

1. Interactive lecture
2. Group work
3. Plenary: presentation of results and discussion

Materials needed:

1. Laptop and projector
2. Flip charts

Outline of the session:

1. The facilitator explains how important it is to formulate the solutions (identified in session 10) as precise as possible and to do a reality check (see Text 1) to estimate whether the solution is feasible or not (10').
2. Referring to Text 2, the facilitator explains the concept of a SMART advocacy objective and the difference with a program objective (10').
3. The participants split up in working groups to define the solution and the advocacy objective(s), differentiating short, medium and long term objectives (45').
4. The participants move from group to group, where each working group presents the main problem, the possible solution and the corresponding advocacy objective (25').

Text 1: Feasibility of the solution

Check again whether your solution is feasible. Amongst others, take into account the following criteria to assess the feasibility of your solution:

- Will it be able to gain enough (political) support for your solution?
- Is the solution not too expensive / will you be able to pool enough human and financial resources?
- Is it the right time to propose this solution (think about the decision making process!)?
- Can you minimize the (potential) negative risks of the solution for other stakeholders?

Text 2: Advocacy objectives

On the basis of your context analysis (i.e. the pinpointing of barriers in your district as was done in session 8) and the identification of your proposed solution (see above), you proceed with the elaboration of a set of objectives for your advocacy in the short, medium and longer term. Taken together these objectives should get you to your "solution".

As mentioned in session 8, the challenges and barriers often relate to deficient case finding, inequitable access, inadequate service provision and inadequate resource allocation. As such, possible solutions and advocacy objectives will probably also be focused on these issues. Advocacy objectives may aim at (1) helping the community TB patients by improving the conditions for healthcare delivery, (2) strengthening the relationship with the community and TB patients, (3) strengthening the own institution, (4) strengthening the relationship with decision makers, (5) achieving an impact on decision makers and (6) having an effect on health, wealth and society in general. The latter level (6) will be a long term objective, probably beyond the hands-on perspective of the participants.

The advocacy objective(s) should be formulated in as SMART a way as possible:

- S= Specific: Objectives should be formulated in a specific way
- M= Measurable: Formulate objectives in a measurable and meaningful way.
- A= Achievable: The objectives should be achievable and attainable. Specify, make choices (do not work on overly broad issues) and take a step-wise approach to the ultimate goal, elaborating objectives in the short, medium and long term.
- R= Realistic and results oriented: Do we have the appropriate objective? Does our advocacy objective take into account the external (political) environment and the available human and financial resources? Do we have clear arguments?
- T= Time bound: Think step by step and make each step time bound. For instance, January: reach consensus on advocacy objective within your own institution. February: start approaching decision makers to get him / her interested in talking to you. March: think about solutions before talking to decision makers, etc.
- Finally, it is very helpful to elaborate advocacy objectives in the short, medium and long term.

Proceed now to Exercise 7 in attachment II: Elaboration of advocacy objectives.

Session 12	**Name:** Summary of day 2	
Day 2 / 3	**Core**	**Duration:** 30 min
Learning objectives: At the end of the session the participant will: 1. Be able to give feedback on the relevance of the topics, the training methodology and the quality of the presentations 2. Raise unsolved other issues for further exploration and the facilitators will: 3. Have received feedback on the content, methodology and facilitation of the sessions so far and can make recommended adaptations		
Learning methodology: 1. Plenary discussion		
Materials needed: 1. Flip chart with pen		
Outline of the session: 1. The session starts with a short presentation of the summary of day 2 (10'). 2. The facilitator takes over, asking feedback on the relevance of the topics, about the training methodology and the quality of the presentations. Participants may come up with suggestions for improvement. Opportunity will be given to participants to raise any other issue (10'). 3. Any announcement will be made (5'). 4. The session is closed by the facilitator (5').		

Session 13	**Name:** Introduction into day 3	
Day 2 / 3	**Core**	**Duration:** 30 min
Learning objectives: 1. To review the content of the previous day 2. To be informed about the agenda for day 2 (and day 3 and 4 if necessary) 3. To be able to list the first five steps to elaborate an advocacy strategy (worked out on day 2) 4. To be able to list the remaining five steps to develop an advocacy strategy on day 3 (and 4 if necessary)		
Learning methodology: 1. Interactive lecture 2. Individual presentation (volunteer as assigned in session 1)		
Materials needed: 1. Laptop with projector		
Outline of the session: 1. The session starts with a short presentation of the day program by the volunteer that was identified in session 1 (5'). 2. The facilitator walks with the participants through the work done by the working groups on day 2 and gives the opportunity to get clarification on specific issues (10'). 3. The facilitator presents the remaining five steps using the advocacy tool 1 (attachment III): Steps to developing strategic advocacy (15').		

Session 14	**Name:** Step 6: Preparing your institution for advocacy	
Day 2 / 3	**Core, flexible**	**Duration:** 1 hr

Learning objectives:
At the end of the session the participant will:
1. Understand the importance of carrying out a SWOT analysis of your institution for advocacy
2. Be able to carry out a SWOT analysis in terms of advocacy capacity and potential of your own organization
3. Be able to understand organizational changes to become more pro-active in advocacy

Learning methodology:
1. Interactive lecture
2. Group work
3. Plenary presentation of working groups

Materials needed:
1. Laptop and projector
2. Flip charts

Outline of the session:
1. Using Text 1, the facilitator starts explaining the SWOT methodology and highlights the issues to be taken into consideration in the context of this part of the workshop. Using Text 2, the facilitator explains the importance to focus the SWOT analysis on the advocacy role of your institution to be able to become more pro-active (10').
2. Then the participants split up into working groups and work out the SWOT for their institution, focusing on advocacy (40').
3. Depending on the available time, the facilitator invites one group to present in plenary the results of the discussion (10').

Text 1: The importance of a SWOT analyses
As identified in session 2, advocacy activities demand organizational and societal preconditions. To get an insight into the actual capacity of your institution, program or team (internal environment) for advocacy, and to get an idea about the developments in the external environment, you can do a SWOT analyses: identifying your Strengths, Weaknesses, Opportunities and Threats.

Proceed to Exercise 8 in attachment II: SWOT analyses. Be sure to focus the exercise on advocacy. An example of a SWOT analyses is given below:

***Example* SWOT analyses**
Below is presented a SWOT analyses from a workshop held in Bogor, Indonesia in July 2009 with various strengths, weaknesses, opportunities and threats related to advocacy as identified by the participants to exist at the district health/ TB service level.

Strengths Positive internal characteristics that institution can exploit to achieve its advocacy goals Health facilities Contacts/Network Legitimacy Credibility	**Weaknesses** Negative internal characteristics that may inhibit or restrict institutional advocacy performance Lack of coordination Lack of integration Staff of the institution needs to understand the value of advocacy The boss needs to understand this too Internal hierarchy and bureaucracy High turn-over of staff
Opportunities Characteristics of external environment that have potential to help reach goals in advocacy External NGOs interested in TB External funding Donor trust	**Threats** Characteristics of external environment that may prevent to reach goals in advocacy The availability of much external funding

Text 2: Becoming pro-active in advocacy

With the results of the SWOT analyses, you can continue preparing your institution and team to become more pro-active in advocacy.

In general you have to concentrate your efforts to invest in relations. This means:

- Be well informed and as early as possible (identify key people in key institutions, know the agenda of decision makers (e.g. through periodic meetings)
- Context analyses: Identify the real actors and decision makers
- Stimulate alliances (example from satisfied clients or ex politicians)
- Good relationship management.

It is also necessary to invest in transformation / change:

- Invest resources in your action plan for advocacy
- Identify targets for change with most potential possible
- Give priority to advocacy issues taking into account to the urgency of the problem, the role of the public sector, the probability of success, and the support from clients.
- Formulate precise and concrete objectives (SMART)
- Be prepared to bargain (so it is wise to have a concrete proposal).

PART 4 DRAFTING THE PARTICIPANTS' ADVOCACY PLAN

Session 15	**Name:** Towards an advocacy action plan	
Day 3 / 4	**Core**	**Duration:** 60 min

Learning objectives:
At the end of the session participants will:
1. Understand the link between Part 3 and Part 4
2. Know how to elaborate objectives into elements of an advocacy action plan
3. Improved Knowledge about the various methods for advocacy
4. Have drafted elements to be considered for the advocacy plan

Learning methodology:
1. Plenary presentation and discussion

Materials needed:
1. Laptop and projector

Outline of the session:
1. The facilitator explains that the next sessions from Part 4 are related to the drafting of an advocacy action plan (5').
2. Facilitator presents again Advocacy tool 1 from the Advocacy Toolkit: The 10 steps to develop strategic advocacy, and clarifies the steps taken and to be done from this moment onwards (5').
3. The facilitator presents an outline for the advocacy action plan (Text 1) and explains future steps to complete the plan (20').
4. The facilitator makes an inventory (brainstorm in plenary session) of possible methods for advocacy (see Text 2) (30').

Text 1: Towards the completion of an advocacy action plan
Part 4 of this module is focused on drafting an advocacy action plan. At the end of this Part 4, participants should have completed the following grid:

Advocacy Action Plan
Problem:
Possible solution:

Objective	Activity	Output	Indicator	When	Responsible	Resources
1						
2						
3						

Text 2: Advocacy methods
To define activities for advocacy, it is helpful to make an inventory of all possible advocacy methods who can be used in the context you are working in. Possible methods for advocacy are, amongst others:

- Personal meetings with decision makers
- Seminars with decision makers
- Site visits to show decision makers or the media the actual situation at decentralized level
- Round tables to discuss and inform different stakeholders (including decision makers)
- Using informal moments at receptions, dinners, etc.
- Demonstrations to let people and decision makers know your point of view
- Present petitions to political representatives
- Information campaigns.

The use of these methods will depend on the advocacy objective formulated and the type of stakeholder (decision maker, media, friend, opponent, etc.) you want to address. For example, seminars with decision makers are for getting support and establish relationships; petitions are to draw attention to a problem and to put a problem on the political agenda. Social mobilization and awareness raising activities are to get support for your advocacy and to create critical mass to be able to influence.

Finally, the method of advocacy depends on the decision making process (timing). For example, legislators need to be approached well in advance as they often prepare for political decision making. As such, take into account the timing / procedures / budget cycles, etc. at decision making level to be able to timely plan your advocacy activities!

Also the advocacy message needs to be **adjusted to the type of stakeholder**: see session 16).

Session 16	**Name:** Step 7: Developing appropriate advocacy messages	
Day 3 /4	**Core, flexible**	**Duration:** 1 hr 30 min
Learning objectives: At the end of the session participants will: 1. Be able to develop appropriate advocacy messages for different kinds of decision makers and stakeholders. 2. Understand how to monitor the effectiveness of the advocacy messages.		
Output objectives: 1. Have appropriate advocacy messages related to their advocacy objective. 2. Have in place a practical monitoring system.		
Learning methodology: 1. Group work. 2. Plenary presentation and discussion.		
Materials needed: 1. Laptop and projector. 2. Flip charts.		
Outline of the session: 1. The facilitator explains how to develop appropriate advocacy messages, see Text 1 (15'). 2. Introduction into the working groups and group work: Exercise 9 (40'). 3. Discussion of the results of the working groups and recommendations, led by the facilitator. Advocacy tool 5 might be used as an example (30'). 4. Discuss (using Text 2) the importance of monitoring the media (5').		

Text 1 Appropriate advocacy messages
Effective and clear advocacy messages depend on the advocacy target: often it is good to develop specific messages for each decision maker and / or stakeholder. Also take into account the method and the way of communication. Important issues to consider are:

- Should the message be different at decentralized and national level? Should TB control be prioritized or the general health system?
- Should templates with messages be developed for ‘’generic’’ advocacy?
- How can we make sure our advocacy message has come across? What can we plan as follow up of the meeting / communication?

Proceed to Exercise 9 in the attachment II: Elaboration of advocacy messages.
Advocacy tool 5 in the Advocacy Toolkit: Advocacy messages might be of help to improve your messages.
An example of a PowerPoint presentation, on Advocating at district level for resources or policy priorities is given in the Advocacy Toolkit (advocacy tool 6).

Text 2: Monitoring the media
A real test of how correctly and clearly your message is being received is if and how it gets taken up by the media. Thus, finally, it is essential to monitor the effectiveness of the different channels of the media. You can use the advocacy tool 7 in attachment III: Monitoring the media.

Session 17	**Name:** Step 8: Make an advocacy action plan	
Day 3 / 4	**Core**	**Duration:** 1 hr 30 min

Objectives:
At the end of the session participants will:
1. Be able to develop an action plan for advocacy
2. Have a realistic advocacy action plan based upon the advocacy objective

Learning methodology:
1. Plenary presentation and discussion
2. Group work

Materials needed:
1. Laptop and projector
2. Flip charts

Outline of the session:
1. The session starts with an interactive plenary presentation (using Text 1) on how to make an action plan, using the planning grid used in session 15. (15’).
2. Participants then split up to work out their action plans, using advocacy tool 7 (45’).
3. Presentation and discussion of the results of the group work (30’).

Text 1: How to make an advocacy action plan

The first step to take into account is the advocacy objective as formulated in session 11 (step 5): the objective determines to a large extend the decision maker and as such as well the type of activities necessary to include in your advocacy action plan.

Then take into account as well the following information discussed in the previous sessions:

- Decision making process (timing of your advocacy, see also session 10, step 4)
- Your internal analyses (your capacity for advocacy, your available network, available access to decision makers, etc., see also session 14, step 6)
- Your methods for advocacy (see also session 15)
- Your advocacy messages and messengers (see also session 16, step 7)

Important considerations are:

- The availability of resources for advocacy. What resources do you need to carry out a plan? What resources do you have, is there a gap (in staff or staff capacity, in your own availability), are there training needs?
- Can you work together with other institutions or persons who can fill in the gap (complementarity)? Make use of the results of your SWOT analyses!

Proceed to advocacy tool 8 in the Advocacy Toolkit: Developing an advocacy action plan.

Session 18	**Name:** Step 9: Carry out the advocacy action plan	
Day 3 / 4	**Core, flexible**	**Duration:** 30 min
Learning objectives: At the end of this session participants will: 1. Be able to carry out the advocacy action plan. 2. Be able to advocate in practice: approach decision makers in an effective way.		
Learning methodology: 1. Plenary discussion. 2. Role play.		
Materials needed: 1. Laptop and projector. 2. Flip charts. 3. Instructions for the role play.		
Outline of the session: 1. The facilitator underlines the importance of carrying out the plan in practice, using the information under Text 1. (5'). 2. The facilitator underlines the importance of enhancing practical skills when dealing with decision makers and introduces the role play: Text 2. (5'). 3. Role play on approaching decision makers (10'). 4. Discussion and recommendations to improve our advocacy (10').		

Text 1: Implementing advocacy

The most important step is to carry out the advocacy action plan. Do take into account your strengths as identified, and be aware of the fact that advocacy takes time. Concentrate on building relationships with key decision makers and potential allies at decentralized level. Stay informed and be flexible enough to be able to react on actualities. Also monitor your activities so you can keep track of possible risks you are taking regarding your program or institution (credibility) and available resources.

A precondition for an effective advocacy is good communication within the institution and with your stakeholders. Moreover, it is advisable to:

- Keep in contact with the relevant decision makers (via email, telephone, etc.). Alternatively, you can organise regular meetings (twice every year) with relevant civil servants and members of parliament.
- Read regularly relevant newspapers, listen to radio programs, participate in conferences on TB control, workshops, etc.
- Meet up regularly with your colleagues to analyse the identified changes and to discuss its relevance for the TB advocacy activities.
- Join mailing lists from relevant TB, Public Health websites, research institutions, etc.
- Keep track of the agenda of Parliament to be able to monitor relevant Committee meetings from members of Parliament.
-

Do take into account the possible contributions from your network and allies: it is not necessary to do all yourself. You can also think of hiring external assistance for some specific activities you would like to see done, for instance policy analyses, research into the TB planning and budgeting tool, contacting potential allies, etc.

Text 2: Approaching decision makers

Also train your staff to approach decision makers in an effective way. You can use role plays to strengthen their practical skills. Proceed to advocacy tool 9 in the Advocacy Toolkit: Preparing and training for approaching decision makers. Discuss after the role play the issues presented in the tool.

Session 19	**Name:** Step 10: Monitoring and Evaluation and adjustment of the advocacy action plan	
Day 3 / 4	**Core**	**Duration:** 1 hr 15 min
Learning objectives: At the end of the session participants will: 1. Understand how to monitor the implementation of an advocacy plan 2. Understand how to evaluate an advocacy plan 3. Be informed about how to make necessary adjustments in the advocacy action plan		
Output objective: 1. At the end of the session the participants have integrated practical indicators for monitoring and evaluation in their advocacy action plans		

Materials needed:
1. Laptop and projector
2. Flip charts

Outline of the session:
1. The facilitator introduces, using Text 1, the topic of M&E in an interactive way (30').
2. The facilitator elaborates jointly with participants some basic indicators for M&E at the different levels, related to the advocacy objectives chosen. Use advocacy tools 9 and / or 10. (30').
3. Facilitator discusses the implications of M&E for the action plan (make use of Text 2): adjustments and lessons learned (15').

Text 1: Monitoring and evaluation methods
Effective monitoring and evaluation (M&E) is impossible without good (SMART) advocacy objectives, and without a good base line to be able to compare the situation before and after your advocacy activities.

Specifically, M&E of advocacy is difficult due to the attribution issue: it is usually very tough to show the link between your advocacy activity and, for instance, a corresponding change in TB policy. Usually, more than one stakeholder has been involved in advocacy. To be able to keep track of the direct results and longer term impact of your advocacy, various monitoring and evaluation approaches have been developed. It is helpful to distinguish between process (preparedness and output) indicators and result indicators (objectives met through interventions and/or decisions from decision makers)

Proceed to advocacy tool 10 in the Advocacy Toolkit: Monitoring and evaluating of output and outcome. Present the information and discuss the appropriateness of this log frame based method of evaluation for your specific situation.

An alternative and very practical way for monitoring your advocacy activities and evaluating the results is by using the advocacy tool 11 in attachment III (Advocacy Toolkit): Monitoring and evaluation of advocacy. This method looks also at all levels of possible change as identified in step 5 (Defining SMART advocacy objectives). Changes at these levels can be monitored and evaluated in the **short term, medium term and long term** and in a **qualitative and quantitative way**. See for some possible indicators at the six different levels the next example.

Using a combination of these two monitoring approaches may be a valuable option.

Example: **Possible indicators for monitoring and evaluation**
1 = effect on the target group

- Has the position or circumstances of your target group (TB patients, community workers in TB, TB care providers) improved?
- Do TB patients understand the possible usefulness of advocacy, and what it takes?
- Do TB patients have more insight in factors that influence their lives?

2 = relationship with the target group
- Did the accountability towards TB patients improve?
- What are the communication flows between you/your institution and TB patients: how much and which information gets through?
- Has the quality of the advocacy input provided by TB patients improved?

3 = your own institution, including position in the network
- Are you seen as an authority in the field of TB control?
- Do you have more focus?
- Is there consensus on advocacy goals?
- What is the position in your network and the quality of the coalitions?
- Were you at the right place at the right time?
- Is there support for advocates within your institution?

4 = relationship with the decision maker
- Do decision makers come to you/your institution?
- Are decision makers more accountable to you?
- How do decision makers perceive your institution?
- Are there more participatory mechanisms to receive input?

5 = effect on the decision makers
- Is the decision maker more aware of the TB issues? Does he or she understand the causes and consequences of TB?
- Is the decision maker more aware of your target group (TB personnel and patients)?
- Did you/your institution come to an agreement with the decision maker?

6 = effect on society in general
- How relevant was the advocacy issue raised to society in general?
- Is society more aware of TB issues?
- Is society more aware of TB patients?

Text 2: Documentation and learning
Although it seems difficult and time consuming, do keep track of your advocacy activities and its results, both negative and positive. Develop simple but effective systems to share your experiences with like-minded persons within your institution (e.g. by organizing regular meetings, discussing case studies, inviting stakeholders to give a presentation) and between institutions and draw lessons learned to improve your advocacy activities in the future.

Most importantly, do learn from your monitoring and evaluation and do follow up your advocacy activities as there is always a new opportunity to influence!

Session 20	**Name:** Future steps, agreements for the way forward	
Day 3 / 4	**Core**	**Duration:** 30min
Output Objective: At the end of the session participants will: Have agreed upon the next steps to implement the advocacy action plan		
Learning methodology: 1. Plenary discussion Outline of the session 1. The facilitator leads a discussion on what further steps will be taken in terms of reporting, feedback, communication, etc.: Text 1) (25'). 2. The facilitator writes down all agreed steps, including the tasks and responsibilities for implementation of the steps (5').		
Text 1: Future steps As indicated in chapter 1 of this module, the existence of an **operational support structure** is recommendable to support and encourage managers to take up the role as an advocate. Strategizing best occurs if the manager is backed-up and kept to task on advocacy through an operational support structure. This can be either promoted through the National TB Partnership, the NTP or through retaining a local advocacy NGO. A participative preparatory workshop allows the opportunity to explore what support structure may be optimal and feasible.		

Session 21	**Name:** Evaluation and closure of the workshop	
Day 3 / 4	**Core**	**Duration:** 30 min
Outline of the session: 1. Ask participants to reconsider the objectives of the workshop presented on the first day (5') 2. Ask participants as well to reflect on their own expectations and fears (5') 3. Then ask them to fill in the questions, using the Evaluation form (attachment I) and referring to Text 1. Check in the same session whether all expectations were covered (20').		
Text 1: Evaluation of the workshop The evaluation of the workshop is important to improve the advocacy module, its preparation, content, the facilitation and methodology and logistics. Moreover, it is important to identify the lessons learned from participants and to get their commitment in the short and longer term for carrying out the advocacy action plan.		

REFERENCES and USEFUL RESOURCES FOR ADVOCACY

4.1 Information on TB advocacy

More information on TB advocacy, including resources for advocacy can be found on the following website: http://www.stoptb.org/resource_center/documents.asp

4.2 References to specific materials used in creating this module

Documentation Resources:
Whilst the application of advocacy methods to do de-centralized advocacy for district for district level TB control / health requires adaptation to the specific context, there is a wealth of planning manuals and workshop manuals that can serve as a resource. We have access to and are using the following reference material.

Indonesia:

- Strategic Framework on Advocacy, Communication and Social Mobilization, National TB Control Program Strategic Plan Year 2002-2006 – amendment and Conceptual Framework for strategic Plan 2007 2011 (dated May 4 2005)
- Executive summary of facilitator Guidebooks Series: planning and advocacy for KIBBLA with District Team Problem Solving Approach
- Report Instrument Training and Assessment "Planning and Budgeting Tool TB Program (Indonesian Version) for 13 districts in 3 Provinces PH UI.

Global:

- Making Advocacy, Communication, and Social Mobilization Work for You, a facilitator's Guide to an ACSM Action Planning Workshop, September 2008 (USAID, PATH and Stop TB developed this)
- Advocacy, Communication& Social Mobilization for Tuberculosis Control a handbook for country programs (WHO and Stop TB)*
- Advocacy, Communication and Social Mobilization to Fight TB, a 10-year framework for action (WHO and Stop TB)*
- BBO materials.
- Advocacy, Communication and Social Mobilization for TB control /A guide to developing knowledge, attitude and practice surveys*

* NB these global documents are available via the website as noted above:
http://www.stoptb.org/resource_center/documents.asp

ATTACHMENT I EVALUATION FORM

Session 21 **Evaluation of the workshop**			
	What I liked…	**What I did not like…**	**What can be improved…**
Preparation (pre- workshop communication)			
Programme content			
Facilitation & Methodology			
Logistics & Facilities (travel, hotel, food, conference room, etc.)			
Results			
	Yes	**Somewhat,** please suggest improve-ments	**Not,** please suggest improvements
Were the course's objectives met? 1. 2. 3.			
Were your personal objectives met? 1. 2.			
Is the end product useful: - your plan - your messages - your coalition ideas			
What is missing in the workshop? What should be added?			
Other remarks & suggestions:			
1 month from now I will have… (done):			
3 months from now I will have… (result):			

ATTACHMENT II HOMEWORK AND WORKSHOP EXERCISES

Session 2

Exercise 1: Exploring the concepts of ACSM
Discuss in small groups the concepts of Advocacy, Communication and Social Mobilization. Describe these concepts with key words. Time: 30 minutes.

After discussing it in your group, you have 5 minutes to present your findings in a plenary session and try to come to a consensus on the concepts for Advocacy, Communication and Social Mobilization for your specific context.

Session 2

Exercise 1: Exploring the concepts of ACSM
Discuss in small groups the concepts of Advocacy, Communication and Social Mobilization. Describe these concepts with key words. Time: 30 minutes.

After discussing it in your group, you have 5 minutes to present your findings in a plenary session and try to come to a consensus on the concepts for Advocacy, Communication and Social Mobilization for your specific context.

Session 2

Exercise 2: Clarifying various influencing methods
What methods can be used to influence policy makers? Brainstorm to make an inventory of methods for influencing such as advocacy, demonstration, lobbying, ...

Afterwards, the various methods are discussed to identify some key characteristics and the pro's and con's of each influencing method.

Session 2

Exercise 3: Identify basic conditions for advocacy and how to strengthen these
Discuss in small groups the basic conditions (legitimacy, credibility, accountability and power) for influencing and how these can be strengthened to enhance your influencing. Use the following questions:

- Where do I / my institution get its legitimacy from?
- How do I / my institution build / maintain credibility?
- Am I / is my institution doing what is promised?
- Where do I / my institution get the power from to bring about change?

Discuss what this would mean for your institution / or for yourself: what should be done in order to strengthen your position in the advocacy process?

Session 3

Homework: ***Instructions for a presentation (one by each institution)***

Your institution is asked to present a recent advocacy activity during the workshop. You are supposed to make a concise PowerPoint presentation, each covering one of the following six questions below:

- What was the problem you wanted to address?
- What was the solution you were proposing?
- What was the objective of the advocacy?
- What methods and advocacy activities did you plan?
- What were the achievements (both positive and negative)?
- What lessons can be learned from your experience?

Session 7

Exercise 4: ***Discuss the mission and added value of your institution***

Discuss within your team the following questions:

- What is your mission in TB control?
- What is your added value in TB control? What do you bring to the table, what can you contribute? What is your drive?
- Are you all (within the institution) open for or ready to do advocacy?

Discussing these questions will help you to focus your advocacy activities and to build enough internal support for advocacy activities.

Session 8

Exercise 5: ***Analyses of presentations and data on actual TB control at decentralized level***

Analyze the presentations (given by experts) or data on TB programs at decentralized level. Analyze the following issues:

- What is the current budget for TB control at decentralized level?
- What is the real current expenditure on TB control at decentralized level?

The budgeting and planning tool can be used for this exercise. If you cannot find the data for decentralized level, try to identify the current budget and real current expenditure at national level.

Session 10

Exercise 6: ***Identifying possible solutions***

Brainstorm in small groups what solutions exist to overcome the problems and barriers identified.

What should be the role of the decision makers? And what could our own role be?

Session 11

Exercise 7: ***Elaboration of advocacy objectives***

Discuss in small groups the following questions:

- What do I want to achieve in the short term?
- What change do I want to see in the medium term?
- What policy change do I want to see in the long term?

Now try to formulate SMART advocacy objectives in the **short**, **medium** and **long** term.

Session 14

Exercise 8: ***SWOT analyses***

Assess the strengths, weaknesses, opportunities and threats in your team. Make sure you relate the SWOT to the capacity of doing advocacy for TB control!

Important issues to consider are:

- Is your institution credible and legitimate?
- Do you have staff for advocacy? And are they competent in advocacy?
- Do you have a powerful network and access to decision makers? At decentralized and national levels?
- How are you perceived as an institution?
- What is your expertise and credibility on TB issues?
- Are you the spokesperson on TB issues at decentralized level?

Discuss: What can you do to enhance your strengths and to get rid of your weaknesses?

Session 16

Exercise 9: ***Elaboration of advocacy messages***

Develop, together with your team, specific advocacy approaches and messages for each target, for instance the media at decentralized level, the decentralized authorities and the decentralized members of parliament.

What kind of messengers are there? e.g. media, celebrities, patients, experts, peers on TB, donors (national/international).

What kind of message we need to develop for each of these messengers?

CONTENTS **Page**

		Session 6, 13 and 15
Advocacy tool 1: ***Ten steps to developing strategic advocacy***		
1	**Step one:** **Know who you are as an advocate for TB control / health**	-What is your institution's role in TB control in this local context? -What is your institution's legitimacy s an advocate to improve TB control?
2	**Step two:** **Pinpoint the barriers to better TB control in your district**	-What is the local TB situation? -What is the effect on community health and poverty? -What is holding back better TB control in the area? -What are the principal constraints to be addressed: resources, commitment, policies and regulations health providers?
3	**Step three:** **Know the actor environment**	Develop your network and become aware of potential opposition: - Who can effect change? -Why have they not effected change thus far? -Who opposes change? -Why? Try to understand why
4	**Step four:** **Identify a possible solution**	- What policies do you need to influence? What is the decision making process? -What should you aim for (What is your advocacy goal?) -Which/how many resources, whose commitment, which support base?
5	**Step five:** **Translate your solution into phased advocacy objectives**	-What are SMART objectives along the way (feasible, step-by-step, measurable and time-bound)?
6	**Step six:** **Prepare your institution for advocacy**	-What are your institutional strengths and weaknesses in advocacy? -What are the opportunities and threats for advocacy? -What might be the role of internal communication to strengthen your institution's ability to advocate effectively?
7	**Step seven:** **Develop appropriate advocacy messages**	-What are appropriate advocacy messages?
8	**Step eight:** **Make an advocacy action plan**	-What will you do to achieve your advocacy objectives? -When will you carry out the activities? -Who will be responsible?

9	**Step nine:** **Carry out the advocacy action plan**	-Who are the best messengers? -When do you need to implement the plan?
10	**Step ten:** **Monitor progress, evaluating results and adjusting the plan**	-Set evaluation parameters -Disciplined monitoring and recording -Reassess periodically and adjust the plan on an on-going basis
Get down to DOING it - ADVOCATE – a way to reach your goals		

Session 9

Advocacy tool 2: ***Stakeholder mapping and analysis***

Invite your team members to do a stakeholder mapping and analysis to identify all stakeholders in the TB sector and linked areas at decentralized level (and other relevant levels influencing the decentralized level). Identify:

- (Potential) Allies
- (Potential) Opponents
- Neutral
- Decision makers
- Clients

Identify also the risks and benefits of your institution's partnership with, for instance, patient associations, faith based organizations, research institutions, private sector companies, etc.

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

Session 9

Advocacy tool 3: ***Identification of interests and motivations***

Together with your team, identify the main interests and motivations and perceptions of the main stakeholders, including decision makers and opponents. Think about the following questions:

- Are there specific interests which need to be considered?
- Who are opposing the policy (persons, institutions?) and what are their key arguments?
- With whom do they work together to have influence?
- What does this mean for our advocacy strategy?
- How can we reduce the risk of opponents taking over our advocacy?
- How can we build trust?
- How do these positions change when the objective of your advocacy changes or is refined?

Session 9

***Advocacy tool 4:* Power analyses**

Assess the power / influence of the stakeholders and their position regarding your advocacy objective. Use a grid, specifying the stakeholder (at decentralized, national, international levels), their position regarding your advocacy objective (positive, negative or neutral), and their influence and power.

You can use ++++ and ----- to indicate the degree of support or opposition in relation to a specific advocacy objective and their power and influence.

The dimensions of influence and power, which helps you to assess the influence of actors can be estimated using the following criteria:

- The position in society of the institution (well known?)
- Contacts of a person / institution, specifically with influential people
- Credibility of a person / institution. Often this is linked to the expertise a person or institution has in the field of TB control
- Money (amount of resources)
- Visibility in society (via newspaper, radio, etc.)
- Celebrity (famous person).

Via informal ways it is possible to make an estimation of the influence and power of stakeholders. Also ask your colleagues and peers and check newspapers and relevant magazines to get an idea.

Session 16

***Advocacy tool 5a:* Developing advocacy messages and approaches**

Message to Head of the District

Strategic steps	**Definition**
I. Pre advocation: 1. Administrative	Issued request letter for Head of District to have audience session on TB to secretary / General Bureau of Head of District
II. Preparing advocation material	1. Situation analysis; problem identification, cause of problem, alternative solution. Note: use simple language, do not use technical terminology. 2. Choose the right media to raise interest in the issue (e.g. leaflet, poster, film, profile) 3. Appoint spokes person
III. Introduction 2. Introduction of team	First steps before conducting advocation 1. Group leader introduce the member to the Head of District 2. Group leader presents the objective of the audience Note: Use simple language, not complicated, be concise and show your respect.

IV. Delivering audience material	Note: pay attention to the supporting media you use in delivering the materials. Use simple language, not very technical language.
V. Response	Give valuable amount of time for Head of District to response to your presentation. Notes: 1. Give your full attention to the response (give your fullest empathy) 2. Do not interrupt Head of District while he of she is talking 3. Take note on his / her point of appreciation (appoint your minute taker) 4. Be ready for the questions (appoint who will answer on what) 5. Conduct verification on response of Head of District
VI. Highlight to reach goals	1. Affirm your goals, e.g. what kind of intervention or role of Head of District that you expect, picture, data Note: Deliver concisely with respect.
VII. Closing	2. Ask permission to leave by group leader. Note: Close meeting by shaking hands or local custom.
VIII. Follow-up	Note: Do not forget to make follow up for what has been agreed and decided by the Head of District.

Some ways to ‘’entice’’ the Head of District are:

- Create a win - win situation: the Head of District could gain political influence if TB is controlled adequately and national targets are met in the district.
- Focus on the benefits for the community, which will increase the popularity of the Head of District.
- Focus on the importance of existing regulations related to the control of TB disease (minimal service standards, ministerial decrees, national guideline (BPN).
- Advocacy plans should be based on a thorough situational analysis as a starting point for further advocacy actions.

Session 16

Advocacy tool 5b: Developing advocacy messages and approaches

Message to the District Parliament (DPRD)

The strategic approach to DPRD may be different from the approach to the Head of District (see the example above), because the issues may be different. However the methodological steps are similar. Do not use too much technical terminology: use simple language that can easily be understood to prevent misunderstandings. Messages should be targeted and adjusted to the MPs. Adjust the language to the MP to raise interest. e.g. focus on the importance of TB control for the well-being of the community, point at economic loss of TB, cost-benefits of TB control, refer to district development plan. All this to create a ‘’win-win” situation.

Session 16

Advocacy tool 5c: Developing advocacy messages and approaches

Message to the Media

Steps to be taken:

- Select a contact person and build a professional relationship to create trust
- Do not forget to use modern technology (such as SMS, twitter, internet) when possible
- Facilitate the transfer of relevant and proper information on TB control such as fact sheets, legal documents, your position paper
- Establish communication with the responsible persons / managers of the media.

Session 16

Advocacy tool 5d: Developing advocacy messages and approaches

Use of the Media

Matrix for preparing the message for the media:
-What is the message (issue)?
-About who?
-Where does the issue take place?
-When does the issue take place?
-Why should the issue be taken into account?
-What for?
-How?
-Available data.

- The message should be developed depending on the various target groups. There should be a description of available media (cyber, electronic, press media), a description of the potential methods (press releases, interviews, press conferences, documentary, journalist fora, etc.) and timing of the actions should be given.
- The media should be adjusted to the decentralized level where the variety is likely to be limited (i.e. no cyber, no film). Also, other stakeholders / allies need to be involved who are specialized in developing effective advocacy messages.
- The message should be addressing the concern of how to access decentralized resources for TB program operations.

Session 16

***Advocacy tool 5e:* Developing advocacy messages and approaches**

Message to the Community

Overall the message to the public needs to be clear, attractive (using illustrations and pictures) simple, short, eye catching, easy to understand and witty. Then various media channels need to be considered:

- Press media: involving public figures / VIP's as ambassador to bring the message. However present not only general information but also more specific info needs to be provided (e.g. Where can patients be treated for free?).
- Electronic media: think about the timing (prime time, frequency) and the use of public figures.
- Promotional media: distribute materials at strategic points (posters / banners).
- Traditional media: cultural shows, songs, theater.
- Community communication media: Media through community activities and special events religious leaders / gatherings.

Existing NGO's could be involved in the community promotion activities. All messages and the choice of media should be based on a thorough situational analysis.

Session 16

***Advocacy tool 6:* Advocating at district level for resources or policy priorities**

The following PowerPoint presentation can be adjusted and used for your advocacy at de-centralized level:

Session 16

Advocacy tool 7: Monitoring and evaluating the media

A real test of how correctly and clearly your message is being received is if and how it gets taken up by the media.

Monitor, amongst others, the following aspects when dealing with the media:

- Name institution / journalist
- What was the message related to TB control?
- What was given as information?
- Where was it published? What number of issues?
- Where there any reactions from the target group?
- What was the reaction of decision makers, if any?

Session 1

Advocacy tool 8: Developing an advocacy action plan

Use the following grid to develop your advocacy action plan:

Advocacy Action Plan

Problem:

Possible solution:

Action plan:

Objective	Activity	Output	Indicator	When	Who	Resources
1						
2						
3						

The output is the result of the activity. The indicator should help you to assess whether the output has been achieved. Make sure to include sufficient flexibility to be able to adjust the action plan according to changes at policy level, changes in your alliance, your capacity to plan and implement advocacy, etc.

Advocacy tool 9: ***Preparing and training for approaching decision makers***

Strengthen your advocacy skills by doing role plays. Invite a colleague to take on the role of the decision maker you will approach, conduct a role play (e.g. you are a health officer who needs to advocate at decentralized level for additional resources for TB control).

Discuss after the role play (5 – 10 minutes) the following questions (It may be good to have a third party as observer):

- How is he/she going to do this? How was the entry?
- What is the main message you want to communicate?
- How did you respond to the answers and reactions of the decision maker?
- How did you end the conversation?
- What can be improved when approaching decision makers?

When communicating with decision makers, it is important to take into account the following points:

- Do your homework, never be arrogant and think you already know everything.
- Introduce yourself in such a way that decision maker understands why you are talking to him at that time. Because there are many other things a decision maker has to worry about, so he needs to understand why now would be a good time.
- Break the ice, decision makers are just like normal human beings.
- Try to find a connection, show that you understand the interests of the decision maker and that you are not there just to ask.
- Listen, sometimes you are nervous and because of that you focus too much on the things you want to share.
- React to arguments and concerns of others, in that way you can get obstacles out of the way.
- Have a conversation instead of a presentation, if you can make a decision maker interact with you, he will remember you better.
- Be flexible, things happen that might have you make to change your strategy.
- Read between the lines: it is not always obvious what a decision maker really thinks or feels.
- Be strategic in your conversations, know what you want and can get out of it (however limited, sometimes all you can get is a next appointment).
- Know when to stop, sometimes your strategy does not work and then it is far better to change your strategy instead of keep pushing.
- Read body language and tone of voice, people say a lot without using words.
- Know your space for negotiation (know what you want to get out of it at least, and know what is the most you can expect, do not over-ask because then you make it far too easy for a decision maker to say no).
- Realise that a decision maker is just a human being (some are nice some are not, some you can trust, some not).

But please make sure you do **not** do the following:

- Be pushy (if you push the most coming reaction is being pushed back and before you know it you are in a full blown confrontation).
- Preach / lecture, if you engage people the chance is higher that they will act.
- Only send, lobbying is about two-way communication (dialogue).
- Use jargon (for instance, abbreviations no one else has heard about, this will put a distance between you and the one you talk to).
- Lie or exaggerate (the bill will be presented later!).
- Only focus on reaching your goal.

Session 19

Advocacy tool 10:* *Monitoring and evaluation of Output and Outcome

Outputs measure whether the advocacy activities have been carried out successfully. Outcomes measure the effectiveness of the advocacy activities in achieving the identified goals.

Examples:
Outputs
Public statement of support from decision maker for TB.
Number of signatures on petition.
Number of attendees at a conference on TB.

Outcomes

- New resources allocated to TB at decentralized level
- TB law passed/changed.
- TB regulation implemented/changed.

Session 19

Advocacy tool 11:* *Monitoring & Evaluation of advocacy

Another way for monitoring and evaluation of advocacy is to ***measure change*** at the following levels:
1. The effect of your advocacy on the target group (community/patients).
2. The relationship you have with the target group you want to support.
3. Your organisation and position in the TB network and national/regional/local authority network.
4. Your relationship with the decision maker (politicians, civil servants at various levels).
5. The effect of your advocacy on the decision maker (politicians, civil servants at various levels).
6. The effect on health/TB, economic well-being and society in general.

Changes at these levels can be measured in a qualitative and quantitative way. This means we are looking at the whole advocacy process and the intermediary results simultaneously.

Changes can be measured using **questionnaires, surveys and assessment interviews**.

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