Advocacy Communication and Social Mobilization

Advocacy, Communication and Social Mobilization (ACSM) are three distinct concepts that are most effective when used together. ACSM is an important component of the TB control strategy and is necessary to ensure long-term and sustained impact.

To achieve universal access to TB care, it is critical to design and implement issue-based, region and audience specific ACSM initiatives. These will in turn create demand for RNTCP services facilitating early diagnosis and treatment as well as treatment completion. Engagement and forging partnerships with multiple stakeholders including healthcare providers, corporates, NGOs, CBOs, other vibrant community groups, local self-governments etc. will result in improved provision of care for TB patients. Major components of the ACSM strategy are:

1. Advocacy for administrative and political commitment will keep TB control high on the health and development agenda. Policy advocacy informs politicians and administrators about how an issue affects the country, outlining actions to improve laws and policies. Programme advocacy targets opinion leaders at the community level on the need for local action. Media advocacy validates the relevance of the subject and will help keep TB high on political, administrative and the public agenda.

2. Communication aims to favourably change knowledge, attitudes and practices among various groups of people. Audience segmentation and targeted behaviour change interventions will be the key to success.

3. Social mobilization brings together community members and other stakeholders to strengthen community participation. Empowering community structures helps facilitates referrals, strengthens patient support, promotes treatment completion and reduces stigma. Increasingly, the term '**community engagement**' is being preferred over social mobilisation.

ACSM initiatives help -

- Increase demand for early diagnosis and treatment
- Improve referral for case detection and community support for case holding
- Combat stigma and discrimination, and empower people affected by TB
- Increase capacity of health providers and front line workers to deliver ACSM messages
- Mobilize political and administrative commitment, and enhanced resources for TB
- Increase ownership by the community
- Increase capacity for prioritizing TB in health planning at the grass root level of Panchayati Raj

ACSM Advisory Committee: To benefit from external expertise and to streamline the process in all aspects of ACSM activities for RNTCP, the programme has established a system of drawing support and guidance from experts from the centersof the excellence in the field of health communication, communication research, mass media, academia, capacity building, monitoring and supervision, field personnel and civil societies for infusion of new ideas. National ACSM Advisory Committee has been constituted at Central TB Division to support RNTCPs ACSM programme for providing technical support in implementation of ACSM activities.

Similarly, a State ACSM Quality Support Group (SAQSG) is formed at the State level with a Goal to ensure quality support to the entire ACSM effort as an ongoing mechanism for continued quality assurance for TB Control program.

Peer Level Support Group is to be formed for DTOs to seek clarifications with a comfort level and higher participation. Members of SAQSG should include DTOs, IECOs, CFs, Consultants and Partners. There should be 5-7Quality Coach (QC) per state.One QC to be designated as State Coordinator SAQSG. Each DTO will be attached to one QC. DTOs can be given a choice to opt for one of the QCs. However, no QC should have more than 8-10 districts. QCs will help their selected DTOs in improving quality of ACSM plans and activities in their area. Support is given by giving advice and suggestions, sharing good work and best practices from other districts/states, suggesting exposure for CFs (inter district or interstate) for actual field activity that ensures faster learning, sharing communication materials – specially the local performing arts communication.

Coordinator SAQSG to inform all DTOs/STO of specific best practices, success stories, special events and activities by the 5th of the next month. Coordinator SAQSG will also share this information with all neighboring states' Coordinators so that some innovative work gets used by others. Through STO this information will be shared with CTD on a monthly basis (by 7th of the next month).

ACSM Planning

- Under RNTCP, planning is decentralised to States and Districts for greater efficacy and ensuring that need-based initiatives are undertaken. Given India's vast geography, population size and socio-cultural milieu, it is critical to design and implement issue-based and audience specific interventions / activities. A language and a medium that works in one district may not be the best suited for another. Similarly, pamphlets, posters or wall painting may be read by a literate audience, but for others audio-visual media may work better. Each medium has its advantage and disadvantages and these may be selected based on the target group the initiative is being planned for. No single media reaches all and a combination of media will ensure wider outreach.
- The DTO with support from the District PPM Coordinator in consultation with all relevant cadres at the district level is responsible for the planning, development and implementation of the Annual ACSM Action Plan based on the needs and priorities of the district. The STO with support from State IEC/ACSM officer develops the State Annual Action Plan (SAAP).
- District teams must brainstorm and analyse district specific data from quarterly reports to identify issues and list priorities for a particular planning period.
- RNTCP seeks to generate awareness through a mass media campaign based on audience segmentation and an appropriate media mix to tackle a host of issues related to case detection, demand generation for TB services, treatment adherence as well as address concerns related to Drug Resistance, TB notification, private sector involvement, ban on commercial use of serological diagnostic tests, TB co-infections etc., as well as developing appropriate job aids to enable field staff in delivering their responsibilities more effectively. RNTCP surveillance data collated through Epicentre and Nikshayis used to guide the media planning exercise.

- **Resource mobilisation:** To supplement ACSM resources explore partnership options with NGOs, Community based organisations, Corporates available in the region etc. Integration with NHM, the General Health System, Government institutions, programmes etc. must be explored.

Strategic Approach

The most crucial aspect of planning would be to define the objective. ACSM strategies should be formulated to achieve these objectives.The communication plan should be based on the identified target groups.

Implementation of annual action plan

1. Annual action plan should have a calendar of activities - who will do what and when
2. Split activities – quarter/ month/ weekly
3. Assign work to staff
4. Utilize existing or develop new communication material as per need
5. Implement activities
6. Provide supervision and support to staff for implementation
7. Document / Report writing
8. Quarterly reporting of activities

Communication Materials

- Given the socio-cultural diversity of India, it is important to communicate to people in a language that they understand well. Hence, materials can be developed locally in appropriate regional languages and cultural context.
- Communication materials developed at the National-level have been shared with all States. State ACSM/IEC Officers can be contacted to facilitate access to existing communication materials.

Target Audience	Objective	Methodology	Tools/Materials
Advocacy			
Policymakers Administrators and program managers Elected representatives Media professionals Other influencers in society	Seek support in terms of supportive policies, greater resources	Meetings, discussions, sensitization workshops	Relevant fact sheet & data; background reading material; case studies; printed documents or PPTs with necessary information
Communication			
Public at large Cured patients Healthcare providers	Create awareness for improved case detection (this is just one communication objectives, these can vary based on target audience and what is expected from the interaction with them)	Mass media & Mid-media channels; Inter-personal Communication and face to face interactions	TV, Radio and Print advertisements; Posters, leaflets, booklets, pamphlets; wall writings & hoardings; Folk performances, street plays etc.; Flip charts and other Audio & Visual aids
SocialMobilization / Community Engagement			
Community Vulnerable populations such as slum dwellers, prisoners, mine workers etc. Youth	Awareness and motivate them to support specific action	Group meetings with more specific targeted information and interaction to address participants' concerns	Audio-visual aids, posters, banners, charts etc.

Guidelines to conduct Community meeting, patient provider meeting, school health activities, sensitization of PRI/AHSA and Outdoor publicity (including World TB Day observation) are placed at annexure 20. For detailed guidelines and further clarification may refer to Operational Handbook on ACSM available at www.tbcindia.gov.in