

People Affected by TB Matter

A PLAYBOOK ON **COMMUNITY ENGAGEMENT**



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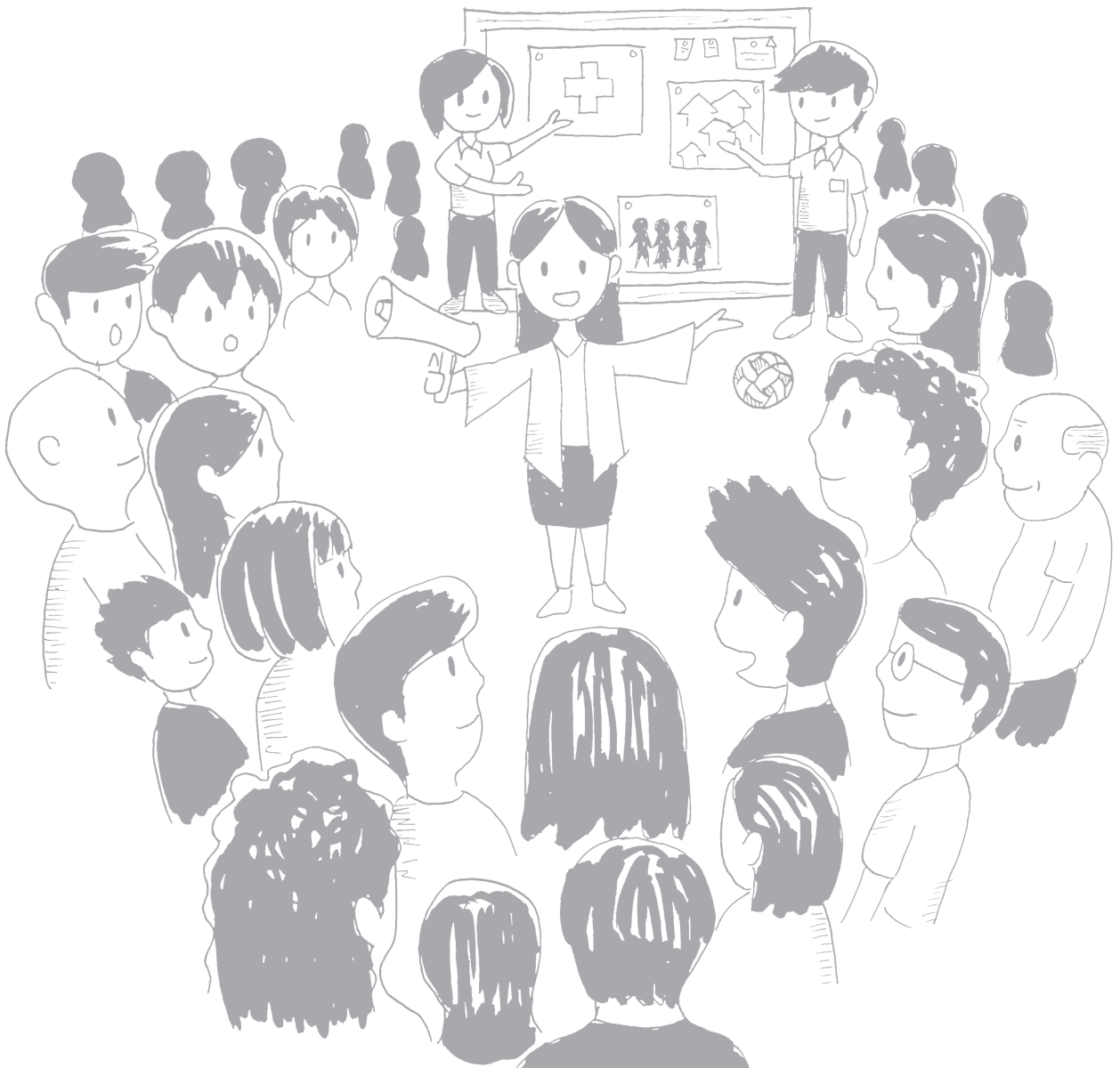
A PLAYBOOK ON COMMUNITY ENGAGEMENT

ACT!
ACTIVISTS' COALITION ON TB
ASIA-PACIFIC



People Affected by TB Matter

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People Affected by TB Matter A Playbook on Community Engagement

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and APCASO

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Foreword

IN late 2016, APCASO saw the need for a regional-scale advocacy mobilization of affected community and civil society against TB and thus supported a convening that established the Activists' Coalition on TB in Asia-Pacific (ACT! AP). The TB community and civil society landscape was very different then — financial and technical support for advocacy was very hard to come by; TB-affected communities were almost always delegated the role of programs and services recipients rather than equal response partners; while some countries in the region did have TB patient support groups, there were barely local or national TB networks doing or dedicated to advocacy and those that did exist had very limited capacity, confidence, access to support, and policy-influencing opportunities. This situation was highly problematic because APCASO and our country partners knew only too well that the game changer in the TB response is to flip the pervading biomedical approach and make way for the meaningful engagement and leadership of TB survivors, affected communities, and civil society.

We committed then, together with ACT! AP affiliates when it was established, that via ACT! AP, we will support a coordinated and capacitated TB community and activist movement in the region.

Fast track to seven years later, to the here and now — APCASO is happy to witness significant positive developments in and outside the region. ACT! AP is established as a regional coalition, country-level TB community. Civil society networks have been formed and continue to be formed and developed

and have greater access to resources as well as decision-making spaces. APCASO and ACT! AP would never claim that these are because of our efforts alone, and we would not be truthful if we claimed so. But we are happy and proud to be part of the community of country, regional, and global contributing actors.

In the same vein, APCASO, which hosts ACT! AP, is happy to offer this Playbook as another contribution to the region, and hopefully beyond, towards the mobilization and strengthening of the TB community and civil society advocacy and activism. The Playbook draws mainly from the experiences of our work with KHANA (Cambodia), Stop TB Partnership (Indonesia), APLHIV (Pakistan), Trisuli Plus (Nepal), and SCDI (VietNam) in a three-year TB community capacity-building program supported by the Global Fund Community, Rights, and Gender Strategic Initiative (CRG SI), so this Playbook is, to be more accurate, our joint contribution.

With this Playbook, APCASO and ACT!AP hope to further shift TB response paradigms and practices to a place where community and civil society are key and equal players in the TB response, not satisfied at merely being asked to be part of the play and expected to follow rules, but also where we challenge, break, and rewrite some of the rules and game plan as needed and for the better.

RD Marte
Executive Director
APCASO

Acknowledgment

THIS Playbook on Community Engagement is the culmination of best practices, experiences and lessons learned that has been shared by TB-affected communities in the region along the years of TB mobilization and activism. ACT!AP and APCASO would like to thank the Community Engagement Strategic Initiative (CE SI) team at the Global Fund for their continued effort in supporting and ensuring communities are at the center of TB response in the region. Our heartfelt appreciations to our country partners; Asghar Satti and Uzair Tariq from the Association of People Living with HIV (APLHIV) Pakistan; Choub Sok Chamreun and Chanthorn Phornng from KHANA Cambodia; Achut Situala from Trisuli Plus, Nepal; Vu Ngoc Hoa from Supporting Community Development Initiatives (SCDI), Vietnam; and Thea Hutanamon from Stop TB Partnership Indonesia for sharing their stories and for bringing the voices of the TB-affected communities from their countries to the front. Our immense appreciations goes out to our consultant, Maria Leny Felix, for stringing these stories together and weaving it into a playbook that can be used by TB-affected communities everywhere to aid their engagement initiatives in building sustainable TB movements in their countries.

Acronyms and abbreviations

ACT! AP	Activists Coalition on TB Asia-Pacific
APLHIV	Association of People Living With HIV-Pakistan
CBOs	Community-Based Organizations
CCM	Country Coordinating Mechanism
CE	Community Engagement
CESI	Community Engagement Strategic Initiative
CLM	Community-Led Monitoring
CLOs	Community-Led Organizations
CRG	Community, Rights, and Gender
CSOs	Civil Society Organizations
CS	Civil Society
CSS	Community Systems Strengthening
Global Fund	Global Fund to Fight TB, AIDS, and Malaria
KHANA	Khmer HIV-AIDS NGO Alliance - Cambodia
NTP	National TB program
SCDI	Centre for Supporting Community Development Initiatives - Vietnam
STPI	Stop TB Partnership Indonesia
STP	Stop TB Partnership
TB	Tuberculosis
Trishuli Plus	Community Action Group in Nepal
WHO	World Health Organization

Glossary of key terms

Community: Refers to sub-groups of TB-affected communities that “have something in common and will act together in their common interest” (e.g. shared geographic location, gender, age, or cultural or social identities or economic, political, or human rights issues).¹

Community-centered: Involving TB-affected communities in making decisions on their needs and concerns. Their participation is sought in planning, designing, and implementing services, including involvement in the development of national strategic plans and monitoring and evaluation of TB response.

Community empowerment: Refers to the process of enabling TB patients, TB survivor groups, and the vulnerable population to increase their autonomy and capacity for self-determination in the TB response.

Community members: Persons who are members of sub-groups of TB-affected communities that are organized as part of community organizations and networks or are unorganized/not yet members of any organizations or networks.

Community leaders: Formal leaders or persons occupying office or positions in TB networks and organizations.

Community engagement: A process where people with TB, TB survivors, and vulnerable groups are directly involved as equal partners in setting priorities in TB service delivery

and care. They play a key role in decision-making from planning; implementation; advocacy; designing legal, policy, and operational guidance; and monitoring and evaluation to achieve sustainable outcomes. Further, community engagement is viewed as an iterative process with goals collectively identified by TB-affected communities.

Civil society organization (CSO): the non-profit organizations at the international, regional, and local levels (e.g. non-government organizations, community-based organizations, faith-based organizations, professional associations, etc.) working with TB-affected communities in the response against the disease.

People affected by TB. Refers to *people at increased risk of TB because of biological and behavioral factors that compromise immune function* (e.g. PLHIV, people with pre-existing medical conditions, people with certain unhealthy lifestyles, and people who use drugs); *people who have increased exposure to TB bacilli* (e.g. health care workers, contacts of TB patients, incarcerated persons, and mining-affected population); and *people who have limited access to health services* (e.g. women and children in settings of poverty, remote populations, homeless, migrants, refugees, and internally displaced people, indigenous peoples and ethnic minorities, sex workers and victims of sex trafficking, people who use drugs, and men who have sex with men.²

Sustainable movements of networks of TB-affected communities. Refers to their capacity to provide, maintain, and sustain communication and learning linkages, platforms to coordinate programs, legitimacy as vehicles for service delivery, and functioning as jointly-governed bodies.

How to use this playbook

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

— Margaret Mead, 1901-1978

Who are the users of this playbook?

THIS playbook is primarily designed for community leaders and members of tuberculosis (TB)-affected communities to aid their engagement initiatives in building sustainable movements of their networks. The operationalization of community engagement concepts and processes is through the lens of people affected by TB. Their voices are in this playbook.

The concept of forging strong partnerships with civil society organizations, government, private sector, and development partners is emphasized in this playbook because of the understanding and firm belief that meaningful engagement is built on dialogue and constructive engagement actions. Thus, this playbook is also meant for partners to guide them on how to better support the TB-affected communities in their work to end TB.



What is the structure of the playbook?

The playbook is divided into four parts, each one detailing the perspectives of community engagement and structured in a user-friendly way to effectively guide the users.

Part 1. Understanding the context and meaning of community engagement, guiding principles, goals, and core values that are described here with appropriate examples. This part of the playbook aims to provide you with a framework on how to better understand community engagement.

Part 2. Defining roles, responsibilities, and qualities of community engagement players that include members of TB-affected communities, community leaders, and partners.

Part 3. Conducting community engagement process and activities covering three phases: preparation, community mobilization, and community systems strengthening.

Part 4. Using tools for community engagement. As you look into the exercises, handouts, and games shared in this playbook, keep in mind that these are sample tools adapted to the context of community engagement in TB response. Existing tools currently used by communities may also be used as needed in conducting the community engagement process.

This playbook also includes the following:

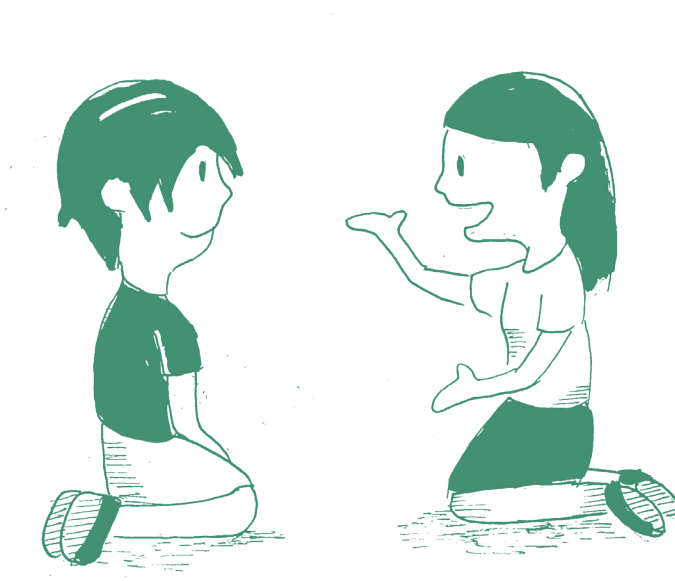
- **Steps** on how to implement the components of the three phases of community engagement: preparation phase, community mobilization phase, and community strengthening phase. The suggested tools that can be used in some of the steps are indicated as well.
- **Interactive Exercises/Activities** with instructions as part of the steps. The pages for the tools are indicated

in specific sections of the main parts of the playbook to quickly assist the users.

- **Games** for the creative execution of the steps. The pages are likewise indicated in specific sections of the main parts of the playbook to quickly assist the users.

As you navigate the playbook, you will see drawings and artworks to visualize ideas or concepts for each part. These will help TB-affected communities understand and execute easily the steps and activities.

Additional content includes endnotes for further explanation of concepts and sources of data, glossary of terms used in this playbook, list of the tools, and references.



Introduction



IN early 2021, the Activists Coalition on TB Asia-Pacific (ACT! AP) with APCASO embarked on long-term capacity strengthening of Community Networks and Organizations of People Affected by Tuberculosis (TB) to support the Community, Rights and Gender Strategic Initiative (CRG SI). At that time, access to TB diagnosis and treatment was problematic because of the COVID-19 pandemic.

The WHO report in 2022 stated that the “progress made in the years up to 2019 has slowed, stalled or reversed, and global TB targets are off track” as shown by the 1.6 million estimated deaths due to TB in 2021.³

This challenging situation motivated ACT! AP and APCASO to contribute to deepening and strengthening community engagement in TB response at the national and local levels. The call to ‘Leave no One Behind’⁴ became more meaningful like a battle cry in a time of war. Thus, in partnership with communities and civil society organizations, the Community Engagement Strategic Initiative (CE SI) Project was implemented. This project is anchored to the goals of building sustainable movements of networks of TB-affected communities and community empowerment.

Country outcomes in CE SI implementation indicate that, slowly, meaningful participation is gaining ground, such as the inclusion of CRG issues into the National TB Program and CCM. TB-affected communities were also able to lobby for the inclusion of domestic resources for CRG.

Inspired by the positive results of community engagement initiatives in partner countries, ACT! AP and APCASO developed a tool to further enhance and systematize the community engagement process in movement building. This is how the “People Affected by TB, A Playbook on Community Engagement” evolved.

Development of the community engagement playbook

The goal and objectives of the Playbook on Community Engagement are in line with the mission to bring together and support community and civil society organizations to improve advocacy and community systems in order to secure health, human rights, and social justice for key, vulnerable, and marginalized communities. This playbook was primarily developed for community leaders and community members of TB-affected communities.

Specifically, this playbook aims to:

- Equip community leaders and members of TB-affected communities with knowledge, skills, and attitudes in community engagement concepts and processes.
- Enhance the leadership skills of community leaders in implementing community engagement initiatives.
- Provide TB-affected communities with practical tools for community profiling, community engagement planning, communication, resource mobilization, financial literacy, network building, advocacy, and monitoring and evaluation of community engagement initiatives.
- Share examples of lessons learned in CE SI implementation in Cambodia, Nepal, Vietnam, Indonesia, and Pakistan.
- Facilitate learning exchanges on community engagement among countries in the Asia-Pacific region.



Participatory methods were adopted in developing this playbook to ensure that it is community-centered and user-friendly. Consultative meetings and key informant interviews were conducted with project implementers in the five partner countries for CE SI to solicit their ideas, feedback, and suggestions on the contents, methods, and tools of the playbook. A validation meeting

was conducted with APCASO for feedback and additional inputs. Relevant documents, publications, and games were reviewed and utilized with appropriate modifications for this playbook. Interactive exercises and games, illustrations, and infographics were used for easier understanding of its users.

The playbook consists of four main parts:

- Part 1.** Understanding concepts of community engagement in TB response
- Part 2.** Roles, responsibilities, and qualities of community engagement players
- Part 3.** Community Engagement in building sustainable movements of networks of TB-affected communities: process and activities
- Part 4.** Tools for community engagement

PART 1

Understanding concepts of community engagement in TB response

IMAGINE community engagement in tuberculosis response as a game like the sepak takraw or kick volleyball, a traditional team sport native to Southeast Asia and popular in a number of Asian countries such as Malaysia, Brunei, Singapore (sepak raga), Indonesia (rago), Philippines (sipa), Thailand (takraw), Cambodia (sek dai), Myanmar (chinlone), India, and Pakistan.⁵ Both community engagement and sepak takraw have a framework for playing that includes a solid team, defined goals, processes or mechanics for playing, tools and techniques for engagement, and core values. You will note, however, that community engagement is guided by basic principles instead of rules as applied in the sepak takraw game.



1.1 Context and meaning

Before we begin playing community engagement, let's think for a moment about its context and meaning for TB-affected communities. Who are they? In the context of TB, we can identify these three distinct groups⁶:

- a. **People at increased risk of TB because of biological and behavioral factors that compromise immune function** (e.g. PLHIV, people with pre-existing medical conditions, people with a certain unhealthy lifestyle, and people who use drugs).
- b. **People who have increased exposure to TB bacilli** (due to where they live or work – overcrowding, poor ventilation, e.g. health care workers, contacts of TB patients, incarcerated persons, and mining-affected population).
- c. **People who have limited access to health services** (due to gender, geography, limited mobility, legal status, stigma, e.g. women and children in settings of poverty, remote populations, homeless, migrants, refugees, and internally displaced people, indigenous peoples and ethnic minorities, sex workers and victims of sex trafficking, people who use drugs, and men who have sex with men).



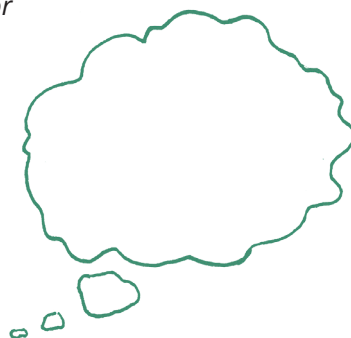
What is community engagement? Often, when we attempt to mobilize people affected by TB, we hear some of them say, “Our only concern is to be able to access treatment — there’s no need to join TB awareness or prevention activities”, or “I am busy, I need to earn for my family”. Others would also say, “We are not educated, thus, even if we would like to organize TB clubs and conduct policy-related advocacy for improvements in TB care, we do not have the knowledge and skills for that”.

Now let us also take a look at the comments of some people affected by TB about community engagement in the TB responses:

*I was not aware that there are discussion events for people affected by TB in my district. I thought that this kind of activity are only for the health providers, and not for a TB patient like me.*⁷

*A representative from a TB organization said that: We want to join the monitoring activity because that is where we think we can be really engaged meaningfully.*⁸

A TB survivor expressed that, in the beginning she was hesitant to join a TB organization or participate in campaigns to end TB because she does not want to be discriminated and suffer from stigma.⁹ But then she realized that participation in TB response is a way to fight stigma and discrimination.



It is worth noting that these kinds of reactions were highlighted as examples of gaps in the Community, Rights and Gender Strategic Initiative (CRG SI) assessment of 20 countries in 2021, six of which are from Asia.¹⁰



Get to know the 2021 CRG assessment findings on community engagement of TB-affected communities

- Mobilization and meaningful engagement of people affected by TB and TB key and vulnerable populations in the national TB responses were deficient in most of the 20 countries assessed.
- Participation of TB-affected communities was not discussed at all in the 4 countries analyzed.
- In 16 countries, there was an inadequate discussion of participation among TB-affected communities in TB response as compared to other TB issues that were examined in the assessment.
- Findings highlighted the low number of civil society and community groups working on TB in 10 of the 16 countries where participation of TB-affected communities was considered. These groups have limited influence and limited financial and other support available for them to facilitate their meaningful participation in the TB response.
- In 8 countries, findings revealed that national TB programs failed to meaningfully engage people affected by TB in designing, implementing, monitoring, and evaluating TB policies and programs.
- The assessments in 2 countries also found that gaps or barriers in law and policy hinder the meaningful participation of communities affected by TB. These gaps include the failure of legislation to recognize the right of people affected by TB to participate in health decision-making processes.



Learning about these pieces of feedback on failure to meaningfully engage people affected by TB makes you wonder why community engagement is more difficult in TB response. It also makes you ask, “What are the barriers that hinder community engagement in TB response”? Among the commonly identified barriers include^{11,12}:

- **Lack of awareness or understanding.** Not all members of the TB-affected communities have sufficient information or knowledge about the meaning and importance of their involvement in TB response.
- **Human rights and gender-related barriers¹⁰.** These pertain essentially to stigma and discrimination, gender-related risks for both men and women, punitive laws and policies faced by people affected with TB, and lack of access to social justice and accountability mechanisms in the TB response.
- **Lack of capacity to conduct community engagement activities** due to inadequate institutional, organizational, leadership, and managerial capacity of TB-affected communities.

- **Communication challenges** constraining participation and mobilization of TB-affected communities. The challenges may include a lack of shared understanding of some key terms used in advocacy and social mobilization; cultural and linguistic differences such as using language, illustrations, and examples to which everyone could not relate; or use of inappropriate channels of communication that are not accessible or relevant to TB affected communities.
- **Resource constraints.** Community leaders and community organizations have limited financial, human, or physical resources, hence impeding their community engagement efforts. Investment in community system development by donors, development partners, and government is still insufficient.
- **Socioeconomic factors.** Many people affected by TB do not have sufficient finances or resources and time to attend and respond to all community engagement activities.
- **Difficulty in sustaining organizational membership of TB patients and TB survivors and reaching out to vulnerable groups.** After completion of TB treatment, some of them no longer participate in advocacy and social mobilization activities or lose interest in joining TB clubs or TB survivors' groups. Reaching out to vulnerable groups (i.e. migrants, undocumented, and prisoners) is also difficult because it requires different organizing and mobilization strategies that community leaders may not be familiar with.

Because of these barriers, TB response at the national and local levels generally lacked meaningful engagement of people affected by TB. It has been observed that their participation in the development of strategic plans for TB, program reviews, technical working groups, resource

mobilization, advocacy, monitoring and evaluation, community-led monitoring, research, and provision of TB services is still deficient.

Certainly, community engagement is challenging, but critical and the driving force in improving “the reach and sustainability of TB services and in accelerating progress towards ending TB by 2030”¹³.

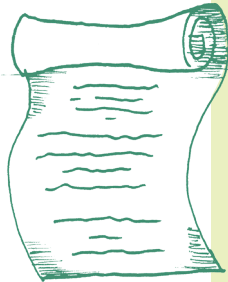
Community engagement in this playbook is defined as a process where people with TB, TB survivors, and vulnerable groups are directly involved as equal partners in setting priorities in TB service delivery and care^{14,15}. They play a key role in decision-making from planning, implementation, advocacy, designing legal, policy, and operational guidance, and monitoring and evaluation to achieve sustainable outcomes. Further, community engagement is viewed as an iterative process with goals collectively identified by TB-affected communities.

It is important to understand that the key aspects of effective community engagement embedded in this definition include:

- Meaningful engagement
- Improved access and adherence to TB care and treatment
- Empowerment and ownership
- Addressing barriers such as lack of awareness about the need to be involved in TB response, lack of capacity for community engagement, resource constraints, and stigma and discrimination.



Underlying the definition of community engagement is the right to meaningful participation of people with TB, TB survivors, and vulnerable populations.



Article 21 from the Declaration of the Rights of People Affected by Tuberculosis

Right to participation. Every person affected by tuberculosis has the right to take part in public affairs, directly or through their organizations and freely chosen representatives. This includes the right to participate meaningfully in all processes and mechanisms for the development, implementation, monitoring and evaluation of laws, policies, regulations, guidelines, budgets, and programs related to tuberculosis, health care for tuberculosis, and medical research for tuberculosis at all levels of governance, with support from and, when necessary, reasonable accommodation provided by the State, international organizations, indigenous groups and civil society organizations to ensure meaningful and effective participation.¹⁶

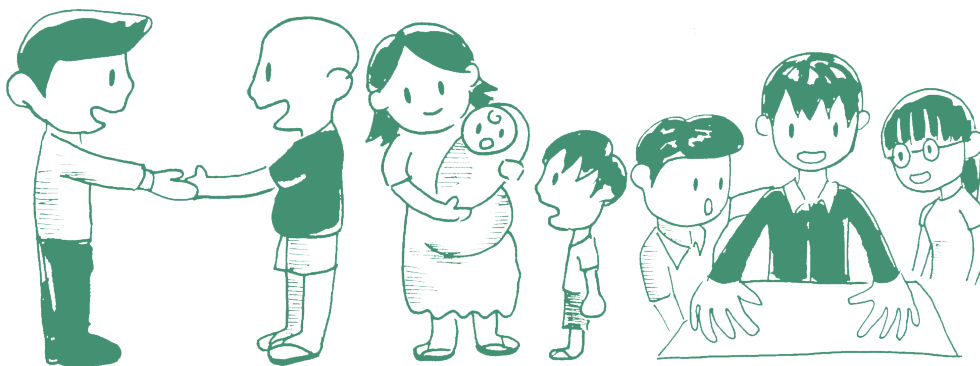
1.2 Goals

In sepak takraw, the players hit the ball over the net and onto the floor in the opponent's court to score a point where the ultimate goal is to win the game.¹⁷ Similarly, community engagement in TB response has definitive goals. Try to initiate a conversation with leaders of TB-affected communities about their engagement goals, and many of them will tell you this:

“We would like to *build sustainable movements for networks of TB affected communities* and realize *community empowerment*. If we achieve these goals through community engagement, then we can effectively contribute in the TB response at the national and local levels toward the vision to end TB by 2030.”¹⁸

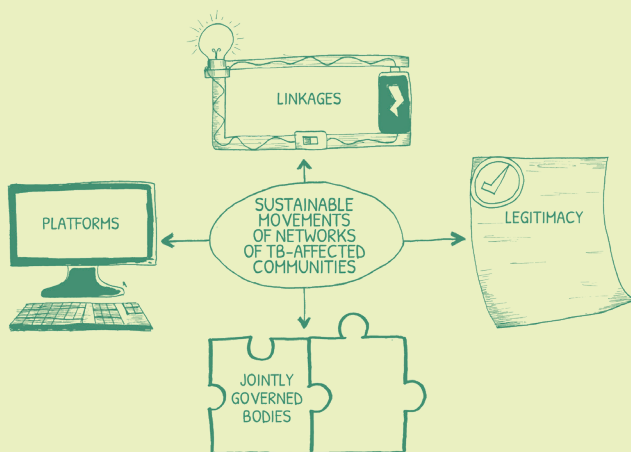
What is the value of building sustainable movements for networks of TB-affected communities? Why is this an important goal of community engagement?

Many of our community leaders and community engagement facilitators consider this goal as integral to community systems strengthening (CSS), which is fundamental to TB response.¹⁹ Based on their understanding and experiences, through CSS they can promote the development of informed, capable, and coordinated communities and community-based organizations, groups, and structures among TB-affected communities toward a strong network.



Their motivations to build sustainable movements for networks of TB-affected communities stem from the understanding that this can:

- **Expand the capacity of small organizations among TB-affected communities to conduct their advocacy for improvement in TB services at a higher level.** By connecting with each other through the networks, there are more opportunities to realize their goals because they can co-create an enabling environment for TB patients, survivors, and vulnerable groups. They can also share knowledge and innovations, including scaling up effective practices in TB response.
- **Accelerate mobilizing resources** that can contribute to the overall sustainability of their programs and activities, and ensure continued work within their individual organizations and networks on an ongoing basis. This may in turn generate momentum for self-reliance or less dependency on outside funding.
- **Foster an overall culture of mutual connectedness, linkages, and support among the organizations and communities.** This will then promote learning exchanges and dissemination of effective community engagement practices, tools, and data on TB response.
- **Assist in the establishment of viable institutional and organizational infrastructure** that is capable of supporting their meaningful participation at the national and local levels.



The framework of sustainable movements of networks of TB-affected communities is premised on the capacity to provide, maintain, and sustain the following 4 aspects¹⁹:

- a. Linkages to facilitate communication and learning among groups and organizations of people affected by TB with similar programs;
- b. Platforms to coordinate programs, activities, and resources of multiple groups and organizations of people affected by TB to achieve shared policy or program goals;
- c. Legitimacy with government and donors as accountable and cost-effective vehicles for implementing policies and programs on TB prevention, diagnosis, and treatment that reach the poorest, most vulnerable populations of TB key affected communities;
- d. Jointly-governed bodies for managing coordinated program implementation, monitoring, and evaluation of TB response.

Building sustainable movements of networks of TB-affected communities is linked with the community empowerment goal. What does **community empowerment** mean to TB-affected communities? For them, it refers to the process of enabling TB patients, TB survivor groups, and vulnerable populations to increase their autonomy and capacity for self-determination in the TB response. They perceive community empowerment as a sustained process of building leadership capabilities among people affected by TB and developing self-reliance within their community. Through this, they are able to make decisions on matters affecting their lives.

Here are some features of empowered TB-affected communities:

- Increased community control over resources, decisions, and processes in the TB response at the national and local levels
- Improved knowledge about the TB epidemic, their individual rights, and responsibilities in TB response
- Opportunity and capability to dialogue and assert on policies and program issues related to human rights and gender equality



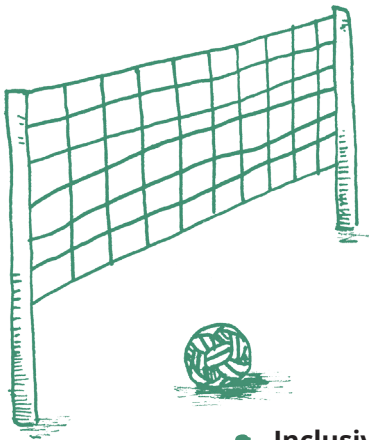
- Existence of sustainable movements of community-led organizations and community-led networks of TB affected communities
- Capacity to conduct collective reflection, plan, implement, monitor, and evaluate programs
- Leadership of advocacy and community mobilization activities to influence policy-making processes
- Increased self-reliance and positive self-concept during engagement with TB stakeholders
- Ownership of community engagement actions in TB response
- A pool of capable and committed community leaders as representatives of TB communities.

1.3 Basic principles

An important attribute of community engagement are the principles that guide its process and activities. As expressed by most community leaders, “to attract people affected by TB to our community engagement playground”, we need these basic principles^{20,21}:

- **Know and understand the TB-affected communities.** Start where they are. Be familiar with their story: who are they, where are they, what challenges are they facing, what are their needs, how do we engage them, and who are our partners in community engagement?

- **Put the TB-affected communities at the center of the community engagement process and activities.** Prioritize improvement of their health and well-being. Create an engagement playground that teems with their physical presence, skills and talents, effective practices, innovations, and hopes. Focus on empowering them to end TB.



- **Inclusive planning and preparation process.** Community preparedness is crucial in engaging TB-affected communities. We have to plan and prepare with them; thus, the engagement activities, techniques, and tools must be user-friendly. We need to listen to the voices and ideas of diverse stakeholders in TB response.
- **Build trust and relationships with the TB-affected communities and partners.** Create a safe space where there is transparency, mutuality, and respect among the community engagement players. The purpose, process, and outcomes of engagement activities are disclosed and open for discussion.
- **Presence of continuous and consistent communication** across the community engagement players using a variety of methods and channels.

- **Shared decision-making** in advancing the goals of community engagement. Underlying this principle is the commitment to sustain engagement and promote participatory culture among the TB-affected communities and partners in TB response.
- **Openness to learning** from the successes and failures of community engagement, including lessons learned.
- **Celebration of the outcomes and impacts of community engagement in TB response at the national and local levels.** This principle ensures that progress in TB care is well-documented, appreciated, recognized, and visible to the TB-affected communities and the public as a whole.

1.4 Core values

Values refer to ideals and fundamental beliefs that we strongly hold on to. Community engagement in TB response is rooted in core values that inform and guide its process and activities. These core values include ***protection of human rights*** and ***gender equality***.

“A human rights-based and gender-responsive approach to TB and other health problems entails integrating human rights and gender equality norms and principles — including non-discrimination, the right to health, transparency and accountability — in the design, implementation, monitoring, and evaluation of programs. It also means empowering vulnerable groups and key populations, putting in

place necessary programs to address their particular vulnerabilities and needs, ensuring their participation in decision-making processes that concern them, and ensuring that there are mechanisms for complaint and redress when rights are violated.”²²

“Gender inequality in TB affects men more than women because of gender-specific occupations. Men are also more likely to migrate for work, which may interrupt treatment. On the other hand, in some settings women have less access to TB services because women’s health may not be considered as important as that of male family members; women are discouraged from seeking services because of lack of privacy or childcare in healthcare settings. Female prisoners are less likely to have access to TB treatment than incarcerated men. TB also causes one third of deaths in PLHIV, and the stigma and discrimination associated with HIV can be amplified by TB-related stigma.”²³

The United Nations Member States have formally adopted the Political Declaration of the High-Level Meeting (HLM) on the Fight Against Tuberculosis in New York at the 78th United Nations General Assembly (UNGA) last 22 September 2023. The protection of human rights and gender equality is reflected in the following key commitments²⁴:

- Reach all people by closing the gaps in TB diagnosis, treatment, and prevention.
- Transform the TB response to be equitable, rights-based, and people-centered.

- Accelerate the development of essential new tools to end TB.
- Invest the funds necessary to end TB.
- Commit to decisive and accountable global leadership including regular UN reporting and review.

A tool for orientation on concepts of community engagement in TB response and concept mapping is shared on p.83.

PART 2

Roles, responsibilities, and qualities of community engagement players



Defining roles and responsibilities is important because it clarifies what each player does or contributes to the community engagement process and activities. This also spells out

what their tasks are in the TB response and corresponding expectations.

This is in congruence with the community systems strengthening framework which seeks to “develop the roles of key affected populations and communities, community organizations and networks, and public- or private-sector

actors that work in partnership with civil society at the community level, in the design, delivery, monitoring and evaluation of services and activities aimed at improving health. CSS has a strong focus on capacity building and on strengthening human and financial resources, with the aim of enabling communities and community actors to play a full and effective role alongside formal health and social welfare systems."²⁵

Key players in community engagement consist of the members of TB-affected communities (e.g. TB patients, TB survivors, and vulnerable groups) and community leaders.

The partners or support players come from the civil society organizations engaged in TB response, government, private sector, and development partners.

Both key players and partners have distinct and important roles and responsibilities in the engagement process and activities. Another necessary component for effective community engagement are the qualities of the players.

2.1 Roles and responsibilities of community engagement players

Many of us will likely agree that successful community engagement efforts in TB response are driven by good team players who are guided by basic principles and core values. Each of the key players and partners performs a specific role and responsibilities as described in the next pages (see page 86 for tools on orientation on roles and responsibilities of community engagement players, role expectation matrix, and Venn diagram).

2.1.1 Members of TB-affected communities

We mentioned earlier that the members of TB-affected communities are comprised of TB patients, TB survivors, and vulnerable populations. Like a wellspring, they are the life source of effective TB response. As voiced out by some of them, “TB response is about us, and nothing without us.”²⁶



Currently, the activities led by communities and in response to the needs of people affected by TB are often provided in small, informal structures based on the shared interests of local communities for social interaction. It is anticipated that, eventually, empowered TB-affected communities will take on the lead role in building sustainable movements of TB networks.

Now, let us look into some examples of expected responsibilities among TB patients, TB survivors, and vulnerable groups to ensure effective community engagement:

- Understand basic facts about TB and TB response
- Be an active member of TB community organizations and community networks
- Self-development (particularly how to become future leaders in TB response)
- Be mindful of health and well-being (primarily adherence to TB treatment and prevention of TB recurrence)
- Take part in setting priorities for TB service delivery, developing community engagement action plans
- Join advocacy and community mobilization efforts for the removal of social, political, legal, gender, economic, or cultural barriers to access
- Share information and stories about lived experience of TB to inform program development; implementation

of prevention, treatment, and care; and monitoring and evaluation of TB services

- Participate in community-led monitoring of TB services
- Extend peer support for people with TB
- Inspire and motivate the different players in TB response

2.1.2 Community leaders

In the circle of TB-affected communities, we meet leaders with a strong sense of maturity, responsibility, and self-respect. They have substantial knowledge and skills about TB and community engagement. Like a good team captain, they are able to lead, support, inspire, represent, and facilitate the empowerment of fellow members in TB-affected communities. We call them enablers in the realm of enabling leadership.



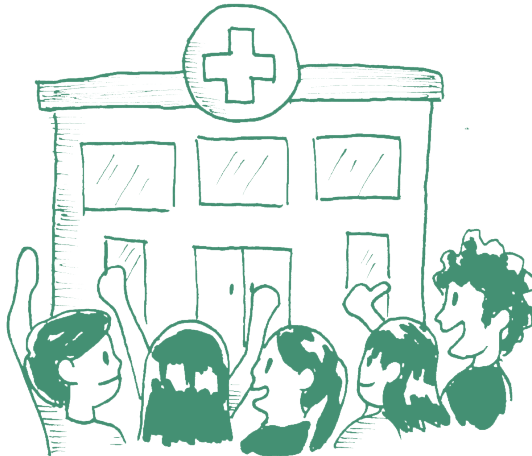
Here are the perceived main responsibilities of community leaders as enablers:

- **Facilitating the decision-making process of the TB-affected communities.** Many of our community leaders are aware that an enabler-leader is different from an authoritarian leader.²⁷ The former develops and stimulates the decision-making skills of the TB-affected communities while the latter decides solely for its members. Consensus-building is utilized by the enabler to help community members arrive at important decisions.

How do we know that community leaders in TB response are facilitating decision-making? For example, if TB patients and TB survivors would like to urgently solve their problems concerning stigmatization and lack of family support.

We can say that community leaders are facilitating decision-making about this concern if they are doing the following actions with the TB organization and members²⁸:

- Guide the TB-affected members and organization in clarifying the issues and problems that require immediate decision
- Assist them in identifying various options/solutions to address the issues concerning stigmatization and lack of family support
- Allow them to choose the most appropriate option/ solution
- Make them decide by consensus after thorough deliberation or discussion
- Help them to draw up an action plan on how to implement the collective decisions agreed on by the members
- Motivate and guide them to carry out the action plan



- **Motivating the members of TB-affected communities to work for the attainment of community engagement goals** is another major responsibility of community leaders.

Some pointers that community leaders may consider to motivate members of TB-affected communities and organizations are:

- Identify the best motivators from among the members of TB-affected communities, particularly TB patients and TB survivors. The community leaders can engage them in motivating fellow members to actively participate in various activities aimed at achieving their goals
 - Secure their trust and develop self-confidence in doing meaningful tasks for the community organization and TB networks
 - Build on the indigenous community engagement skills and practices of TB-affected communities
 - Recognize individual and collective contributions that resulted in improvements in the quality of TB services
 - Gather ideas and examples from members on how to improve TB response at the national and local levels
 - Ensure that there is transparent and respectful communication between community leaders and members of TB affected communities, and among community organization members
 - Assist the members of TB-affected communities in bringing about the integration of personal and organizational goals.
- **Creating a culture of sustainable leadership in community-led organizations/networks.** Before we discuss this particular responsibility of community leaders, let's first appreciate a related quote from Steve Bender & Felder Rushing, from their book, *Passalong Plants*, 1993²⁹:

“People don't own the wonders of nature, they just take care of them for a time. What brings joy to one should bring joy to all.”

For one thing, this quotation conveys to us that leadership in community-led organizations is not the domain of just one or few individuals, and not at all personality-centered. By all means, it is not a one-shot deal. Promoting a culture of sustainable leadership resonates with the joy of working together, sustaining, and celebrating community empowerment.

Sustainable leadership provides opportunities for shared leadership and developing a pool of leaders among TB-affected communities with long-term decision-making ability and commitment. In this context, community engagement leaders are expected to come up with a leadership succession plan and proactively implement it. They are also responsible for sustained capacity-building of future leaders.

2.1.3 Partners in community engagement

When our key players have the resources that they need to do their community engagement process and activities effectively, this is an indicator that the support players are playing their respective roles as partners in TB response. Stop TB Partnership has emphasized the importance of supporting TB-affected communities with the following message:

• *“The world has a collective responsibility to engage with TB affected communities, to provide them with a cure, and to empower them to be both leaders and equal partners in a people-centered global response against the disease. Reaching them is critical to fulfilling the promise of the Sustainable Development Goals (SDGs), which is to leave no one behind.”³⁰*

Here are the partners of TB-affected communities and their responsibilities in community engagement:

- **Civil society organizations (CSOs).** In the context of this playbook, CSOs are the non-profit organizations at the international, regional, and local levels (e.g. non-government organizations, community-based organizations, faith-based organizations, professional associations, etc.) working with TB-affected communities in the response to the disease.

Currently, CSOs are partners of TB community-led organizations (CLOs), and they play the role of community engagement facilitators. Usually, the primary responsibilities they assume include:

- Provision of technical assistance to CLOs representing TB-affected communities in the areas of organizational development (they can help communities to organize themselves and represent specific constituencies), advocacy, and community and resource mobilization
- Capacity-building of community leaders
- Working with community leaders to develop and maintain links with partners in government, private sector, development partners, and relevant CSOs to promote their programs
- Acting as referee and coach in facilitating the community engagement process and activities. They help the community leaders and constituencies communicate with each other. They also facilitate problem-solving by helping them work through conflicts surrounding the problems they are facing.
- Serve as a negotiator or intermediary between community leaders and CLOs representing TB-affected communities and partners in community engagement efforts. For example, enlisting the support of local

health authorities for building a coalition to support policy changes in TB programs.

- Monitor government policies and actions and hold the government accountable, while respecting their own roles, responsibilities, and commitments.²⁸
- Advocate for decision-makers to commit to meaningful engagement.²⁹



- **Government.** The role of government led by the health sector is to facilitate the institutionalization of an enabling environment which is the foundation for community engagement.

Stories about community engagement in TB response showed that collaboration between National TB Programs (NTPs) and NGOs and other CSOs helps in the nationwide scale-up of community-based TB activities. This means that the NTPs play a role in motivating non-TB-focused NGOs and other CSOs to integrate TB into their activities by providing resources, facilitating support, and responding to the needs of TB-affected communities.³¹

Overall, the major responsibilities of the government include:

- Putting in place a legal and policy framework for communities as partners in national strategies
 - Advocacy for and allocation of funding for community engagement
- **Private sector.** Hospitals, clinics, and healthcare providers in the private sector play an important role in providing healthcare services to a large proportion of patients with tuberculosis. “The private sector has always been the first port of call for symptomatic people in many of the high-TB burden countries. In some Asian countries, up to 70% of patients first visit private health providers when they have symptoms suggestive of TB.”³²

Given the extent of private sector health providers’ interactions with TB patients and their families, their participation in community engagement is vital. They can support community leaders and CLOs of TB-affected communities by:

- Motivating TB patients and their families to participate in a variety of advocacy and community mobilization activities
 - Sharing relevant knowledge to inform policy development
- **Development partners** include the bilateral and multilateral donor agencies, UN bodies and international NGOs. Their key roles as funders and technical assistance providers of community engagement activities are as follows:
 - Foster true partnership with TB-affected communities by involving them as equal partners in setting priorities, planning, implementation, and monitoring and evaluation of programs and activities funded by the donors.

- Ensure that funding and technical assistance from development partners must add value to good practices in programs of TB-affected communities.
- Build on the strengths and capabilities of CLOs to produce significant and more sustainable impacts in TB response.
- Facilitate community-led monitoring of engagement activities.



2.2 Qualities of community engagement players

What are the vital qualities that we need to look for among community engagement players? Given the complexities and challenges in TB response, we need forward-looking players equipped with valuable qualities to win the fight against TB.³³ Values-centered, good listener, relationship-builder, team player, prepared, competent communicator, and culture-sensitive are cross-cutting qualities that may help facilitate effective community engagement (see page 90 for the tool, Pick a Quality Exercise).

Helpful hints on what cross-cutting qualities make a good community engagement player in TB response

- **Values-centered** player understands, stands for, and practices the protection of human rights and gender equality in TB response.
- **Good listener** has the ability to listen to ideas of different stakeholders without prejudice, digest the information, and provide helpful feedback. Let us note that “meaningful engagement begins with listening to community members and representatives and people who have had or have TB to understand their lived experience.”³⁴
- **Relationship-builder** encourages trust and transparency, promotes mutual respect, makes the engagement playground a safe space, and believes that “patience is a virtue” in building partnerships.
- **Team player** is one who is capable of being flexible when situations demand flexibility, understands his/her role, actively contributes to group activities, takes ownership of group goals and achievements, accountable for his/her shortcomings, and enjoys working with team members, among others.
- **Prepared** physically, mentally, and emotionally to work for the attainment of community engagement goals and overcome the challenges.

- **Competent communicator** is equipped with knowledge about communicating effectively and appropriately with TB-affected communities and partners. In all forms of engagement, he/she is prepared, clear, prompt, concise, and ethical in communicating ideas or views.
- **Culture-sensitive** player understands the events and situations from the cultural perspective of TB-affected communities. Builds on the positive aspects of the members' values and beliefs, norms, symbols, language, and rituals.

PART 3

Community engagement in building sustainable movements of networks of TB-affected communities: process and activities



EARLIER, our conversation shed light on the fundamental concepts surrounding community engagement that permeates the purported roles, responsibilities, and qualities of the players. Now, we are going to discuss the community engagement process and activities in building sustainable movements of networks of TB-affected communities.³⁵ How will the members of TB-affected communities, community

leaders, and partners engage with each other? Good question to continue a conversation.

Movement building is part of the Focus of Change in APCASO's Strategic Plan for 2021-2030.³⁵ APCASO "convenes, supports, strengthens, grows, inspires and sustains civil society to champion social justice, improved health outcomes, sustained equitable financing for health, and sets best practices and standards on community systems strengthening."

Building sustainable movements of networks of TB-affected communities is a long-term community engagement initiative of ACT!, AP, and APCASO with CLOs, CSOs, and partners that aims to contribute to achieving the following objectives:

- Amplify the **participation and voice** of tuberculosis-affected communities in policy and decision-making forums and in governance and stewardship of the tuberculosis response
- Strengthen the **influence** of tuberculosis-affected communities on the design and implementation of national strategies and costed plans, so that they adequately reflect and respond to the realities and needs associated with human rights, gender, community responses and community systems strengthening
- Empower tuberculosis-affected communities to monitor national program coverage and quality and commitments to end tuberculosis and to **utilize the information generated** for advocacy and programmatic action.

In this playbook, we suggest three integrated phases for the community engagement process with accompanying activities. These include: 1. preparation phase, 2. community mobilization phase, and 3. community systems strengthening

phase. Examples of tools and techniques that can be used for each phase are provided in Part 4 of the playbook. The experiences of CLOs and CSOs from countries involved in APCASO's Community Engagement Strategic Initiative Project helped shape the structure of these three phases.³⁶

3.1 Preparation phase

The preparatory phase is crucial because it lays down the groundwork for community engagement at the national and local levels. As expressed by some community leaders and partners, "We have to remember that building sustainable movements of networks of TB affected communities implies strategic engagement of the members requiring effective preparation."³⁷ The expected outputs during this phase consist of the following: i. community profile, ii. community engagement plan, iii. resource mobilization strategy, and iv. communications plan.

3.1.1 Community profiling

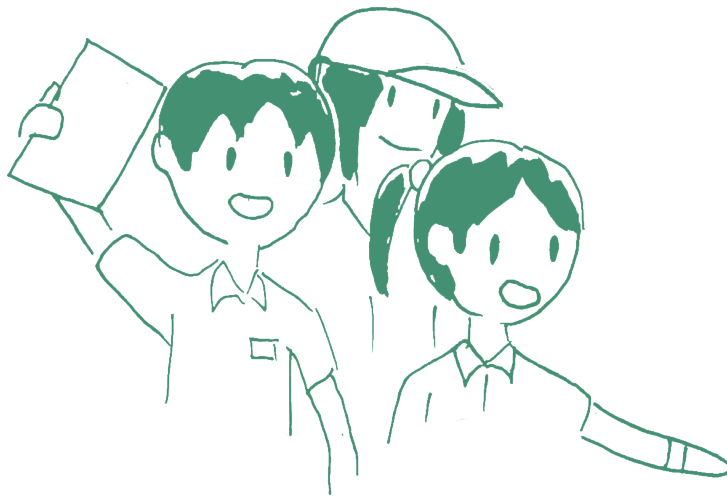
There is a need to conduct community profiling to know and understand the TB-affected communities. The underlying principle here is that in community engagement, the leaders and facilitators start where the TB patients, TB survivors, and vulnerable populations are. This applies both to short-term and long-term community engagement initiatives.

Community profiling (CP) is a method that involves gathering the necessary information about the profile of TB situation and target communities in selected sites at the national or local levels. It utilizes a participatory approach and tools in data collection, analysis of information, and preparation of the community profile.^{38, 39}

Community leaders with support from CSO partners may consider doing the following steps and activities:

Step 1: Organize the community profiling team to initiate these activities:

- Review of secondary data to gather preliminary information about the target communities in preparation for the field data collection
- Identification of key questions for the target communities
- Selection of appropriate tools for data collection and data analysis
- Collection of inputs from selected members of TB-affected communities
- Pre-testing, finalization, and packaging of the CP plan and tools
- Training of the team on the tools and overall execution of the CP plan



Step 2: Prepare the target communities about the objectives and mechanics of CP. Activities include:

- Community orientation meeting to have a collective understanding and ownership of the objectives and process
- Identification of motivators from target communities to support the team in implementing the activities

Step 3: Gather data from the target communities. With the communities oriented and CP plan finalized, the team is now ready to collect information using selected techniques for collecting information that may include desk review, interviews, focus group discussion, mapping, and companion tools such as questionnaires.

Data to be collected may include:

- Demographic information or nature of the community members
- Awareness of human rights and gender equality in TB response
- Feedback on TB response
- Needs or concerns about TB services and care
- Knowledge, attitudes, and practices on TB
- Historical experiences on community engagement
- Stakeholders necessary for community engagement
- Resources for community engagement

Step 4: Process, analyze and validate the information collected from the target TB-affected communities. Once the data collection is completed, the CP team has to do the following:

- Classify the information based on the research questions and agreed data requirements for the community profile.



- Verify the information, organize, transform, integrate, and extract data in an appropriate output form for analysis.
- Document the entire methods of processing to ensure the utility and integrity of the data.
- Conduct a preliminary or exploratory analysis of the data collected to identify trends and characteristics.
- Submit the initial findings into a community-level analysis for validation.
- Interpret the results from the data analysis.

Step 5: Prepare and finalize the community profile. After the completion of data analysis and validation, the next task of the CP team is to put together all the relevant information and summarize the key findings. Write and present the community profile in a creative way.

Step 6: Dissemination of the community profile. With the community profile finalized, the last step in this process is to share, disseminate, and discuss the information among TB-affected communities, partners, and other stakeholders. Meetings will be conducted with community members to present the results of community profiling. Through their feedback and responses, the data collected will be further enhanced.

Creative and user-friendly tools for disseminating the community profile need to be used by the CP team. Dissemination forums, community meetings, social media postings, and art festivals are some of the activities for information sharing.

(You may refer to Part 4 for the following tools for community profiling: a. The Human Knot Game, p.93; b. Draw Me A Picture, p.95; c. Participatory Resource Mapping on TB, p.97;

d. Who+Do Game, p.99; e. Pocket Chart, p.101; f. Critical Incident Analysis, p.104; and g. Sample Community Fact Sheet, p.105.)

3.1.2 Development of community engagement plan

The results of community profiling among the target members of TB affected will inform planning and strategy development, particularly in community mobilization and community systems strengthening. The development of the plan will facilitate building trust, getting buy-in, and soliciting feedback. The suggested steps in developing a community engagement plan for both short-term and long-term engagements are the same, as is the case with building sustainable movements of networks of TB-affected communities.⁴⁰

Step 1: Formation of the planning team that will work with the TB affected communities in developing the engagement plan. This refers to the strategic plan and action plan.

Step 2: Define the purpose, goals, and objectives of community engagement. This step sets the focus and direction of engagement with the target members of TB-affected communities. This implies:

- Seeking inputs from the members of the target TB-affected communities on the purpose of community engagement
- Setting the goals and objectives with the members of the target TB-affected communities

Step 2: Identify and analyze stakeholders in the community engagement initiative. Members of the target TB-affected communities should be involved in identifying community engagement stakeholders, their particular

interests and needs, their level of influence, and how best to engage with them.

Step 3: Determine engagement strategies. This step outlines the levels of community engagement according to this spectrum: inform, consult, involve, collaborate, and empower⁴¹, the timing of execution, and communication channels for the strategies. This includes specific methods that will be used in community mobilization and engaging other key stakeholders identified. A range of tools and activities are necessary to mobilize TB-affected communities, reach stakeholders, engage the people most critical to accomplishing the goals and objectives, and encourage participation.

Step 4. Develop the monitoring and evaluation framework for community engagement. The M & E Framework for Community Engagement outlines the goals, strategy, and indicators. In particular, in community mobilization and community systems strengthening for building sustainable movements of networks of TB-affected communities, the M & E Framework answers the following questions:

- What will be monitored in the community engagement process?
- What will be evaluated in the community engagement process?
- How will monitoring and evaluation be conducted?
- When will the monitoring and evaluation activities be conducted?
- Who will conduct the monitoring and evaluation activities?
- How will the monitoring and evaluation results be disseminated and utilized?



Step 5: Develop an action plan. This reflects the strategies that community leaders, partners, and members of TB-affected communities plan to use and the activities to achieve the defined goals and objectives. This also includes the role of each engagement player in implementing the activities, timeline, required resources and budget, indicators to measure the outputs from the engagement plan, and an evaluation plan. Community mobilization and community systems strengthening are central to the development of the action plan.

(The following tools that you may use in developing the community engagement plan are indicated in Part 4 of this playbook: a. Affinity Mapping, p.106; b. Role Play on Community Visioning, p.108; c. SWOT Analysis, p.110; d. Friend or Foe, Stakeholder Analysis, p.113; d. Example of Stakeholder Mapping, p.115; e. Action Plan Exercise, p.116; and f. Examples of Community Engagement Action Plan, p.117.)

3.1.3 Mobilization of resources

Along with the development of community engagement plan is resource mobilization to implement the goals and objectives.⁴² This pertains to all activities designed for securing new and additional resources from resource providers. It also involves identification and making use of effective practices in resource mobilization of TB-affected communities. Having resources means that the community engagement plan can be implemented, continued, and scaled up. Through this, there is a likelihood of increasing opportunities for creativity and capacity in resource generation for community engagement. The following steps and activities may help mobilize resources:

Step 1: Develop a resource mobilization strategy to implement the community engagement plan. Members of target TB-affected communities should be involved in developing the strategy, particularly in:

- Determining resource mobilization targets
- Identifying internal and external resources
- Mapping resource providers
- Identifying mechanisms for accessing the resources
- Clarifying the right ways to use resources

Step 2: Form a resource mobilization team. This is a team effort, thus the team should include skilled resource mobilizers from members of target TB-affected communities, community leaders, and partners. The tasks of the team consist of:

- Planning for resource mobilization
- Managing the resource mobilization process
- Reviewing resource providers' histories
- Serving as contacts for resource providers
- Leading the implementation of resource mobilization plan
- Updating or developing new resource mobilization strategies

Step 3: Put in place the systems and procedures for resource mobilization. This includes operational guidelines, monitoring, and evaluation mechanisms.

Step 4: Implement the resource mobilization plan in a sustained manner. It is worth remembering that at the onset, the members of the TB-affected communities and their leaders acknowledge the need for resource mobilization. Further, all the community engagement players must demonstrate a certain level of dedication and commitment to a sustainable resource mobilization process.

(The following tools on resource mobilization for your reference are: a. Collage on Resource Mobilization, p.119; b. Action Plan on Resource Mobilization, p.121; c. Example of RM Plan, p.123; and d. Form for Defining Resources, Priority Resource Needs, and Resource Needs and Gaps, p.123).



3.1.4 Development of communication plan

For most of us who have been involved in community engagement initiatives, we know that effective communication is critical to its process and activities. Communicating with TB-affected communities and other stakeholders is not always easy, but oftentimes worth it. A community leader emphatically said that, “Community engagement is all about communication because by having a good conversation with

our TB-affected communities, we are able to understand their issues, problems, and aspirations and to provide them with accurate information about TB services and their rights to access the care that they need.”⁴³

Without a doubt, having a communication plan is important in the engagement process. Effective communication helps build ownership of the purpose, goals, and objectives of community engagement. The following steps may aid you in developing the communication plan:

Step 1: Form a team that will develop the communication plan and lead its implementation. The team should include competent communicators from members of TB-affected communities.

Step 2: Involve the target community in designing the communication plan. Empower them by:

- Orienting them on the objectives and proposed design of the communication plan
- Getting their input on what communication strategies work with them
- Seeking their feedback on the draft communication plan

Step 3: Define the purpose of the communication plan and ensure that it is aligned with the community engagement goals and objectives. This purpose guides content creation (information, key messages, etc.) for communicating with TB-affected communities and other stakeholders.

Step 4. Identify the target audiences and objectives based on the results of community profiling among TB-affected communities and stakeholder analysis. When necessary update the information with additional situational analysis

activities to ensure that appropriate communication targets are selected and prioritized. Once the target audiences have been identified, it is time for you to specify the communication objectives for each of them. Questions here could be: Are you raising their awareness about TB; would you like to change their attitude on community engagement in TB response; would you like to motivate them to take action, for example, pass a law against TB stigma and discrimination?

Examples of questions that may help you in identifying target audiences include:

- Who are the primary audiences and the secondary audiences among the TB-affected communities and other stakeholders?
- Who needs to know about your message on TB response?
- Who is talking about the importance of engaging TB-affected communities in TB response?
- Who is influential in TB response but does not show interest in community engagement?

Step 5. Craft key messages. What are the essential points that you would like to communicate? It is important that these key messages are tailored to the target audiences identified, innovative, clear, and easily understood.

Step 6. Establish communication strategies. The question here is: What strategies will you use to share your key messages to achieve communication objectives for each target audience among the TB-affected communities and key stakeholders?

Experiences in community engagement show that using several strategies in a multi-faceted approach is most effective, especially when the purpose is to motivate target

audiences to take action on urgent human rights issues affecting people affected by TB. As a guide in determining communication strategies, you may consider these pointers:

- Investigate which platforms your target audiences use and prefer (For example, social media, such as FaceBook)
- Match the platform to the message (Which key messages are better off communicated on social media?).
- Select cost-efficient strategies or those within your resource capacity. The bottom line here is whether the chosen strategies will deliver effective communication results with less cost.

Step 7: Develop a dissemination and outreach plan.

This pertains to the dissemination channels that you will use to share and promote the key messages and activities among the TB-affected communities and key stakeholders that you would like to reach or engage. Also included in the plan are the individuals, organizations, and networks that were identified during community profiling and stakeholder analysis as potential partners to target and leverage for dissemination and outreach.

Step 8: Create a timeline and budget for the dissemination of the communication plan. This step outlines the following:

- Schedule of each activity, e.g. planning, creation of communication products, dissemination
- Tasking or who is responsible for each activity
- Develop a budget for strategy development and dissemination

Step 9: Monitor and evaluate the results of the communication plan. Indicators to measure the progress and results of communication should be included in the plan. The

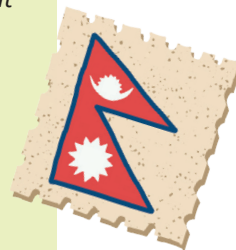
community-led monitoring process can be used as one of the approaches to tracking the outputs and outcomes of the plan.

(You may refer to the following tools for communication planning: a. Idea Board Game, p.124; and b. Communication Plan Template, p.125.)

Preparation Counts! A story on TB Constituency Engagement in Nepal Country Coordinating Mechanism

“Before 2018, we did not have a representative for the TB constituency in Nepal Country Coordinating Mechanism (CCM). There was no official seat for the TB affected communities. In the beginning, we thought we will not succeed given that Trishuli Plus is more experienced in HIV advocacy and mobilization engagements than with TB. But we did not give up, we simply moved on from that feeling of helplessness,” says Achut Sitaula, Executive Director of Trishuli Plus.

Trishuli Plus is a community action group in Nepal established in 2006. A non-profit NGO led by people living with HIV and affected by TB. Its main role is to provide HIV and TB prevention, care, support, and treatment services. The mission of Trishuli Plus is “to improve quality of life of community and ensure equal access to health services by providing preventive, promotive and curative services through community and rights-based approach.” The organization supports the National Tuberculosis Program, engages in community mobilization of TB, and is involved in the assessment of community, rights, and gender in Nepal.



The leaders of this community organization saw the difficulty in organizing people affected by TB. They observed that once the patients had completed their treatment, many were reluctant to continue their involvement in advocacy and community mobilization activities. Some simply disappeared from the ambit of TB-affected communities.

“What we did was to come up with a strategy and action plan on how to reach, recruit, retain and build capacity among the members of TB communities. One of our main objectives in community engagement is to have constituency representation from TB affected communities. We prepared for CCM engagement. We assessed the environment of TB affected communities in the country and their capacity to participate in TB response. Based on the results of our assessment, we identified potential leaders from PLHIV community who are also TB survivors. They were motivated and trained through the Positive Speakers Bureau of Trishuli, where story-telling is an important tool for sharing the lived experience of people affected by TB. All of them were oriented on how to engage with the CCM. The preparations paid off because now we have a CCM member from TB affected communities.”

Based on their experience, the members of TB-affected communities in Nepal realized that the more they prepared and organized, the more opportunities came for them to participate in TB response at their localities and at the national level. They are proud that because of their proactive engagement, the CCM Operational Manual explicitly stated in its rules of business that “there should be one TB affected or TB survivor in the CCM.”

• *“Our hard work was rewarded, TB constituency representation became part of the rules. And then, what is even amazing was that more than one hundred TB survivors applied for the CCM membership. We were able to have a pool of leaders from this TB community. What a proud moment for all of us in the communities of PLHIV and people affected by TB.”*

“A sense of preparedness should permeate our journey,” this is what we have learned from our successful community engagement with CCM Nepal.

3.2 Community mobilization phase

In the previous section, we emphasized the importance of preparation in community engagement. You were provided with insights and suggestions on how to create a community profile as the basis for developing the community engagement plan, resource mobilization, and communication plan development. The community mobilization phase in the engagement process builds on the quality of preparations done by the community leaders with support from partners.

But before we kick the ball for community mobilization, let us look into its meaning. In the context of this playbook, **community mobilization refers to the process of bringing together as many members of TB-affected communities as possible to participate in building sustainable movements of their networks.**⁴⁴ Mobilization actions are iterative, community-led, and participatory using various engagement strategies and tools.

You will note that during the preparatory phase, certain pre-community mobilization activities like the formation of a core team, community-entry planning, and initial communication with the target communities were incorporated into the community engagement plan.

The next question in our conversation is this: How do we mobilize TB-affected communities to build sustainable movements of their networks? You will probably say that there should be a process for this. This is correct and you may consider doing the following process: 1. community preparation, 2. capacity-building of community leaders and members, 3. network-building in TB-affected communities, 4. community mobilization actions, and 5. community engagement reflection.

This five-pronged approach to community mobilization is rooted in the experiences of community leaders and organizations engaged in TB response. While the suggested five components of the community mobilization phase are distinct from one another, they are mutually reinforcing and integrated. Below are the proposed process, steps, and activities:

3.2.1 Community preparation

Community leaders and partners should prepare the members of TB-affected communities before they solicit their participation in community mobilization actions. Remember the saying, “Haste makes waste”? Not preparing the target communities may result in a waste of time, effort, and resources. You will likely agree that community preparedness is key to effective mobilization, so take note of the suggested steps and activities presented on the next page:



Step 1: Establish and promote a conducive environment for community mobilization to take off.

This requires building trust and good relations with members of the communities. It is worth keeping in mind that a little trust goes a long way when we are engaging communities. Examples of activities here include a **kickoff meeting** of the core team with members of the target communities, **team-building meetings** on the purpose and goals of community engagement, and games on relationship building.

Step 2: Inform and consult the target communities about their health and TB-related issues, problems, and needs based on the results of community profiling or situation analysis which was conducted during the preparatory phase.

When necessary or relevant, updating information in the community profile can also be done in this step. Potential activities here could be orientation and information-sharing meetings with the target communities, consultation meetings with informal leaders among the communities, and games to facilitate information-sharing and consultation with the target communities.



Step 3: Develop a community mobilization action plan.

Based on the overall community engagement plan, the community leaders and partners will help the target communities develop their own community mobilization action plan. This action plan contains their goals and objectives, strategies, activities, operational plan, monitoring and evaluation plan, and budget. The following activities are expected to be facilitated by community leaders with community members:

- Formation of the core planning team from the target communities
- Sharing or assigning of responsibilities among team members
- Review and updating of the community profiling results or situation analysis if needed
- Identify community mobilization strategies and activities that will support the TB-affected communities in building sustainable movements of their networks
- Establish the timeline for implementation of the community mobilization action plan
- Develop the budget
- Identify and develop the dissemination of and outreach for the action plan to gather support for its implementation

Step 4: Dissemination of the community mobilization action plan.

This involves sharing the action plan with the broad membership of TB-affected communities, partners, and other key stakeholders. The dissemination aims to share information about the plan to advocate for its adoption and gather sustained support for its implementation. Community forums, public presentations, community festivals, and social media information dissemination are some of the activities for dissemination.

3.2.2 Capacity-building of community leaders and members of TB-affected communities

Equipping these key players in community engagement with the necessary knowledge, skills, and the right attitude is vital to community mobilization. The following steps could serve as a guide in building the capacity of community leaders and members of the communities of TB patients, TB survivors, and vulnerable populations. Examples of tools that you may use for capacity-building are: a. Flip It Game, p.126; b. Just Listen Game, p.129; and c. Power Speaking Exercise, p.132.

Step 1: Engage the TB-affected communities in capacity building. At the onset, we need to motivate the community leaders and members to participate in the process of capacity development. They must own it, share the responsibilities, and commit to the sustainability of capacity development.

Here are some of the ways to engage them:

- Define with them the meaning of capacity and capacity development within the overall context of community engagement in TB response, and in particular to building sustainable movements of networks of TB-affected communities.
- Involve them in assessing their needs, interests, and existing capacities that can be further strengthened. You may conduct a participatory appraisal to encourage community participation.
- Involve them in the planning and implementation of the capacity development program.
- Regularly solicit their feedback on the capacity development process and recognize their contributions.



Step 2: Conduct a capacity assessment to identify the gaps, priorities, expectations, existing skills, resources, and networks of community leaders, members, and organizations. This is done at the individual (community leaders and members) and organizational levels using these questions as a guide in the assessment:

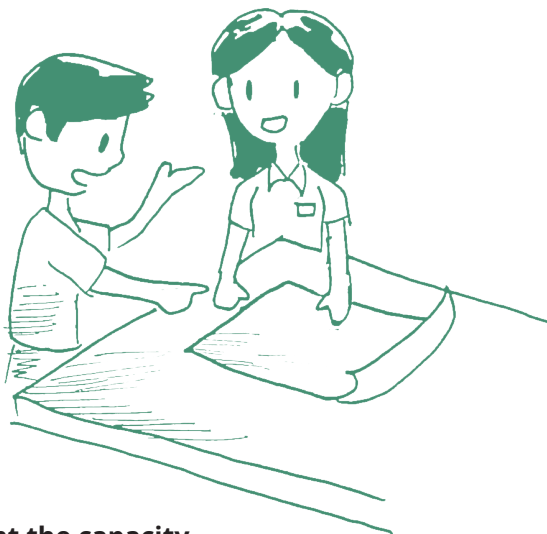
- What is the existing capacity for engagement in community mobilization?
- What is the required capacity for effective community mobilization?
- What are the capacity gaps that hinder effective engagement in community mobilization actions?

In conducting the capacity assessment, you may refer to the tools and techniques shared in this playbook. The expected output of this step is a briefer or summary report on the capacity assessment results.

Step 3: Devise a capacity development program for community leaders, members, and organizations. After the assessment is completed, the core mobilization team will formulate the capacity development program based on the identified existing capacities, capacity requirements, and the gaps that need to be addressed. The capacity development program will be tailored according to the roles and responsibilities of community leaders and members and the strengthening of organizational functions. The capacity-building program consists of the following:

- Overall purpose of the capacity-building actions
- Learning objectives
- Topics to be covered addressing capacity gaps
- Implementation plan – tools and methods for capacity building, time allocation, identification of trainers, facilitators, external resource persons, required resources, and logistics
- Evaluation methodology for each capacity-building activity

A tool for devising a capacity development program is provided in p.126.



Step 4: Implement the capacity development program. To implement or operationalize the plan, the following activities should be taken into account by the core mobilization team:

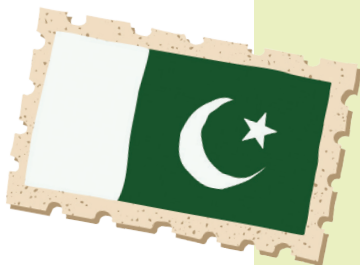
- Review the capacity development program with the community leaders to secure their buy-in, accept and share responsibilities for its implementation, and promotion among community members.
- Secure resources.
- Install systems and structures to support the implementation of the plan.
- Identify champions for its implementation and forge partnerships with them.
- Pilot selected activities in the capacity building program before fully rolling out.
- Assess the results of pilot implementation.
- Fully implement the program based on the results of initial implementation.

Step 5: Monitor and evaluate the capacity development program. At the beginning of the capacity development process, the core mobilization should involve the community leaders and members in determining the methods, criteria, and indicators for evaluation. This also means that they will participate in:

- Making decisions about the types of information to be collected and who will carry out the data collection
- Assessing the knowledge, skills, and attitudes gained by the community leaders and members
- Assessing the content of the capacity building and learning processes to determine if they are working or necessitate modifications
- Evaluating cost-efficiency and cost-effectiveness of capacity development interventions being implemented.

Learning Through Challenges: A Tale from APLHIV, Pakistan

“Pakistan is probably one of the many countries where TB activism is basically non-existent. We in APLHIV have worked for the longest time in the field of HIV and AIDS, so we are still in the process of developing our programs and capacity on TB response,” said Asghar Satti, who is the National Coordinator of APLHIV-Pakistan.



The members of APLHIV have met numerous challenges in the area of capacity-building, of which important lessons were learned. Asghar’s anecdote on their experience with the pandemic is interesting because it highlights capacity gaps in emergency planning and quick response.

*“As Covid-19 Pandemic pounded on our doors,
we breathe a sigh of despair, we panicked,
we did not know what to do.
We did not have a contingency plan.”*

They realized during those panic times that the capacity-building program of any organizations, including theirs, should cover all spheres of work and situations including natural disasters and epidemics.

“The government of Pakistan is quite familiar with CSOs’ engagement in the provision of HIV services, but not with the role of TB affected communities. Currently, the public sector does not yet fully understand the roles that communities can play in TB response at the national or provincial levels. This is a huge challenge for our community leaders and partners.” The learning of community members from this challenge is that there is a need to come up with an Advocacy Plan which they can use in their engagements with the National TB Program and other entities of the government.

In Asghar’s words: *“Effective, meaningful and useful TB activism is the call of the times in Pakistan. To make sure that our government partners are continuously sensitized about the needs and importance of TB affected communities. This is the objective of the advocacy campaigns of TB affected communities.”*

“Learnings from the grassroots help us keep our feet on the ground, and the lessons from challenges encountered were used to better ourselves and improve our capacity to engage in TB response. We are hopeful. We are committed”

3.2.3 Network-building

In part 1 of this playbook, we stated that the motivations among community members to embark on network building is because they believe that this will help them **expand the capacity of small organizations, accelerate resource mobilization, foster an overall culture of mutual connectedness among the organizations and communities, and assist in the establishment of viable institutional and organizational infrastructure for community systems strengthening.** In Part 4, we included tools to facilitate: a. Understanding Concept of Networking, p.134; b. Strategic Thinking for community leaders and members, p.136; c. Financial Literacy, p.138; and d. Concept Note Preparation, p143.

Movement building and strengthening was one of the recommendations from the communities during the documentation of their engagement in the Global Fund's Grant Cycle 7 (GC7) for 2023-2025.⁴⁵ They would like to:

- Expand the survivor groups through membership and outreach
- Strengthen networks by developing capacities in advocacy and movement-building
- Build up the community through trust-building exercises and leadership skills development
- Strengthen relationships with other stakeholders (primary recipients, CCM, national mechanism)
- Provide more support for mobilizing logistics such as meetings and communications work
- Develop a stronger platform to channel funding to civil society organizations



As pointed out by Darcy Ashman, et al. in their guidebook on Supporting Civil Society Networks in International Development Programs:

“Civil society groups and organizations form networks to pursue aspirations for sustainable development and democratic governance that they cannot achieve alone. Networks can enhance the power and influence of citizen voice in advocating for policies and improving governance. Networks also can link service providers to exchange information and resources or to develop coordinated delivery systems. Civil society networks have become partners of choice for many international development agencies seeking to maximize the reach, scale and impacts of their programs.”⁴⁶

In this playbook, the concept of network-building in TB-affected communities aligns with the perspective that civil society networks “may be defined as civil society groups, organizations and sometimes, individuals that come together voluntarily to pursue shared purposes of social development or democratic governance. These purposes may include

exchanging resources, addressing common social goals or expressing their identities as community or social group."⁴⁷ Networks can be formal bodies or informal social relations that are legally registered and institutionalized.

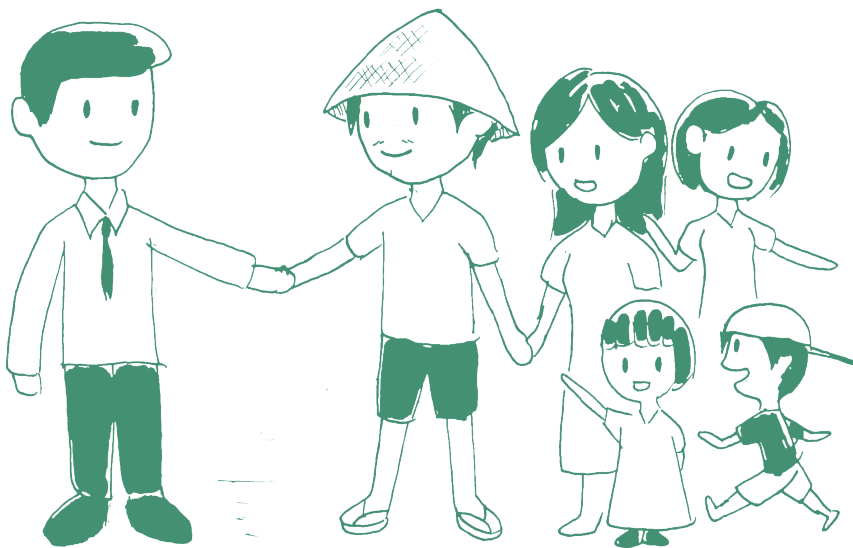
It is envisioned that if there are strong national and regional networks of TB-affected communities, they can advocate for greater accountability of governmental and non-governmental bodies and organizations, and muster sustained support for community-led and community-based activities and service delivery.

In building sustainable movements of networks of TB-affected communities, we have to bear in mind these questions:

- Whose cooperation or collaboration will we need?
- Whose agreement or consent will we need?
- Whose opposition would keep us from accomplishing this community engagement goal?

What are the key elements in network-building? Based on studies and experiences, the following key action steps are relevant and useful in network-building:

- **Building Networks around “Defining” Issues and Events.** Stop TB Partnership suggests that “An effective way to fuel the engagement of existing stakeholders or the emergence of a new organization or network is to identify one or two initial short to medium-term goals that are clear, meaningful, and achievable. These ‘defining’ issues or events initially serve to rally involvement and support, and eventually — once achieved — help to solidify the network’s identity.”⁴⁸ We call this initial step issue identification and goal-setting.



- **Establishing partnerships.** Once the unifying issues and goals have been defined, the next step for the community engagement team will be to consider what partners or coalitions exist in the locality; is there a need for them to be involved in your TB-affected communities' network building, and how do their current efforts compare to your goals and initiatives? Here, you must conduct a thorough partners/coalition assessment or mapping.
- **Establishing effective systems** for collective leadership, participatory or representative governance, and coordinating management within the network. This step essentially sets up the rules of engagement among TB-affected communities within the network.
- **Developing capacity** of network leaders and members among TB-affected communities. For leaders, they need to sharpen their skills in democratic practices like building consensus, facilitating dialogue, and following democratic

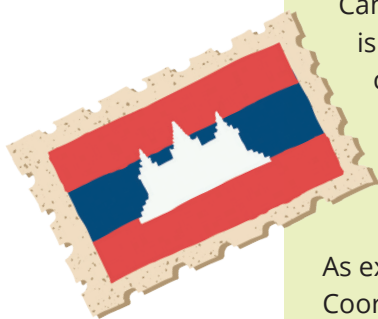
procedures for decision-making. Network members must develop skills in communication, coordination, and participation in decision-making. This is a part of the community engagement plan.

- **Install a communication system** that is transparent and effective to create a strong network among TB-affected communities. This will ensure the efficient and timely flow of information among members of the network. Effective communication is characterized by the existence of clear channels and protocols, and can easily access information they need for their work in TB response. The communication plan must have a network-specific communication strategy.

How To Attract Key Players in Your Community Engagement Game

“Our process in the Khmer HIV-AIDS NGO Alliance starts with community mobilization. We prepare to engage. We believe that through this, we can have effective and meaningful community engagement,” says Executive Director Choub Chamreun and current Vice Chair of Cambodia Country Coordinating Mechanism. KHANA is a national NGO that works with its network of community-based organizations in Cambodia on disease response, including HIV-AIDS and TB prevention, care, and support services at the community level.

As expressed by Phorng Chanthorn, KHANA’s Senior Coordinator for Policy, Partnership, and Networking and seconded by Chamreun, *“We have wonderful and not-so wonderful experiences in community engagement.”*



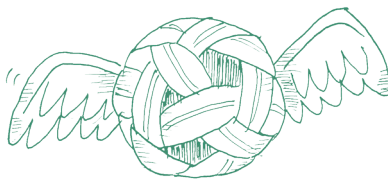
We have learned important lessons in working with TB-affected communities, especially on how to attract them in the community engagement game. For us, the following examples of insights and lessons learnt are worth sharing”.

1. Build a thread of hope. *“You have to be free from TB, you have to be involved in community actions not only as clients but as a pillar of strength for your families.”* This is the key message of KHANA’s community mobilization actions and network-building. They realized that when they re-calibrated their messaging to building a thread of hope coupled with TB awareness-raising activities, it generated a positive response. Before, many of their community members did not understand why they needed to support their fellow TB patients or survivors. However, after providing them with knowledge about the benefits of creating a strong support system for people affected by TB, some of them took the initiative of forming their own peer support group.

2. Raise awareness about the importance of connectedness and linkages in TB response. Raising awareness about TB disease and how they can contribute to ending TB helped build social capital between organizations and the people in the network. Making people affected by TB visible is part of awareness-raising initiatives.

3. Knowing that they have your back encourages community participation. *“The members of our network in the locality are not yet equipped with the capacity to run their community organizations effectively. It matters to them that we are available to provide support in developing terms of reference for the entire district, and clarifying their roles and responsibilities.”* This kind of

assistance including strengthening the capacity to set goals and objectives and to plan activities motivated community members to actively participate in community mobilization actions.



3.2.4 Community mobilization actions

The mobilization actions are designed to build sustainable movements of networks of TB-affected communities and are linked with the community empowerment goal. Thus, community mobilization actions that include engaging TB-affected communities, partners, and other stakeholders will be focused on the following areas:

- **Institutionalizing participation and voice** of TB-affected communities in i. policy and decision-making forums and in ii. governance and stewardship of the TB response. This pertains to:
 - Participation in local and national forums for policy change affecting TB
 - Membership in oversight bodies for TB response
 - Conduct of Human Rights Scorecard
 - Membership in CCM and other multi-stakeholder bodies that can influence policymaking or policy change in government.

Country examples⁴⁹:

• *“People living with TB and TB-affected communities are able to effectively engage and advocate for the inclusion of CRG issues into the National TB Program and Country Coordinating Committee (CCC) in Cambodia.”*

• *“TB-affected groups are strengthened and capacitated to participate in the promotion of CRG approaches in the district and National TB Program and to lobby for the inclusion of domestic resources for CRG related activities in the National TB Program of Nepal.”*

- **Increasing influence** of TB-affected communities on the i. design and ii. implementation of national strategies and costed plans so that they adequately reflect and respond to the realities and needs associated with human rights, gender, community responses, and community systems strengthening. This includes:

- Membership in the TB Technical Working Group of NTP
- Participation in Joint Review of TB Program
- Engagement in the development of Global Fund proposal development and grant-making processes
- Advocacy campaigns for the inclusion of community-centered programs in the TB response
- Participation in the development of a national strategic plan for TB, monitoring and evaluation framework, and budget for TB Program, including attendance in the deliberation during the budget hearing at the executive and legislative branches of government.

Country examples⁵⁰:

• *“Highly marginalized TB affected communities in VIETNAM (women, ex-prisoners, ethnic minorities*

in Central Highlands) are capacitated to effectively advocate for the inclusion of CRG in the local and National TB Program.”

“TB Community Support Groups are capacitated to advocate for CRG related issues including the inclusion of community developed TB Community Mobilization Strategy into the National TB Program of PAKISTAN.”

- **Empowering** TB-affected communities to i. monitor national program coverage and quality and commitments to end tuberculosis and ii. utilize the information generated for advocacy and programmatic action. This can be:
 - Participation in monitoring and evaluating implementation of programs and services
 - Establishment and implementation of community-led monitoring. Data from CLM and documentation reports are used for advocacy and policy dialogue.
 - Perform a watchdog role with the objective of mobilizing TB-affected communities on issues related to violation of their rights and gender inequality.

Country example⁵¹:

“TB affected communities in INDONESIA are able to have their voices reflected in social protection mechanism for DRB-TB patients through the findings from a community-led action research and to have CRG perspectives included in the National TB Program through the community-led CRG Action Plan.”

(Advocacy tools for community mobilization actions are included in Part 4 of this playbook. These include: a. Color/ Advance Game for Storytelling, p.146; b. Storytelling Cubes Game, p.149; c. Agenda Preparation for Constituency

Consultation Meeting, p.151; d. How To Develop and Present Talking Points, p.153; and e. Sample Guide for Advocacy Planning, p.155.)

Soft Strategy for the Win, Insights from Vietnam

“The notion of civil society movement is still new to our country, and in general we don’t have a culture of community engagement. We don’t have yet a legal framework for that,” explains Vũ Ngọc Hoa, Social Mobilization Manager of Centre for Supporting Community Development Initiatives (SCDI) — a Vietnamese not-for-profit organization that works to improve the quality of life and social inclusion of vulnerable and marginalized populations and to reduce practices that may be harmful to the environment.



She said that it is true that most TB patients only care about treatment, and if possible go back to their normal life the soonest they can. Encouraging them to join advocacy and mobilization events is not easy. Advocating for the rights and welfare of other people sounds strange to many community members in the country.

“We cannot directly approach the TB patients or their families to join our movement or advocacy campaigns so we work with CBOs or informal leaders among the community members. We build their capacity in reaching out to TB affected communities.” Through this approach SCDI is able to do outreach work among the community members.

“We walk our path to community engagement by using Soft Strategy, and this is working to our favor. This is how we play our game, and how we achieved small victories.”

SCDI also applies this soft strategy in dealing with government. *“We always position our organization and the community as partners of the government and policy makers. Sometimes, we make biting or harsh comments to the policymakers, but it's very rare.”*

Soft Strategy for the Win. For now, that is how community engagement will be played by SCDI. *“Making straightforward comments to our government and policymakers requires a long time of building trust and partnership with them, so we would like to sustain that for the welfare of our communities.”*

3.2.5 Monitoring and evaluating engagement in community mobilization

In the community engagement plan, there is a component framework for monitoring and evaluation. It sets the overall goals, strategy, and indicators for tracking and assessing the progress of engagement in the community mobilization phase.

In developing and implementing the action plan for monitoring and evaluating engagement of TB-affected communities in community mobilization for building sustainable movements of their networks, the following components may be considered:

- **Utilize a community-led monitoring process** for tracking the progress of their **participation** in i. policy

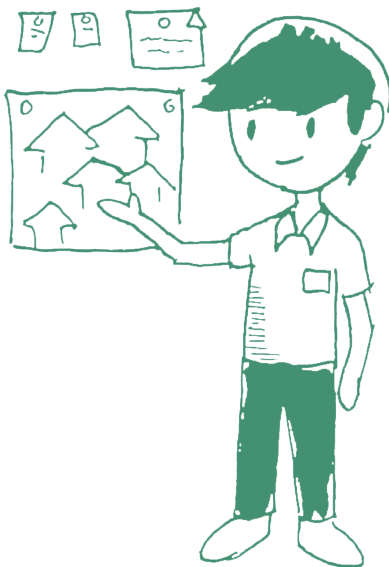
and decision-making forums and in ii. governance and stewardship of the TB response.

● **Utilize participatory evaluation approach and tools**

in evaluating community engagement in mobilization actions. Specifically, we suggest the following steps:

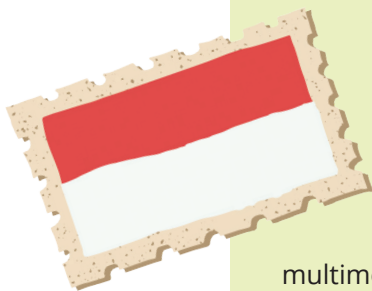
- Set specific evaluation objectives and indicators of engagement in community mobilization actions.
- Put in place the data collection methods for the indicators.
- Define the methods for data analysis and presentation of evaluation findings.
- Involve the community members in all steps of the evaluation process and activities.
- Conduct a reflection session on the process and outcomes of the evaluation.

(You may use the tools for participatory evaluation shared in Part 4 of this playbook, p.158.)



Reflections on the Scorecard for TB and Human Rights: The STPI Experience

"To reflect on the progress of the United Nations High Level Meeting, we at Stop TB Partnership Indonesia (STPI) decided to conduct the Scorecard on TB and Human Rights developed by APCASO. In that meeting, there was a declaration on the need for rights-based and gender-based TB response. It's really good to reflect on what rights-based response really means," said Thea Hutanamon, STPI Partnership and Development Manager.



As a foundation, STPI works with the government, private sector, and communities towards advancing TB elimination programs in Indonesia. Governance and policy change at district and village levels, particularly on the inclusion of budget for TB and awareness raising on TB through broad multimedia campaigns are among its focus areas.

One of the main objectives of the scorecard as an assessment tool is to gather the perspectives of civil society and TB-affected communities on the national TB response's rights-based approaches. The evidence gathered is then used to support the advocacy and action towards a rights-based approach in TB services, programs, and policies and to facilitate a dialogue among TB-affected communities, government, and other key stakeholders.

Hutanamon explained that in 2022, they did the scorecard with members of TB survivor organizations from Java island face-to-face, but the number of respondents was limited. They translated the scorecard document into their local language and used it for the interview process.

• *“When the results of the scorecard came out, we noticed that scores were quite low. Reflecting on the process and type of questions, we thought that it was expected because the scorecard was community-centered and community-oriented,”* commented Hutanamon.

STPI would like to disseminate the scorecard report to NTP, but they were worried that the findings may not sit well with the government. So, in the early part of 2023, they consulted APCASO on the possibility of conducting the scorecard with the government, using the same set of questions. After the consultation, they emailed the scorecard form to selected respondents from the government.

• *“But we only got a few responses from NTP, a sub-national, and one province that we asked to fill in the forms. The distribution of the forms in four or five districts of government where the TB survivor organizations came from was facilitated by NTP. We did not include the results in the report because of the small sample that may not reflect the whole perspective,”* Hutanamon further explained.

Reflecting on the results of the scorecard from TB survivors and government respondents, STPI saw

the difference in how they scored the questions. For example, on the questions about the availability of TB information to the public and the extent to which information has been provided, the government gave a very high score — seven or eight — while the TB survivors gave a score below five.

According to Hutanamon, two important things were learned from the scorecard experience. One is the recognition of the gap in knowledge about human rights in TB response among many government people or NTP. They do not have training on the rights-based approach to TB programming or policymaking, unlike civil society. Another learning pertains to the government's ownership of what CSOs and communities are doing. They acknowledge their work as part of the government's response to TB, hence the very high score. On the other hand, communities thought that TB information dissemination to the public was the government's responsibility. So from their lens, public access to information is limited, thus the low score on that particular question.

• *“Looking at the big picture, we just need to maximize the interdependent space in TB response. In a way, government, civil society, and communities are very interdependent. We prepared the NSP together, the country proposal for the Global Fund and other joint undertakings. But we advocate for rights-based approach in TB response, we stand for that,”*
• concludes Hutanamon.

3.3 Community systems strengthening phase

This community systems strengthening phase is predicated on the premise that the TB-affected communities have been prepared to build sustainable movements of their networks and community mobilization actions have been initiated and are ongoing. This means momentum building and scaling up the community engagement process. To go on with our conversation, we shall tackle its meaning, goal, framework, components, and community engagement of TB-affected communities in community systems strengthening (CSS).

3.3.1 Definitions and goal of CSS

Let us begin by defining the community system first. As defined by Global Fund, it refers to “community-led structures and mechanisms used by communities through which community members and community-based organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities. Community systems are small-scale or informal, others are more extensive — they may be networked between several organizations and involve various subsystems.”⁵²

Community systems strengthening, on the other hand, is defined as:

: *“An approach that promotes the development of*
 : *informed, capable and coordinated communities, and*
 : *community-based organizations, groups and structures.*
 : *CSS involves a broad range of community actors,*
 : *enabling them to contribute as equal partners alongside*
 : *other actors to the long-term sustainability of health and*
 : *other interventions at the community level, including*
 : *an enabling and responsive environment in which these*
 : *contributions can be effective.”*⁵³

The goal of CSS is “to achieve improved health outcomes by developing the role of key affected populations and communities and of community-based organizations in the design, delivery, monitoring, and evaluation of services and activities related to prevention, treatment, care, and support of people affected by HIV, tuberculosis, malaria, and other major health challenges.”⁵⁴

APCASO looks at CSS as both a means and an end. For TB response, it involves community capacity development and institutionalization of CSS approaches and interventions in key legal, policy, and program frameworks on the health and development of TB-affected communities.

3.3.2 CSS framework and components

What is the relevance of CSS Framework to TB-affected communities? Is it really necessary to engage in CSS? If you go back to our discussion on community mobilization actions, you will note the discussion about institutionalizing participation and voice in policy change. This is central to the CSS framework because of its focus on “strengthening community systems for scaled-up, good-quality, sustainable community-based responses.”⁵⁵ This is reflected in the six core components of the CSS framework.⁵⁶



Six Components of CSS Framework

1. Enabling environments and advocacy — including community engagement and advocacy for improving the policy, legal, and governance environments and for affecting the social determinants of health
2. Community networks, linkages, partnerships, and coordination — enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working relationships
3. Resources and capacity building — including human resources with appropriate personal, technical, and organizational capacities, financing (including operational and core funding), and material resources (infrastructure, information, and essential commodities, including medical and other products and technologies)
4. Community activities and service delivery — accessible to all who need them, evidence-informed, and based on community assessments of resources and needs
5. Organizational and leadership strengthening — including management, accountability, and leadership for organizations and community systems;
6. Monitoring, evaluation, and planning – including M&E systems, situation assessment, evidence-building and research, learning, planning, and

knowledge management. When all of these are strengthened and functioning well, they will contribute to:

- improved outcomes for health and well-being
- respect for people's health and other rights;
- social and financial risk protection
- improved responsiveness and effectiveness of interventions by communities
- improved responsiveness and effectiveness of interventions by health, social support, education, and other services.

3.3.3 Engagement of TB-affected communities in CSS

Our discussion on the definition, goal, and framework of CSS and its components provides us with the context of why there is a need to engage TB-affected communities in this process. CSS builds on community engagement in mobilization actions to institutionalize participation in policy-making and governance bodies, increase influence in the development and implementation of national strategies and plans for TB response, and in empowering communities to monitor national TB programs and utilize information for advocacy and programming. The momentum of building sustainable movements of networks of TB-affected communities and achieving community empowerment in TB response is also premised on how they can effectively engage in CSS.

You may consider the following action points on engaging the TB-affected communities in CSS.

1. **Develop and implement a CSS-focused capacity development program for community leaders, members of TB-affected communities, and their organizations.** This may include building knowledge, skills, and attitude in the following areas⁵⁷:
 - Understanding of CSS concepts and its six core components
 - Monitoring, documentation, and analysis of the performance of health services as a basis for accountability, advocacy, and policy activities:
 - training for communities on M&E and how to translate results into outcomes
 - understanding of how to accurately collect community feedback regarding TB services and how to translate this meaningfully within various policy and service development structures
 - representation within various structures
 - understanding of TB budget cycles
 - providing feedback about implementation, fixing of accountability, and improvement of services
 - Advocacy for social accountability of service providers, national programs, policymakers, and local and national leaders for the effective delivery of services, activities, and other interventions, as well as for the protection and promotion of human rights and gender equality
 - Social mobilization, building community linkages, collaboration, and coordination
 - Institutional capacity building, planning, and leadership development in the community sector

2. **Involve community leaders and members of TB networks and organizations at the national and local levels in community-based monitoring/community-led monitoring for accountability.** Specifically, this pertains to the performance of health services.

- CBOs and CLOs establish and implement mechanisms for ongoing monitoring of health policies and performance and quality of all services, activities, and interventions on:
 - prevention, care, and support services
 - financing of programs
 - issues and challenges in the environment (such as discrimination and gender-based inequalities).

3. **Mobilize community leaders, members, and organizations of TB-affected communities to lead advocacy for social accountability** of service providers, national programs, policymakers, and local and national leaders for the effective delivery of services, activities, and other interventions, as well as for the protection and promotion of human rights and gender equality.

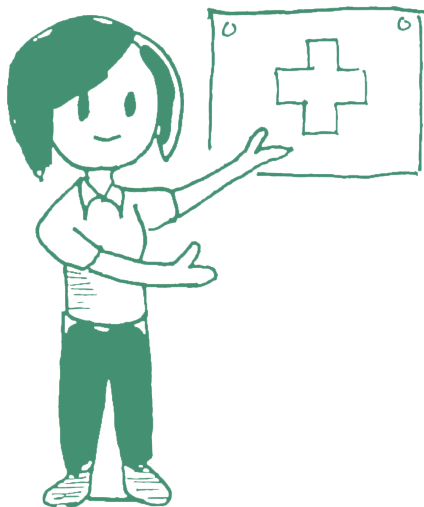
- Conduct consensus, dialogue, and advocacy at local and national levels aimed at holding to account responses to the disease
- Highlighting TB and keeping it visible amongst many competing priorities
- Legislative reform to remove barriers to access to TB services by vulnerable populations
- Perform a watchdog function to provide recommendations to NTP in service improvements.

4. **Implement social mobilization, building community linkages, collaboration, and coordination activities** for TB-affected communities:

- Establishment of community organizations and networking with other actors and broader movements
- Creation of strong informal and formal relationships between communities, community actors, and other stakeholders
- Regional TB forums and the use of social media to facilitate coordination of activities, information sharing, and advocacy campaigns.

5. **Implement institutional capacity building, planning, and leadership development** in the TB-affected communities.

- Support in planning, institutional, and organizational development, systems development, human resources, leadership, and community sector organizing



- Provision of stable, predictable financial resources for communities and appropriate management of financial resources by community groups, organizations, and networks
- Provision of technical, material, and financial support to TB-affected communities as required to enable them to fulfill roles in service provision, social mobilization, monitoring, and advocacy
- Putting in place human resource systems that include staff succession as well as an effective system for recruiting, training, managing, and retaining TB volunteers.

Finally, prioritization of community engagement in CSS can be based on the following areas⁵⁸:

Direct provision of health services in cooperation with or separately from public health services:

- diagnosis, treatment and care through community-level facilities such as clinics, hospitals, and laboratory services
- community-delivered health interventions, such as mobile HIV counseling and testing, treatment follow-up, or crosscutting health interventions
- disease prevention activities
- community health services such as home-based care or TB-DOTS
- community health education and promotion
- services to neglected and vulnerable populations
- implementation and monitoring of policies that affect access to health and welfare services

Support activities for individuals accessing health-related services at the community level:

- community mobilization for access to and use of health services in a “health-friendly” local environment;
- comprehensive home-based care
- referrals and support for access to health and other services
- support to individuals for service use and followup
- disease prevention, harm reduction, and behavior change interventions
- increasing community literacy on testing and diagnosis
- treatment literacy and adherence support
- reducing stigma and discrimination
- advocacy and access to legal services
- psychological, social and economic support
- community-based health insurance schemes
- financial support for accessing services, such as cash transfers and assistance without-of-pocket expenses

Activities to create and improve the enabling environment:

- social determinants of health
- participation in local and national forums for policy change, advocacy, and campaigns
- community awareness on gender, sexual orientation, disability, drug dependency, child protection, harmful sociocultural practices, and similar issues
- peer outreach and support

- services for literacy and access to information, legal redress, individual and family social support (social transfers), welfare services, and rehabilitation
- educational services and support for children and youth, community mobilization on stigma and discrimination, basic rights, poverty reduction, access to services, information and commodities (e.g. condoms and medicines)
- oversight, monitoring, and evaluation of implementation of programs and services

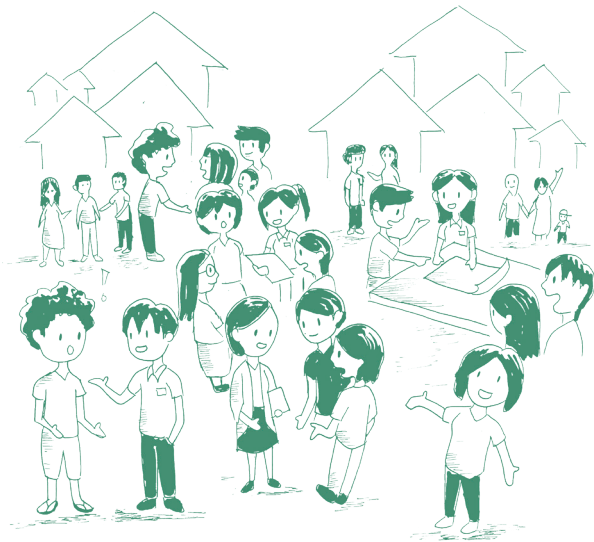
The tools in section 4.3 of part 4, can also be used by community leaders, members, and their networks for CSS engagement.

PART 4

Tools for community engagement

IN Parts 1 to 3 of this playbook, our conversation explored the concepts of community engagement; roles, responsibilities, and qualities of good community engagement players; and the process and activities for building sustainable movements of networks of TB-affected communities. Now, we present examples of tools for community engagement to facilitate the following: orientation on concepts of community engagement and orientation on roles, responsibilities, and qualities of good community engagement players.

Some tools for the conduct of the preparation phase, community mobilization, and community systems strengthening phase are also included in this section including: community profiling, community engagement planning, resource mobilization, communication planning,

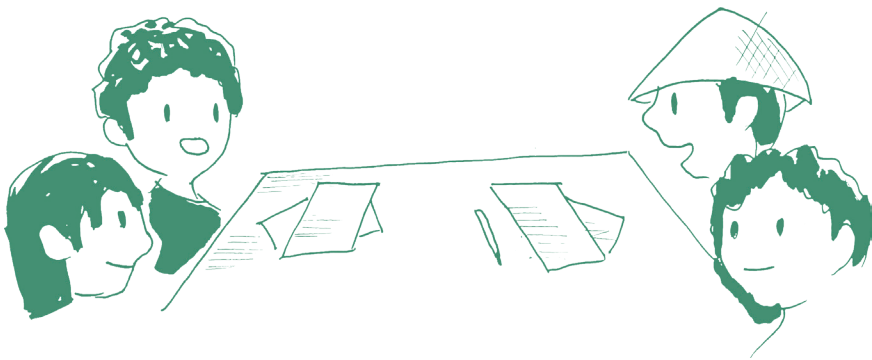


and capacity building for community leaders and members; network building; advocacy; community-led monitoring; and participatory evaluation. The tools may be utilized in a specific area or in cross-cutting areas of the community engagement process.

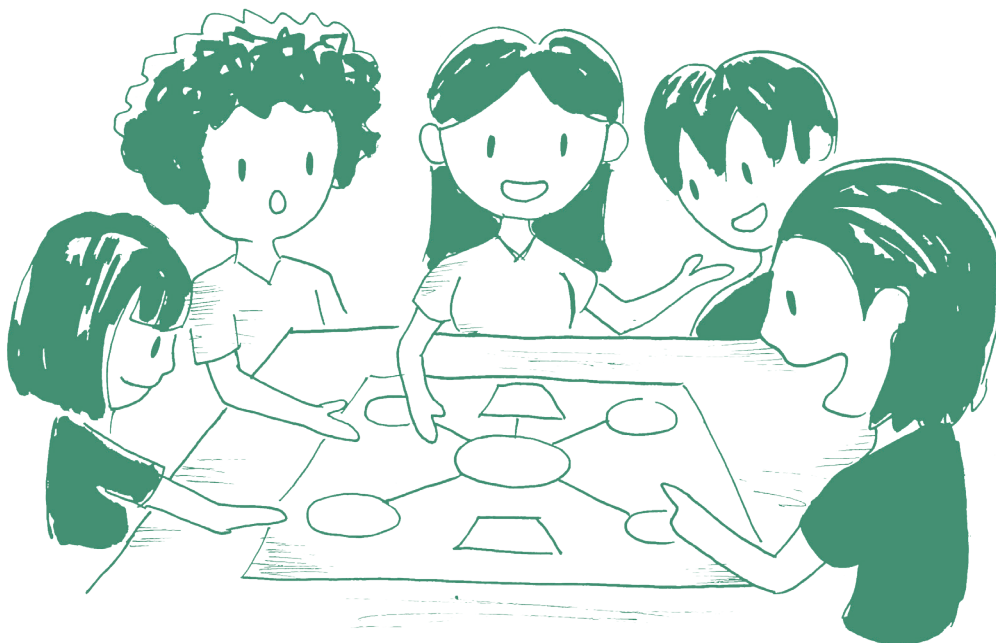
The tools consist of participatory activities and interactive games that are user-friendly, based on experiences, and modified and adapted to the context of TB. As necessary, you may use additional tools for community engagement. Let us play and have fun as we engage our TB-affected communities.

4.1 Tools for concepts, roles and responsibilities, and qualities of good community engagement players

In Parts 1 and 2 of our conversation, we discussed how important it is to understand the concepts encompassing its process, the roles and responsibilities of the players, as well as the desired qualities. For these, you may use **concept mapping**, **role expectation matrix**, **Venn diagram**, and **pick a quality exercise**.



4.1.1 Orientation on concepts of community engagement



Tool A | Concept Mapping

*Meaning, principles, goals, and core values*⁵⁹

Objective — To identify ideas in community engagement concepts and the relationships among ideas, e.g. meaning, principles, goals, and core values.

Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc). Concept Map Tool visual aid on meaning, principles, goals, and core values.

Instructions —

1. Explain the objective and meaning of concept mapping. Put this meaning of concept maps in the flip chart in a visual format:
 - **Concept Maps** are a useful tool for identifying ideas in a particular concept and their relationships. The output is a diagram that depicts the important ideas identified by community members and how they are linked with each other. This tool is an opportunity to analyze and synthesize embedded in a particular concept — in this case, community engagement of TB-affected communities.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Ask the groups to start by brainstorming on the general meaning of community engagement and what it means to TB-affected communities. Remember that you are trying to harvest ideas from your brain, so any idea is worth noting.
4. Choose an idea from your brainstorming harvests. For example:
 - You think community engagement empowers TB-affected communities.
 - You have done it as a process of involving community members.
 - You feel it is your right to engage in TB response.
5. Put the chosen idea in the flipchart, and you may encircle or draw a box to highlight the idea.

6. Now, go through your list of ideas.
 - What other ideas are connected in some way to the one you just used?
 - What sorts of relationships do you see in the ideas? The relationship could be a process that leads to involvement, and so on.

7. Come up with “linking terms” that explain how you see the ideas being related to each other.
 - Linking terms is important for seeing relationships and connections.
 - If you can’t come up with a linking term for an idea, try moving the idea around to different spots until you can.

8. Arrange and re-arrange all of the ideas you identified on your brainstorming harvest list until the way you have them organized makes sense to you.

9. The lead facilitator summarizes the ideas from the Concept Map and relates or connects them with the context and meaning, principles, goals, and core values of community engagement for TB-affected communities

4.1.2 Orientation on roles, responsibilities, and qualities of good community engagement players

Tool B | Role Expectation Matrix

*Roles and responsibilities in community engagement*⁶⁰

ROLE EXPECTATION MATRIX			
From \ To	Community Leader	Community Member	Partners
Community Leader			
Community Member			
Partners			

Objective — To help the community engagement players identify their roles and responsibilities in community engagement

Duration — 45 minutes - 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, masking tape, etc.). Role Expectation Matrix visual aid.

Instructions —

1. Explain the objective and mechanics of the Role Expectation Matrix. Write on the flip chart the role expectation matrix in a visual format.
2. Ask each community member to silently brainstorm what he/she believes are the expectations from one player in the community engagement process to another. Write

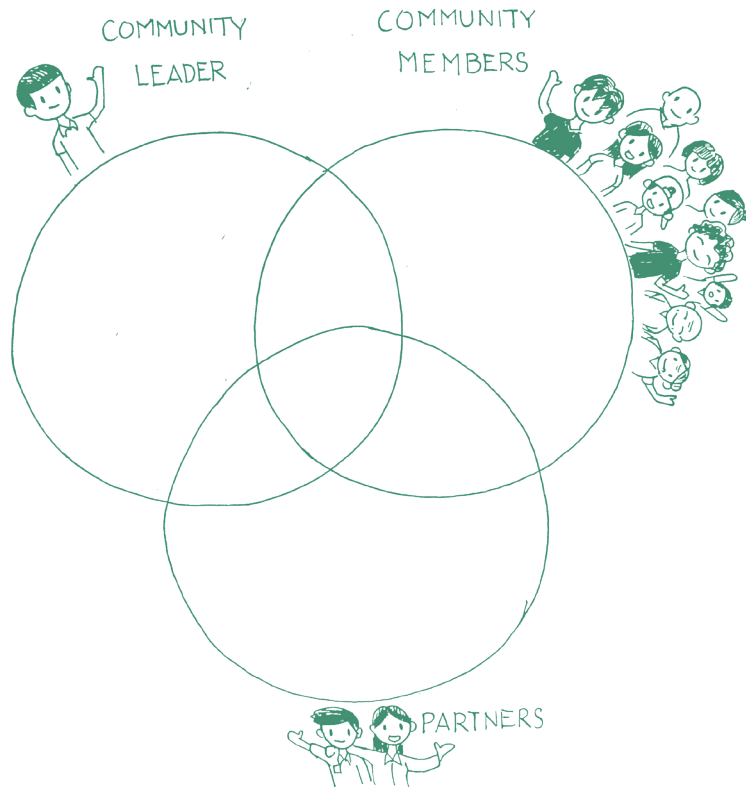
each expectation in Post-it notes and place it in the matrix according to the designated player.

3. Ask three volunteers to group the posts according to the designated player and discuss points of difference.
4. The facilitator begins the synthesis by explaining that the goal of a Role Expectation Matrix is not to come up with clearly defined role definitions. Rather, it's about clarity. It is purposely designed to find points of difference around what one person player expects from another player and to address/align them.
5. After the summary, ask volunteers from the community members to share their reflections on the activity (the number of volunteers will depend on the time available).



Tool C | Venn Diagram

Definition of responsibilities in community engagement⁶¹



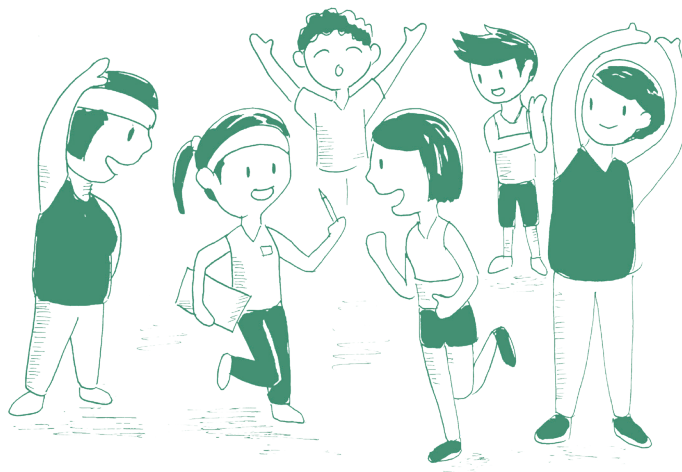
Objective — To identify clearly the differences in the responsibilities of community leaders, community members, and partners and the overlaps in the community engagement process

Duration — 30 - 45 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, masking tape, etc.), and visual aid for Venn Diagram Tool

Instructions —

1. Begin by explaining the objectives and mechanics of the tool and clarifying the relevance of identifying the overlaps in the responsibilities of each player in the community engagement process through a Venn diagram.
2. Divide the community members into small groups, and provide each group with a ready-made template of the Venn Diagram Tool (with several circles each overlapping). Ask each group to choose their facilitator and rapporteur.
3. Ask each group to brainstorm on what responsibilities they believe are in the overlapping “grey zone” and what is specific to a particular player.
4. The group facilitators present their completed Venn diagram, discuss points of difference, and create alignment in the defined responsibilities.
5. Group outputs are then summarized by the lead facilitator and linked to the overall responsibilities of each player in the community engagement process.
6. Ask the community members to reflect on the synthesis of defined responsibilities of community leaders, community members, and partners.



Tool D | Pick A Quality Exercise

Qualities of a good community engagement player

Objective — To collect opinions, thoughts, and feelings about the qualities of a good community engagement player

Duration — 20 – 30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (Flip charts, Post-it notes, pens, masking tape, etc). Visual aid on the helpful hints on qualities of a good community engagement player (just the phrases without explanations) — use this during the synthesis of the session.

Instructions —

1. Explain the objective and mechanics of the Pick A Quality Exercise.
2. Divide the community members into groups of 5 persons. Ask each group to choose their facilitator and rapporteur.

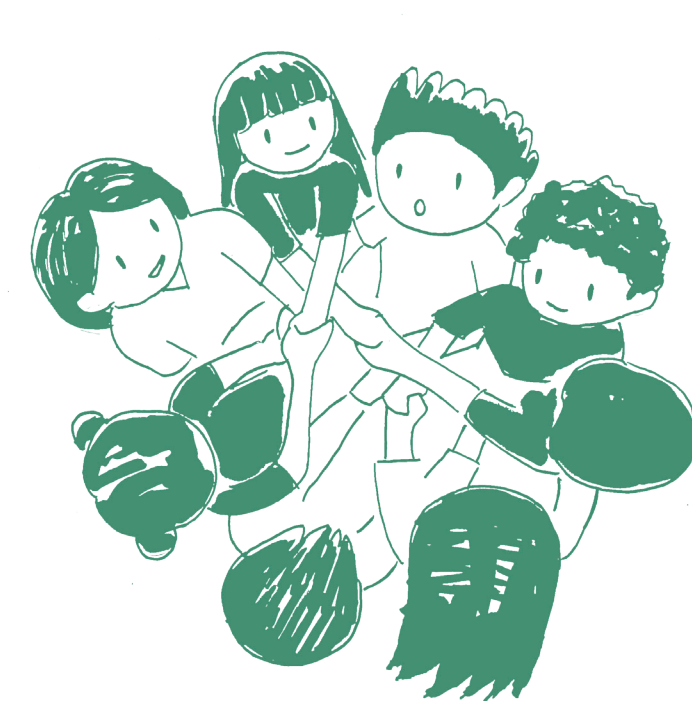
3. Ask each group to pick their top 3 qualities of a good community engagement player from the Helpful Hints visual aid, and brainstorm on these topics.
4. Ask the group to write in the Post-it notes their descriptions of the qualities they chose. Tell the group that they may also identify 1 or 2 qualities that are not in the Helpful Hints but they think are very important.
5. Group facilitators present their output in 2 minutes.
6. The lead facilitator summarizes the group outputs and links with the Helpful Hints on Qualities of Good Community Engagement Players. In case there are additional qualities identified, the facilitator may ask the community members to rank their importance by consensus.
7. Ask the community members to reflect on the outputs and process of the activity.

4.2 Prepare to Engage Tools

The tools in this section are intended to prepare the TB-affected communities for community engagement. These include some examples of tools for community profiling, community engagement planning, mobilization of resources, and communication planning.

4.2.1 Community Profiling

In the preparation phase, we pointed out the need for community leaders and partners to conduct community profiling or situation analysis with community members as the basis for developing the community engagement plan.



Tool A | The Human Knot Game

*A collaboration game for getting community involvement*⁶²

Objective — To motivate community members to participate in community profiling activities

Duration — 30 – 45 minutes

Requirements — Lead facilitator and co-facilitator, and visual aid for the Human Knot Game

Goal — Undo the knot without letting go of hands (20 minutes)

Instructions —

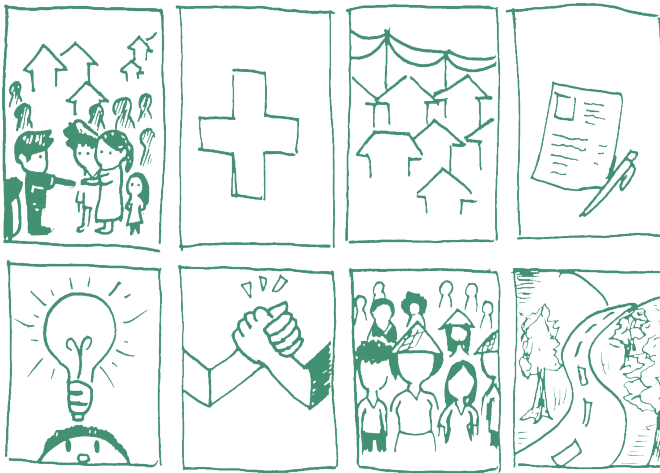
1. Get community members into a circle. Everyone stands shoulder to shoulder. You can also do this in smaller groups and add a competition aspect.
2. Everyone lifts their right hand.
3. Everyone grabs the hand of someone else in the circle. They cannot hold hands with the person next to them.
4. Everyone lifts their left hand.
5. Everyone grabs the hand of someone else in the circle (not the same person as with the right hand). They cannot hold hands with the person next to them.
6. The group has to untangle the knot without letting go of anyone's hand.
7. Repeat the exercise and this time instruct community members that they can't talk. All communication has to be nonverbal.

What to observe and do during the exercise:

- See who's comfortable working together and who's not.
- Identify who among the community members are leaders, followers, those who do not like to be in close proximity to others, and those who do not consider others in an activity.
- Try not to come up with solutions for your group, but do offer encouragement.
- Remind community members not to let go of hands. Also, remind them not to shove or tug.
- Everyone has to be aware of their surroundings and the consequences of sharp movement.
- Ask community members how their actions affect others.
- Decide what you'll do if someone breaks the chain or if the exercise goes beyond the time limit. Will you have community members start over? Will there be a penalty (some community members become blindfolded)?

Reflection Questions in relation to getting the involvement of TB-affected communities:

- Reflect on the exercise — what is the value in playing a game like this at the beginning of community profiling?
- Did anyone try to take control of the exercise? Did it work?
- Did anyone give up? What caused them to do so?
- Were you able to undo the knot? Why or why not?
- If you did, were you surprised at your success? Why or why not?
- What strategies did you use to undo the knot?
- What could have been done differently?



Tool B | Draw Me a Picture *Community orientation*⁶³

Objective: To get the community members' consensus on the CP objectives and mechanics and the composition of the community profiling team (CPT)

Duration — 45 minutes - 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.)

Instructions —

1. Explain the objective of the Draw Me a Picture exercise.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.

3. Ask each group to discuss the following questions:
What is their understanding of community profiling?
 - Why do they need to be involved in community profiling?
 - How do they plan to conduct community profiling?
 - How will they participate in conducting community profiling?
 - Who should compose the CPT?
4. Ask each group to draw the outputs of their discussion.
5. Each group will be given 5 minutes to present their drawing.
6. The Lead Facilitator will summarize the inputs from the presentations and finalize the objectives and mechanics of the CP.
7. Secure agreement on the composition of the CPT and community responsibilities.

Tool C | Participatory resource mapping on TB *Information gathering*⁶⁴

Objective — To gather information about the resources available for TB-affected communities in the locality, gaps, and needs in TB services and care.

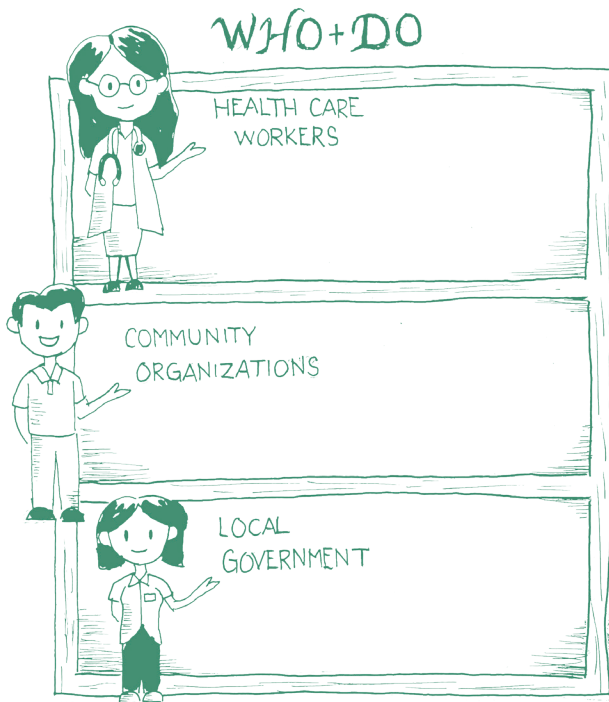
Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, scrap materials, colored pens, Post-it notes, pens, crayons, masking tape, etc.)

Instructions —

1. Explain the objective of the participatory resource mapping.
2. Divide the community members into small groups. Ask each group to choose their group rapporteur and notetaker. Provide each group with a set of supplies.
3. Ask each group to provide information on resources for TB, for example:
 - Core DOTS and support services (for example, psychosocial)
 - Resources for advocacy and communication
 - Community participation initiatives in TB care, prevention, and health promotion
4. Ask each group to reflect the information in the form of a map.
5. Instruct the group to display their map during the gallery viewing portion of the activity where they are expected to discuss the information with viewers.

6. Each of the group rapporteurs will report on the summary of information collected (5 minutes).
7. The Lead Facilitator will summarize the inputs from the presentations and initiate discussion on key gaps and needs identified from the mapping exercise.



Tool D | Who+Do Game

*Identification of stakeholders
for the community engagement goals⁶⁵*

Objective — This game aims to identify stakeholders and clarify goals.

Number of Players — 1-10

Duration of Play — 20 - 45 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, scrap materials, colored pens, Post-it notes, pens, crayons, masking tape, etc.). The output of this game will look like the matrix shown on the next page.

WHO+DO	
Health care workers	Psychosocial and TB treatment adherence support
Community organizations	Awareness raising program on TB and meaningful engagement
Local government	Funds, local policies for TB
...	...
...	...

Instructions — This game is about **Who do you want to do what** in community engagement. Almost any endeavor of substantial impact requires seeking help from others. Developing a WHO+DO list is a simple way to scope out the undertaking.

1. Start with the goals. Write or visualize the big goals of community engagement.
2. Draw a two-column matrix and write “WHO” on the left and “DO” on the right.
3. Ask: Who is involved in making this happen? Who is the decision maker? Who has needed resources? Who may be an obstacle? Whose support is needed These individuals or groups are on your list of WHOs.
4. The DOs are often harder. For each WHO, ask: What do they need to do or do differently? What actions will build toward the big goal? Sharpen each WHO in the list until you have a desired and measurable action for each. Given all of the possible WHOs and DOs, which are the most important? Who comes first?



Tool E | Pocket Chart

*Community analysis of data*⁶⁶

Objective — To enable the members of TB-affected communities to collect, tabulate, and analyze data on their own.

Duration — 45 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.). Slips of paper for voting or substitute items for the use of volunteers.

Instructions —

The Pocket Chart, in its simplest form, consists of rows of pockets — usually 4 to 6 horizontally and 6 to 10 vertically. A

set of pictures is attached above the top row of pockets. These show areas in which data are needed, such as barriers to accessing TB diagnosis and treatment. Each of these pictures is placed at the head of a vertical column. If desired, pictures can also be attached down the left-hand side to indicate other variables such as different sex and genders or social classes of people affected by TB who are affected by the barriers.

1. Explain to the community members how the pocket chart can be used in providing data on current barriers to access of TB services which are illustrated in the top horizontal row of pictures.
2. Invite some 5 or 6 volunteers to role-play as community members. Ask them to each take one voting slip (or a substitute item like a twig or a stone). This voting slip or item is to be placed in the pocket corresponding to the option that the community members identified the most.
3. Ask for their suggestions on how the voting can be kept confidential and how to avoid voters from being influenced when they see how others have voted ahead of them (One suggestion may be to turn the board on which the chart has been placed so as to face away from the audience).
4. When confidentiality has been assured, let participant “volunteers” begin voting, one by one.
5. At the end of voting, invite another set of volunteers to remove the votes carefully from each pocket in full view of the audience. “Tabulate” them, i.e. attach them to the pocket in a way that is easy for all to count the discs. This can be done, for example, with the help of a strip of paper to which the votes for the pocket can be attached.

6. When tabulation has been completed, the group or community members should reflect on what the data generated means to them, e.g. “Why do this number of people experience these barriers to TB services? Is this sample representative of the TB-affected population in our locality? If not, what other barriers do other community members experience? What are the effects of these barriers on their health and well-being? Other key questions may also be asked during this meeting.
7. Practical implications of the findings should be discussed as part of data analysis and validation.
8. Summarize the results of the discussion.

Tool F | Critical Incident Analysis

*Community analysis and problem-solving*⁶⁷

Objective: To guide the members of TB-affected communities in analyzing identified problems and finding solutions.

Duration — 45 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.). Pictures or drawings of identified problems.

Instructions —

1. Explain to the community members the objective and mechanics of the critical incident analysis tool.
2. Present visuals that illustrate the problems they have identified.
3. Ask the community members to analyze the problem being conveyed in the pictures, what factors may have contributed to the problem, and how it can be resolved.
4. Discuss the advantages and disadvantages of different options to solve the problem.
5. Summarize the results of the discussion.



Tool G | Community Fact Sheet

Inputting of data results from community profiling

Once the CPT has completed the processing and analysis of information, all the relevant information will be consolidated and summarized by the community profiling team. The report on community profiling will be presented to the community members in a creative format for final validation. Depending on resource capacity, the techniques for preparing community profile can be in the form of a video presentation, comics, or community fact sheet as shown in the example below.

COMMUNITY FACT SHEET	
Populations of TB-affected communities (e.g. prisoners, miners, PLHIV, etc): _____ Location (e.g. Region/Province/District): _____ Date (e.g. timeframe of community profiling – October 1-31, 2023): _____	
A. Demographic characteristics — Population size — Age-sex distribution — Gender — Occupation/source of income — Education	
B. Knowledge, Skills, and Attitudes related to TB Disease	
C. Status of TB related conditions	
D. Available TB prevention, diagnostic and treatment services	
E. Problems and issues related to accessing TB prevention, diagnosis, and treatment services	
F. Gaps and needs related to TB prevention and treatment	

4.2.2 Community engagement planning

In the preparation phase, we discuss the importance of a community engagement plan. You may use the following techniques and tools in developing the plan:

Tool A | Affinity Mapping

*Community orientation on functions of the community engagement planning team*⁶⁸

Objective — To understand and clarify the functions of a community engagement planning team.

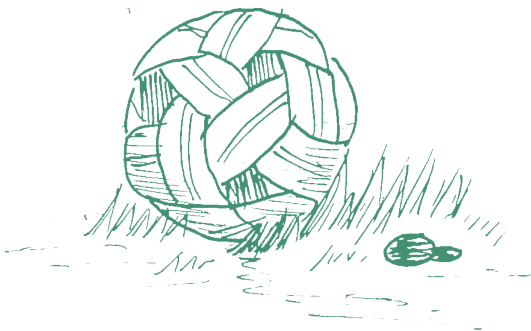
Duration — 30 – 45 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.). Affinity Map Tool on the functions of the community engagement planning team.

Instructions —

1. Explain the objective and mechanics of Affinity Mapping.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Pose this question to the group: **How would community engagement in TB response differ if you have a community engagement planning team?**
4. Ask the community members to generate responses by writing ideas on Post-it notes (one idea per note).

5. Once enough ideas have been generated, community members begin grouping their ideas into similar categories. Then, label the categories and discuss why the ideas fit within them, how the categories relate to one another, and so on.
6. Each group will be given 5 minutes to present a summary of their discussion.
7. The Lead Facilitator will summarize the inputs and relate them to the objectives and tasks of the community engagement planning team.



Tool B | Role Play on Community Visioning

What TB-affected communities would like to happen to them in the future and what improvements need to be made in community engagement to achieve this vision

Objective — To enable the community members to make their own community engagement vision

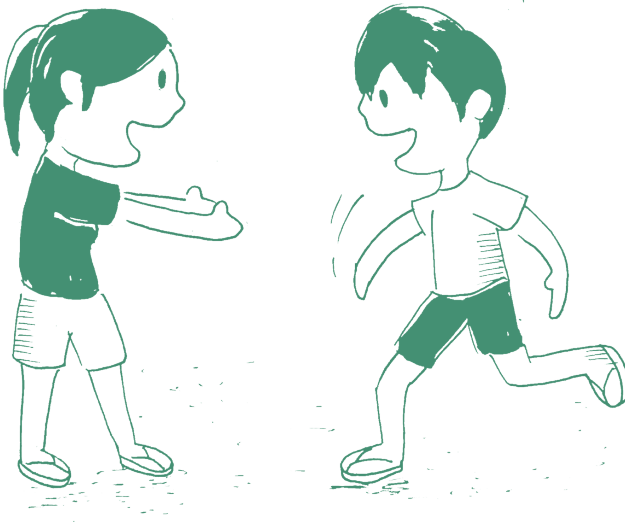
Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.). Newsprint, pictures, guide questions, and other available materials in the meeting room.

Instructions —

1. Explain the objective and mechanics of the role play on community visioning.
2. Divide the community members into groups of 7 to 10 persons. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Ask each group to brainstorm on the following questions:
 - What is your understanding of the word “vision”?
 - What is your personal vision as a person affected by TB? What do you want to happen to you and your family in the next five years?
 - What are the potential obstacles to the achievement of your vision for yourself and your family?
 - What is your vision for the TB-affected communities? What do you want to happen to community leaders and members in the next five years?
 - What are the potential obstacles to the achievement of your vision for TB-affected communities?

4. Explain to the community members that they will present the group outputs in the form of a role play.
5. The Lead Facilitator will facilitate a reflection session on the themes of the role play presented by the groups and how community vision could guide the setting of purpose, goals, and objectives for community engagement.
6. A synthesis of the group outputs on community vision follows after the reflection session.

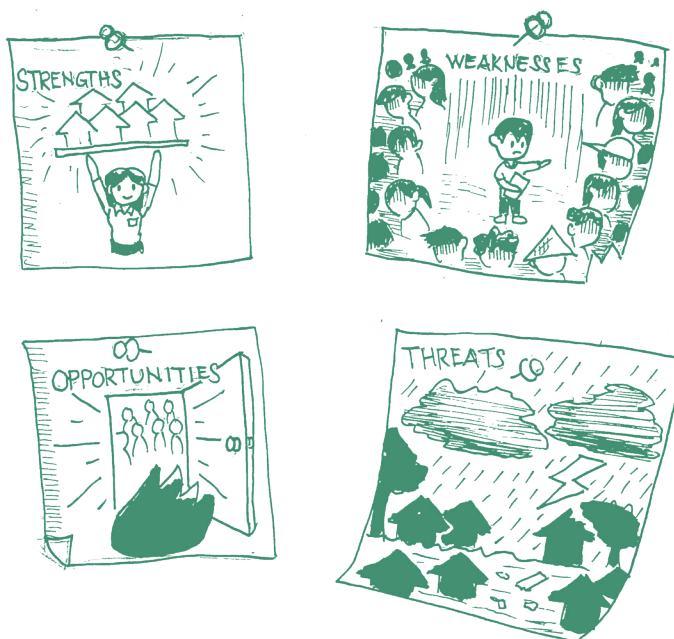


Tool C | SWOT Analysis

*Identification of strengths, weaknesses, opportunities, and threats using data from community profiling or situation analysis*⁶⁹

It is a tool for examining what assets or strong points we have with respect to our vision or desired state for people affected by TB, as well as our weaknesses or what we can improve on. With this tool, we are able to gauge opportunities and dangers or threats that may affect what we would like to happen in the future for TB response. SWOT Analysis is a helpful tool in developing a community engagement plan.⁵⁴

Objective — To help community members identify their strengths or what they do well and pinpoint shortcomings or weaknesses, take advantage of upcoming opportunities, and minimize risks or threats in implementing their community engagement plan



Duration — 1 hour and 30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, crayons, masking tape, etc.). SWOT Analysis Template as visual aid.

Instructions —

1. Explain the objective and mechanics of the SWOT Analysis tool.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Draw the four quadrants on the flip chart: Strengths, Weaknesses, Opportunities, Threats.
4. Ask the community members to brainstorm on:
 - **Strengths:** What do they feel are their strong points or what do they do well that can help achieve their vision for people affected by TB?
 - **Weaknesses:** What are the things they need to improve on?
5. Each group will write on Post-it notes their answers for strengths and weaknesses and place them in the assigned quadrant.
6. Ask the community members to brainstorm on:
 - **Opportunities:** Considering the community members strengths, what openings or prospects in the external environment can they take advantage of to achieve the vision for people affected by TB?
 - **Threats:** Considering the identified weaknesses, what are the obstacles in the external environment they need to overcome?

7. Each group will write in Post-it notes their answers for opportunities and threats and place them in the assigned quadrant.
8. Ask the community members to vote (Yes or No) on the list of strengths, weaknesses, opportunities, and threats.
9. After the voting, consolidate the results and ask the community members to rank the strengths, weaknesses, opportunities, and threats according to their importance in achieving the vision.
10. Summarize the results of the SWOT Analysis and its importance to the community engagement planning process.

Tool D | Friend or Foe Game/Stakeholder Analysis

Identification of community engagement stakeholders, their particular interests and needs, level of influence, and how best to engage with them^{70, 71}

Objective — To help community members identify stakeholders who will support or obstruct their goal to build sustainable movements of networks of TB-affected communities or any TB response project/initiative

Duration — 45 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, colored pens (at least 3 colors), masking tape, etc.). Organizational Map of Stakeholders as visual aid.

Instructions —

1. Explain the objective and mechanics of the game.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Ask the community members to map the organizational structure of the stakeholders through the following:
 - Brainstorm for 10 minutes. Who are their stakeholders for the community engagement goal? Ask them to consider organizations/institutions/agencies and individuals inside and outside their geographic location. Have them write one stakeholder per Post-it note.
 - After the brainstorming, ask each group to present their stakeholders by placing their Post-it notes on a wall or flip chart and briefly describe their ideas.

- With all the Post-it notes on the wall, ask the community members to organize them into a rough organizational chart. This needs only to be an imprecise draft (Draw people. Draw a person as a circle and the upside down letter U'. A group of people could be just three persons close to each other).
 - With the Post-it notes draft org chart as your guide, create a cleaner version of the org using a whiteboard and dry-erase markers. Ask for a scribe to map the organization from top to bottom. When the scope is quite big, map the parts of the org structure that are less relevant to the analysis with less detail, and vice versa.
 - To help with navigation, label all stakeholders.
 - Denote future parts of the organizations (ones that are missing at the moment but are important to be considered for potential impact).
 - Draw a border around the areas that are affected by the change/initiative or are the focus of the analysis.
4. Once the organizational chart is done, begin a plenary discussion with the community members about the reason for mapping stakeholder disposition and level of support regarding their community engagement initiative.
 5. Discuss each stakeholder one by one. Try to uncover:
 - Disposition towards the community engagement initiative: are they for, neutral, or against? To what degree? Why?
 - Level of impact: how much influence will this stakeholder have? High, medium, or low?
 - Relationship strength between stakeholders: who do they influence? who influences them? To what degree?
 - Participation energy level: high, medium, or low?
 6. If you are having difficulty dispositioning a particular stakeholder, move to the next one. Additional

conversation may help you get unstuck and you can circle back to the opposition.

7. When community members reach a consensus, draw your findings using icons. You may use emoticons or other symbols, for example:
 - A green smiley face for a supportive stakeholder
 - A battery with one out of three bars charged for a low-energy stakeholder
 - A cloud overhead signals a confused stakeholder
8. The Lead Facilitator will summarize the inputs and relate their importance in developing the community engagement plan. The stakeholder mapping example below may be used also as additional pointers during the synthesis of this activity.

Example of Stakeholder Mapping —

Stakeholder Groups	TB medical expertise	Respected by peers	Influence with TB stakeholders	Decision makers in their organization	Stakeholder access	Access to potential partners	Health programme development expertise	Influence with high-level policy-makers	Knowledge of TB programmes & services	Knowledge of TB rules and regulations	Meeting facilitation	Leadership skills
TB programme staff												
Tribal/informal and other leaders of key populations												
Professional organizations/trade unions												
CBOs/NGOs/FBOs working in the community/with key populations												
Peer support and other informal groups that may have influence over community members												
Employers of at-risk populations												
Formal health care providers												
Laboratory leadership												
Private sector												
Prison authorities												
Media/social engagement coordinators												
UN/human rights/emergency response agencies												

Tool E | Action Plan

Community mobilization and community systems strengthening are central to the development of the action plan^{72, 73}

Objective — To help community members identify stakeholders who will support or obstruct their goal to build sustainable movements of networks of TB affected communities or any TB response project/initiative.

Duration — 45 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, color pens of at least 3 colors, masking tape, etc.). Data from community profiling, situation analysis, SWOT analysis, stakeholder analysis, and other relevant sources of information.

Instructions —

1. Explain the objective and mechanics of the action plan development.
2. Divide the community members into groups of 7-10 persons. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Ask each group to brainstorm on the following questions in relation to building sustainable movements of networks of TB-affected communities:
 - What actions or changes will occur? By when?
 - Who will carry it out? By when (or for how long)?
 - What resources are needed? By when?
 - Communication (who should know what) and when?

4. Explain to the community members that they will present the group outputs using a Template or Format for the Action Plan.
5. The Lead Facilitator will facilitate a reflection session on the contents of the Action Plans developed by each group by identifying commonalities and differences. The draft action plans will be finalized by the community engagement planning team.
6. A synthesis of the group outputs on the Action Plan for Community Engagement follows after the reflection session.

Examples of community engagement action plan form —

Activity	Description	Stakeholder group	Actions	Resources and budget	Time-frame	Responsible person
Preparation phase:						
Community mobilization phase:						
Community systems strengthening phase:						

Action Plan for Community Engagement —

Action Steps	By Whom	By When	Resources/Support Available or Needed		Potential Barriers	Communication Plan for Implementation
What needs to be done?	Who will take action?	By what date will the action be done?	Resources Available	Resources Needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about / involved with these actions?
Step 1 By _____						
Step 2 By _____						
Step 3 By _____						
Step 4 By _____						

4.2.3 Resource mobilization

Having resources is crucial to the implementation of the goals, objectives, and activities indicated in the community engagement plan. The following tools may give you an idea of how to mobilize resources for the community mobilization actions and CSS.

Tool A | Collage on Resource Mobilization *Meaning, importance, and elements*

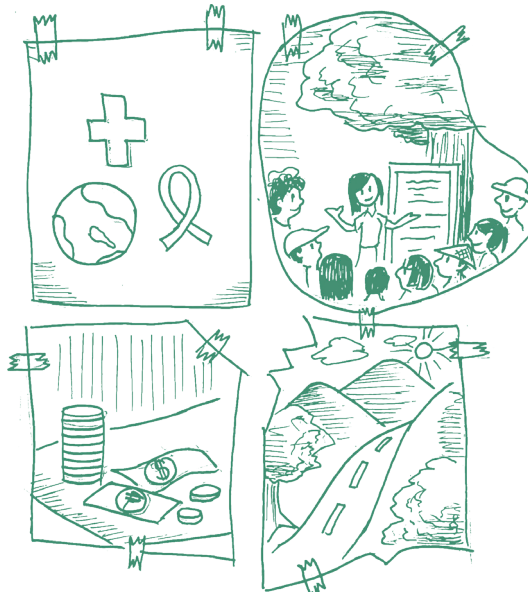
Objective — To facilitate community understanding of the importance and elements of resource mobilization plan in community engagement

Duration — 30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, pens, masking tape, scissors, etc.), and old newspaper and magazines

Instructions —

1. Explain the objective and mechanics of collage-making on resource mobilization.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.



3. Ask each group to brainstorm on the following questions in relation to building sustainable movements of networks of TB-affected communities:
 - What is resource mobilization? Why do we need to mobilize resources?
 - Why do we need to come up with a resource mobilization plan?
 - What are the elements of a resource mobilization plan?
4. Explain to the community members that after their brainstorming, they will cut or rip pictures from the old newspapers and magazines that represent the ideas/ answers to the above questions. Then, they will paste the pictures in the flipcharts according to their categories and post them on the wall or board.
5. The community members will do a gallery viewing of the pictures and mark the pictures that best represent the ideas/answers to the questions (emoticons may be used to mark the pictures).
6. The Lead Facilitator will facilitate a reflection session on the output of the community members based on the marks made on the pictures.
7. A synthesis of the group output on the definition, importance, and elements of the resource mobilization plan after the reflection session. The discussion also includes the component process of resource mobilization

Tool B | Action Plan

Developing a resource mobilization action plan is an essential component of a community engagement plan^{74,75}

Objective — To help community members identify stakeholders who will support or obstruct their goal to build sustainable movements of networks of TB-affected communities, or any TB response project/initiative.

Duration — 45 minutes - 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Data from community profiling, situation analysis, SWOT analysis, stakeholder analysis, and other relevant sources of information. Examples of resource mobilization action plan and related forms.

Instructions —

1. Explain the objective and mechanics of developing the resource mobilization action plan. Show examples of the RM Action Plan and related forms.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Ask each group to brainstorm on the following questions in relation to building sustainable movements of networks of TB-affected communities:
 - What are you raising funds or generating resources for (link this with the vision, purpose, goals, and objectives of community engagement)?

- Who in your organization (TB-affected communities) is responsible for resource mobilization, and are they clear about their roles and responsibilities?
 - Who are your priority donors or sources of funds/ resources (based on stakeholder analysis)?
 - How will you identify, approach, and cultivate your priority donors, and who will do it?
 - When will you execute your action steps?
 - What kinds of practical systems and procedures do you need in place to support your RM efforts?
4. Explain to the community members that after their brainstorming, they will fill up the sample action plan and related forms using flip charts.
 5. The community members will do a gallery viewing of the flipcharts with the action plan and identify what are the 3 things that they like about the action plan. This can also be done by each group to have a consolidated impression or feedback.
 6. The Lead Facilitator will facilitate a reflection session on the output of the community members based on their feedback or impressions of the action plans.
 7. A synthesis of the group outputs follows after the reflection session.

Example of Resource Mobilization Action Plan Form —

Purpose:					
Strategic Priorities:					
Goal:					
Objectives					
Item	Action Steps	Person Responsible	Support Needed	Priority Level	Deadline
Objectives					

Example of Form for defining resources, priority resource needs, resource needs and gaps

Defining Resources	
Resource category: What are the kinds of resources that might be relevant?	Resource needs: What are your organization's specific needs?
Priority Resource Needs	
Organization	
Priority resource need #1	
Priority resource need #2	
Priority resource need #3	
Resource Needs and Gaps	
Priority resource needs	Currently available resources to meet this need
	Resource gap Current resources that you have available - what you will need to meet your need = resource gap

4.2.4 Communication planning

Tool A | Idea Board

*Some characteristics of competent communicator for effective community engagement in TB response*⁷⁶

Objective — To help community members identify some of the important characteristics of competent communicator that is needed for effective community engagement

Duration — 30 – 45 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc). Four flip charts with assigned characteristics of a competent communicator.

Instructions —

1. Explain the objective and mechanics of the idea board
2. Orient the community members that this is a big group or plenary exercise. They will be given 10 minutes to think about some characteristics of a competent communicator.
3. After the individual brainstorming, each community member will be asked to write their ideas on the Post-it notes and stick them in the flipcharts with the following characteristics:
 - a. Prepared
 - b. Clear
 - c. Concise
 - d. Ethical
4. Ask the community members to do a gallery viewing of the ideas on the board. They will mark the ideas they like most

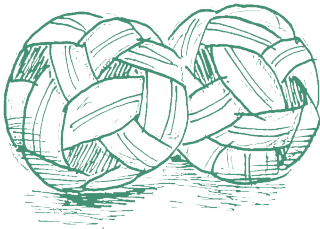
with a smiley emoticon and those they like the least with a sad emoticon.

5. The Lead Facilitator will facilitate a reflection session on the output of the community members based on their feedback or impressions of the action plan.
6. A synthesis of the group outputs follows after the reflection session with additional discussion on what is a competent communicator and why this is necessary to effectively communicate the community engagement plan.

Tool B | Communication Plan Template

May be used as a guide in developing the communication plan for community engagement

Communication Objectives	Target Audience	Key Message	Media Channel	Resources, Timeline and Person/Unit in Charge



4.3 Engagement tools for mobilization actions and community systems strengthening

The tools in this section are intended to aid the implementation of the community mobilization phase and community systems strengthening phase. Specifically, the sample tools are for capacity building of leaders and community members, network-building, advocacy, community-led monitoring, and participatory evaluation.

4.3.1 Capacity building for community leaders and members

Tool A | Flip It Game

Harnessing problem-solving skills for engagement in community mobilization and CSS⁷⁷

Objective — To enable community members to see challenges as opportunities and to make doable suggestions around solving problems based on a concrete situation. “Perspectives are made, not born.”

Duration — 30 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). 4 flipcharts with assigned characteristics of a competent communicator.

Instructions —

1. Explain the objective and mechanics of the Flip It game.
2. This game can be played by 5 to 20 players and can be done before the meeting or as a part of a training activity.

3. Before the meeting, hang 4 to 8 sheets of flip chart paper on a wall (as shown in the following figure), and on any sheet on the top row, write the name of the game. On the bottom-left sheet write the word “FEAR”. You may also draw a representation of fear or paste a cutout image from a magazine that embodies it.
4. Tell the group that the Flip It game is about the future of their goal to build sustainable networks of TB-affected communities.
5. Ask the players to quietly spend 5–10 minutes writing concerns, issues, and fears about the topic on Post-it note. Remind them to be honest about their fears because this game gives them an opportunity to reframe their fears.
6. Collect and post the notes on the FEAR sheets, which are all the sheets along the bottom row. Discuss the content with the community members and ask for volunteers to elaborate on their contributions.
7. On the top-left sheet write the word “HOPE”. Ask the players to survey the content in the FEAR row and try to “flip” the perspectives by reframing in terms of hope. Give them 10 - 15 minutes to generate Post-it notes that respond to their fears.
8. With the community members, collect and post the second set of Post-it notes on the HOPE sheets along the top row.
9. Discuss the content with the group and ask for volunteers to elaborate on their contributions. Ask the players to vote for the hopes on which they can take practical action. With the group, observe the hopes that won the most votes.

10. Write the word "TRACTION" on another sheet of flip-chart paper. Rewrite (or remove and restick) the hopes that won the most votes on the TRACTION sheet. Ask the players to brainstorm aloud any actionable items related to each hope. Write them down, and discuss.



Tool B | Just Listen Game

*Improving community members' listening skills*⁷⁸

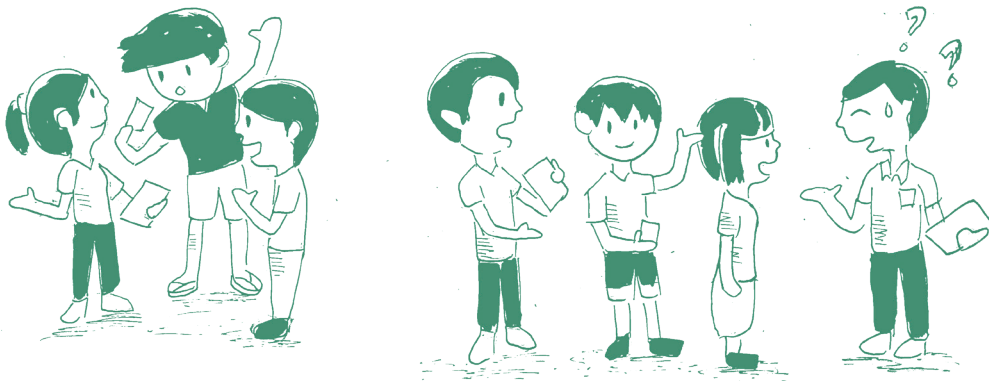
Objective — To practice community members' listening skills

Duration — 10 – 15 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Flip chart with notes on the importance of listening skills in community engagement.

Instructions — Just Listen is a communication game that encourages people to listen carefully and non-critically.

1. Explain the objective and mechanics of the Just Listen game.
2. Divide the community members into pairs. The game is played by 2 people who take turns speaking within 5 minutes.
3. Tell the community members that the game's goal is for the listener to remain silent while the speaker tries to communicate their thoughts and feelings. Through this game, people can practice patience, understanding, and communication skills.
4. The Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in playing the game.
5. A synthesis follows after the reflection session with additional discussion on the importance of developing good listening skills for effective community engagement.



Tool C | In So Many Words Game

*Improving community members' public speaking skills*⁷⁹

In So Many Words can help community members learn how to communicate in various conditions and can be a training tool for people who want to improve their speaking skills. It can be used in different situations, from meeting presentations to casual conversations with community engagement stakeholders.

Objective — To improve the public speaking of community members for effective community engagement

Duration — 20 – 30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (Flip charts, Post-it notes, masking tape, pens, etc.). Flip chart with notes on the importance of developing public speaking skills of community members for effective community engagement.

Instructions —

1. Explain the objective and mechanics of the In So Many Words game.

2. Divide the community members into six groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Tell the community members that the game consists of six cards with various phrases on them. Before the card selection, ask the groups to brainstorm on the phrases in the six cards for 5 minutes.
4. The community members will draw lots to decide the order of the card presentation. Users with assigned cards will try to describe the phrase as accurately as possible in 2 minutes. The more accurate the user's answer, the more smiley points they earn.
5. The Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in playing the game.
6. A synthesis follows after the reflection session with additional discussion on the importance of developing and practicing public speaking skills for effective community engagement.

Tool D | Power Speaking Exercise

Improve public speaking skills for meaningful participation in mobilization actions

Objective — To improve the public speaking skills of community members for meaningful participation in mobilization actions

Duration — 20-30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Flipchart with notes on the importance of power speaking for effective community engagement.

Instructions —

1. Explain the objective and mechanics of the Power Speaking Exercise.
2. Each participant will be given 1 minute to speak about the topic: "WHAT IS GOOD ABOUT ME".
3. At the end of the 1 minute, the facilitator will start applauding, and the rest of the participants will follow with clapping applause.
4. After everyone has had 1 minute to talk, the group will discuss about how they felt during the exercise. Which speeches best displayed power speaking or effective public speaking skills? How can these skills be applied to meaningful participation in the national and local TB response?
5. The facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in doing the exercise.

6. The facilitator will summarize the observations after the reflection session with additional discussion on the importance of power speaking for effective community engagement.



4.3.2 Network building

Tool A | Sample Handout for Understanding Concept of Network
*May be used as a reference for community orientation
on coalitions and partnerships*⁸⁰

Network Mapping

Definition: Network mapping or social network analysis is the mapping and measuring of relationships and flows between people, groups, organizations, computers, or other information/knowledge processing entities. The nodes in the network are the people and groups while the links show relationships or flows between the nodes. Social network analysis provides both a visual and a mathematical analysis of complex human systems. (*Valdis Krebs (<http://www.orgnet.com/sna.html>)*)

Importance of network mapping and analysis: This helps us visualize and explore relationships within a group so that the group itself, and therefore its work and effectiveness, may be strengthened. Connections, strengths, gaps, and opportunities are made visible, helping answer many key questions in the community-building process:

- Are the right connections in place? Are any key connections missing?
- Is the group as inclusive as it could be? Are all possible sectors, stakeholders, and networks represented?

- Who plays a leadership role? Who does not, but could?
- Are there opportunities for enhanced collaboration?
- Who are the mentors others seek out for advice?
- How do good ideas spread within this network? Who are the innovators?

(Adapted from: Valdis Krebs and June Holley, Building Smart Communities through Network Weaving, 2002)

Timing and content of network mapping. Typically does not create an inventory of community assets. It assumes this has already been done. Other processes — community mapping, asset mapping, stakeholder analysis — are effective tools at that stage.

How does network mapping happen? The process begins with a discussion about what the network needs or wants to know about itself:

- What is the goal?
- Who are the network members?
- What information about each network member is important?
- What types of connections does the network wish to examine?

Use of the information from network mapping: To develop a strategy to strengthen the network and the work it wishes to accomplish. An iterative process for strategy development and planning.

(Network Mapping by Robyn Kalda, Peggy Schultz, Suzanne Schwenger, and Health Nexus, 2011)

Tool B | Strategic Thinking Game

For improving network members' capacity to develop strategies for community mobilization and CSS

Objective — To enhance the skills of community leaders, members, and their networks in strategic thinking for effective community engagement.

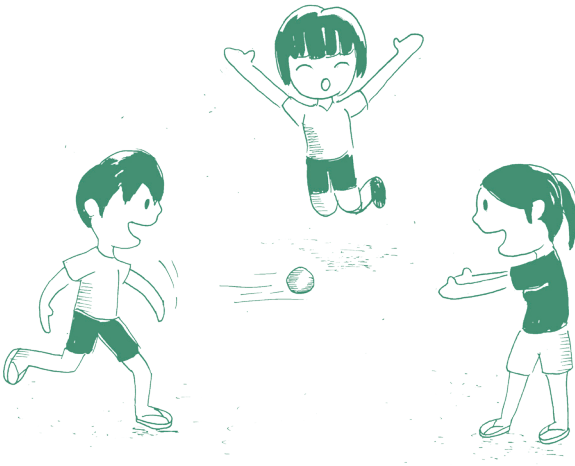
Duration — 30 – 45 minutes

Requirements — Lead facilitator and co-facilitator, supplies (balls, flip charts, Post-it notes, masking tape, pens, etc.). Flip chart for the guide for the game.

Instructions —

1. Explain the objective and mechanics of the Strategic Thinking game.
2. Divide the community members into 2 groups (TB-DG and TB-TG). Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Tell the community members that they will be given 5 minutes to brainstorm their strategy and execute their strategy for the game.
4. Tell the community members to refer to the following steps in playing the Strategic Thinking game:
 - a. Go to your TB-DG and TB-TG group/team.
 - b. Set a goal in the shortest time possible you can throw the ball to each member of the group. The ball should be thrown to a group/team member only once and should not be dropped.
 - c. You can attempt twice to reach your goal in 2 minutes maximum.

- d. The group/team able to reach their goal in the shortest time gets a prize.
 - e. Go back to your group and discuss your experience based on the following guide questions:
 - What was your team’s strategy?
 - How did you come up with the strategy?
 - What do you think are the factors that made you win or not win the game?
 - What would you do differently the next time you play the Strategic Thinking game?
 - f. Share the outputs of your discussion during the reflection session.
5. The Lead Facilitator will facilitate a reflection session on the community members’ feedback or impressions of their experience in playing the game.
 6. A synthesis follows after the reflection session with additional discussion on the importance of developing strategic thinking skills for effective community engagement.



Tool | Financial Literacy

*Improve capacity for financial management as part of institutional development for CSS. In the examples below, the TB patient, TB survivor, or member of the vulnerable patient can also be a farmer, hence the analogy to farm, crops, and seeds. The tool, nonetheless, may be useful for TB-affected communities in their network-building efforts.*⁸¹

Example of concept tool for financial literacy:

Financial Literacy Concepts

Financial literacy is like knowing how to care for your farm. You need to understand your crops and animals to make your farm successful. In the same way, financial literacy is about understanding money and

how to manage it. This is part of financial management in your networks.

Imagine money as seeds you plant on your farm. You need to learn how to save these seeds, spend them wisely, and make them grow. Financial literacy helps you do that in the networks as well.

Here are some basic things you should know:

1. **Saving Money.** Just like setting aside some of your crops for the next season, you should save some of your money for the future. This is called “saving”, which networks try to do with their finances/ resources.

2. **Spending Wisely.** You wouldn't waste your seeds, right? So, spend your money carefully on things you really need, or on community engagement activities that will bear fruit for TB-affected communities.
3. **Making a Budget.** Budgeting is like planning your farm work. You decide how much to spend on different things, so you don't run out of money. Thus, the action plan for community engagement has a budget component.
4. **Earning Money.** You work hard on your farm, and in the same way, you can earn money by doing jobs or selling things. This is fund-raising under the umbrella of resource mobilization for community engagement in TB response.
5. **Banks.** Banks are a safe place to keep your seeds (money). They can also help you make your money grow. Networks, hence have their own bank accounts.
6. **Credit and Debt.** It's important to understand that sometimes you can borrow money (credit), but you must pay it back. Don't borrow more than you can handle, just like you wouldn't plant more crops than your field can handle. Or in network management, implement activities according to budget allocation.
7. **Investing.** This is like trying new farming techniques to make your crops better. You can invest your money to make it grow over time. In network-building, you invest in partnership and collaboration

projects that will have a multiplier effect on the attainment of community engagement goals

8. So, financial literacy in the context of network-building is all about learning how to take care of your money or manage your finances, to be able to implement what are indicated in the community engagement plan.
9. Start small and keep learning, and you'll become a better farmer or manager of your finances in the networks.

Example Exercise on “Planting Debits and Credits on the Farm”

Steps —

1. **Meet Farmer Aisha and Her Ledger** - Think of your ledger as a special field where you plant your money. It helps you keep track of your financial crops.
2. **Planting the Money Seeds** (Items) - These seeds are the “items” you have, like equipment, savings, or even a piggy bank.
3. **The Debit Side** (Adding Seeds) - Imagine the left side of your ledger is like planting more seeds. When you get more items, it's a “debit.” Write it on the left side.
4. **The Credit Side** (Taking Seeds Away) - Now, visualize the right side as harvesting your crops. When you spend or lose items, it's a “credit.” Write it on the right side.

5. **Counting the Harvest** (Balancing) - Count your items on both sides. Just like in farming, your ledger should stay balanced — debits on the left and credits on the right.
6. **Harvesting Your Numbers** (The Balance) - The difference between your debits and credits is your “balance”. It’s like the number of crops you have left after harvesting.
7. **Watching Your Farm Grow** (Keeping Track) - Just as we watch our crops grow, you need to watch your ledger. It’ll show how many items you have.
8. **Planning for a Bigger Farm** (Financial Goals) - As we plan for more fields, set goals for your money. What do you want to save or buy next?
9. **Sharing the Harvest** (Sharing and Saving) – Similarly, we share some of our crops and save some for the next planting. This is called decision-making on how to use your items.

Sample Debit and Credit Ledger (networks may use this for developing financial literacy among community members):

Date	Item Description	Debit (+) Cash-in	Credit (-) Cash-out	Balance Debit Minus Credit
01/01/23	Starting Balance			+100.00
02/15/23	Sold Eggs	+ 20.00		+ 120.00
03/05/23	Bought Seeds		- 10.00	+ 110.00
04/10/23	Harvested Crops	+ 40.00		+ 150.00
05/10/23	Bought Chicken Feed		- 15.00	+ 135.00
06/30/23	Sold Veggies	+ 30.00		+ 165.00
07/12/23	Bought Fertilizer		- 5.00	+ 160.00
08/28/23	Sold Pumpkins	+ 25		+ 185.00
09/10/23	Bought Tools		- 20.00	+ 165.00
	Year End Balance			165.00

Instructions —

1. Use this ledger to keep track of your farming expenses and income.
2. Start with the “Starting Balance” on January 1st (or your chosen date).
3. For every transaction, enter the date and a brief description of the item, and specify whether it’s a Debit (+) or a Credit (-).
4. Debits represent money coming in (e.g., selling crops), while Credits represent money going out (e.g., buying seeds or tools).
5. Calculate your balance after each transaction by adding Debits and subtracting Credits from the previous balance.
6. You can use this ledger to track your farm’s financial progress throughout the year.

Remember, your ledger is like a field where you plant and harvest your financial crops. Keep it balanced.

Tool D | Concept Note Preparation

Basic skills in drafting CSS-related concept note for GF proposal submission

A concept note is a brief outline (typically 2 to 3 pages) of the community mobilization or CSS project you have in your mind. It usually includes an introduction, a background, proposed objectives, results, and a budget overview. Additional information can be included in the annex documents (e.g. organization profile, registration certificate, etc.).

In order to come up with feasible CSS projects for inclusion in the Global Fund proposal submission, the networks of TB-affected communities need to harness their skills in identifying CSS-related activities, methods of implementation, and costing for the activities. They should also learn basic skills in concept note preparation as a first step to participation in GF proposal submission.

Objective — To equip the community leaders and members with basic skills in developing a concept note for fundraising or resource mobilization.

Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Flip chart on guide for concept note preparation.

Instructions —

1. Explain the objective and mechanics of the Concept Note Preparation. The facilitator will provide a brief input on concept note development and present some examples.

2. The community members will be divided into 4 groups. Each group should have a facilitator and a rapporteur.
3. Each group will agree on the topic of their concept note and write the contents of the concept note briefly (2 to 3 sentences or in bullet form for 30 minutes). They will write their final output in the flipcharts for presentation to the big group/plenary.
4. The following template will be used by the groups in writing the concept note:

1. Name of the Organization:
2. Title of the Propose Project:
3. Name of the Donor Agency:
4. Context (background of the proposed project, usually not more than 300 words but for this exercise key points in bullet form):
5. Rationale for the proposed project (in bullet form):
6. Project goals and objectives (in bullet form):
7. Project strategy/listing of activities (in bullet form):
8. Expected results (in bullet form):
9. Innovation (how different is the project from other projects being implemented; in bullet form):
10. Organizational Background, including the expertise and experience (in bullet form):
11. Budget Estimate
Complete Contact Information of the organization along with the name of the Contact Person.

5. Tell the community members that each group will be given 5 minutes to present their draft concept note.
6. The Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in developing the concept note.

7. A synthesis follows after the reflection session with additional discussion on concept note preparation for CSS engagement.



4.3.3 Advocacy

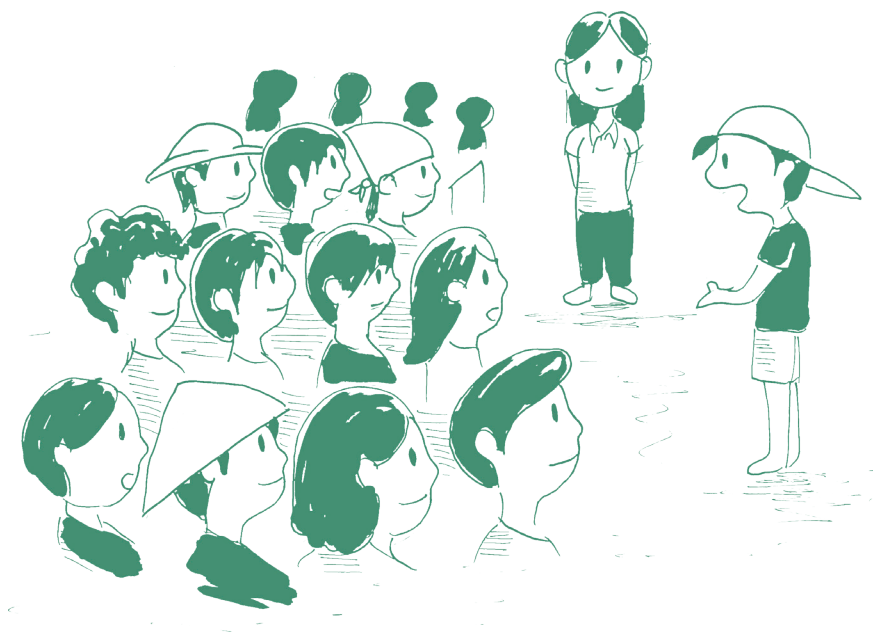
Tool A | Color/Advance, Storytelling

As an advocacy tool, storytelling is useful for raising public awareness of the lived experiences of people affected by TB.⁸² In this storytelling exercise, community members are asked to go into the details of their stories.

Objective — To enhance the existing skills of community members in storytelling by learning how to breathe more life into their stories, which they can use for advocacy efforts.

Duration — 30 minutes

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, color tags etc.). Flipchart on guide for storytelling exercise.



Instructions —

1. Explain the objective and mechanics of the Color/Advance Storytelling.
2. Divide the community members into pairs: Community Members Blues and Community Members Greens.
3. Ask each community member to come up with a story. To make it easier, you can give them a prompt. For example, "What's the scariest moment during your diagnosis of TB? What did you like most about your experience in TB treatment?"
4. After 2 minutes of reflection, ask Blues to share their stories.
5. As the Blues share their stories, the Greens can pause Blues anytime saying, "Color this". In these moments, the Blues shall give more details about the situation. "Color" symbolizes any detail around the story: atmosphere in the clinic, demeanor of the health providers, the emotions, etc.
6. After giving the Blues some time to elaborate on the details, the Greens say, "Advance", and the Blues proceed with the story.
7. Greens can do that a few times throughout the story whenever it feels appropriate.
8. When the story is finished or time is up (5 minutes should be good), you can switch roles. The Greens tell the story, while the Blues listen and pause the storyteller when necessary.

9. To facilitate the storytelling process, the facilitator may ask first a volunteer pair to do a dry run of the exercise, before asking the rest of the community members to do the Color/Advance Storytelling exercise.
10. The Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in storytelling.
11. A synthesis follows after the reflection session with additional discussion on storytelling as a tool for advocacy.



Tool B | Storytelling Cubes Game

A creative way of storytelling during multi-stakeholder meetings, lobbying, awareness-raising activities, and other advocacy efforts using cubes to represent details of a TB patient or a TB survivor's lived experience (83)

Objective — To develop the creative skills of community members in storytelling by using storytelling cubes that depict details about their stories which they can use for advocacy efforts.

Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, color pens, crayons, colored papers, scissors, old magazines, paste, etc.). Flip chart on guide for storytelling cubes game.

Instructions —

1. Explain the objective and mechanics of the Storytelling Cubes Game.
2. Divide the community members into groups of 5 to 7. Ask them to choose their group facilitator and rapporteur.
3. Ask each group to come up with a story. To make it easier, you can give them a prompt. For example: “What kind of discrimination have you experienced in the household or workplace? “What is your experience in meaningful participation as a community leader of people affected by TB?”
4. After 5 minutes of brainstorming, ask each group to make the cubes with the images that represent details of their story in 15 minutes. The number of cubes will depend on the details of the story.
5. Once the making of the story cubes finishes or time is up, the groups will draw lots for the order of presentation.
6. After all the groups are finished presenting their storytelling cubes, the Lead Facilitator will facilitate a reflection session on the community members’ feedback or impressions of their experience in storytelling cubes.
7. A synthesis follows after the reflection session with additional discussion on storytelling as a tool for advocacy. The facilitator may suggest to the community members to use storytelling cubes for advocacy events where they can tell stories of their lived experiences.

Tool C | Agenda Preparation for Constituency Consultation Meeting

Good preparation helps in successful advocacy efforts

Objective — To enhance the skills of community leaders, members, and their networks in preparing for advocacy activities

Duration — 45 minutes – 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Flipchart on guide for the exercise.

Instructions —

1. Explain the objective and mechanics of the agenda preparation exercise.
2. Divide the community members into small groups. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.
3. Tell the community members that in 15 minutes they will brainstorm and prepare an agenda for the constituency consultation meeting based on this scenario:

Your group has been selected to be a member of the Technical Strategy Group. You need to conduct a constituency consultation meeting to select your representative. The meeting will be conducted for 2 hours. Your task is to prepare an agenda for the meeting using the template on the succeeding page:

Title of the Agenda: _____

Date: _____

Venue: _____

Objectives of the Meeting (in bullet form):

Time (Duration)	Activity (Agenda Items)	Expected Outputs	Facilitator

4. Each group will be given 3 minutes to present their agenda using a flip chart during the plenary session.
5. The Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in preparing the agenda for the meeting.
6. A synthesis follows after the reflection session with additional discussion on why agenda preparation is important for advocacy campaigns and activities.

Tool D | How to Develop and Present Talking Points

May be used for multi-stakeholder meetings

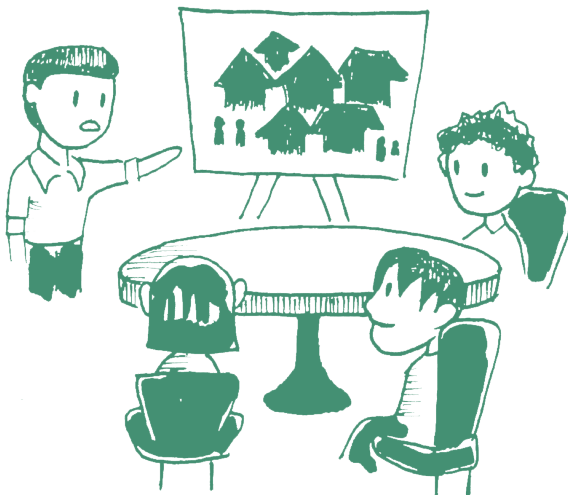
Objective — To enhance the skills of community leaders, members, and their networks in developing and presenting talking points for multi-stakeholder meetings, for example country coordinating meetings.

Duration — 45 minutes - 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, pens, etc.). Flipchart on guide for exercise.

Instructions —

1. Explain the objective and mechanics of the talking points preparation exercise.
2. Divide the community members into a mixed group of 6 to 7 members. Ask each group to choose their group facilitator and notetaker. Provide each group with a set of supplies.



3. Tell the community members that in 15 minutes, each group should be able to identify 2 urgent issues that will be used as talking points by their representative to the multi-stakeholder meeting. The following template will be used as a guide for preparing the talking points:

Group/Constituency : _____

Date: _____

Type/Nature of Meeting: _____

Venue: _____

**Purpose of the Talking Points/Presentation
(in bullet form)**

Issue	Why is it an urgent issue (Effects of the Issue)?	What needs to be done to address the issue (Action points)
1.		
2.		

4. The representative of the group will be given 5 minutes to present the urgent issues requiring action from the multi-stakeholder group (could be at the community or national level).
5. The facilitator will summarize key observations on the talking points and presentations.

Tool E | Sample Guide for Advocacy Planning⁸⁴

Suggested steps to carry out for advocacy planning:

1. Gather background and local information about the context and essential facts surrounding the issue or advocacy initiative.
2. State the broad goals and specific objectives for the advocacy effort.
3. Determine the advocacy tactics to be used.
4. Review whether the selected advocacy tactics fit the group's situation and goals (i.e., fits the group's style, makes use of available resources and allies, minimizes opposition, is flexible, is likely to work).
5. Identify resources and assets to be used in the advocacy effort.
6. Identify and engage potential allies.
7. Identify and counteract opposition.
8. Describe the evaluation of the advocacy effort.
9. Develop an action plan for the implementation of the advocacy effort. Indicate:

What will be done?	By whom?	By when	What resources will be used?	Communication (who should know what, what are the key messages)

4.3.4 Community-led monitoring

Tool A | Sample Hand-out on CLM Concepts

Understanding concepts of CLM and its uses is important to community engagement. ⁸⁵ *The upcoming CLM Playbook of APCASO will provide comprehensive details on the process and tools.*

Sample Handout on CLM Concepts:

COMMUNITY-LED MONITORING	
Definition	<p>UNAIDS. HIV CLM is an accountability mechanism for HIV responses at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups, or other community entities.</p> <p>Global Fund. Models or mechanisms by which service users and/or local communities gather, analyze, and use the information on an ongoing basis to improve access to, quality, and impact of services, and to hold service providers and decision-makers to account.</p> <p>PEPFAR. CLM is a process initiated and implemented by local community-based organizations and other civil society groups, networks of key populations (KP), people living with HIV (PLHIV), and other affected groups or other community entities that gather quantitative and qualitative data about HIV services.</p>
Principles	<p>UNAIDS</p> <ul style="list-style-type: none"> • Community-led and community-owned • Focus on action and accountability • Independent • Collaborative • Routine and systematic • Shows results <p>GLOBAL FUND.</p> <ul style="list-style-type: none"> • CLM is community-centered. • CLM is independent of the national M&E. • CLM should be implemented by affected community organizations. • CLM uses quantitative and qualitative indicators. • CLM data is only useful if it is used and fed back to facility managers, program managers, decision-makers, and policymakers and discussed to find solutions to issues identified. • CLM is not a “one-hit wonder” as monitoring is an ongoing activity. • The point of CLM is not just to collect data but to use the data to FIX PROBLEMS.

<p>Principles</p>	<p>PEPFAR.</p> <ul style="list-style-type: none"> • Community-driven and collaborative, productive, respectful, and solutions-oriented. • Monitoring data should be additive and not duplicate the collection of routine data already available to PEPFAR through MER. • CLM mechanisms must be action-oriented. • CLM findings should be made as accessible as possible (while ensuring safety and confidentiality) for use by all stakeholders (within the context of PEPFAR's current Data Governance policies). • Build a CLM program that is sustainable and contributes continually and tangibly to program improvement.
	<p>APCASO and CLM SI TA provider consortia (White Paper)</p> <ul style="list-style-type: none"> • Be led by directly impacted communities including people living with HIV, TB, malaria, and key populations. • Maintain local leadership and independence, protecting against programmatic interference from other actors including donors, national government, and other monitoring and evaluation systems. • Be owned by communities in every stage, including identifying priority issues in the community, defining indicators, establishing preferred channels of communications with partners, and deciding how data are housed and used. • Include advocacy activities aimed at generating political will and advancing equity, given CLM's fundamental function as a social accountability tool. • Adhere to ethical data collection, consent, confidentiality, and data security. Data collection must be verifiable, reliable, conducted in a routine/continuous cycle, and collected under "Do not harm" principle. • Ensure community monitors are representatives of service users, and that they are trained, supported, and adequately paid for their labor while maintaining the community's independence from the donor. • Be coordinated by a central, community-owned structure capable of the programmatic, financial, and human resource components of the program.
<p>Process and tools for community-led monitoring</p>	<p>Common among the <u>processes</u> of these organizations are:</p> <ul style="list-style-type: none"> ✓ situation analysis of the local context ✓ data collection and analysis ✓ use of the data for engagement of key stakeholders ✓ advocacy for improvement in services, CLM integration, and policy changes in the health care system related to national HIV response ✓ monitoring of changes and accountability <p><u>Tools for community-led monitoring</u> include, observatories, score cards, FGD, key informant interview, and digital solutions, among other innovations.</p>

4.3.5 Participatory evaluation

Tool A | Developing Skills in Participatory Evaluation *Utilization of participatory approaches and tools is essential to community engagement*⁸⁶

Objective — To equip the community leaders and members with basic knowledge and skills on how to conduct participatory evaluation of the engagement process and initiatives

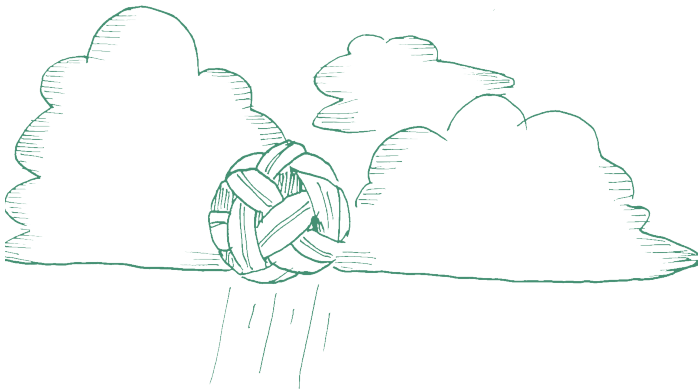
Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, colored pens, etc.)

Instructions —

1. Explain the objective and mechanics of the Exercise on Participatory Evaluation.
2. Divide the community members into small groups. Ask them to choose their group facilitator and rapporteur.
3. Let them review the objectives and activities incorporated in the community engagement action plan and decide on who will conduct the evaluation.
4. Tell the groups to brainstorm on the reasons for evaluation, and let them develop the evaluation questions and indicators for evaluation.
5. Let the groups identify the information sources for evaluation questions, schedule of data gathering, and processing of data. Allow them to decide who will do the

- gathering of information and related tasks.
6. Ask the group representative to present their output within 5 minutes.
 7. After all the groups are finished presenting their outputs, the Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in discussing participatory evaluation.
 8. A synthesis follows after the reflection session with additional discussion linking the group outputs with concepts and process of participatory evaluation and its relevance to community engagement goals.



Tool B | Community Engagement Assessment

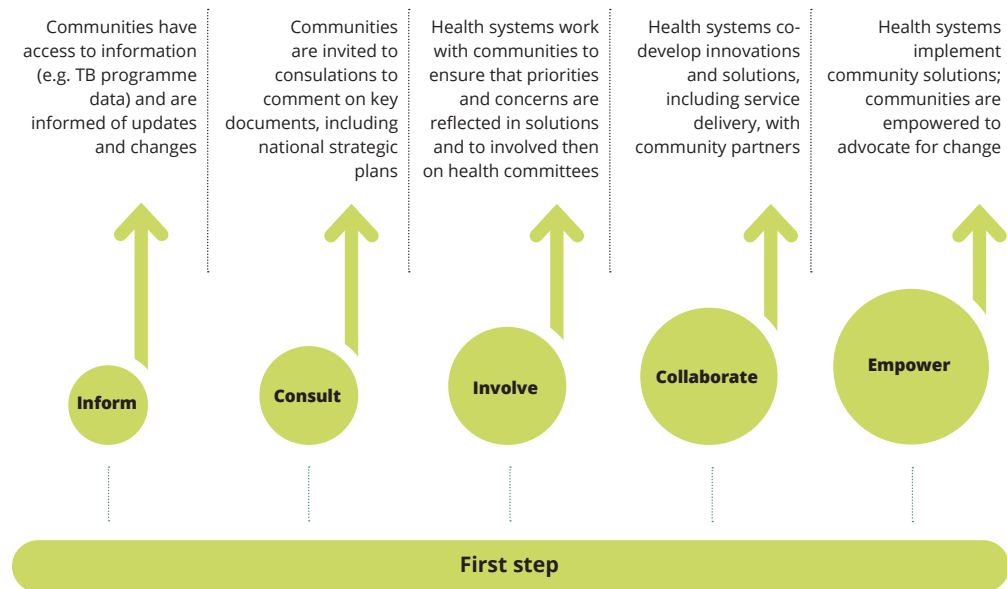
*This is a self-assessment of the community members on where they are in the community engagement process*⁸⁷

Objective — To equip the community leaders, members, and their organizations/networks with basic knowledge and skills on how to conduct self-assessment of the levels of their community engagement

Duration — 1 hour

Requirements — Lead facilitator and co-facilitator, supplies (flip charts, Post-it notes, masking tape, colored pens, etc.). Visual aid of the following figure on Levels of Community Engagement:

Figure 1. Levels of Community Engagement



Starting with *listening to and learning* from communities as context specific experts

Source: Adapted from WHO (2)

Instructions —

1. Explain the objective and mechanics of the Exercise on Community Engagement Assessment.
2. Divide the community members into small groups. Ask them to choose their group facilitator and rapporteur.
3. Using Figure 1 as framework for self-assessment of community engagement, ask each group to brainstorm on what level(s) they are in community engagement.
4. After the brainstorming session, each group must reach a consensus on the following:
 - Their current level of community engagement
 - Reasons for selecting the identified level of engagement
 - What factors enabled them to reach the current level of community engagement?
 - What are the perceived gaps in their level of community engagement?
 - What actions need to be done to bridge the gap in their current level of community engagement?
 - What level of engagement do they hope to reach?
 - How do they plan to realize their dream or reach the desired level of community engagement?
5. Ask the group representative to present their output within 5 minutes.
6. After all the groups are finished presenting their output, the Lead Facilitator will facilitate a reflection session on the community members' feedback or impressions of their experience in conducting a self-assessment of their community engagement.

7. A synthesis follows after the reflection session with additional discussion linking the group outputs to the importance of community engagement assessment.



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THIS playbook is primarily designed for community leaders and members of tuberculosis (TB)-affected communities to aid their engagement initiatives in building sustainable movements of their networks. The operationalization of community engagement concepts and processes is through the lens of people affected by TB. Their voices are in this playbook.

The concept of forging strong partnerships with civil society organizations, government, private sector, and development partners is emphasized in this playbook because of the understanding and firm belief that meaningful engagement is built on dialogue and constructive engagement actions. Thus, this playbook is also meant for partners to guide them on how to better support the TB-affected communities in their work to end TB.