

Training TB Prevention and Care for Community Health Workers in Zimbabwe

Trainers' Manual



ACKNOWLEDGEMENTS

This training manual was developed with technical support from Dr. Netty Kamp and Marleen Heus of KNCV Tuberculosis Foundation, and piloted during a training with village health workers in the Midlands province. We are grateful for the contributions of both health managers and health service providers at all levels of care, village health workers and civil society organisations.

The Ministry is grateful to the following people for their contribution, input and review of the document:

From the Ministry of Health and Child Care (MoHCC):

Dr Charles Sandy - National TB Program (NTP) Manager

Ms Patricia Mwangambako – Assistant Programme Officer, NTP

Mr Peter T Shiri – Assistant Programme Officer, NTP

Mr Andrew Nyambo – ACSM Focal Point, NTP

Ms Lillian Murenga – Assistant M&E Officer, NTP

Tsitsi Masunda and Julliet Jokwiro - Interns ACSM, NTP

Mr Benard Sibanda – Provincial TB Coordinator, Midlands Province, NTP

Ms Pauline Rwenhamo - Provincial EPI Officer, NTP

From National and International Non-Governmental Organisations:

Mrs Sithokozile Hove – The Union Against Tuberculosis and Lung Disease, Zimbabwe (The Union)

Mrs Marleen Heus - KNCV Tuberculosis Foundation (KNCV)

Mr Freddie Mutsvairo – CSO Zimbabwe Association for the Rehabilitation and Prevention of Tuberculosis (RAPT)

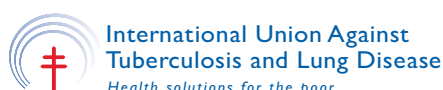
Mr Chenjerai Bhodheni- Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)

Mr Edmore Mutimhodyo – Zimbabwe National Network of People Living with HIV (ZNNP+)

The administrative and logistic support of the whole process, from assessment through to consultative peer review sessions have been facilitated by the Union Zimbabwe, UNDP and the Zimbabwe Ministry of Health.

The US Agency for International Development (USAID) and Global Fund financed the international technical assistance and all other costs incurred for the assessment visit in country and consultation meeting.

Editing/Design/Layout - Tristan Bayly



TB CARE I



KNCV
To eliminate TB



TUBERCULOSIS FOUNDATION

The Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), US Agency for International Development, financially supports this publication through TB CARE I under the terms of Agreement No. AID-OAA-A-10-00020. This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of TB CARE I and do not necessarily reflect the views of USAID or the United States Government.

CONTENTS

| | |
|--|---------------|
| ABBREVIATIONS | 4 |
| INTRODUCTION TO THE TRAINERS' MANUAL | 5 |
| INTRODUCTION TO THE TRAINING COURSE | 6 |
| BACKGROUND | 6 |
| TARGET AUDIENCE | 6 |
| TRAINING COURSE METHODOLOGY | 6 |
| MODULES AND SESSIONS..... | 6 |
| PROGRAM OVERVIEW | 7 |
| AGENDA..... | 8 |
| MODULE 1: INTRODUCTION..... | 9 |
| SESSION 1.1: INTRODUCTION TO THE TRAINING COURSE..... | 10 |
| SESSION 1.2 YOUR TASKS AND LEARNING NEEDS IN COMMUNITY TB | 12 |
| MODULE 2: FACTS ABOUT TB AND TB CONTROL | 14 |
| SESSION 2.1 IDENTIFYING TB | 15 |
| SESSION 2.2: TB/HIV SITUATION IN YOUR DISTRICT AND COMMUNITY | 17 |
| MODULE 3: TB TREATMENT AND ADHERENCE | 20 |
| SESSION 3.1: TB TREATMENT AND ADHERENCE..... | 20 |
| SESSION 3.1: TB TREATMENT AND ADHERENCE..... | 23 |
| MODULE 4: HUMAN AND PATIENT RIGHTS | 27 |
| SESSION 4.1: STIGMA..... | 27 |
| SESSION 4.2: PATIENT'S RIGHTS AND RESPONSIBILITIES | 32 |
| MODULE 5: TB HEALTH EDUCATION..... | 35 |
| SESSION 5.1: HEALTH EDUCATION FOR INDIVIDUAL SOCIAL CHANGE | 35 |
| SESSION 5.2: Health Education Session | 40 |
| MODULE 6: COMMUNITY MOBILISATION AND ADVOCACY | 44 |
| SESSION 6.1: HOW TO MOBILISE COMMUNITIES FOR TB/HIV | 44 |
| SESSION 6.2: Advocacy for TB/HIV | 47 |
| MODULE 7: ORGANISATION OF TB CONTROL IN THE COMMUNITY | 51 |
| SESSION 7.1: Organisation of TB Services | 51 |
| SESSION 7.2: HOW DO STAKEHOLDERS IN TB CONTROL COLLABORATE? | 54 |
| MODULE 8: MONITORING AND EVALUATION | 57 |
| SESSION 8.1: MONITORING AND EVALUATION..... | 57 |
| SESSION 8.2: COMMUNITY ACTION PLAN | 65 |
| MODULE 9: EVALUATION OF THE COURSE | 68 |
| SESSION 9.1: COURSE EVALUATION | 68 |
| SESSION 9.2: CERTIFICATES | 71 |
| DAILY RECAP..... | 72 |
| EVALUATION OF THE DAY | 74 |
| TRAINERS' EVALUATION REPORT | 76 |

ABBREVIATIONS

| | |
|--------|---------------------------------|
| ART | Anti Retroviral Therapy |
| BCG | Bacille Calmette-Guérin |
| CBO | Community Based Organisations |
| CHW | Community Health Worker |
| CSO | Civil Society Organisation |
| DOT | Directly Observed Treatment |
| DR-TB | Drug Resistant TB |
| EHT | Environmental Health Technician |
| FDC | Fixed Dose Combination |
| HCW | Health Care Worker |
| MDR-TB | Multi-drug Resistant TB |
| MCH | Mother and Child Health |
| NGO | Non Governmental Organisation |
| NTP | National TB Program |
| TB | Tuberculosis |
| VHW | Village Health Worker |

INTRODUCTION TO THE TRAINERS' MANUAL

1. Purpose of this manual

This manual for the facilitators of the Training "TB prevention and care for CHWs". It provides information about content, methodology and course materials to facilitate the training.

2. Content of this manual

The manual describes:

Per module: the duration, objectives, methodologies, materials needed and how to prepare you as a trainer.

Per session:

- The steps in the training process
- For each step: Additional information on the content and the exercises. All the exercises in the participants' manual are included in the Trainers' Manual.

At the end of this manual are:

- Daily Recap methods
- Methods for daily evaluations
- Trainers' evaluation report
- References for the trainers to documents for more in depth information

3. How to use this Trainers' Manual

Use this Trainers' Manual to prepare your sessions:

- What the key topics will be.
- Which methods you will use: plenary presentations, work in buzz groups (in pairs), subgroup work, role-plays etc.
- Which course materials are needed

While facilitating the sessions, you use the manual to guide you step by step through the training process.

3. Materials needed

Basic training materials for this course are:

- Projector, laptop and screen
- Flip chart and paper
- Markers in different colours
- For every participant: Participants' manual, notebook, pen and name tag

The training materials needed for a specific module are mentioned in the module description.

This training course is not a PowerPoint based training course. You might use Powerpoint slides, to introduce sessions, exercises or a topic. Follow the golden rules to make your Powerpoint slides.

Golden Rules for Powerpoint Slides

- ◆ **Have a clear title**
- ◆ **Use key words instead of long sentences**
- ◆ **Use pictures to clarify**
- ◆ **Don't have more than 8–10 lines on one slide**

You can replace Powerpoint slides with flip charts (recommended in places with frequent power cuts).

Golden Rules for Flip Charts

- ◆ **Legible hand writing**
- ◆ **Use big letters so that the text is readable from distance**
- ◆ **Limit the amount of text**
- ◆ **Leave sufficient space between lines**
- ◆ **Write in black or blue.**
- ◆ **Only use Green and red to underline**

INTRODUCTION TO THE TRAINING COURSE

BACKGROUND

Community health workers (CHWs) perform an invaluable service to the community as the link between the health services, patients and community members. They may be volunteers, part of the health system (village health worker) or recruited by a Non-Governmental Organisation (NGO), but all of them need regular training and support to be able to do their work properly and to maintain their enthusiasm and motivation. This manual is a training guide for community workers on the fight and control of TB in the community. It is particularly about how to prevent TB among the most vulnerable in our community such as people living with HIV, children and others more prone to getting TB and how to support both patients and affected families. The training also covers topics which can serve any community health activity, not only TB. It can also be used to empower communities to become healthy communities. Community mobilisation, health education, using patients' rights and advocacy are skills which are useful for many purposes beyond TB and health.

TARGET AUDIENCE

This training is aimed at:

1. CHWs (public and CSOs), HIV care givers (CSOs), health promoters, (public), all having tasks and responsibilities in the TB/HIV prevention and care at community level.
2. Nurses, Environmental Health Technicians (EHTs) or other health care workers (HCWs) who mentor community workers.

The number of participants per training should **not be more than 30**, if the number of participants exceeds 30 it is difficult to let everyone actively participate.

TRAINING COURSE METHODOLOGY

The training course methodology is competency based and interactive. Participants' tasks, responsibilities and competencies (knowledge, skills and attitudes) needed for TB prevention and care at community level in Zimbabwe have guided the selection of the program topics. In the training course we make use of participants' practices, experiences and learning questions. Different training methods are used to enhance active participation and turn theory into practice: Case studies, role-plays, interactive presentations and sub-group work.

MODULES AND SESSIONS

The training course consists of the following modules and sessions:

| Module | | Sessions |
|---|-----|---|
| 1. Introduction | 1.1 | Introduction to the course |
| | 1.2 | Your tasks and learning needs in community TB |
| 2. Facts about TB and TB control | 2.1 | Identifying TB |
| | 2.2 | TB/HIV situation in your district |
| 3. TB Treatment and Adherence | 3.1 | TB treatment |
| | 3.2 | Treatment Adherence Support |
| 4. Human and Patient Rights | 4.1 | Stigma |
| | 4.2 | Human and Patients' Rights |
| 5. TB Health Education | 5.1 | Health education for individual and social change |
| | 5.2 | Health education session |
| 6. Community mobilisation and advocacy for TB/HIV | 6.1 | How to mobilise communities for TB/HIV |
| | 6.2 | Advocacy for TB/HIV |
| 7. Organisation of TB Control in the District | 7.1 | Organisation of TB services |
| | 7.2 | Stakeholders Collaboration |
| 8. Monitoring, Evaluation and Planning | 8.1 | Monitoring and Evaluation |
| | 8.2 | Community TB action plan |
| 9. Evaluation of the Training Course | 9.1 | Course Evaluation |
| | 9.2 | Certificates |

PROGRAM OVERVIEW

| Day | 8.00 - 10.00 | 10.00 10.30 | 10.30 - 12.30 | 12.30 13.30 | 13.30 - 15.00 | 15.00 15.15 | 15.15 - 16.30 |
|-----|---|-------------|--|-------------|--|-------------|--|
| 1. | Module 1 08.00 - 09.00 <i>Session 1.1</i> Introduction to the training course 09.00 - 10.00 <i>Session 1.2</i> Your tasks and learning needs in community TB | Break | Module 2 10.30 - 11.45 <i>Session 2.1</i> Identifying TB 11.45 - 12.30 <i>Session 2.2</i> TB/HIV situation in your district | Lunch | Module 3 13.30 - 14.30 <i>Session 3.1</i> TB treatment 14.30 - 15.00 Session 3.2 Treatment adherence support | Break | Module 3 15.15 - 16.15 <i>Session 3.2</i> Treatment adherence support 16.15 - 16.30 Evaluation of the day |
| 2. | 08.00 - 08.15 <i>Recap</i> Module 4 08.15 - 10.00 <i>Session 4.1</i> Stigma | Break | Module 4 10.30 - 11.45 <i>Session 4.2</i> Patients' rights and responsibilities Module 5 12.00 - 12.30 <i>Session 5.1</i> Health education for individual and social change | Lunch | Module 5 13.30 - 14.00 <i>Session 5.1</i> Health education for individual and social change 14.00 - 15.00 <i>Session 5.2</i> Health education session | Break | Module 5 15.15 - 16.15 <i>Session 5.2</i> Health education session 16.15 - 16.30 Evaluation of the day |
| 3. | 08.00 - 08.15 <i>Recap</i> Module 6 08.15 - 10.00 <i>Session 6.1</i> How to mobilise communities for TB/HIV | Break | Module 6 10.30 - 12.30 <i>Session 6.2</i> Advocacy for TB/HIV | Lunch | Module 7 13.30 - 14.30 <i>Session 7.1</i> Organisation of TB services 14.30 - 15.00 <i>Session 7.2</i> How do stakeholders in TB control collaborate? | Break | Module 7 15.15 - 16.15 <i>Session 7.2</i> How do stakeholders in TB control collaborate? 16.15 - 16.30 Evaluation of the day |
| 4. | 08.00 - 08.15 <i>Recap</i> Module 8 08.15-10.00 <i>Session 8.1</i> Monitoring & Evaluation | Break | Module 8 10.30 - 12.30 <i>Session 8.2</i> Community TB Action Plan | Lunch | Module 9 13.30-14.30 <i>Session 9.1</i> Course evaluation 14.30 - 15.00 <i>Session 9.2</i> Certificates | Break | |

AGENDA

| 1st Day/Time | Session | Facilitator |
|--------------|---|-------------|
| 07.30-08.00 | Registration | Secretary |
| 08.00-09.00 | Session 1.1 Introduction of the training course | |
| 09.00-10.00 | Session 1.2 Your tasks and learning needs in community TB | |
| 10.00-10.30 | Break | |
| 10.30 -11.45 | Session 2.1 Identifying TB | |
| 11.45-12.30 | Session 2.2 TB/HIV situation in your district | |
| 12.30-13.30 | Lunch | |
| 13.30-14.30 | Session 3.1 TB treatment | |
| 14.30-15.00 | Session 3.2 Treatment adherence support | |
| 15.00-15.15 | Break | |
| 15.15-16.15 | Session 3.2 Treatment adherence support | |
| 16.15-16.30 | Evaluation of the day | |

| 2nd Day/Time | Session | Facilitator |
|--------------|---|-------------|
| 08.00-08.15 | Recap | |
| 08.15-10.00 | Session 4.1 Stigma | |
| 10.00-10.15 | Break | |
| 10.30-11.45 | Session 4.2 Patients' rights and responsibilities | |
| 12.00-12.30 | Session 5.1 Health education for individual and social change | |
| 12.30-13.30 | Lunch | |
| 13.30-14.00 | Session 5.1 Health education for individual and social change | |
| 14.00 -15.00 | Session 5.2 Health education session | |
| 15.00-15.15 | Break | |
| 15.15-16.15 | Session 5.2 Health education session | |
| 16.15-16.30 | Evaluation of the day | |

| 3rd Day/Time | Session | Facilitator |
|---------------|--|-------------|
| 08.00-08.15 | Recap | |
| 08.15 - 10.00 | Session 6.1. How to mobilise communities for TB/HIV | |
| 10.00-10.30 | Break | |
| 10.30-12.30 | Session 6.2. Advocacy for TB/HIV | |
| 12.30-13.30 | Lunch | |
| 13.30 - 14.30 | Session 7.1 Organisation of TB services | |
| 14.30 - 15.00 | Session 7.1 Organisation of TB services | |
| 14.30 - 15.00 | Session 7.2 How do stakeholders in TB control collaborate? | |
| 15.00-15.15 | Break | |
| 15.15 - 16.15 | Session 7.2 How do stakeholders in TB control collaborate? | |
| 16.15-16.30 | Evaluation of the day | |

| 4th Day/Time | Session | Facilitator |
|--------------|--|-------------|
| 08.00-08.15 | Recap | |
| 08.15-10.00 | Session 8.1. Monitoring and Evaluation | |
| 10.00-10.30 | Break | |
| 10.30-12.30 | Session 8.2. Community TB Action Plan | |
| 12.30-13.30 | Lunch | |
| 13.30-14.30 | Session 9.1 Course Evaluation | |
| 14.30 | Session 9.2 Certificate | |

MODULE 1: INTRODUCTION

Duration: 2 hours

OBJECTIVES:

By the end of this module, participants:

- Know each other, the trainers and the training program
- Have identified their tasks in community TB
- Have defined their learning needs for this training course.

SESSIONS AND DURATION:

| | | |
|--------------------|--|-------------------|
| Session 1.1 | Introduction of the course | 60 minutes |
| Session 1.2 | Your tasks and learning needs in community TB | 60 minutes |

METHODOLOGIES:

- Getting to know each other game
- Powerpoint presentation.

MATERIALS NEEDED:

- Participants' manual
- Name tags
- Attendance register.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

- Read through the session and make sure you are familiar with the training methodologies and content.
- Agree among trainers on the sitting arrangements. We propose to have tables for groups of 5 or 6 participants, so that group work can be easily organised. Make sure that all participants can see the screen or flip chart in front of the class room.
- For session 1.2 prepare 10 titles flip charts for exercise 1.2.1.

SESSION 1.1: INTRODUCTION TO THE TRAINING COURSE

THE TRAINING PROCESS

Step 1: 30 minutes: Getting to Know Each Other

The trainer of the day welcomes the participants and the other trainers. All participants introduce themselves by name, function and where they work. Ask them to write their names on a name tag.

The trainer introduces the "Getting to know each other game" in which people are asked to stand up when they have the characteristic which is mentioned by the trainer. Standing up creates energy and breaks the ice.

The trainers introduce themselves: name, professional background and experience with community TB or working with communities.

Step 2: 20 minutes: Getting to Know the Training Course

Hand out the participants' manual and tell the participants how this manual will be used during the course.

The trainer presents the training course with some slides/flip chart: Goal & objectives, Modules, Training course program and Methodology.

Step 3: 10 minutes: Ground Rules

Give information about logistics (washrooms, breaks and restaurant) and agree on some "group rules" (internet use/mobile phones etc.). Write the group rules on a flip chart.

TRAINERS' INFORMATION

Step 1: Getting to know each other

Participants' introduction

The trainer writes: Name, function (e.g. CHW, Treatment Supporter) and Village/ town you work on a flip chart. Let all the participants introduce themselves. Don't take much time for this as afterwards, there is the "getting to know each other game".

Participants' Manual: 1.1.2

What is your name?

What is your function?

Where do you work?

Getting to know each other game

This game aims to get everyone to know each other and to create an open atmosphere.

The game is very useful in big groups and when time is too limited for individual introductions.

The trainer introduces the rule of the game:

Stand up if you have the characteristic which is mentioned.

Examples are:

Work in TB control, work for a CSO, did TB courses before, did HIV courses, are passionate about football, like dancing, work more than 5 years in TB control etc.

After each characteristic, ask one or two people to give some more information about themselves. People sit again and the next characteristic is mentioned etc. Stop after 5-7 characteristics.

Step 2: Getting to know the training course

Hand out the Participants' Manual and tell participants that this is their workbook, with information and exercises for all the sessions.

The trainer introduces the training course, using slides/flip charts and using the information in the participants' manual. Explain **very briefly** and in simple terms what each objective entails.

Participants' Manual - Page 6

Overall Goal: At the end of this training

The participants have strengthened their knowledge, skills and attitudes in order to prevent TB and give TB/HIV care in their communities.

Specific Objectives: At the end of this course participants are able to:

1. Present their tasks in community TB control and define their learning needs for this course
2. Present basic information about TB, drug resistant TB (DR-TB) and the TB situation in their district
3. Inform their community about TB/HIV services
4. Give TB patients adequate community Directly Observed Treatment (DOT) and treatment support
5. Discuss TB stigma in their community and how to address it
6. Give quality TB health education to individuals and groups in their community
7. Inform patients, health workers and community about the patients' charter
8. Mobilise their community for TB control and advocate for access to quality TB care
9. Monitor and evaluate the community TB activities and learn from it
10. Develop their annual action plan for community TB together with nurse in charge and village health team.

Participants' Manual - Page 6 Modules and Sessions

| Module | | Sessions |
|---|-----|---|
| 1. Introduction | 1.1 | Introduction to the course |
| | 1.2 | Your tasks and learning needs in community TB |
| 2. Facts about TB and TB control | 2.1 | Identifying TB |
| | 2.2 | TB/HIV situation in your district |
| 3. TB Treatment and Adherence | 3.1 | TB treatment |
| | 3.2 | Treatment Adherence Support |
| 4. Human and Patient Rights | 4.1 | Stigma |
| | 4.2 | Human and Patients' Rights |
| 5. TB Health Education | 5.1 | Health education for individual and social change |
| | 5.2 | Health education session |
| 6. Community mobilisation and advocacy for TB/HIV | 6.1 | How to mobilise communities for TB/HIV |
| | 6.2 | Advocacy for TB/HIV |
| 7. Organisation of TB Control in the District | 7.1 | Organisation of TB services |
| | 7.2 | Stakeholders Collaboration |
| 8. Monitoring, Evaluation and Planning | 8.1 | Monitoring and Evaluation |
| | 8.2 | Community TB action plan |
| 9. Evaluation of the Training Course | 9.1 | Course Evaluation |
| | 9.2 | Certificates |

Competency based

The competencies (knowledge, skills and attitudes) participants need for TB prevention and care at community level, have guided the selection of the program topics. In this course we make use of participants' practices, experiences and questions.

Participatory

Different training methods are used to enhance active participation and apply theory into practice: Case studies, group work, Buzz groups (working in pairs), Role-plays, Exercises, Quizzes and Interactive presentations.

Training Methodology

Participants will have a wide range of levels and experiences in health, TB and HIV. In this course, these experiences will be shared so that everyone can learn from them.

We also use case studies, role-plays, interactive presentations and subgroup work. You will be invited to actively participate in all the exercises and learn by doing. You will not only learn facts, you will also develop the skills which a CHW needs to do his/her job.

Detailed program on page 6 of the Participants' Manual (on page 7 of Trainers' Manual).

SESSION 1.2 YOUR TASKS AND LEARNING NEEDS IN COMMUNITY TB

THE TRAINING PROCESS

Step 1: 5 minutes: Introducing the session

The trainer introduces the session by asking participants:

- a. What are your tasks in community TB? Let participants give some examples, in the exercise they will work it out more in detail.
- b. What do you want to learn in this course to be better equipped for your function?

The trainer introduces exercise 1.2.1: "Your tasks and learning needs in community TB"

1. Participants prepare individually the exercise
2. They share in subgroups of 4 and write the results on the 8 titled flip charts posted on the walls
3. Plenary sharing, facilitated by the trainer.

Step 2: 10 minutes: Work individually on the exercise

Participants prepare the exercise individually.

Step 3: 30 minutes: Work in subgroups

In subgroups of 4, the participants share the results of the individual exercise. They write the results on the 10 different flip charts posted on the wall:

1. Tasks in the field of:
 - a. Prevention
 - b. Diagnosis, Treatment and Care
 - c. Community Mobilisation
 - d. Other:
2. What participants want to learn in the field of:
 - a. Prevention
 - b. Diagnosis, Treatment and Care
 - c. Community Mobilisation
 - d. Other:

Step 4: 15 minutes: Plenary sharing

The trainer walks through the different flip charts with the participants:

- Does everyone understand what is written on the flip charts?
- What are the key tasks?
- What tasks for Community TB are not covered?
- What are the main learning needs?

Refer to Table 1.2.2 in the Participants' Manual.

TRAINERS' INFORMATION

Step 1: Introducing the Session

The trainer introduces the exercise. It is important that the CHWs know what their tasks are in community TB and if they are competent enough to carry out these tasks. Ask for an example of a task which CHWs have, so that participants understand what is meant by "tasks". Examples can be: give health education, DOT support, Refer patients to the clinic etc.

Tell participants that it is not bad to not feel competent at this moment. It is a strength knowing what your shortcomings are, so that you can improve. If CHWs don't feel competent yet, they can ask for training and mentoring.

The trainer explains the steps of this exercise:

Participants' Manual: 1.2.1 Your tasks and learning needs in community TB

1. Individual work (10 minutes)

- What are your main tasks in community TB?
- What do you want to learn more about, to be better equipped for community TB?

Write your answers in your notebook.

2. Work in subgroups of four (20 minutes)

- Share the tasks and learning needs which you have written in your notebook with each other.
- Write your subgroup results on the flip charts which are posted on the wall (When your answer is already on the flip chart, only put an X next to it).

Step 2: Work individually on the exercise

The participants work on the exercise individually, the trainer walks around to giving support where needed.

Step 3: Work in subgroups

The four participants share the results of their individual work and summarize:

- The tasks of the group in Community TB
- The learning needs of the group in Community TB.

They write these results on the differently titled flip charts in the room:

Tasks

| Prevention | Diagnosis/Treatment and Care | Community Mobilisation | Others |
|------------|------------------------------|------------------------|--------|
| | | | |

Learning Needs

| Prevention | Diagnosis/Treatment and Care | Community Mobilisation | Others |
|------------|------------------------------|------------------------|--------|
| | | | |

Step 4: Plenary Session Sharing

In the plenary session the trainer walks the participants through the different flip charts. The trainer summarizes what the main tasks and main learning needs are. The trainer links the tasks and learning needs to the training course program and refers to Table 1 in the participants' manual

Participants' Manual 1.2.2 Table 1: Tasks in Community TB

| Prevention | Diagnosis/Treatment and Care | Community Mobilisation | Others |
|-------------------------------|---|---|--------|
| Health education | Early identification of people with TB symptoms | Coordinate with the village health committee for TB and HIV activities at community level | |
| Trace contacts of TB patients | Refer clients for diagnosis | Organise activities to mobilise the community for TB control | |
| | Tracing patients lost to follow up | Advocate for TB related resources | |
| | DOT for TB and DR-TB | Set up Stop TB committee within health centre committee or ward committee | |
| | Support TB patients and their families in treatment adherence and prophylaxis | | |
| | Report both notification and treatment results to the nurse in charge | | |

MODULE 2: FACTS ABOUT TB AND TB CONTROL

Duration: 2 hours

OBJECTIVES:

By the end of this module, participants are able to:

- Present basic information on TB and DR-TB symptoms, transmission and diagnosis
- Present the current methods for the early TB identification in adults and children
- Inform patients and the community about TB infection prevention
- Give facts about the TB/HIV situation in their district.

SESSIONS AND DURATION:

| | | |
|--------------------|--|-------------------|
| Session 2.1 | Identifying TB | 75 minutes |
| Session 2.2 | TB/HIV situation in your district | 45 minutes |

METHODOLOGIES:

- Questions and answers
- Quiz
- Brainstorming.

MATERIALS NEEDED:

- Handout
- Flip Charts with different titles
- IEC materials used in country
- 50 blank cards for the quiz
- Sticky notes.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the training methodologies and content.

SPECIFIC FOR THIS MODULE:

- Prepare the flip charts for session 2.1
- Prepare the quiz: the answers of the questions (the data of the district), the score board and the rules of the game on a flip chart.

SESSION 2.1 IDENTIFYING TB

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction of the Module and Session

The trainer asks for participants experiences:

Do you know anyone who has had TB? Died from TB? Had DR-TB? Do you know children who have had TB?

The trainer introduces the module: the two sessions and the module objectives.

Session 1: What do you need to know about TB disease?

Session 2: What is the situation of TB in your district and community?

Step 2: 20 minutes: Defining Questions about TB

The trainer asks participants to discuss with the person next to him/her (buzz group): What would they like to know about TB for their work with communities? Participants write their questions on the sticky notes and stick these on to the relevant flip chart in the room:

1. What is TB?
2. TB symptoms
3. Causes of TB
4. TB and HIV
5. TB diagnosis
6. TB prevention
7. Misconceptions about TB
8. Late care seeking by people with TB.

Step 3: 45 minutes: Basic Information About TB and TB Control

The trainer gives a plenary presentation (with some Powerpoint slides) on the key questions mentioned under step 2.

During the presentation, ask questions and experiences of the participants. The trainer also includes questions which are raised by the participants on these topics. Distribute the relevant IEC brochures used in the country. At the end of the session ask participants to summarize the main lessons learned and refer to the information in the participants' manual.

Refer to Participants' Manual 2.1.2 "Basic information on TB and TB Control".

TRAINERS' INFORMATION

Step 1: Introduction of the Module and Session

Start the session with what people already know about TB, and the experiences they have with the TB disease and TB patients. This session builds further on participants' knowledge and experiences.

Participants' Manual 2.1.1 Objectives for this Module

By the end of this module, participants are able to:

- Present basic information on TB and DR-TB symptoms, transmission and diagnosis
- Present approaches for early TB identification in adults and children
- Inform patients and the community about TB infection prevention
- Give facts about the TB/HIV situation in their district.

Step 2: Defining Questions about TB

The trainer has prepared 6 flip charts with one of the following questions:

1. What is TB?
2. TB symptoms
3. Causes of TB
4. TB and HIV
5. TB diagnosis
6. TB prevention
7. Misconceptions about TB
8. Late care seeking by people with TB.

The participants share the questions they have on each of these topics in buzz groups. They write every question on a sticky note with a marker and it on the relevant flip chart. The trainer organises the sticky notes making clusters of similar questions.

In the situation where sticky notes are not available, participants can write their questions directly on the flip chart with a marker pen. If their question is already on the flip chart, they just put an X next to the question.

Step 3: Basic Information about TB and TB Control

The trainer has prepared a Powerpoint presentation, following the key questions of Step 2.

Discuss also "Why people seek treatment for TB at a late stage" and ask participants how CHWs can address this problem in the community.

Choose information which is important for CHWs and for their work in the community. Make sure that all the questions on the sticky notes are addressed.

Participants' Manual 2.1.2: Basic information on TB and TB Control

1. What is TB?

TB is an infectious bacterial disease, which most frequently affects the lungs (pulmonary TB) and it is fatal if it is not treated.

2. What are the symptoms of lung TB?

- Productive cough for more than two weeks
- Weight loss
- Night fever
- Chest pain
- Weakness
- Loss of appetite.

3. How does TB spread?

When a patient with lung TB coughs, sings or talks he/she may infect other people sitting near (see picture) through droplets they spread in the air (aerosols). Infection is more likely to happen in a closed room with little ventilation and when exposed for a longer time.

4. How do you know with certainty that someone has TB?

Sputum tests are done to diagnose TB: two sputum samples, one in the early morning and one on the spot at the health facility.

The sputum test is done in the laboratory of the clinic or hospital.

5. Why do people with HIV have a higher risk of getting TB?

People with HIV are very vulnerable to all infectious diseases, including TB. Their immune system is not strong enough to defend their body against the TB disease, especially those who are not on ART.

6. What is DR-TB?

DR-TB is TB which cannot be cured with normal TB drugs, as the bacteria has become resistant to some of those drugs. DR-TB can only be diagnosed through special laboratory tests (culture, GeneXpert). It can be treated with another, complex mix of expensive drugs. The treatment takes nearly three times longer and the drugs have more severe side effects.

7. When do you think a TB patient might have DR-TB?

When TB patients don't get better and do not have a negative sputum test after the first two months or later during treatment, they might have DR-TB. Often the DR-TB patients had TB before and were not successfully treated (not cured or relapse). Close contacts of a non-treated DR-TB patients are all at a very high risk of also getting DR-TB.

8. When do you think a child might be suffering from TB?

The diagnosis of TB in children can be very difficult because symptoms are very non-specific. They might have a cough, weight loss, fever and diarrhoea. Young children (under 6 years) cannot produce sputum which makes diagnosis more difficult. Every child with TB symptoms and every child living in a house with a TB patient (particularly if it is the caregiver), must be referred to the health facility and seen by a trained clinician. Children more frequently have other types of TB, outside the lungs and children under five rapidly get more severe forms of TB. Therefore all new born babies are vaccinated with BCG to protect them in the first years of their life.

9. How much does it cost to treat TB?

In public health services both sputum tests and treatment are provided free of charge.

10. Is TB curable?

A person can be completely cured of TB if they are treated in a timely manner and they take all the medicines as indicated by the healthcare provider. The earlier TB is diagnosed and treated, the better it is for the patient and their community. DR-TB is not easy to cure, which is why we should prevent DR-TB by practicing good treatment adherence.

11. How is TB prevented?

There is a higher risk of TB infection in a closed environment with no ventilation (no open windows), when sleeping in the same room as a TB patient without treatment, and when having low immunity such as people living with HIV or children under five. So the following recommendations apply:

- Early diagnosis and treatment to avoid further spreading.
- Good ventilation
- Cough hygiene (always) (explain with picture)
- No spitting
- Everyone living in the same house as the TB patient should be screened for symptoms of TB. This includes people living with HIV and children who might also have extra-pulmonary TB and who need to get TB prophylaxis (TB preventive treatment) if they do not have active TB disease.

12. Why do people seek care for TB at a late stage?

People with TB frequently seek care at a late stage, when the disease is more serious, and takes longer to cure. Why do people delay seeking care?

- People don't realise that their cough could be a sign of TB
- They are using traditional medication/faith healers
- There is a lack of transport to services or a lack of money to pay the transport
- Mothers prioritise the care of their children above care for themselves
- Because of the stigma/misconceptions surrounding TB and HIV
- Because of past bad experiences with healthcare services.

Organise health education sessions in the community. Tell the community members that the disease gets more serious when they delay seeking care. Also discuss how the community can be prepared to support people with TB.

13. Myths and misconceptions about TB

There are many myths and misconceptions around TB:

- You get TB by shaking hands or kissing
- You get TB when you eat with a TB patient
- When you have TB, you have also HIV
- TB runs in the family, it is hereditary.

SESSION 2.2: TB/HIV SITUATION IN YOUR DISTRICT AND COMMUNITY

THE TRAINING PROCESS

Step 1: 15 minutes: TB/HIV in Your District and Community

The trainer introduces the topic of the session, and then gives a question and answer session with following key questions:

1. How many TB patients were notified last year in your district?
2. How many of these TB patients were HIV+?
3. How many patients were successfully treated for TB in your district last year?
4. How many DR-TB patients were treated in your district last year?
5. How many people died from TB in your district last year?
6. Where can TB be diagnosed in your district?
7. Where can you get TB treatment in your district?

Ask the participants also if they know the facts from their community.

Let participants write the answers in their participants' manual 2.2.1 "Facts about TB/HIV in your district and community".

Step 2: 10 minutes: Introduction of the Quiz

The trainer introduces the purpose of the quiz, "the rules of the game" and forms four to five teams of six people. Team members sit together.

Step 3: 20 minutes: The Quiz

The trainer asks the questions, teams answer the questions; the trainer gives the correct answers and notes the points on the score board. At the end, the final score is calculated and the team with the highest score is rewarded.

TRAINERS' INFORMATION

Step 1: TB/HIV in Your District and Community

The district TB coordinator has the district level TB data, health facilities have the data from their clinic.

The trainer has prepared the answers to the questions for the district in which the training course takes place.

Ask for the questions 1-5:

- Are the numbers in your district high, compared to other districts?
- How many patients were there in your community last year?
- Do you know the patients in your community?

Let the participants write the correct answers in their manual (Participants' Manual 2.2.1) Tell them how important it is to know the TB/HIV facts in their community and to monitor this. In module 8 (monitoring and evaluation) we will come back to this.

Fill in the answers to the following questions:

1. How many TB patients were notified in your district last year? _____
And in your community? _____
2. How many of these TB patients were HIV+? _____
And in your community? _____
3. How many patients were treated successfully for TB in your district last year? _____
And in your community? _____
4. How many DR-TB patients were treated in your district last year? _____
And in your community? _____
5. How many people died from TB in your district last year? _____
And in your community? _____
6. Where can TB be diagnosed in your district? _____
7. Where can you get TB treatment in your district? _____

It is possible that you don't know the figures for your community. You can start collecting this data from now on, this will help you to see whether or not there is progress.

TRAINERS' INFORMATION

Step 2: Introduction of the Quiz

The purpose of the quiz is to use the knowledge gained in this module in a playful way. It will help you to remember.

Rules of the game

There are four or five teams with six team members (if possible people from the same district). The teams sit at separate tables.

The trainer has the rules of the game on a flip chart.

The trainer makes a "Scoreboard" on a flip chart, and marks the points on the scoreboard during the quiz.

Procedure

The trainer asks a question.

- The groups have one minute for reflection and discussion and to write the correct answer on the blank cards given.
- The trainer gives the correct answer and checks which groups have given the correct answer.
- If the answer is correct, the group gets One Point.

Materials to prepare:

- Per group: 10 blank cards + marker
- Scoring Board
- Rewards for the winners.

Scoreboard

Group 1

Group 2

Group 3

Group 4

TRAINERS' INFORMATION

Quiz Questions: TB/HIV Situation in Your District

1. What is the main symptom of pulmonary TB?
2. How many TB/HIV patients were notified in your district last year?
3. How do you know with certainty that somebody has TB?
4. Where can TB be diagnosed in your district?
5. How many patients were treated successfully for TB in your district last year?
6. Where can you get TB treatment in your district?
7. What is DR-TB?
8. How many DR-TB patients were treated in your district last year?
9. What is the most effective way to prevent TB?
10. What should the CHWs do to prevent TB?

Quiz Answers

1. What is the main symptom of pulmonary TB?
More than two weeks productive cough
2. How many TB/HIV patients were notified last year in your district?
As mentioned in the session
3. How do you know with certainty that somebody has TB?
Sputum test (two samples, one in the early morning and one on the spot)
4. Where can TB be diagnosed in your district?
Diagnostic centres
5. How many patients were treated successfully for TB in your district last year?
As mentioned in the session
6. Where can you get TB treatment in your district?
Treatment Centres
7. What is Drug-resistant TB (DR-TB)?
DR-TB is TB which cannot be cured with the normal TB medicines, as the bacteria has become resistant to those drugs.
8. How many DR-TB patients were treated in your district last year?
As mentioned in the session.
9. What is the most effective prevention of TB?
Early diagnosis and treatment to prevent the further spread of TB
10. What should the CHW do to prevent TB?
 1. *Identify people who have TB symptoms*
 2. *Refer those people for diagnosis and treatment*
 3. *Give health education about TB.*

MODULE 3: TB TREATMENT AND ADHERENCE

Duration: 2 hours 30 minutes

OBJECTIVES:

By the end of this module, participants are able to:

- Answer questions from patients and family members about TB treatment in Zimbabwe and drugs side effects
- Give treatment support at community level
- Create awareness among TB patients and their family members about the reasons and risks of defaulting treatment.

SESSIONS AND DURATION:

| | | |
|--------------------|------------------------------------|-------------------|
| Session 3.1 | TB treatment | 60 minutes |
| Session 3.2 | Treatment adherence support | 90 minutes |

METHODOLOGIES:

- Exercise in buzz groups and sharing in plenary session
- Role-plays
- Brainstorm.

MATERIALS NEEDED:

- Exercise Handout
- TB drugs
- IEC materials
- Powerpoint slides or prepared flip charts.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the training methodologies and content.

SESSION 3.1: TB TREATMENT AND ADHERENCE

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction of Module and Exercise

In the plenary session the trainer introduces the module objectives and the two sessions:

1. TB treatment
2. Treatment adherence support.

The trainer introduces the exercise 3.1.2 "TB treatment". Participants will work on the exercise in buzz groups.

Step 2: 20 minutes: Work on the Exercise

Participants work in buzz groups on the exercise, making use of existing IEC materials. Each person writes the answers in his/her notebook.

Step 3: 20 minutes: Plenary Sharing

In the plenary session the trainer discusses the questions with the participants. For every question one buzz group gives their answer. Other buzz groups can add. For the question on drugs the trainer shows participants the drugs.

Step 4: 10 minutes: Wrapping Up

To wrap up, the trainer asks all buzz groups to write one difficult question about TB treatment on a piece of paper. These questions are collected and distributed, every buzz group reads and answers one question.

TRAINERS' INFORMATION

Step 1: Introduction of Module and Exercise

The trainer introduces the exercise 3.1.2: "TB treatment", and let participants work on the exercise in buzz groups. Advise participants to make use of the IEC materials which are available if they don't know the answer to the question.

Participants' Manual 3.1.2 Exercise: TB Treatment (20 minutes)

Work in buzz groups on the questions below and write your answers in a notebook. If you don't know the answer, use the brochures which are available.

1. Which drugs do adult TB patients get?
2. What is the duration of treatment?
3. How do you know that patients with smear positive lung TB are cured?
4. Why is it important to take the right drugs for the right number of months?
5. Who prescribes the TB drugs?
6. When do patients take the drugs?
7. What are the possible side effects of these drugs?
8. What can the patient do when he/she has severe side effects?
9. What is Direct Observed Treatment (DOT)?
10. What is the role of CHWs and volunteers in TB treatment.

Step 3: Plenary Sharing

The trainer and participants discuss the questions. The trainer tries to get as much input from the participants themselves, let participants make use of their knowledge and experience. Give participants positive feedback and show the IEC materials where the answers are available.

The trainer summarizes the answer to every question and gives the handout at the end of the session.

Participants' Manual 3.1.3 TB Treatment: Answers to the Questions

1. Which drugs do adult TB patients get?
New adult TB patients are treated with different antibiotics combined into one pill (the fixed dose combination), starting with four drugs (Rifampicin, Isoniazid, Pyrazinamide and Ethambutol) in one pill for the first two months, followed by two drugs (Isoniazid, Rifampicin) in one pill for the last four months. It is important to use these combinations of different drugs to attack the bacteria effectively.
2. How long is the treatment duration?
The complete treatment takes six months:
 - a. *The initial, intensive phase of two months (or three months for previously treated patients), given daily to rapidly kill actively growing bacilli*
 - b. *The continuation phase of four months (or five months for previously treated patients), given daily to eliminate the last dormant bacilli which are still multiplying.*
3. How do you know that patients with smear positive lung TB are cured?
A patient is cured when his/her sputum was positive at the beginning of treatment, one follow up sputum sample is negative and the sputum sample is negative in the last month of treatment.
4. Why is it important to take the right drugs for the right number of months?
To ensure that all the TB bacteria are killed off. If they are not, the bacteria can become resistant to the drugs, and the patient cannot be cured of TB with standard drugs.
5. Who prescribes the TB drugs?
The TB drugs are prescribed by a TB nurse or clinician.
6. When do patients take the drugs?
Patients take the drugs every day at the same time, preferably in the morning after breakfast.
7. What are the possible side effects of these drugs?
The side effects of drugs can be: nausea, vomiting, abdominal pain and discomfort, itching, joint pains and numbness, tingling or burning sensations or loss of sensation in the hands and feet.
8. What can the patient do if they have severe side effects?
To prevent nausea and vomiting, the patient needs to eat before taking the drugs. In cases of severe side effects, the patient should visit the nurse or doctor.

9. What is Direct Observed Treatment (DOT)?

DOT means that TB patients are observed taking their medicine. This helps patients to adhere to treatment. TB drugs are strong medicines which patients need to take daily, if that doesn't happen, the TB bacilli will not die and patients can infect others. DOT can take place in the at community level in a clinic and supervised by a nurse, or at the workplace by a treatment supporter.

10. What is the role of CHWs and volunteers in TB treatment?

1. Observes the patient taking the medicines (DOT)

2. Supports the patient during treatment:

a. Moral support: listening to the patients, supporting patients who are struggling with their disease and dealing with possible misconceptions

b. Gives practical information and advice.

For the Trainer:

For previously treated patients (also called category II patients) there is a retreatment regimen, which has the intensive phase of five drugs, adding streptomycin injections to the usual four drugs in the Fixed Dose Combination (FDC) of the intensive phase. This injection is administered daily for two months, followed by one month with the initial four drug FDC; adding up to the three month initial phase.

SESSION 3.1: TB TREATMENT AND ADHERENCE

THE TRAINING PROCESS

Step 1: 15 minutes: Plenary Introduction

The trainer introduces the session: some patients don't complete the TB treatment, so they will not get cured and can even become infectious again. The trainer asks the participants: Why do patients not complete the TB treatment? Participants brainstorm and the trainer writes the key words on a flip chart, adds and summarizes, referring to Participants' Manual 3.2.1: "Why don't patients adhere to their TB treatment".

Step 2: 25 minutes: Prepare the role-plays

The trainer introduces the key question: "How can CHWs support the patients to complete their TB treatment?"
The trainer introduces the role-plays: Participants' Manual 3.2.2 "How can CHWs Support TB patients in treatment adherence?"
The trainer makes four subgroups; each group prepares one of the role-plays.
Subgroups prepare the role-play and decide who will play the roles.

Step 3: 40 minutes: Role-plays and feedback

Participants play the four role-plays. The observers "observe":
A. What is supportive for the patient?
B. What is not supportive for the patient?
These questions are written on top of two flip charts
After each role-play the trainer asks first the "patient" to give feedback, then the "CHWs" and ends with the "observers". The trainer writes the key supportive and non-supportive factors on the flip charts. At the end of the session the trainer refers to Participants' Manual 3.2.3 "Lessons Learned".

Step 4: 10 minutes: Choosing a treatment supporter

In a plenary session the trainer discusses with the participants:
1. Who chooses the treatment supporter?
2. What needs to be discussed between the patient and the treatment supporter?
The trainer refers to the Participants' Manual 3.2.4 "Choosing a Treatment Supporter" and 3.2.5 "Meeting between the patient, health worker and treatment supporter".

TRAINERS' INFORMATION

Step 1: Plenary introduction

The trainer introduces the session by telling the participants that it is not easy for patients to adhere to their treatment, therefore patients need to be supported. Ask the participants if they have experiences of patients who have stopped or interrupted their treatment. The trainer asks **"Why don't patients adhere to their TB treatment?"** Participants brainstorm and the trainer writes the answers on a flip chart. The trainer refers to the participants' manual

Participants' Manual 3.2.1 Why don't patients adhere to their TB treatment?

- They live far from a clinic and it takes time to get there
- Transport costs are high
- They have a poor understanding of or misconceptions about the disease and its treatment
- They feel healthy after some weeks of medication
- They experience negative side effects of the medication
- They are addicted to alcohol or drugs and don't live a structured life
- Mental illness
- During work hours they are unable to go to the clinic and fear losing their income or their job while seeking daily treatment.

Step 2: Prepare the Role-plays

Through role-plays the participants will practice how they can support several patients in their treatment adherence.

Get the participants in the "mood" for these role-plays by introducing the four different patients:

- a. Mr. Moyo, a 60 year old man who has been on TB treatment for two weeks and suffers from side effects
- b. Abel, a 22 year old man with an alcohol problem, who has been on TB treatment for three months
- c. Mary, a 35 year old DR-TB patient, who has no money for transport

- d. Chipo, a 40 year old secretary who has been on TB treatment for four weeks and has to go to work.

The trainer divides the group into four subgroups and assigns one of the role-plays to each subgroup. Refer participants to the role-plays in the Participants Manual Section 3.2.2. Tell the participants that they must prepare the role-play they have been given, making use of the Questions for Preparation. After the preparation, every subgroup will act out the role-play.

Whilst the participants prepare the role-plays, the trainer makes space at front of the room where the role-play can take place.

The trainer prepares two flip charts with the titles:

- What is supportive for the patient?
- What is not supportive for the patient?

These flip charts will be used in the plenary feedback (step 3).

Participants' Manual 3.2.2 Role-plays

a. Mr. Moyo suffers of severe drugs side effects

Mr. Moyo is a 60 year old man; he has been on TB treatment for two weeks. You are the CHW giving DOT support. Mr. Moyo complains that the TB drugs are making him sick and he feels miserable the whole day. Today when you meet Mr. Moyo for DOT again, he refuses to take the drugs, as he feels so sick.

Prepare yourself

Discuss in your team:

- What do you, as CHW do?
- Who will play the role of the CHW
- Who will play the role of Mr. Moyo?
- Will there be other people present?

b. Abel has an alcohol problem

Abel is a 22 year old man who lives with his parents and has been on TB treatment for three months. Abel has a severe alcohol problem and is HIV positive and on ART. You agreed with the nurse, Abel and his family, that you will do the DOT. Sometimes, when you come to his compound, he is drunk and refuses to take the drugs. You fear that Abel will stop the TB treatment as well as his ART. You go to Abel's house to discuss this.

Prepare yourself

- Whom do you want to meet?
- What and how do you discuss?
- Who will play the role of the CHW?
- Who will play the role of Abel?

c. Mary has no money for transport

Mary is a 35 year old woman and mother of five children who lives with her husband and children in a small village five miles from the clinic. Mary has been on DR-TB treatment for four weeks, and has to go to the clinic daily. As a CHW you know that Mary is on TB treatment and you visit her weekly to support her. During your previous visits, Mary told you that transport to/from the clinic is expensive, and she has hardly any money for that. Yesterday you got a phone call from the clinic, saying that Mary didn't come for her drugs. You go to Mary's home.

Prepare yourself

- What do you want to discuss with Mary?
- How can you support Mary?
- Who will play the role of the CHW?
- Who will play the role of Mary?
- Will there be other people present?

d. Chipo has to go to work

Chipo is 40 years old and works as a secretary, she has been on TB treatment for one month. Every morning before going to work, she visits the clinic for DOT. Her manager is complaining that she comes in late, and has threatened that she will lose her job if she continues to arrive late. Chipo is desperate and contacts you, the CHW.

Prepare yourself

- What can you do for Chipo?
- Who will play the role of the CHW?
- Who will play the role of Chipo?

Step 3: Role-plays and Feedback

The trainer introduces the questions for the observers:

- What is supportive for the patient?
- What is not supportive for the patient?

The trainer invites the first group to do the role-play.

After each role-play the trainer facilitates the plenary feedback. In this feedback it is important to give the floor first to the "patient", then the "CHW" and finally the other participants.

The trainer writes the feedback given in keywords on the two flip charts:

- What is supportive for the patient?
- What is not supportive for the patient?

The same procedure is followed for the other role-plays. In the feedback, the trainer only adds new feedback topics to the flip chart. After the role-plays the main lessons learned are summarized. Refer to Participants' Manual 3.2.3 Lessons Learned.

a. Mr. Moyo suffers of severe drugs side effects

Lessons to be learned

- Listen to the patient and take his adherence complaints seriously, exploring the possible reasons
- Give practical suggestions based on what he tells: eat before taking the drugs, drink enough water, visit the TB nurse
- Ask advice from the nurse: suggest that the patient calls the nurse or call the nurse yourself
- Accompany the patient to the clinic
- When the patient cannot afford to buy extra food or transport to visit the clinic, look for a practical solution with his extended family members or seek the support of the village committee or TB staff in clinic.

b. Abel has an alcohol problem

Lessons to be learned

- Agree at the start of the DOT with the patient and his family what you as DOT supporter can do and what you need from them. Let them know when problems occur.
- Contact the TB nurse when you cannot solve the problems and ask for advice.

c. Mary has no money for transport

Lessons to be learned

- Explore with the patient and her family if there are people/organisations (women's' club/church) which can give her financial support.
- Discuss with the nurse or social worker whether funds are available for patients' transport.

d. Chipu has to go to work

Lessons to be learned

- Employers must be informed about the patients' right not to lose his/her job because of TB (Patients' Charter).
- Accompany the patient to his work, and inform the manager about TB, the patients' concerns and needs.

Participants' Manual 3.2.3 Lessons Learned

How can CHWs support patients in treatment adherence?

- Listen to the patient and take his/her adherence complaints seriously, exploring the possible reasons
- Give practical suggestions based on what he/she tells you: eat before taking the drugs, drink enough water, visit the TB nurse
- Ask advice from the nurse: propose that the patient calls the nurse or that you call the nurse yourself
- Accompany the patients to the clinic
- In cases where the patient cannot afford to buy extra food or transport to visit the clinic, look for a practical solution with the support of the village committee or the TB staff in the clinic
- At the start of the DOT agree the following with the patient and his family:
 - What you as CHW and the DOT supporter can do
 - What you expect from the patient and his/her family
 - Let the patient and his/her family know when problems occur.
- Contact the TB nurse for advice when you cannot solve the problems
- Explore with the patient and his/her family if there are people/organisations (women's clubs/churches) which can give her financial support
- Discuss whether funds are available for patient transport with the nurse or social worker
- Inform employers about patients' rights (Patients' Charter)
- Accompany the patient to his/her work, and inform the manager about TB, TB treatment and patients' rights.

Step 4: Choosing a Treatment Supporter

After the plenary discussion the trainer refers to the handout in the participants' manual:

Participants' Manual 3.2.4: Choosing a Treatment Supporter and Participants' Manual 3.2.5: Meeting between the patient, health worker and treatment supporter.

Participants' Manual 3.2.4 Choosing a Treatment Supporter

For TB patients which live or work close to a health facility, a health worker will directly observe their treatment. For TB patients, living far from the health clinic, it is hard to both go to the clinic every day and to take the drugs, making it difficult complete treatment. Therefore there are treatment supporters in the community, close to patient's home or workplace. The treatment supporter can be the CHW, a neighbour, a family member, somebody from a local organisation or church. It is essential that the patient and treatment supporter trust each other, and that the treatment supporter can support and motivate the patient. The treatment supporter should listen empathetically to the patient's concerns and encourage the patient to complete their treatment. The treatment supporter conveniently must be able to manage drugs. The supporter must also have easy access to the health facility for monitoring and to obtain new supplies of drugs.

Participants' Manual 3.2.5 Meeting Between the Patient, Health Worker and Treatment Supporter

The health worker informs the patient and the family about the TB treatment and the role of the community TB treatment supporter. The health worker discusses who could be a suitable community TB treatment supporter with the patient and family. The health worker sets an appointment for the TB patient and family to meet with the community TB treatment supporter. The community TB treatment supporter and the TB patients should then agree on the appropriate time and place the patient will take the drugs. If a family member can directly observe the TB patient while they taking treatment, the community TB treatment supporter can play a over-seeing role and support both the family and the patient.

MODULE 4: HUMAN AND PATIENT RIGHTS

Duration: 3 hours

OBJECTIVES:

By the end of this module, participants are able to:

- Identify different forms and causes of stigma for TB or TB/HIV
- Explain how stigma affects health seeking behaviour and adherence to treatment
- Explain how stigma violates human rights
- Present ways to reduce stigma in the community
- Use the Patients' Charter for patient empowerment.

SESSIONS AND DURATION:

| | | |
|--------------------|--|--------------------|
| Session 4.1 | Stigma | 105 minutes |
| Session 4.2 | Patient's Rights and Responsibilities | 75 minutes |

METHODOLOGIES:

- Exercises
- Work in subgroups
- Work in buzz group.

MATERIALS NEEDED:

- Pictures of stigma (on Powerpoint slide or poster)
- Patients' Charter of Zimbabwe.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

- Read through the session and make sure you are familiar with the training methodologies and content.
- Know the content of the Patients' Charter.

SESSION 4.1: STIGMA

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction of the Module

The trainer introduces the module the two sessions and the objectives of this module, written on a flip chart or a Powerpoint slide.

Step 2: 20 minutes: What is Stigma

The trainer shows the pictures of people who are stigmatised. Trainer asks participants:

1. What do you see?
2. Do you recognize this situation?

Trainer introduces the different contexts in which stigma for TB can take place. Every context has its own flip chart. Contexts are: family, workplace, church/mosque, neighbours, clinic, and school. Ask participants to add contexts.

Step 3: 20 minutes: Exploring stigma

The trainer divides the participants in subgroups, every subgroup takes one context to discuss stigma in that context:

1. What stigma do they observe in this context, in their community?
2. What are the attitudes, feelings and behaviour towards people with TB/HIV

Participants' Manual 4.1.2 Exercise Exploring Stigma in different contexts.

Step 4: 20 minutes: Plenary discussion on causes and effects of stigma

Plenary sharing of sub-group work: one group presents and the other groups add. Discuss further in a plenary session: The causes of stigma and the effects on those being stigmatized.

Step 5: 15 minutes: Buzz group discussion on how to address stigma

The trainer asks buzz groups to discuss the questions in exercise 4.1.4 Addressing Stigma:

"What can you do as a CHW to address stigma?"

"What attitude of the CHW is needed to address stigma?"

Step 6: 20 minutes: Plenary sharing

For plenary sharing the trainer asks each buzz group one by one to share "one idea", stand in front of the room, and finally form a circle.

TRAINERS' INFORMATION

Step 1: Introduction of the module

The trainer introduces this module by explaining to the participants that two main topics will be discussed: 1) Stigma and Patients' rights and responsibilities. We will address the following questions in this module:

Stigma

- What TB stigma do we see in our communities?
- What are the effects of stigma?
- How can we address stigma?

Patient rights and responsibilities

- What are patients' rights and responsibilities?
- How can we use the Patients' Charter?

The trainer presents the training objectives of the module.

Participants' Manual 4.1.1 Objectives: By the end of this module, participants are able to:

- Identify different forms and causes of stigma for TB or TB/HIV
- Explain how stigma affects health seeking behaviour and adherence to treatment
- Explain how stigma violates human rights
- Present ways to reduce stigma in the community
- Use the Patients' Charter for patient empowerment.

Step 2: What is Stigma

Make photocopies of the "Stigma pictures" for all participants, or project them with Powerpoint.

The pictures are meant to make stigma visible and touch the participants. The trainer doesn't explain what is on the picture but asks participants to explain what they see. It is possible that participants "see" different stories in the picture. Don't show more than five pictures, this is really an introduction. In the following exercises participants will discuss stigma more in depth.

Step 3: Exploring Stigma

The trainer introduces the exercise. Ask people to look at attitudes, feelings and behaviour towards people with TB/HIV. What do they see and what do they experience. Let participants use their own experiences. Every subgroup will work on one of the following contexts: Family, Work, School, Church and Health Care.

Participants' Manual 4.1.2 Exploring Stigma in Different Contexts

Work in subgroups and discuss the questions here below. Write the answers in your notebook and agree who will present in the plenary session.

- Look at one of the contexts which we identified: What types of stigma surrounding TB and TB patients do you observe?
- What are the attitudes, feelings and behaviour which you observe towards people with TB?

Illustrations of General Stigma



(Source: Understanding and Challenging HIV Stigma Toolkit for Action <http://www.icrw.org/files/images/Understanding-and-challenging-HIV-stigma-Picture-Booklet.pdf>)

Step 4: Plenary Discussion on Causes and Effects of Stigma

Sub-groups share the results of the exercise in plenary. Trainer can add where needed. Trainer summarizes: the signals, causes and effects of stigma. How stigma affects late care seeking.

The Causes of stigma

- (Old) beliefs in the community
- Lack of knowledge about TB disease and treatment in the community and among HCWs
- Lack of protective equipment for HCWs.

The Effects of Stigma

Treatment and Cure

- Seeking health care (too) late
- A decrease in treatment compliance.

Social/Economic

- Kicked out of the family/lose friends and rental accommodation etc.
- Kicked out of school
- Psychosomatic stress
- Feelings of loneliness/depression
- Loss of income.

Stigma Violates Human and Patients' Rights

- Right of access to good health care
- Right to housing
- Right to schooling
- Right not to be discriminated against.

The trainer refers to the participants' manual 4.13 "Questions and Answers About Stigma" for background information.

Participants' Manual 4.13. Questions and Answers About Stigma

a. Where do TB patients experience stigma?

Stigma can be experienced in families, the workplace, the church/mosque, with neighbours, in the clinic, at school etc.

b. How do you Recognize stigma?

- Discrimination, social disapproval
- Experienced rejection
- Blaming to have the disease
- Shame (self stigma), ignore the disease.

c. What are the Attitudes and Feelings Towards People with TB?

- There is fear of people with TB, fear to be infected
- Some communities belief that TB patients are dirty.

d. What are the Causes of Stigma?

- (Old) beliefs in the community
- Lack of knowledge about TB disease and treatment in the community and among HCWs
- Lack of protective equipment for HCWs.

e. What are the Effects of Stigma?

Treatment and Cure

- Seeking health care (too) late
- A decrease in treatment compliance.

Social/Economic

- Kicked out of the family/lose friends and rental accommodation etc.
- Kicked out of school
- Psychosomatic stress
- Feeling of loneliness/depression
- Loss of income.

Stigma Violates Human and Patient Rights

- Right of access to good health care
- Right to housing
- Right to schooling
- Right not to be discriminated against.

Step 5: Buzz Group Discussion on How to Address Stigma

Participants' Manual 4.1.4 Exercise: Addressing Stigma

Discuss in buzz groups on the questions:

- What can you do as a CHW to address stigma?
- What skills does the CHW need to address stigma?

Write the answers in your notebook.

Step 6: Plenary Sharing

Ask the buzz groups to share one idea in a plenary session: the buzz group stands in front of the room and presents. They stay in front of the room.

The next buzz group stands next to them, and adds their idea.

This continues until all the buzz groups have given their input, and a circle of people is formed.

The circle symbolizes that CHWs encircling the patient.

Wrap up the session, by highlighting the attitude the CHW needs.

The trainer can add and summarize the actions which can be taken and the attitude which is needed. Refer to the Participants' manual 4.1.5 Actions to address stigma and 4.1.6 Some Real life Cases of Stigma.

Participants' Manual 4.1.5 Actions to Address Stigma

What can CHWs do?

- Know very well do's and don'ts around TB infection control for patients, family and community
- Discuss stigma and misconceptions around TB and HIV with the patients and the family to take away the fear for the disease and empower them
- Organise TB patient groups for mutual support
- Discuss stigma and its causes in the community, during awareness raising activities, exploring and taking away misconceptions
- Respect confidentiality of TB/HIV patients on treatment.

What qualities are needed?

- Respect for patients
- Listen to patients and community members
- Empower patients
- Courage to address stigma.

Participants' Manual 4.1.6 Some Real Life Cases of TB Stigma

1. Joshua works in a private company and was recently diagnosed with TB. He was put on two months leave and when he reported back for work, found he was being transferred to a new town. On arrival at the new place he was told there was no vacancy for him. He went back to the head office to find out what was happening and was told to wait at home for a while. After a month, he received a letter terminating his contract. The letter argued that because of his poor health he would be unable to work effectively.
2. Robert is a married man with three children. He and his family were chased out of their house when their landlord discovered that Robert had TB. The landlord said he didn't want Robert to infect other people and that it would be bad for his business.
3. Selina is a young woman who is living with her grandmother. She was diagnosed with TB a few months ago and has been responding well to treatment. Recently she met a young man whom she really likes and hopes one day to marry. However, her grandmother has told her that she cannot be in a relationship - she must wait until her TB treatment is finished and she is sure that she is well.
4. Natalie has been on TB treatment for two weeks and has not been responding well. She is very sick. Her family calls a meeting and decides that she should stop taking the drugs and go to her grandmother's house in the village where she can rest and recover, and use trusted traditional medicine.
5. Lucy is married to Alex and they have three children. Two weeks ago, Lucy was diagnosed with TB. Her husband immediately made her leave and go and stay with her family.

SESSION 4.2: PATIENT'S RIGHTS AND RESPONSIBILITIES

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction

The trainer introduces the Patients' Charter (4.2.1), giving the rights and responsibilities of patients. Knowing their rights and responsibilities can empower patients and contribute to better TB treatment.

The trainer makes subgroups to work on exercise 4.2.3 "Working with the Patients' Charter". Every subgroup works on one 'Patient right' and one 'Patient responsibility', given by the trainer.

Step 2: 20 minutes: Work in Subgroups on the Exercise

The subgroup works on the exercise and prepares their plenary presentation

Step 3: 40 minutes: Plenary Debriefing of Subgroup Work

Plenary debriefing in 2 rounds:

Question 1: Inform Patients

One subgroup presents, the other participants give feedback:

- Is this clear?
- What improvements do we suggest?

Question 2: How to use the Patients' Charter in the Community

Subgroups share their ideas in plenary. Trainer summarizes and asks participants how they are going to put this in practice.

Step 4: 5 minutes: Sharing Eye-Openers

The trainer asks the participants what they found eye-opening about this module.

TRAINERS' INFORMATION

Step 1: Introduction

Ask participants what they know about the patients' charter. Show a hard copy of the patients' charter and tell the participants that for this training we have summarized it, so that it is easier for CHWs to use.

Participants' Manual 4.2.1. The Patients' Charter

The Patients' Charter presented below is a summary of the Zimbabwe Patients' Charter:

Patients' Rights: You Have The Right To:

| | |
|--------------------|--|
| Care | Free and equitable access to health services |
| | Quality TB care (according to national TB guidelines) |
| | Benefit from community TB care and other programs |
| Dignity | Be treated with respect and dignity |
| | Social support of family and community |
| Information | Information on available TB services |
| | Be informed about their condition and treatment |
| | Know drug names, dosage and side effects |
| | Access to your medical records and having them explained in your native language |
| | Be informed about patient support and voluntary counselling |
| Choice | A second medical opinion with access to medical records |
| | Refuse surgery if drug treatment is at all possible |
| | Refuse to participate in research studies |

| | |
|---------------------|---|
| Confidence | Have their privacy, culture and religious beliefs respected |
| | Keep their health conditions confidential |
| | Care in facilities which practice effective infection control |
| Justice | File a complaint about care and have a response |
| | Appeal unjust decisions to a higher authority |
| | Vote for accountable local and national patient representatives |
| Organisation | Join or organise peer support groups, clubs and NGOs |
| | Participate in policy making in TB programs |
| Security | Job security, from diagnosis through to cure |

Patients' Responsibilities: You Have The Responsibility To:

| | |
|---------------------------------------|--|
| Share information | Inform health staff about their condition |
| | Tell staff about their direct contacts with family, friends etc. in case of TB |
| | Inform family and friends and share their TB knowledge |
| Contribute to community health | Encourage others to be tested for TB/HIV if they show symptoms |
| | Be considerate of care providers and other patients |
| | Assist family and neighbours to complete their treatment |
| Follow treatment | Follow the prescribed plan of treatment |
| | Tell staff of any difficulties with treatment |
| Show solidarity | Show solidarity with all other patients |
| | Empower themselves and their community |
| | Join the fight against TB in their district |

TRAINERS' INFORMATION

Participants' Manual 4.2.2 Why a Patients' Charter?

The Patients' Charter helps patients (including TB patients) understand their rights and responsibilities. This knowledge will empower both people with TB and their communities and improve the relationships between patients and health workers.

Introduce the exercise 4.2.3 Working with the patients' charter. The purpose of this exercise is for participants to understand the Patients' Charter and are able to inform patients about their rights and responsibilities. The exercise focuses on the main rights and responsibilities for TB/HIV patients.

Participants' Manual 4.2.3 Exercise: Working with the Patient Charter

Work in your subgroup on one 'Patient Right' and one 'Patient Responsibility':

1. Inform the patient, in your own words, about these rights and responsibilities.
2. How do you propose to use the patients' charter in your community?

| Group | Rights | Responsibilities |
|-------|-------------|--------------------------------|
| 1 | Care | Share information |
| 2 | Dignity | Contribute to community health |
| 3 | Information | Follow treatment |
| 4 | Confidence | Show solidarity |

Step 3 Plenary Debriefing of Subgroup Work

This plenary session has two rounds:

- Round 1 to discuss question 1
- Round 2 to discuss question 2

For plenary debriefing:

Question 1: Inform patients

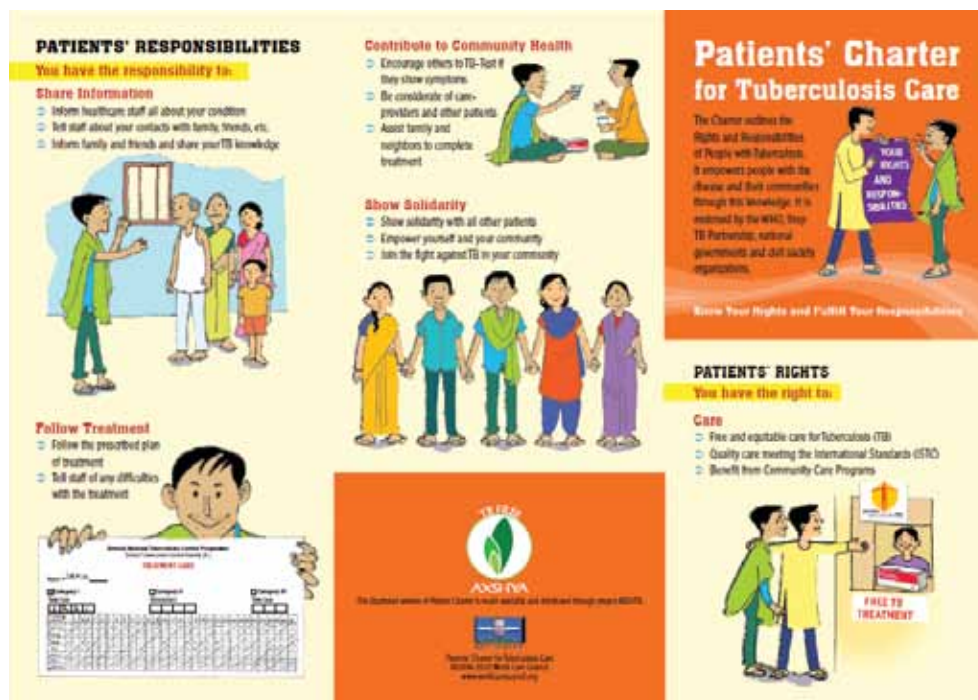
Every subgroup presents the right and responsibility given, to the audience, representing “the patients”. The audience will give feedback: Do we understand this, being patients?

Question 2: How to use the Patients' Charter in the community

One subgroup introduces their ideas of how to use the Patients' Charter. The other groups add. Discuss how to put this into practice.

Participants' Manual 4.2.4 Adjust the Patients' Charter to the Community

It is important that the patient charter is adjusted to the community: the language, literacy level and traditions. Different countries have made their own version of the Patients' charter. Below is an example of a patients' charter which was developed by 'Project Axshya' in India. The pictures make the patients' charter attractive and easier to understand.



The Patients' Charter was initiated and developed by patients from around the world. The charter needs to be written in plain language for use at the community level.

MODULE 5: TB HEALTH EDUCATION

Duration: 3 hours

OBJECTIVES:

By the end of this module, participants are able to:

- Identify their priority target groups for TB health education
- Present different TB key messages to be used in their community
- Explain how health education can contribute to behaviour change
- Develop a health education session for the community
- Give and evaluate the health education session.

SESSIONS AND DURATION:

| | | |
|--------------------|--|--------------------|
| Session 5.1 | Health education for individual and social change | 60 minutes |
| Session 5.2 | Health education session | 120 minutes |

METHODOLOGIES:

- Buzz groups
- Exercises
- Give a health education session.

MATERIALS NEEDED:

- Coloured cards with the TB key messages
- Tape
- IEC materials.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

- Read through the session and make sure you are familiar with the training methodologies and content.
- Make coloured cards with TB key messages and flip chart for exercise 5.1.4: TB key messages
- Prepare titled flip charts for exercise 5.1.5 Personal Example of changing unhealthy behaviour
- Prepare flip chart with behaviour change model (5.1.7 Steps in changing behaviour).

SESSION 5.1: HEALTH EDUCATION FOR INDIVIDUAL SOCIAL CHANGE

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction to Health Education

The trainer introduces the module objectives and the 2 sessions.

In the plenary session the trainer asks:

1. Why is TB health education needed?
2. For whom in your community is TB health education most needed?

The trainer summarizes and adds information where needed and refers to the Participants' manual: 5.1.1 "Objectives of this module", 5.1.2 "Why is TB health education needed" and 5.1.3 "Three questions to answer before planning TB health education".

Step 2: 20 minutes: Key TB Messages

The trainer introduces the exercise 5.1.4: "TB Key messages". In buzz groups participants choose among the key messages given and stick them on one of the 4 flip charts with the purposes of TB messages which are posted in the room.

The trainer discusses the results in plenary and adds the target groups.

Step 3: 15 minutes: Experiences With Changing Your Own Behaviour

The trainer explains that health education is designed to change unhealthy behaviour into healthy behaviour. Ask participants to share in buzz groups a personal example of "change in unhealthy behaviour", as explained in exercise 5.1.5. The trainer invites some participants to share their experiences and lists the hindering and enhancing factors for behaviour change on 2 flip charts.

Step 4: 15 minutes: The Behaviour Change Model

The trainer presents the behavioural change model. Have a drawing on a flip chart or Powerpoint slide. Ask participants for practical examples from TB control on the different steps of behaviour change.
Refer to 5.1.6 in the participants' manual.

TRAINERS' INFORMATION

Step 1: Introduction to Health Education

Participants' Manual 5.1.1 Objectives of this Module

By the end of this module, participants are able to:

- Identify their priority target groups for TB health education
- Present different key TB messages to be used in their community
- Explain how health education can contribute to behavioural change
- Develop a health education session for the community
- Give and evaluate the health education session.

Why is TB health education needed?

TB Health education aims to:

- Create awareness + Increase knowledge → leading to behaviour change
Examples of behaviour change: go timely to the clinic for testing, prevent infection, adhere to treatment, inform other community members about TB.
- Behaviour change can lead to: less TB, better treatment results, less stigma & discrimination.

Participants' Manual 5.1.2 Why is TB health Education Needed?

TB health education aims to raise awareness of and inform people about TB, so that they will change their behaviour to the benefit of both their own and their community's health, as well as reducing discrimination and stigma around TB and HIV in the community. Behaviour changes for TB include: Going to the clinic when having productive cough for more than two weeks to do a sputum test, using proper cough etiquette, ventilating your house regularly, adhering to treatment, informing other community members about TB.

For who in your community is TB Health education most needed?

TB health education is most needed for:

1. People who are most vulnerable to TB

Ask participants which people they think are most vulnerable to TB?

2. People who lack information about TB.

Ask participants who in their community lacks information about TB?

Participants' Manual 5.1.3 Three Questions to Answer Before Planning TB Health Education

When you as CHW want to plan your health education activities, ask yourself:

1. Which people in my community are most at risk for TB?

Some examples of risk groups for TB:

- Family members of TB patients living in the same house
- Poor and malnourished families, often living in crowded houses
- People living with HIV
- Smokers
- People with diabetes
- People who drink alcohol excessively
- People living in congregate settings: prisons, boarding schools, big factories
- Pregnant women
- Children under the age of 5 (address mothers or care takers of them)
- People over the age of 60.

2. Which people in my community lack information about TB?

Focus your health education on the risk groups in your community which lack information about TB. They may be more difficult to reach, but have more chance of not coming on time when they have TB symptoms.

3. What are the key messages for these different groups?

What are the most important messages for the different target groups?

Step 2: TB Key Messages

The trainer has prepared four flip charts in the room, giving **the purpose of the TB messages**:

1. Find more and earlier potential people with TB
2. Increase treatment adherence
3. Combat stigma
4. Prevent TB infection.

The trainer has prepared coloured cards with **TB messages**:

1. Everybody is at risk of getting infected with TB
2. When you cough for more than two weeks, go to the health facility
3. It is important to be tested for HIV when one has TB and to be screened for TB when one is HIV Positive
4. Testing for TB in Zimbabwe is for free
5. Early TB treatment improves the chance of survival
6. Everyone must cough or sneeze into their elbow to cover the mouth
7. Ask for early TB sputum testing when having more than two weeks productive cough
8. TB is curable
9. TB treatment is available for FREE in Zimbabwe
10. TB is also curable for people who are HIV positive
11. It is important for people on TB treatment to continue taking their treatment even when they begin to feel better
12. Patients who experience side effects while taking TB drugs must visit a health facility immediately for management and advice
13. TB is spread through aerosol droplets which come from an infected person when they cough, sneeze, sing or speak
14. Open windows to promote good ventilation and air bedding regularly.

The trainer introduces exercise 5.1.4. TB Key Messages.

Participants' Manual 5.1.4 Exercise: TB Key Messages

You find 4 flip charts in the room, giving the purpose of the TB messages:

1. Find more potential people with TB (Explain)
2. Increase treatment adherence
3. Combat stigma
4. Prevent TB infection.

Ask participants to choose in buzz groups **one or two of the TB messages** which are written on the coloured cards, and stick these on the appropriate flip charts. Participants can also make a new card, with a message they make themselves

The trainer walks through the messages posted on the four flip charts and discusses with the participants:

1. Can this message contribute to the purpose given?
2. Who are the target groups for these messages?

The trainer can find more information on the TB messages in the background information of this module.

Step 3: Experiences with Changing Your Own Behaviour

Behaviour Change

Behaviour change is the ultimate goal of health education. Changing behaviour is not easy.

Trainer asks participants in plenary for examples of unhealthy behaviour they changed (e.g. smoking, eating/drinking too much). Participants work in buzz groups on exercise 5.1.5

Participants' Manual 5.1.5 Exercise: Personal Example of Changing Unhealthy Behavior

Share in buzz groups, a personal example of unhealthy behaviour you wanted to change. How did you approach this? Were you successful? What made you change or not change?

The trainer has prepared 2 flip charts:

1. Hindering factors for behaviour change
 2. Enabling factors for behaviour change
- Share the results from the buzz group work in plenary:

- What is the concrete example?
- What has enabled the behaviour change?
- What has hindered the behaviour change?

The trainer writes the enabling and hindering factors on the flip charts.

Here below you find some possible enabling and hindering factors, to orient you as a trainer.

| Enabling factors for behaviour change | Hindering factors for behaviour change |
|--|---|
| <ul style="list-style-type: none"> • Knowledge • Recognize the message • Emotional touch • External support from peers • Own choice • Doable • Fear | <ul style="list-style-type: none"> • Stigma • Denial • Fear • Too complicated or expensive • Lack of knowledge |

In this exercise it is important to start with participants' own examples, so that they understand how difficult it is to change behaviour, and that it is a long term process.

Step 4: The Behaviour Change Model

The trainer presents with a Powerpoint or flip chart the behavioural change model giving the **steps in changing behaviour**. Give examples from the TB practice for every step and refer to Steps in changing behaviour in 5.1.7 of the participants' manual.

The key messages to get across are:

- Changing behaviour is a long term process.
- Hearing or seeing only one time the information is not enough.
- It is important to get the information through different sources: from direct friends, health care workers, radio, television etc
- To change behaviour, knowledge alone is not enough.
Sending messages, this is a one way communication, doesn't lead to behaviour change.
- People need to change beliefs, attitudes and develop skills to change behaviour.
- People must be willing and be able to practice new behaviour.
- Engage people in discussions during health education sessions exploring the reasons why people have a certain type of behaviour, so that they can make a deliberate choice to change their behaviour.

Participants' Manual 5.1.7 Steps in Changing Behaviour

Behaviour change is the ultimate goal of health education. Some examples of behaviour change are: stopping smoking, drinking less alcohol, doing daily exercises, having safe sex and not discriminating against people with TB.

People do not change their behaviour easily; they are habituated to their way of behaving although they probably know that sometimes, it is not good for them.

Knowledge alone is not enough to change behaviour. People must be willing themselves to behave differently and be able to do so. Behaviour change is a process which takes time in which people make different steps. Table 1, here below gives the steps needed for behaviour change. The table below gives the steps needed for behaviour change.

Steps in the behaviour change process

| | |
|-------------------|---|
| Pre-knowledgeable | The person doesn't know the problem |
| Knowledgeable | The person knows what the problem is and also knows the desired behaviour |
| Approving | The person is in favour of the desired behaviour |
| Intending | The person intends to personally take action to change his or her behaviour |
| Practicing | The person practices the desired behaviour |
| Advocating | The person practices the desired behaviours and even advocates them to others |

Behaviour-change communication aims to change knowledge, attitudes and practices among various groups of people. It frequently informs the public of the services which exist for diagnosis and treatment and relays a series of messages about the disease - such as "seek treatment if you have a cough for more than two weeks", "TB hurts your lungs" or "TB is curable".

Some simple rules for behaviour change communication:

1. Do it early, do it often and don't stop until the job is finished.
2. "Reach the heart and not only the brain". Effective behaviour-change communication and messages need to convey more than just the medical facts as, on their own, these facts do not necessarily motivate people to visit a TB clinic or complete their treatment.
3. Explore the reasons why people do or do not take action on the information they receive. An example: Why don't people seek care after two weeks of productive cough? What are the causes of this behaviour? Are they afraid? Is there stigma in the community? Is there a lack of money for transport? Are they afraid of losing their job? Then focus on addressing these causes.
4. Create an environment through which affected communities can discuss, debate, organise and communicate their own perspectives on TB.
5. Health education takes place in different ways: e.g. via personal health education, group sessions and mass media. Different people need to give the health education such as peers, family members and professionals.

An example of behaviour change communication

A TB patient drinks too much alcohol, which is not good in combination with their TB medication. The CHW informs the patient that alcohol and TB drugs don't go together. The patient continues to drink, they are not willing to change their drinking behaviour. The CHW counsels the patient, by asking why he cannot stop drinking and what would help them to stop. The CHW also includes the patient's family members, who are willing to support the patient to stop drinking. After several counselling sessions the patient takes the decision to stop drinking alcohol and their family give them moral support. After a few weeks the patient feels much better and can even start working again. When the patient is cured they become an advocate for not drinking alcohol.

BACKGROUND INFORMATION FOR THE TRAINER

Behaviour Change Communication

Behaviour change communication aims to change knowledge, attitudes and practices among various groups of people. It frequently informs the public of the services which exist for diagnosis and treatment and relays a series of messages about the disease.

Effective behaviour change communication and messages need to convey more than just the medical facts as, on their own, these messages do not necessarily motivate people to visit a TB clinic or to complete treatment. The messaging should explore the reasons why people do or do not take action on information they receive, then focus on changing the actual behaviour by addressing the causes identified - social norms, or personal attitudes, for example.

Behaviour change communication creates an environment through which affected communities can discuss debate, organise and communicate their perspectives on TB. It aims to change behaviour - such as persuading people with symptoms to seek treatment - and to foster social change, supporting processes in the community or sparking a debate which may shift social mores and eliminate barriers to new behaviour.

(Source: Zimbabwe ACSM guidelines)

Key TB Messages

The purpose of the messages and the target groups.

| Purpose of the TB messages | For whom | Message |
|---|---|--|
| Find more and earlier potential people with TB and timely | General public | <ol style="list-style-type: none"> Everybody is at risk of getting infected with TB, but the more vulnerable groups are: <ul style="list-style-type: none"> Family members of TB patients Poor and malnourished families, often living often in crowded houses People living with HIV Chronic smokers People having diabetes People who drink alcohol excessively People living in congregate settings: prisons, boarding schools, big factories Pregnant women Children under the age of five (address mothers or their care takers) People above the age of 60. When you cough for more than two weeks, go to the health facility It is important to be tested for HIV when one has TB and to be screened for TB when one is HIV Positive Testing for TB in Zimbabwe is free Early TB treatment improves survival. |
| | Specific vulnerable groups: congregate settings | <ol style="list-style-type: none"> Use cough hygiene to avoid infecting others with TB or other respiratory infections (Everyone must cough or sneeze into their elbow to cover the mouth) Ask for early TB sputum testing when having more than two weeks productive cough. |
| Increase treatment adherence and treatment success | Patients | <ol style="list-style-type: none"> 'TB is curable and treatment is available for FREE in Zimbabwe' 'TB is curable even in people who are HIV positive' 'It is important for people on TB treatment to continue taking their treatment even when they begin to feel better' 'Patients who develop side effects while taking TB drugs must visit a health facility immediately for management and advice'. |
| Combat stigma | General public | <ol style="list-style-type: none"> 'Everybody is at risk of TB infection' You can die of TB if you do not get treatment 'TB is curable and treatment is available for FREE in Zimbabwe' 'TB is curable even in people who are HIV positive'. |
| Prevent TB infection | General public | <ol style="list-style-type: none"> When you cough for more than two weeks, go to the health facility TB is spread through droplet infection from an infected person when they cough, sneeze, sing or speak. 'Everyone must cough or sneeze into their elbow to cover the mouth' Open windows to promote good ventilation and air bedding regularly'. |

Source: Zimbabwe ACSM guidelines

SESSION 5.2: Health Education Session

THE TRAINING PROCESS

Step 1: 15 minutes: Introduction of the Exercise

The trainer introduces exercise 5.2.1: "Develop and implement a health education session" The trainer makes 4 subgroups and assigns a target group to each subgroup.

Step 2: 45 minutes: Prepare a Health Education Session

The subgroups prepare the health education session, trainers support the groups where needed.

Step 3: 40 minutes: Give Health Education

There are two sub plenary sessions, in each sub plenary session, the subgroup gives health education (10 minutes each) and receives feedback (five minutes each). The subgroup which doesn't give health education "plays the role of the target group". The sub plenary defines "lessons learned" to share in plenary.

Step 4: 20 minutes: Sharing Lessons Learned

The two sub plenary groups share in a plenary session their lessons learned.

TRAINERS' INFORMATION

Step 1: Introduction of the Exercise

The trainer introduces exercise 5.2.1 Develop and implement a health education session. In subgroups participants develop a health education session for a specific target group. The trainer makes four subgroups, around each of the target groups:

1. Prisoners
2. TB patient and his family members
3. Women at an outreach MCH visit in the village
4. Secondary School students.

The groups have 45 minutes to prepare the health education session:

- The session doesn't take any more than 10 minutes;
- Advise the participants to make use of existing IEC materials, if appropriate.

Participants' Manual 5.2.1. Exercise: Develop and Implement a Health Education Session

A. Prepare a 10 minute health education session for one of the following target groups:

1. The members of the female farmers' group in the district
2. TB patient and his family members
3. Women at an outreach MCH visit in the village
4. Secondary School students.

To prepare

1. Describe the target group:
 - Why is this health education session relevant for them?
 - What do you expect them to know about TB?
 - What attitude do you expect them to have towards TB?
2. What is the purpose of this health education session?
3. What is the key content of your health education session?
4. How are you going to give the health education? (Which methodology do you use?)
5. Which educational materials do you use?

B. Give the 10 minute health education session

C. Ask the audience for feedback

Evaluation criteria:

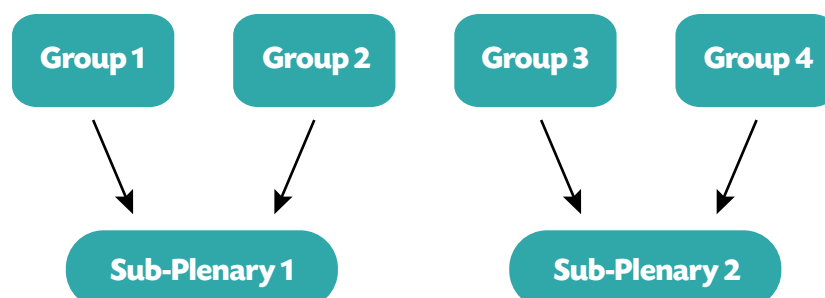
1. Are the content, methodology and IEC materials appropriate for the target group?
2. Was the target group "engaged"?
3. Suggestions for improvement.

Step 2: Prepare a Health Education Session

The subgroups develop their health education session, and the trainer gives them support, where needed.

Step 3: Give Health Education

There will be 2 sub plenary sessions, in which 2 subgroups give their health education.



Each group gives the health education. The other participants have the "audience" role.

After each health education session the trainer asks for feedback, making use of the following criteria:

1. Are content, methodology and IEC materials appropriate for the target group?
2. Was the target group "engaged"?
3. Suggestions for improvement.

At the end of the 2 sessions, the sub-plenary groups summarize the lessons learned and write these on a flip chart, to share in a plenary session.

Step 4: Sharing Lessons Learned

In a plenary session, the trainer invites one sub-plenary group to present their lessons learned. The other sub-plenary group adds if needed. Trainer summarizes the key learning points.

1. Health education must fit the target group:

Content

- Assess what people know, what their practices and their questions are
- Assess what they need to know.

Methodology

Make it interactive: Let people talk, involve them, this is necessary to make people change.

2. Create a conducive environment for learning

- Where people feel safe they are more able to share
- Where people can concentrate: so avoid noisy places.

3. Communicate with the target group

- Listen to people
- Give answers to their questions
- Do not only give information, ask questions, ask them to share their knowledge and experiences
- Speak in the language people understand.

You can find more information about the Communication model in the background information.

4. Use appropriate Information/ Education and Communication (IEC) materials

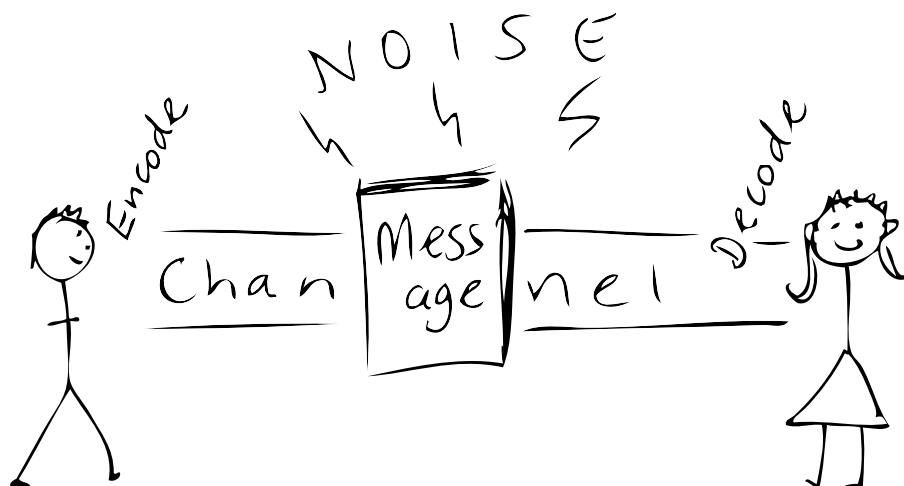
- Make them appealing, appropriate for the audience and send the correct messages
- Make use of visuals: A picture is worth a thousand words, "What you hear you forget", "What you see you remember".

5. Plan for health education

- Plan and make sure that the target group is available
- Inform the target group
- Be prepared.

TRAINERS' BACKGROUND INFORMATION

Communication Process



Communication is the process of sending messages and accepting a response from the receiver about how he/she has received the message.

Factors influencing communication are:

1. The content of the message: do people understand, can they connect it with their realities, and agree?
2. The relation between the sender and the receiver: is there trust and openness, do people want to listen?
3. The channel of the communication: an individual talk or a group's meeting. Where does the meeting take place?: at school, in the church, at the community centre?

The content of a message and the way in which it is presented are only two parts of the total message. **More than 80% of our communication is non-verbal.** Examples of non-verbal communication are body language (facial expression, tone of voice etc.), clothes and where/when the communication takes place.

MODULE 6: COMMUNITY MOBILISATION AND ADVOCACY

Duration: 3 hours 35 minutes

OBJECTIVES:

By the end of this module, participants are able to:

- Present the need for community mobilisation for TB and HIV
- Share current community mobilisation activities
- Plan for community mobilisation in their community
- Present the need to advocate for resources for better TB/HIV control
- Identify advocacy points for TB/HIV in their community
- Present the golden rules for effective advocacy.

SESSIONS AND DURATION:

| | | |
|--------------------|--|--------------------|
| Session 6.1 | How to mobilise communities for TB/HIV? | 105 minutes |
| Session 6.2 | TB/HIV Advocacy | 120 minutes |

METHODOLOGIES:

- Work in buzz groups
- Plenary sessions
- Story telling
- Exercises
- Role-plays.

MATERIALS NEEDED:

- Different coloured markers
- Flip charts.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the training methodologies and content.

SESSION 6.1: HOW TO MOBILISE COMMUNITIES FOR TB/HIV

Step 1: 10 minutes: Introduction to the Module

The trainer introduces the module: To combat TB we need to involve the community. How can we do this? What can we do as CHWs to mobilise the community for TB/HIV?

The trainer presents the module objectives, written on a flip chart or Powerpoint slide.

Step 2: 40 minutes: Story Telling

The trainer asks participants to tell stories of community mobilisation for TB/HIV in their communities. When different stories have been shared, the trainer summarizes:

- What can we achieve with community mobilisation?
- Why is community mobilisation for TB/HIV needed?
- Who starts to mobilise the community?
- How to mobilise the community
- How to maintain the commitment of the mobilised groups (not just a onetime experience like World TB Day).

The trainer summarizes the key issues in Participants' Manual 6.1.2

Step 3: 40 minutes: Planning for community mobilisation

Before starting community mobilisation activities, you need to develop a plan. The trainer presents 6.1.3 "Example of planning for community mobilisation".

The trainer introduces exercise 6.1.4 "Planning for community mobilisation".
In buzz groups, the participants work on exercise 6.1.4 and plan for community mobilisation.
After 20 minutes the buzz groups share the plan with their neighbouring buzz group.

Step 4: 15 minutes: Share lessons learned

The trainer asks participants to share in plenary:

1. What they have learned
2. How they will use these plans.

TRAINERS' INFORMATION

Step 1: Introduction of the module

The trainer introduces this module by explaining to the participants that we need the whole community to combat TB and HIV. Everybody can be infected and the whole community is needed to take action.

In these two sessions we will address the following key questions:

Session 1: How to mobilise communities for TB/HIV

What are our experiences with community mobilisation for TB/HIV?

How to mobilise people in the community to fight against TB/HIV.

Session 2: Advocacy

What more resources do we need in the community for better TB control?

How can we advocate to get these resources?

The trainer presents the module objectives.

Participants' Manual 6.1.1 Objectives

By the end of this module, participants are able to:

- Present the need for community mobilisation for TB/HIV
- Share current community mobilisation activities
- Plan for community mobilisation in their community
- Present the need to advocate for resources for better TB/HIV control
- Identify advocacy points for TB/HIV in their community
- Present the golden rules for effective advocacy.

Step 2: Story telling

Background on story telling

Start this session with real life experiences and not with abstract definitions. Sharing these concrete experiences helps to understand what community mobilisation is. Participants discover that "community mobilisation" is already happening, and sharing these stories empowers them.

Process

In plenary the participants tell their stories about community mobilisation for TB and HIV in their communities. In case there are no stories about TB and HIV, ask them for examples of social mobilisation in other health areas like water and sanitation, malaria, mother child health etc.

Topics which can be addressed in the story:

- Which groups or organisations (Civil Society Organisations, NGOs)?
- What are their activities?
- How successful are they?
- What makes them successful?
- What challenges did they face?

Community mobilisation for TB/HIV

The trainer summarizes the key topics of community mobilisation, making use of the stories which participants have shared:

- The purpose of community mobilisation
- Who starts to mobilise the community?
- Why is community mobilisation needed?
- How to mobilise the community.

The trainer refers to 6.1.2 "Community mobilisation for TB/HIV" in the Participants' Manual

Participants' Manual 6.1.2 Community Mobilisation for TB/HIV

Community mobilisation means engaging individuals, groups and organisations in the community to contribute to improvements in for example, health, education, environmental issues, and housing in the community.

What do we want to achieve with community mobilisation?

Community mobilisation empowers individuals and groups to take action to facilitate change, such as: better access to TB services to patients, food support for TB patients, negotiate access to DOT in the workplace with companies, improve infection control measures in prisons with inmates.

Who starts?

Anyone can initiate a community mobilisation effort: the TB staff of local or district health departments, district and village health committees, community-based organisations (CBOs), CHWs, former TB patients. All it takes is one person or a group to start the process and bring others into it.

Why is community mobilisation for TB/HIV needed?

TB is an infectious disease and not an individual problem. Everybody can be infected and everybody needs to contribute to solve the TB/HIV problem. The strength of the community can help to solve the TB/HIV problem more quickly and efficiently. You must create allies in the community and they will spread the essential TB information and in turn mobilise others.

How do we mobilise the community?

Start with a problem which 1. is not too big, 2. is felt by the community to be a problem, 3. the community can help to solve and 4. has visible results in the short term.

Actively search for people or organisations which are committed, want to take the lead and want to invest time. It is important to have charismatic community leaders who have the capacity to mobilise people.

Keep the community informed about the activities and the results.

Step 3: Planning for Community Mobilisation

The main challenge in Community TB is that people come late for diagnosis and treatment.

Community mobilisation is very important to address this problem. The trainer presents the example in Participants' Manual 6.1.3

Participants will make in buzz groups their community mobilisation plan. The problem is already given: People come late for TB diagnosis and care. Participants work this out for their community, answering the questions 2 - 5 in exercise 6.1.4.

Participants need to develop a plan that is based on the situation in their community: the problem to be solved and the opportunities to mobilise specific organisations and individuals.

Participants' Manual 6.1.3 Example of planning for community mobilisation

| Questions to address | Example |
|---|--|
| 1. What is the problem which you want to address? | People coming late for TB diagnosis and care |
| 2. What specific group in the community? | Young men with TB (and HIV) coming to the clinic for diagnosis at a late stage (because they think they might have HIV and don't want to know) |
| 3. Which individuals or organisations have access to these people? | Schools |
| 4. How can we get these individuals or organisations on-board? | Contact the school directors and teachers, inform them about the problem. Brainstorm what they can do, and how you as a CHW can support them |
| 5. What could these individuals or organisations do to solve the problem? | Give TB/HIV health education at school |

Trainer introduces the exercise 6.1.4 Plan for community mobilisation

Participants' Manual 6.1.4 Exercise: Plan for Community Mobilisation

20 minutes

Work in a buzz group and make the first step for a community mobilisation plan for one of you.

Fill in the table below.

| Questions to Address | Answers |
|---|---------|
| 1. What is the problem which you want to address? | |
| 2. What specific group in the community? | |
| 3. Which individuals or organisations have access to these people? | |
| 4. How can we get these individuals or organisations on-board? | |
| 5. What could these individuals or organisations do to solve the problem? | |

10 minutes

Share your plan with your neighbouring buzz group.

Step 4: Share Lessons Learned

In plenary the participants share what they have learned by developing a community mobilisation plan. How will they use these draft plans?

BACKGROUND INFORMATION

From the Zimbabwe National TB guidelines

12.4 Social Mobilisation

This is the process of bringing together "allies" to raise awareness of and demand for TB control, to assist in the mobilisation and delivery of resources and services and to empower communities to participate and be self-reliant in TB control. Partnership forming is the key to social mobilisation. It involves forming partnership with organised institutions/groups, such as decision-makers, policy-makers, NGOs, CBOs, professional and religious groups, corporate bodies, development partners, the media, communities and individuals. The primary aim of social mobilisation is the empowerment of communities for action to fight stigma and eliminate TB as a public health threat. One important activity in social mobilisation is the empowerment and involvement of TB patients in the planning and implementation of TB control activities at all levels. The NTP will develop tools for the empowerment of TB patients/ex-patients in TB related activities, advocate and support pre-service training for health workers on the concept of empowerment of communities and those affected in disease control and the documentation of experiences. The NTP will continue to lead as an equal partner the all-inclusive TB partnership.

SESSION 6.2: Advocacy for TB/HIV

THE TRAINING PROCESS

Step 1: 20 minutes: Introducing Advocacy

The trainer introduces the topic of this session. Trainer asks participants: Who knows what advocacy is? And who can share an example of "advocacy". The trainer summarizes:

- How we define advocacy?
- Why is advocacy for TB control at community level needed?
- Who can be advocates for TB at community level?

The trainer presents with Powerpoint or flip chart the key steps in the advocacy strategy.

Step 2: 20 minutes: TB Challenges and Advocacy Points

To develop an advocacy approach you need to (1) identify the TB challenges and the (2) advocacy points. The trainer gives some examples of TB challenges and advocacy points. Use examples at community level.

In plenary the trainer and participants identify 4 TB challenges and their Advocacy Points. These must be real challenges felt at community level. The trainer writes these 4 Challenges and Advocacy Points on 4 different flip charts. Trainer makes four subgroups. Each subgroup will work on exercise 6.2.5: "Preparing the Advocacy Meeting". Every group gets one of the four TB challenges.

Step 3: 20 minutes: Preparing the Advocacy Session

Subgroups work on exercise 6.2.5: Preparing the Advocacy Session

Step 4: 50 minutes: Role-plays

Every subgroup has 10 minutes, for the role-play and the feedback. The audience gets some questions for observation.

After each role-play there is a short feedback: (1) Is the advocacy convincing and why?

(2) Suggestions for improvement.

When all role-plays are finished, the trainer asks the participants: Who of the four people has won as TB advocate? This person receives applause and a small present (if available).

Step 5: 10 minutes: Develop Yourself as an Advocate

The trainer asks participants: Are you a TB advocate? Why? What do you need to learn to become an advocate? Plenary brainstorm and summarize the main skills of an advocate.

Step 1: Introducing Advocacy

During introduction of this session, the trainer needs to explore participants' knowledge and experiences with Advocacy. Use these real-world experiences to create a practical and common understanding of advocacy at community level. Participants may have examples from outside TB control, these examples might also be very helpful. Refer to the information in Participants' Manual 6.2.1, 6.2.2 and 6.2.3.

Participants' Manual 6.2.1 What is Advocacy?

Advocacy aims to:

- Bring TB control to the attention of people which make decisions and have resources
- Obtain the resources needed for TB prevention and care activities.

By influencing decision makers at different levels: politicians, local authorities and leaders or the commercial sector.

Participants' Manual 6.2.2 Why is advocacy for TB control at community level needed?

In your community there may be lack of resources for good TB prevention and care. Examples are: food for TB patients, money for TB patient transport, posters and brochures for TB health education etc. Advocacy can help to get these resources and emphasis should be placed on influencing decision makers to get this done.

Participants' Manual 6.2.3 Who are Advocates?

Civil Society Organisations (CSOs) often try to influence and change practices, improve the quality of services and increase government funding for TB control.

Some examples of what CSOs have advocated for in other countries: access to MDR-TB drugs, the extension of health services to remote areas, more staff in poorly manned posts, information brochures for TB patients.

Local governments and the National TB Program (NTP) can also lobby the Ministry of Health and Child Care for more resources for TB control. CHWs and the members of the Community Health Team can be advocates also.

Patients, their family members and ex-patients are often strong advocates as they have experienced the disease and therefore have experienced the same problems/side effects.

Step 2: TB Challenges and Advocacy Points

In plenary the participants define 4 TB challenges and/or needs they feel exist in their villages and the advocacy points (what do we want to get concretely from the decision maker). Each challenge and advocacy point are written on a separate flip chart. In 6.2.4 you will find some examples of challenges and advocacy points.

Participants' Manual 6.2.4 Develop Your Advocacy Approach

To develop your advocacy approach you need to:

1. Define advocacy points
2. Identify the target groups which can address these advocacy points.

1. Define advocacy points

To define the advocacy points, you first need to identify the major TB challenges which can be solved through extra resources or people.

Here are some examples:

Challenge 1: Laboratories for sputum microscopy are only in bigger health centres and far away from the community.

Advocacy Point: Sputum transport from the clinics to the bigger health centres.

Challenge 2: DR-TB patients may not have money for the food which is necessary to support the TB drugs and to recover.

Advocacy Point: Food support for DR-TB patients.

2. Identify the target people which can address these advocacy points

Identify the individuals and/or organisations which can address these advocacy points. These must be people/organisations which have control over financial or human resources, political decision making etc.

Trainer introduces the exercise 6.2.5 Prepare the advocacy meeting. Each subgroup will work on one of the TB challenges when they will prepare the advocacy meeting.

Participants' Manual 6.2.5 Exercise: Prepare the Advocacy Meeting

Work in your subgroup on this exercise, using the TB challenge and advocacy points you identified in the plenary session.

1. Who are the decision makers you need to address your advocacy to?
2. You will meet this decision maker, prepare yourself for that meeting.

Step: 4 Role-plays

Every subgroup meets the person or organisation they want to address the advocacy. The subgroup introduces the case: the person or organisation they want to meet. One of the participants (from another subgroup) will play the role of this person. The other participants are observers, using the key questions:

- Is the advocacy convincing and why?
- Suggestions for improvement.

After every role-play there is time for feedback. The trainer asks:

1. The person which has received the feedback: "Are you going to do something?" Why?/Why not?
2. The person which advocated: "Were you satisfied with the way you advocated?"
3. The other participants: "Was the advocacy convincing?"

In the Participants' Manual 6.2.6 you will find the key messages for effective advocacy communication.

Participants' Manual 6.2.6 Effective Advocacy Communication

Long term relationship building

Advocacy takes time, you don't get what you asked for immediately and you cannot do it alone. Therefore you, as the CHW, need to work together with people who can help you solve your issue.

Interactive Communication

Advocacy is not one way communication, you not only express what you want, but explore what the possibilities are together. A two-way communication is needed in which you:

- Share information
- Ask questions
- Listen attentively
- Show respect.

At the end of all four role-plays the trainer asks participants to elect the best TB advocate among the four role-players

Step 5: Develop Yourself as an Advocate

In this session participants have learned more about advocacy for TB, and what is needed to make it successful. Good advocates are essential for Advocacy for TB. CHWs can be these advocates.

Ask participants if they feel that they are advocates. Share the characteristics of a successful advocate:

- Strong commitment
- Energy to continue
- Open to listen to people
- Convincing
- Network.

MODULE 7: ORGANISATION OF TB CONTROL IN THE COMMUNITY

Duration: 2 hours 30 minutes

OBJECTIVES:

By the end of this module, the participants should be able to:

- Inform others about the TB control services which are available for the community
- Identify tasks of different players in TB control in their community
- Describe the referral system in community TB
- Define suggestions to strengthen collaboration among the people which play a role in TB control.

SESSIONS AND DURATION:

| | | |
|--------------------|---|-------------------|
| Session 7.1 | Organisation of TB services | 60 minutes |
| Session 7.2 | How do stakeholders in TB control collaborate? | 90 minutes |

METHODOLOGIES:

- Exercise
- Buzz groups.

MATERIALS NEEDED:

- Powerpoint slides
- Forms for referral (a set for each participant).

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the training methodologies and content.

SPECIFIC FOR THIS MODULE:

Make some Powerpoint slides for session 7.1.

Read the National Guidelines for Community Engagement in TB Prevention and Care.

SESSION 7.1: Organisation of TB Services

Step 1: 10 minutes: Introduction of the Module and Exercise

The trainer introduces the module, sessions and objectives of the module.

The trainer introduces the exercise 7.1.2: Tasks in TB control for your community.

Step 2: 20 minutes: Work on the Exercise

Participants work in buzz groups on the exercise and fill in the tables given.

Step 3: 30 minutes: Plenary Sharing from Buzz Group Work

The trainer walks with the participants through the two tables of exercise 7.1.2 showing on a flip chart the 2 empty tables given. Ask for every table a buzz group to answer and the other buzz groups to add.

For each table the trainer asks:

- Is this different in other communities?
- Is there lack of clarity about the tasks and services in your community?

The trainer summarizes with the organogram (7.1.3) and the figure on the players in TB control at primary health care level (7.1.4).

TRAINERS' INFORMATION

Step 1: Introduction of the Module and Exercise

The trainer introduces exercise 7.1.2 'Tasks in TB control for your community'. Explain to the participants how to fill in the forms. Participants work in buzz groups, but each participant fills the forms in for themselves.

Participants' Manual 7.1.2 Exercise: Tasks in TB Control for Your Community

Work in buzz groups on two questions:

1. Which TB services are available for your community and where can you find them?
2. Which people work in TB Control for your community and what are their tasks?

Fill in the answers in the tables below and share them in the plenary session.

1. Which TB services are available for your community and where can you find them?

| TB Control Service To: | Where Can You Find This Service? |
|---------------------------------------|----------------------------------|
| Identify a person with presumptive TB | |
| Diagnose TB | |
| Treat TB | |
| Support TB patients | |
| Health education | |

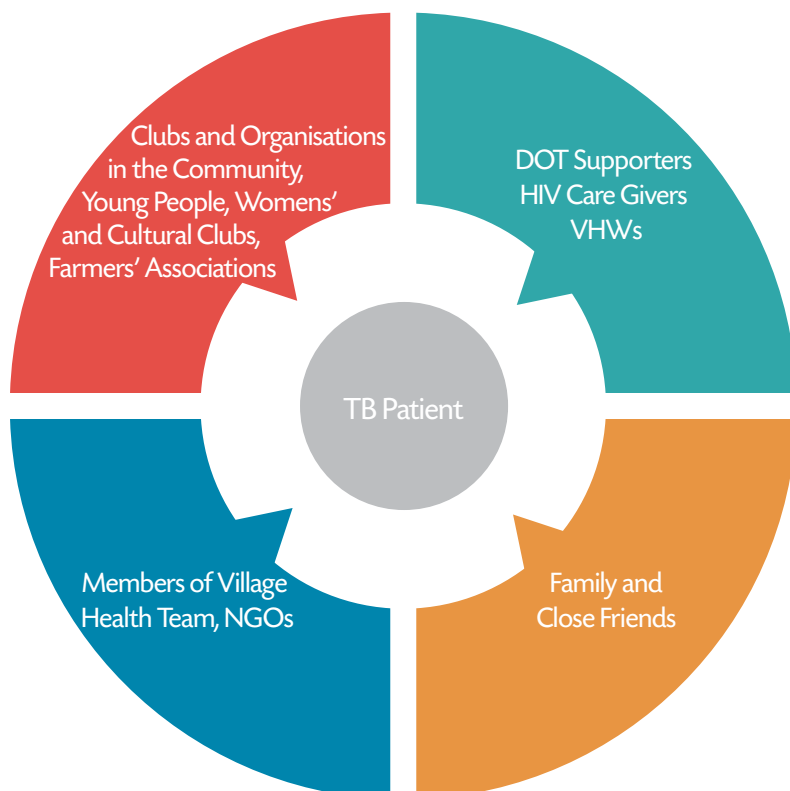
2. Which people work in TB Control for your community and what are their tasks?

| Task | Which People Do This For Your Community? |
|--|--|
| 1. Identifying people which probably have TB | |
| 2. Sputum collection | |
| 3. Sputum testing | |
| 4. Diagnosis of TB | |
| 5. Trace contacts of infectious TB patients | |
| 6. Infection control in the households | |
| 7. TB Health education | |
| 8. Report about TB control activities in the community | |
| 9. Supervise the CHWs | |

Participants' Manual 71.3: How the Community and Health Facility Work Together



Possible players in TB prevention and care at primary health care level:



Step 3: Plenary Sharing on Buzz Group Work

For the plenary session, the trainer has the empty tables on a Powerpoint or a flip chart. For every form, ask a buzz group to give their inputs, the other groups can add if needed. The trainer asks participants whether in their district there are different cadres, different tasks given to specific cadres or lack of clarity regarding the tasks.

The trainer summarizes the session by presenting the figures:

Participants' Manual 7.1.3: How the community and health facility work together.

Participants' Manual 7.1.4: Possible players in TB prevention and care at Primary Health Care Level.

Conclude with the key lessons of this session:

1. The CHW plays an important role in TB prevention and Care in the community
2. The CHW has to work together with many other people
3. Good collaboration among these people is very important.

SESSION 7.2: HOW DO STAKEHOLDERS IN TB CONTROL COLLABORATE?

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction to the Session

The trainer introduces the session: how do the different stakeholders work together?

It is essential that the CHWs and the health workers in the clinic work closely together:

- Refer patients to each other
- Inform each other about patients and patient results
- Use the correct forms.

Only then are patients not lost, and they receive the best level of care.

Step 2: 20 minutes: Work in buzz groups on an exercise

The trainer introduces exercise 7.2.1: Patient Referral at Community Level.

Five subgroups are formed, participants work on the exercise, every group will work on one case and presents this in plenary.

Step 3: 30 minutes: Plenary Sharing

Plenary sharing of the subgroup work: every group presents one question. The trainer asks if the other participants want to add or have questions. The trainer summarizes the correct answer and refers to the forms.

Step 4: 30 minutes: Improve Collaboration

The trainer introduces the topic: How can the collaboration among the stakeholders be improved?

The trainer divides the group in: Patients, CHWs, Nurses, Community Nurse and Traditional Healers. The trainer gives each group a position in a circle.

Make sure that the participants stand and that there is enough space between the groups.

The subgroup discuss:

1. Which stakeholders do we want to collaborate better with?
2. What will we do to improve collaboration with them?

Subgroups present to each other.

At the end of the session the trainer summarizes some key issues for better collaboration.

TRAINERS' INFORMATION

Step 2: Work in buzz groups on the exercise

The trainer introduces the exercise "Patient referral at community level". Each subgroup will discuss one case and writes the answers in their notebook, for plenary sharing.

Participants' Manual 7.2.1 Exercise: Patient referral at community level + Answer sheet

A. Referral of a Person with Presumptive TB

The CHW has found Mr. Sibanda, a 50 year old man, who has more than 2 weeks productive cough.

| Questions | Answers |
|--|---|
| To whom does the CHW refer Mr. Sibanda? | Nearest health facility. |
| Which forms are filled in? | Presumptive TB Referral form. |
| To whom are these forms sent? | The patient hands over the referral form to the nurse or EHT at the health facility. One copy (one colour) is kept by the CHW. |
| How does the CHW know the result of the diagnosis? | The health worker of the clinic informs the CHW. Monthly the CHW checks the referral form at the health facility. The CHW follows up on the patients. |

B. Interrupters Follow up by CHW

Mr. Sibanda didn't come to pick up his medicines for the coming week.

| Questions | Answers |
|-------------------------------------|---|
| What should the nurse in charge do? | Contacts the EHT. The EHT informs the CHW. |
| What should the CHW do? | EHT or the CHW contact Mr. Sibanda and discuss reasons for interrupting and how to prevent next time. |
| What forms are used, and by whom? | No forms. |

C. Referral of TB Patient for DOT

Tsitsi is a 25 years old married woman who has been diagnosed for TB. She agreed for community based treatment with the DOT observer in her village. A meeting has taken place including the nurse, DOT observer and client to agree on DOT support.

| Questions | Answers |
|--|--|
| To whom does the nurse in charge refer the client? | To DOT supporter. |
| Which forms are filled in? | No forms, the patient card is used to record the daily uptake of medicines, this is done by the DOT supporter. |
| To whom are these forms sent? | The patient card is with the patient. |
| By whom is the CHW informed? | At the monthly meetings the CHW informs the clinic staff about the patients who are on DOT. |

D. Follow up of TB Patients

Tsitsi needs to go to the DOT Health Facility after 2 months, 3 months if sputum is still positive at 2 months, 5 months and at end of treatment.

| Questions | Answers |
|---|---|
| What must the DOT observer do? | Accompany the patient to the clinic in case needed. |
| What must the CHW do? | The CHW reminds the client to go for review visits. |
| What must the nurse do? | Take sputum samples and do a clinical check. |
| By whom is the DOT observer informed about the results? | By the nurse. |
| By whom is the CHW informed? | By the nurse. |

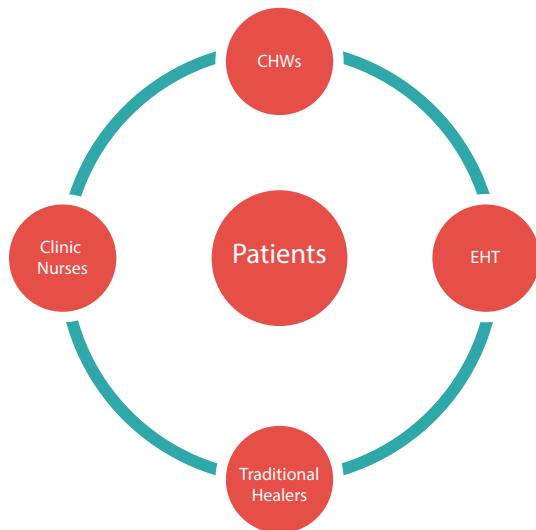
E. Contact Tracing by CHW

The CHW is involved in contact screening of Tsitsi. The CHW visits Tsitsi's family.

| Questions | Answers |
|---|---|
| How should the CHW trace household contacts? | Visit the household and check for (1) people which have TB symptoms and (2) for the under fives. Refer them to clinic for screening and the under fives for Isoniazid Preventive Treatment (IPT). |
| What forms are used for the referral? | Contact tracing forms. |
| How is the CHW informed about the results of the household contact screening? | Clinic staff informs the CHWs Monthly the CHW checks at the health facility. |

Step 4: How to Improve Collaboration

Participants' Manual 72.2 How can collaboration between the stakeholders be improved?



Make groups of stakeholders, position them in the room and let them **stand** (When they stand they are more active).

Ask each stakeholder group:

What can you do to improve the collaboration with one of the stakeholders?

Participants discuss within their subgroup:

1. Give each group a stakeholder they need to improve collaboration with.

For example:

- **Nurses** want to improve collaboration with **CHW**
- **CHWs** want to improve collaboration with **traditional healers**
- **Patients** want to improve collaboration with the **nurses**
- **Traditional healers** want to improve collaboration **with EHT**
- **EHT** want to improve collaboration with **patients**.

2. What will we do to improve the collaboration with them?

In plenary: the trainer invites each group to tell the stakeholder group they have chosen how they want to collaborate better. By talking directly to the stakeholders' group, the presentation gets more depth.

To summarize, the main issues are:

- Inform each other about: results, problems, information, documents
- Contact each other and ask questions
- Share ideas for improvement
- Show commitment to work together.

MODULE 8: MONITORING AND EVALUATION

Duration: 3 hours 45 minutes

OBJECTIVES:

By the end of this module, the participants should be able to:

- Explain the importance of monitoring and evaluation of community based TB activities
- Use the available recording and registration formats
- Make a start of annual community TB plan.

SESSIONS AND DURATION:

| | | |
|--------------------|----------------------------------|--------------------|
| Session 8.1 | Monitoring and Evaluation | 105 minutes |
| Session 8.2 | Community TB Action Plan | 120 minutes |

METHODOLOGIES:

- Exercises
- Work in subgroups with different types of community workers
- Work in buzz group.

MATERIALS NEEDED:

Registration forms and books:

- Presumptive TB referral form (patient referral form),
- Community TB register
- Contact Tracing Form
- CTBC patient adherence card.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

- Read through the session and make sure you are familiar with the training methodologies and content.
- Read the M&E chapter 5 in the National Guidelines for Community Involvement in TB prevention and Care. Prepare some simple examples of M&E in the community, within and outside the health sector. Know the use of all the community TB forms and register.

SESSION 8.1: MONITORING AND EVALUATION

THE TRAINING PROCESS

Step 1: 15 minutes: Introduction to the Module

The trainer introduces the module: the objectives and the two sessions:

1. Monitoring and Evaluation
2. Community TB Action Plan.

Ask participants:

1. To give daily life examples of Monitoring and Evaluation
2. Why monitoring and evaluation is important.

The trainer wraps up with the picture of the bus with the open window or the one with blinds.

Step 2: 15 minutes: Group exercise: What information to collect?

The trainer introduces the question "What information do you collect quarterly to monitor your work in community TB?" The trainer makes subgroups of 5 which work on this question. All group members write the answers in their notebooks.

Step 3: 20 minutes: Plenary sharing of group exercise

One group presents the results of subgroup work. The trainer writes the groups' results in key words on a flip chart. The trainer asks other groups to add topics. Make sure that there is a common understanding on:

1. The information to be collected

2. Why it is important to collect this information?
3. Who needs this information?

Step 4: 35 minutes: Group Exercise: Filling in the Forms

In plenary the trainer asks what forms the participants use. The trainer summarizes by presenting the existing forms of NTP for community TB control. Trainer introduces the exercise 8.1.5 in the Participants' Manual: "Filling in the forms". Subgroups work on this exercise.

Step 5: 20 minutes: Plenary Sharing and Lessons Learned

One group presents question one, the other groups add. Another group answers question two etc. Plenary sharing and summarizing the key lessons learned. Refer to 8.1.6 "Guidance for filling in the forms".

TRAINERS' INFORMATION

Step 1: Introduction of the module

Introduce the module objectives and the two sessions of this module.

Participants' Manual 8.1.1 Objectives of this Module

By the end of this module the participants are able to

1. Explain the importance of the monitoring and evaluation of community based TB activities
2. Use the available recording and registration formats
3. Make an annual community TB plan.

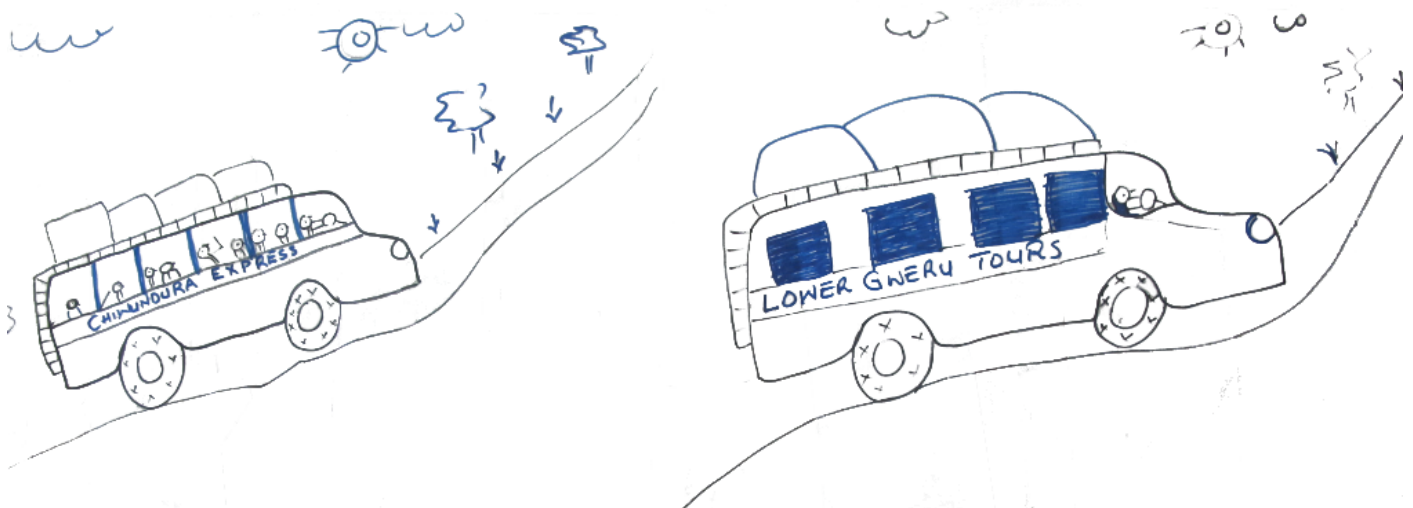
Ask participants to come with examples from daily life of Monitoring and Evaluation. Don't start with an abstract definition. Examples can be:

Monitor my baby's growth, my pregnancy, my expenditures during the week, the growth of maize, my child's progress at school.

Evaluate how much I have gained with my tobacco harvest in this year, the expenditures by the end of the month, the school results at the end of the year.

End with the picture of the passengers in the bus where they can see through the windows where they are going, and where the curtains are shut: you know you are going but you don't know which road, how fast or if you are nearing the destination. That shows the need of **measuring progress (monitor)** and **achievements after a given time (evaluation)**

Participants' Manual 8.1.2 Monitoring and Evaluation



Step 2: Group Exercise: What Information do you Collect?

"What information do you collect quarterly to monitor your work in community TB?"

- Ask participants for some examples of information they collect: e.g. the number of Health Education session given, the number of patients referred.
- The exercise asks for information they collect, not for suggestions of information they could collect.

Participants' Manual 8.1.3 What information do you collect in community TB?

In your subgroup, discuss what information you collect quarterly to monitor your work in community TB. Write the answer in your notebook and share this in the plenary session.

Step 3: Plenary on "What Information do you Collect?"

Trainer asks questions to get a common understanding on:

1. What information is collected?

Possible answers may be:

- The number of people (males/females) CHWs refer
- The number of patients (males/females) who receive DOT at community level
- The number of patients (males/females) who have completed treatment without (last) smear done
- The number of patients (males/females) which died or withdrew from treatment
- The number of households visited for contact tracing
- The number of retrieved patients (males/females)
- The number of health education sessions held. The number of people reached (males/females, age groups)
- The number of household visits for contact tracing (for TB smear positive patients)
- The number of active community groups formed who are developing their own TB activities (mobilised groups, with action plan).

Trainer tells the participants that there are **two main indicators to measure the results of Community TB**:

1. Number of new TB patients referred by CHWs
2. Number of successfully treated (treatment completed + cured) new TB patients who received treatment adherence support from CHWs.

2. Why it is important to collect this information:?

- To show how active we are, in the community, in TB prevention and care
- What the results of these community activities are.

3. Who needs this information?:

- The CHW to keep track on their work and make the results visible
- The clinic
- The Health Offices at district and provincial level to keep track on the disease and treatment results
- Partners in TB; to monitor and evaluate the results of their investment
- The National TB program.

Step 4: Exercise "How to Fill in the Forms"

Trainer shows the forms and community register book developed by the NTP for recording data of Community TB Control:

- Presumptive TB referral form (patient referral slip)
- Community register
- Contact tracing form
- CTBC patient adherence card.

Introduce the exercise 8.1.5 Fill in the forms and community register book.

Participants' Manual 8.1.5 Exercise: Fill in the Forms

Fill in the forms and community register that you have received with the information that has been given and answer the following questions:

In your subgroup, discuss what information you collect quarterly to monitor your work in community TB.

Write the answer in your notebook and share this in the plenary session

1. Who fills in these forms?
2. To whom do we send the forms?
3. Do we receive feedback on the forms we filled in? When and from whom?

Step 5: Plenary Sharing and Lessons Learned

Answer sheet of the exercise:

1. Who fills in these forms?

Presumptive TB referral form → CHW

Community register → CHW

Contact tracing form → Nurse, or EHT

If CHW is delegated to do contact tracing at household level on her/his own the CHW fills in.

CBTC patient adherence card → DOT supporter

2. To whom do we send the forms?

Presumptive TB referral form → Patient takes the form and gives it to the nurse.

One copy (one colour) is kept for the CHW (to monitor the CHWs activities) and the other copy is for the clinic. The copy of the CHW serves to check with the nurse if the patient has arrived and is in presumptive TB register.

Community register

Contact tracing form: If the CHW fills the form, he/she sends the form to the nurse

CBTC patient adherence card: is kept by the patient

3. Do we receive feedback on the forms we filled in?

The nurse gives the feedback to the CHW on referral of patients and at meetings on quality and results of the recording and registration of the work.

Conclude:

- M&E is important to keep track on the activities and the patients, learn from the results and show what you have done for TB control. You can use the M&E results to advocate for resources.
- M&E is teamwork: the CHW sends information to the clinic. The clinic nurse needs to inform the CHW about the results of the Community TB activities, both in terms of early detection as well as successfully treated TB patients.

Participants' Manual 8.1.6 Guidance for Filling in the Forms

1. Always fill the forms in completely and add specific comments if they are needed for clarification.
2. If you do not fully understand how to fill in the information, ask the nurse during the regular meeting.

RECORDING AND REPORTING FORMS

- Presumptive TB referral form (patient referral slip)
- Community register
- Contact tracing form
- CTBC patient adherence card.

Presumptive Tuberculosis Referral Slip

| | |
|-------------------------------|-------------------------------|
| Name of the Client | Client's Contact Number |
| Age | Sex |
| Village | Headman |
| Nearest Dip tank | Nearest School |
| House Number | Street Address |
| Name of Company | Work Address |
| Nearest Health Facility | |

Reasons for referring (signs and symptoms)

| Tick the appropriate box | |
|---------------------------|--|
| Cough for 3 weeks or more | |
| Loss of weight | |
| Loss of appetite | |
| Chest pains | |
| Night Sweats | |
| Fever | |
| Shortness of breath | |
| Contact | |

| | |
|------------------------|-----------------------|
| Date of Referral | Township/Suburb |
| Referred by | Signature |
| Ward | District |

Instructions

1. Name of the client with presumptive TB = Record the name client suspected of having TB.
2. Contact Number = Record the phone number if the client has a cellphone or landline.
3. Age = Record the age of client or date of birth as indicated on the national identity card.
4. Sex = Record whether the client is male/female.
5. Village = Record the name of the village where the client is coming from.
6. Headman = Record the name of the headman of the client.
7. Nearest Health Facility = Record the name of the closest health facility to where the client stays.
8. Nearest School = Record the name of the closest school to where the client stays.
9. Nearest Dip Tank = Record the name of the closest dip tank to where the client stays.
10. Date of Referral = Record the date when the patient was referred to the health facility.
11. Referred by = Record the name of the person who referred the client.
12. Ward = Record the name of the ward where you are staying (the person who is filling the form).
13. Village = Record the name of the village where you are staying (the person who is filling the form).
14. District = Record the name of the district where you are staying (the person who is filling the form).
15. Signature = Sign your signature after completing the form.

TB/DR-TB Contact Tracing Form

Province District Health Facility

1. Index case Details

Surname First Name TB/DR TB no.

Physical Address (Place of residence/work):

Phone Number Chief Village Head

Nearest school/Dip tank

Diagnosis:

Clinically diagnosed Sensitive TB Bacteriologically confirmed Sensitive TB DR-TB

| Surname | First name | Age | Sex | Physical Address | Investigation Outcome | |
|---------|------------|-----|-----|------------------|-----------------------------|---|
| | | | | | Presumptive TB client (Y/N) | Sputum collected during the visit (Y/N) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

The officer conducting contact tracing should carry with sputum containers with them, to collect spot sputum specimens.

Comments

Tracing Officer Designation Signature Date

Instructions on how to fill in the contact tracing form

| Item | Instruction/Definition |
|---------------------|--|
| Province | Record the name of the province where contact tracing is being initiated |
| District | Record the name of the district |
| Health facility | Record the name of the health facility |
| Index Case Details | |
| Index case | <p>The first case or patient who comes to attention as indicator of a potential public health problem.</p> <ul style="list-style-type: none"> All pulmonary bacteriologically confirmed TB cases should be regarded as index cases and their contacts investigated for TB All children with TB should be considered index cases. Since children are most often recipients of TB infection the purpose of contact investigation in children is to identify the source of TB transmission to them. |
| Surname | Record the surname of the Index case |
| First name | Record the first name of the Index case including the nickname |
| TB/DR-TB number | Record the TB/DR TB number of the index case as recorded in the TB register |
| Physical address | Record the physical address of the index case to include phone number, chief, village head, nearest school/ dip tank |
| Diagnosis | Tick the appropriate diagnosis in the spaces provided, the diagnosis is as per what is recorded in the TB register |
| Details of Contacts | |
| Contact | <p>Someone who has been exposed to M. tuberculosis by sharing air space with a person with infectious TB. The type of contact depends on the closeness and duration of exposure to the index case:</p> <ul style="list-style-type: none"> Household contacts, particularly children less than 5 years of age should be assessed for TB. High priority should also be given to those who are HIV positive and those with other underlying risk factors for TB, such as alcoholism, diabetes, etc. Contacts may also be found in aggregate settings such as workplace, schools (dormitories and classrooms), hostels, health facilities, prisons if prolonged contact with an index case has taken place. |

| | |
|-----------------------|---|
| Surname | Record the surname of the contact |
| First name | Record the first name of the contact including nickname |
| Age | Record the age of the contact in years |
| Sex | Record the sex of the contact (Male/Female) |
| Physical address | Record the physical address of the index case to include phone number, chief, village head, nearest school/dip tank |
| Investigation outcome | Record 'Yes' if the TB contact investigations revealed that the contact was eventually a presumptive TB client. Record 'No', if the results of investigations did not point to signs and symptoms suggestive of TB disease. |

SESSION 8.2: COMMUNITY ACTION PLAN

THE TRAINING PROCESS

Step 1: 15 minutes: Introduction to Making a Community TB Action Plan

Ask participants in plenary and reinforce after each question the correct answers given and add what is missing:

- Do you plan your community TB work?
- With whom do you plan?
- What is in the plan?
- Why do you make this planning?

Trainer concludes: good planning is necessary for quality community TB control.

Step 2: 15 minutes: Explanation of the Exercise

The trainer introduces the planning exercise:

- Show the table which participants use, to make their plan
- Give the golden rules for planning
- Make the individual plans in buzz groups (40 minutes) and share with another buzz group (50 minutes). At the end of the session there will be a brief plenary sharing.

Step 3: 30 minutes: Exercise on Planning

10 minutes: Subgroups of maximum 8 participants agree which group member will work out which type of activity.

20 minutes: Participants work in buzz groups on the exercise. Everybody develops their own activity. Facilitators go round to support participants.

Step 4: 40 minutes: Present Plan in 3 Subgroups

Buzz groups come together forming their subgroup and each group member presents the planned activity.

The group prepares one flip chart including all activities of all group members.

Step 5: 20 minutes: Plenary Sharing

Every group presents its activities, participants ask questions.

Trainer wraps up: this is a start of a Community TB Action Plan. CHW's go back home, share this with the nurse in charge and the Village Health Team.

Together they make a complete plan.

TRAINERS' INFORMATION

Step 1: Introduction to Community TB Action Plan

Tell participants that good planning is necessary:

- To achieve your ambitions
- For good collaboration
- To do the right things at the right time.

Discuss with participants who need to be involved in community TB planning?

- CHW
- Village Health Team
- Nurse in charge.

Step 2: Explanation of the Exercise

The planning exercise is supposed to make a start with a real plan for community TB in the coming 12 months.

The planning table supports the CHW in planning:

1. Choose the type of activities you want to plan from the table below
2. When will you do this?
3. Whom will you work with?
4. What will be the result?

Golden rules for planning

- Be as specific as possible
- Be realistic: plan what is achievable
- Plan together with the people with which you work.

The Process

1. Make groups of a maximum of 8 people (4 buzz groups of 2 people).
 - Every participant will work out one activity.
 - Per group the participants agree which type of activity each person will elaborate.
 - Make sure that all types of activities are covered (Identify TB, Support TB patients, Health Education, Community Mobilisation, Advocacy and Others)
2. 20 minutes: In buzz group every participant develops one activity of the plan. Buzz group peers support each other.
3. 40 minutes: Everybody presents his/her activity plan in the group; group members ask questions and give suggestions. The activities of all group members are written on a flip chart for plenary presentation.
4. 20 minutes: Subgroups present in plenary.

Participants' Manual 8.2.1 Community X TB Plan

What will you do in the coming 12 months to improve community TB Control?

Develop one activity which you really want to initiate.

Fill in the table below and be as specific as possible.

You will:

1. Work with your buzz group to share ideas and help each other in developing your plan (20 minutes)
2. Share your activity with your subgroup (40 minutes)
3. Write all the activities of your subgroup on a flip chart and present this in the plenary session.

Community X TB plan

| Type of Activity | What exactly will you do? | When will you do this? | Who will work with you? | What will be the result, what will you measure? |
|---------------------------|--|---|-------------------------|---|
| Identify TB | <i>E.g. household visits, give health education on TB symptoms and infection control, and refer people with » 15 days productive cough</i> | <i>Twice a week, during the period April to November 2014</i> | <i>EHT, Care takers</i> | <i># Identified TB suspects</i> |
| Support TB Patients (DOT) | | | | |
| Health Education | | | | |
| Community Mobilisation | | | | |
| Advocacy | | | | |
| Others | | | | |

Participants' Manual 8.2.2. Golden Rules for Planning

- Be as specific as possible: What you will do?, When? and with Whom?
- Be realistic: plan what is achievable; it is not difficult to make a plan, but it is an art to make a plan which will be implemented.
- Plan together with the people with which you work, so that they feel committed, it is a joint plan. Planning involves teamwork, you will make a better plan together, than by yourself.

Step 5: Plenary Sharing

End this session by asking the participants what they need to implement this plan. Add where needed:

- Support from the clinic nurse
- Support from the Village Health Team
- An active community.

Challenge the participants: How can they get this support? Mention that it is important to share their plan with the people they need to work with and ask for their suggestions and support.

MODULE 9: EVALUATION OF THE COURSE

Duration: 1 hour 30 minutes

OBJECTIVES:

By the end of this module participants:

- Have evaluated the training course
- Have evaluated their competency level.

SESSIONS AND DURATION:

| | | |
|--------------------|--------------------------|-------------------|
| Session 9.1 | Course Evaluation | 60 minutes |
| Session 9.2 | Certificates | 30 minutes |

METHODOLOGIES:

- Self evaluation
- Evaluation of the course.

MATERIALS NEEDED:

- Self evaluation form (2 per participant)
- Course evaluation form
- Participants' certificates.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the training methodologies and content.

SESSION 9.1: COURSE EVALUATION

THE TRAINING PROCESS

Step 1: 10 minutes: Introduction of the Evaluation Forms

The trainer hands out the self evaluation forms, explains the relevance of the forms and how to fill them in:

1. The self evaluation: to assess yourself how competent you are, to work as a CHW and how you want to continue learning.
2. The course evaluation: how you appreciated the course. This evaluation helps the trainers to improve the course.

Step 2: 30 minutes: Fill in the Evaluation Forms

Participants fill in the forms individually and hand them in. One copy of the self evaluation form is kept by the participant, to discuss further with the clinic support.

Step 3: 20 minutes: Testimonies

In plenary the trainer gives the participants the opportunity to share how they found the course.

TRAINERS' INFORMATION

Step 1: Introduction of the Evaluation Forms

There are 2 evaluations:

Self evaluation helps the participants to reflect on what their competencies (knowledge, skills, and attitudes) are to work as a CHW. This insight helps them to ask for support of the nurse in charge to learn more about specific topics.

By knowing the self evaluation results, the nurses in charge and the trainers can decide to give extra mentoring or training in some areas.

Every participant fills in the self evaluation form in twice: one form for the trainer and one form for the themselves (which is already included in their participants' manual).

Course evaluation tells the trainers how the participants found the course, this information helps the trainers to improve the course content and methodology.

Step 4: Testimonies

When all participants have handed in the course evaluation form, the trainer asks the participants if they want share something with the group with whom they have worked intensively during this course.

Participants' Manual 9.1.1 Evaluation Forms

There are two evaluation forms:

1. Self evaluation: to assess how confident you are in performing as a CHW.
2. Course evaluation: to assess how useful the course was and what can be improved.

Self evaluation form

How far are you in developing your competencies to contribute to TB control prevention and care in your community?

You can score by putting an X next to the answer.

You will fill this form in twice:

- You can share the form in your participants' manual with your mentor, and it serves as a self monitoring tool
- The form which you will hand in will inform the trainers about your level of performance and where you still need support.

Be honest with yourself, this is not a test, just self evaluation.

| | Please rate yourself with regard to the following competencies | I can do this, I am confident | I can do this but I need some more practice | I am still hesitant in doing this | I cannot do this |
|-----|---|-------------------------------|---|-----------------------------------|------------------|
| 1. | Present my tasks in community TB control | | | | |
| 2. | Present basic information about the TB and drug resistant TB (DR-TB) disease and the TB situation in my district | | | | |
| 3. | Inform presumptive TB patients about the availability of TB services | | | | |
| 4. | Give TB patients adequate community DOT and treatment support | | | | |
| 5. | Give quality TB health education to individuals and groups in my community | | | | |
| 6. | Discuss TB stigma and how to address TB stigma in my community | | | | |
| 7. | Inform patients, health workers and the community about the patients' charter | | | | |
| 8. | Advocate for access to quality TB care in my district | | | | |
| 9. | Mobilise my community for TB control | | | | |
| 10. | Inform the community about the TB and HIV services in the district | | | | |
| 11. | Monitor and evaluate the community TB activities and learn from the results | | | | |
| 12. | Develop my annual action plan for community TB together with the nurse in charge and the village health committee | | | | |

Participants' Manual 9.1.2 Course Evaluation

A. The Sessions

How do you rate the different sessions? You can score by putting an X in the appropriate box.

| | Title of Session | Excellent | Good | Average | Poor |
|--------------|---|-----------|------|---------|------|
| Day 1 | | | | | |
| 1.1 | Introduction of the Training Course | | | | |
| 1.2 | Your Tasks in Community TB | | | | |
| 2.1 | Identifying TB | | | | |
| 2.2 | TB/HIV Situation in Your District | | | | |
| 3.1 | TB Treatment | | | | |
| 3.2 | Treatment Adherence | | | | |
| Day 2 | | | | | |
| 4.1 | Stigma | | | | |
| 4.2 | Human and Patient Rights | | | | |
| 5.1 | Health Education for Individual and Social Change | | | | |
| 5.2 | Health Education Session | | | | |
| Day 3 | | | | | |
| 6.1 | How to Mobilise Communities for TB/HIV | | | | |
| 6.2 | Advocacy for TB/HIV | | | | |
| 7.1 | Organisation of TB services | | | | |
| 7.2 | How do Stakeholders in TB Control Collaborate? | | | | |
| Day 4 | | | | | |
| 8.1 | Monitoring and Evaluation | | | | |
| 8.2 | Community TB Action Plan | | | | |

B. Overall, did you learn what you wanted to learn? Yes, No or not fully? Indicate this with an X in the appropriate box.

☐ Yes ☐ No

If no, please comment

☐ Not fully

If not fully, please comment

C. How did you rate the following?

You can score by putting an X in the appropriate box

| | Excellent | Good | Average | Poor |
|--------------------------|-----------|------|---------|------|
| The training methodology | | | | |
| The training materials | | | | |
| The trainers | | | | |
| The training venue | | | | |

D. What suggestions do you have to improve this course? Please write them here.

SESSION 9.2: CERTIFICATES

A representative of the District or Province is requested to hand out the certificates.

DAILY RECAP

Duration: 15 minutes

OBJECTIVES:

Participants summarize key learning points of the previous day, by doing so they remember, reinforce their learning and link the different program sessions.

METHODOLOGIES:

Chosen by the participants themselves.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

- Ask for volunteers the day before.
- Explain the purpose of the recap and motivate the volunteers to choose a creative and participatory approach so that all participants participate actively. Give examples of participatory approaches: ask questions, let participants define questions, make a quiz.

TRAINERS' INFORMATION

1. Recap: What and Why ?

In the recap the participants summarize the key issues of the day before. This helps them not to lose track, to repeat the key learning points and thus reinforce their learning.

2. How to do a Recap?

The participants do the recap: every day there are two participants who are responsible for preparing and facilitating the recap. Make sure that these "volunteers" are chosen at the beginning of the day, so that they are prepared.

The participants which do the recap choose the methodology themselves. It's important that the recap is interactive and involves all the participants.

3. Ideas for a Recap

A. Quiz with a ball

Preparation the evening before:

1. Prepare some questions on the key topics of the day: keep it simple, focus on what people must know as a CHW; for example:
 - Mention 3 tasks of a CHW
 - What is the total duration of the TB treatment?
2. Write each question on a card
3. Make a ball of paper or use a real ball.

The Recap

1. Participants stand in a circle
2. The "quiz master" has the ball explains the rules of the game: throw the ball to somebody, the person who catches the ball gets a question from the quiz master. When this person has answered the question, he/she throws the ball to another person, etc.

Alternative Approach

Write the questions on strips of paper. Make a ball out of these paper strips. The person who catches the ball, unwraps a strip, and reads/answers the question.

B. Timeline

The participants doing the recap prepare a timeline on a flip chart with the 4-5 key topics of the previous day. For each topic ask different participants: their main lesson learned. This exercise should be done quickly.

It is more interesting if you make "pictures" or "cartoons" of these key topics.

Yesterday's Timeline

TB disease

The TB situation in your community

TB treatment

Supporting patients with treatment adherence

C. Interview

The participants doing the recap prepare key questions. They walk around in the room, like journalists, asking questions. The questions should not only focus on "knowledge" but also on "examples from the community".

EVALUATION OF THE DAY

Duration: 15 minutes

OBJECTIVES:

The participants and the trainers give feedback on the content and learning process of today's training program.

METHODOLOGIES:

Short and participatory evaluation methods are described below.

MATERIALS NEEDED:

The materials needed for each exercise are listed alongside the methods.

WORK FOR THE TRAINER (TO DO IN ADVANCE):

Choose an evaluation method and prepare the materials needed.

1. EVALUATION LINE

WHAT IS THIS?

A quick and active way to evaluate and share within the group.

MATERIALS AND SETTING

An open space is needed where people can make a line.
A tape line on the floor indicating from left to right: 0 to 10.

TRAINING PROCESS

1. Ask participants how they rate today's training program and to position themselves on the line (which is marked with tape on the floor) from 0 (poor) to 10 (very good)
2. Participants position themselves on the line, and share with participants next to them why they have chosen this position: what they liked and did not like about the training program. Participants can decide to put choose another position on the line, having heard the explanations of others
3. When the line is definite, the facilitator invites some participants to explain their position to the whole group.

Variation

Ask more specific questions, e.g. How much did you learn? How do you rate the facilitation?

2. SMILIES

WHAT IS THIS?

A quick exercise, where participants use "smilies" to indicate their level of appreciation.

MATERIALS AND SETTING:

A flip chart with smilies and markers.

TRAINING PROCESS

Participants give their feedback on the session/the workshop, by putting an X next to the appropriate smiley.
Trainers should leave the room so that participants feel free to give their score.
This method gives a quick overview of participants' opinion.
To get more information about the background of the scores: ask participants what the reasons are for the scores given.

Variation:

Instead of "Content" and "Methodology", ask participants to rate e.g. "active participation", "how much they have learned".

3. PAPERS IN THE HAT

WHAT IS THIS?

An exercise enabling participants to rate the program of the day anonymously.

MATERIALS AND SETTING:

A container (hat) and small pieces of paper.

TRAINING PROCESS

The trainer writes the evaluation question on a flip chart, e.g.

- What was your main learning point today?
OR
- What was your main eye-opener of today's program?

Every participant writes their answer on a small piece of paper and folds it so that it cannot be seen by others.

Participants put the folded pieces of paper in a box/hat.

Each participant takes one piece of paper out of the box, opens it and reads the text clearly in the plenary session.

Variation

Give 2 cards of different colours and 2 different questions, e.g.

- A question on today's program
- A recommendation for the next day.

TRAINERS' EVALUATION REPORT

At the end of the training course, the trainers meet, discuss the questions below and make a Facilitators' report with results, conclusions and recommendations. This report is sent to the Course Coordinator.

1. Participants

- How many participants started and finished the course?
- How many participants met the selection criteria?
- Were the participants on time and sufficiently informed about the training program?
- Were the participants motivated and committed?

2. Training objectives and training content

- Does the training content fit participants' learning needs?
- Was there sufficient time for each session?
- Was the training course appropriate for participants' education level? If not, was it too simple or too complex?

3. Training methodology

- Did the training methods enhance participants' learning?
- Was there enough variety in the training methods?
- Did the trainers master the training methodologies?

4. Training course materials

- Are the trainers' materials comprehensive and understandable?
- Are the participants' materials comprehensive and understandable?

5. Trainers' team

- How was the collaboration among the trainers?
- Did the trainer master the training content and the participatory training methodology?

6. Logistics and Organisation

- How was the logistical support prior to the training and do you have suggestions for improvement?
- How do you rate the: accommodation, Food, Training Rooms, Administrative Support?

7. Any other business.

