

Participants' 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:

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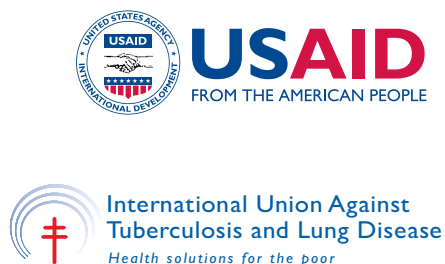
Mr Chenjerai Bhodheni- Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)

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



K N C V
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.

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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



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.

GOALS AND OBJECTIVES

Overall Goal

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 will be 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.

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

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.

COURSE DURATION

The course takes four full days.

AGENDA

1st Day/Time	Session	Facilitator
07.30-08.00	Registration	Secretary
08.00-09.00	Session 1.1 Introduction to 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

SESSION 1.1 INTRODUCTION TO THE COURSE

1.1.1 Objectives for this Module

By the end of this module, participants will:

- 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.

1.1.2 Who Are You?

What is your name?
What is your function?
Where do you work?

SESSION 1.2 YOUR TASKS AND LEARNING NEEDS IN COMMUNITY TB

1.2.1 Exercise: 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).

1.2.2 Table 1: Tasks in Community TB

Prevention	Diagnosis/Treatment and Care	Community Mobilisation	Others
Health education Trace contacts of TB patients	Early identification of people with TB symptoms	Coordinate with the village health committee for TB and HIV activities at community level	
	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

SESSION 2.1 IDENTIFYING TB

2.1.1 Objectives for this module

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

- Present basic information on TB and DR-TB symptoms, transmission and diagnosis
- Present approaches 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.

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.

Do you know any other misconceptions about TB in your community?

As a CHW, how do you address these misconceptions?

SESSION 2.2 TB/HIV SITUATION IN YOUR DISTRICT AND COMMUNITY

2.2.1 Facts About TB/HIV in Your District and Community

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.

MODULE 3: TB TREATMENT AND ADHERENCE

SESSION 3.1 TB TREATMENT

3.1.1 Objectives for this Module

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

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

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 if they have severe side effects?
9. What is Direct Observed Treatment?
10. What is the role of CHWs and Volunteers in TB treatment?

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.*

SESSION 3.2 TREATMENT ADHERENCE SUPPORT

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.

3.2.2 How Can CHWs Support TB Patients in Treatment Adherence?

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 again for DOT, he refuses to take the drugs, as he feels so sick.

Prepare yourself:

Discuss in your team:

- As a CHW what do you 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, is HIV positive and is 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:

- With 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 MDR-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 to cover it. 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. Chipso has to go to work

Chipso 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. Chipso is desperate and contacts you, the CHW.

Prepare yourself:

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

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/organizations (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.

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, to address this situation 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 must be able to manage drugs and have easy access to the health facility for monitoring and to obtain new supplies of drugs.

3.2.5 Meeting Between the Patient, the Health Worker and the 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. A family member can also be a treatment supporter and then the community TB treatment supporter can play a overseeing role and support both the family and the patient.

MODULE 4: HUMAN AND PATIENT RIGHTS

SESSION 4.1 STIGMA

4.1.1 Objectives for this Module

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

- Identify the different forms and causes of stigma associated with 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.

4.1.2. Exercise: Exploring Stigma in Different Contexts

Work in subgroups and discuss the questions 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?

4.1.3. Questions and Answers about Stigma

a. Where do TB patients experience stigma?

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

b. How do you recognise stigma?

- Discrimination, social disapproval
- Rejection
- People (or the patient themselves), think having the disease is the patient's own fault
- Shame (self-stigma).

c. What are the attitudes and feelings towards people with TB?

- There is fear of people with TB, fear of being infected
- Some communities believe 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 by family/losing friends and accommodation etc.
- Kicked out of school
- Psychosomatic stress
- Feelings of loneliness/depression
- Loss of income.

Stigma Violates Human and Patient Rights

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

4.1.4. Exercise: Addressing Stigma

Discuss the following questions in 'buzz groups':

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

Write the answers in your notebook

4.1.5. Actions to Address Stigma

What can CHWs do?

- Know the dos and don'ts around TB infection control for patients, family and community
- Discuss the stigma and misconceptions around TB and HIV with the patients and their family to take away the fear of 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 the confidentiality of TB/HIV patients on treatment.

What qualities are needed?

- Respect for patients
- The ability to listen to patients and community members
- The ability empower patients
- The courage to address stigma.

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 RIGHTS AND RESPONSIBILITIES

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

4.2.2 Why have 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.

4.2.3. Exercise: Working with the Patients' Charter

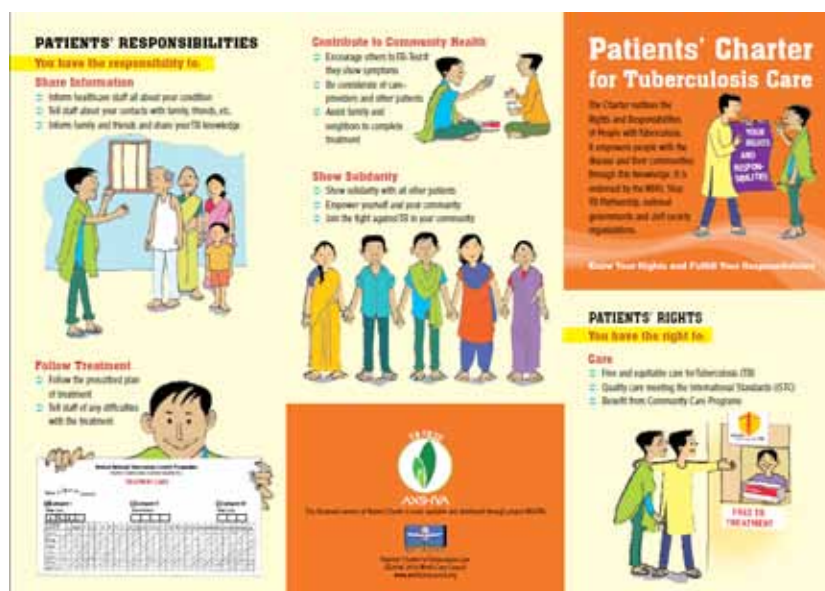
Work in your subgroup on one 'Patient Right' and one 'Patient Responsibility':

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

4.2.4 Adjust the Patients' Charter to the Community

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



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

MODULE 5: HEALTH EDUCATION

SESSION 5.1 HEALTH EDUCATION FOR INDIVIDUAL AND SOCIAL CHANGE

5.1.1 Objectives of This Module

By the end of this module, participants will be 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.

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.

5.1.3 Three Questions to Answer Before Planning TB Health Education

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

1. Which people in my community are most at risk of TB?
Some examples of TB risk groups:
 - 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 five
 - 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?

5.1.4 Exercise: Key TB Messages

You will find four flip charts in the room with the following key TB aims:

1. Find more people with symptoms of TB at an early stage
2. Increase treatment adherence
3. Combat stigma
4. Prevent TB infection.

Together with your neighbours take one or two of the TB messages (see below) which are on the coloured cards, and stick them on the appropriate flip charts.

5.1.5 TB Messages

There are different TB messages, for different target groups and with different purposes.

The TB Messages are:

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 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 TB Messages Aim to:

1. Find more people with the symptoms of TB at an early stage
2. Increase treatment adherence
3. Combat stigma
4. Prevent TB infection.

5.1.6 Exercise: Personal Example of Changing Unhealthy Behaviour

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

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 to behave differently and be able to do so. Behaviour change is a step-by-step process which takes time. 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.

SESSION 5.2 HEALTH EDUCATION SESSION

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 visiting an outreach clinic
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 will you use?)

5. Which educational materials will 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.



MODULE 6: COMMUNITY MOBILISATION AND ADVOCACY FOR TB/HIV

SESSION 6.1 HOW TO MOBILISE COMMUNITIES FOR TB/HIV

6.1.1 Objectives

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

- Present why community mobilisation for TB/HIV is needed
- 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.

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.

6.1.3 Example of Planning for Community Mobilisation

To plan for community mobilisation you need to answer the five questions in the table.

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

6.1.4 Exercise: Plan for Community Mobilisation

20 minutes

Work in a buzz group and design one activity for your community mobilisation plan.

Fill in the table on page 21.

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.

SESSION 6.2 ADVOCACY FOR TB/HIV

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.

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.

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 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 also be advocates.

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.

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.

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.

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.



MODULE 7: ORGANISATION OF TB CONTROL IN THE COMMUNITY

SESSION 7.1 ORGANISATION OF TB SERVICES

7.1.1 Objectives for this Module

By the end of this module, the participants will 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.

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?

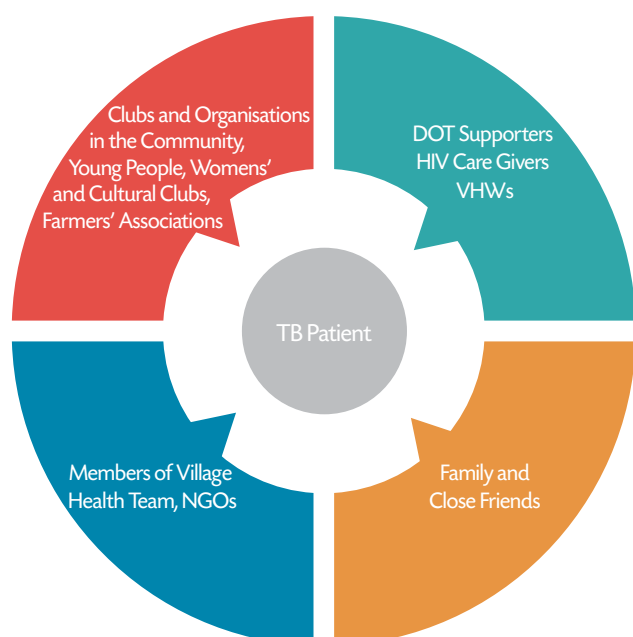
Task	Which people do this for your community?
1. Identifying people who probably have TB	
2. Sputum collection	
3. Sputum testing	
4. Diagnosis of TB	

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 CHWs	

7.1.3 How the Community and Health Facility Work Together



7.1.4 Possible Players in TB Prevention and Care at Primary Health Care Level



SESSION 7.2 HOW DO STAKEHOLDERS IN TB COLLABORATE?

7.2.1 Exercise: Patient Referral at Community Level

Discuss one of the cases given to your group, with your group members. Write the answers in your notebook and for presentation in the plenary session.

A. Referral of a person with presumptive TB.

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

- ♦ To whom does the CHW refer Mr. Sibanda?
- ♦ Which forms are filled in?
- ♦ To whom are these forms sent?
- ♦ How does the CHW know the result of the diagnosis?

B. Interrupters follow up by the CHW

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

- ♦ What should the nurse in charge do?
- ♦ What should the CHW do?
- ♦ What forms are used and by whom?

C. Referral of TB patient for DOT

Tsitsi a 25 year old married woman, has been diagnosed with TB. She agreed to have community based treatment with the DOT observer in her village. A meeting has taken place which included the nurse, DOT supporter and Tsitsi to agree on DOT support.

- ♦ To whom does the nurse in charge refer the client?
- ♦ Which forms are filled in?
- ♦ To whom are these forms sent?
- ♦ Who informs the DOTS supporter?

D. Follow up of TB patients

Tsitsi needs to go to the DOT Health Facility after two months, three months if his sputum is still positive at two months, five months and at end of treatment.

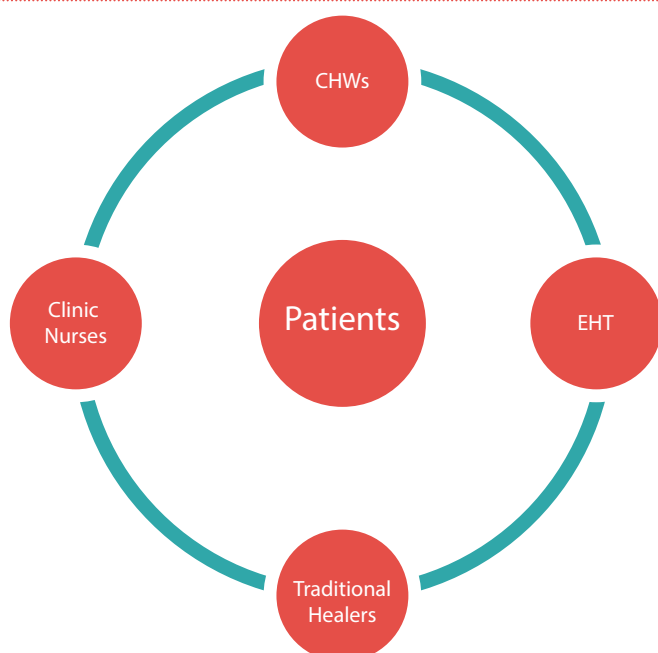
- ♦ What must the DOT supporter do?
- ♦ What must the nurse do?
- ♦ Who informs the DOT supporter about the results?
- ♦ Who informs the CHW about the results?

E. Contact tracing by CHW

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

- ♦ How should the CHW trace the household contacts?
- ♦ What forms are used for the referral?
- ♦ How is the CHW informed about the results of the household contacts screening?

7.2.2 How Can Collaboration Between the Stakeholders Be Improved?



With whom do you want to improve collaboration?

What can you do to improve the collaboration with these stakeholders?

MODULE 8: MONITORING, EVALUATION AND PLANNING

SESSION 8.1 MONITORING AND EVALUATION

8.1.1 Objectives of this Module

By the end of this module, participants will be 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.

8.1.2 Monitoring and Evaluation



When we make a trip by bus with blinds on the windows, we are unable to see anything: the road, the landscape nor the people. We don't even know where we are going, at what speed nor whether we will reach the destination. When the blinds are open, we can see what's happening and we can even tell if the driver takes a wrong turn. We can monitor the progress we make on the road and we can evaluate whether we took the most efficient/safest route.

Monitoring is measuring progress.

Evaluation is measuring achievements after a given time.

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.

8.1.4 The Forms Which are Used for Community TB

The forms and community register book developed for recording data of CHW are:

- Presumptive TB referral form
- Community register
- Contact tracing form
- Patient Adherence card.

8.1.5 Exercise: Fill in the Forms

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

1. Who fills in these forms?

Presumptive TB referral form:

Community register:

Contact tracing form:

Patient Adherence card:

2. To whom do you send the forms?
Presumptive TB referral form:
Community register:
Contact tracing form:
Patient Adherence card:
3. Do you receive feedback on the forms you have filled in? When and from whom?
Presumptive TB referral form:
Community register:
Contact tracing form:
Patient Adherence card:

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.

SESSION 8.2 COMMUNITY TB ACTION PLAN

8.2.1 Make a Community 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				

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.

MODULE 9: EVALUATION OF THE TRAINING COURSE

SESSION 9.1 EVALUATION

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 in the appropriate box.

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				

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.

THE RECAP

1. Recap: What and Why

At the start of the day, two participants will do a recap.

The recap aims to summarize the key issues of the previous day, so that you repeat what you have learnt, and keep on track.

2. How to do a recap

Two participants prepare a recap of the day before. They decide:

- What were the key issues of the day?
- How the recap will be done (the methodology)

Make sure that participants are active during the recap: they need to say what they have learnt.

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 CHWs; e.g.

- 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 out of paper or use a real ball.

The Recap

1. Let people stand in a circle
2. The "quizmaster" 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 and make a ball out of these paper strips. The person who catches the ball, unwraps a strip, and reads/answers the question.

B. Timeline

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

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

