

ENGAGE-TB

Integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations

Training of community health workers and community volunteers

Facilitators' guide



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**World Health
Organization**



FIGHT
POVERTY

GET TESTED

END TB IN
MY LIFETIME

TREAT TB AND HIV

BETTER TB
TESTS NOW!

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All the contributors completed a Declaration of interests for WHO experts form. The declarations were analysed by the TB/HIV and Community Engagement unit of the WHO Global TB Programme, which found that no significant interest had been declared.

The following interests were declared:

Petra Stankard declared currently being employed by PSI, an international nongovernmental organization which may receive funds for implementing community engagement work. As such, PSI has an interest in successful use and publication of this document to support its work.

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Acronyms

CHW	community health worker
CV	community volunteer
NGO	nongovernmental organization
TB	tuberculosis

Community health workers

Community health workers are people with some formal education who are given training to contribute to community-based health services, including TB prevention and patient care and support. Their profile, roles and responsibilities vary greatly among countries, and their time is often compensated by incentives in kind or in cash.

Community volunteers

Community volunteers are community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers.

Preamble

This facilitators' guide for training community health workers (CHWs) and community volunteers (CVs) is intended for training in tuberculosis (TB) and integration of TB prevention and care services into community-based activities. The training lasts 3 days. It includes a PowerPoint slide set, which is an integral part of the guide. Together, these allow the facilitator to progress carefully from one idea to the next. This document is not for use directly by CHWs or CVs.

It is important for facilitators to be familiar with the content of the training course. For this reason, they are advised to print, read and keep a copy of the ENGAGE-TB implementation manual¹ with them, as it provides fuller explanations on each topic.

Someone knowledgeable about TB from a medical perspective should be present to help deliver this training or be available throughout it. Numerous questions about the disease are bound to come up, for which answers may not be available in this guide or in the implementation manual. All questions about TB must be addressed if CHWs and CVs are to have confidence in their knowledge and become effective teachers and trainers in their own communities. The TB expert could deliver module 3 (TB—the basics) and be on standby to give clarifications and respond to questions.

This guide is written in English because it is intended for use by facilitators. The training of CHWs and CVs should, however, always be delivered in the language known to all the trainees. If possible, the PowerPoint slides should be translated into the language that is being used in training and adapted to reflect local realities (global data are used in this guide). If the slides cannot be translated, the English slide set can be presented, but every term must be explained carefully and simply in the local language, with extensive use of flip charts.

Delivery of the training in the local language, using expressions that are easily understood by CHWs and CVs, is crucial to the success of the training.

Adequate time has been provided in each session for extensive interaction, questions and answers. The number of trainees should ideally not exceed 20. There is value in repeating ideas and concepts, so that the CHWs and CVs can assimilate them fully. As it is important to ensure that each participant learns, interactions should not be dominated by a few; the facilitator must deliberately engage all individuals.

The facilitator would do well to frequently ask different trainees to explain what was learnt in a particular portion of the course. Such recapitulation by trainees will indicate to the facilitator what was actually learnt and what gaps should be filled. It will also help trainees to fully assimilate lessons by repeating them and expressing them in different ways. This method must be employed throughout the training, in all segments.

Finally, the tone of the training should be open, free and respectful. CHWs and CVs should be made to recognize how important they are as the primary vehicles for the delivery of community-based services. Their experiences, views and ideas must be expressed, heard and respected and used in the training. In the end, they will know best how to implement the ideas contained in this training guide.

¹ Implementation manual. ENGAGE-TB: integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations. Geneva: World Health Organization; 2013 (http://www.who.int/tb/people_and_communities/engage_tb_im/en/).

1. Background and rationale for the guide

In 2013, an estimated 9 million people contracted tuberculosis (TB), and 1.5 million died from the disease, including 510 000 women and 80 000 children.² Geographically, the burden of TB is highest in Asia and Africa. Almost 80% of TB cases among people living with HIV are in Africa, and TB is the main cause of illness and death for people living with HIV; about one quarter of deaths of people with AIDS are linked to TB. At least one third of people with HIV also have latent TB, and they have a much higher risk for developing active TB disease. Intensified efforts to diagnose multidrug-resistant TB, to enrol the patients in treatment and to improve treatment outcomes are urgently needed. In addition, TB is linked to chronic diseases such as diabetes and factors that lead to ill health, such as tobacco and drug use, alcoholism and malnutrition. These are often associated with poverty, crowded living conditions and poor access to basic hygiene. Pregnant women and young children are very vulnerable to TB.

About one third of the estimated TB cases are either not diagnosed or not reported. These are often in the most marginalized and disadvantaged populations, such as the poor, women, children, migrants, refugees, mine workers and people who use drugs. Even when people with suspected TB are identified, the disease is often diagnosed and treated late. This means that it causes more damage and can be more difficult and expensive to treat. If a person has active pulmonary (lung) TB but does not get treatment, more people will be infected. The number of cases of multiple drug-resistant TB is increasing each year. In order to “reach the unreached” and to improve the detection and reporting of TB, new, sustainable approaches are needed that go beyond existing health facilities to community structures and individual households.

Nongovernmental organizations (NGOs) and other civil society organizations are often able to engage vulnerable and remote groups effectively. The ENGAGE-TB operational guidance of WHO, released in 2012, makes the case for increased engagement of NGOs and other civil society organizations in TB work. It describes what these organizations can do to integrate community-based TB services into their work in reproductive, maternal, newborn and child health, HIV prevention and care and other sectors and how they might effectively collaborate with national TB programmes. In 2013, WHO published an accompanying implementation manual as a “how-to” guide to support the ENGAGE-TB operational guidance. The ENGAGE-TB training manual, published by WHO in 2014, provides step-by-step training of NGO staff, consultants and national TB programme staff in ENGAGE-TB to integrate TB services into existing community-based work.

The main implementers of community-based TB services, however, are CHWs and CVs, depending on national and local contexts. CHWs have some formal education and are trained to contribute to community-based health services, including TB prevention and patient care and support. Their profile, roles and responsibilities vary greatly by country, and their time is often compensated by incentives in kind or in cash. CVs are community members who have been systematically sensitized about TB prevention and care, either through a short, specific training scheme or through repeated, regular contact sessions with professional health workers. A request was made for a more compact training tool that specifically addressed the needs of CHWs and CVs, so that NGOs and governments working with and through such cadres could more easily train them in integrating TB services into their community-based work. This facilitator guide addresses that request for a compact training tool. It draws on all the previous ENGAGE-TB materials and repeats some of the content in order to be a stand-alone document to assist facilitators of CHW and CV training.

2. Purpose

This guide is designed to assist facilitators in training CHWs and CVs in integrating community-based TB services into their work. The training will help community workers who already provide numerous services to understand TB and contribute to prevention, care and support services in their communities.

2 Global tuberculosis report 2014. Geneva: World Health Organization; 2014.

3. Training overview

The training includes six training modules. It starts with introductions, objectives and norms, followed by a brief presentation of the ENGAGE-TB approach, which will enable CHWs and CVs to integrate TB activities into their existing work. The third module allows substantial time for CHWs and CVs to understand the basics of TB: its signs and symptoms and how it can be prevented and treated. The fourth module deals with integration of community-based TB services into community work. This is followed by a field visit to a TB clinic so that CHWs understand how clinical and laboratory aspects are handled. Finally, the CHWs and CVs reflect on what they have learnt and describe how they will integrate TB services into their work on their return home.

4. Pre-training preparation

Before the start of the training, the facilitator should ensure that all the materials necessary for the conduct of a training workshop are available. Particular attention should be paid to ensuring that written material in the local language is available; all slides and diagrams with writing should be translated. Flip charts should be prepared to help with the training. Copies of materials to be distributed should be prepared. The list of participants should include meal preferences. Arrangements for the field visit should be made in advance, with agreement for the visit from two to four health facilities or TB clinics. It is preferable that each facility be visited by a small group of five to seven people, so that each individual has adequate opportunity to learn and observe. Preparations for the closing ceremony should also be made in advance, such as invitations to the proposed chief guest and other guests. A suitable expert in TB should be identified to accompany the training, who has proven experience in teaching or training and can explain medical and scientific terms and concepts simply and communicate them in the local language. Certificates to be presented at the closing ceremony (a template is provided in Annex 3) should be printed in advance or soon after the start of the training.

5. How to use this guide

This guide contains modules and units. The guidance for each module includes its objectives, overview, duration, materials required for teaching and learning and/or preparation, a step-by-step approach and notes for the facilitator.

1. Module objectives

Describes what the participants will be able to do by the end of the module, demonstrating achievement of knowledge, skills and attitudes. These are derived from the unit(s) covered in the module.

2. Module overview

Provides a breakdown of the module into the sub-tasks that will be covered.

3. Module duration

The total time expected to be required to cover the interactive lectures and activities.

4. Preparation and materials

The equipment, tools and job aids required for the modules and what the facilitator should do before beginning the module.

5. Step-by-step process

Instructions for conducting the modules to achieve the objectives. An interactive, participatory approach is used.

6. Notes for the facilitator

Additional information, such as background notes or alternative ways of managing a particular activity in a given module.

Annex 1 gives a recommended timetable for facilitators, which can be adapted to suit the circumstances of the training.

DAY 1

MODULE 1. Introductions, objectives and norms

Module objectives:

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

- know one another better
- understand the training objectives and
- share expectations and agree on “ground rules” for the training.

Module overview: This is a facilitator-led activity with extensive interaction.

Module duration: 1 h 15 min

Preparation and materials:

You will require:

- flipcharts,
- markers,
- PowerPoint slides showing the training objectives and
- copies of the training timetable or a PowerPoint slide with the timetable.

Step-by-step process:

STEP 1. Official opening: welcoming remarks (15 min)

The official opening is optional, depending on whether special guests are to be invited. Allow for flexibility, and consult your team and organization on the protocol to be followed. Ensure that this step does not take much time.

STEP 2. Introductions by participants (45 min; 1 h if there is no opening ceremony)

1. Explain to the participants that this will be a highly participatory 3-day training, and it therefore helps to know one another from the beginning.
2. Ask the participants to form pairs for about 10 min to get to know each other better (activity 1). Then, ask each participant to introduce his or her partner to the larger group, as follows (1 min each):
 - name
 - organization or affiliation
 - role and current tasks
 - one expectation of the training workshop
 - one ground rule to observe during the training.

Write down the participants' expectations and ground rules on separate flipcharts. Have a brief (5 min) discussion to agree how the ground rules will be enforced

STEP 3. Training objectives and timetable (Annex 1) (15 min)

1. Present the training objectives.
2. Compare the participants' expectations with the training objectives.
3. If some expectations do not correspond to the training objectives, discuss how they might be incorporated into the training.
4. If an expectation cannot be met in the current training, discuss this openly with the participants.
5. Present the timetable, so that participants know what to expect during the 3 days of training.

Notes for the facilitator:

- Module 1 should be kept simple and within the schedule as much as practically possible. The focus is on welcoming participants and giving the training programme the right atmosphere, allowing participants to feel comfortable in embarking on their "learning journey".
- Remember to prepare enough copies of the documents you are distributing for the number of participants you have.

MODULE 2. Introduction of the ENGAGE-TB approach

Module objectives:

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

- explain the context and rationale of the ENGAGE-TB approach and
- describe the broad range of community-based activities that could be integrated into existing health or other development programmes.

Module overview: This is an interactive lecture presentation.

Module duration: 45 min

Preparation and materials:

- Flipcharts or white board
- Markers
- PowerPoint slides showing the WHO ENGAGE-TB operational guidance
- PowerPoint projector

Step-by-step process:

STEP 1. Present the PowerPoint slides for unit 2, ENGAGE-TB operational guidance (45 min)

1. Present the WHO ENGAGE-TB operational guidance, stressing that:
 - TB is still one of the world's main infectious killer diseases, second after HIV (use local or national data on TB incidence and prevalence during this session).
 - An estimated one third of cases of TB are still either not diagnosed or not reported.
 - TB can be prevented and is curable.

- TB is not only a public health issue but also a social problem.
- A wider range of stakeholders should be involved.
- NGOs and other civil society organizations can make a huge difference if they integrate TB activities into their existing community-based programmes.
- Integration is not difficult; referral of people with TB signs and symptoms and support to those on treatment are the main activities.
- Collaboration between national TB programmes and NGOs is desirable.
- CHWs and CVs are the community agents who actually integrate TB into community activities. They are crucial to successful implementation
- Two core indicators must be monitored to determine how effective community-based TB services are in ensuring the diagnosis of new cases and successful treatment of patients. The indicators can be complemented by others, but these two are aggregated globally and included in the global TB report.

Notes for the facilitator:

- The aim of this module is to familiarize the participants with aspects of WHO's ENGAGE-TB operational guidance related to the need for integration and the areas of integration.
- Emphasize the importance of integrating TB activities into the work of CHWs and CVs.
- Explain the concept of notification to the national TB programme and why it is important. Explain the role of CHWs and CVs in finding and notifying new cases.

MODULE 3. TB—the basics

Module objectives:

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

- explain what TB is and how it is transmitted,
- describe the signs and symptoms of TB,
- list factors that make people more vulnerable to TB,
- describe how TB can be prevented,
- explain how TB is usually treated and
- describe how TB and HIV infection affect each other.

Module overview:

This is a highly participatory module that will involve brainstorming, an interactive lecture and small group tasks.

Module duration: 6 h

Preparation and materials:

- Flipcharts
- Markers
- PowerPoint slides

- PowerPoint projector
- Prepared flipcharts with the tasks for brainstorming and small group activities

Step-by-step process:

STEP 1. Brainstorming on what TB is (15 min) (activity 2)

- Co-facilitate this step so that one person leads the brainstorming and one writes the answers on a flip-chart or whiteboard.
- Take your time. This is the first session in which participants provide input, so they should be made to feel welcome to contribute. Allow repetition of ideas to ensure that all participate.
- Write the abbreviation “TB” in the middle of the flipchart or whiteboard.
- Ask participants to say what they know about TB or what comes into their minds when they hear the abbreviation TB.
- Say that all contributions are welcome and that there is no bad or good contribution.
- The lead facilitator must maintain contact with the group and encourage contributions.
- After 15 min, you can stop, saying “It seems we have a good number of things we can link to TB; we shall now discuss some of them in greater depth”.
- Some words that may come up are “tuberculosis”, “coughing”, “weight loss”, “night sweats”, “curable”, “associated with HIV”, “infectious”, “lungs”, “BCG vaccine”.

STEP 2. Present the PowerPoint slides for unit 3.0, What is TB? (30 min) and How is TB transmitted? (45 min)

Make this an interactive discussion; let participants ask questions and contribute to the discussion on:

- the definition of TB and
- TB transmission.

Allow “buzz” groups to discuss after each slide, and encourage feedback from their discussions. Do not hurry; take the full allotted time for each slide to ensure full understanding. Ask a few individuals to recapitulate what they have learnt after their discussion or whether they have additional questions. (Note: “Buzz” groups are groups of three to four people sitting next to each other, organized where they are seated, without leaving their chairs. They could move their chairs a little to form a semi-circle, or, if possible, a circle. The facilitator should simply show which three to four people should organize a buzz group.)

STEP 3. Present the PowerPoint slides for unit 3.1, Signs and symptoms of TB (1:30 h) and 3.2, What makes people more vulnerable to TB? (1:15 h) and How can we prevent TB? (30 min).

- Encourage participants to ask questions, and clarify any areas of disagreement.
- Encourage participants to express their own views and experiences.
- Allow buzz groups to discuss each slide, and solicit feedback.
- Ask a few individuals to recapitulate what they have learnt, and fill any gaps.
- Do not hurry. Allow repetition so that individuals can express the ideas and thus internalize them.
- Conclude by emphasizing that TB is preventable and curable and that community engagement can make a large difference to how TB is perceived and managed.

DAY 2

Start the day with a quick recapitulation of TB signs and symptoms and how TB can be prevented (15 min). The session should be led by the participants, with the facilitator asking them to provide input by asking questions such as “What are the TB signs and symptoms?” and “What else?” after some inputs are received, until all responses are exhausted. Repeat similarly for TB prevention. Once all inputs are received, the facilitator should thank and congratulate participants and then add any missing points. Continue with step 4 below

MODULE 3. TB—the basics (continued)

STEP 4. Present the PowerPoint slides for unit 3.3, How is TB usually treated? (55 min) and How do TB and HIV infection affect each other? (50 min)

Make this an interactive discussion; let participants ask questions and contribute to the discussion on how TB is treated and the relation between TB and HIV infection.

- Remember that these are complex topics and must be explained simply.
- Explain how TB is treated.
- Allow questions.
- Break participants up into small buzz groups and allow 10 min of discussion on the topic.
- Ask each buzz group to report on their conversations, and affirm all the right messages.
- Deal with errors in understanding by clarifying the correct answer. Use the medically qualified TB expert extensively in this session, but ensure that the language remains non-medical and simple, as in the ENGAGE-TB implementation manual.
- Make a summary at the end that repeats all the most important points.
- Explain how TB and HIV infection affect each other.
- Allow questions.
- Break participants up into small buzz groups and allow 10 min of discussion on the topic.
- Ask each buzz group to report on their conversations, and affirm all the right messages.
- Deal with errors in understanding by clarifying the correct answer. Use the medically qualified TB expert extensively in this session, but ensure that the language remains non-medical and simple, as in the ENGAGE-TB implementation manual.
- Make a summary at the end that repeats all the most important points.

Note to the facilitator:

- Thank participants for bringing up diverse points.
- The aim of the module is to give participants a simple, clear understanding of the basics of TB, including:
 - how TB is transmitted and how it is not transmitted,
 - TB in children,
 - types of drug resistance and
 - that all TB patients with HIV infection should receive antiretroviral treatment.

MODULE 4. Integrating community-based TB activities into ongoing NGO work

Module objectives:

At the end of the module, the participants will be able to:

- explain the range of community-based TB activities that could be integrated into existing NGO programmes and
- identify specific means and methods for integrating community-based TB activities into their own work.

Module overview:

This is an interactive module, with brainstorming, group work and an interactive lecture and discussion. This module consists of six units covering the integration of TB into programmes for: reproductive, maternal, newborn and child health; HIV infection; primary health care; water, sanitation and hygiene (“WASH”); agriculture; and livelihoods. Only one of the six units should be covered, according to the area in which the CHWs or CVs work. If a mixed group is being trained, for example working on reproductive, maternal, newborn and child health and on agriculture, they should be divided into two appropriate groups. The aim is to enable trainees to return to their work with a clear understanding of how they will integrate TB into their programme. The training is specific to the work they do.

Module duration: 4:15 h

Materials and preparation:

- Flipcharts
- Markers
- PowerPoint slides
- PowerPoint projector

Step-by-step process:

STEP 1. Present the PowerPoint slide on unit 5.0, Range of community-based TB activities (1 h)

- This slide contains many ideas; each should be discussed and understood.
- Clarify each theme and activity, one by one. Do not progress to a second theme until the discussion on the first is complete and all activities clearly understood. Remember that some of these activities will be discussed in depth in the next session in the context of the work of the CHWs.
- Discuss each activity within a theme, and ask participants to provide an example of the activity. Allow two or three examples to be heard.
- Ask participants how they would carry out the activity in their own roles.
- Encourage questions, and respond to them.
- Ensure participation.
- Do not hurry this session. Take the full time allotted.

STEP 2. Choose the unit to be taught. If the group is a mixed group, working in more than one sector, and two or more units are to be taught, divide the groups according to their activities and responsibilities. You will require multiple facilitators for multiple groups, with one per group. The participants should be assigned to groups integrating TB into work on:

- maternal, newborn and child health;
- HIV infection;
- primary health care;
- water, sanitation and hygiene (“WASH”);
- agriculture; and
- livelihoods.

STEP 3. Present the PowerPoint slides only for the relevant unit (5.1, 5.2, 5.3, 5.4, 5.5 or 5.6) on the community-based TB activities that could be integrated into existing NGO programmes (3 h).

- Encourage participants to ask questions and share their experiences.
- Ensure that each activity is described and explained in simple language.
- Ask participants to provide examples of how they might implement the activity.
- Take time. Do not hurry. Allow repetition of ideas and examples given by the participants to help them to internalize the ideas.
- Clarify as necessary.

Notes for the facilitator:

- The aim of this module is to provide participants with in-depth understanding about integrating TB activities into their activities.
- Emphasize that integration of TB programmes would contribute to reaching more people with TB services and thus strengthen TB prevention, diagnosis and treatment.

DAY 3

Start the day with a quick recapitulation of integrating TB into the particular area(s) of work covered in the training (15 min). Show slide 67 as an aid. Ask participants to provide input, and then fill any gaps.

MODULE 5. Health facility visit

Module objectives:

At the end of the module, the participants will be able to:

- describe how a TB clinic functions and
- understand the strengths and opportunities provided by clinics run by the national TB programme.

Module overview: This is a facilitator-led module.

Module duration: 3-4 h (all morning)

Materials and preparation:

Paper and pen to write notes during the field visit

Step-by-step process:

STEP 1. Collect the participants from the agreed location, and transport them to the agreed sites (ideally, each team should comprise only five to seven participants).

STEP 2. At the health facility, ask the host to show the participants around.

STEP 3. Ensure that the process of receiving, screening, diagnosing and treating a patient is fully covered, including the outpatient department, the laboratory and the TB clinic.

STEP 4. If possible, participants should interview one or two TB patients to understand their experience and concerns.

STEP 5. Let the participants ask questions, and ask the facility staff to give them adequate time to do so.

STEP 6. Thank the hosts.

Notes for the facilitator:

- The participants should be assisted in observing the entire process, from referral to sputum collection to laboratory testing to TB clinic, counselling and directly observed treatment (DOT), so that they fully understand the process of diagnosis and treatment of TB.
- Ensure that the participants see referral forms and the TB register, so that they understand how the source of referral is recorded.
- Each small team should discuss their observations as they return to the training or as soon as they reach the site of the training, before the start of the next session.

MODULE 6. Integrating community-based TB activities: personal perspectives

Module objectives:

At the end of the module, the participant will be able to:

- explain exactly what he or she will actually do to integrate TB activities into his or her own work.

Module overview:

This is an interactive module, with small group work and peer conversations to encourage personal commitment to TB integration.

Module duration: 1:45 h

Materials and preparation:

- Flipcharts
- Markers

Step-by-step process:

STEP 1. Break up into small groups (activity 3) (45 min)

- Ask each group to discuss how they would implement the TB activities in their work as individuals. Ask all individual to share their experiences and the group to discuss them in the small group.

STEP 2. Presentations in plenary (45 min)

- Once the groups have finished their discussions, invite each to present its conclusions in plenary. Allow the presentations to be very detailed and repetitive, as this will help learning.

STEP 3. Facilitate a discussion in plenary on integration of TB activities (15 min)

- Use this time to summarize the key ideas presented by individuals and groups and to reinforce the main messages of integrating TB into community-based activities.

Notes for the facilitator:

- The aim of this module is to enable participants to build personal and group commitment to TB integration.
- Emphasize that all individuals should provide concrete examples of what they will do in their work to integrate TB.

MODULE 7. Evaluating the training

Module objectives:

At the end of the module, the participants will be able to:

- give feedback on the course by discussing its overall strengths and weaknesses and its facilitation and identifying improvements for the future.

Module overview: This is a facilitator-led module.

Module duration: 30 min

Materials and preparation:

- Evaluation forms (translated into the local language)

Step-by-step process:

Evaluation and facilitator's debriefing

- Inform the participants that you are coming to the end of the training and would therefore like feedback from each one.
- Issue an evaluation form (Annex 2) to each participant, which includes:
 - an assessment of understanding of each module,
 - an assessment of the quality of the facilitation,
 - an assessment of the support mechanisms (transport, food, accommodation, logistics) and
 - suggestions for the future.
- Give participants 15 min to complete the form.
- Once everyone has finished, collect all the forms.
- Thank participants for their evaluations.
- Review the participants' expectations together on the flipchart (15 min).

Note for the facilitator:

There are many ways of evaluating a training. The template proposed in Annex 2 may be modified as desired. It should be translated into the local language. If the participants are illiterate, follow the procedure for verbal feedback provided in Annex 2.

MODULE 8. Closing the training

Closing ceremony (1 h)

- Prepare the venue for the closing ceremony, and ensure that:
 - the seating arrangements are finalized and the participants are ready for the ceremony,
 - the certificates are ready and
 - the photographer is ready.
- Ask the chief guest for his or her indulgence in taking part in a group photo.

Step-by-step process:

STEP 1. Verbal feedback (30 min)

- Ask each participant to share his or her feelings about the week and to comment on its usefulness.
- Ask each facilitator to share his or her thoughts and feelings about the week.
- At the end, give the CHWs the contact details of the people they should contact if they have concerns or doubts when they return to their work.

STEP 2. Presentation of certificates and closure (30 min)

- Ask the chief guest to present a certificate to each participant after calling his or her name.
- Ask the chief guest to deliver a closing address and to close the training.
- Ensure that a vote of thanks is given to everyone involved, including the support team, the chief guest and participants.
- Take a group photo, and distribute it after the training.

Notes for the facilitator:

Preparations for the closing ceremony should be made in good time, to ensure that:

- guests are invited, and the attendance of the chief guest is confirmed,
- all the logistics are finalized and
- certificates are printed, with the participants' preferred names.

ANNEX 1. Training objectives and timetable

Training objectives

- **Acquire knowledge and skills related to:**
 - > how community-based TB activities might be integrated into the ongoing work of CHWs and CVs and
 - > which indicators should be monitored to assess progress

Training timetable

Day	Morning	Afternoon
1	<p>MODULE 1. Introductions, objectives and norms (1 hr 15 mins)</p> <p>MODULE 2. Introduction of the ENGAGE-TB approach (45 mins)</p> <p>MODULE 3. TB—the basics (1 hr)</p>	<p>MODULE 3. TB—the basics (continued) (3 hrs)</p>
2	<p>Recapitulation (15 mins)</p> <p>MODULE 3. TB – the basics (1 hr 45 mins)</p> <p>MODULE 4. Integrating community-based TB activities into ongoing work (1 hr)</p>	<p>MODULE 4. Integrating community-based TB activities into ongoing work (3 hrs)</p>
3	<p>Recapitulation (15 mins)</p> <p>MODULE 5. Health facility visit (3 – 4 hrs) (including discussion of observations by the teams visiting the facility)</p>	<p>MODULE 6. Integrating community-based TB activities: personal perspectives (1 hr 45 mins)</p> <p>MODULE 7. Evaluating the training (30 mins)</p> <p>MODULE 8. Closing the training (1 hr)</p>

ANNEX 2. Participants' evaluation

Translate this form into the local language before distributing it. If the CHWs or CVs are unable to read or write, divide the room into five areas numbered 1–5 to represent the scores. Then, ask the questions verbally, and ask participants to stand in the area representing the score they are giving. Enumerate these on a flipchart for all to see.

Instructions

We request you to fill in this short evaluation form to provide us with feedback on your learning experience.

Name: _____

On a scale of 1–5, where 1 = least and 5 = the greatest extent, rate the following items by ticking

Section 1. Topics

- To what extent has the training on the ENGAGE-TB approach enhanced your knowledge on:

	1	2	3	4	5
1. WHO ENGAGE-TB operational guidance					
2. TB—the basics					
3. Integrating community-based TB activities into ongoing work					

Section 2. Facilitation

- What was the quality of the facilitation with respect to each of the following topics:

	1	2	3	4	5
1. WHO ENGAGE-TB operational guidance					
2. TB—the basics					
3. Integrating community-based TB activities into ongoing work					

Section 3. Training support

- To what extent has the training on the ENGAGE-TB approach enhanced your knowledge on:

	1	2	3	4	5
1. Administrative support during the training					
2. Choice of training venue					
3. Quality of food					

What worked well?

What could be improved?

Any other comments?

ANNEX 3. Certificate of participation (template)

Organization logo	
<h1>This is to certify that</h1>	

successfully completed a 3-day course on	
Integrating community-based TB activities into the work of community health workers and community volunteers (The ENGAGE-TB Approach)	
conducted by [organization name]	

at [venue, city and country]	

from _____	to _____ 20____

Facilitator's name	Institution head's (or TB expert's) name
Title	Title
Institution	Institution


ANNEX 4. Presentation slides

Integrating community-based tuberculosis activities into the work of NGOs and other CSOs

**Training of
community health workers
and community volunteers**


Facilitators' Guide

Presentation slides

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Presentation outline

- ▶ **Module 1:** Introductions, objectives and norms 1 hr 15 mins
- ▶ **Module 2:** The ENGAGE-TB operational guidance 45 mins
- ▶ **Module 3:** TB - the basics 6 hrs
- ▶ **Module 4:** Integrating TB into community-health and other programmes 6 hrs
- ▶ **Module 5:** Health facility visit 3 - 4 hrs
- ▶ **Module 6:** Personal perspectives 1 hr 45 mins
- ▶ **Module 7:** Evaluating the training 30 mins
- ▶ **Module 8:** Closing ceremony 1 hr


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Module 1:

INTRODUCTIONS, OBJECTIVES AND NORMS

1 hr 15 mins

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DAY 1 **MODULE 1**

Activity 1: Introductions

- ▶ Official opening 15 mins
- ▶ Pair up and get to know each other 15 mins
- ▶ Introduce your partner using the following parameters: 25 mins
 - Name
 - Organization
 - Role and responsibilities
 - One expectation of the training workshop
 - One ground rule to observe during the workshop
- ▶ Agree how ground rules will be enforced 5 mins

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DAY 1
MODULE 1

Workshop objectives & timetable 15 mins

- ▶ Acquire knowledge and skills to:
 - integrate community-based TB activities into the work of CHWs and CVs
 - monitor community engagement indicators

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DAY 1
MODULE 1

Training Timetable


TIME	AM	PM
DAY 1	Module 1: Introductions, objectives and norms	Module 3: TB – the basics
	Module 2: Introducing the ENGAGE-TB approach	
DAY 2	Recapitulation of Day 1	Module 4: Integrating community-based TB activities into ongoing programmes
	Module 3: TB – the basics	
DAY 3	Recapitulation of Day 2	Module 6: Integrating community-based TB activities: personal perspectives
	Module 5: Health facility visit	
		Module 7: Evaluating the training
		Module 8: Closing ceremony

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Module 2: INTRODUCING THE ENGAGE-TB APPROACH

45 mins

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DAY 1 MODULE 2 INTRODUCING THE ENGAGE-TB APPROACH

Module objectives

45 mins

- ▶ Explain the rationale for ENGAGE-TB
- ▶ Describe the community-based activities that can be integrated into existing NGO programmes
- ▶ Describe ENGAGE-TB's 6 components
- ▶ Explain the two community engagement indicators

CHW/CV training in integrating TB activities



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DAY 1

MODULE 2

Unit 2.0

THE ENGAGE-TB OPERATIONAL GUIDANCE

45 mins

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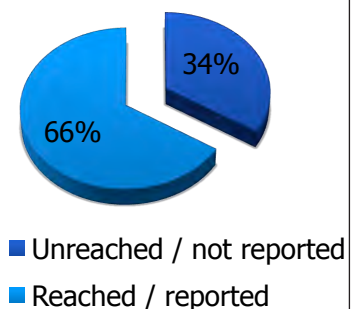
DAY 1

MODULE 2

Background on TB

- ▶ Among infectious diseases, TB is the second largest killer after HIV globally
- ▶ A third of those with TB are either not diagnosed or not reported
- ▶ A wider range of stakeholders needs to be involved
- ▶ NGOs and other CSOs are able to reach remote and marginalized populations
- ▶ Community-based TB activities can help to reach many more

Persons with TB




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DAY 1
MODULE 2


Who carries the burden of TB?



WHO/David Rochkind



WHO/Riccardo Venturi




WHO/Riccardo Venturi

People living in crowded & poorly ventilated settings

Migrants, prisoners, minorities, refugees face risks, discrimination & barriers to care

TB linked to HIV infection, malnutrition, alcohol, injecting drugs, tobacco use, diabetes


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DAY 1
MODULE 2

Risks from TB in pregnancy for women and newborns

Risk	Normal	TB
Neonatal effects	(per 1000 pregnancies)	
Low birth weight (<2.5Kg)	165	342
Prematurity (<37wk)	111	228
Small for dates	79	202
Perinatal death	16	101
Fetal death (16-28wk)	2.3	20.1
Maternal effects		
Pre-eclampsia	47	74
Vaginal bleeding	22	44

Bjerkedal 1975; Jana 1994; Bothamley 2001; Khan 2001; Figueroa-Damian R 1998

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DAY 1

MODULE 2

Purpose

- ▶ Provide guidance on the implementation of community-based TB prevention, diagnosis, treatment and care activities
- ▶ Provide guidance on collaboration between NTPs and NGOs/CSOs working on community-based TB activities



ENGAGE-TB approach

CHW/CV training in integrating TB activities



DAY 1

MODULE 2

Target audiences


- ▶ NGOs and other CSOs
- ▶ NTPs and their equivalents
- ▶ Patients and communities affected by TB
- ▶ Funding agencies
- ▶ Researchers

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DAY 1 **MODULE 2**


Integrating TB




Assisting early detection



Preventing TB transmission




Assisting treatment support



Addressing the social determinants


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DAY 1 **MODULE 2**

Integrating TB




- HIV - screen for TB; help them receive IPT
- Maternal and child health - HIV testing at pregnancy; screen for TB; watch children under 5



- **Agriculture/ income generation/WASH**
 - Raise awareness
 - Encourage those with symptoms to get their sputum examined
 - Provide support eg, nutritional, psychosocial, treatment adherence, transport

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DAY 1

MODULE 2

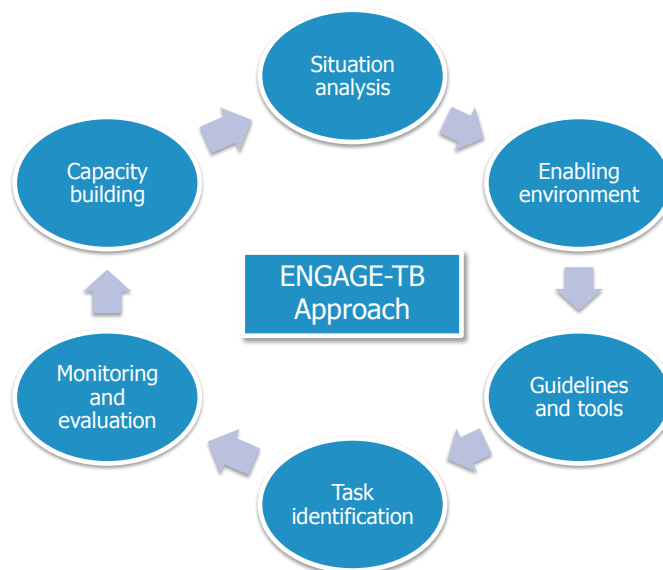
Principles

-  Mutual understanding and respect
-  Consideration for local contexts and values
-  A single national system for monitoring with standardized indicators

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ENGAGE-TB



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DAY 1

MODULE 2

Monitoring and evaluation

▶ **Two indicators to monitor**

1. New notifications from referrals by CHWs and CHVs
2. Treatment success rates among those receiving support from CHWs and CHVs

▶ **Periodic evaluation - qualitative information as well**

- Presence of an NGO Coordinating Body (NCB) to support TB-related work, trends in membership, frequency of meetings, etc
- Quality of the interaction between the national TB programme (NTP) and the members of the NCB

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Module 3: TB - THE BASICS

6 hrs

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DAY 2

MODULE 3 TB - THE BASICS

Module objectives

6 hrs

- ▶ Explain what is TB and how it is transmitted
- ▶ Describe the signs and symptoms of TB
- ▶ Outline factors that make people more vulnerable to TB
- ▶ Describe how TB can be prevented
- ▶ Explain how TB is usually treated
- ▶ Describe how TB and HIV affect each other

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World Health
Organization

DAY 2

MODULE 3

Unit 3.0

WHAT IS TB AND HOW IS IT TRANSMITTED?

1hr 30 mins

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World Health
Organization

DAY 2

MODULE 3

Activity 2: What is TB ?

15 mins

Brainstorming

Facilitator writes down all inputs from participants about TB on a flipchart.

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DAY 2

MODULE 3

What is TB?

30 mins

▶ Definition of TB

- Caused by bacterium called *Mycobacterium tuberculosis*; affects lungs but may also affect rest of the body

▶ Latent TB

- Strong immune system keeps TB in control

▶ Active TB (TB disease)

- Pulmonary TB
- Extra-pulmonary TB



TB is curable and preventable!

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DAY 2

MODULE 3

How is TB transmitted?

45 mins

- ▶ Transmitted by person with **active, pulmonary TB** through tiny droplets when

- coughing
- sneezing
- spitting

without covering mouth and nose



- ▶ TB is **not** transmitted by:

- shaking someone's hand
- sharing food or drink
- touching bed linen or toilet seats

CHW/CV training in integrating TB activities



DAY 2

MODULE 3

Unit 3.1

WHAT ARE SOME SIGNS AND SYMPTOMS OF TB?

1 hr 30 mins

CHW/CV training in integrating TB activities



DAY 2

MODULE 3

What are some signs and symptoms of TB?

30 mins

▶ Common symptoms of active TB:

- coughing for more than two weeks
- coughing up sputum, sometimes with blood
- chest pains
- fever
- weight loss
- night sweats
- weakness and tiredness

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DAY 2

MODULE 3

What are some signs and symptoms of TB?

30 mins

▶ In extra-pulmonary TB:

- depends on organ affected

- enlarged lymph nodes, swelling or deformity of the spine, slow onset meningitis, etc.

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World Health Organization

DAY 2

MODULE 3

What are some signs and symptoms of TB?

30 mins

▶ Common symptoms in children:

- persistent cough and persistent fever
- loss of weight or failure to thrive during the past 3 months
- tiredness or lack of playfulness

Note: TB in children is

- often a family illness transmitted by someone in household
- most common in children below 5 years
- difficult to diagnose
(children cannot easily cough up sputum to test)

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Organization

DAY 2

MODULE 3

Unit 3.2

WHAT MAKES PEOPLE MORE VULNERABLE TO TB AND HOW CAN IT BE PREVENTED?

1hr 15 mins


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Organization

DAY 2 **MODULE 3**

What makes people more vulnerable to TB? 45 mins


Factors associated with poverty	Gender
Weakened immune system	Legal restrictions
Congregate settings	Stigma

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DAY 2 **MODULE 3**

How can we prevent TB? 30 mins

- ▶ Infection control
- ▶ Early detection and appropriate treatment
- ▶ BCG (bacillus Calmette-Guérin) vaccine
- ▶ Prevention with medicines

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DAY 2

MODULE 3

Unit 3.3

HOW IS TB TREATED AND HOW DO TB AND HIV AFFECT EACH OTHER?

1 hr 45 mins

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DAY 2

MODULE 3

How is TB treated?

25 mins

- ▶ Active TB treated with a standard six-month course of four anti-TB drugs
 - Directly Observed Treatment (DOT) has been the standard
- ▶ Types of drug resistance
 - Acquired drug resistance
 - Primary drug resistance



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DAY 2

MODULE 3

How is TB treated?

30 mins

▶ Forms of drug-resistant TB

- ❑ Multidrug-resistant TB (MDR-TB) - longer course of treatment of 2 years with more drugs
- ❑ Extensively drug-resistant TB (XDR-TB)

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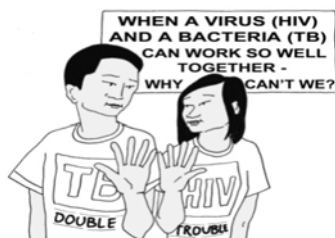
DAY 2

MODULE 3

How do TB and HIV affect each other?

30 mins

- ▶ HIV infection means you are more likely to get TB
- ▶ Active TB makes HIV infection worse
- ▶ Diagnosing TB can be more difficult
- ▶ HIV-associated TB increases the risk of mother-to-child transmission of both HIV and TB



CHW/CV training in integrating TB activities



DAY 2

MODULE 3

How do TB and HIV affect each other?

20 mins

- ▶ Treating TB in people with HIV is effective
- ▶ TB/HIV collaborative activities are essential
- ▶ Three “I”s can reduce TB burden among people with HIV
 - Intensified case finding
 - Isoniazid preventive therapy (IPT)
 - Infection control

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Organization

Module 4:

INTEGRATING COMMUNITY-BASED TB ACTIVITIES INTO ONGOING NGO PROGRAMMES

6 hrs

CHW/CV training in integrating TB activities

World Health
Organization


DAY 2 **MODULE 4 INTEGRATING TB**

Module objectives

4 h 15 min

- ▶ Explain the range of community-based TB activities that can be integrated
- ▶ Identify specific thematic programmes of NGOs and opportunities for integrating TB activities

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DAY 2 **MODULE 4**

Unit 4.0

RANGE OF COMMUNITY-BASED TB ACTIVITIES

1 hr

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Community-based activities for TB integration	
Theme	Possible activities
Prevention	Awareness-raising, information, education, communication (IEC), behaviour change communication (BCC), infection control, training providers
Detection	Screening, contact tracing, sputum collection, sputum transport, training providers
Referral	Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers
Treatment support	Home-based DOT support, adherence counselling, stigma reduction, pill counting, home-based care and support
Social and livelihood support	Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, markets that work for the poor, training providers, income generation
Advocacy	Ensure availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders
Stigma reduction	Community theatre/drama groups, testimonies from affected persons, patient/peer support groups, community champions, sensitizing and training facility and CHWs and leaders

Community-based activities for TB integration	
Theme	Possible activities
Prevention	Awareness-raising, information, education, communication (IEC), behaviour change communication (BCC), infection control, training providers
Detection	Screening, contact tracing, sputum collection, sputum transport, training providers
Referral	Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers
Treatment support	Home-based DOT support, adherence counselling, stigma reduction, pill counting, home-based care and support
Social and livelihood support	Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, markets that work for the poor, training providers, income generation
Advocacy	Ensure availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders
Stigma reduction	Community theatre/drama groups, testimonials, patient/peer support groups, community champions, sensitizing and training facility and CHWs and leaders

Advocacy and stigma reduction are cross-cutting issues


DAY 2
MODULE 4



Unit 4.1

INTEGRATING TB INTO REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

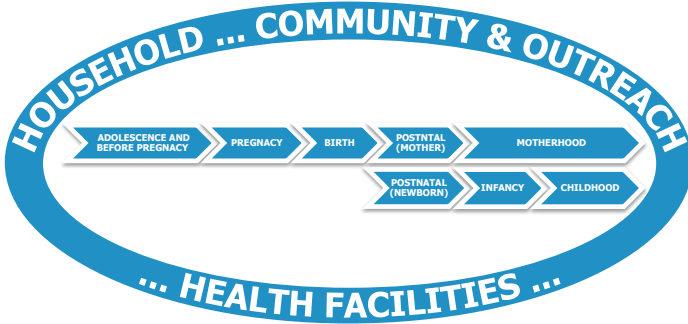
3 hrs


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DAY 2
MODULE 4

RMNCH continuum of care

- ▶ NGO/COs can integrate TB into different stages of RMNCH continuum of care by linking TB tasks with CHWs, community midwives and CVs, and with community or village health committees.



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Integrating TB into RMNCH		
TB prevention in RMNCH settings	TB case detection, referral and surveillance in RMNCH settings	TB treatment adherence support in RMNCH settings
<p>TB awareness-raising, infection control (including cough hygiene), stigma reduction, IEC and BCC</p>	<p>Screen, identify and refer women, their partners and children to the health facility for TB and HIV diagnosis and management</p>	<p>Home-based TB DOT and adherence counselling</p>
<p>Provide IEC materials and job aids on TB prevention for use by CHWs, CVs and midwives</p>	<p>Provide education on the importance of TB testing and linking to HIV testing and counselling for all mothers and family members who may benefit from it</p>	
<p>Engage in specific BCC campaigns and stigma reduction aimed at informing women and families and dispelling myths about TB and HIV</p>	<p>TB contact tracing, sputum collection, sputum transport</p>	
<p>BCG for infants and IPT for children below 5 whose adult contacts are sputum positive for TB</p>	<p>Referrals to link health facilities for women and children with presumptive TB</p>	

Integrating TB into RMNCH		
Social and livelihood support in RMNCH settings	TB Advocacy in RMNCH settings	TB stigma reduction in RMNCH settings
<p>Link pregnant women and mothers to local support mechanisms.</p>	<p>Advocacy on supplies of TB and HIV drugs and laboratory tests</p>	<p>Raise community awareness on stigma experienced by pregnant women, mothers and young children with TB.</p>
<p>Involve others in the home to create a suitable home environment for TB and other treatment.</p>	<p>Advocacy on access to services</p>	<p>Sensitize, train and mentor community leaders and RMNCH and CHWs on stigma reduction.</p>
	<p>Advocacy for policy changes</p>	<p>Support CHWs to include stigma reduction during contact tracing.</p>
	<p>Advocacy for research</p>	

DAY 2

MODULE 4

Unit 4.2

INTEGRATING TB INTO HIV

3 hrs



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DAY 2

MODULE 4

Integrating TB and HIV activities at community level

- ▶ **Priorities for HIV and TB diseases are:**
 - increased screening
 - case-finding
 - early treatment
- ▶ **All people with a positive HIV antibody test should be screened for TB. Those without any TB symptoms should receive IPT to prevent latent TB from becoming active.**

CHW/CV training in integrating TB activities



DAY 2

MODULE 4

Integrating TB and HIV activities at community level

- ▶ TB screening and treatment should be integrated into all HIV programmes
- ▶ HIV testing should be integrated into all TB programmes.



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Integrating TB and HIV activities at community level

TB prevention in HIV care	TB detection in HIV care	Referral between community HIV and TB services	TB treatment adherence support in HIV settings
TB awareness-raising in HIV care settings	Screening	Link patients with clinics for TB diagnosis and care (clinical examination and treatment)	Provide adherence counselling and support for TB treatment and IPT
Community TB/HIV awareness-raising and stigma reduction	Sputum collection and transport	Ensure that patients are able to get transport to TB services	Home-based TB and HIV care and support including stigma reduction in family and community
	Contact tracing	Train providers on facilitating community referrals.	ART for all HIV+ persons with TB

DAY 2

MODULE 4



Unit 4.3

INTEGRATING TB INTO PRIMARY HEALTH CARE (PHC)

3 hrs

CHW/CV training in integrating TB activities



DAY 2

MODULE 4



Integrating TB into PHC

- ▶ PHC aims to include:
 - everything affecting health in communities
 - activities involving different types of health providers such as CHWs, mobile clinics and outreach teams

- ▶ NGOs/CSOs can engage with PHC providers to support and increase the integration of TB activities into their work

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Integrating TB into PHC			
TB prevention in PHC settings	TB detection in PHC settings	Referral to TB services from PHC settings	TB treatment and adherence support in PHC settings
Awareness-raising, infection control, stigma reduction through dialogue, IEC, BCC, promotion of BCG vaccination	Screening, including during child health days and school health visits, contact tracing, sputum collection and transport, training providers on signs and symptoms	Linking people at risk of TB with clinics, including transport support and facilitation	Home-based DOT, counselling, adherence, home visits, pill counting, stigma reduction, training providers, home-based care and support
			
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Integrating TB into PHC			
TB surveillance in PHC settings	Social security, food and nutrition security, livelihoods in PHC settings	TB advocacy in PHC settings	Social mobilization and TB stigma reduction in PHC settings
Record data at community level; maintain summary records and registers on referrals and transfers at health facility	Provide social safety nets to support people affected by TB, especially during the recovery phase of treatment	Monitor the availability of supplies, equipment and services at health facilities, and report any gaps and weaknesses	Use community theatre/ drama groups, patient/ peer support groups, community champions, testimonials, sensitizing/ training facility and CHWs and leaders
Report on the contribution of communities to TB services	Monitor policy barriers on access to TB and HIV services, especially for the most vulnerable groups	Engage community and faith-based leaders to add their voices to improve TB services	
		Train health providers on stigma and barriers to use of services	

DAY 2

MODULE 4



Unit 4.4

INTEGRATING TB INTO WATER, SANITATION AND HYGIENE (WASH)

3 hrs

CHW/CV training in integrating TB activities



DAY 2

MODULE 4

Integrating TB into WASH programmes

▶ Water

- Access to the necessary amount of good quality water
- Safe water storage and management, including treatment of water

▶ Sanitation

- Safe handling of excreta (faeces, urine)
- Management of waste and vectors (such as mosquitoes and ticks)
- Proper use, cleanliness and management of latrines



CHW/CV training in integrating TB activities



DAY 2

MODULE 4

Integrating TB into WASH programmes

► Hygiene

- hand washing with soap at critical times
(after toilet use, after changing nappies, before breastfeeding, before preparing food and eating)
- washing body and clothes
- cleaning and drying eating and cooking utensils



CHWs and CVs should interact with community water management committees, which can be entry points for integrating TB activities

CHW/CV training in integrating TB activities



Integrating TB into WASH programmes


Prevention	TB detection
Public awareness meetings and door-to-door hygiene and sanitation promotion	Screen family members with TB symptoms during door-to-door/household visits
Develop IEC and BCC materials to link TB prevention with improved hygiene: promote cough hygiene and hand-washing with soap	Use the volunteer water and sanitation committees to identify and follow up cases, particularly within their membership
Train health extension workers, CVs (WASH committees) and sanitation entrepreneurs on TB basics and linkages between TB, HIV infection and WASH	Deliver messages on TB and conduct screening for referrals during campaigns or emergency outbreaks (such as cholera)
Teach the basics of TB and HIV infection to school sanitation clubs. Promote good cough hygiene in families and the community	Invest in capacity and build skills for observation of symptoms and knowledge of health status of community members.

CHW/CV training in integrating TB activities



Integrating TB into WASH programmes		
Referral for TB services	TB treatment adherence support	TB advocacy
Use volunteer committees to refer people who may have TB to CHWs for screening and then onwards	Work to improve the sanitation facilities at TB treatment centres to encourage patients to continue to attend	Community groups should advocate for the provision of adequate WASH services and infrastructure in health facilities.
Establish partnerships/ Alliances with TB clinics for diagnosis and follow up	Support community WASH volunteers to provide home-based DOT support	Promote improved coughing and sneezing behaviour in the community.


CHW/CV training in integrating TB activities



DAY 2 **MODULE 4**


Units 4.5

INTEGRATING TB INTO AGRICULTURE



3 hrs

CHW/CV training in integrating TB activities



DAY 2

MODULE 4


Integrating TB into agriculture programmes

- ▶ Most agriculture programmes supported by NGOs use group approaches to improve farmers’
 - ❑ decision-making capacity
 - ❑ life skills and agricultural practices

- ▶ TB prevention, screening, referrals for TB diagnosis and improving social and livelihood support for those affected can be integrated into group activities

CHW/CV training in integrating TB activities



TB Integration in agriculture programmes		
TB prevention in agriculture programmes	TB detection and referral in agriculture programmes	Social and livelihood support for people affected by TB in agricultural settings
Engage farmers’ groups members to promote TB prevention.	Train group members to recognize TB symptoms and encourage community members with symptoms to be tested.	Integrate TB into training on life skills and confidence-building within agricultural learning.
Improve community information on TB prevention through community sensitization and awareness-raising.		Train on nutrition, production of nutritious food and income generation for affected families

CHW/CV training in integrating TB activities



DAY 2

MODULE 4



Unit 4.6

INTEGRATING TB INTO LIVELIHOODS DEVELOPMENT PROGRAMMES

3 hrs

CHW/CV training in integrating TB activities



DAY 2


MODULE 4


Integrating TB into livelihoods development programmes

- ▶ Aimed at creating opportunities for people to move out of poverty and powerlessness
- ▶ Livelihoods programme staff can integrate TB activities by linking with CHWs, volunteers, midwives, WASH and agriculture workers

CHW/CV training in integrating TB activities



Integrating TB into livelihoods development programmes		
TB prevention in livelihoods development settings	TB detection in livelihoods development settings	TB referrals in livelihoods development settings
Raise awareness on TB basics, transmission and prevention, signs and symptoms, stigma reduction, importance of nutrition and personal hygiene	Train programme staff on TB signs and symptoms so that they can identify people with TB symptoms during home or group visits	Livelihoods programme staff and volunteers support referrals by identifying clinics and accompanying patients with transport support
Include education on aspects of TB during visits to families by programme staff	Link health volunteers in the livelihood programme to the local TB diagnostic facility	Village development committees can also support referrals in the same ways
Integrate marginalized ultra-poor groups into the wider local community and promote TB education	If there are no health volunteers, link the programme staff with the local NTP TB team	
Address health in livelihoods programmes	Mobilize village development committees to support sputum transport from remote areas	

Integrating TB into livelihoods development programmes		
Treatment adherence support in livelihoods development settings	Social and livelihood support for people with TB	TB advocacy in livelihoods development settings
Health volunteers associated with the livelihood programme can encourage patients to take their medicines regularly through DOT	Provide extra support to TB patients in livelihoods programmes eg. Special stipends during treatment, special nutrition support and child care support	Use livelihoods programme staff and events to educate people on TB and reduce social stigma around TB
The programme staff can support DOT during home visits, including counselling on treatment adherence and completion and the importance of adherence support by caregivers in the household		Provide feedback from the field to meetings within or outside the organization, aimed at strengthening the TB programmes
		Contribute to policy dialogue based on field experience

DAY 3

Recap: Broad range of TB Tasks

15 mins

Theme	Possible Activities
Prevention	Awareness-raising, IEC, BCC, infection control, stigma reduction, training providers
Detection	Screening, contact tracing, sputum collection, sputum transport, training providers
Referral	Linking with clinics, transport support and facilitation, accompaniment, referral forms, training providers
Treatment adherence support	Home-based DOT support, patient education, adherence counselling, stigma reduction, pill counting, training providers, home-based care and support
Social and livelihood support	Cash transfers, insurance schemes, nutrition support and supplementation, voluntary savings and loans, inclusive markets, training providers, income generation
Advocacy	Ensuring the availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders
Stigma reduction	Community theatre or drama groups, testimonials, patient and peer support groups, community champions, sensitizing and training facility and CHWs and leaders

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Module 5

HEALTH FACILITY VISIT

3-4 hours

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Module 6:

INTEGRATING TB: PERSONAL PERSPECTIVES

1 h 45 mins

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DAY 3
MODULE 6

Integrating TB - personal perspectives 1h 45 mins

Group discussion 45 mins

Break into 2-3 small groups of 6-8 persons. Each individual shares how they will personally integrate TB into their own work


Plenary presentations 45 mins

Each group should present reflections in plenary

Plenary discussion 15 mins

Facilitator leads a plenary discussion of all the presentations

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Module 7: EVALUATING THE WORKSHOP

30 mins

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DAY 3 MODULE 7

Course evaluation

- ▶ Administer evaluation form 15 mins
- ▶ Review initial expectations together 15 mins

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Module 8: CLOSING CEREMONY

1 hr 15 mins

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DAY 3 **MODULE 8**

Closing ceremony

▶ Feedback on the week: individual reflections	30 mins
▶ Presentation of certificates	5 mins
▶ Closing remarks (guest of honour)	10 mins
▶ Vote of thanks	5 mins
▶ Group photo	10 mins

1hr

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