ENGAGE-TB

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

Training Manual

Curriculum and Facilitators' Guide

June 2014

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Declarations of interests

All the contributors completed a Declarations of Interest for WHO experts form. No significant interest had been declared.

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Acronyms and abbreviations

BCG	bacillus Calmette-Guérin
CHW	community health worker
CV	community volunteer
CSO	civil society organization
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MDR	multi-drug-resistant
RMNCH	reproductive, maternal, newborn and child health
NGO	nongovernmental organization
NCB	nongovernmental organization coordinating body
NTP	national tuberculosis programme
PHC	primary health care
SWOT	strengths, weaknesses, opportunities and threats
TB	tuberculosis
WASH	water, sanitation and hygiene
WHO	World Health Organization
XDR	extensively drug-resistant

Preamble

The World Health Organization (WHO) released its operational guidance entitled *ENGAGE-TB—integrating community-based tuberculosis activities into the work of NGOs and other CSOs* in 2012. In 2013, it produced an accompanying implementation manual for ENGAGE-TB operational guidance. This training curriculum and facilitators' guide was developed based on the implementation manual and intended to help train staff of national tuberculosis programmes (NTPs) or their equivalents, nongovernmental organizations (NGOs) and other civil society organizations (CSOs) and all other stakeholders in the ENGAGE-TB approach. Such training should increase the ability of these actors to support and integrate community-based tuberculosis (TB) activities into their ongoing work.

This document is purposely designed to combine the training curriculum and the facilitators' guide. Part A is the training curriculum, while Part B is the facilitators' guide. The facilitators' guide includes the powerpoint slides available at **www.who.int/tb/people_and_communities/engage_tb_tm/en/** and reproduced in print in Annex 7 of this document.

The training curriculum and the facilitators' guide should always be used together with WHO's ENGAGE-TB operational guidance and implementation manual.

PART A: THE TRAINING CURRICULUM

1.0 INTRODUCTION

The curriculum has five modules, which are divided into units that are logically and sequentially structured to enable participants to acquire unit learning outcomes and competences. The teaching duration, methods, activities and tools presented are only a guide and should be adapted to the facilitators' settings to ensure effective delivery of WHO ENGAGE-TB training. The training curriculum is structured in a modular format to facilitate flexible delivery for different target groups (see section 1.4). For example, a trainee knowledgeable about TB such as a national TB programme (NTP) staff may not need to use module 2 (TB—the basics). Module 5 unit 5.6 will be applicable mainly to participants intending to integrate TB activities into agricultural programmes. Those working in reproductive, maternal, newborn and child health (RMNCH) may not find this unit relevant. The curriculum is a "live" document and should be reviewed, adapted and updated as needed.

1.1 Background

In 2012, 8.6 million people became ill with TB, and 1.3 million died from TB around the world. These included over 400 000 women and at least 74 000 children.[1] However, an estimated one-third of cases of TB are still either not diagnosed or not reported. Even when people with suspected TB are identified, the disease is often diagnosed and treated late. This means that the disease causes more damage and can be more difficult and expensive to treat. If a person has active pulmonary (lung) TB, more people will be infected if the person does not get treatment. Geographically, the burden of TB is highest in Asia and Africa.

Almost 80% of TB cases among people living with HIV are in Africa. 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 of developing active TB disease. Intensified efforts to diagnose persons with multidrug-resistant TB, to enrol them on 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 measures. Pregnant women and young children are also very vulnerable to TB.

1.2 Purpose of the training

The purpose of this training in "ENGAGE-TB: integrating community-based TB activities into the work of NGOs and other CSOs" is to build the capacity (knowledge, skills and attitudes) of staff of NGOs/CSOs and NTPs to better implement the ENGAGE-TB approach in collaboration with each other.

1.3 Rationale

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. The number of cases of multiple drug-resistant (MDR) TB is increasing each year. In order to reach the unreached and to improve detection and reporting of TB, new, sustainable approaches are needed that go beyond existing health facilities to community structures and individual households. NGOs and CSOs are often able to engage vulnerable and remote groups effectively. WHO's ENGAGE-TB operational guidance, released in 2012, makes the case for increased engagement of NGOs and other CSOs in TB work. It describes what these organizations can do to integrate community-based TB services into their work in RMNCH, HIV and other sectors and how they might effectively collaborate with NTPs.

1 Global tuberculosis report 2013. Geneva, WHO; 2013 (http://www.who.int/TB/publications/global_report/en/index.html, accessed 7 February 2014).

In 2013, WHO developed an accompanying implementation manual as a "how-to" guide to support the ENGAGE-TB operational guidance. This training package builds on these instruments to help stakeholders in NGOs, other CSOs and governments to acquire the knowledge, skills and attitudes to roll out the ENGAGE-TB approach in their own contexts.

1.4 Target groups

The course targets representatives of NGOs, other CSOs, NTPs or their equivalents, people and communities affected by TB and funding agencies.

NGOs and other CSOs

Participants from these organizations generally work on community-based health and other development initiatives, such as RMNCH, HIV, water, sanitation and hygiene (WASH), education, primary health care (PHC), agriculture and livelihoods and seek to integrate TB prevention and care services into their field work.

NTPs or their equivalents

These participants are from ministries of health and other ministries providing TB services, such as ministries of justice for prison health services and ministries of mining or labour for workplace health services.

People and communities affected by TB and other conditions

These participants can generate demand for TB services and advocate for their own inclusion in local decision-making processes.

Funding agencies and researchers

Participants can help promote community-based TB activities, expansion of TB services with new actors from civil society and integration with other sectors of development.

1.5 Expected competences to be acquired by participants

This training aims to prepare a participant who:

1. actively seeks opportunities to apply basic information on TB in prevention, diagnosis and treatment of TB;
2. fosters collaboration of NTPs and NGOs/CSOs in community-based TB activities;
3. encourages cooperation between and builds partnerships among NTPs and NGOs/CSOs for adopting the WHO ENGAGE-TB approach in community health and development programmes;
4. establishes partnerships between NTPs and NGOs/CSOs to effectively select TB tasks for implementation, using some or all six of the ENGAGE-TB components;
5. engages in capacity-building activities to improve skills and performance, strengthen systems and organizations and support scaling-up of activities as required; and
6. monitors and reports on the two core ENGAGE-TB indicators through a single national system.

2.0 COURSE OBJECTIVES AND OUTLINE

2.1 Objectives

The objective of the course is to equip participants with the knowledge, skills and attitudes to implement the ENGAGE-TB approach. Specifically, the course aims to equip participants with knowledge, skills and attitudes to:

- apply basic information on TB to enhance prevention, diagnosis and treatment of TB;
- integrate community-based TB activities into community health and development programmes;
- encourage increased collaboration between NTPs and NGOs/CSOs;
- establish NGO coordinating bodies (NCBs) that can systematically engage with members and with the NTP to expand community-based TB services; and
- promote monitoring of two core indicators of community engagement in TB services.

2.2 Duration

The course is offered over 5 days, with a total of 33 hours of module time, generally comprising 7 hours per day.

2.3 Outline

The overall outline is shown below. A summary timetable is given in Annex 1.

Module title	Unit	Duration	Methods and tools
MODULE 1: Introductions, objectives and norms	1.0. Introductions, objectives and norms: Welcoming remarks and introductions; workshop objectives; norms and expectations setting; administration and logistics	1 h 15 min	Interactive introductions
Subtotal		**1 h 15 min**	
MODULE 2: The ENGAGE-TB operational guidance	2.0. Introducing the ENGAGE-TB approach	45 min	Presentation of the ENGAGE-TB operational guidance
Subtotal		**45 min**	
MODULE 3: TB—the basics	3.0. What is TB, and how is it transmitted?	30 min	Interactive lecture with PowerPoint slides
	3.1. What are some signs and symptoms of TB?	20 min	Interactive lecture with PowerPoint slides
	3.2. What makes people more vulnerable to TB, and how can TB be prevented?	25 min	Brainstorming and interactive lecture with PowerPoint slides
	3.3. How can TB be treated, and how do TB and HIV affect each other?	30 min	Brainstorming and interactive lecture with PowerPoint slides
	3.4. Global strategy for TB control	15 min	PowerPoint slides
Subtotal		**2 h**	
MODULE 4: Collaborating on TB between government and civil society	4.0. What are CSOs, and how do they work on health in communities, including on TB?	40 min	Brainstorming and interactive lecture with PowerPoint slides
	4.1. What do NGOs and other CSOs need in order to work effectively on TB?	10 min	Group discussion and interactive lecture with PowerPoint slides
	4.2. How can NTPs and NGOs/CSOs collaborate?	1 h 10 min	Role play and interactive lecture with PowerPoint slides
Subtotal		**2 h**	

Module title	Unit	Duration	Methods and tools
MODULE 5: Integrating community-based TB activities into ongoing NGO programmes (in two small groups, then in plenary	5.0. Range of community-based TB activities	15 min	Lecture
	5.1. Integrating TB into RMNCH: Group 1	2 h; group 1 and group 2 meet separately, and each discusses the areas allocated in the time provided	Group work with case study, brainstorming, interactive lecture with PowerPoint slides
	5.2. Integrating TB into HIV: Group 1		Group work with case study, brainstorming, interactive lecture with PowerPoint slides
	5.3. Integrating TB into education: Group 1		Group work with case study, brainstorming, video clip, interactive lecture with PowerPoint slides
	5.4. Integrating TB into PHC: Group 2		Group work with challenge model, brainstorming, video clip, interactive lecture with PowerPoint slide
	5.5. Integrating TB into agriculture: Group 2		Group work with case study, brainstorming, video clip, interactive lecture with PowerPoint slide
	5.6. Integrating TB into livelihoods: Group 2		Group work with case study, brainstorming, video clip, interactive lecture with PowerPoint slide
	5.7. Integrating TB into WASH: Group 2		Group work with case study, brainstorming, video clip, interactive lecture with PowerPoint slide
	BRAC case study	1 h	Case study
Plenary on integration	Plenary discussion	45 min	
Subtotal		**4 h**	
MODULE 6: Implementing the ENGAGE-TB approach	6.0. Introduction to the components	5 min	Presentation
	6.1. Situation analysis	2 h	Brainstorming, interactive lecture with PowerPoint slides, group work
	6.2. Enabling environment	2 h	Challenge model, interactive lecture with PowerPoint slides, group work
	6.3. Guidelines and tools	1 h 30 min	Brainstorming, interactive lecture with PowerPoint slides, group work
	6.4. Task identification	1 h 15 min	Strengths, weaknesses, opportunities and threats (SWOT) analysis in group work, interactive lecture with PowerPoint slides
	6.5. Monitoring and evaluation (M&E)	1 h 45 min	Brainstorming, reading, interactive lecture with PowerPoint slides, group work
	6.6. Capacity-building	1 h 15 min	Brainstorming, interactive lecture with PowerPoint slides, group work
Subtotal		**9 h 15 min**	
MODULE 7: Field visit	Field visit preparation	15 min	Lecture
	Field visit	7 h	Observations, questions and answers
	Feedback from field	2 h	Presentations, group work
Subtotal		**9 h 15 min**	
Module 8 (optional): Developing action plans for ENGAGE-TB	Action plans	1 h	Presentations, group work
Module 9: Evaluating the workshop	Evaluation	30 min	Form filling
Module 10 (optional): Closing the workshop	Closing ceremony	1 h 15 min	Award of certificates, speeches
Subtotal		**2 h 45 min**	
Total course duration		**31 h 50 min**	

3.0 TEACHING AND LEARNING METHODS AND RESOURCES

3.1 Learning methods

The curriculum will be delivered in English. Various participatory teaching and learning methods will be used to cover the different units of each module. These include interactive lectures (questions and answers), role play (see Annex 2), brainstorming, small group discussions, case presentations (see Annex 3 as an example), use of the challenge model (see Annex 4), group assignments, recap modules and a field visit.

3.2 Course facilitators

All materials will be available on the Internet, so that any organization or individual may freely use them for training. When needed, WHO may be able to refer organizations to facilitators who have previously been trained in the ENGAGE-TB approach.

3.3 Course participants

The course participants may be drawn from any of the target groups. Participants will usually bring a useful resource of knowledge and experience of their own that will enrich the training.

3.4 Teaching resources

These will include the ENGAGE-TB training PowerPoint slide set, the ENGAGE-TB operational guidance PowerPoint slide set, the WHO ENGAGE-TB implementation manual, the WHO ENGAGE-TB operational guidance, flip charts, the participants themselves, NTP and NGO and other CSOs facilities (for field visits), Internet, printers, computers, PowerPoint projectors, WHO website and hand-outs.

4.0 ASSESSMENT OF PERFORMANCE AND AWARD OF CERTIFICATES

Presence and participation in the training will be the only criteria for assessing the adequacy of performance.

Upon completion of the course, each participant should be awarded a certificate of completion by the institution(s) providing the training.

5.0 COURSE MONITORING AND EVALUATION

5.1 Monitoring

During the course, each unit or module should be monitored routinely by participants to assess their satisfaction with the mode of delivery and ease of achieving learning outcomes.

5.2 Evaluation

Each training workshop conducted should be evaluated by participants for its effectiveness in achieving learning outcomes by administering a questionnaire (see Annex 5).

6.0 MODULE DESCRIPTIONS

MODULE 1: Introductions, objectives and norms

Purpose

Set the stage for the 5-day workshop; get to know one another; agree on objectives and behavioural norms during the workshop.

Learning outcomes

At the end of the module, the participants should be able to understand:

- the workshop objectives and
- the ground rules.

Content

UNIT 1.0. Welcome by facilitators; introductions by participants, with expression of expectations and desired ground rules norms, followed by presentation of workshop objectives and timetable.

MODULE 2: Introducing the ENGAGE-TB approach

Purpose

This module provides a broad understanding of the ENGAGE-TB approach and the reason why WHO developed this strategy, which is to improve TB prevention, diagnosis and care. It also highlights the rationale for engaging NGOs and other CSOs to ensure integration of TB into existing community-based services and describes how NTPs may better collaborate with such organizations.

Learning outcomes

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

- explain the context and rationale for the ENGAGE-TB approach,
- list the target groups for the ENGAGE-TB approach,
- describe the six components of the ENGAGE-TB approach and
- describe the key mechanisms supporting collaboration between NTPs and NGOs and other CSOs.

Content

UNIT 2.0. The ENGAGE-TB operational guidance: Understanding the ENGAGE-TB operational guidance; context and rationale of ENGAGE-TB; target groups; integrating community-based TB activities into ongoing work in health and other development sectors; components of the ENGAGE-TB approach.

Activities, tools and teaching aids

Interactive lecture, PowerPoint slides, questions and answers, reading assignment.

MODULE 3: TB—the basics

Purpose

The purpose of this module is to equip participants with basic information about TB, including how it is transmitted, who is particularly vulnerable to it, how it can be prevented, how it affects people, and how it is usually treated.

Learning outcomes

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

- explain what TB is 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 and
- describe how TB and HIV affect each other.

Content

UNIT 3.0. What is TB and how is it transmitted? Definition of: TB (Mycobacterium tuberculosis infection in the lungs or other parts of the body), immune system, latent TB, active TB, pulmonary TB, extrapulmonary TB; transmission (through tiny droplets of bacteria from a person with active pulmonary TB); channels of transmission (uncovered nose or mouth); mode of transmission (coughing, sneezing, spitting, speaking or singing); ways in which TB is not transmitted (shaking hands, sharing food or drink, touching bed linen or a toilet seat).

UNIT 3.1. What are some signs and symptoms of TB? Active pulmonary TB (persistent coughing, occasional bloody sputum, chest pain, weakness, tiredness, weight loss, fevers and night sweats); active extrapulmonary TB (weakness, tiredness, weight loss, fevers); TB in the lymph nodes (swollen neck or armpit); TB in bones (aches and pains in joints); TB meningitis (severe headaches and mental confusion); TB in children (persistent cough, persistent fever, weight loss or failure to thrive in the first 3 months, tiredness, lack of playfulness); TB diagnosis (sputum smear microscopy, rapid Xpert MTB/RIF test).

UNIT 3.2. What makes people more vulnerable to TB, and how can it be prevented? Factors: weak immune system, poverty, congregate settings, stigma, gender, legal restrictions. Prevention: maintaining a strong immune system, infection control, early diagnosis and case finding, BCG vaccine, prevention with medicines.

UNIT 3.3. How is TB usually treated, and how do TB and HIV affect each other? Treatment: standard 6-month course of four anti-TB drugs. Two forms of drug-resistant TB: MDR-TB and extensively drug-resistant TB (XDR-TB). Types of drug resistance: acquired and primary. Effect of HIV on TB and vice versa: HIV and likelihood of getting TB; active TB on HIV; HIV/TB co-infection; treating TB in people with HIV; TB/HIV collaborative activities; the three 'I's for reducing the burden of TB on people with HIV infection; 2011 estimated incidence rates.

UNIT 3.4. Global strategy for TB control. Describes the history of TB control and the proposed new strategy post-2015.

Activities, tools and teaching aids

Interactive lectures, brainstorming, reading assignment, information, education and communication materials on signs and symptoms of TB; field visit to a TB clinic to understand TB diagnosis and treatment.

MODULE 4: Collaborating on TB between government and civil society

Purpose

The module aims to equip participants with knowledge, skills and attitudes on collaboration between government and CSOs to increase TB diagnosis, prevention and treatment.

Learning outcomes

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

- explain what CSOs are,
- explain how CSOs work in community settings,
- outline what NGOs and CSOs need in order to work effectively on TB and
- describe how NTPs and NGOs/CSOs can collaborate.

Content

UNIT 4.0. What are CSOs and how do they work in communities? Definition of civil society: NGOs, community-based organizations, faith-based organizations, networks and associations. Working in communities: health services in the community; support for people needing or using health services; create and improve the enabling environment; roles of community health workers (CHWs) and community volunteers (CVs).

UNIT 4.1. What do NGOs and other CSOs need in order to work effectively on TB? Funding; technical support, mentoring and resources; training and capacity-building; linkages and partnerships.

UNIT 4.2. How can NTPs and NGOs/CSOs collaborate? Structure of a typical NTP; establishment and structure of an NCB; community-based TB activities: linkages between civil society, NCBs and health systems in community-based TB activities; reasons for NTP support and facilitation of NCBs.

Activities, tools and teaching aids

Interactive lectures, role play on collaboration (see Annex 2), small group discussions, reading assignment, field visit to NTP clinic and to an NGO/CSO community-based health activity.

MODULE 5: Integrating community-based TB activities into ongoing NGO programmes

Purpose

The module aims to equip participants with knowledge, skills and attitudes to integrate community-based TB activities into their ongoing health and other development programmes.

Learning outcomes

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

- explain the range of community-based TB activities that could be integrated into ongoing NGO programmes and
- describe how NGOs/CSOs can integrate community-based TB activities into
  - RMNCH programmes
  - HIV programmes
  - education programmes
  - PHC programmes
  - agriculture programmes

- livelihood development programmes
- WASH programmes.

Content

UNIT 5.0. Range of community-based TB activities: Range of activities on community-based TB themes, such as prevention, detection, referral, treatment support, social and livelihood support, advocacy and stigma reduction.

UNIT 5.1. Integrating TB into RMNCH programmes: Continuum of RMNCH; TB prevention, case detection, referral, surveillance, TB treatment adherence support, social and livelihood support, TB advocacy and stigma reduction in RMNCH settings.

UNIT 5.2. Integrating TB into HIV programmes: TB prevention and detection in HIV care; referral between community HIV and TB services; TB treatment adherence support in HIV settings; social and livelihood support for people affected by TB/HIV; TB advocacy and stigma reduction in HIV settings.

UNIT 5.3. Integrating TB into education: TB prevention and detection in educational settings; referral to TB services; treatment adherence support; advocacy and stigma reduction in educational settings.

UNIT 5.4. Integrating TB into PHC programmes: TB prevention and detection in PHC settings; referral to TB services; TB treatment and adherence support, TB surveillance, social security, food and nutrition, TB advocacy, social mobilization and TB stigma reduction in PHC settings.

UNIT 5.5. Integrating TB into agriculture programmes: TB detection and referral and social and livelihood support for people affected by TB in agriculture settings.

UNIT 5.6. Integrating TB into livelihood development programmes: TB prevention, detection, referral, treatment adherence support, social and livelihood support for people with TB and TB advocacy in livelihood development settings.

UNIT 5.7. Integrating TB into WASH programmes: TB prevention, detection, referral, treatment adherence support and advocacy.

Activities, tools and teaching aids

Small group discussions; BRAC case study; information, education and communication materials; field visit to an NGO programme.

MODULE 6: Implementing the ENGAGE-TB approach

Purpose

This module aims to equip participants with knowledge, practical skills and attitudes to implement the ENGAGE-TB approach.

Learning outcomes

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

- identify the six ENGAGE-TB components,
- describe the conduct of a situation analysis,
- describe the key principles and requirements for establishing an enabling environment for greater NGO engagement in TB activities,
- describe the process of preparing guidelines and standard tools for community-based TB activities,
- describe how NGOs and CSOs can identify specific tasks to support implementation of community-based TB activities,

- describe M&E of the two core indicators for community engagement and
- explain the areas of capacity-building required by NGOs and NTPs.

Content

UNIT 6.0. Introduction to the components: Broad description of the six components of the ENGAGE-TB approach and how they support each other.

UNIT 6.1. Situation analysis: Definition of situation analysis terms: quantitative, qualitative, participatory methods, actor-factor analysis; basic principles of a situation analysis; planning a situation analysis; assessment of existing guidelines; methods of collecting information; guidance for NGOs/CSOs; guidance for NTPs.

UNIT 6.2. Enabling environment: Basic principles of an enabling environment. Guidance for NGOs: priority-setting; addressing the legal and policy environment; establishing the NCB in cooperation with the NTP; establishing a code of conduct; inclusion of community-based/faith-based organizations and other groups in community-based TB activities. Guidance for NTPs: addressing the legal and policy environment; initiating the establishment of an NCB; supporting the NCB; ensuring organizational development and support for NGOs/CSOs; establishing a voluntary code of conduct; including community-based organizations in community-based TB activities.

UNIT 6.3 Guidelines and tools: Criteria for writing memoranda of understanding; requirements for content of national TB policy documents; basic rules for writing national guidelines and tools in plain language. Guidance for NGOs: review of existing guidelines and tools; tools and guidance for community volunteers and workers; supportive supervision, training and mentoring; development of training and implementation guides and job aids; requirements for training courses; use of community information and education leaflets; use of referral forms and registers. Guidance for NTPs: finalizing national operational guidelines; development of forms, tools and manuals (examples); accessing guidance documents; developing simple protocols for TB screening by CHWs and CVs and TB treatment adherence support guidance.

UNIT 6.4. Task identification: Identification of tasks for implementing community-based TB activities. Guidance for NGOs: SWOT analysis of range of tasks, requirements of an implementation plan, process of collaborating on agreed tasks. Guidance for NTPs: Process of engagement with NGOs/CSOs and NCB, assessment of availability of NGOs and CSOs, review of planned activities.

UNIT 6.5. M&E: Why conduct M&E? Sequence of collecting information for M&E. What should be monitored? What should be reviewed and evaluated? The two core indicators of community engagement. Periodic evaluation. Guidance for NGOs. Guidance for NTPs.

UNIT 6.6. Capacity-building: Aim and scope of capacity-building; key areas for capacity-building; capacity-building cycle; guidance for NGOs/CSOs; guidance for NTPs.

Activities, tools and teaching aids

Interactive lectures, small group discussions, brainstorming, problem-solving with the challenge model[2] (see Annex 4), M&E tool samples, national TB guidelines; forms, manuals and tools, presentations; reading assignments.

MODULE 7: Field visit and feedback

Purpose

The aim of the 1-day field visit is to expose participants to the way government TB clinics support TB diagnosis and treatment and how NGOs and other CSOs can "tap into" the resources available at formal health facilities. The field visit also includes exposure to an NGO programme to understand how NGOs engage in community-based activities and how they might be encouraged to integrate TB into their programmes.

2 Managers who lead: A handbook for improving health services. Cambridge, Massachusetts: Management Sciences for Health; 2005.

Learning outcomes

At the end of the visit, participants will be expected to give feedback on:

- how people referred to TB clinics are tested for TB and treated,
- how data on community-based referrals can be captured in the clinic's TB register,
- how NGOs interact with communities in their programmes and
- the strengths and gaps or opportunities provided by government services in their collaboration with NGOs and NGO programmes for integration of community-based TB activities.

MODULE 8: Developing action plans for ENGAGE-TB (optional)

Purpose

This module allows participants to discuss and define ways and means of adopting the ENGAGE-TB approach in their own local contexts.

Learning outcomes

At the end of the module, participants should have gained clarity about how they will adopt the ENGAGE-TB approach and, in particular the specific actions required to:

- enable greater collaboration between government and civil society in community-based TB activities and
- enable greater integration of TB services in the community-based programmes of NGOs and other CSOs.

MODULE 9: Evaluating the workshop

Purpose

The evaluation is intended to assist organizers to understand what did or did not work and offer insights for improvement to subsequent offerings of this training.

Learning outcomes

The learning from the evaluation will primarily be for the organizers rather than the participants and will cover areas such as:

- knowledge of the various topics covered during the training,
- usefulness of the field visit and
- support provided during the training including administration, accommodation and food.

MODULE 10: Closing the workshop (optional)

Purpose

The purpose of this module is to celebrate the successful completion of the training and to recognize each participant through the award of individual certificates.

PART B: FACILITATORS' GUIDE

1.0 INTRODUCTION

The facilitators' guide emphasizes participatory learning to ensure that participants actively contribute to teaching and learning by sharing information and experiences. The guide provides details of teaching methods, tools and activities in each unit; the preparations the facilitator has to make and the materials required to implement the training. The guide is a "living" document and should be updated when the curriculum is revised.

1.1 Aim of the facilitators' guide

The guide provides suggestions on participatory methods that will be helpful to a facilitator using a step-by-step process to deliver the ENGAGE-TB training. The suggested tools and methods are by no means the only approaches that facilitators can use; facilitators may explore different approaches and adapt other methods to their local situations. Whichever techniques or methods are used, the aims should be to:

- create a learning environment in which participants feel comfortable in sharing knowledge, information, ideas and concerns. This is helpful when the facilitator uses good questioning techniques, is an active listener and summarizes group activities or modules.
- encourage good communication. Facilitators are helpful when they give clear instructions and speak slowly and clearly, while displaying a calm, enthusiastic, confident demeanour.
- manage group dynamics. The facilitator must encourage participants from different social and professional backgrounds to learn cooperatively, working together as equals. In addition, the facilitator helps participants to give and receive appropriate feedback—positive or negative. It is important that the facilitator deal positively with criticisms and judgemental attitudes expressed during training. The facilitator should also encourage quiet participants to get involved and work positively with those who may be more dominant, so that all participants contribute.
- keep the teaching and learning modules practical and relevant. As this training involves several target groups, as outlined in section 1.4, the facilitator's style should make the learning more practical than theoretical, linking learning to participants' day-to-day work.

1.2 How to use the facilitators' guide

The guide describes modules and units. The guidance for each module includes its title, objectives, overview, duration, materials for teaching and learning and/or preparation needed, a step-by-step approach and points to remember or notes for the facilitator.

1. Module objectives

This 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

This section provides a breakdown of the module into the sub-tasks that will be covered.

3. Duration

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

4. Materials and preparation

This lists the equipment, tools and job aids required for the modules. It is also guides what the facilitator should do before beginning the module.

5. Step-by-step process

This provides instructions for conducting the modules to achieve the objectives. In these step-by-step instructions, a participatory approach is used, and an experiential learning cycle (see box below) is encouraged.

6. Tips and notes for the facilitator

This section gives additional information, such as background notes or alternative ways of managing a particular activity in a module.

Annex 6 gives a recommended timetable for facilitators, which can be adapted by the facilitator to suit the circumstances of the training.

Kolb's experiential learning cycle:

- **EXPERIENCE:** a participatory exercise in which a game or role play is demonstrated or information is presented for discussion and learning
- **REFLECTION:** helps participants think about and analyse new information and develop their own ideas about a topic
- **GENERALIZATION:** allows participants to draw broad conclusions and lessons learnt about the new information
- **APPLICATION:** enables them to visualize how they may apply their new knowledge and skills in the future.

Source: Kolb DA. Experiential learning. Upper Saddle River, New Jersey: Prentice Hall; 1984.

DAY ONE

MODULE 1: INTRODUCTIONS, OBJECTIVES AND NORMS

Module objectives:

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

- understand the workshop objectives,
- know one another better and
- share expectations and agree "ground rules" for the workshop.

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 workshop objectives and
- copies of the workshop timetable or a PowerPoint slide with the timetable.

Step-by-step process:

STEP 1: Official opening of the workshop: welcoming remarks (optional) (15 min)

The official opening is optional, depending on whether special guests are to be invited for the purpose. Allow for flexibility, and consult with your team and organization on the protocol to be followed. Ensure that this step does not take a lot of 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 5-day workshop, and it therefore helps to know one another from the beginning.
2. Ask the participants to form pairs for about 5 min to get to know each other better (Activity 1). Then, ask each participant to introduce his or her partner to the larger group using the following parameters (1 min each):
   - name
   - organization
   - job title and role
   - one expectation of the training workshop
   - one ground rule to observe during the workshop.

Write the participants' expectations and ground rules on separate flipcharts.

STEP 3: Workshop objectives and timetable (Annexes 1 and 6) (15 min)

1. Present the workshop objectives and the workshop timetable.
2. Compare the participants' expectations with the workshop objectives.
3. If some expectations do not correspond to the workshop objectives, discuss how they might be incorporated into the training.
4. If an expectation cannot be met in the current workshop, discuss this openly with the participants.
5. Ask participants how the ground rules should be enforced.

Notes to the facilitator:

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

MODULE 2: INTRODUCING 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,
- list the target groups for the ENGAGE-TB approach,
- describe the broad range of community-based activities that could be integrated into existing NGO programmes,
- describe the six components of the ENGAGE-TB approach and
- describe the key mechanisms supporting collaboration between NTPs and NGOs and other CSOs.

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 2.0: The ENGAGE-TB operational guidance (45 min)

1. Present the WHO ENGAGE-TB operational guidance, stressing that:
   - TB is still one of the world's top infectious killer diseases, second after HIV;

- 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 CSOs 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 actions;
- collaboration between NTPs and these NGOs is desirable;
- NTPs have the primary responsibility to reach out to unengaged NGOs and invite their participation in TB; and
- creating a formal NGO coordinating body (NCB) will facilitate systematic collaboration between NTPs and NGOs/CSOs.

Notes to the facilitator:

- The aim of this module is to familiarize the participants with WHO's ENGAGE-TB operational guidance.
- Emphasize the need to integrate TB activities into the work of NGOs and CSOs.

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,
- outline 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 affect each other.

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

Module duration: 2 h

Preparation and materials:

- Flipcharts
- Markers
- PowerPoint slides on TB basics
- PowerPoint projector
- Prepared flipcharts with the tasks for brainstorming and small group activities.

Step-by-step process:

STEP 1: **Brainstorming on the definition of TB (5 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.
- 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 mind 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 keep contact with the group and encourage contributions.
- After a few minutes, 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 include: "tuberculosis", "coughing", "weight loss", "night sweats", "curable", "associated with HIV", "infectious", "lungs", "BCG vaccine".

STEP 2: **Present the PowerPoint slides on unit 3.0, What is TB? (10 min); How is TB transmitted? (15 min) and unit 3.1, What are some of the signs and symptoms? (20 min)**

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

- the definition of TB,
- transmission and
- signs and symptoms of TB.

STEP 3: **Present the PowerPoint slides on unit 3.2, What makes people more vulnerable to TB? (15 min) and How can we prevent TB? (10 min)**

- Encourage participants to ask questions, and clarify any areas of dissonance.
- Conclude by emphasizing that TB is an infectious disease, but some people are more vulnerable than others.

STEP 4: **Present the PowerPoint slides on unit 3.3, How is TB usually treated (15 min) and How do TB and HIV affect each other? (15 min)**

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

STEP 5: **Present the PowerPoint slide on unit 3.4, Global strategy for TB control (15 min)**

- Encourage participants to ask questions, and clarify any areas of dissonance.
- Conclude by observing that the world now seeks to attain zero deaths and zero suffering due to TB.

Note to the facilitator:

- Thank participants for their efforts in bringing up diverse points.
- The aim of the module is to ensure that participants have a simple, clear way of understanding the basics of TB, including:
  - How TB is not transmitted
  - What TB is in children
  - Types of drug resistance
  - That all TB patients with HIV should receive antiretroviral treatment

MODULE 4: COLLABORATING ON TB BETWEEN GOVERNMENT AND CIVIL SOCIETY

Module objectives:

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

- explain what CSOs are,
- explain how CSOs work in community settings,
- outline what NGOs and CSOs need in order to work effectively on TB and
- describe how NTPs and NGOs/CSOs can collaborate.

Module overview: This is a highly participatory module that will involve brainstorming, an interactive lecture, role play and discussions.

Module duration: 2 h

Materials and preparation:

- Flipcharts
- Markers
- PowerPoint slides
- PowerPoint projector
- Prepared flipcharts listing the tasks for brainstorming and small group activities
- Role play scenario depicting interaction between NGOs and other CSOs and the government (NTP) (see Annex 2).

Module overview: This module involves brainstorming, an interactive lecture, role play and discussions.

Step-by-step process:

STEP 1: Present the PowerPoint slide for module 4, Collaboration on TB between government and civil society, units 4.0 and 4.1 (50 min).

- Make this an interactive discussion, and let participants ask questions and contribute to the discussion.
- Clarify any areas needed, while emphasizing the following:
  - NGOs and other CSOs are able to reach vulnerable and marginalized groups such as migrants, refugees, sex workers, people who use drugs and the very poor, who are often unable or unwilling to access health services from the formal health system.
  - Reasons for NTP support to the NCB:
    - ensures that the NCB functions effectively at national, subnational and local levels to support NGO/CSO TB activities;
    - NGOs/CSOs have access to the systems, resources and support required, including through their own partnerships and government sources;
    - ensures linkages with and acceptance as partners by TB health providers; and
    - ensures that community-based activities are recorded, monitored and evaluated as part of the NTP.

STEP 2: Role play on collaboration between NTP and NGOs/CSOs (40 min) (Activity 3)

- Break participants up into two sets of two groups, "A" and "B".
- Explain that they will play the roles of representatives of the NTP and an NGO.
- Give them role play information (see Annex 2).
- Allow 20 min for preparation, and ask the two sets of two groups to present the role play (15 min).
- Once the role play is over, thank the volunteers and all the participants for their participation.
- Ask the participants to comment on the role play as follows (5 min):
  - What did you see?
  - What is the difference when the NTP approaches the NGO as compared to when the NGO approaches the NTP?
- Conclude by emphasizing that there are many opportunities for collaboration between NTPs and NGOs/ CSOs in community-based TB activities, and it is usually best if the NTP takes the lead to set up dialogue with NGOs unengaged in TB to encourage them to start integrating community-based TB activities into their work.

STEP 3: Conclude the presentation of Module 4 by presenting unit 4.2, Collaboration on TB between government and civil society (30 min)

- Make this an interactive discussion and let participants ask questions and contribute to the discussion
- Clarify any areas needed, while emphasizing that NTP support to the NCB ensures:
  - that the NCB functions effectively at national, sub-national and local levels to support NGOs/CSOs TB activities;
  - that NGOs/CSOs have access to the systems, resources and support required, including through their own partnerships and government sources;
  - linkages with and acceptance as partners by TB health providers; and
  - that community-based activities are recorded, monitored and evaluated as part of the national TB programme.

Notes for facilitators:

- The aim of this exercise is to enable participants to appreciate collaboration between NTPs and NGOs/ CSOs on TB activities.
- This module should be highly interactive. The idea of creating an NCB should be fully discussed, as it is the key institutional structure for supporting sustained collaboration with the NTP.
- Emphasize the need to create an NCB, at least at national level, to reach out to NGOs unengaged in TB work.
- Confirm that, if an existing coordination mechanism is not working effectively, a new NCB should be introduced.

Assignment:

Ask participants to read and understand the Patients' charter for tuberculosis care in the ENGAGE-TB implementation manual during their personal time in the evening.

DAY TWO

MODULE 5: INTEGRATING COMMUNITY-BASED TB ACTIVITIES INTO ONGOING NGO PROGRAMMES

Module objectives:

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

- explain the range of community-based TB activities that could be integrated into existing NGO programmes and
- identify specific thematic programmes of NGOs and possible activities for integration of community-based TB activities.

Module overview: This is an interactive module with brainstorming, group work, a case study, an interactive lecture and discussion. It will require co-facilitation to ensure that two (or more) groups learn concurrently.

Module duration: 4 h

Materials and preparation:

- Flipcharts
- Markers
- PowerPoint slides
- PowerPoint projector
- Enough copies of the case study hand-out on BRAC Bangladesh—an example of integrated community-based TB activities (Annex 3).

Step-by-step process:

STEP 1: Present the PowerPoint slide on unit 5.0, Range of community-based TB activities (15 min)

- Clarify each of the themes and activities.
- Allow questions on the meaning of the terms, and respond to these.

STEP 2: Divide the participants into two small groups (each with a separate facilitator) (Activity 4)

Group 1: Integrating TB into work on

- RMNCH,
- HIV and
- education

Group 2: Integrating TB into work on

- primary health care,
- WASH,

- agriculture programmes and
- livelihoods.

STEP 3: **Present the PowerPoint slides on units 5.1, 5.2 and 5.3 to group 1, and simultaneously present the PowerPoint slides on units 5.4, 5.5, 5.6 and 5.7 to group 2 on the range of community-based TB activities that could be integrated into existing NGO programmes. (2 h)**

- Encourage participants to ask questions and share their experiences.
- Clarify as necessary.

STEP 4: **With the same groups, discuss the BRAC case study (1 h) (Activity 5)**

- Give each group the case study scenario BRAC Bangladesh—an example of integrated community-based TB activities (Annex 3).
- Ask participants to read the case scenario in their groups and then discuss the question: What lessons can we learn from the BRAC Bangladesh integrated community-based TB activities? (30 min)
- Once both groups have finished, invite each group to present to plenary. (30 min)

STEP 5: **Facilitate a discussion in plenary on integration of TB activities into various sectors of NGO work based on the group work (45 min)**

Notes for the facilitator:

- The aim of this module is to enable participants to gain in-depth understanding about how NGOs/CSOs can integrate TB into their ongoing community-based activities.
- Emphasize that integration of TB into different programmes would go a long way to achieving the "big picture" of reaching more people with TB services to strengthen TB prevention, diagnosis and treatment.

MODULE 6: IMPLEMENTING THE ENGAGE-TB APPROACH

Module objectives:

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

- identify the six ENGAGE-TB components,
- describe the conduct of a situation analysis,
- describe key principles and requirements for establishing an enabling environment for greater NGO engagement in TB activities,
- describe the preparation of guidelines and standard tools for community-based TB activities,
- describe how NGOs and CSOs can identify specific tasks to support implementation of community-based TB activities,
- describe the process of M&E and the two core indicators for community engagement and
- explain the areas of capacity-building required by NGOs and NTPs.

Module overview: This is an interactive module with brainstorming, an interactive lecture, group activity and discussion.

Module duration: 9 h 50 min

Materials and preparation:

- Flipcharts
- Markers
- PowerPoint slides
- PowerPoint projector
- Hand-outs describing a national guideline on health

Step-by-step process:

STEP 1: Describe the ENGAGE-TB components

The facilitator should present the PowerPoint slides for unit 6.0 of the ENGAGE-TB components to focus participants on the overall module. Briefly explain the six components to set the stage for the module. This should take no more than 5 min.

STEP 2: Discuss the types of information that participants "Must know", that is "Good to know" and that participants have "No need to know" (15 min) (Activity 6)

- In plenary, present the PowerPoint slide for Activity 6, Prioritizing information for a situation analysis and the three circles of information. Ask participants to distinguish between the:
  - inner circle: the information we must know in order to be able to act
  - middle circle: the information that is good to know and helpful as we act
  - outer circle: the information that we have no need to know in order to act
- Ask participants to give examples for each circle, e.g. for NGO staff
  - inner circle: location of TB clinic and diagnostic facilities
  - middle circle: availability of staff and drugs at facilities
  - outer circle: details of treatment regimens or other highly technical information
- Ask the participants how they can restrict their information collection efforts to the inner and middle circles and avoid the temptation to get too much data.

STEP 3: Small group discussion on situation analysis (1 h)

- Ask participants to discuss in small groups possible methods of information-gathering for conducting a situation analysis to support integration of TB activities into their community-based programme (Activity 7).
- Ask them to write their responses on a flip chart.
- Give them approximately 30 min to complete the exercise.
- Ask each group to make a presentation (15 min).

STEP 4: Present the PowerPoint slide on unit 6.1, Situation analysis (1 h)

- Make the presentation as interactive as possible.
- Answer participants' questions as they arise, and clarify.

STEP 5: Small group activity on challenges related to an enabling environment for implementing TB activities (1 h) (Activity 8)

- Explain the Challenge model (Annex 4) (5 min).
- Ask participants to form two or more small groups to share challenges in ensuring an enabling environment in their contexts and to discuss actions to address them (30 min).
- Ask them to present in plenary (25 min).

DAY THREE

STEP 6: Present PowerPoint slides on unit 6.2, Enabling environment (1 h)

- Make the presentation as interactive as possible.
- Answer participants' questions as they arise, and clarify.
- Emphasize the importance of creating an NCB; explain how this may be promoted initially by the NTP.
- Conclude by emphasizing that there are gains to be made if NTPs and NGOs/CSOs work together to create an enabling environment for community-based TB activities.

STEP 7: Small group discussions on guidelines and tools (45 min) (Activity 9)

- Ask the participants to form small groups, and give them a copy of any locally available community health guideline.
- Ask the participants to review it with regard to:
  - simplicity and clarity,
  - language used and
  - basic rules of writing.
- Give them 30 min to complete the exercise.
- Ask each group to present their work to the larger group (15 min).

STEP 8: Present the PowerPoint slide on unit 6.3, Guidelines and tools (45 min)

- Make the presentation as interactive as possible.
- Answer participants' questions as they arise, and clarify.

STEP 9: Small group discussion on task identification (45 min) (Activity 10)

- Display the PowerPoint slide showing the SWOT analysis, and briefly explain what SWOT means.
- Ask participants to revert to the small groups formed to collect information for a situation analysis.
- Ask each group to discuss areas for consideration in conducting a SWOT analysis in order to determine which community-based TB tasks to implement.
- Give them 30 min to complete the exercise.
- Ask each team to present to the larger group (15 min).

STEP 10: Present the PowerPoint slide on unit 6.4, Task identification (30 min).

- Make the presentation as interactive as possible.
- Answer participants' questions as they arise, and clarify.

STEP 11: Group activity on various aspects of M&E (45 min) (Activity 11)

- Divide the participants into small groups.
- Ask each group to discuss the two core indicators of community engagement and to agree how data on these might be collected and reported.
- Allow 30 min for group discussion.
- Ask each group to present in plenary (15 min).

STEP 12: Present the PowerPoint slide on unit 6.5, M&E (1 h).

- Make the presentation as interactive as possible.
- Ensure that you take time to emphasize each parameter of the ENGAGE-TB core indicators as precisely as indicated in the ENGAGE-TB implementation manual.
- Answer participants' questions as they arise, and clarify.
- Emphasize the role of the NTP in recording and reporting community contributions.

STEP 13: Small group discussion on capacity-building (30 min) (Activity 12)

- Ask participants to form small groups to discuss capacity-building needs of NGOs and other CSOs as well as NTPs.
- Ask them to suggest appropriate actions to build capacity.
- Give them 20 min to complete the exercise.
- Ask each group to present their work in plenary (10 min).

STEP 14: Present the PowerPoint slide on unit 6.6, Capacity-building (45 min).

- Make the discussion highly interactive.
- Clarify areas of concern.
- "Wrap up" the presentation by emphasizing that capacity-building is required by both NGOs/CSOs and NTPs, and one can often help the other.

Notes for the facilitator:

- As you present information on each of these units, remember to emphasize the basic principles underlying each component.
- Ensure that you focus participants' attention on the guidance provided for NTPs and NGOs for each component.
- The two core ENGAGE-TB indicators must be emphasized. Ensure that participants demonstrate their ability to explain what the indicators mean and how they are measured and reported.
- Remember to emphasize the guidance to NGOs/CSOs and NTPs in M&E as well as in capacity-building.
- Be sure to move to the groups as they work together to clarify any issues arising from the tasks. If you have a co-facilitator, you may share groups that require support.

PREPARATION FOR FIELD VISIT (15 min)

- Inform the participants about the field visits planned for day four.
- Indicate the objectives, time of departure and anticipated return and any other logistics.
- Provide a security briefing as necessary.
- Emphasize that participants will be expected to give feedback on the visit.

Assignment:

Ask participants to re-read the full texts of the two WHO-approved ENGAGE-TB core indicators and the WHO outline for periodic evaluation of the progress of community-based TB activities in the ENGAGE-TB implementation manual annexes 1 and 2.

DAY FOUR

MODULE 7: FIELD VISIT AND FEEDBACK

Module objectives:

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

- describe how a TB clinic functions and how an NGO works in a community
- share their experience of the field visit and
- understand the strengths and opportunities provided by NTP-run TB clinics and by NGO-managed community-based programmes.

Module overview: This is a facilitator-led module, followed by a plenary discussion.

Module duration: 9 h 15 min (all day field visit plus 2 hours the following day for feedback)

Materials and preparation:

Paper and pen to write notes during the field visit

Step-by-step process (Field visit – all day):

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

STEP 2. Arrive at the TB clinic, and allow the host to show the participants around.

STEP 3. Let the participants ask any questions.

STEP 4. If the field location sites are close enough, let each group also visit an NGO programme.

STEP 5. The NGO should allow participants to witness a meeting of community members, showing how their staff interact with community members.

STEP 6. If time does not allow participants to visit both an NTP clinic and an NGO site, those with NGO experience should visit the TB clinic, and NTP or other staff from government should visit an NGO programme.

STEP 7. Let them ask any questions.

STEP 8. Thank the hosts and the staff of the organizations.

DAY FIVE

MODULE 7: FIELD VISIT AND FEEDBACK (CONTINUED)

Step-by-step process (Field visit feedback – 2h):

- Ask each field visit group to meet separately, share their experience of the field visit and write down the main lessons learnt on a flipchart (1 h) (Activity 13).
- Ask each group to share their conclusions in plenary and make clarifications (50 min).
- When all the groups have finished, sum up their contributions by: (10 min)
  - stating the positive points first,
  - highlighting agreement and differences,
  - reflecting on participants' comments rather than on your own opinions and
  - focusing on only the main points made.

Notes for the facilitator:

- The aim of the field visit is to expose participants to a real-life situation of how a TB clinic functions and/or how an NGO manages its interactions with communities in its field programmes.
- Be sensitive to the hosts and how feedback is communicated to them.

MODULE 8 (OPTIONAL): DEVELOPING ACTION PLANS FOR ENGAGE-TB

Module objectives:

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

- develop action plans for taking forward the ENGAGE-TB approach.

Module overview: In this module, participants work in small groups, followed by a plenary discussion.

Module duration: 1 h

Materials and preparations:

- Flipcharts
- Markers
- PowerPoint projector

Step-by-step process:

STEP 1: Small group discussions (30 min) (Activity 14)

- Divide participants according to their cognate group (e.g. organization, country, programme area). If this is not feasible, divide them randomly.
- Ask them to answer the following questions in their groups:
  - What are the opportunities and challenges for integrating the ENGAGE-TB approach into your work?
  - What activities are you going to carry out when you go back?
  - When will you do it?
- Give participants 30 min to discuss in their groups and write on flipcharts.
- Once the participants have finished, ask all groups to present their action work plans in plenary (30 min).
- Thank participants for sharing their action plans.

Note for the facilitator:

Encourage participants to continue networking even after the workshop.

MODULE 9: EVALUATING THE WORKSHOP

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 facilitation and identifying improvements for the future.

Module overview: This is a facilitator-led module.

Module duration: 30 min

Materials and preparation:

- Copies of evaluation form

Step-by-step process:

STEP 1: Evaluation and facilitators' debriefing

- Inform the participants that you are coming to the end of the workshop and therefore need feedback from each one of them.
- Issue to each participant an evaluation form (Annex 5), which includes:
  - an assessment of understanding of each module,
  - an assessment of group and other activities as aids to help understanding,
  - an assessment of the quality of facilitation,
  - an assessment of the support mechanisms (transport, food, accommodation, logistics) and
  - improvements for the future.

- Give participants 30 min to do this task.
- Once everyone has finished, collect all the evaluation forms.
- Thank participants for their evaluations.
- Review the flipchart with participants' expectations together.

Note to the facilitator:

There are many ways of conducting a workshop evaluation. The template proposed in Annex 5 may be modified as desired.

MODULE 10 (OPTIONAL): CLOSING THE WORKSHOP

Closing ceremony:

- Prepare the venue for the closing ceremony with your co-facilitators and ensure that the:
  - seating arrangements are finalized, and participants are ready for the ceremony,
  - certificates are ready and
  - photographer is ready.
- Request the chief guest for his or her indulgence in joining a group photo.

Step-by-step process:

STEP 1: Verbal feedback (30 min) (Activity 15)

- Ask each participant to share his or her feelings about the week and to comment on its usefulness.
- Ask every facilitator to share his or her thoughts and feelings about the week.

STEP 2: Presentation of certificates and closure (45 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 workshop.
- Ensure a vote of thanks to everyone involved, including the support team, the chief guest and participants.
- Take a group photo, and distribute it electronically after the training.

Notes to the facilitator:

Preparations for the closing ceremony should be done 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 participants' preferred names.

ANNEXES

ANNEX 1: WORKSHOP OBJECTIVES AND SUMMARY TIMETABLE

Workshop objectives

- **Acquire knowledge, skills and attitudes for implementation of the ENGAGE-TB approach, especially:**
  - > how community-based TB activities might be integrated into the ongoing work of NGOs and other CSOs,
  - > how NTPs and NGOs/CSOs might collaborate better and
  - > how community engagement indicators might be monitored.
- **Build the capacity of future consultants and trainers to provide technical assistance in this area.**

Summary timetable

Day	Morning	Afternoon
1	**MODULE 1:** Introductions, objectives and norms **MODULE 2:** Introducing the ENGAGE-TB approach	**MODULE 3:** TB – the basics **MODULE 4:** Collaborating on TB between government and civil society
2	**MODULE 5:** Integrating community-based TB activities into ongoing NGO programmes	**MODULE 6:** Implementing the ENGAGE TB approach Unit 5.0: Introduction to the components Unit 5.1: Situation analysis
3	**MODULE 6:** Implementing the ENGAGE TB approach (continued) Unit 5.2: Enabling environment Unit 5.3: Guidelines and tools Unit 5.4: Task identification	**MODULE 6:** Implementing the ENGAGE TB approach (continued) Unit 5.5: Monitoring and evaluation Unit 5.6: Capacity-building
4	**MODULE 7:** Field visit and feedback	**MODULE 7:** Field visit and feedback (continued)
5	**MODULE 7:** Field visit and feedback (continued) **MODULE 8 (optional):** Developing action plans for ENGAGE-TB **MODULE 9:** Evaluating the workshop	**MODULE 10 (optional):** Closing the workshop

ANNEX 2: Role play: Collaboration between NTPs and CSOs

Instructions

Divide the participants into two sets of two groups each, A and B

Imagine that group A is a representative of the NTP and group B a representative of an NGO/CSO.

In this role play, the NTP representative (group A) will view CSOs (group B) as not being knowledgeable about the area of TB service delivery and how governments work and as having no impact in the field because they don't know what they are doing. In contrast, the NGO/CSO representative (group B) will view NTPs (group A) as having an attitude of "know it all", uncaring about the community, corrupt and arrogant.

In this role play, please show that there has been apathy on both sides because of lack of collaboration, and the community continues to suffer. Group B (NGO) should approach group A (NTP) to discuss engagement in TB work, only to find the NTP dismissive and uninterested and not very encouraging.

After this role play is complete, switch the scenario to a new role play with the same groups. This time, let group A (NTP) start with the recognition that their TB services could be extended in NGOs that are not working on TB but could start integrating TB into their community-based work. Let the NTP (group A) approach the NGO (group B), and ask the NTP manager to "woo" the NGO and encourage it to integrate community-based TB activities into its work.

Allow both sets of groups A and B to present both scenarios. Each presentation should last no more than 3–4 min.

Allow 20 min for preparation and 20 min for all presentations.

ANNEX 3: BRAC Bangladesh—an example of integrated community-based TB activities

In Bangladesh, TB is a major public health problem. BRAC, a large, Bangladesh-based, international NGO, signed a memorandum of understanding with the Government of Bangladesh in 1994 to expand DOTS services nationwide. BRAC's TB programme is part of its integrated poverty alleviation programme, which delivers microfinance, health, education, agriculture and livestock services to marginalized and ultra-poor communities.

Community stakeholders are engaged in efforts to identify TB patients, ensure treatment adherence and reduce stigma. The stakeholders include: cured TB patients, local opinion formers, religious leaders, girl guides and scouts, other NGOs, village doctors, pharmacists and private practitioners.

Frontline community health workers (CHWs) connect individuals with TB control services during household visits and health forums. They perform a range of tasks, including:

- disseminating TB messages,
- identifying people who might have TB,
- referring identified people for sputum examination to the local health complex or BRAC laboratory services,
- ensuring daily intake of TB medicine through DOT for identified patients and
- making referrals for management of side-effects during TB treatment.

ANNEX 4: Challenge model

Mission

Vision

Measurable result:

Priority actions

Obstacles and root causes

Current situation:

Challenge:

(How will we achieve our desired result in light of the obstacles we need to overcome?)

Source: Managers who lead: A handbook for improving health services. Cambridge, Massachusetts: Management Sciences for Health; 2005. http://www.msh.org/resources/the-challenge-model

ANNEX 5: Participants' evaluation of the training

Instructions

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

Name:

Section 1: Topics

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

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

	1	2	3	4	5
1. The WHO ENGAGE-TB operational guidance					
2. TB the basics					
3. Collaboration on TB between the government and NGO/CSOs					
4. Integrating TB into community health and other development programmes					
5. Implementing the ENGAGE-TB approach: the six ENGAGE-TB components					
a) Situation analysis					
b) Enabling environment					
c) Guidelines and tools					
d) Task identification					
e) M&E					
f) Capacity-building					

b. To what extent did the following activities enhance your ability to understand the module content?

	1	2	3	4	5
1. Brainstorming on definition and signs and symptoms of TB; What makes people more vulnerable to TB?					
2. Role play on NTP and NGO collaboration					
3. BRAC case study on integration					
4. Circles of Information					
5. Methods of collecting information for a situation analysis					
6. Challenge model for an enabling environment					
7. Group work on guideline development					
8. Group work on SWOT analysis for task identification					
9. Group work on the two core indicators for M&E					
10. Group work on capacity-building needs					

SECTION 2: Field visit

How useful was the field visit in the training on the ENGAGE-TB approach?

Please circle your rating:

1	2	3	4	5

Other comments on the field visit:

SECTION 3: Training support

	1	2	3	4	5
1. Administrative support before training					
2. Administrative support during training					
3. Choice of training venue					
4. Choice of hotel					
5. Transport to and from venue					
6. Quality of food					
7. Facilitation of training					

What worked well?

What could be improved?

Any other comments?

ANNEX 6: Recommended timetable for facilitators

Day 1	Topic	Facilitator
MODULE 1	**Introductions, objectives and norms**	
08:30–09:30	Welcome, introductions and norms	
09:30–09:45	Workshop objectives and timetable	
MODULE 2	**Introducing the ENGAGE-TB approach**	
09:45–10:30	ENGAGE-TB operational guidance	
10:30–11:00	Tea	
MODULE 3	**TB—the basics**	
11:00–13:00	TB—the basics	
13:00–14:00	Lunch	
MODULE 4	**Collaborating on TB between government and civil society**	
14:00–14:40	What are CSOs? How do they work?	
14:40–14:50	What do CSOs need to work on TB?	
14:50–15:10	Role play preparation	
15:10–15:40	Tea	
15:40–16:00	Role play presentations and discussion	
16:00–16:30	Collaboration mechanisms with NTP	
16:30	Close of day 1	
Day 2	**Topic**	**Facilitator**
MODULE 5	**Integrating community-based TB activities into ongoing NGO programmes**	
08:30–08:45	Introduction to Integration and formation of two groups	
08:45–10:45	PowerPoint presentations to both groups	
10:45–11:15	Tea	
11:15–11:45	Group work: BRAC case study	
11:45–12:15	Plenary presentations on BRAC	
12:15–1:300	Plenary discussion on integration	
1:300–14:00	Lunch	
MODULE 6	**Implementing the ENGAGE-TB approach**	
14:00–14:05	Components of the ENGAGE-TB approach	
14:05–14:20	Prioritizing Information exercise	
14:20–15:05	Situation analysis group work and presentations	
15:05–15:30	Tea	
15:30–16:30	Presentation on situation analysis	
16:30–17:30	Challenge model for enabling environment	
17:30	Close of day 2	

Day 3	Topic	Facilitator
MODULE 6	**Implementing the ENGAGE-TB approach**	
08:30–09:30	Enabling environment: presentation	
09:30–10:15	Groups on guidelines and tools	
10:15–10:45	Tea	
10:45–11:30	Guidelines and tool presentation	
11:30–12:15	SWOT analysis for task identification	
12:15–12:45	Task identification presentation	
12:45–13:45	Lunch	
13:45–14:30	Group work on M&E	
14:30–15:30	M&E presentation	
15:30–16:00	Tea	
16:00–16:30	Group work on capacity-building	
16:30–17:15	Capacity-building presentation	
17:15–17:30	Field visit preparations and close of day 3	
Day 4	**Topic**	**Facilitator**
MODULE 7	**Field visit and feedback (in three groups)**	
07:45	Depart in three groups for NTP TB clinic	
08:30–11:00	NTP clinic visit	
11:00–13:00	Lunch	
13:00	Departure of same groups for NGO community site	
13:00–16:00	NGO community visit	
16:00	Departure for hotel and close of day 4	
Day 5	**Topic**	**Facilitator**
08:30–09:30	Group work on field visit	
09:30–10:30	Plenary presentations	
10:30–11:00	Tea	
MODULE 8	**Developing action plans for ENGAGE-TB (optional)**	
11:00–11:30	Group work on action plans	
11:30–12:00	Plenary on action plans and next steps	
MODULE 9	**Evaluating the workshop**	
12:00–12:30	Course evaluation	
12:30–13:30	Lunch	
MODULE 10	**Closing the workshop (optional)**	
13:30–14:00	Feedback on the week	
14:00–14:15	Presentation of certificates	
14:15–14:30	Closing remarks (chief guest)	
14:30–14:35	Vote of thanks	
14:35–14:45	Group photo with chief guest	
14:45	Tea and departure	

ANNEX 7:

Presentation slides
ENGAGE-TB Training

Training in

The ENGAGE-TB Approach

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

Presentation slides (full set)

Training in the ENGAGE-TB Approach

World Health Organization

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 — 2 hrs
- Module 4: Government and CSO collaboration — 2 hrs
- Module 5: Integrating TB into community-health and other programmes — 4 hrs
- Module 6: Implementing the ENGAGE-TB approach — 9 hrs 50 mins
- Module 7: Field visits and feedback — 9 hrs 15 mins
- Module 8 (optional): Developing action plans for ENGAGE-TB — 1 hr
- Module 9: Evaluating the workshop — 30 mins
- Module 10 (optional): Closing ceremony — 1 hr 15 mins

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Module 1:

INTRODUCTIONS, OBJECTIVES AND NORMS

1 hr

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DAY 1 | MODULE 1

Activity 1: Introductions

- Pair up and get to know each other — 10-15 mins
- Introduce your partner using the following parameters: — 30-40 mins
  - Name
  - Organization
  - Job title and role
  - 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

15 mins

- Acquire knowledge, skills and attitudes to implement the ENGAGE-TB approach, especially:
  - how to integrate community-based TB activities into the NGO/CSOs work
  - how to promote NTP and NGOs/CSOs collaboration
  - how to monitor community engagement indicators
- Build capacity of future consultants and trainers to provide technical assistance

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DAY 1 | MODULE 1

Workshop Timetable

TIME	AM	PM
DAY 1	**Module 1**: Introductions, objectives and norms **Module 2**: Introducing the ENGAGE-TB approach **Module 3**: TB – the basics	**Module 4**: Collaborating on TB between government and civil society
DAY 2	**Module 5**: Integrating community-based TB activities into ongoing NGO programmes	**Module 6**: Implementing the ENGAGE TB approach Unit 6.0: Introduction Unit 6.1: Situation analysis
DAY 3	**Module 6**: Implementing the ENGAGE TB approach (continued) Unit 6.2: Enabling environment Unit 6.3: Guidelines & tools Unit 6.4: Task identification	**Module 6**: Implementing the ENGAGE TB approach (continued) Unit 6.5: Monitoring & Evaluation Unit 6.6: Capacity building
DAY 4	**Module 7:** Field visit and feedback	**Module7:** Field visit and feedback (continued)
DAY 5	**Module 7**: Field visit and feedback (continued) **Module 8 (optional)**: Developing action plans for ENGAGE-TB **Module 9**: Evaluating the workshop	**Module 10 (optional):** Closing ceremony

Training in the ENGAGE-TB Approach

World Health Organization

Module 2:

INTRODUCING THE ENGAGE-TB APPROACH

45 mins

Training in the ENGAGE-TB Approach

World Health Organization

DAY 1 | MODULE 2 INTRODUCING THE ENGAGE-TB APPROACH

Module objectives

45 mins

- Explain the rationale for ENGAGE-TB
- List ENGAGE-TB target groups
- Describe the community-based activities that can be integrated into existing NGO programmes
- Describe ENGAGE-TB's 6 components
- Describe mechanisms supporting NTP and NGO/CSO collaboration

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World Health Organization

DAY 1 MODULE 2

Unit 2.0

THE ENGAGE-TB OPERATIONAL GUIDANCE

45 mins

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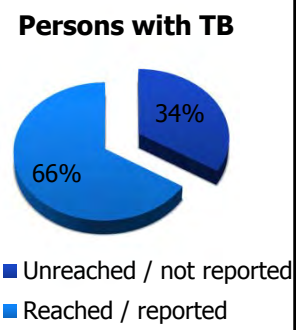
DAY 1 MODULE 2

Background on TB

- TB second largest killer after HIV
- 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



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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, drug and tobacco use, diabetes

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World Health Organization

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

Training in the ENGAGE-TB Approach

World Health Organization

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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World Health Organization

DAY 1 | MODULE 2

Integrating TB

Assisting early detection

Preventing TB transmission

Assisting treatment support

Addressing the social determinants

Training in the ENGAGE-TB Approach

World Health Organization

DAY 1 | MODULE 2

Integrating TB

- HIV – screen for TB; help them receive IPT
- RMNCH – HIV testing at pregnancy; screen for TB; watch children under 5

- Education – TB messages in curricula; children recognize TB symptoms

- 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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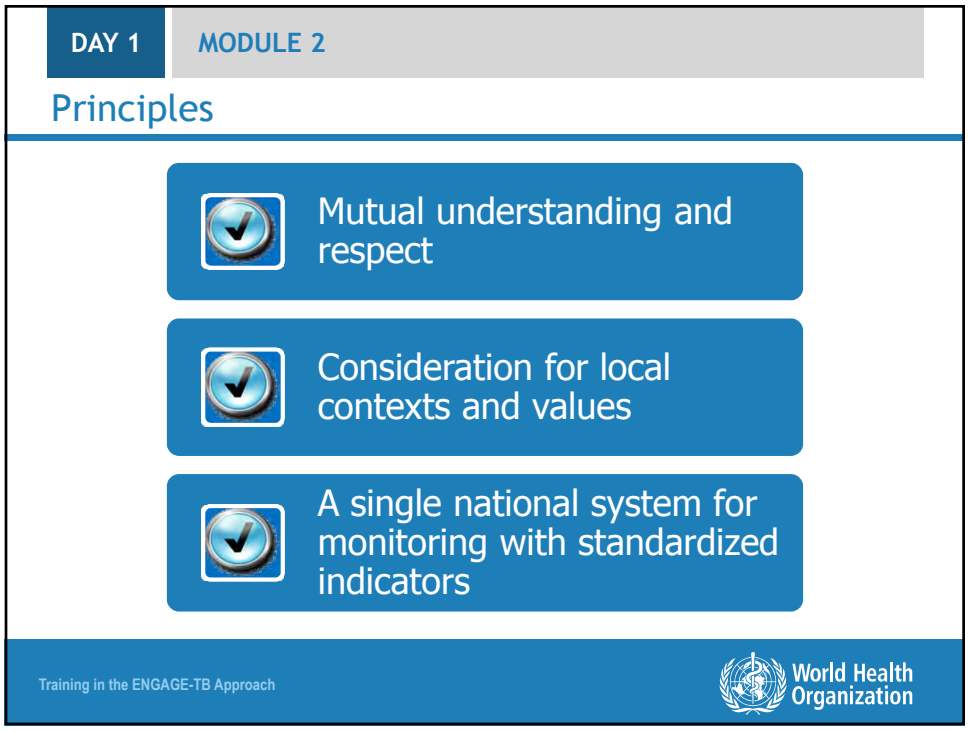
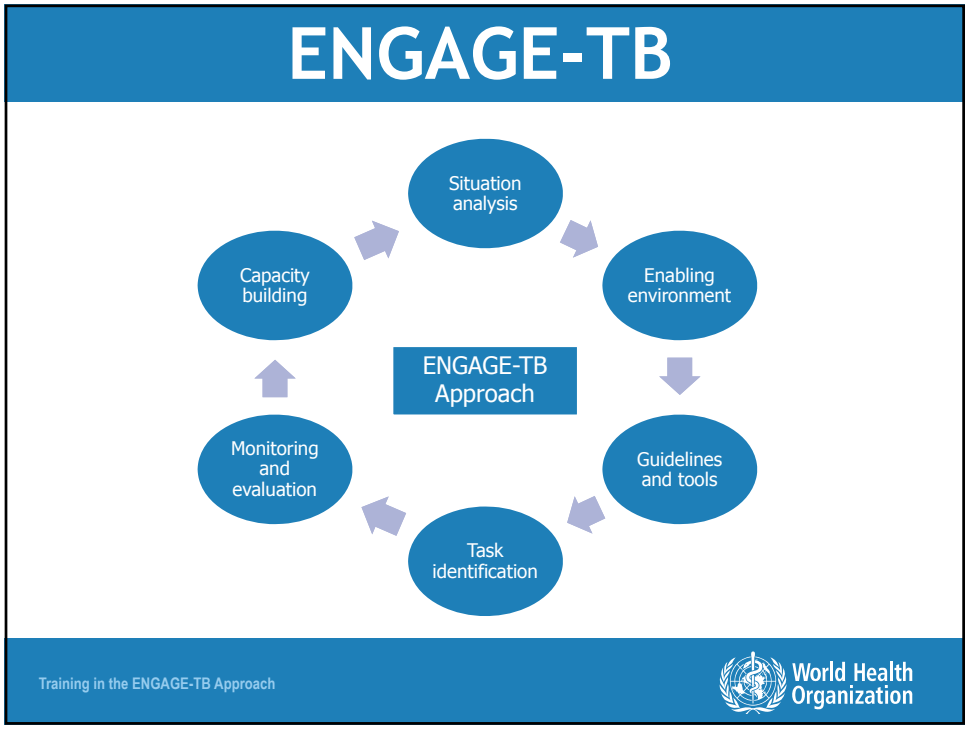

DAY 1
MODULE 2
Principles
Mutual understanding and respect
Consideration for local contexts and values
A single national system for monitoring with standardized indicators
Training in the ENGAGE-TB Approach
World Health Organization


ENGAGE-TB
Situation analysis
Enabling environment
Guidelines and tools
Task identification
Monitoring and evaluation
Capacity building
ENGAGE-TB Approach
Training in the ENGAGE-TB Approach
World Health Organization

DAY 1 **MODULE 2**

1. Situational analysis

- Collect basic data
- Review the main actors and factors
- Gather qualitative information
- Analyse SWOTs

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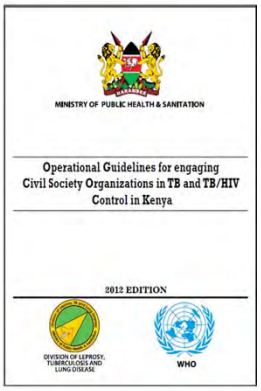
World Health Organization

DAY 1 **MODULE 2**

2. Enabling environment

- Supportive policies; simple procedures



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World Health Organization

DAY 1 | MODULE 2

2. Enabling environment

- NGO coordinating body and regular meetings with NTP

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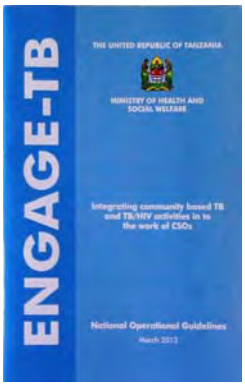
DAY 1 | MODULE 2

3. Guidelines and tools

- National operational guidance
- Standardized tools
  - forms for referrals, diagnosis, treatment; registers
- Training curriculum
- Locally tailored "how-to" manual



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DAY 1 | MODULE 2

4. Task identification

- NTPs should include NGO\CSO engagement in their plans
- NGOs should consult with NTPs and link with facilities
- NTP\NGOs\CSOs should offer a full range of community-based TB services *

* e.g. prevention, screening, referral, treatment support, advocacy

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World Health Organization

DAY 1 | MODULE 2

5. Capacity building

- Human resources
- Financial resources
- Physical assets
- Management and leadership
- Systems and processes

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World Health Organization

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 NCB, trends in membership, etc.
  - Quality of NTP interaction with NCB

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Module 3:

TB – THE BASICS

2 hrs

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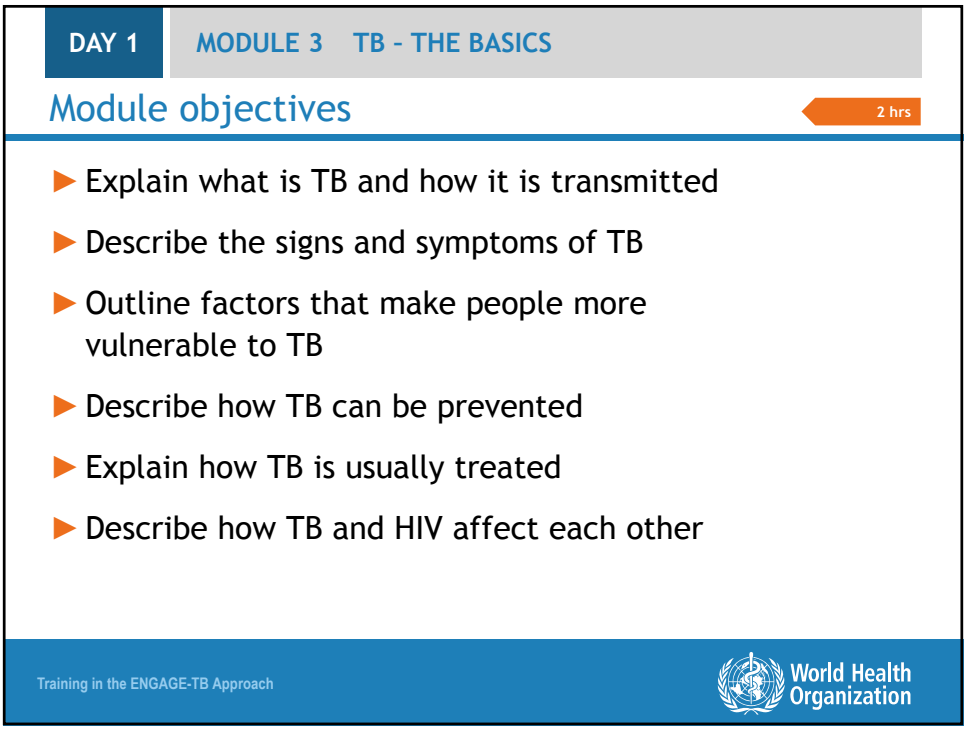
DAY 1
MODULE 3 TB - THE BASICS
Module objectives
2 hrs
Explain what is TB and how it is transmitted
Describe the signs and symptoms of TB
Outline factors that make people more vulnerable to TB
Describe how TB can be prevented
Explain how TB is usually treated
Describe how TB and HIV affect each other
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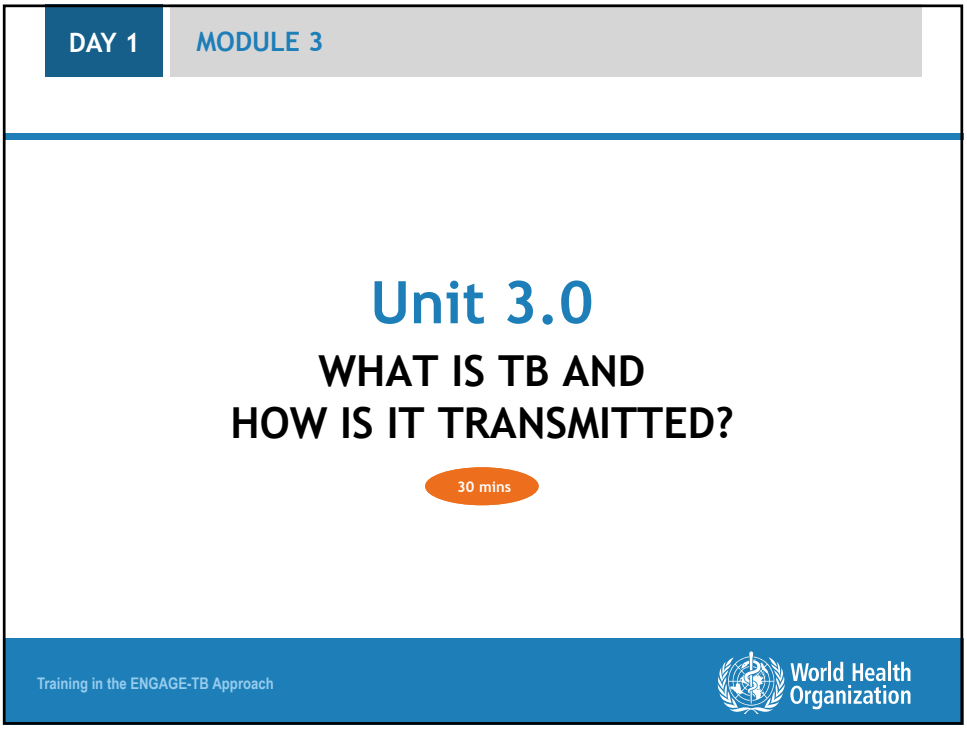
DAY 1
MODULE 3
Unit 3.0
WHAT IS TB AND HOW IS IT TRANSMITTED?
30 mins
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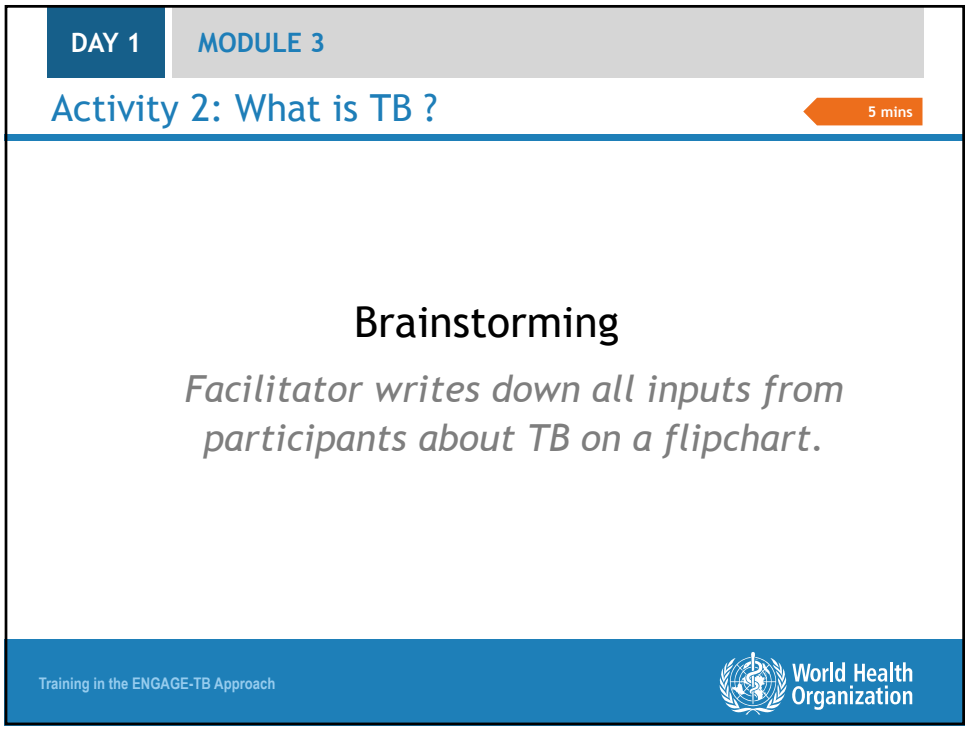
World Health Organization


DAY 1
MODULE 3
Activity 2: What is TB ?
5 mins
Brainstorming
Facilitator writes down all inputs from participants about TB on a flipchart.
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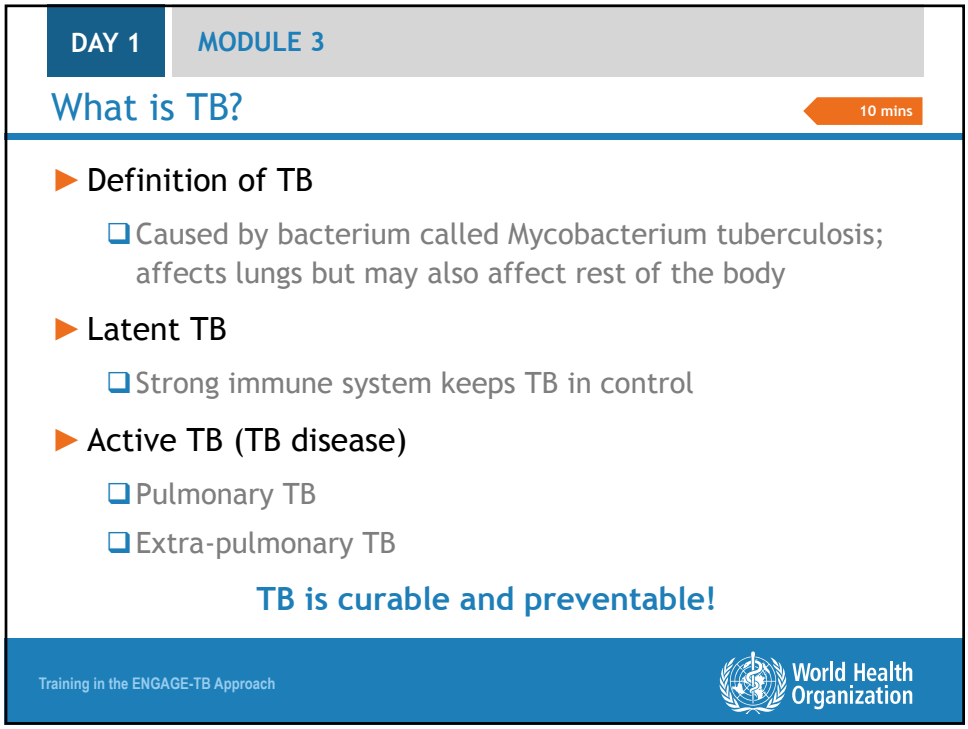
DAY 1
MODULE 3
What is TB?
10 mins
Definition of TB
Caused by bacterium called Mycobacterium tuberculosis; affects lungs but may also affect rest of the body
Latent TB
Strong immune system keeps TB in control
Active TB (TB disease)
Pulmonary TB
Extra-pulmonary TB
TB is curable and preventable!
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DAY 1 | MODULE 3

How is TB transmitted?

15 mins

- Transmitted by person with **active 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

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DAY 1 | MODULE 3

Unit 3.1

WHAT ARE SOME SIGNS AND SYMPTOMS OF TB?

30 mins

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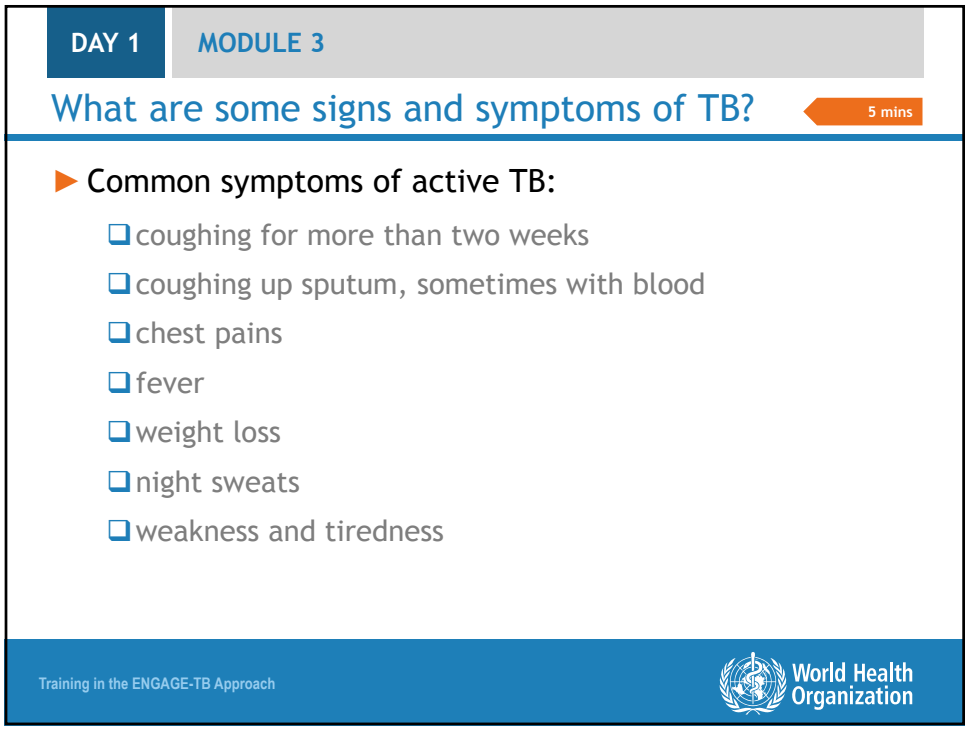
World Health Organization


DAY 1
MODULE 3
What are some signs and symptoms of TB?
5 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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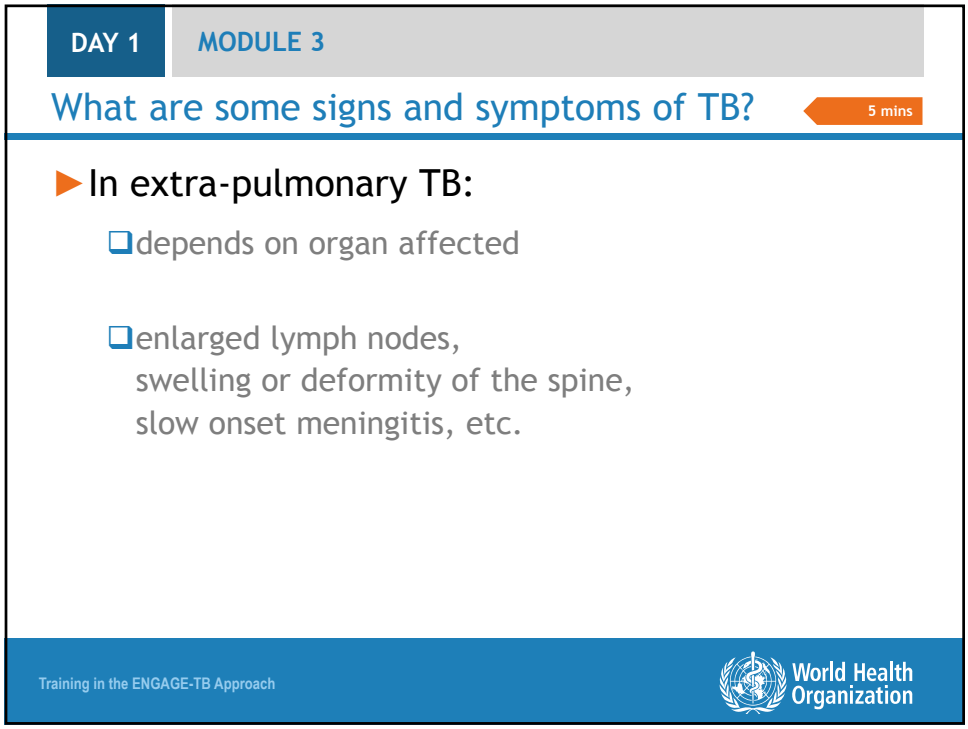
World Health Organization


DAY 1
MODULE 3
What are some signs and symptoms of TB?
5 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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DAY 1 | MODULE 3

What are some signs and symptoms of TB?

10 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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DAY 1 | MODULE 3

Unit 3.2

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

25 mins

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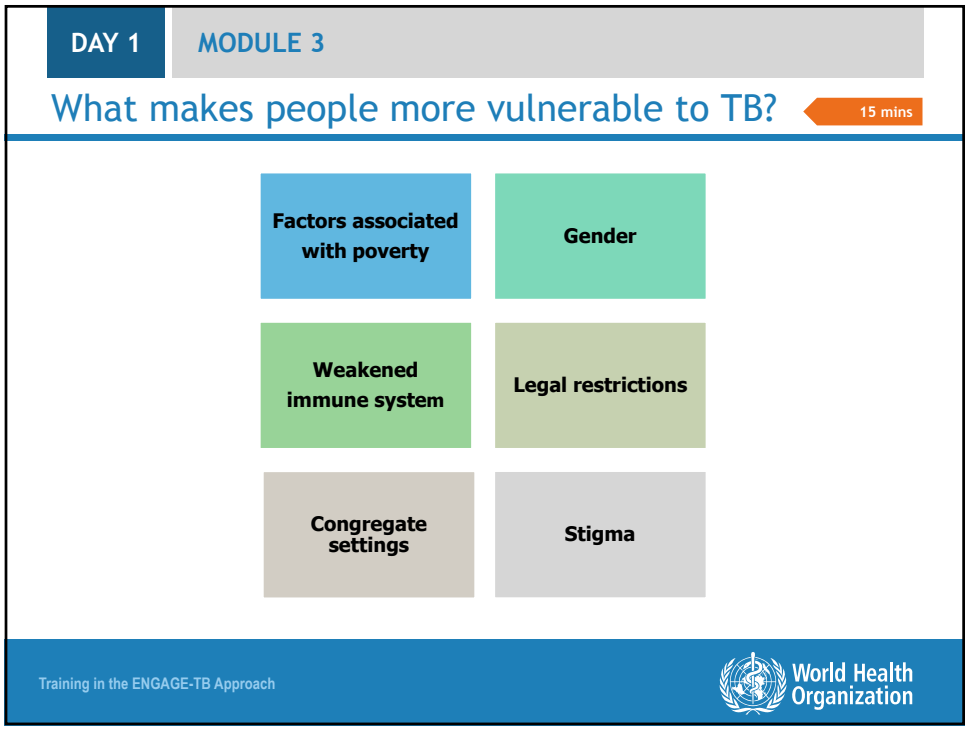
World Health Organization


DAY 1
MODULE 3
What makes people more vulnerable to TB?
15 mins
Factors associated with poverty
Gender
Weakened immune system
Legal restrictions
Congregate settings
Stigma
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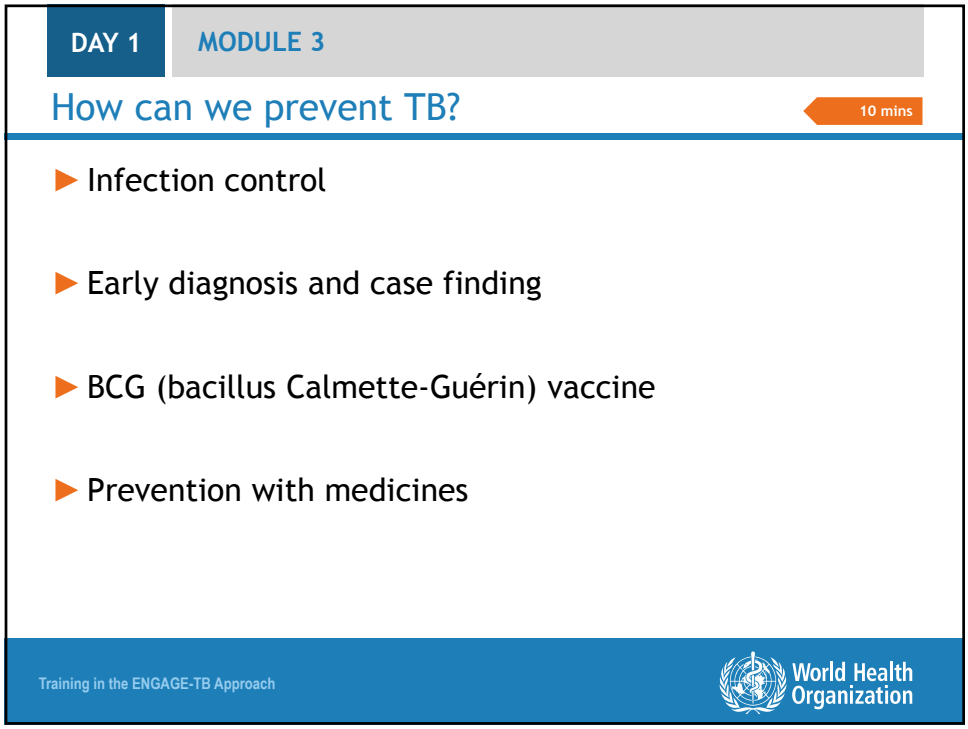
DAY 1
MODULE 3
How can we prevent TB?
10 mins
Infection control
Early diagnosis and case finding
BCG (bacillus Calmette-Guérin) vaccine
Prevention with medicines
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DAY 1 | MODULE 3

Unit 3.3

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

1 hr

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World Health Organization

DAY 1 | MODULE 3

How is TB treated?

10 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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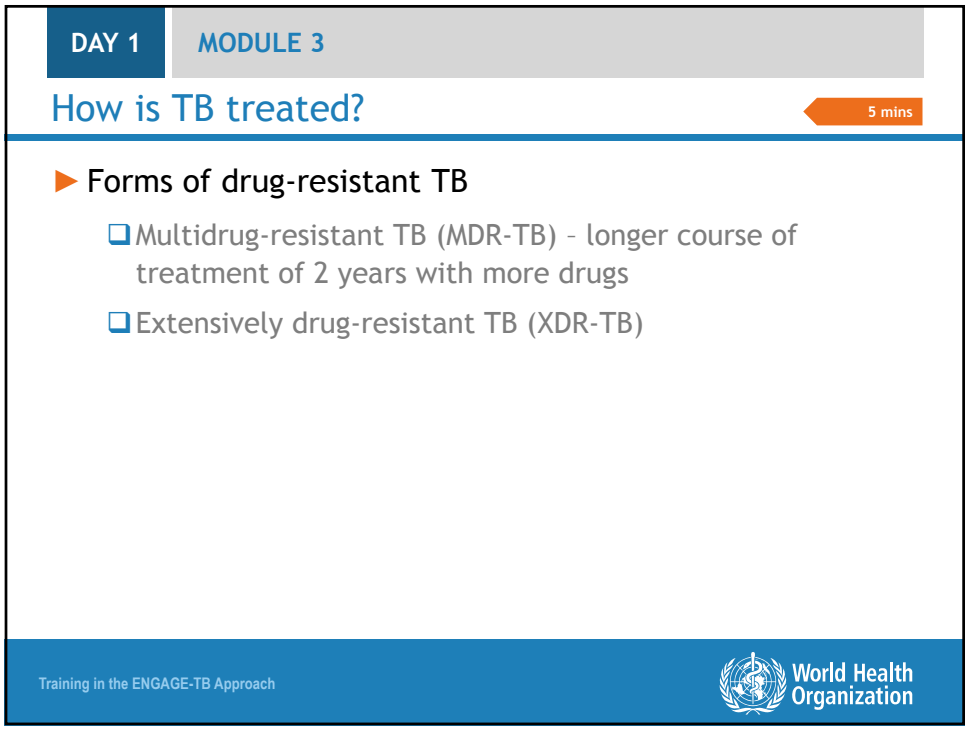
DAY 1
MODULE 3
How is TB treated?
5 mins
Forms of drug-resistant TB
Multidrug-resistant TB (MDR-TB) – longer course of treatment of 2 years with more drugs
Extensively drug-resistant TB (XDR-TB)
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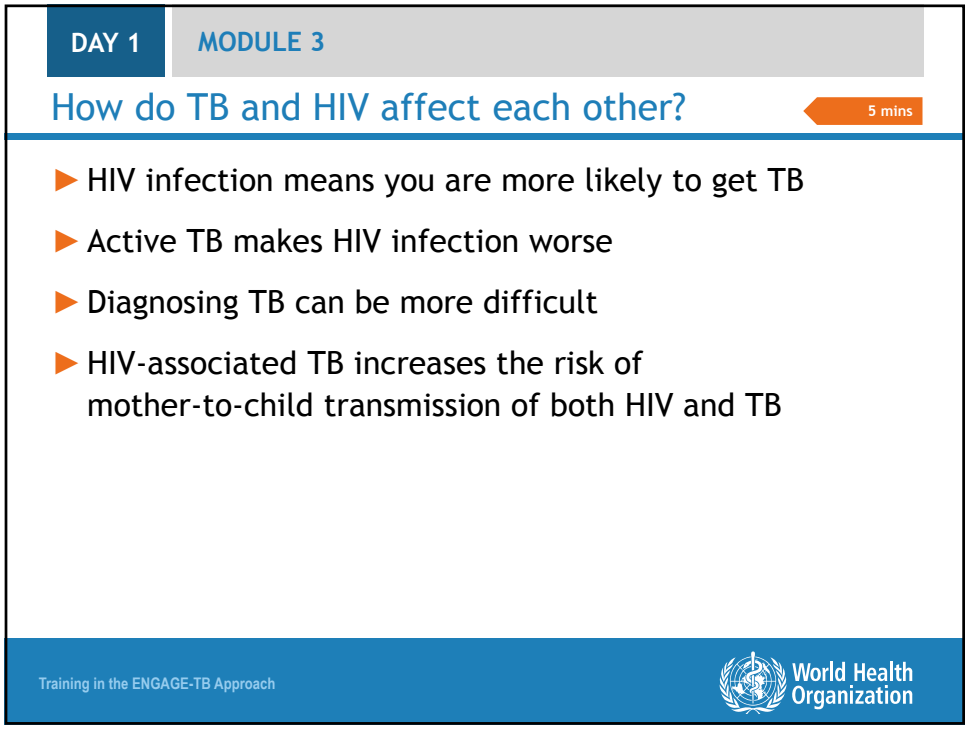
DAY 1
MODULE 3
How do TB and HIV affect each other?
5 mins
HIV infection means you are more likely to get TB
Active TB makes HIV infection worse
Diagnosing TB can be more difficult
HIV-associated TB increases the risk of mother-to-child transmission of both HIV and TB
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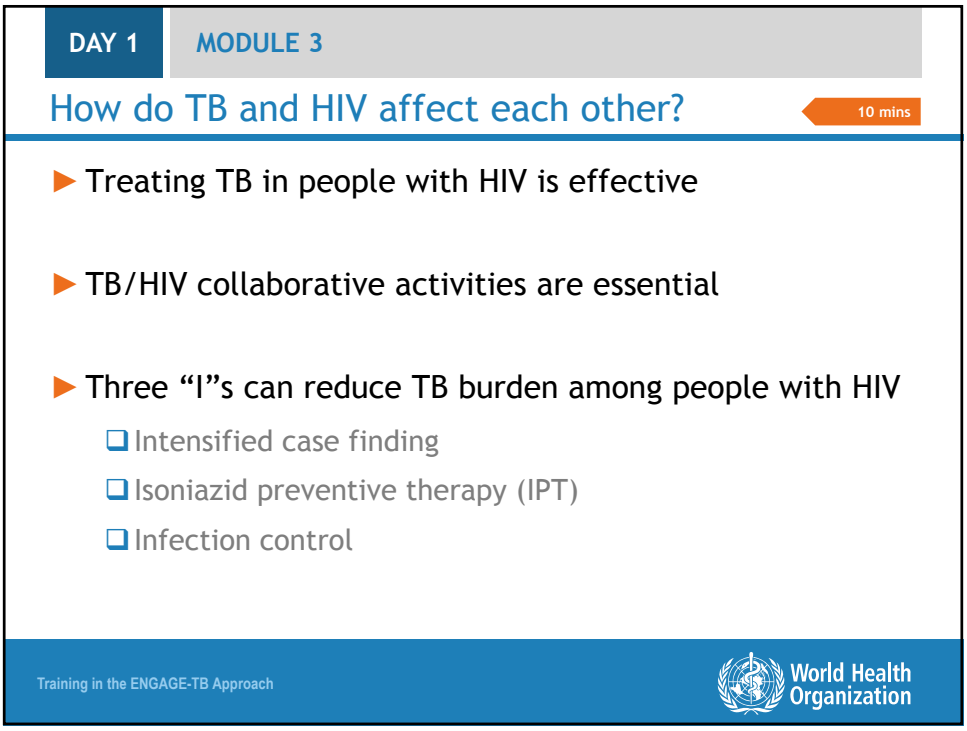
DAY 1
MODULE 3
How do TB and HIV affect each other?
10 mins
Treating TB in people with HIV is effective
TB/HIV collaborative activities are essential
Three "I"s can reduce TB burden among people with HIV
Intensified case finding
Isoniazid preventive therapy (IPT)
Infection control
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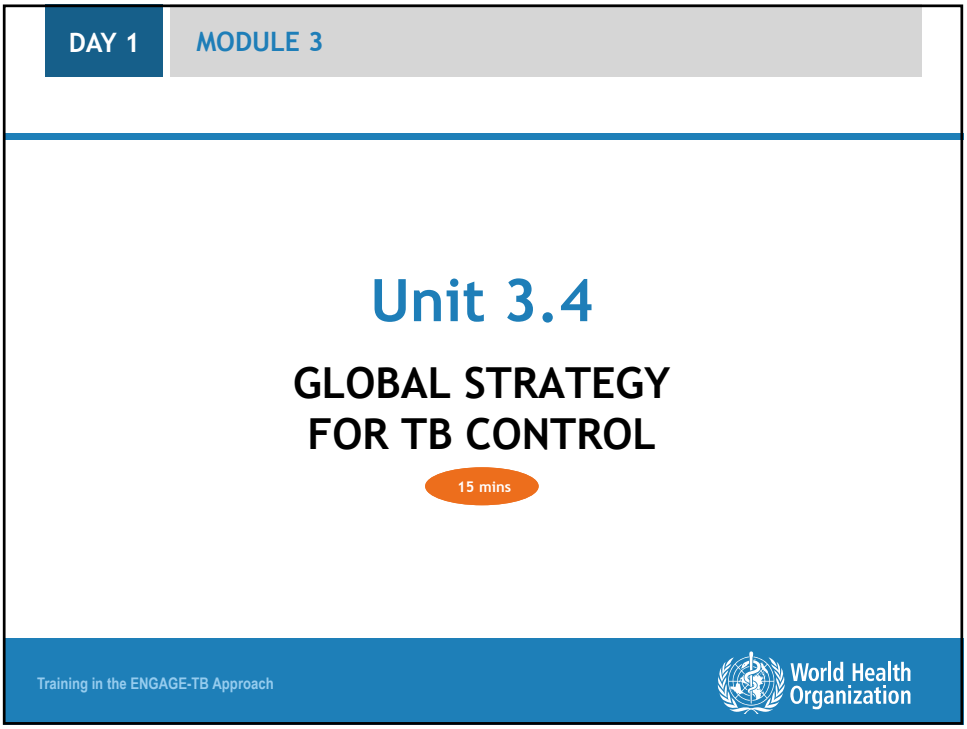
DAY 1
MODULE 3
Unit 3.4
GLOBAL STRATEGY FOR TB CONTROL
15 mins
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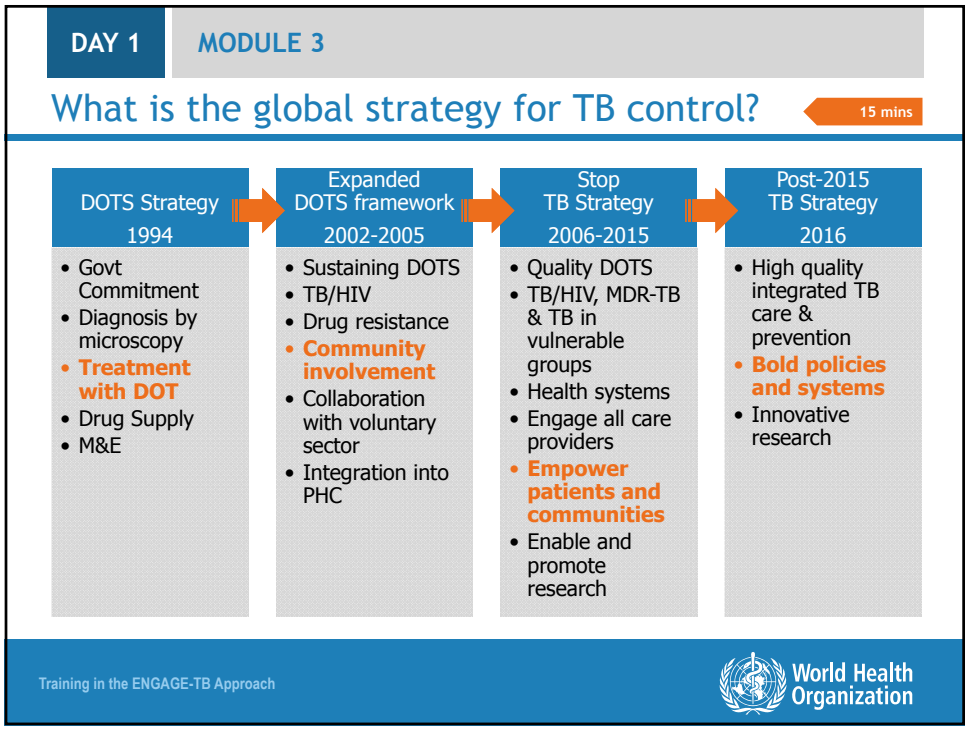
DAY 1
MODULE 3
What is the global strategy for TB control?
15 mins
DOTS Strategy 1994
• Govt Commitment
• Diagnosis by microscopy
• Treatment with DOT
• Drug Supply
• M&E
Expanded DOTS framework 2002-2005
• Sustaining DOTS
• TB/HIV
• Drug resistance
• Community involvement
• Collaboration with voluntary sector
• Integration into PHC
Stop TB Strategy 2006-2015
• Quality DOTS
• TB/HIV, MDR-TB & TB in vulnerable groups
• Health systems
• Engage all care providers
• Empower patients and communities
• Enable and promote research
Post-2015 TB Strategy 2016
• High quality integrated TB care & prevention
• Bold policies and systems
• Innovative research
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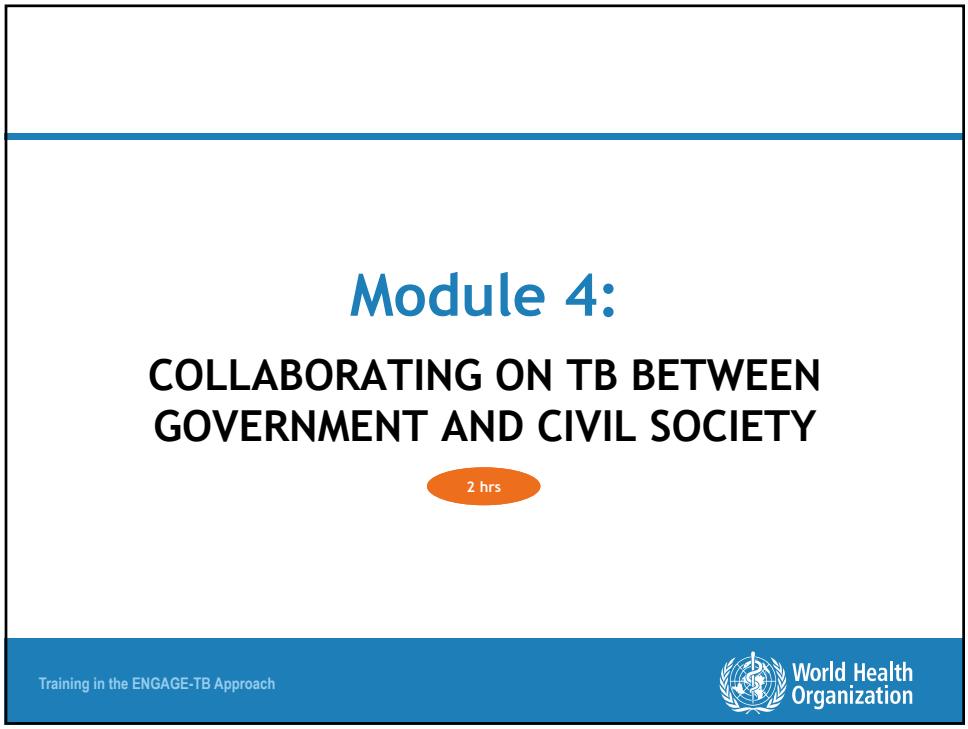
Module 4:
COLLABORATING ON TB BETWEEN GOVERNMENT AND CIVIL SOCIETY
2 hrs
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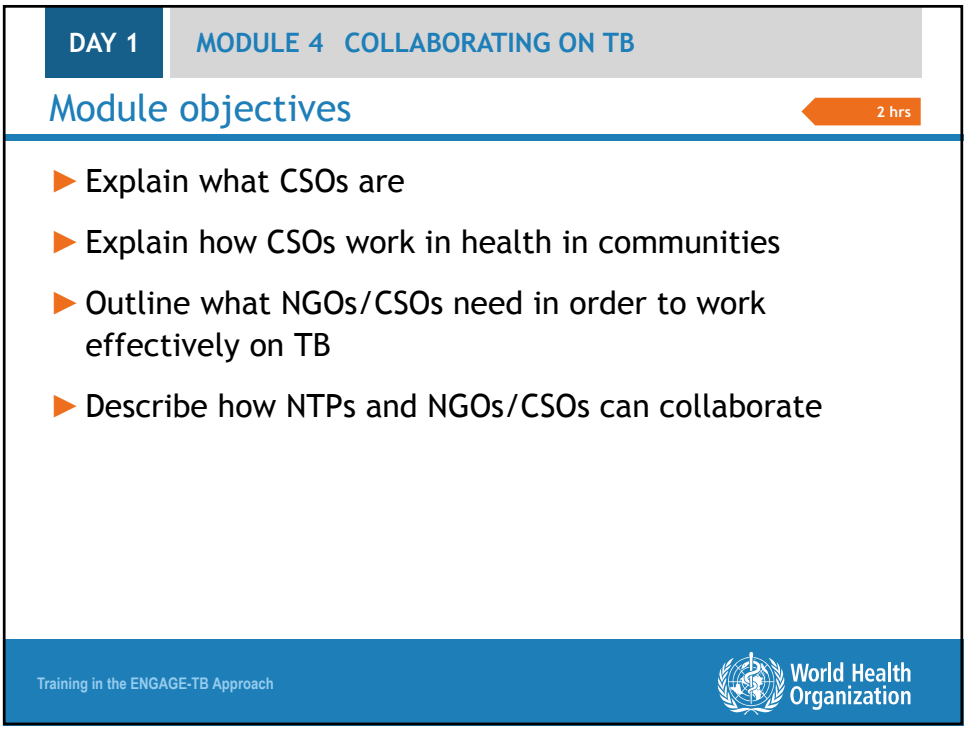
DAY 1
MODULE 4 COLLABORATING ON TB
Module objectives
2 hrs
Explain what CSOs are
Explain how CSOs work in health in communities
Outline what NGOs/CSOs need in order to work effectively on TB
Describe how NTPs and NGOs/CSOs can collaborate
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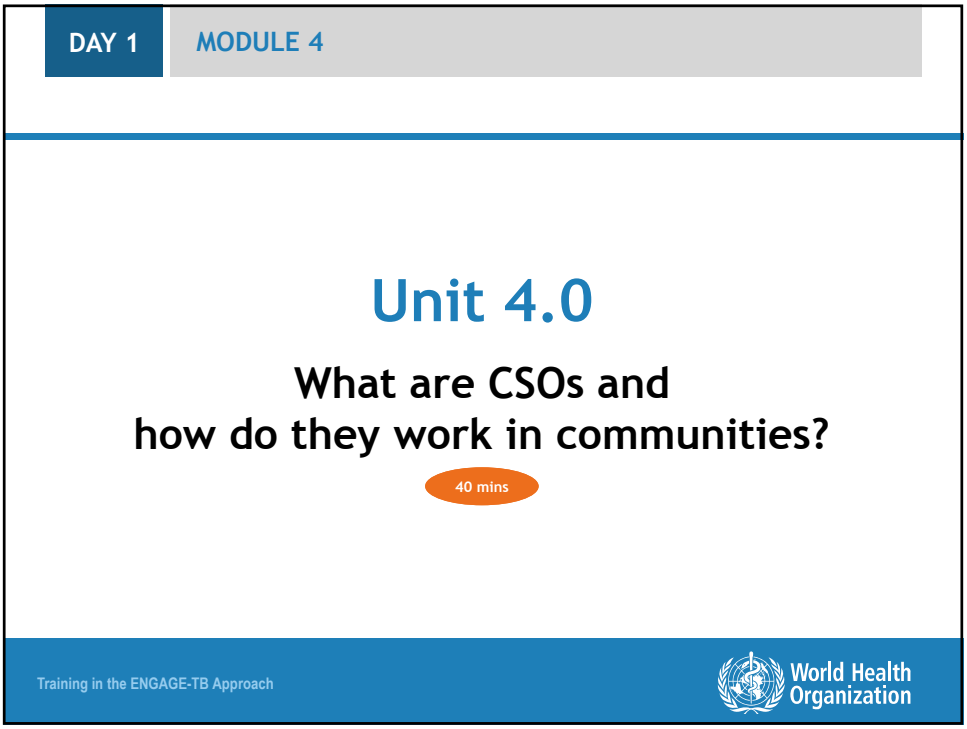
DAY 1
MODULE 4
Unit 4.0
What are CSOs and how do they work in communities?
40 mins
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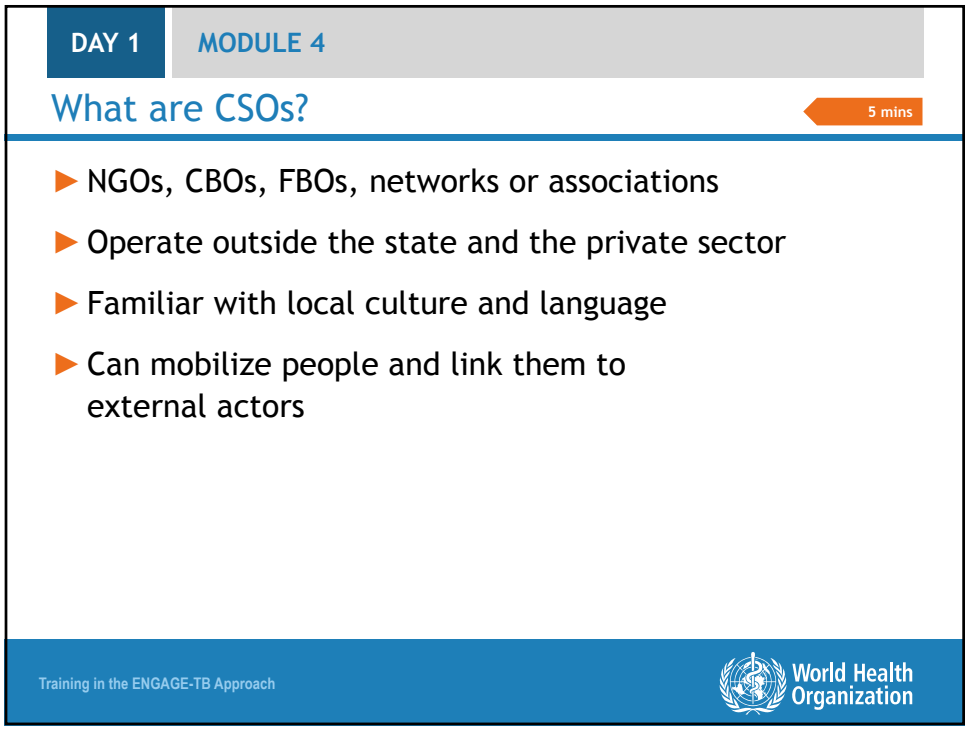
DAY 1
MODULE 4
What are CSOs?
5 mins
NGOs, CBOs, FBOs, networks or associations
Operate outside the state and the private sector
Familiar with local culture and language
Can mobilize people and link them to external actors
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DAY 1
MODULE 4
Why are CSOs important?
5 mins
Able to reach
neglected and isolated communities that the health system does not reach
vulnerable and marginalized groups eg, migrants, refugees, sex workers, intravenous drug users, the very poor
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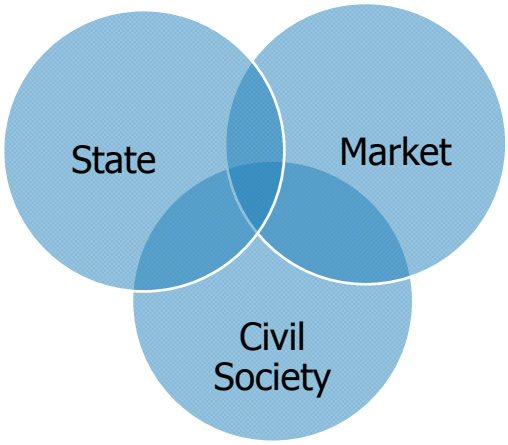
DAY 1 | MODULE 4

Three sector model



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DAY 1 | MODULE 4

How do CSOs work in health in communities

10 mins

- Provide health services
  - Awareness, prevention, home-based care, TB screening, sputum collection and transport, treatment support
- Offer support to people
  - Reducing TB stigma in families and facilities, facilitate access, social, economic and legal support

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DAY 1 | MODULE 4

NGOs/CSOs and TB in communities

10 mins

- Acting to create and improve the enabling environment for TB activities
  - Mobilize communities to act on stigma and basic rights, link communities with the health system, engage in local level advocacy to ensure needs are met (medicines, labs, etc.)

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DAY 1 | MODULE 4

Community Health Workers (CHWs)

5 mins

- CHWs, HEWs, VHWs
  - People with some formal education who are given training. Often compensated in cash or kind or both
- Community volunteers (CVs)
  - Community members who have been sensitized through short, specific training or through repeated contact with professional health workers

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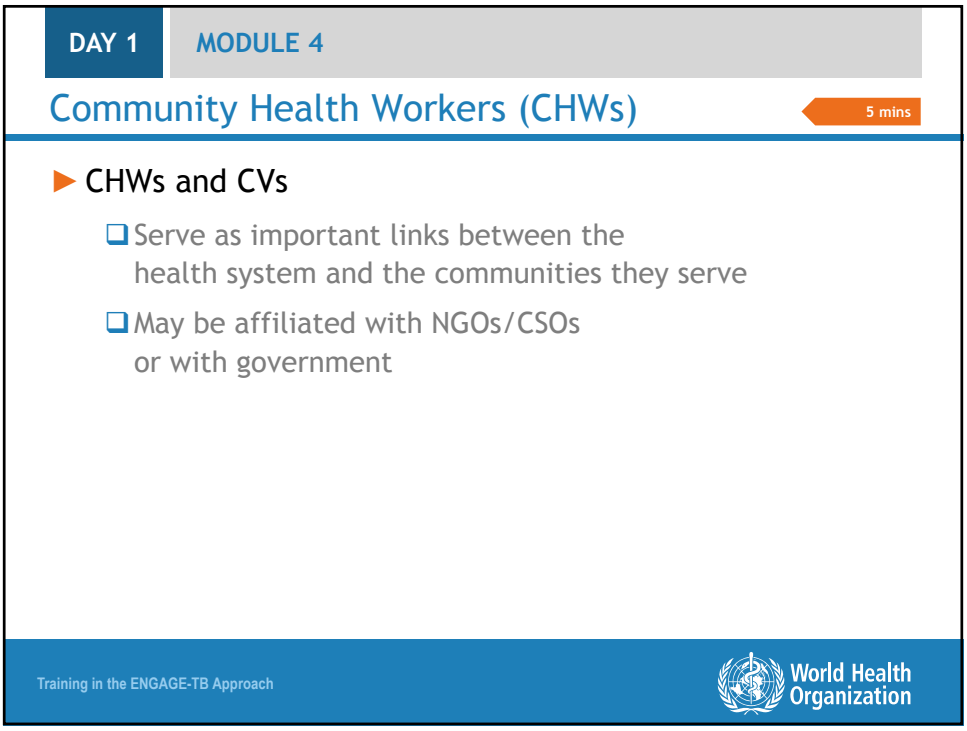
DAY 1
MODULE 4
Community Health Workers (CHWs)
5 mins
CHWs and CVs
Serve as important links between the health system and the communities they serve
May be affiliated with NGOs/CSOs or with government
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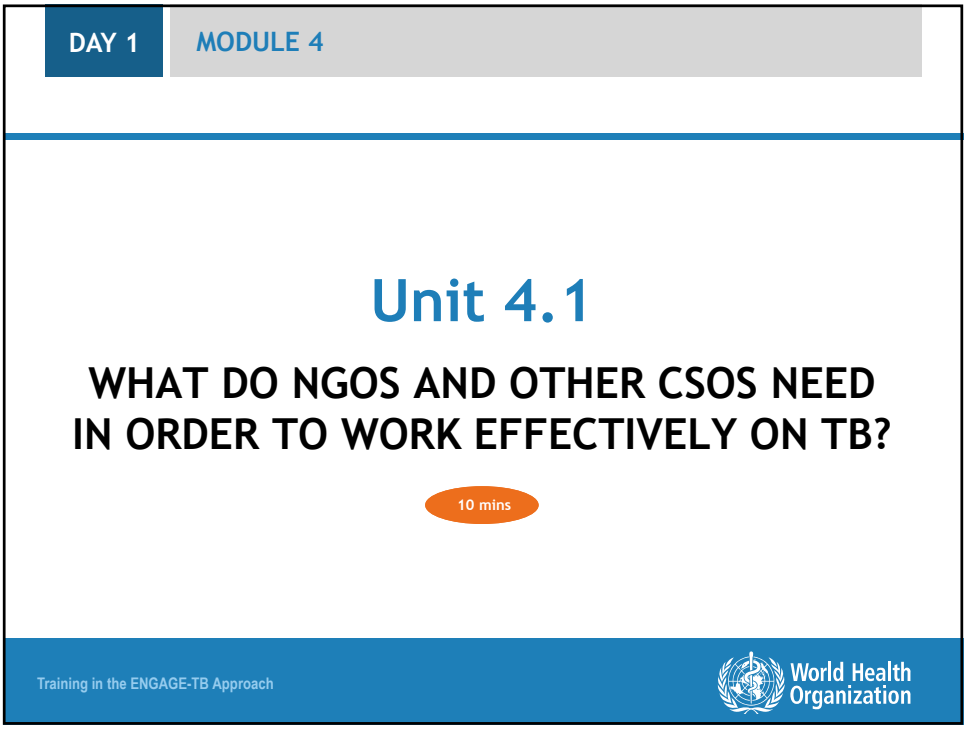
DAY 1
MODULE 4
Unit 4.1
WHAT DO NGOS AND OTHER CSOS NEED IN ORDER TO WORK EFFECTIVELY ON TB?
10 mins
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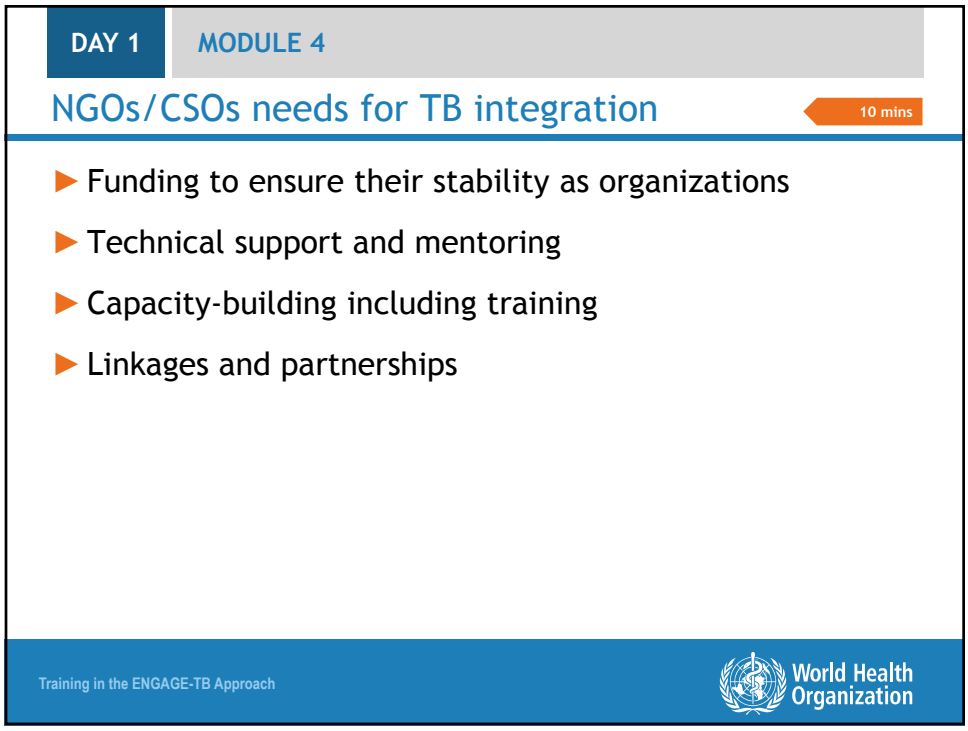
DAY 1
MODULE 4
NGOs/CSOs needs for TB integration
10 mins
Funding to ensure their stability as organizations
Technical support and mentoring
Capacity-building including training
Linkages and partnerships
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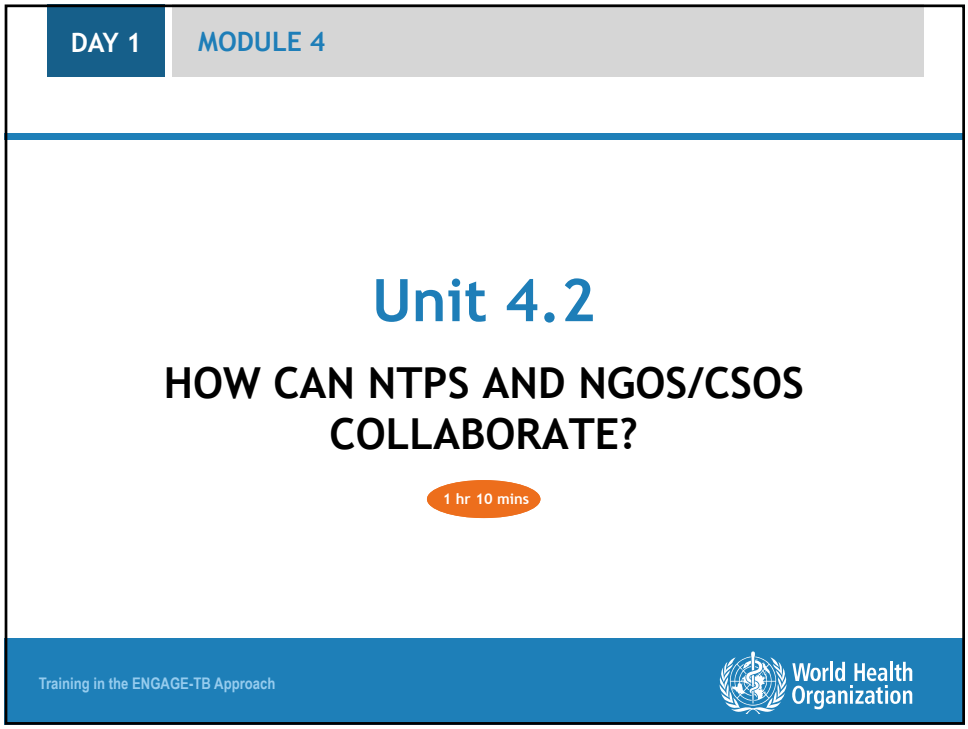
World Health Organization


DAY 1
MODULE 4
Unit 4.2
HOW CAN NTPS AND NGOS/CSOS COLLABORATE?
1 hr 10 mins
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DAY 1 | MODULE 4

Activity 3: Role Play

40 mins

- One group represents NTP
- Another group represents NGO
- Scene 1: NGO approaches NTP who is unresponsive and suspicious
- Scene 2: NTP approaches NGO to persuade NGO to integrate TB into its work

Preparation: 20 mins

Presentation: 15 mins

Discussion: 5 mins

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DAY 1 | MODULE 4

How can NTPs and NGOs/CSOs collaborate?

5 mins

- NTPs function at various levels
  - national
  - regional/provincial,
  - district (basic management unit)
  - health facility - hospital, health centre, health clinic, health post

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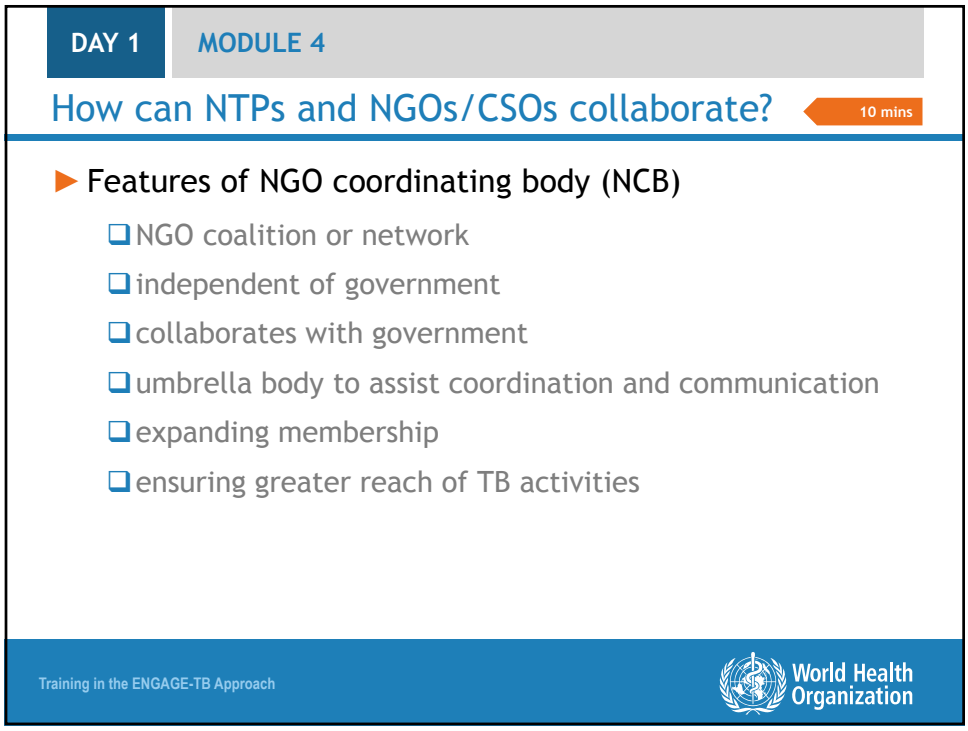
DAY 1
MODULE 4
How can NTPs and NGOs/CSOs collaborate?
10 mins
Features of NGO coordinating body (NCB)
NGO coalition or network
independent of government
collaborates with government
umbrella body to assist coordination and communication
expanding membership
ensuring greater reach of TB activities
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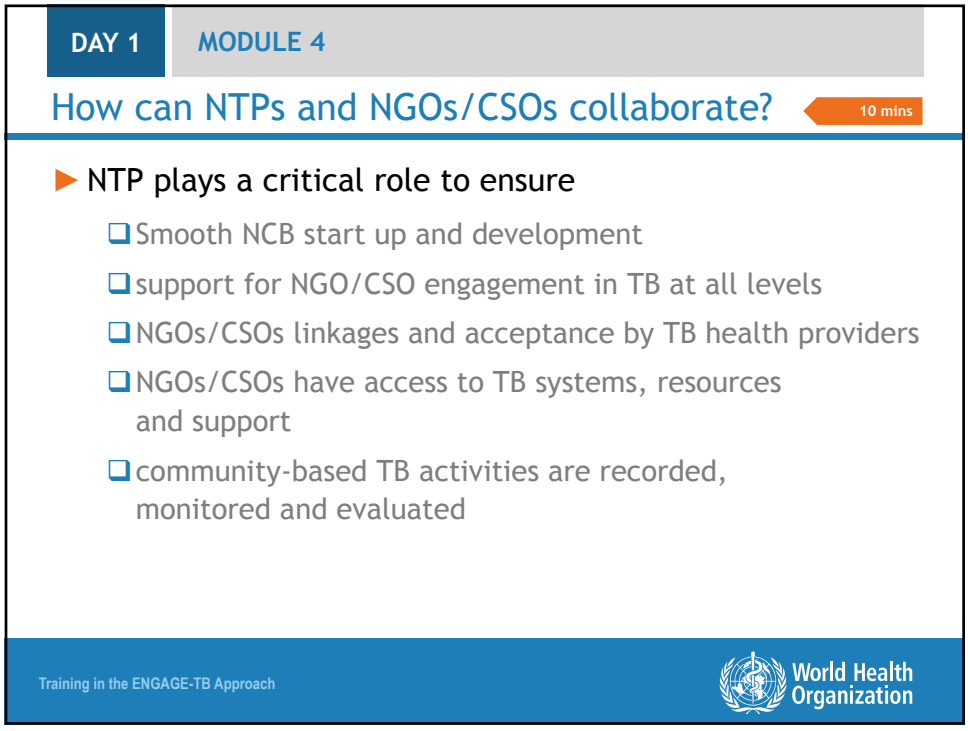
DAY 1
MODULE 4
How can NTPs and NGOs/CSOs collaborate?
10 mins
NTP plays a critical role to ensure
Smooth NCB start up and development
support for NGO/CSO engagement in TB at all levels
NGOs/CSOs linkages and acceptance by TB health providers
NGOs/CSOs have access to TB systems, resources and support
community-based TB activities are recorded, monitored and evaluated
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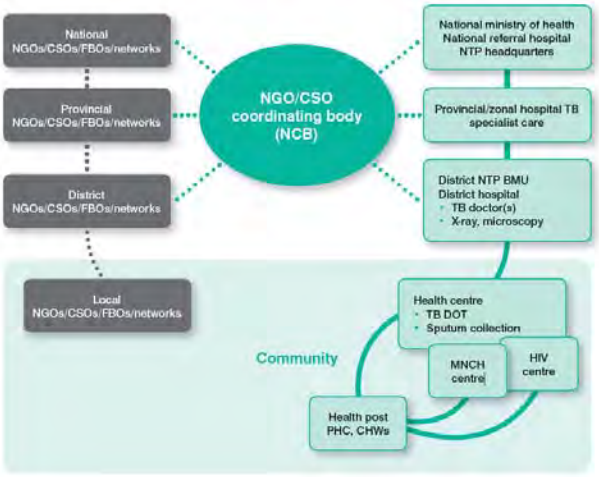
DAY 1 | MODULE 4

Civil society, NCB and health system linkages

5 mins



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Module 5:

INTEGRATING COMMUNITY-BASED TB ACTIVITIES INTO ONGOING NGO PROGRAMMES

4 hrs

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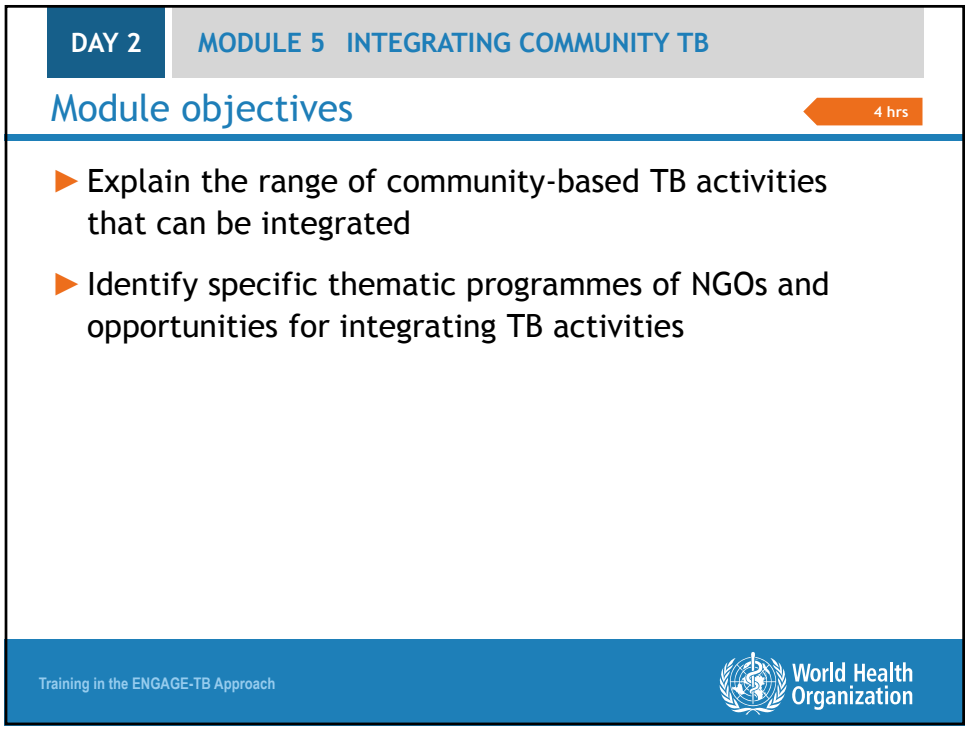
DAY 2
MODULE 5 INTEGRATING COMMUNITY TB
Module objectives
4 hrs
Explain the range of community-based TB activities that can be integrated
Identify specific thematic programmes of NGOs and opportunities for integrating TB activities
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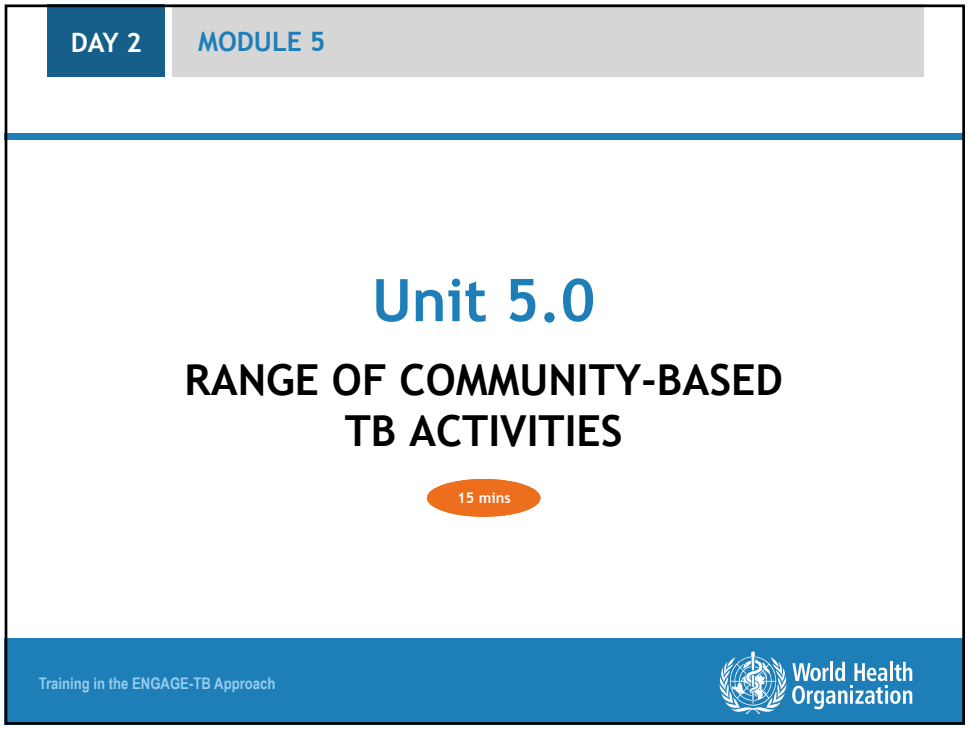
DAY 2
MODULE 5
Unit 5.0
RANGE OF COMMUNITY-BASED TB ACTIVITIES
15 mins
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Community-based activities for TB integration	15 mins
Theme	**Possible activities**
Prevention	Awareness-raising, information, education, communication (IEC), behaviour change communication (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, inclusive markets, 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

Community-based activities for TB integration	
Theme	**Possible activities**
Prevention	Awareness-raising, information, education, communicati… (IEC), behaviour change communication (BCC), infec…trol, training providers
Detection	Screening, contact tracing, sputum collect…tum transport, training providers
Referral	Linking with clinics, transport su…d facilitation, accompaniment, referral fo…ning providers
Treatment support	Home-based DOT supp…erence counselling, stigma reduction, pill co…ome-based care and support
Social and livelihood support	Cash transfe…ance schemes, nutrition support and supplem…, voluntary savings and loans, inclusive markets, trai…viders, income generation
Advocacy	…availability of supplies, equipment and services, training …oviders, governance and policy issues, working with community leaders
Stigm… 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 5

Activity 4: group-based learning

2 hrs

Group 1	Group 2
MNCH	PHC
HIV	Agriculture
Education	Livelihoods
	WASH

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DAY 2 | MODULE 5

Unit 5.1

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

1 hour

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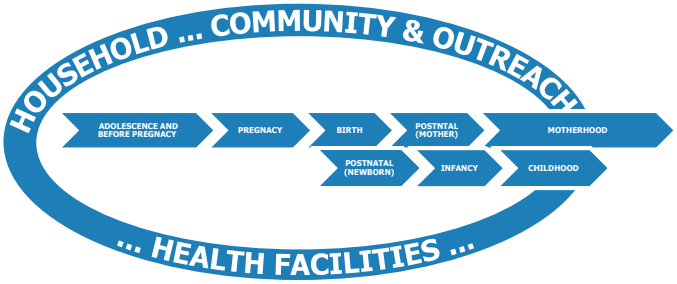
DAY 2 | MODULE 5

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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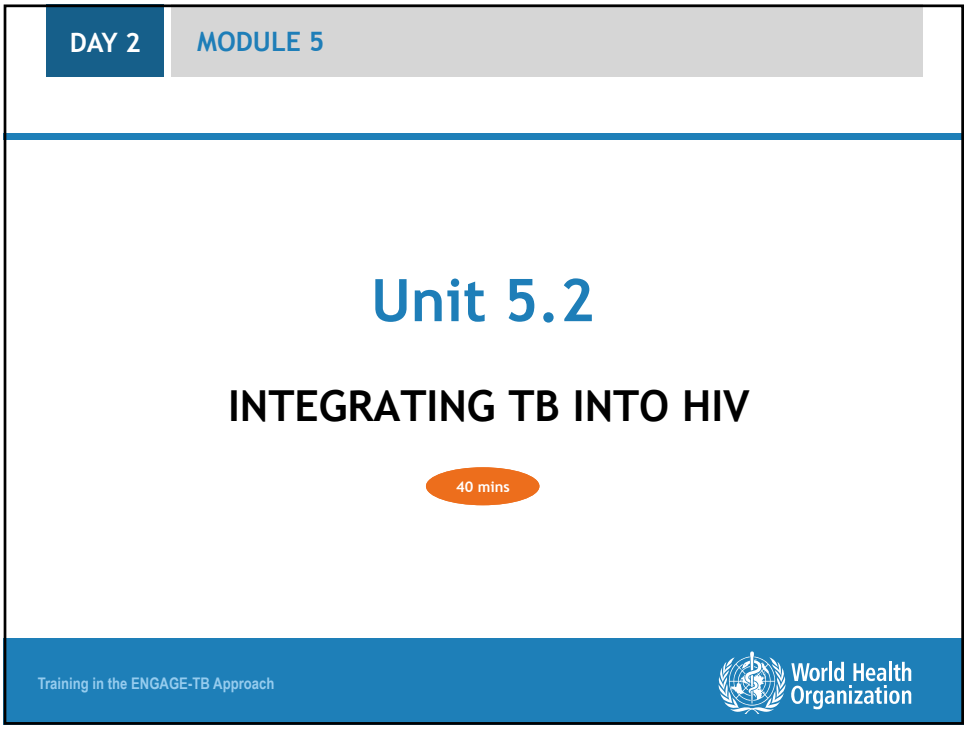
Integrating TB into RMNCH		
TB prevention in RMNCH settings	**TB case detection, referral and surveillance in RMNCH settings**	**TB treatment adherence support in RMNCH settings**
TB awareness-raising, infection control (including cough hygiene), stigma reduction, IEC and BCC	Screen, identify and refer women, their partners and children to the health facility for TB and HIV diagnosis and management	Home-based TB DOT and adherence counselling
Provide IEC materials and job aids on TB prevention for use by CHWs, CVs and midwives	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	
Engage in specific BCC campaigns and stigma reduction aimed at informing women and families and dispelling myths about TB and HIV	TB contact tracing, sputum collection, sputum transport	
Improve vaccination coverage, including BCG for infants	Referrals to link health facilities for women and children with presumptive TB	

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



DAY 2 MODULE 5

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.

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DAY 2 MODULE 5

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.	

Integrating TB and HIV activities at community level		
Social and livelihood support for people affected by TB/HIV	**TB advocacy in HIV settings**	**TB stigma reduction in HIV settings**
Nutrition support and supplementation	Monitor availability of TB supplies, equipment and services and advocate for better access	Raise public awareness on TB and HIV stigmatization
Income generation and vocational training	Monitor policy barriers on access to TB and HIV services, especially for the most vulnerable groups	Training and capacity-building
		Take action against discrimination.
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DAY 2 | MODULE 5

Unit 5.3

INTEGRATING TB INTO EDUCATION

20 mins

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DAY 2 | MODULE 5

Integrating TB into education

- TB should be included in school curricula in the four levels of schooling:
  - early childhood
  - primary school
  - secondary school
  - non formal education

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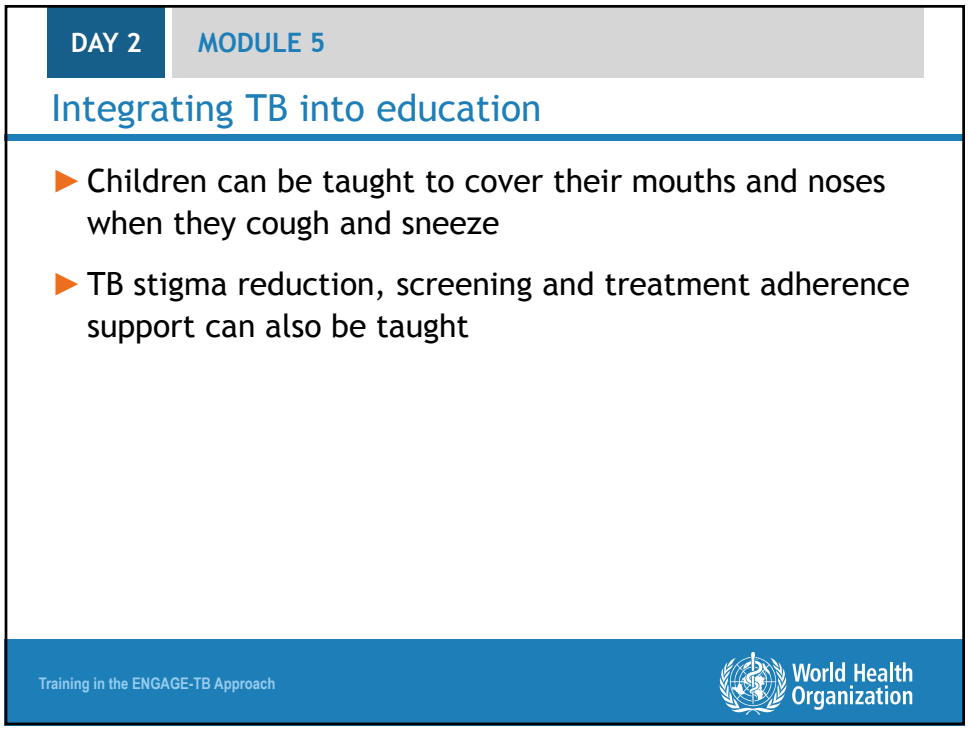
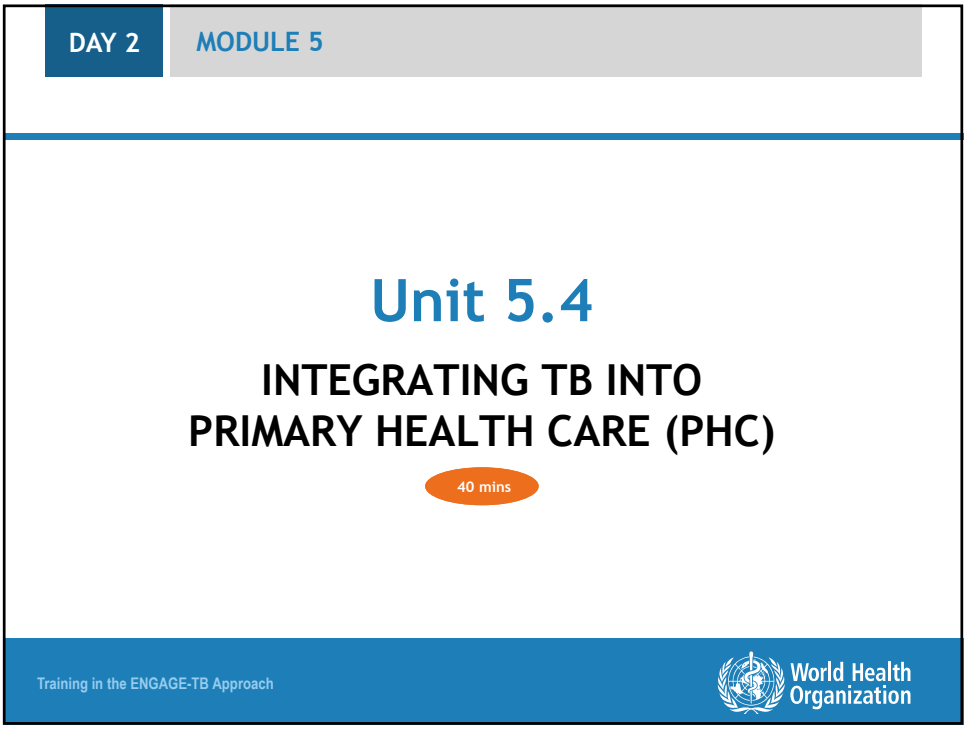


Integrating TB into education					
	Prevention	**Detection**	**Treatment adherence support**	**Advocacy**	**Stigma**
Early childhood development: develop a simple TB curriculum using play-based activities	Teach young children about cough hygiene, body and hand washing	Teachers refer those with TB signs and symptoms to CHWs or directly to health facilities	Teachers can support children taking TB medication to ensure adherence		Increase knowledge and discussion about TB at all levels of schooling
Primary school: Include TB in the basic science curriculum	Continue training on TB life skills with more detail of signs and symptoms and use the child-to-child approach	Teachers refer those with symptoms	Use parent–teacher association meetings as a forum for discussing adherence and improving TB treatment literacy	Emphasize TB messages with materials such as booklets, flyers and posters to help children and their parents remember key information	Engage in specific anti-stigma activities

Integrating TB into education					
	Prevention	**Detection**	**Treatment adherence support**	**Advocacy**	**Stigma**
Secondary school: Science curriculum could include in-depth explanation of TB and its links with HIV infection	Deepen knowledge of signs and symptoms of TB	Engage young people in screening fellow students for TB based on their growing knowledge and awareness	Encourage students to act as treatment adherence supporters for family members and each other	Include information on prevention of HIV, sexually transmitted infections, drug and tobacco use	Educate teachers and parents to recognize the signs of stigma and to take action.
Non-formal education: Include TB in literacy activities	Engage community facilitators to educate community on TB with knowledge of TB signs and symptoms	Train literacy group members to screen for TB and refer those with symptoms	Encourage literacy group members to act as treatment adherence supporters for each other		Enable discussion about TB in literacy group meetings to combat stigma



DAY 2 | MODULE 5

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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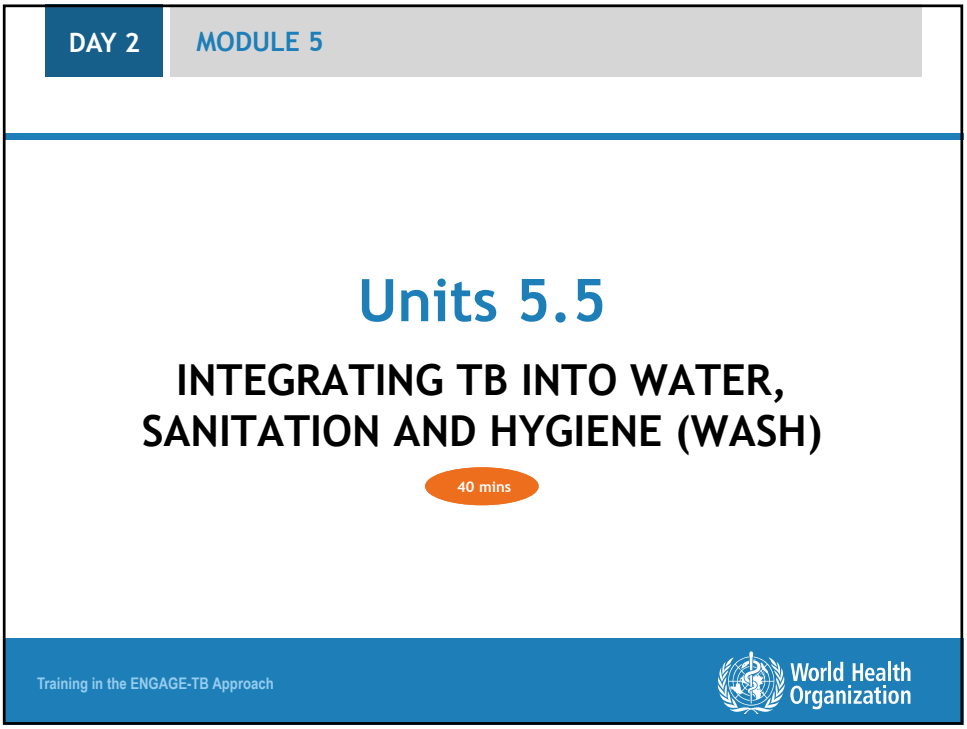
Integrating TB into PHC			
TB surveillance in PHC settings	**Social security, food and nutrition security, livelihoods in PHC settings**	**TB advocacy in PHC settings**	**Social mobilization and TB stigma reduction in PHC settings**
Record data at community level; maintain summary records and registers 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 5

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

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DAY 2 MODULE 5

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

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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.

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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.

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DAY 2 MODULE 5

Units 5.6

INTEGRATING TB INTO AGRICULTURE

20 mins

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DAY 2 MODULE 5

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

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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

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DAY 2 MODULE 5

Unit 5.7

INTEGRATING TB INTO LIVELIHOODS DEVELOPMENT PROGRAMMES

20 mins

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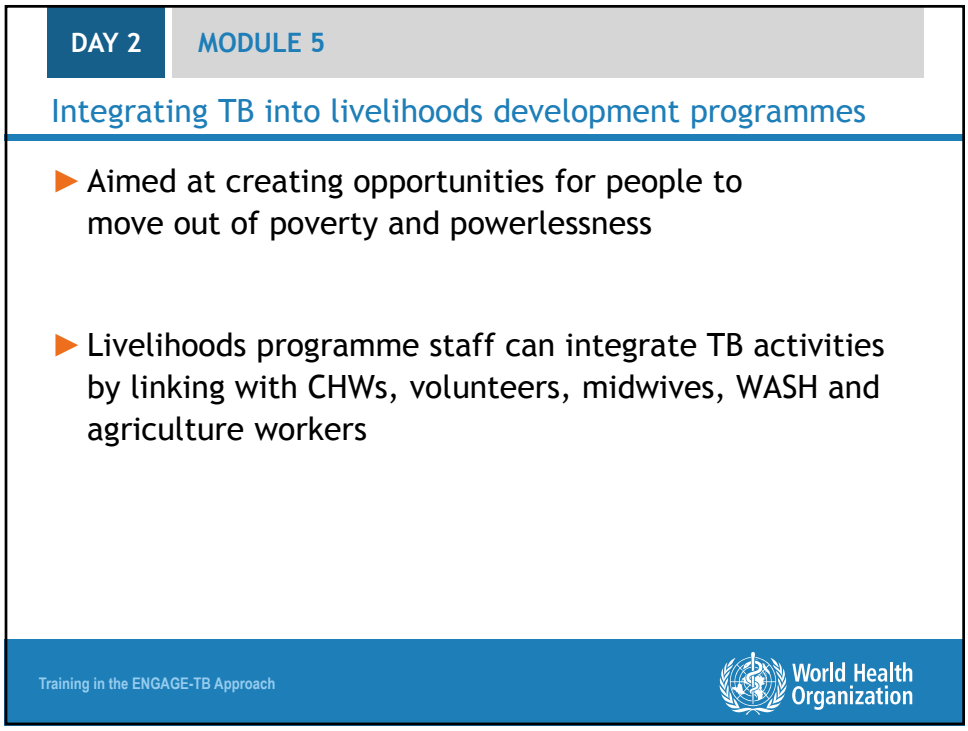

Integrating TB into livelihoods development programmes		
TB prevention in livelihoods development settings	**TB detection in livelihoods development settings**	**TB referrals in livelihoods development settings**
Raise awareness on TB basics, transmission and prevention, signs and symptoms, stigma reduction, 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

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DAY 2 | MODULE 5

Activity 5: BRAC case study

1 hour

- A: Group work — 30 mins
  - What lessons can we learn from the BRAC Bangladesh integrated community-based TB activities?
  - What possible activities can your CSO/NGO collaborate with the NTP on?
- B: Plenary discussion — 30 mins

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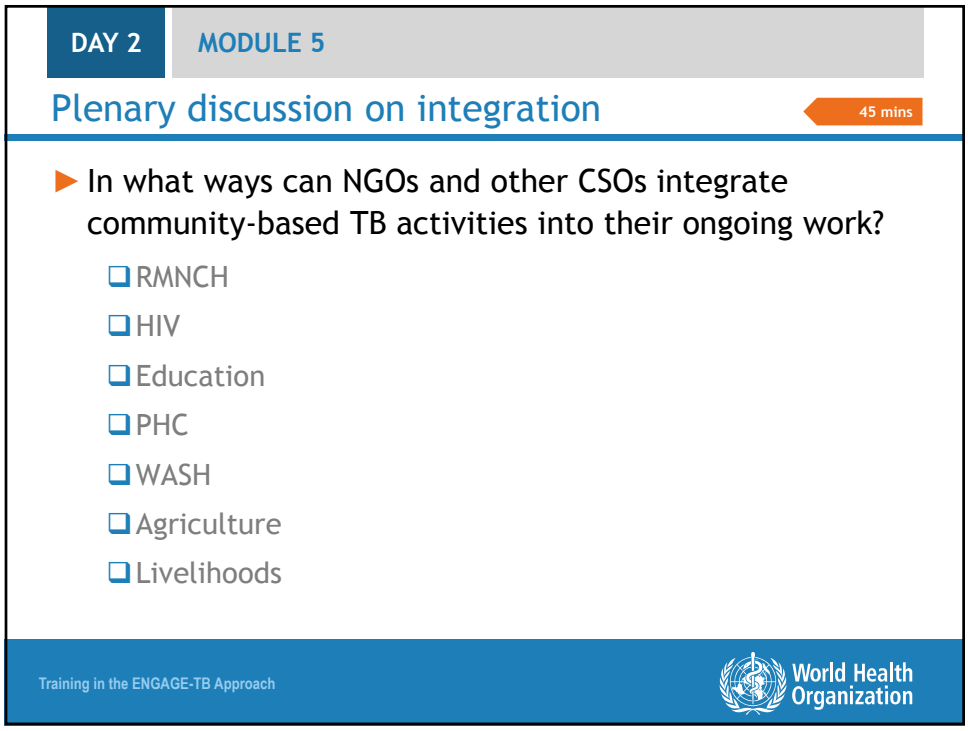
DAY 2
MODULE 5
Plenary discussion on integration
45 mins
In what ways can NGOs and other CSOs integrate community-based TB activities into their ongoing work?
RMNCH
HIV
Education
PHC
WASH
Agriculture
Livelihoods
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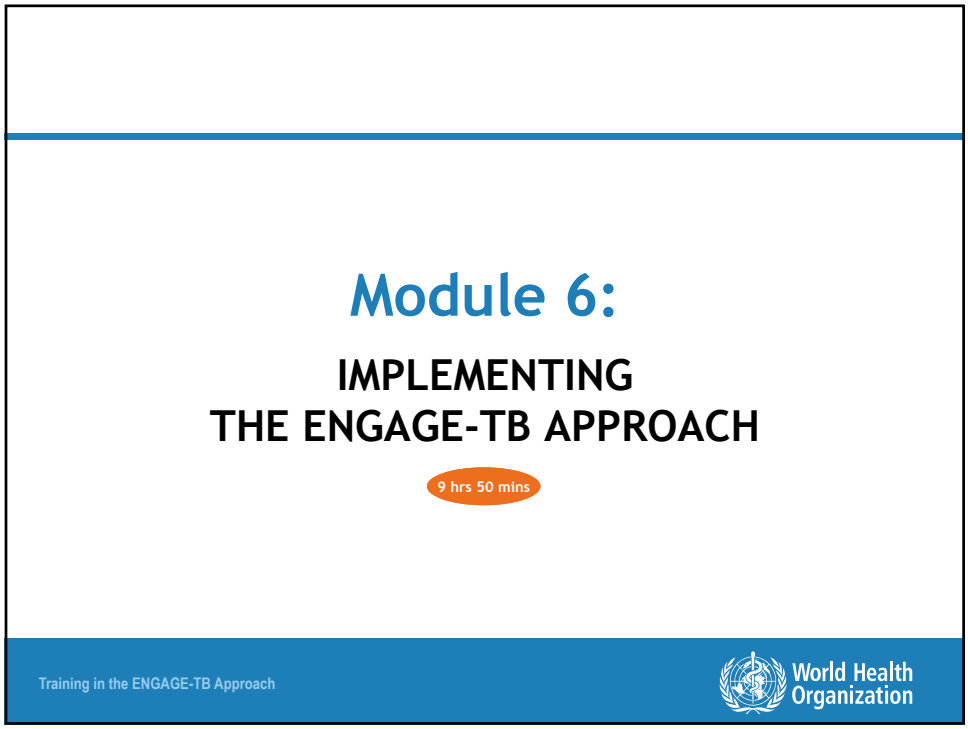
Module 6:
IMPLEMENTING THE ENGAGE-TB APPROACH
9 hrs 50 mins
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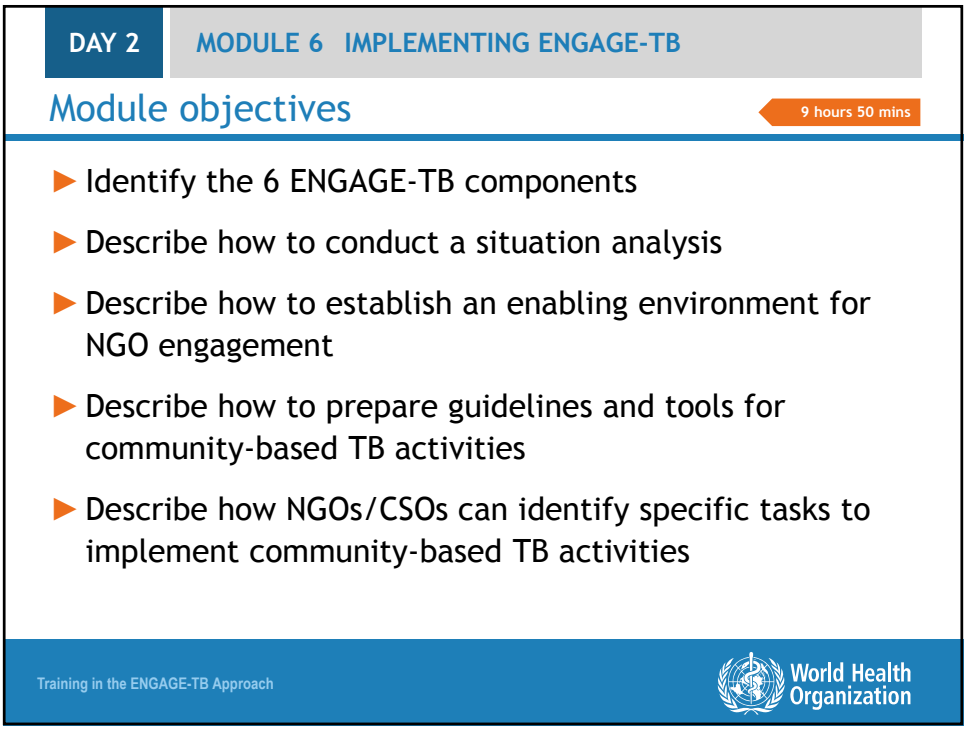
DAY 2
MODULE 6 IMPLEMENTING ENGAGE-TB
Module objectives
9 hours 50 mins
Identify the 6 ENGAGE-TB components
Describe how to conduct a situation analysis
Describe how to establish an enabling environment for NGO engagement
Describe how to prepare guidelines and tools for community-based TB activities
Describe how NGOs/CSOs can identify specific tasks to implement community-based TB activities
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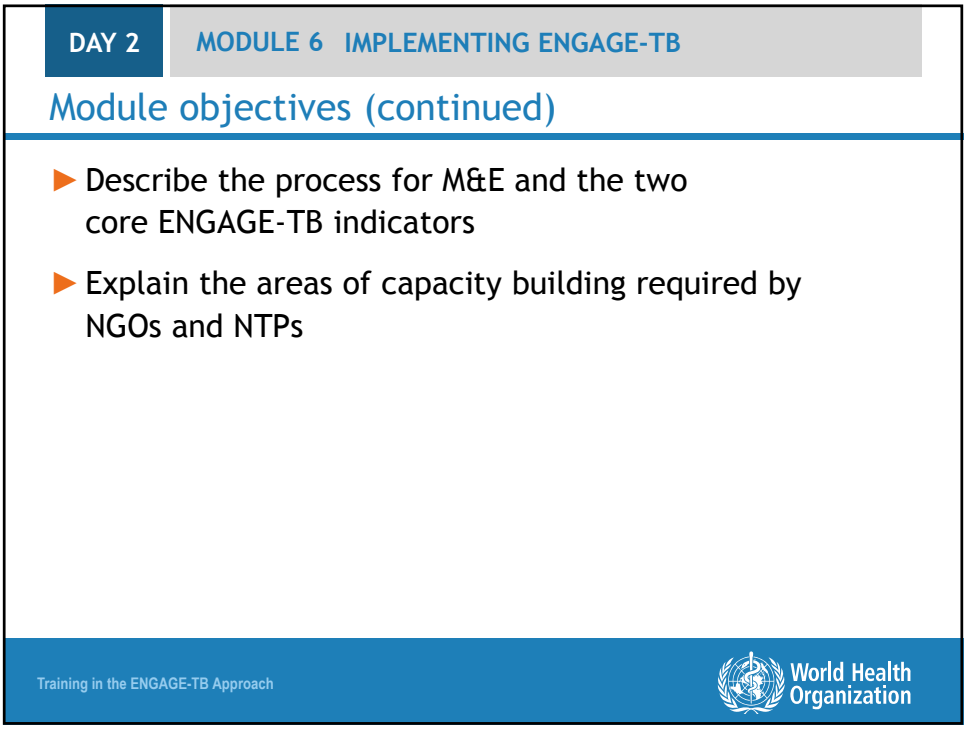
DAY 2
MODULE 6 IMPLEMENTING ENGAGE-TB
Module objectives (continued)
Describe the process for M&E and the two core ENGAGE-TB indicators
Explain the areas of capacity building required by NGOs and NTPs
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DAY 2 MODULE 6

Unit 6.0

THE ENGAGE-TB COMPONENTS

5 mins

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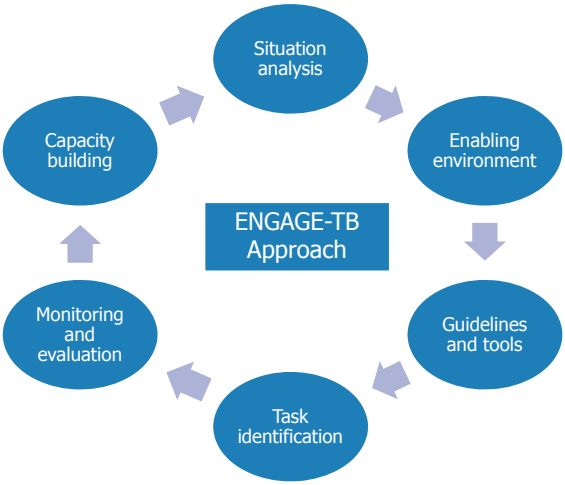
DAY 2 MODULE 6



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DAY 2 | MODULE 6

Unit 6.1

COMPONENT 1 – SITUATION ANALYSIS

2 hrs

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DAY 2 | MODULE 6

Activity 6: Prioritizing information for a situation analysis

10 mins

Plenary Discussion on:

- Understanding information needs:
  - Must know
  - Good to know
  - No need to know
- How can attention be focused on information that is required and not get lost in unnecessary data collection?

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DAY 2 | MODULE 6

Circles of information

5 mins

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DAY 2 | MODULE 6

Activity 7: Collecting information for situation analysis

45 mins

- Small group discussion — 30 mins
  - Discuss methods of collecting information for conducting situation analysis to support integration of TB activities into community work.
- Plenary presentation — 15 mins

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DAY 2 | MODULE 6

Situation Analysis overview

1 hour

Different methods of collecting information:

- Quantitative information – answering "how many" or "how often"
  - Surveys, reports and research statistics
- Qualitative information – what people think or experience
  - Careful questioning and discussion

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DAY 2 | MODULE 6

Situation Analysis overview

- Participatory methods – such as PRA
  - Community group discussion; preference ranking
- An "actor-factor analysis"
  - Focus group discussion
  - Key informant interviews

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DAY 2 MODULE 6

Guidance for NGOs/CSOs

- Situation analysis should aim at collecting information on:
  - TB services, health infrastructure currently available to community (health posts, clinics, labs, X-rays)
  - Understand ***where*** services are and ***how*** people can access them (referrals, specialist care for MDR/XDR-TB)

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DAY 2 MODULE 6

Guidance for NGOs/CSOs

- Assess gaps and barriers to access
- How well equipped are the facilities (eg with microscopes, reagents)
- Community perceptions about available TB services
- Stakeholders concerned with TB at community level

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DAY 2 | MODULE 6

Planning a situation analysis

- Choose what information to obtain
- Decide on what health facilities to visit and which health care workers to talk to
- Identify people and groups in the community to give relevant information on TB services and the health system
- Decide on resources needed and their availability
- Draw a time table for gathering information and a plan on how to share it

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DAY 2 | MODULE 6

Methods of gathering information

Semi-structured interview

Participatory methods

Exit interview

- Focus group discussion
- Surveys
- Key informant interviews
- Review of reports and other information sources (literature review)

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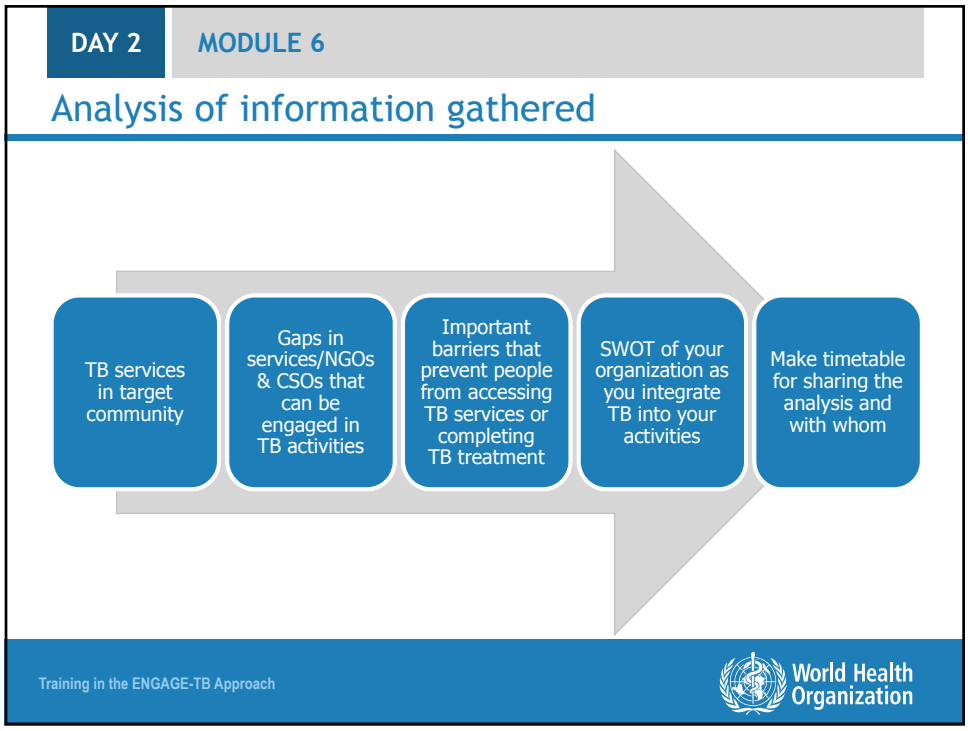
DAY 2
MODULE 6
Analysis of information gathered
TB services in target community
Gaps in services/NGOs & CSOs that can be engaged in TB activities
Important barriers that prevent people from accessing TB services or completing TB treatment
SWOT of your organization as you integrate TB into your activities
Make timetable for sharing the analysis and with whom
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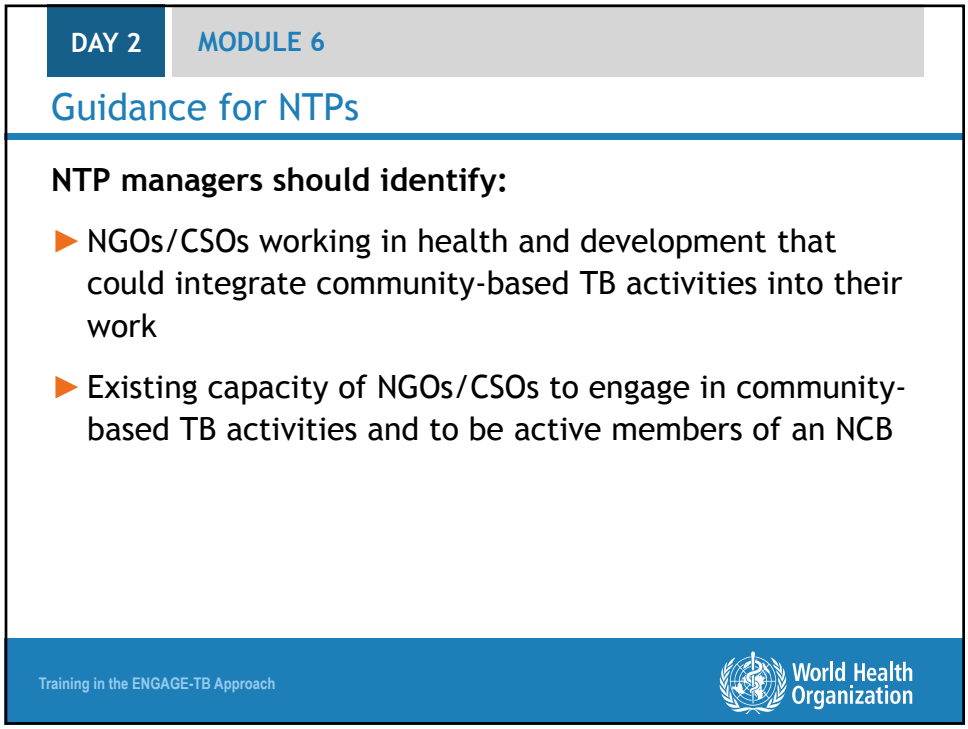
World Health Organization


DAY 2
MODULE 6
Guidance for NTPs
NTP managers should identify:
NGOs/CSOs working in health and development that could integrate community-based TB activities into their work
Existing capacity of NGOs/CSOs to engage in community-based TB activities and to be active members of an NCB
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World Health Organization

DAY 2 MODULE 6

Guidance for NTPs

- Existing structures for coordinating NGO/CSO activities related to health and/or TB, and how they might be adapted to act as an NCB
- Gaps and barriers for scaling-up community-based TB activities, in terms of
  - ❑ policy and regulations
  - ❑ health system capacity
  - ❑ NGO/CSO capacity
- Past experience and evaluations of community action on TB

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DAY 2 MODULE 6

Methods for collecting information you need

- Review of reports and other information sources
- Surveys
- Semi-structured interviews/meetings with an individual or a small group
- Focus groups (5-8 persons)
- Meetings with larger groups
- Field visits

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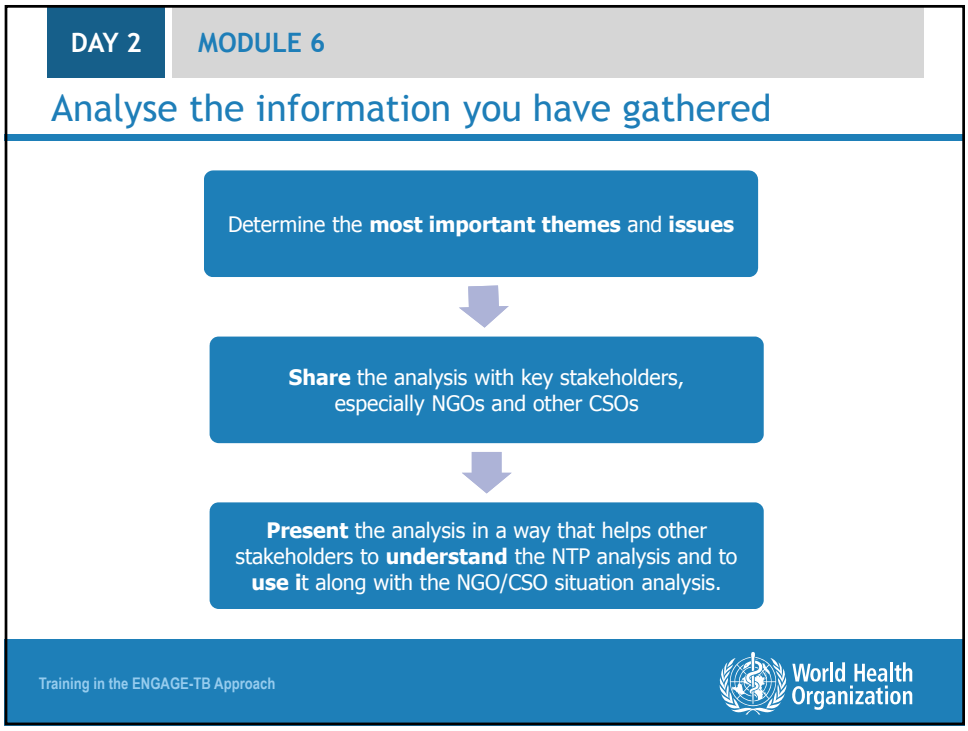
DAY 2
MODULE 6
Analyse the information you have gathered
Determine the most important themes and issues
Share the analysis with key stakeholders, especially NGOs and other CSOs
Present the analysis in a way that helps other stakeholders to understand the NTP analysis and to use it along with the NGO/CSO situation analysis.
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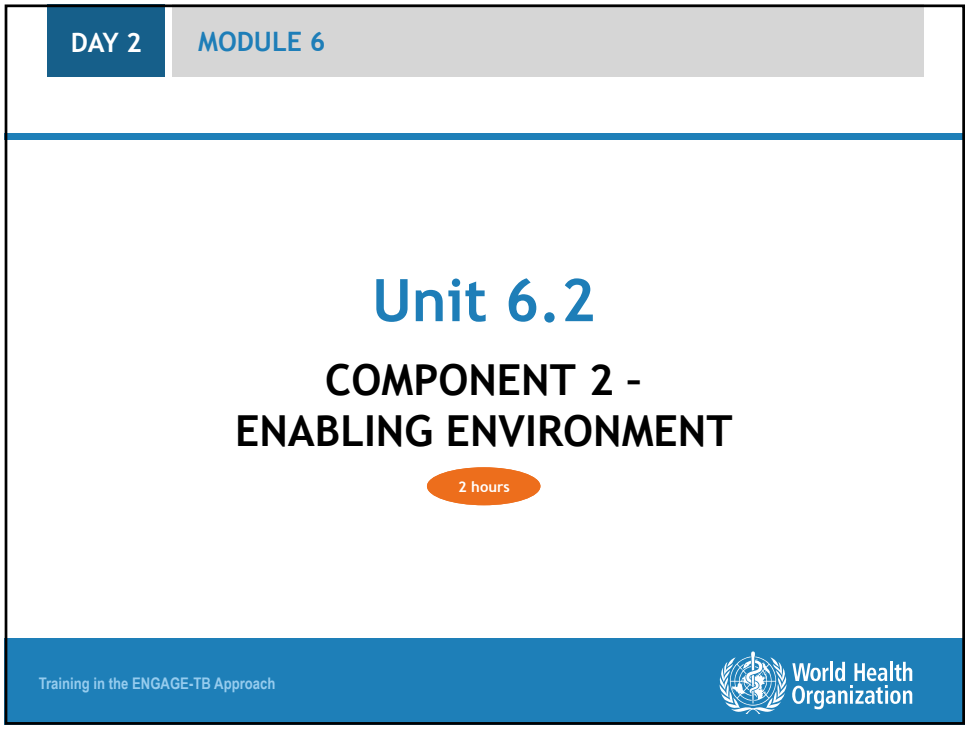
DAY 2
MODULE 6
Unit 6.2
COMPONENT 2 -
ENABLING ENVIRONMENT
2 hours
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World Health Organization

DAY 2 **MODULE 6**

Activity 8: Challenge model

1 hour

- Explain the Challenge model — 5 mins
- In small groups, share challenges in the enabling environment for implementing TB activities using the Challenge Model and agree priority actions — 30 mins
- Present in plenary and discuss — 25 mins

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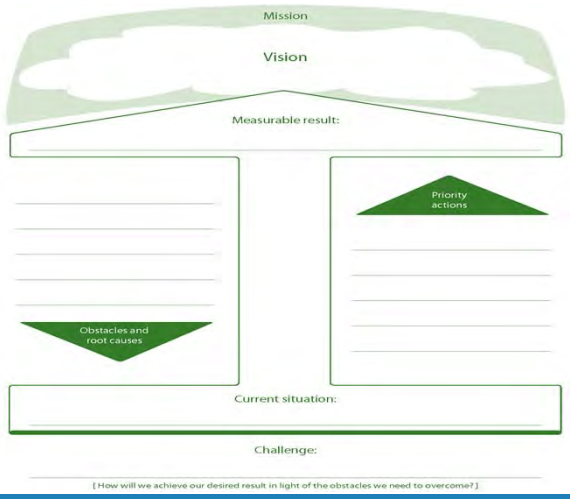
DAY 2 **MODULE 6**

Challenge model



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DAY 3 | MODULE 6

Component 2: Enabling environment

1 hour

- NTP and NGOs/CSOs should establish a mutually enabling environment for community-based activities
  - laws and policies support and do not hinder community-based TB activities
  - establish an NCB, an independent coalition of NGOs/CSOs
  - establish a code of conduct
  - support small organizations such as CBOs, networks and groups of patients and affected communities to participate in the NCB

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DAY 3 | MODULE 6

Guidance for NGOs

- Prioritize establishment of an NCB
- Ensure the NCB includes representatives of TB patients and affected communities
- Support the growth and development of CBOs, FBOs and other small organizations for engaging in community-based TB activities

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DAY 3 MODULE 6

Addressing the legal and policy environment

- NGOs/CSOs should be aware of how national laws and policies affect their work, eg,
  - Registration requirements for NGOs/CSOs
  - Restrictions on unregistered groups (small CBOs, FBOs, community-action and support groups) working on TB
  - Restrictions on working with certain groups (unregistered migrants, slum dwellers, sex workers, people who use drugs)
  - Restrictions on TB activities (sputum collection and provision of DOT) to certain types of health workers

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DAY 3 MODULE 6

Establishing the NCB with the NTP

- NGOs/CSOs should lead the establishment of the NCB, but they should collaborate closely with the NTP to ensure that the NCB will function well
- Depending on the local context and needs, NGOs/CSOs should:
  - Schedule a start-up meeting, bringing together a few NGOs to establish a nucleus around which the coalition could form
  - Establish a structure for the NCB

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DAY 3 | MODULE 6

Establishing the NCB with the NTP

- ❑ Agree who will host the secretariat and for how long
- ❑ Meet with the NTP to discuss collaboration and agree a schedule of meetings
- ❑ Identify what linkages and cooperation are needed with government, such as national and district contacts in the NTP and TB health facility managers
- ❑ Prepare a work plan which should include regular meetings with the NTP

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DAY 3 | MODULE 6

Establishing a code of conduct

- ▶ Basic principles and standards of behaviour for members of the NCB
- ▶ Roles and responsibilities of each NCB member and also the NTP
- ▶ NCB sets a high standard of behaviour and expects its members to be accountable for their actions

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DAY 3 MODULE 6

Supporting smaller CBOs

- CBOs are generally self-organized, work on local issues and provide each other with solidarity and mutual support, eg,
  - peer support groups
  - home-based care groups
  - micro-credit schemes
  - parent-teacher associations

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DAY 3 MODULE 6

Guidance for NTPs

Addressing the legal and policy environment

Development of national policy

Addressing gender, disability and rights issues

Integrated service availability for vulnerable groups

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DAY 3 MODULE 6

Establishing the NCB

- Stimulate the formation of an NCB by calling an initial meeting of NGOs
- Support regular meetings with the NCB
  - Addressing organizational development and support for NGOs/CSOs and especially for small community organizations
  - Meeting regularly with the leadership of the NCB

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DAY 3 MODULE 6

Establishing the NCB

- Establish a favourable legal and policy environment
  - Facilitating the registration of NGOs/CSOs
  - Advocating for changes to regulations or policies so that certain NGO/CSO staff or volunteers can be trained to "task-shift"
  - Advocating for changes to laws and policies to enable community-based TB activities to reach vulnerable groups

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DAY 3 | MODULE 6

Supporting smaller organizations

- NTPs and larger NGOs should actively encourage the inclusion of smaller groups and organizations, since these have close, regular contact with vulnerable communities
- The NTP should also encourage larger NGOs to offer support to smaller groups.

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DAY 2 | MODULE 6

Unit 6.3

COMPONENT 3 – GUIDELINES AND TOOLS

1 hr 30 mins

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DAY 3 | MODULE 6

Activity 9: Group work on guidelines

45 mins

- A: In small groups, discuss how guidelines should be developed and what they should look like — 30 mins
- B: Plenary presentations from groups — 15 mins

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DAY 3 | MODULE 6

Component 3: Guidelines and tools

45 mins

- NTP and NGOs/CSOs should collaborate to prepare guidelines and tools for community-based TB activities
  - ❑ National policies and guidelines
  - ❑ Training materials
  - ❑ Tools for CHWs and CVs
  - ❑ Memoranda of Understanding (MOU)

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DAY 3 MODULE 6

NTP and NCB collaboration

NTP and NCB should ensure that:

- National guidelines and tools are based on international, evidence based policies and guidelines
  - Health care staff are involved, with NTP and NGOs/CSOs, in developing new or modified guidelines and tools

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DAY 3 MODULE 6

NTP and NCB collaboration

- Local guidelines and tools are in line with national guidance and with guidelines and tools used locally by the health system
- Standard forms, registers and tools are used by all NGOs/CSOs involved in community-based TB activities

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DAY 3 | MODULE 6

Guidance on tools

- National TB policy documents should guide on:
  - how community-based TB prevention and care can be delivered
  - how NTP management will include collaboration with NGOs/CSOs in delivering community-based TB care

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DAY 3 | MODULE 6

Guidance on tools

National TB policy documents should guide on (continued):

- how the country's comprehensive, integrated TB control approach will support community and patient engagement in TB care and prevention
- what each organization or group will do, including tasks, meeting requirements for reporting and monitoring, and commitment to observe the code of conduct

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DAY 3 MODULE 6

Basic rules in developing guidelines and tools

- Use of plain language
  - easy to read and understand
  - easy to translate into other languages when necessary
- When writing or speaking
  - use every-day words and short sentences as much as possible
  - try to imagine who is reading or listening to your words

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DAY 3 MODULE 6

Basic rules in developing guidelines and tools

  - Use technical language (jargon) only if you really cannot avoid it
  - If you want to use abbreviations such as CXR, use the whole word or words the first time you mention them
- Mobile phone technology can be used
  - to provide information to caregivers and patients, CHWs and CVs and can assist with their on-going training

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DAY 3 | MODULE 6

Guidance for NGOs

- Set up an NCB working group to work closely with the NTP ensuring guidelines and tools are in line with national TB policy and health system protocols
  - ❑ Particular attention should be paid when developing tools and guidance for CVs and CHWs
  - ❑ Implementation manuals and tools should be very clear on when to consult a trained health worker for decisions
  - ❑ Training and implementation guides and job aids will also be needed

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DAY 3 | MODULE 6

Examples of job aids

TB screening checklist for community volunteers

- ❑ Do you have a fever?
- ❑ Do you have a cough that has lasted more than 2 weeks?
- ❑ Do you have weight loss?
- ❑ Do you have night sweats?

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DAY 3 | MODULE 6

Guidance for NTPs

- NTP managers should finalize national operational guidelines for community-based TB activities ensuring the role of NGOs/CSOs in TB care and prevention is stated
- NTP and the NCB should collaborate to prepare the forms and tools for NGOS/CSOs activities including training and implementation manuals, eg,
  - TB treatment cards
  - Referral forms and registers and protocols

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DAY 3 | MODULE 6

Guidance for NTPs

  - Implementation manuals
  - Training manuals and courses
  - Template for a memorandum of understanding

Note: Participatory methods and meaningful engagement of all the main stakeholders must be embraced when developing guidelines and tools

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World Health Organization

DAY 2 | MODULE 6

Unit 6.4

COMPONENT 4 – TASK IDENTIFICATION

1 hr 15 mins

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World Health Organization

DAY 3 | MODULE 6

Activity 10: Group work

45 mins

SWOT ANALYSIS

- A: 30 mins
  In small groups, discuss how a SWOT analysis can assist in task identification
- B: 15 mins
  Plenary presentations from groups

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World Health Organization

DAY 3 | MODULE 6

Component 4: Task identification

30 mins

- Assess what resources and expertise are available and how to build synergies
- Consult with NTP to decide on the broad range of TB tasks that could be considered for implementation
- Identify the specific community-based TB activities that can be implemented by each NGO/CSO

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World Health Organization

DAY 3 | MODULE 6

Broad range of TB Tasks

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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World Health Organization

DAY 3 | MODULE 6

Guidance for NGOs

- Use the SWOT analysis to decide on TB tasks and ensure these are stated in an implementation plan

IMPLEMENTATION PLAN

- Describes
  - what the "SMART" objectives will be
  - which tasks and activities will have to be undertaken to achieve the objectives
  - who will do which tasks and activities
  - who each NGO/CSO will collaborate with
  - which sections of the community their activities will focus on
  - what support will be needed from the NTP, facilities and staff

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DAY 3 | MODULE 6

Guidance for NTPs

- The NTP should:
  - Make time to meet with NGOs/CSOs that are newly integrating TB to discuss and review their chosen tasks
  - Meet regularly with the NCB to review the plans for TB integration of their members
  - Maintain a list of all NGOs/CSOs working on TB with defined tasks
  - Review and promote opportunities for increased collaboration with health facilities and staff to improve delivery of tasks.

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DAY 3 | MODULE 6

Guidance for NTPs…

- Assess which NGOs/CSOs are available for community-based TB activities and work with them and the NCB to list needed TB tasks and clarify which organizations can implement them
- Review the planned activities to ensure that:
  - ❑ all the necessary tasks are included
  - ❑ NGO/CSO staff and volunteers work within their competences
  - ❑ activities can be implemented in a coherent, consistent way, with close cooperation among all involved

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World Health Organization

DAY 3 | MODULE 6

Guidance for NTPs….

- ❑ supervision and mentoring are regular, supportive and adequately resourced
- ❑ meetings are held periodically to track progress, identify problems, find and implement solutions, and accelerate successful approaches; and
- ❑ reporting of activities is coordinated and consistent, and responsibility for onward reporting to the NTP is clearly designated.

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DAY 2 | MODULE 6

Unit 6.5

COMPONENT 5 – MONITORING AND EVALUATION

1 hr 45 mins

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DAY 3 | MODULE 6

Activity 11: Group work

45 mins

- A: In small groups, discuss the two core indicators to measure levels of community engagement in TB and how data might be collected and reported — 30 mins
- B: Plenary presentations from groups — 15 mins

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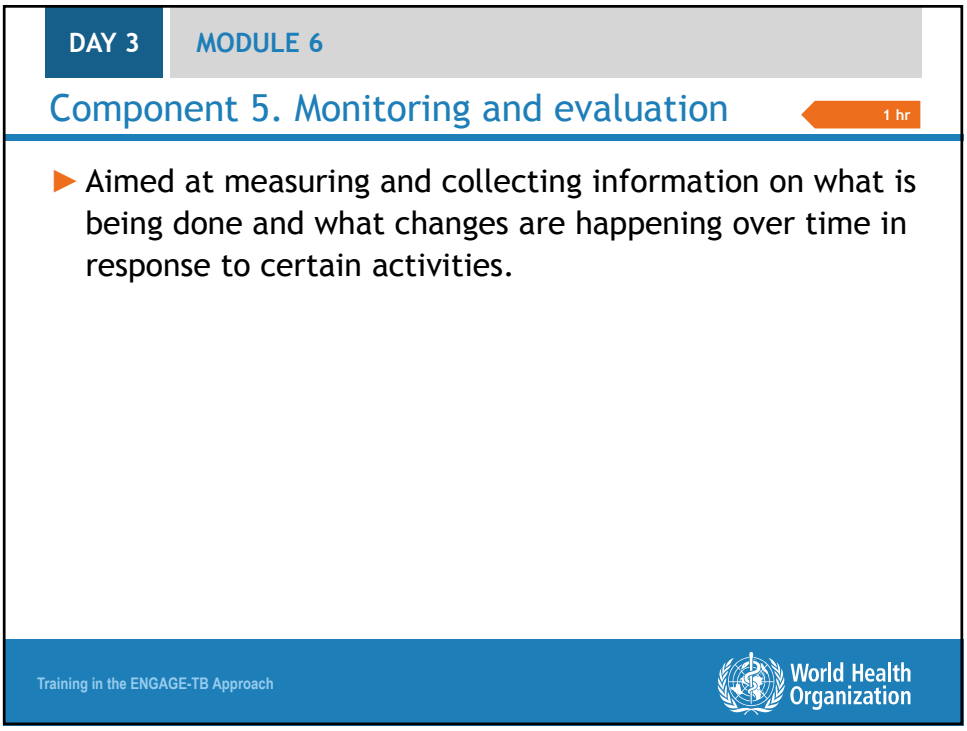
DAY 3
MODULE 6
Component 5. Monitoring and evaluation
1 hr
Aimed at measuring and collecting information on what is being done and what changes are happening over time in response to certain activities.
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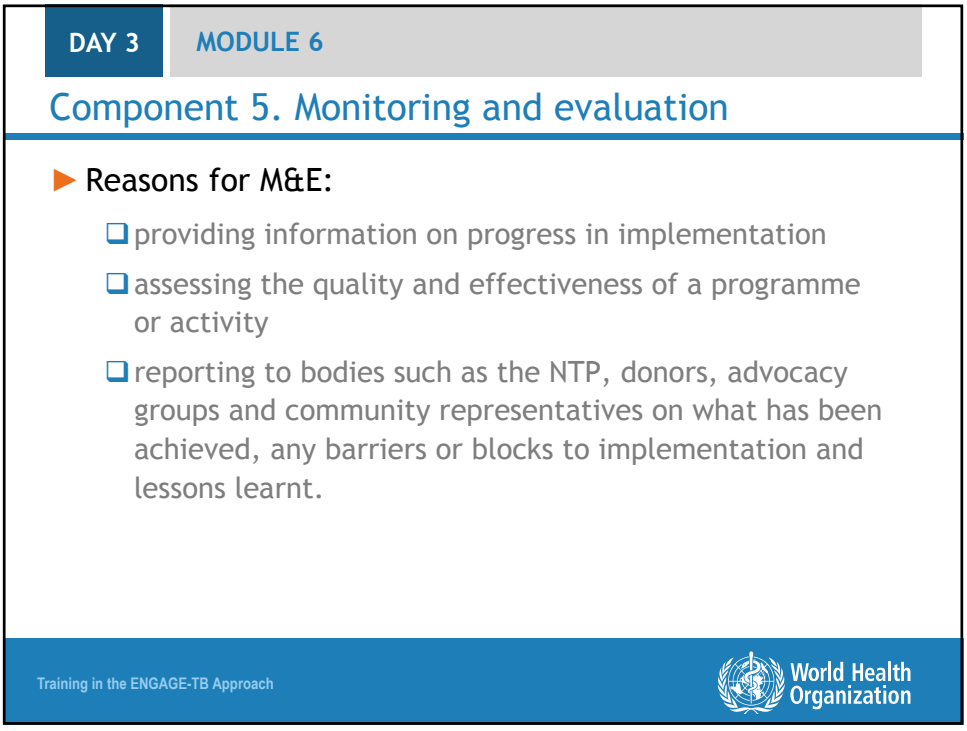
DAY 3
MODULE 6
Component 5. Monitoring and evaluation
Reasons for M&E:
providing information on progress in implementation
assessing the quality and effectiveness of a programme or activity
reporting to bodies such as the NTP, donors, advocacy groups and community representatives on what has been achieved, any barriers or blocks to implementation and lessons learnt.
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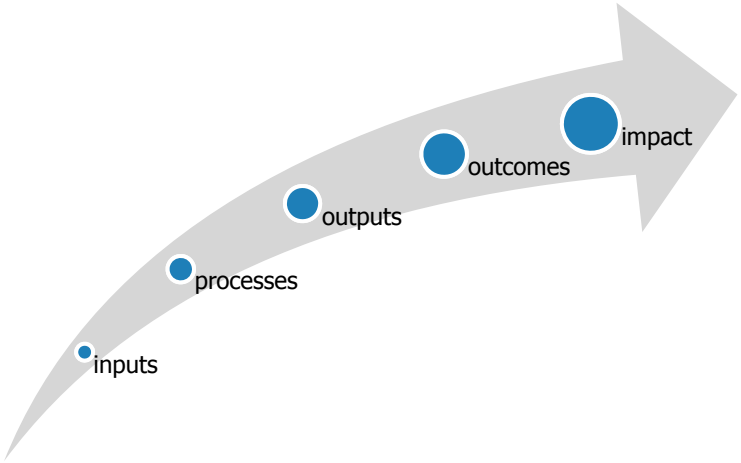
DAY 3 MODULE 6

M&E spectrum



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DAY 3 MODULE 6

The ENGAGE-TB indicators

The two core indicators for community engagement are:

- 1. Referrals and new notifications
  - the numbers of new patients in whom TB is diagnosed and notified who were referred by CHWs or CVs as a proportion of all new TB patients notified to the same BMU

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DAY 3 | MODULE 6

The ENGAGE-TB indicators

- 2. Treatment success
  - the numbers of new TB patients successfully treated who received treatment adherence support from CHWs or CVs as a proportion of all new TB patients receiving treatment adherence support from CHWs and CVs.

Note: These indicators reflect the contributions of **all CHWs and CVs**, irrespective of whether they are supported by NGOs and other CSOs or by government

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DAY 3 | MODULE 6

Periodic evaluation

- Four qualitative indicators for the periodic evaluation are:
  1. Is there an NCB for community engagement in TB, and how well is it working?
  2. How well do the NTP, NGOs/CSOs work together at national, district or local level?

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DAY 3 MODULE 6

Periodic evaluation

3. What have been the respective contributions of NGOs/CSOs and of the NTP to new case finding and treatment success? How have these changed over time?

4. What are the challenges and hurdles faced by the different community, health system and national organizations in increasing new case notifications? What successes and new opportunities are there?

- NTP is responsible for ensuring a **single national TB monitoring and evaluation system**

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DAY 3 MODULE 6

Guidance for NGOs

- Implementing NGO should prepare an M&E plan incorporating the core indicators
  - All organizations and groups should monitor inputs and outputs
  - Only some programmes will have the capacity to monitor and evaluate outcomes

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DAY 3 | MODULE 6

Guidance for NGOs

- Impact measurement for the ENGAGE-TB approach is likely to be an NTP responsibility, but NGOs/CSOs should cooperate in carrying this out
- NGOs/CSOs may also want to understand more about the target groups that they refer or support

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DAY 3 | MODULE 6

Guidance for NTPs

- Include the two core indicators in BMU forms
- Use the NCB as a forum to collaborate with NGOs/CSOs and CBOs and small groups
- Ensure standardized data collection and reporting tools are available and adapted to the needs and capacities of NGOs/CSOs

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DAY 3 | MODULE 6

Guidance for NTPs

- Facilitate capacity-building and technical support of NTP and NGO/CBO staff
- Conduct quarterly reviews of progress with NCB
- Prepare and disseminate an annual report
- Lead a periodic evaluation of all community-based TB activities and communicate outcomes

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DAY 2 | MODULE 6

- Module 6: Implementing the ENGAGE-TB approach

Unit 6.6

COMPONENT 6 – CAPACITY-BUILDING

1 hour 15 mins

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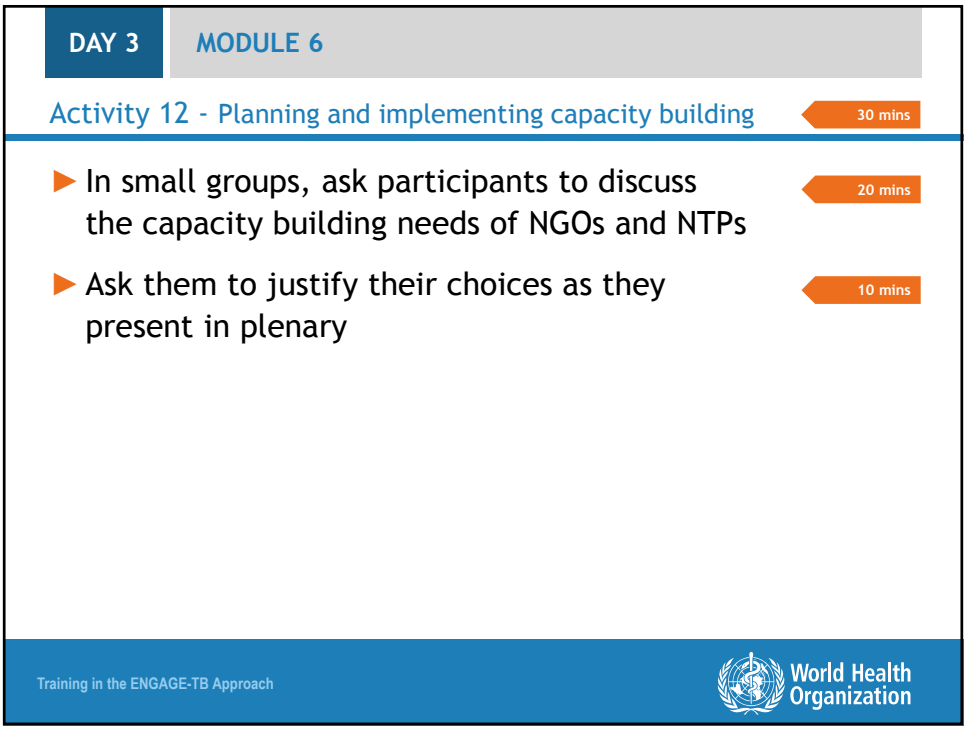
DAY 3
MODULE 6
Activity 12 - Planning and implementing capacity building
30 mins
In small groups, ask participants to discuss the capacity building needs of NGOs and NTPs
20 mins
Ask them to justify their choices as they present in plenary
10 mins
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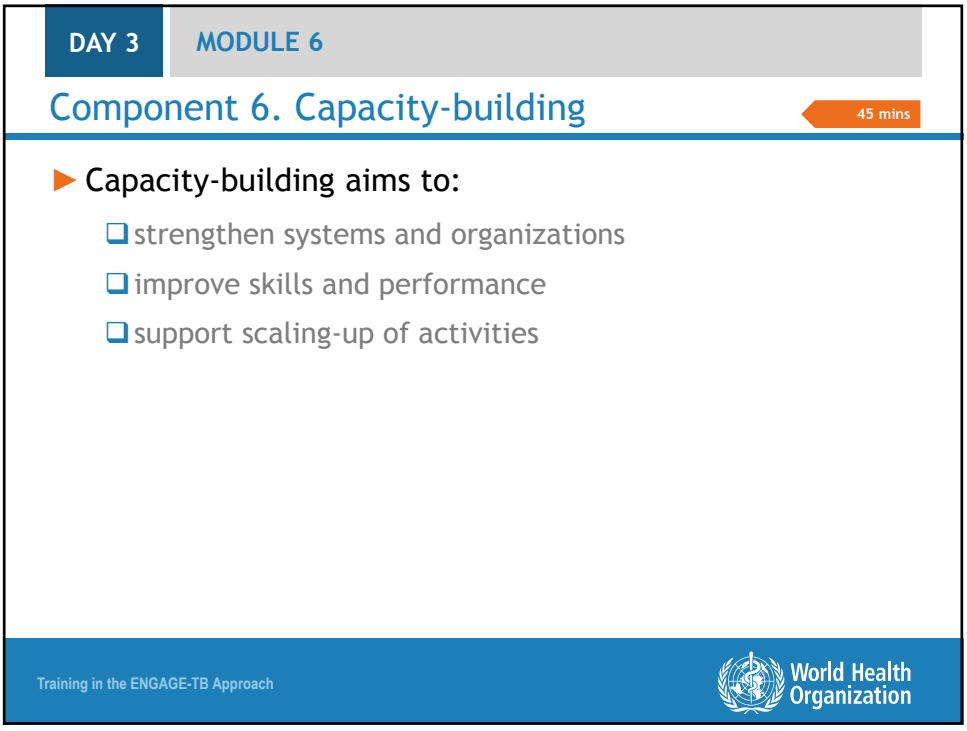
DAY 3
MODULE 6
Component 6. Capacity-building
45 mins
Capacity-building aims to:
strengthen systems and organizations
improve skills and performance
support scaling-up of activities
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DAY 3 | MODULE 6

Component 6. Capacity-building

45 mins

- Capacity-building likely to be needed for
  - human resources
  - financial resources
  - material resources
  - systems development and strengthening
  - knowledge sharing

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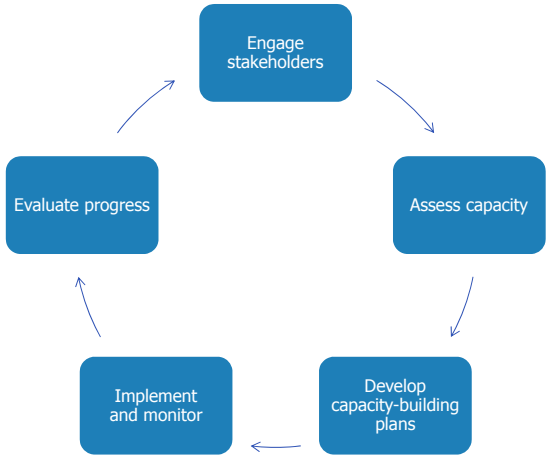
DAY 3 | MODULE 6

Capacity Building Cycle



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DAY 3 | MODULE 6

Guidance for NGOs

- NGOs should create a capacity building plan based on
  - a capacity analysis of the various areas
  - specific capacity building objectives

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DAY 3 | MODULE 6

Guidance for NGOs

- The NCB should create a collective capacity building plan for its members drawing on the needs expressed. These are likely to be:
  - organizational capacity
  - understanding of community-based TB tasks
  - capacity for partnerships, referral systems and coordination
  - capacity for promoting participation of vulnerable communities

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DAY 3 | MODULE 6

Guidance for NTPs

- NTP should identify its own capacity-building needs in consultation with NCB and include it in the annual TB plan. Areas are likely to be
  - adequacy of staff and skills at facilities
  - knowledge and skills to engage with NGOs/CSOs and collaborate with NCB

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DAY 3 | MODULE 6

Guidance for NTPs

NTP capacity-building needs (continued)

- capacity to provide training, mentoring and supportive supervision to NGOs
- capacity for operational research to build the evidence base on what works in community-based TB

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Module 7:

FIELD VISIT AND FEEDBACK

9 hrs 15 mins

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DAY 3 | MODULE 7

Field visit guidance

15 mins

- Facilitator presents details of the next day's field visit with all details and logistics including pick up and drop-off times, introduction to the sites being visited; norms and rules during visit and arrangements for lunch.

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DAY 4 | MODULE 7

Field Visit

1 day = 7 hours

- Morning
  - visit to an NTP TB clinic to understand how a TB facility works (diagnosis, lab, treatment, DOT) including how the referral is recorded
- Afternoon
  - visit to an NGO community site to understand how NGOs interact with communities and community workers and volunteers

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DAY 5 | MODULE 7

Activity 13 - Field visit processing

2 hours

- A: Small group discussion on field visit experience — 1 hour
- B: Plenary sharing of experience — 1 hour

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Module 8 (optional):

DEVELOPING ACTION PLANS FOR ENGAGE-TB

1 hr

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DAY 5 | MODULE 8

Activity 14 - Action Plans

1 hour

- A: Group work on action plans — 30 mins
- B: Plenary on action plans and next steps — 30 mins

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Module 9:

EVALUATING THE WORKSHOP

30 mins

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DAY 5 | MODULE 9

Course evaluation

- Administer evaluation form — 30 mins

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Module 10 (optional):

CLOSING CEREMONY

1 hr 15 mins

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DAY 5 | MODULE 10

Closing ceremony

1hr 15 mins

- Feedback on the week: individual reflections — 30 mins
- Presentation of certificates — 15 mins
- Closing remarks (guest of honour) — 15 mins
- Vote of thanks — 5 mins
- Group photo — 10 mins

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For further information, please contact:

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