

Training in

The ENGAGE-TB Approach

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

Presentation slides (full set)

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

Module 1:

INTRODUCTIONS, OBJECTIVES AND NORMS

1 hr

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

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

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	Module 7: 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

Module 2:

INTRODUCING THE ENGAGE-TB APPROACH

45 mins

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

Unit 2.0

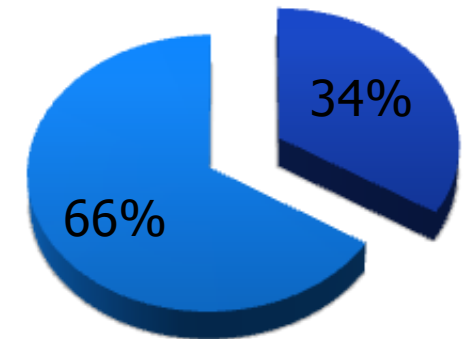
THE ENGAGE-TB OPERATIONAL GUIDANCE

45 mins

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

Persons with TB



- Unreached / not reported
- Reached / reported

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

Risks from TB in pregnancy for women and newborns

Risk	Normal	TB
	(per 1000 pregnancies)	
Neonatal effects		
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

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

Target audiences

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

Integrating TB



Assisting
early
detection



Preventing TB
transmission



Assisting
treatment
support



Addressing
the social
determinants

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

Principles



Mutual understanding and respect

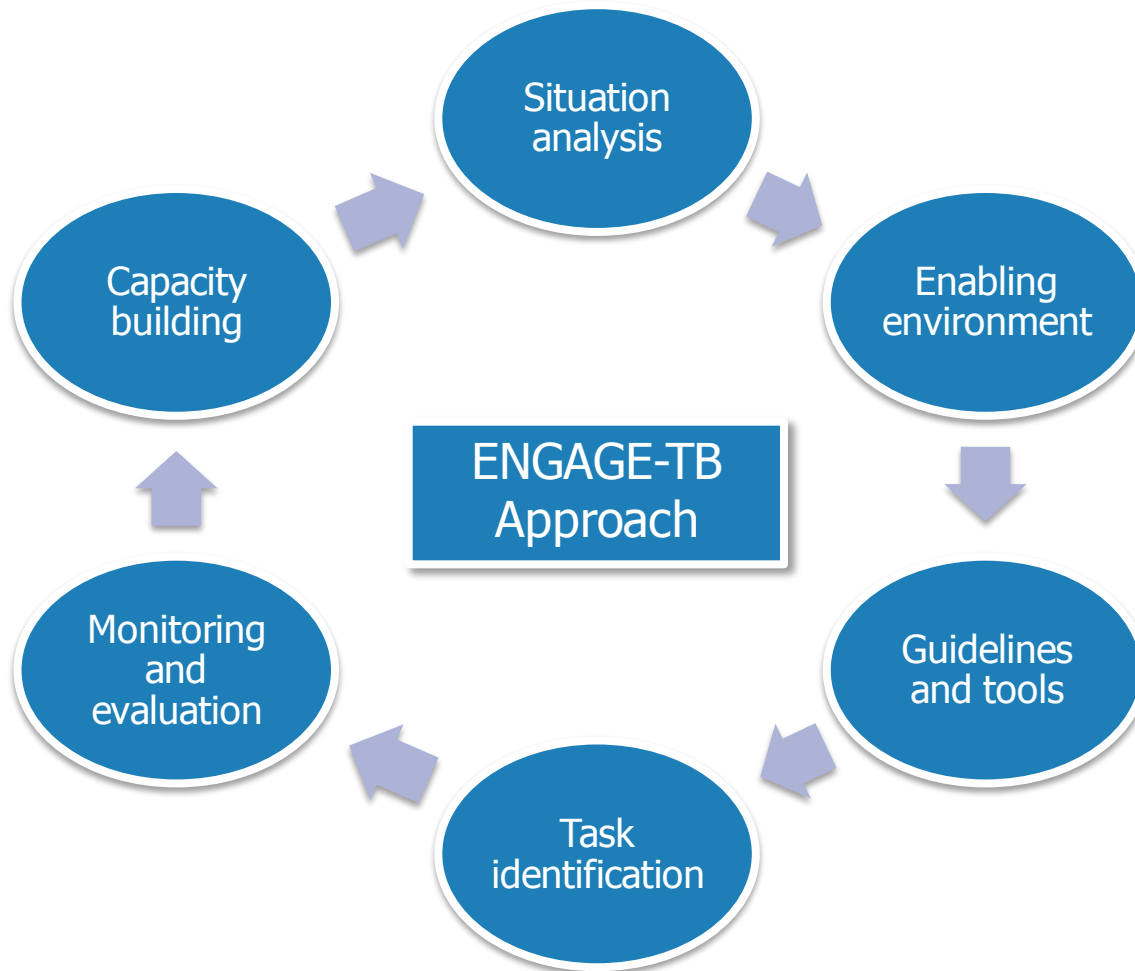


Consideration for local contexts and values



A single national system for monitoring with standardized indicators

ENGAGE-TB

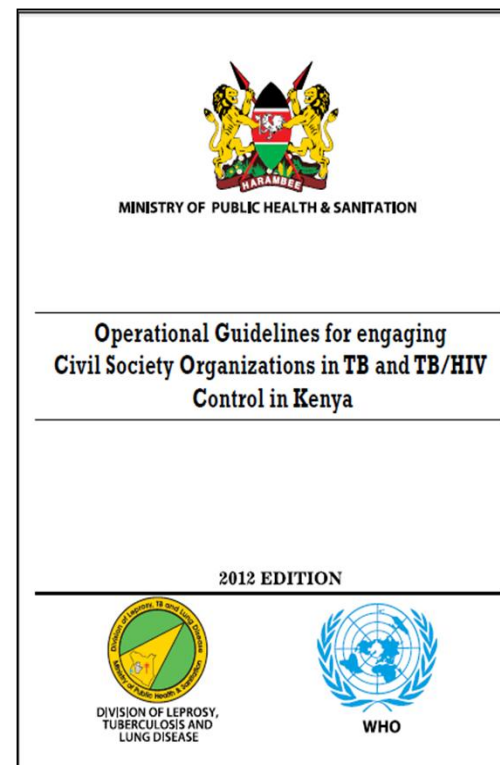
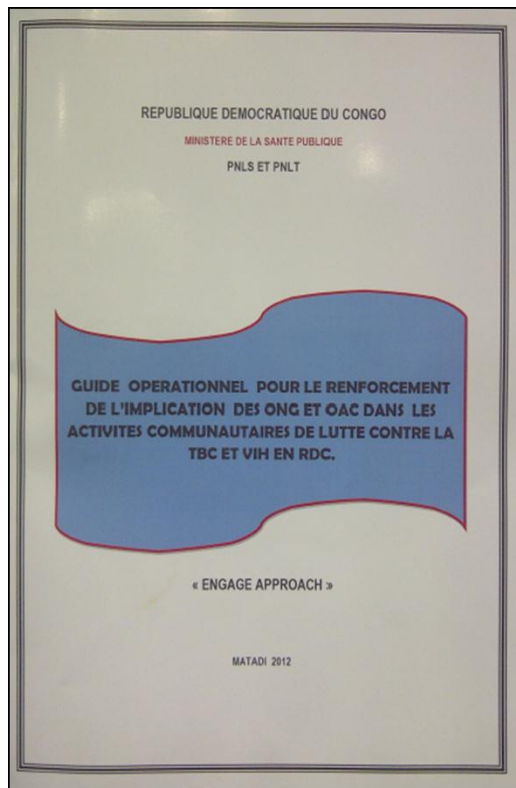


1. Situational analysis

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

2. Enabling environment

► Supportive policies; simple procedures



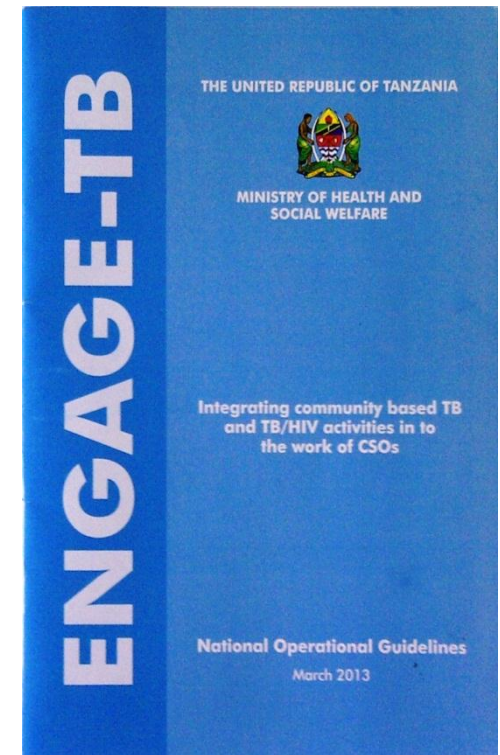
2. Enabling environment

- ▶ NGO coordinating body and regular meetings with NTP



3. Guidelines and tools

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



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



5. Capacity building

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

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

Module 3:

TB - THE BASICS

2 hrs

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

Unit 3.0

WHAT IS TB AND HOW IS IT TRANSMITTED?

30 mins

Activity 2: What is TB ?

5 mins

Brainstorming

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

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!

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

Unit 3.1

WHAT ARE SOME SIGNS AND SYMPTOMS OF TB?

30 mins

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

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.

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)

Unit 3.2

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

25 mins

What makes people more vulnerable to TB?

15 mins

**Factors associated
with poverty**

Gender

**Weakened
immune system**

Legal restrictions

**Congregate
settings**

Stigma

How can we prevent TB?

10 mins

- ▶ Infection control
- ▶ Early diagnosis and case finding
- ▶ BCG (bacillus Calmette-Guérin) vaccine
- ▶ Prevention with medicines

Unit 3.3

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

1 hr

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

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)

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

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

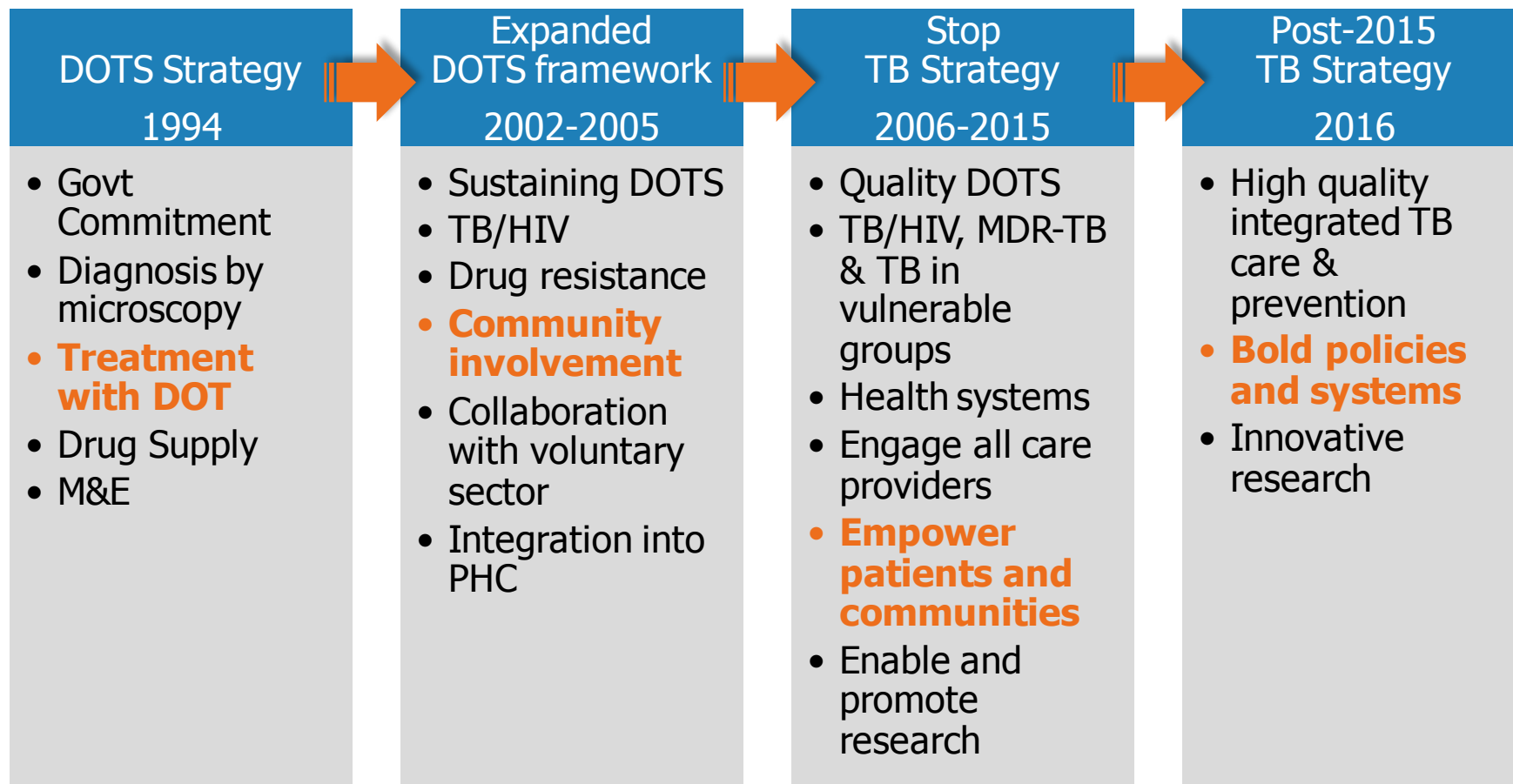
Unit 3.4

GLOBAL STRATEGY FOR TB CONTROL

15 mins

What is the global strategy for TB control?

15 mins



Module 4:

COLLABORATING ON TB BETWEEN GOVERNMENT AND CIVIL SOCIETY

2 hrs

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

Unit 4.0

**What are CSOs and
how do they work in communities?**

40 mins

What are CSOs?

5 mins

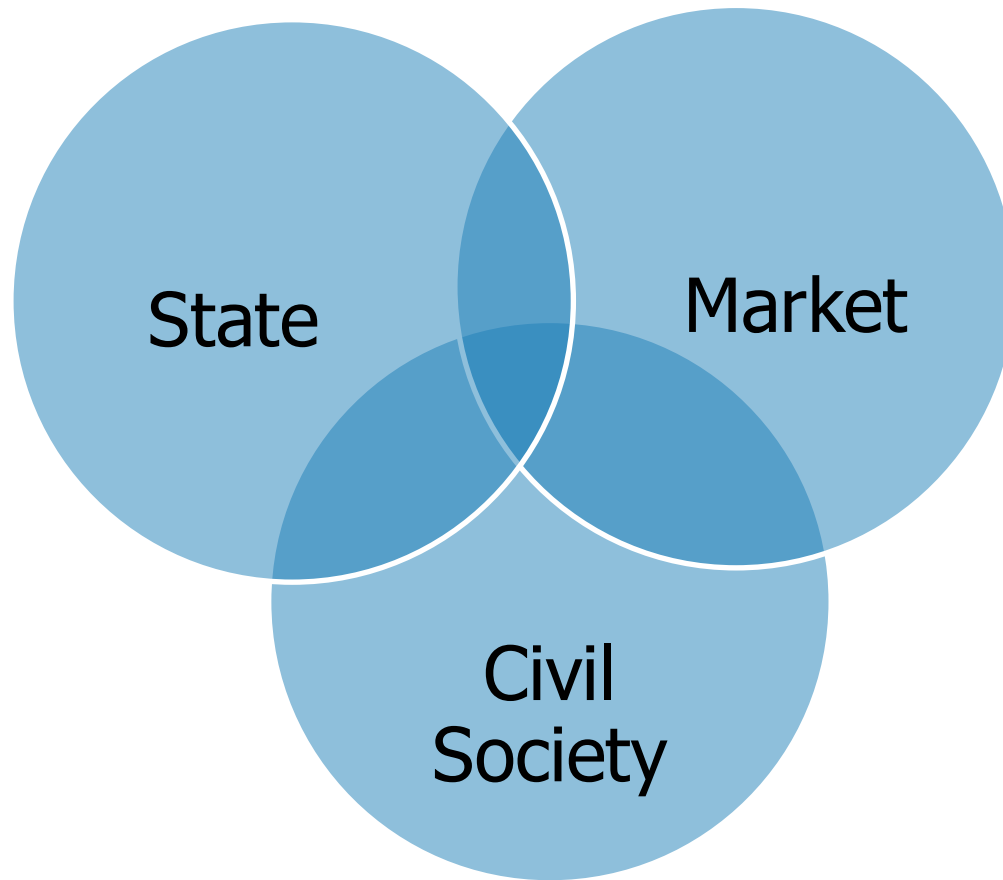
- ▶ NGOs, CBOs, FBOs, networks or associations
- ▶ Operate outside the state and the private sector
- ▶ Familiar with local culture and language
- ▶ Can mobilize people and link them to external actors

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

Three sector model



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

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.)

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

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

Unit 4.1

**WHAT DO NGOS AND OTHER CSOS NEED
IN ORDER TO WORK EFFECTIVELY ON TB?**

10 mins

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

Unit 4.2

HOW CAN NTPS AND NGOS/CSOS COLLABORATE?

1 hr 10 mins

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

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

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

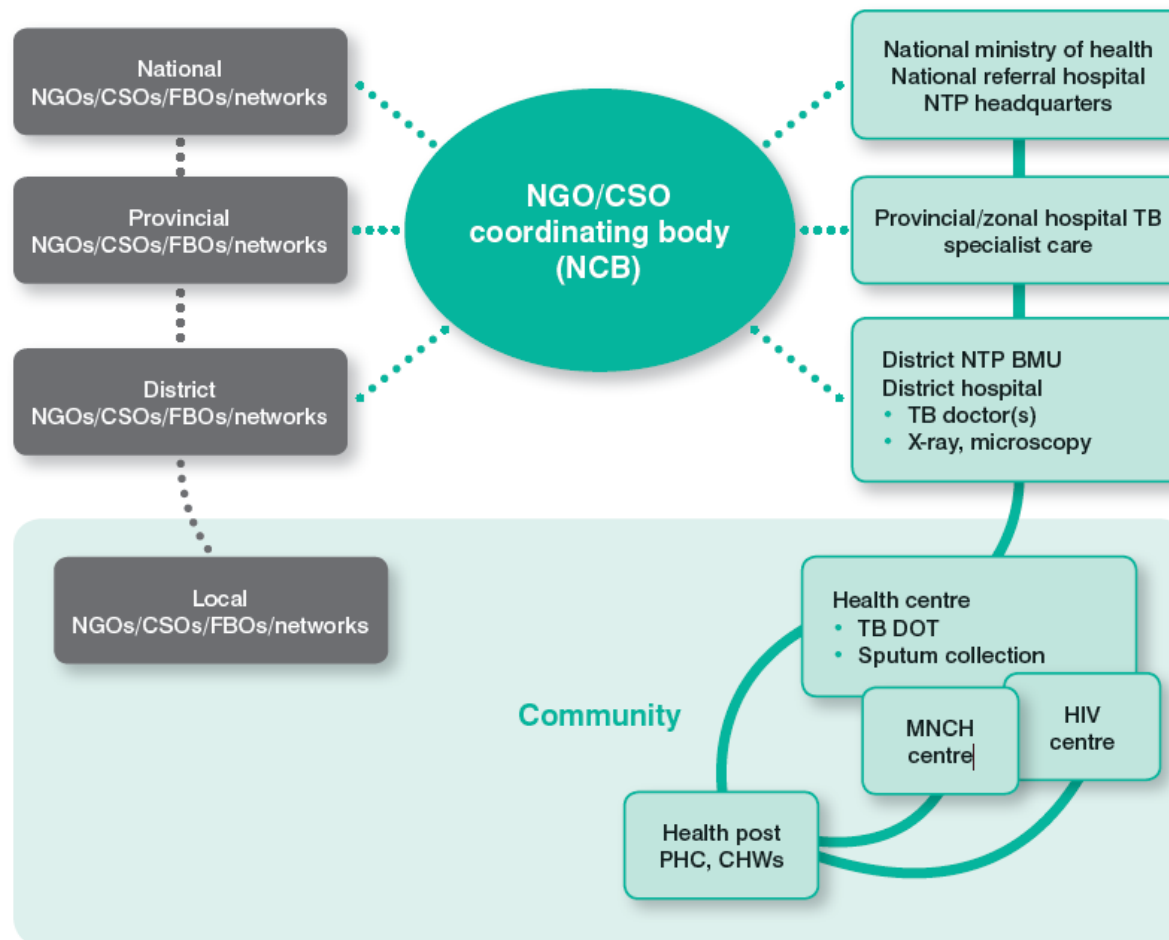
How can NTPs and NGOs/CSOs collaborate?

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

Civil society, NCB and health system linkages

5 mins



Module 5:

INTEGRATING COMMUNITY-BASED TB ACTIVITIES INTO ONGOING NGO PROGRAMMES

4 hrs

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

Unit 5.0

RANGE OF COMMUNITY-BASED TB ACTIVITIES

15 mins

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, 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 for training providers
Treatment support	Home-based DOT support, adherence counselling, stigma reduction, pill collection, home-based care and support
Social and livelihood support	Cash transfer, insurance schemes, nutrition support and supplementation, voluntary savings and loans, inclusive markets, training providers, income generation
Advocacy	Availability of supplies, equipment and services, training providers, governance and policy issues, working with community leaders
Stigma reduction	Community theatre/drama groups, testimonials, patient/peer support groups, community champions, sensitizing and training facility and CHWs and leaders

Advocacy and stigma reduction are cross-cutting issues

Activity 4: group-based learning

2 hrs

Group 1	Group 2
MNCH	PHC
HIV	Agriculture
Education	Livelihoods
	WASH

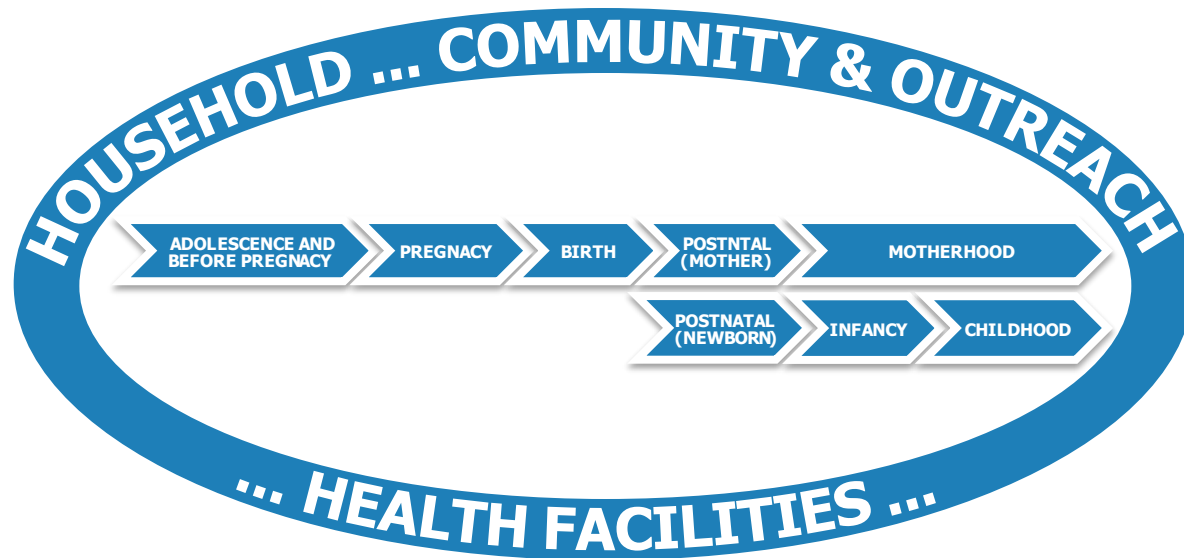
Unit 5.1

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

1 hour

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.



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	

Unit 5.2

INTEGRATING TB INTO HIV

40 mins

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.

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.

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.

Unit 5.3

INTEGRATING TB INTO EDUCATION

20 mins

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

Integrating TB into education

- ▶ Children can be taught to cover their mouths and noses when they cough and sneeze
- ▶ TB stigma reduction, screening and treatment adherence support can also be taught

Integrating TB into education

	Prevention	Detection	Treatment adherence support	Advocacy	Stigma
<u>Early childhood development:</u> 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
<u>Primary school:</u> 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
<u>Secondary school</u> : 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.
<u>Non-formal education</u> : 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

Unit 5.4

INTEGRATING TB INTO PRIMARY HEALTH CARE (PHC)

40 mins

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

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

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	

Units 5.5

INTEGRATING TB INTO WATER, SANITATION AND HYGIENE (WASH)

40 mins

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

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

Integrating TB into WASH programmes

Prevention

Public awareness meetings and door-to-door hygiene and sanitation promotion

Develop IEC and BCC materials to link TB prevention with improved hygiene: promote cough hygiene and hand-washing with soap

Train health extension workers, CVs (WASH committees) and sanitation entrepreneurs on TB basics and linkages between TB, HIV infection and WASH

Teach the basics of TB and HIV infection to school sanitation clubs.

Promote good cough hygiene in families and the community

TB detection

Screen family members with TB symptoms during door-to-door/household visits

Use the volunteer water and sanitation committees to identify and follow up cases, particularly within their membership

Deliver messages on TB and conduct screening for referrals during campaigns or emergency outbreaks (such as cholera)

Invest in capacity and build skills for observation of symptoms and knowledge of health status of community members.



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.

Units 5.6

INTEGRATING TB INTO AGRICULTURE

20 mins

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

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

Unit 5.7

INTEGRATING TB INTO LIVELIHOODS DEVELOPMENT PROGRAMMES

20 mins

Integrating TB into livelihoods development programmes

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

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
<p>Health volunteers associated with the livelihood programme can encourage patients to take their medicines regularly through DOT</p>	<p>Provide extra support to TB patients in livelihoods programmes eg. Special stipends during treatment, special nutrition support and child care support</p>	<p>Use livelihoods programme staff and events to educate people on TB and reduce social stigma around TB</p>
<p>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</p>		<p>Provide feedback from the field to meetings within or outside the organization, aimed at strengthening the TB programmes</p> <p>Contribute to policy dialogue based on field experience</p>

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

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

Module 6:

IMPLEMENTING THE ENGAGE-TB APPROACH

9 hrs 50 mins



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

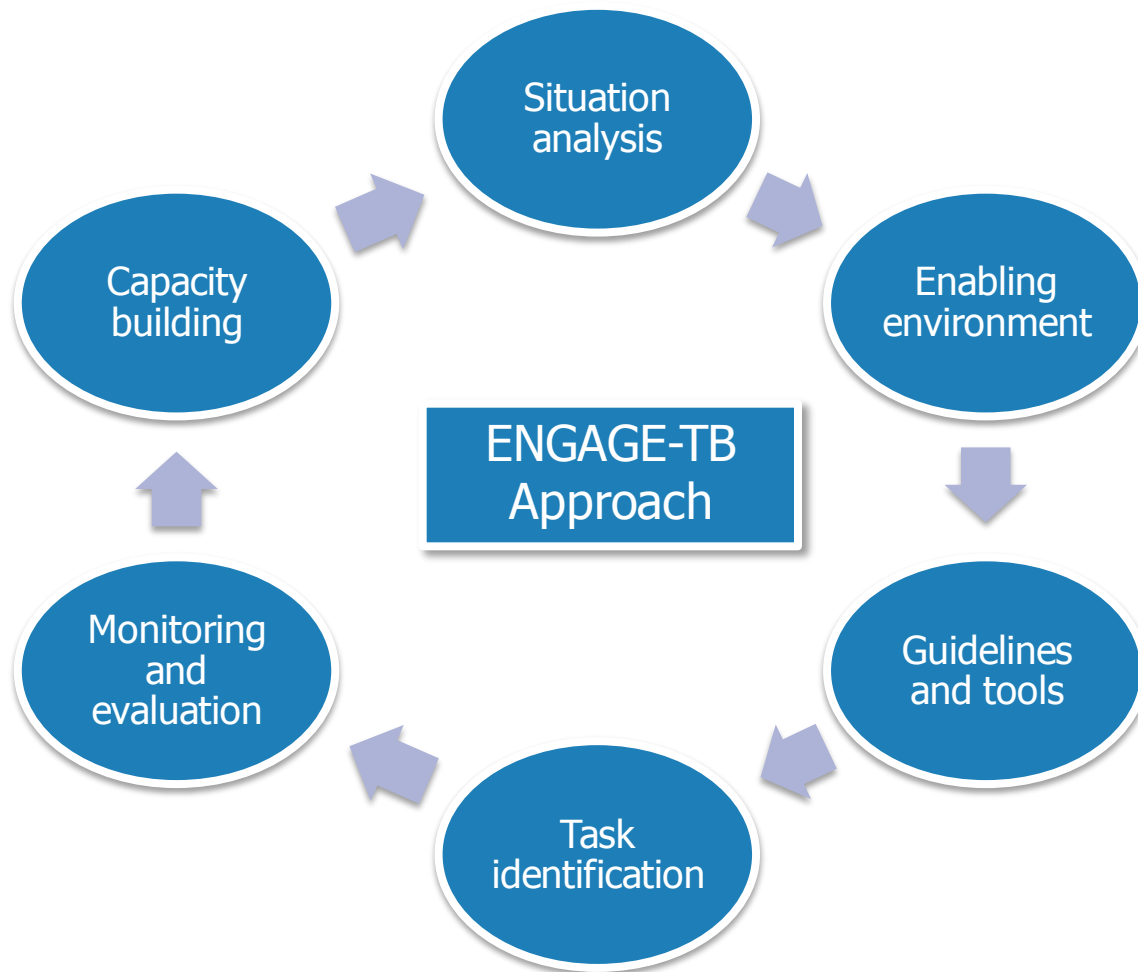
Module objectives (continued)

- ▶ Describe the process for M&E and the two core ENGAGE-TB indicators
- ▶ Explain the areas of capacity building required by NGOs and NTPs

Unit 6.0

THE ENGAGE-TB COMPONENTS

5 mins



Unit 6.1

COMPONENT 1 - SITUATION ANALYSIS

2 hrs

Activity 6: Prioritizing information for a situation analysis

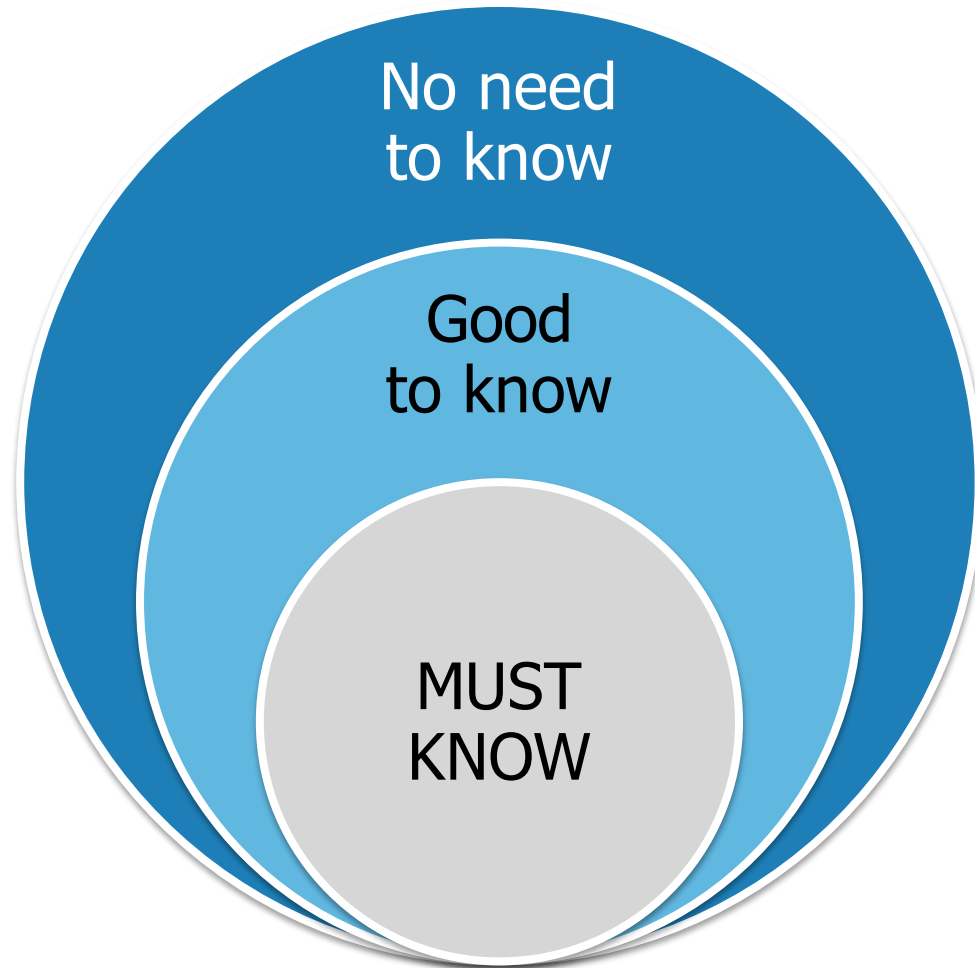
10 mins

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?

Circles of information

5 mins



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

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

Situation Analysis overview

- ▶ Participatory methods - such as PRA
 - Community group discussion; preference ranking

- ▶ An “actor-factor analysis”
 - Focus group discussion
 - Key informant interviews

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)

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

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

Methods of gathering information



Semi-structured interview



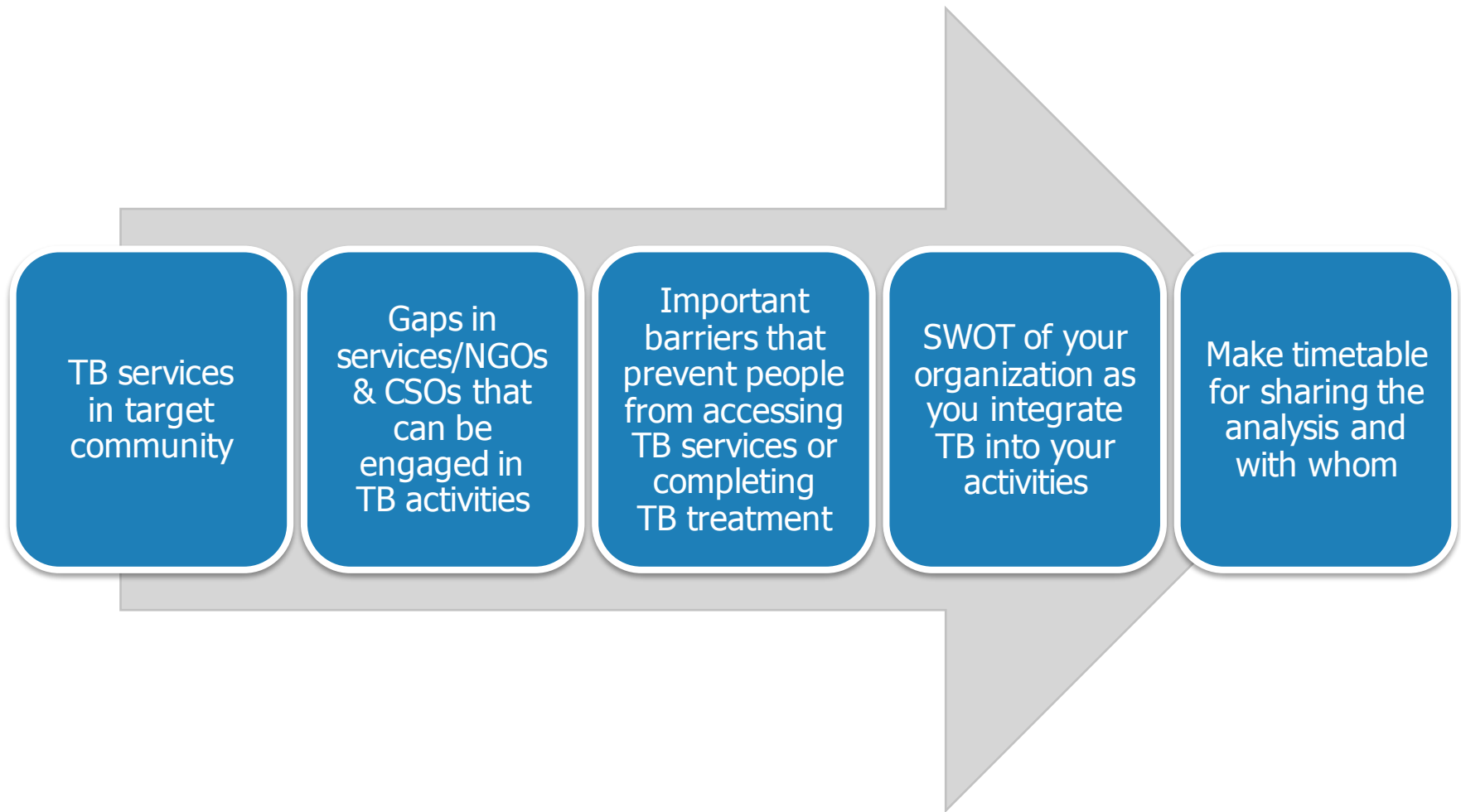
Exit interview



Participatory methods

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

Analysis of information gathered



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

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

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

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.

Unit 6.2

COMPONENT 2 - ENABLING ENVIRONMENT

2 hours

Activity 8: Challenge model

1 hour

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

5 mins

30 mins

25 mins

Challenge model

The diagram is a template for a 'Challenge model'. It features a green mountain-like shape at the top with a white cloud inside. The mountain is labeled 'Mission' at the peak and 'Vision' in the center of the cloud. Below the mountain is a white trapezoidal box labeled 'Measurable result:' with a horizontal line for text. The main body of the diagram is a large white rectangle divided into two vertical sections. The left section contains five horizontal lines for text and a green downward-pointing triangle at the bottom labeled 'Obstacles and root causes'. The right section contains a green upward-pointing triangle at the top labeled 'Priority actions' and five horizontal lines for text. Below these two sections is a white rectangular box labeled 'Current situation:' with a horizontal line for text. At the very bottom is a horizontal line labeled 'Challenge:'. Below this line is a small text prompt: '[How will we achieve our desired result in light of the obstacles we need to overcome?]'.

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?]

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

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

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

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

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

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



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

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**

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

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

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.

Unit 6.3

COMPONENT 3 - GUIDELINES AND TOOLS

1 hr 30 mins

Activity 9: Group work on guidelines

45 mins

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

30 mins

15 mins

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)

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

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

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

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

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

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

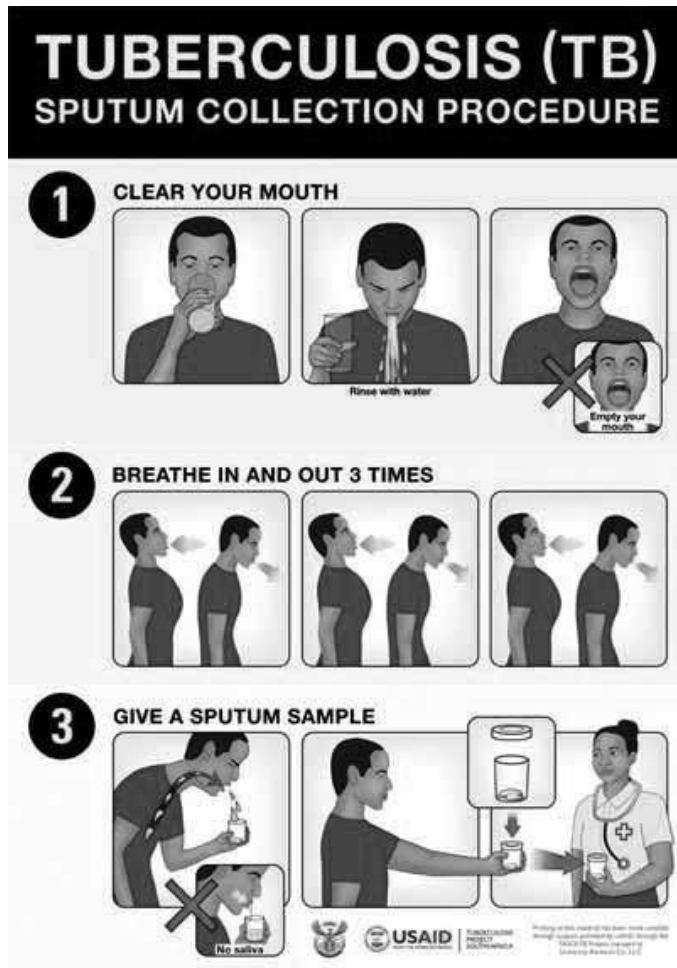
▶ Mobile phone technology can be used

- ☐ to provide information to caregivers and patients, CHWs and CVs and can assist with their on-going training

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

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?

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

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

Unit 6.4

COMPONENT 4 - TASK IDENTIFICATION

1 hr 15 mins

Activity 10: Group work

45 mins

SWOT ANALYSIS

	Helpful to achieving the objective	Harmful to achieving the objective
Internal origin (attributes of the organization)	S Strenghts	W Weaknesses
External origin (attributes of the environment)	O Opportunities	T Threats

▶ A: 30 mins

In small groups,
discuss how a SWOT
analysis can assist in
task identification

▶ B: 15 mins

Plenary presentations
from groups

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

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

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

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.

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

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.

Unit 6.5

COMPONENT 5 - MONITORING AND EVALUATION

1 hr 45 mins

Activity 11: Group work

45 mins

▶ A:

30 mins

In small groups, discuss the two core indicators to measure levels of community engagement in TB and how data might be collected and reported

▶ B:

15 mins

Plenary presentations from groups

Component 5. Monitoring and evaluation

1 hr

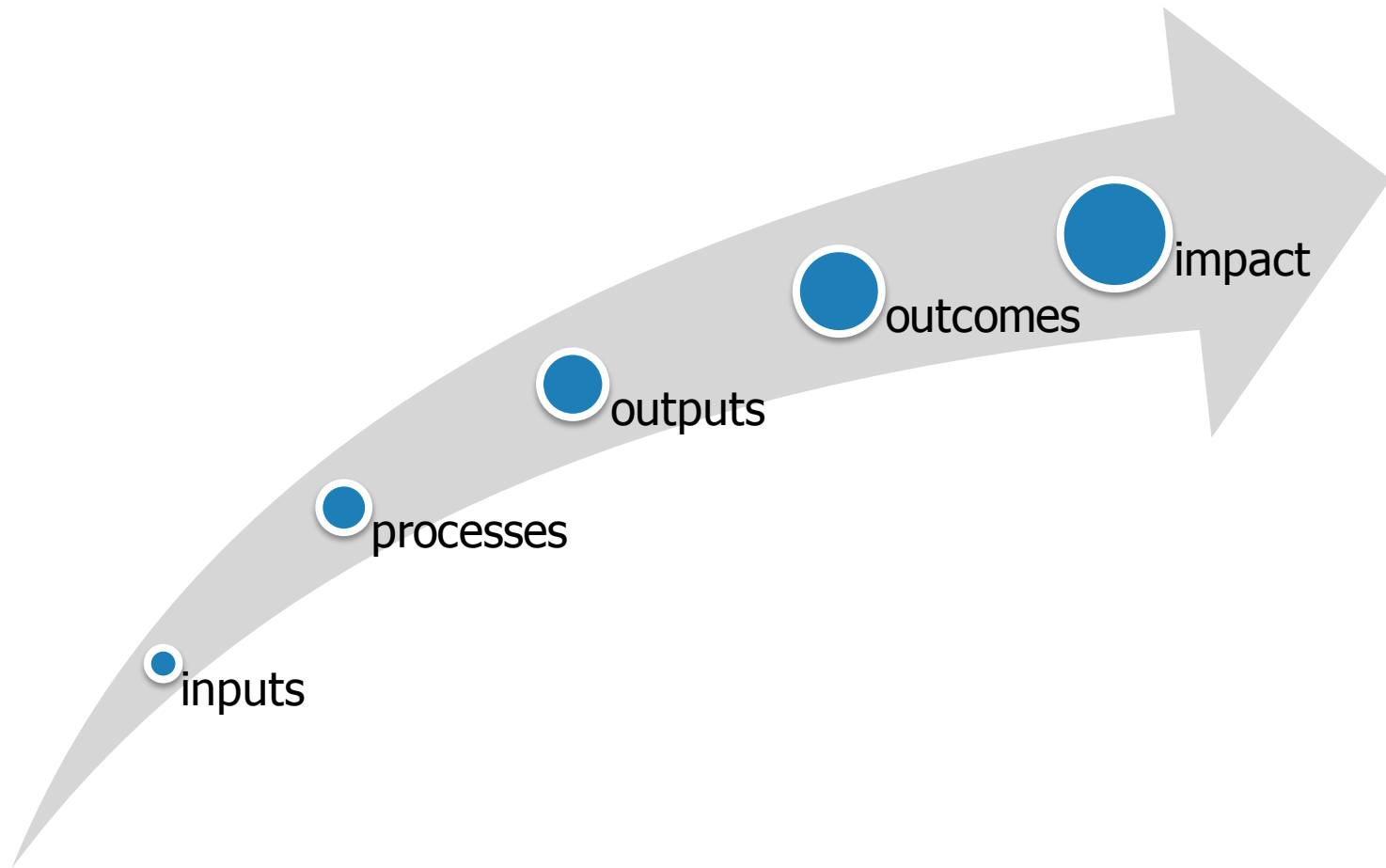
- ▶ Aimed at measuring and collecting information on what is being done and what changes are happening over time in response to certain activities.

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.

M&E spectrum



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

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

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?

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**

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

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

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

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

▶ Module 6: Implementing the ENGAGE-TB approach

Unit 6.6

COMPONENT 6 - CAPACITY-BUILDING

1 hour 15 mins

Activity 12 - Planning and implementing capacity building

30 mins

- ▶ In small groups, ask participants to discuss the capacity building needs of NGOs and NTPs
- ▶ Ask them to justify their choices as they present in plenary

20 mins

10 mins

Component 6. Capacity-building

45 mins

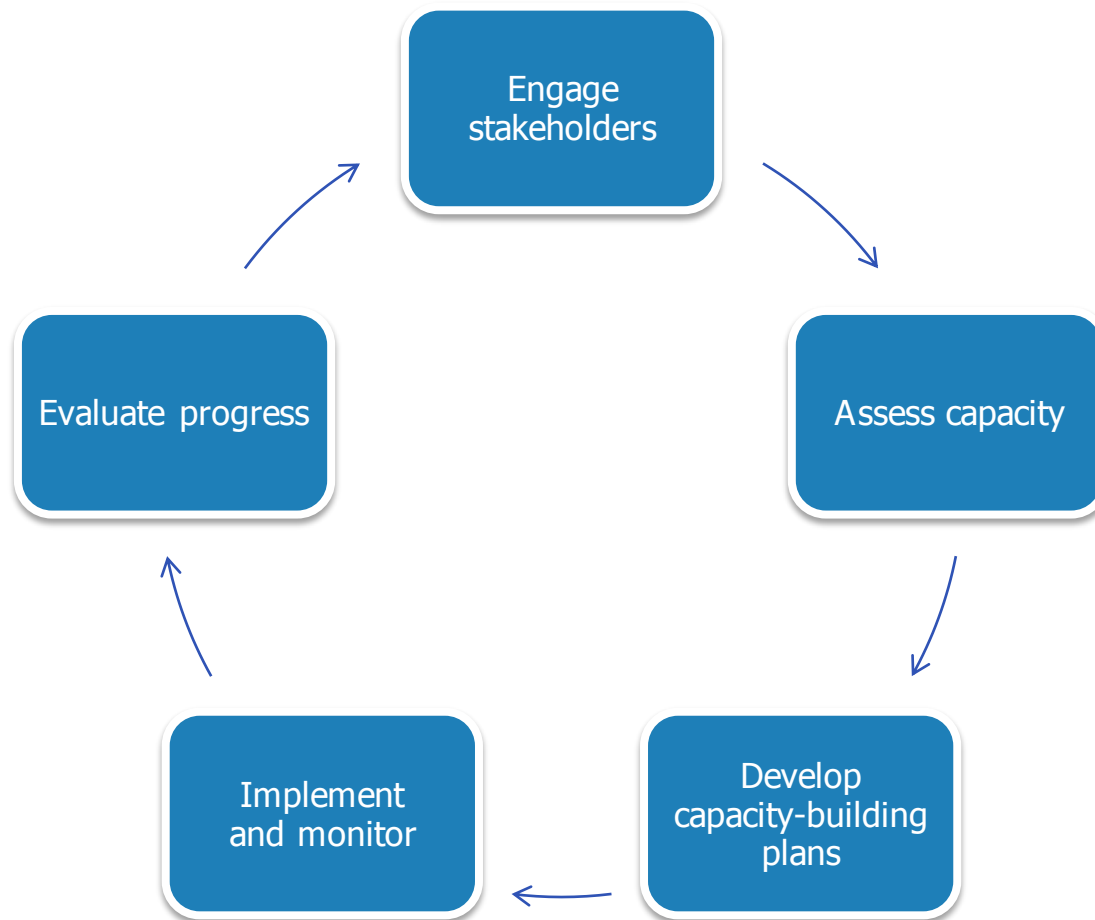
- ▶ Capacity-building aims to:
 - strengthen systems and organizations
 - improve skills and performance
 - support scaling-up of activities

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

Capacity Building Cycle



Guidance for NGOs

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

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

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

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

Module 7:

FIELD VISIT AND FEEDBACK

9 hrs 15 mins



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.

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

Activity 13 - Field visit processing

2 hours

- ▶ A: Small group discussion on field visit experience
- ▶ B: Plenary sharing of experience

1 hour

1 hour

Module 8 (optional):

DEVELOPING ACTION PLANS FOR ENGAGE-TB

1 hr

Activity 14 - Action Plans

1 hour

- ▶ A: Group work on action plans
- ▶ B: Plenary on action plans and next steps

30 mins

30 mins

Module 9:

EVALUATING THE WORKSHOP

30 mins

Course evaluation

▶ Administer evaluation form

30 mins

Module 10 (optional):

CLOSING CEREMONY

1 hr 15 mins



Closing ceremony

1hr 15 mins

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

30 mins

15 mins

15 mins

5 mins

10 mins