



# **Building the Capacity of Civil Society Organizations in TB Control - An Approach**

**3.1 Facilitators Manual  
CSO Workshop**

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## 1. Goal and Objectives

### Overall Goal

To strengthen participants' competencies to build their organizations' capacity enabling their role to contribute to TB control activities in their region.

### Specific Objectives

#### Participants are able to:

1. Present their organization and make an organizational 'Strengths, Weaknesses, Opportunities and Threats' (SWOT) analysis
2. Present the basic information on tuberculosis (TB) symptoms, prevention, diagnosis and cure
3. Give an overview of the TB problems and infrastructure in their region
4. Map the stakeholders in TB control in their region, identify their roles and discuss how to improve collaboration among stakeholders
5. Discuss the stigma of TB and consequences for early detection and treatment adherence
6. Identify and discuss possible roles, tasks and responsibilities of Civil Society Organizations (CSOs) in TB control and CSOs' linkages with health care providers, the National TB Program (NTP) and patients
7. Establish their vision on patients' rights as human right
8. Advocate for access to quality TB care in their region
9. Identify strategic target groups for TB health education and community mobilization
10. Communicate with specific target groups in an interactive way focusing on individual and collective behavioral change
11. Give an overview of funding possibilities for CSO activities in TB control, present the Global Fund (GF) mechanism and identify their organization's opportunities to participate in GF proposal writing
12. Facilitate the finalization of the CSO's action plan, its implementation and monitoring & evaluation.

## 2. Overview of Sessions

### 1. Introduction

Participants and Trainers present themselves  
Participants' expectations  
Training program and methodology

### 2. Your Organization in Progress

History, structure, members, staffing, funding  
Activities and results  
Strengths and challenges  
Introducing action planning

### 3. TB and TB Control

What is TB, symptoms and causes of TB  
Diagnosis, treatment, costs of treatment  
Prevention  
Local burden of TB

### 4. Stakeholders in TB control

Who are the stakeholders in TB Control  
What are their roles, tasks and responsibilities  
Collaboration among stakeholders and how to improve collaboration for improved TB control

## **5. Stigma, Human and Patient Rights**

TB Stigma in different setting, forms, causes and effects  
Stigma, human and patients' rights  
Patient charter  
Actions to fight stigma

## **6. TB Health Education**

Target groups  
Health education for behavioral change  
Develop, implement and evaluate health education sessions

## **7. Social Mobilization for TB control**

Goal and target groups for social mobilization  
Identify new partners to be involved  
Steps for active involvement

## **8. Advocacy for TB control**

Advocacy: What and why  
Identifying advocacy messages and target groups  
Effective advocacy approach

## **9. Funding for TB Control**

Current funding sources of the CSOs  
Global Fund: mechanisms, organizations involved, planning and implementation,  
Challenge Facility and other smaller funding sources

## **10. Annual Action Plan**

Develop a draft annual action plan to build the organization's capacity  
Develop a draft annual action plan to implement TB control activities  
What support (from the mentoring organization and others) is needed in the finalizations and implementation of this plan?  
Monitoring and reporting of the Annual Action Plan

## **11. Evaluation of the Training Course**

Individual evaluation  
Evaluation per CSO

## **3. Training Methodology**

The training is participatory and action oriented. We develop an open learning climate in which participants are active learners, share experiences and learn from each other and from the trainers. Activating training methods are used to enhance participants' participation and learning. At the end of the course participants will develop a draft annual action plan, integrating new insights they developed in the course. This action plan will be finalized and implemented in the coming year, with support of the mentoring organization.

## 4. Training Program

Day	8.30-10.00	10.00 10.30	10.30 - 12.30	12.30 14.00	14.00 - 15.30	15.30 15.45	15.45 - 17.00
1.	8.30 - 9.30 <b>Session 1</b> Introduction of participants and program  9.30 - 10.00 <b>Session 2</b> Your organization in progress	<b>Coffee</b>	10.30-12.30 <b>Session 2</b> Your organization in progress (continued)	<b>Lunch</b>	14.00 - 15.30 <b>Session 3</b> TB and TB control	<b>Tea</b>	15.30 - 16.45 <b>Session 3</b> TB and TB control (continued)  16.45 - 17.00 Evaluation of the day
2.	8.30 - 8.45 Recap of the previous day  8.45 - 10.00 <b>Session 4</b> Stakeholders in TB control	<b>Coffee</b>	10.30 - 12.30 <b>Session 4</b> Stakeholders in TB control (continued)	<b>Lunch</b>	14.00 - 15.30 <b>Session 5</b> Stigma, Human and Patient Rights'	<b>Tea</b>	15.45 - 16.45 <b>Session 5</b> Stigma, Human and Patient Rights' (continued)  16.45 - 17.00 Evaluation of the day
3.	8.30 - 8.45 Recap of the previous day  8.45 - 10.00 <b>Session 6</b> Health Education	<b>Coffee</b>	10.30 - 12.30 <b>Session 6</b> Health Education (continued)	<b>Lunch</b>	14.00 - 15.30 <b>Session 7</b> Social Mobilization	<b>Tea</b>	15.45 - 16.45 <b>Session 8</b> Advocacy for TB control  16.45 - 17.00 Evaluation of the day
4.	8.30 - 8.45 Recap of the previous day  8.45 - 10.00 <b>Session 9</b> Funding in TB	<b>Coffee</b>	10.30 - 11.30 <b>Session 9</b> Funding in TB  11.30 - 12.30 <b>Session 10</b> Annual Action Plan	<b>Lunch</b>	14.00 - 15.30 <b>Session 10</b> Annual Action Plan	<b>Tea</b>	15.45 - 16.15 <b>Session 10</b> Annual Action Plan  16.00 - 17.00 <b>Session 11</b> Evaluation

## 5. Sessions (Begin Overleaf)

**Session 1: Introduction**

**1.1 Objectives:** Participants:

- Get to know each other, the trainers and training program
- Have expressed their expectations

Time: 1 hour

Time	Content	Methodology	Trainers' materials	Participants' materials
08.30 - 08.45	<p><u>Welcome</u></p> <p>Trainers present themselves</p> <p>Participants present themselves</p> <p>Key questions:</p> <ul style="list-style-type: none"> <li>▪ Name</li> <li>▪ From which CSO</li> <li>▪ Mentoring or mentee organization</li> <li>▪ What's your function in the CSO</li> <li>▪ Who was the first person you met this morning?</li> </ul>	<p><b>Plenary</b></p> <p>Welcome, participants sit in a circle</p> <p><b>Plenary</b></p> <p>Participants present themselves using the key questions</p>	Flip Chart with key questions	
08.45 - 9.15	<p><u>Participants' expectations:</u></p> <p>What do you want to learn in this training?</p>	<p><b>In buzz groups</b></p> <p>(Informally with their neighbors)</p> <p>Participants share their expectations for this course (5 minutes).</p> <p>In plenary share these expectations, facilitator writes them on Flip Chart</p>	Flip Chart with key question: What do you want to learn in this training?	
09.15 - 9.30	<p><u>Training Program:</u></p> <p>Goal &amp; Objectives</p> <p>Sessions</p> <p>Training methodology: interactive, using participants' realities</p> <p><u>Training course materials</u></p> <p>Participants' manual</p>	<p><b>Plenary</b></p> <p>Presentation with PowerPoint (PTT)</p>	PPT: Goal and objectives, training program and methodology	<p>Training goal &amp; objectives</p> <p>Training agenda</p> <p>Methodology</p>

### **Assignment: Present yourself**

- Name
- From which CSO
- Mentee or Mentoring Organization
- What's your function in the CSO
- Who was the first person you met this morning?



## Session 2: Your Organization in Progress

**2.1 Objectives:** The participants are able to:

- Present their organization
- Identify their organization's strengths, weaknesses, opportunities and threats
- Explain the need and focus of an organizational action plan

**Time:** 2 hours and 30 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
09.30 - 10.00	<p>Introduction of the session: Objectives , Approach and Content</p> <p><u>Presenting your organization</u></p> <ol style="list-style-type: none"> <li>1. Structure &amp; Staffing, Funding, Activities</li> <li>2. SWOT</li> </ol> <p>Define the organization's goal Identify internal and external factors that hinder or enhance the achievement of the goal Internal: Strengths &amp; Weaknesses External: Opportunities &amp; Threats</p> <p>Mentee CSO's have made a poster with SWOT analysis prior to the training. The SWOT analysis has been made together with the organization's Management/Leadership</p>	<p><b>Plenary</b></p> <p>Introduce the session and refer to the posters already made by Mentee CSO's prior to the training</p> <p>Participants stick their presentations to the wall</p>	<p>Projector, Screen PPT slides Flip Charts, markers, tape</p>	<p>2.1. Session objectives 2.2. Assignment to present your organization (has already been sent to the mentee CSO prior to the training)</p> <p>Posters with CSO's presentations</p>
10.00 - 10.30	Coffee Break			

Time	Content	Methodology	Trainers' materials	Participants' materials
10.30 -12.00	<p>CSO's presentations and discussion:</p> <ol style="list-style-type: none"> <li>1. CSO's structure &amp; staffing</li> <li>2. CSO's funding</li> <li>3. CSO's activities in TB</li> <li>4. Strengths &amp; Weaknesses , Opportunities &amp; Threats</li> </ol> <p>SWOT analysis as a tool for organizational development:</p> <ul style="list-style-type: none"> <li>▪ Defining the organization's ambition (goal)</li> <li>▪ Identifying hindering factors (weaknesses and threats)</li> <li>▪ Identifying supporting factors (strengths and opportunities)</li> </ul>	<p><b>Plenary</b></p> <p><u>Plenary presentations by the CSO's</u>, questions for clarification 20 minutes per CSO</p> <p>In case there are more than 4 mentee CSO's, organize two sub plenary sessions and present the main issues in the plenary Wrap Up session</p> <p><u>Wrap up by trainers (30 min)</u> Similarities &amp; differences among CSO's Opportunities for learning from each other Relevance of SWOT analysis</p>		
12.00 - 12.30	<p><b>Planning</b></p> <p><u>Achieving organization goals</u> What needs to be done to achieve the organization's goals?</p> <ul style="list-style-type: none"> <li>▪ Making use of the Strengths and Opportunities</li> <li>▪ Addressing the Weaknesses and Threats</li> </ul> <p><u>Action Planning format</u></p> <ol style="list-style-type: none"> <li>1. To develop the organization's capacity</li> <li>2. To implement TB control activities</li> </ol> <p><u>How to develop your CSO's plan</u> At the end of every session: How can we use what we have learnt for our organization? Logbook to document this per organization</p>			Logbook for every mentee CSO (a separate booklet)

### 2.2 Assignment: Presenting Your Organization

Discuss the following questions with a diverse group of people working in your organization, including management, professional staff and volunteers. Write the results of the discussion on a flip chart and present this during the training.

#### A. Present your organization

Prior to the training, every Mentee CSO has prepared a poster to present its organization addressing the following issues:

1. When did your organization start
2. What is your organization's main goal
3. How many staff do you have
4. How many of these staff are volunteers
5. How is your organization funded
6. What are your organization's key activities
7. What are your organizations activities in the field of TB

Also use visual materials to present your organization.

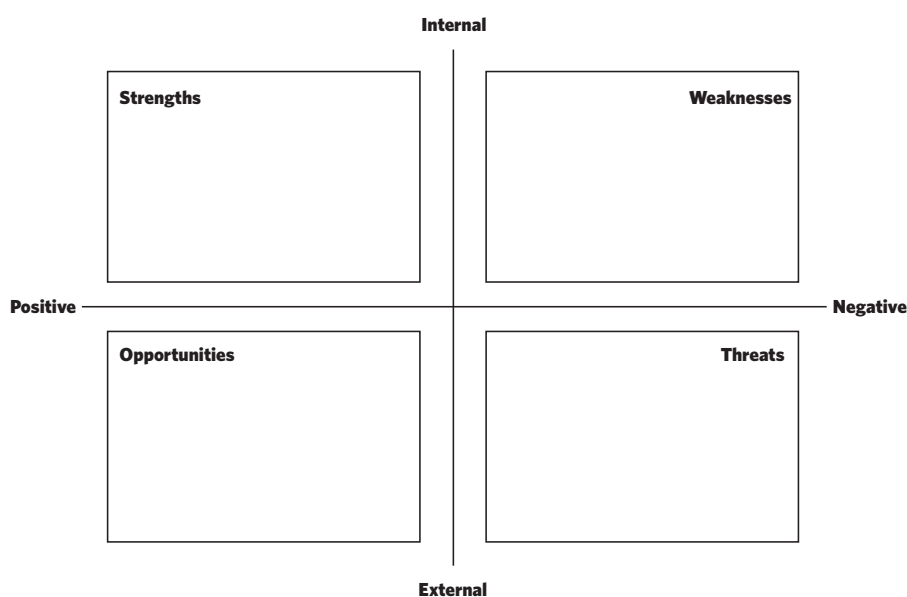
#### B. Make a SWOT analysis

Identify the Strengths, Weaknesses, Opportunities and Threats of your organization to achieve your organization's goal.

Steps to develop the SWOT analysis:

1. Define your organization's goal.
2. Assess the internal (**Strengths**) and external (**Opportunities**) factors that help to achieve your organization's goal.
3. Assess the internal (**Weaknesses**) and external (**Threats**) factors that hinder to achieve your organization's goal.

#### Organization's Goal:



**Internal factors** are the factors from inside your organization.

**External factors** are the factors from outside your organization.

**Positive:** What contributes to the achievement of the goal?

**Negative:** What hinders the achievement of the goal?

## Session 3: TB and TB Control

### 3.1 Objectives: Participants are able to present:

- Basic information on TB symptoms, prevention, diagnosis and cure
- The main TB problems and TB infrastructure in their own region

Time: 2 hours and 45 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
14.00 - 14.10	Energizing: Name game	<b>Plenary</b> Participants sit in a circle, Number 1 presents him/herself adding an adjective starting with the same letter as his/her first name. e.g. I am Merry Mary, The second person starts with number 1, adding his/her name + adjective. This ends when the last person has introduced him/herself. In case mistakes are made with names or adjectives, the presentation starts with 1.	Projector, Screen PPT slides Flip Charts, markers, tape	
14.10 - 14.40	<u>Session:</u> Objectives, content, approach  <u>Participants' knowledge and questions on TB:</u> <ol style="list-style-type: none"> <li>1. What is TB</li> <li>2. TB symptoms</li> <li>3. Causes of TB</li> <li>4. TB diagnosis</li> <li>5. TB treatment</li> <li>6. TB prevention</li> </ol>	<b>Plenary</b> Introduce the session  <b>Plenary discussion</b> Do you know people that have (had) TB or died from TB?  <b>In buzz groups</b> What would you like to know about TB for your work with communities? Participants write their questions on post-its and stick the post-its on the relevant flip charts in the room	PPT: session objectives   Flipcharts with titles <ol style="list-style-type: none"> <li>1. What is TB</li> <li>2. TB Symptoms</li> <li>3. Causes of TB</li> <li>4. TB Diagnosis</li> <li>5. TB Treatment</li> <li>6. TB Prevention</li> </ol> Post-its	3.1. Session objectives

Time	Content	Methodology	Trainers' materials	Participants' materials
14.40 - 15.30	<p>Basics on the disease, symptoms, diagnosis, cure, costs.</p> <p>Questions to ask:</p> <ol style="list-style-type: none"> <li>1. What are symptoms of lung TB</li> <li>2. What is TB?</li> <li>3. How does TB spread?</li> <li>4. How to prevent TB?</li> <li>5. How do you know you have TB?</li> <li>6. How much do the diagnosis and treatment of TB cost?</li> <li>7. Is TB curable?</li> <li>8. How long does treatment take?</li> <li>9. What happens if people don't take treatment all days?</li> </ol> <p><b>If time allows:</b>  <b>Two challenges for TB control:</b></p> <p><u>Early case detection</u>  <i>Possible reasons for low care seeking:</i>  Low risk perception (like flue)  Lack of awareness about TB disease  Use of traditional medication  Lack of transport to services  Mothers prioritize care of child above care for themselves  Stigma  Not proper diagnostic quality</p> <p><u>Adherence</u>  <i>Why do people default from TB treatment:</i>  Low economic status  Addiction to chat, hashish and others  Feel healthy after medication  Side effects of medication  Lack of transport</p>	<p><b>Plenary</b></p> <p>Discuss participants' questions raised and add other relevant questions.  Wrap up with some key messages and distribute the relevant IEC brochures used in the country</p> <p><b>If time allows</b>  <b>Group work</b>  Four groups are formed:  2 groups discuss: Q1. Why people with TB come late  2 groups discuss: Q2. Why do people default from TB treatment  One group presents question 1, the other group adds  One group presents question 2, the other group adds</p>	<p>PPT with key information  IEC materials used in the country</p>	<p>3.2. Basic information on TB</p>

Time	Content	Methodology	Trainers' materials	Participants' materials
15.30 - 15.45	Tea			
15.45 - 16.30	<p>TB problems in your region (district or state)</p> <ol style="list-style-type: none"> <li>1. Where can you get TB treatment in your region</li> <li>2. Two main reasons for patient delay?</li> <li>3. How many people are treated successfully for TB in your region per year?</li> <li>4. How many people die from TB in your region per year?</li> <li>5. How many TB/Human Immune-deficiency Virus (HIV) co-infected patients are there per year in your region?</li> <li>6. How many CSOs are active in TB in your region?</li> <li>7. Two main reasons for patient defaulter?</li> <li>8. Two CSO activities in your region to prevent TB?</li> <li>9. Two CSO activities in your patient region to enhance adherence?</li> </ol>	<p><b>Plenary Quiz</b></p> <p>Introduce the topic of this session and the Quiz</p> <p>There are 4 teams (A,B,C,D) with 4 team members of the same CSO. The people that are not in a team are the advisors of one of the teams, in case the team cannot answer the question.</p> <p>Round 1: A and B play against each other. The quiz master asks the question and gives A the opportunity to answer. If A has given the right answer they get a second question. In case A doesn't know the answer or gives the wrong answer, B will get the turn to answer.</p> <p>Round 2: C and D play</p> <p>Round 3 (if time available) the winner of Round 1 and Round 2 play.</p> <p>Winners receive a small reward</p>	<p>PPT with questions and answers</p> <p>Scoring Flip Chart with teams and number of questions</p> <p>Rewards for the winners</p>	<p>3.3. Quiz questions</p> <p>Information sheets on TB burden at country and decentralized level</p>
16.30 - 16.45	<p>Reflection and action</p> <ul style="list-style-type: none"> <li>▪ What are the lessons learnt?</li> <li>▪ What can the CSO use for its action plan?</li> </ul>	<p><b>Plenary</b></p> <p>Introduce the Reflection/Action questions</p> <p>Mentee CSO members discuss together, mentors support them. Mentee CSO members fill out their logbook.</p>	<p>Flip Chart with Reflection/Action questions</p>	<p>Logbook</p>

### 3.2 Basic information on TB and TB control

#### 1. What is TB?

TB is an infectious bacterial disease, most frequently lungs are affected (pulmonary TB), fatal if the disease is not treated

#### 2. What are the symptoms of lung TB?

More than 2 weeks productive cough

- Weight loss,
- Night fever,
- Chest pain
- Weakness,
- Loss of appetite

#### 3. How does TB spread?

When a patient with lung TB coughs, they infect other people through the droplets they spread in the air (aerosols) (Show a picture)

#### 4. How to prevent TB?

- Good ventilation in house
- Cough hygiene (always)
- Not spitting
- Early diagnosis and treatment to avoid further spreading.

#### 5. How do you know you have TB?

Sputum test (2 samples, early morning and "on the spot")  
Visit a formally recognized and trained TB service provider

#### 6. How much does it cost to treat TB?

In public health services sputum tests are free of charge, as is treatment

#### 7. Is TB curable?

A person can be perfectly cured if treated timely and takes all the medicines as indicated by the healthcare provider. The earlier TB is diagnosed and treated, the better for the patient and their community.

#### 8. How long does the treatment take?

It takes 6 months, and the intake of the medicines has to be observed (DOTS) to make sure all drugs are taken. First 2 months every day (Intensive phase), 4 months (Continuation phase) according to country regime.

#### 9. What happens if a person cannot take treatment all these days?

They will not get cured and may die, or the bacteria in their body will become resistant to the treatment. Treatment of drug resistant TB is very expensive, it takes much longer time and has lots of side effects. The drugs for (multi) drugs resistant TB are also not available everywhere.

### **3.3 TB problems and infrastructure in your district/region**

#### **Quiz**

1. Where can you get TB treatment in your region?
2. Two main reasons for patient delay?
3. How many people are treated successfully for TB in your region per year?
4. How many people die from TB in your region per year?
5. How many TB/HIV co-infected patients per year in your region?
6. How many CSO's are active in TB in your region?
7. Two main reasons for patient defaulter?
8. Two CSO activities in your region to prevent TB?
9. Two CSO activities in your region to enhance patient adherence?



## Evaluation of Day 1

**Objectives:** Participants and trainers receive feedback from each other on content, process and working climate

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
16.45 - 17.00	<p>How did participants and trainers find today's training?</p> <p>For the next day: Volunteers prepare the Recap of the Day. Purpose: To summarize learning points to reinforce learning and program continuity. Methodology: To be decided by those who do the Recap. Try to do it in a creative and participatory way.</p>	<p>Different participatory methods can be used. Examples can be found in the facilitator's manual</p> <p><b>Plenary</b> Explain the purpose of the recap Ask for volunteers</p>		

**Recap**

**Objectives:** To summarize key learning points of the previous day and by doing so reinforce learning and program continuity

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.30 - 8.45	Key issues of the previous day	Participatory methods to be defined by the group of participants that is responsible for the recap		

**Session 4: Stakeholders in TB control**

**4.1 Objectives:** Participants are able to:

- Identify roles, tasks and responsibilities of different stakeholders in TB control in their district/state
- Identify good and bad practices of collaboration among these stakeholders
- Define ways to improve collaboration for TB control

Time: 3 hours and 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.45 - 08.50	Program of the day Introduction of the session: Relevance, Objectives, Content , Approach	<b>Plenary</b> Introduce the program of the day and the session	PPT: Objectives	4.1. Objectives
08.50 - 09.00	<u>Stakeholders in TB control</u> CSO's, communities, NGO's, Health facilities, District Health Team, National TB Program etc.	<b>Plenary</b> Brainstorm to identify the people/ organizations (stakeholders) that are active to combat TB Trainer writes stakeholders on flip chart  <b>Plenary</b> Introduce the assignment	PPT with assignment	4.2. Assignment 1: Roles, tasks and responsibilities of stakeholders in TB control

Time	Content	Methodology	Trainers' materials	Participants' materials
09.00 - 09.30	<p><u>What are stakeholders' roles, tasks and responsibilities?</u></p> <p><i>In prevention</i> Awareness raising for behavior change</p> <p><i>In TB diagnosis, treatment and care</i> Identify and refer suspects Transport of sputum Sputum test Diagnostic of TB DOT support Home visit and contact tracing</p> <p><i>In community mobilization</i> Support patients groups Organize patient activist groups Organize Stop TB activities</p>	<p><b>In Subgroups</b> Work on the assignment in groups of Mentee organizations, Mentoring organizations and Government</p> <p>Groups present their results on a flip chart</p>		
09.30 - 10.00	<p><u>Roles, tasks and responsibilities of stakeholders in TB control (continued)</u></p> <p><u>Key Messages:</u></p> <ol style="list-style-type: none"> <li>1. Different stakeholders have similar tasks</li> <li>2. Tuberculosis Program sets standards for TB control</li> <li>3. CSO's agree with TB program on possible tasks and deliverables</li> <li>4. CSOs define their areas of interventions, depending on their vision, mission and resources</li> <li>5. CSOs have an important and specific role to play in community involvement, patient support and empowerment</li> </ol>	<p><b>Plenary (1) 10 mins</b> The flip charts with sub group work are put on the wall and participants walk around , read the flip charts and write in their bloc note:</p> <ol style="list-style-type: none"> <li>1. Similarities &amp; differences</li> <li>2. Questions for clarification</li> <li>3. Eye-openers</li> </ol> <p><b>Plenary (2) 20 mins</b> Trainer walks with participants through the sub group work results including participants' observations, questions and eye-openers</p> <p>Summary with key messages</p>	PPT with key messages	4.3. Key messages

<b>Time</b>	<b>Content</b>	<b>Methodology</b>	<b>Trainers' materials</b>	<b>Participants' materials</b>
10.00 - 10.30	Coffee Break			
10.30 - 10.45	<u>Collaboration between CSOs and other stakeholders</u>  1. Synergy of good collaboration 2. Risks of conflicts 3. How to enhance collaboration	<b>Plenary</b> Introduce the topic and ask participants for positive and negative examples of collaboration among stakeholders  Introduce the assignment: Collaboration among stakeholders and form subgroups of 3, every subgroup works on 1 case.	PPT with assignment	4.4. Assignment 2: Collaboration among stakeholders
10.45 - 11.10	<u>Collaboration between CSOs and other stakeholders</u>	<b>In subgroups</b> Work on assignment 2		
11.10 - 11.50	<u>Collaboration between CSOs and other stakeholders</u>  Key messages 1. Keep in mind that you have a common goal: Fight against TB (not fight with each other) 2. Inform each other about activities and results 3. Have regular meetings 4. Contact each other when there are problems to discuss and look for solutions 5. Build good relationships 6. Respect the position, responsibilities and competencies of the others	<b>Plenary</b> Every group presents their case in the outputs of their discussion	PPT with key messages	4.5. Key messages

<b>Time</b>	<b>Content</b>	<b>Methodology</b>	<b>Trainers' materials</b>	<b>Participants' materials</b>
11.50- 12.20	<u>Collaboration between CSOs and other stakeholders</u>  1. CSO's actions to improve collaboration with different stakeholders 2. TB program's actions to improve collaboration with CSO's	<b>Subgroup (15 minutes)</b> Work on Assignment 3  <b>Plenary (15 minutes)</b> Subgroups present their actions in plenary.  Discussion: How to ensure that this will happen?	PPT: assignment 3	4.6. Assignment 3: Actions to improve collaboration
12.20 - 12.30	<u>Reflection and Action</u> <ul style="list-style-type: none"> <li>▪ What are lessons learnt?</li> <li>▪ What can the CSO use for its action plan?</li> </ul>	<b>Work in subgroups</b> Mentee CSO members discuss together, mentors support them. Mentee CSO members fill out their logbook.		Logbook

**4.2 Assignment 1: Roles, tasks and responsibilities of stakeholders in TB control (30 minutes)**

Fill in the table “Tasks in TB control” to identify (1) the tasks different stakeholders have in TB control, (2) the quantity and (3) the quality of deliverables and (4) what could your organization’s role be in this specific area. Present the table on a flip chart.

**Tasks in TB control**

<b>Tasks</b>	<b>1. Who is doing this</b>	<b>2. Are they doing it well: quantity</b>	<b>3. Are they doing it well: quality</b>	<b>4. What could your organization's role be?</b>
Awareness raising for behavior change				
Identify and refer suspects				
Transport of sputum				
Sputum test				
Diagnostic of TB				
DOT and patient support				
Home visit and contact tracing				
Support patients groups				
Organize patient activist groups				
Organize Stop TB activities				

**4.3 Key messages**

1. Different stakeholders have similar tasks
2. Tuberculosis Program sets standards for TB control
3. CSO’s agree with TB program on possible tasks and deliverables
4. CSO’s define their areas of interventions, depending on their vision, mission and resources
5. CSO’s have an important and specific role to play in community involvement, patient support and empowerment

**4.4 Assignment 2: Collaboration among stakeholders in TB control (20 minutes)**

Discuss in subgroups one of the following cases and share your results in plenary.

**1. Collaboration among CSO's**

Two CSO’s (A and B) , work in the same district and have both since 2006 DOTS providers for whom incentives are available. The incentives are paid till 2010 from the Global Fund budget. In 2011, fewer budgets are available for DOTS providers and the local TB coordinator has decided to give this budget to the other CSO B, whose chair is the brother in law of the District TB coordinator. CSO A is furious they accuse the TB program of lack of transparency.

For discussion

1. Could this also happen in your region? How would you react?
2. What would be your advice to CSO A and CSO B?
3. How to prevent this conflict in future?

**2. Collaboration between TB focal person and CSO**

The CSO in district X is active in awareness raising and sputum collection. The TB focal person is not

satisfied with their performance: the number of awareness raising activities was much lower than the year before. The few sputum samples they collected are also of insufficient quality.

For discussion

1. Could this also happen in your district?
2. What could be reasons for the mediocre performance of the CSO?
3. How to improve the collaboration between the TB focal person and the CSO?

### **3. Collaboration between CSO and community volunteers**

The CSO has trained in all their villages some volunteers to raise awareness in TB and give DOTS support where needed. In course of time gradually volunteers are not active anymore, not showing up also on meetings, as they feel they have too much work to do also with this unpaid voluntary work.

For discussion

1. Do you recognize this situation?
2. What can you find as creative ways to solve this situation?

### **4. Collaboration between health facility and CSO**

The community health workers are very active in the villages with awareness raising activities. The last 3 months more people come to the health facility with a simple 1 week cough, and want to be diagnosed for TB. This leads to an overburden of the laboratory and the responsible TB nurse. The TB nurse contacts the CSO, telling them not to send all these people with a one week cough to the clinic. The community health workers feel de-motivated and not taken seriously.

For discussion

1. Could this also happen in your district?
2. How do you perceive the TB nurse's feedback?
3. How do you perceive the community health workers' reaction?
4. How to improve the collaboration between the health facility and the CSO?

### **5. Collaboration between health facility and CSO**

Community health workers are very active with TB awareness raising activities in some villages. There is a substantial increase of people going to hospital with a two weeks old cough, asking for sputum diagnosis. These patients complain that they need to wait long hours and health workers behave rude, sometimes even don't take time for a proper intake.

For discussion

1. Could this also happen in your district?
2. How do you perceive the health workers behavior?
3. What do you advice the CSO to do?

### **4.5 Key messages for fruitful collaboration**

1. Keep in mind that you have a common goal: Fight against TB (not fight with each other)
2. Inform each other about activities and results
3. Have regular meetings
4. Contact each other when there are problems to discuss and look for solutions
5. Build good relationships
6. Respect the position, responsibilities and competencies of the others

### **4.6 Assignment 3: Actions to improve the collaboration (15 minutes)**

Work in your CSO group and define some actions to improve collaboration with different stakeholders. NTP representatives define some actions to improve collaboration with the CSO's.

## Session 5: Stigma, Human and Patient Rights'

### 5.1 Objectives: Participants are able to:

- Identify different forms and causes of stigma for TB or TB/HIV
- Explain how stigma affects health seeking behavior and adherence to treatment
- Identify how stigma violates human rights'
- Present ways to reduce stigma in the community and their role as CSO
- Use the Patient Charter

Time: 2 hours and 30 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
14.00 - 14.10	Energizer: Counting till 30 = energizer to enhance concentration	Rules of the game: count and clap till 30 as group, don't pronounce the number & clap when it is 3, multiple of 3 or every number with 3 in it (e.g. 13). If somebody makes a mistake , re-start from there		



Time	Content	Methodology	Trainers' materials	Participants' materials
14.10 - 15.00	<p><u>Session objectives, relevance, approach</u></p> <p><u>1. Different contexts in which stigma is experienced</u> Family, workplace, church/mosque, neighbors, clinic, school etc.</p> <ul style="list-style-type: none"> <li>▪ Discrimination, social disapproval</li> <li>▪ Experienced rejection</li> <li>▪ Blaming to have the disease</li> <li>▪ Shame/self stigma, ignore the disease</li> </ul> <p><u>2. Attitudes and feelings against people with TB</u> - Fear - Dirty</p> <p><u>3. Causes of Stigma</u></p> <ul style="list-style-type: none"> <li>▪ (Old) beliefs in the community</li> <li>▪ Lack of knowledge about TB disease and treatment in the community and among HCWs</li> <li>▪ Lack of protective equipment for HCWs</li> </ul> <p><u>4. Effects of Stigma</u> <i>Treatment and cure</i></p> <ul style="list-style-type: none"> <li>▪ Seek (too) late health care</li> <li>▪ Decrease compliance with treatment</li> </ul> <p><i>Social/economic</i></p> <ul style="list-style-type: none"> <li>▪ Kicked out of the family/lose friends and rental accommodation etc.</li> <li>▪ Kicked out of school</li> <li>▪ Psychosomatic stress</li> <li>▪ Feeling of loneliness, depression</li> <li>▪ Lose of income</li> </ul>	<p><b>Plenary (15 minutes)</b></p> <p>A. Present with PPTs the session</p> <p>B. Introduce Stigma with the pictures. Ask what people see and if people recognize</p> <p>C. Introduce the different contexts in which stigma for TB can take place. Every context has a flip chart. Participants can add contexts that are missing</p> <p><b>Subgroup work (15 minutes)</b></p> <p>Divide in subgroups, every group takes one context to discuss stigma in that context ( assignment 1)</p> <p><b>Plenary (20 minutes)</b></p> <p>One group presents the stigma found, the other groups add. Discuss further in plenary:</p> <ul style="list-style-type: none"> <li>▪ Causes of stigma</li> <li>▪ Effects on people being stigmatized</li> </ul>	<p>PPT with session objectives Pictures of stigma</p> <p>Flipchart sheets for each context on different walls of the room</p>	<p>5.1. Session objectives</p> <p>5.2. Assignment 1: exploring stigma in different contexts</p> <p>5.3. Cases of stigma</p>

Time	Content	Methodology	Trainers' materials	Participants' materials
15.00 - 15.30	<p data-bbox="327 148 898 180"><u>Stigma violates Human and Patients' rights</u></p> <ul data-bbox="327 188 864 336" style="list-style-type: none"> <li data-bbox="327 188 837 220">▪ Right to access to good health care</li> <li data-bbox="327 225 591 256">▪ Right to housing</li> <li data-bbox="327 261 613 293">▪ Right to schooling</li> <li data-bbox="327 298 864 336">▪ Right not to be discriminated against</li> </ul>	<p data-bbox="1014 148 1227 180"><b>The Parliament</b></p> <p data-bbox="1014 188 1413 296">Debate on the statement "TB patients human rights are violated"</p> <p data-bbox="1014 344 1346 376"><u>Preparation (10 minutes)</u></p> <p data-bbox="1014 384 1469 528">Group is divided in group A and group B. Group A defends the statement, Group B challenges the statement</p> <p data-bbox="1014 536 1413 600">Groups prepare 5 minutes the debate.</p> <p data-bbox="1014 608 1469 679">Groups are positioned opposite to each other.</p> <p data-bbox="1014 727 1285 759"><u>Debate (15 minutes)</u></p> <p data-bbox="1014 767 1480 911">One member of Group A starts, then group B etc. Facilitator ensures that all members of the groups give their input</p> <p data-bbox="1014 959 1323 991"><u>Conclusion (5 minutes)</u></p> <p data-bbox="1014 999 1458 1031">Facilitator summarizes the debate</p>	Flip Chart with statements	<p data-bbox="1798 148 2107 220">5.4. Assignment 2: The parliament</p> <p data-bbox="1798 304 2119 376">5.5. Examples of human and patients' rights</p>
15.30 - 15.45	Tea Break			

Time	Content	Methodology	Trainers' materials	Participants' materials
15.45 - 16.15	<p>Patients' Charter for Tuberculosis Care Right and responsibilities of patients</p> <p>Rights of Care Dignity Information Choice Confidence Justice Organization Security</p>	<p><b>Plenary</b> Trainer introduces the patients' charter</p> <p>Discussion:</p> <ol style="list-style-type: none"> <li>1. Is there a patient charter at country level?</li> <li>2. If yes: How does this affect TB patients and Health Workers?</li> <li>3. If no: Is a patient charter needed and who has to develop this?</li> </ol>		5.6. Patients' Charter
16.15- 16.40	<p>Actions to address stigma</p> <ol style="list-style-type: none"> <li>1. Awareness raising activities in the community, the workplace, school and among HCWs</li> <li>2. Awareness raising activities among TB patients on their rights</li> <li>3. Health Education</li> <li>4. TB support groups</li> <li>5. Respect confidentiality</li> <li>6. Ensure occupational safety for HCWs</li> <li>7. Workplace policy</li> </ol> <p>Role of CSO's Awareness making activities for community, patients etc. Advocate for patients' rights Advocate for better services Health Education</p>	<p><b>Plenary</b> <b>Assignment 3: Silent wall discussion (15 minutes)</b> Two flip charts in the Room:</p> <ol style="list-style-type: none"> <li>1. What actions are needed to address stigma</li> <li>2. What can the role of CSO's be in addressing stigma, patients' rights, human rights'?</li> </ol> <p>Every participant has a marker and writes his/her ideas on the flip chart.</p> <p><b>Summary (10 minutes)</b> Facilitator summarizes the flip chart</p>	Flip Charts and markers for mind map	<p>5.7. Assignment 3 Silent Wall discussion</p> <p>5.8 Background information on TB stigma</p>
16.40 - 16.50	<p>Reflection and action</p> <ul style="list-style-type: none"> <li>• What are lessons learnt?</li> <li>• What can the CSO use for its action plan?</li> </ul>	<p>Mentee CSO members discuss together, mentors support them. Mentee CSO members fill out their logbook.</p>		Logbook

### 5.2 Assignment 1: Exploring stigma in different contexts

Look at one of the identified contexts: what stigma against TB do you observe?  
What are the attitudes, feelings and behavior against people that have TB?

### 5.3 Cases of Stigma

1. Joshua works in a private company and was recently diagnosed with TB. He was put on two months leave and when he reported back for work, found he was being transferred to a new town. On arrival at the new place he was told there was no vacancy for him. He went back to the head office to find out what was happening and was told to wait at home for a while. After a month, he received a letter terminating his contract. The letter argued that because of his poor health he would be unable to contribute effectively to his work.
2. Robert is a married man with three children. He and his family were chased out of his house when his landlord discovered that he had TB. The landlord said he didn't want Robert to infect other people and that it would be bad for his business.
3. Selina is a young woman who is living with her grandmother. She was diagnosed with TB a few months ago and has been responding well to treatment. Recently she met a young man whom she really likes and hopes to marry one day. However, her grandmother has told her that she cannot be in a relationship – she must wait until her TB treatment is finished and she is sure that she is well.
4. Natalie has been on TB treatment for two weeks and has not been responding well. She is very sick. Her family calls a meeting and decides that she should stop taking the drugs and go to her grandmother's house in the village where she can rest and recover.
5. Kenneth has had TB for the last three months and is responding to treatment well. He stays with his family and while he is there, the family starts planning the wedding for his youngest sister. Kenneth asks to help with the wedding arrangements, but his father tells him, "People like you don't need to be involved in these things".

### 5.4 Assignment 2: The parliament

Statement "TB patients' human rights' are violated"

### 5.5 Examples of Human & Patients' Rights for TB patients

**Right to health care:** Health staff may ignore other diseases which a patient may have and focus solely on HIV or TB. Family may refuse to finance medical costs. Family may stop the patient from being treated at the clinic and take the patient to a traditional doctor.

**Right to information:** TB patients not given enough/correct information about TB, treatment, how TB is transmitted. When you go to the clinic the nurse doesn't take time to really explain everything, she/he just wants to see you leave.

**Right to shelter/accommodation:** Sometimes you are chased from your house or taken back to the village. May be put in poor and unhygienic accommodation. If the landlord discovers you have TB, he may chase you away.

**Right to work:** Fired for having TB; Forced into 'early retirement' on 'medical grounds'. Told you are a 'threat' to your workmates.

**Right to be loved:** Separated from family, children and partners. Forced to terminate a relationship because your spouse's family chases you away.

See also the Patient Charter.

## 5.6 Patient Charter



### THE PATIENTS' CHARTER FOR TUBERCULOSIS CARE (Edition 2010)

The Patients' Charter (PCTC) outlines the rights and responsibilities of people with tuberculosis. It empowers people with the disease and their communities through this knowledge. Initiated and developed by TB patients from around the world, the Charter makes the relationship with health care providers a mutually beneficial one.

The Charter sets out the ways in which patients, the community, health providers, both private and public, and governments can work as partners in a positive and open relationship with a view to improving tuberculosis care and enhancing the effectiveness of the health care process. It allows for all parties to be held more accountable to each other, fostering mutual interaction and a 'positive partnership'. Developed in tandem with the International Standards for Tuberculosis Care(1) to promote a 'patient-centered' approach, the Charter bears in mind the principles on health and human rights of the United Nations, UNESCO, WHO, Council of Europe, as well as other local and national charters and conventions(2).

The Patients' Charter practices the principle of Greater Involvement of People with TB or GIPT(3). This affirms that the empowerment of people with the disease is the catalyst for effective collaboration with health providers and authorities, and is essential to victory in the fight to stop TB. Accordingly, the PCTC is included as a key element of the WHO STOP TB Strategy, and was launched by Dr. Lee, DG of WHO on World TB Day 2006. The Patients' Charter, the first global 'patient-powered' standard for care, is a cooperative tool, forged from common cause, for the entire TB Community.

#### PATIENTS' RIGHTS

##### Care

- The right to free and equitable access to tuberculosis care, from diagnosis through treatment completion, regardless of resources, race, gender, age, language, legal status, religious beliefs, sexual orientation, culture or having another illness.
- The right to receive medical advice and treatment which fully meets the new International Standards for Tuberculosis Care, centering on patient needs, including those with X/MDR-TB or TB-HIV co-infections, and preventative treatment for young children and others considered to be at high risk.
- The right to benefit from proactive health sector community outreach, education and prevention campaigns as part of comprehensive care programs.

##### Dignity

- The right to be treated with respect and dignity, including the delivery of services without stigma, prejudice or discrimination by health providers and authorities.
- The right to quality health care in a dignified environment, with social support from family, community and national programs.

##### Information

- The right to information about what health care services are available for tuberculosis, and what responsibilities, engagements, and direct or indirect costs, are involved.
- The right to receive a timely, concise and clear description of the medical condition, with diagnosis, prognosis (an opinion of the likely future course of the illness), and treatment proposed, with communication of common risks and appropriate alternatives.
- The right to know the names and dosages of any medication or intervention to be prescribed, its normal actions and potential side-effects, and its possible impact on other conditions or treatments.
- The right of access to the medical record concerning the patient's condition and treatment, and a copy if requested by the patient or a person authorized by the patient.
- The right to meet, share experiences with peers and other patients, and to voluntary counseling at any time from diagnosis through treatment completion.

##### Choice

- The right to a second medical opinion, with access to previous medical records.
- The right to refuse surgical interventions if chemotherapy is at all possible, and to be informed of the likely medical and statutory consequences.
- The right to choose whether or not to take part in medical research programs without compromising the quality of care.

##### Confidence

- The right to have personal privacy, dignity, religious beliefs and culture respected.
- The right to have information relating to the medical condition kept confidential, and released to other authorities contingent upon the patient's consent.
- The right to health care services in facilities that practice effective infection control.

##### Justice

- The right to make a complaint through channels provided for this purpose by the health authority, and to have any complaint dealt with promptly and fairly.
- The right to appeal to a higher authority if the above is not respected, and to be informed in writing of the outcome.
- The right to vote in open elections for patient representatives on health related bodies, and to develop accountable systems of representation to defend the rights of patients.

##### Organization

- The right to join, or to establish, organizations of people with or affected by TB, and to seek support for the development of these clubs, peer support groups, and community based associations through the health providers, authorities, and civil society partners.
- The right to participate as 'stakeholders' in the development, implementation, monitoring and evaluation of policies and programs for TB Care with local, national and international health authorities.

##### Security

- The right to job security after diagnosis and /or appropriate rehabilitation upon 'cure'.
- The right to nutritional security or food supplements that are necessary to meet treatment regime requirements.
- The right to anti-tuberculosis drugs and diagnostics that are Quality Assured by a stringent authority or WHO pre-qualification.

#### PATIENTS' RESPONSIBILITIES

##### Share Information

- The responsibility to provide the health care giver as much information as possible about present health, past illnesses, any allergies and any other relevant details.
- The responsibility to provide information to the health provider about contacts with immediate family, friends and others who may be vulnerable to tuberculosis or may have been infected by contact.
- The responsibility to inform family and friends, and to share lessons learned of TB.

##### Follow Treatment

- The responsibility to follow the prescribed and agreed treatment plan, and to conscientiously comply with the instructions given to protect the patient's and other's health
- The responsibility to inform the health provider of any difficulties or problems with adhering to treatment, or if any part of the treatment is not clearly understood.

##### Contribute to Community Health

- The responsibility to contribute to community well being by encouraging others to seek medical advice if they exhibit the symptoms of tuberculosis.
- The responsibility to show consideration for the rights of other patients and health care providers, understanding that this is the dignified basis and respectful foundation of the TB Community.
- The responsibility to help family, friends and neighbors adhere to treatment, from start to completion with cure.

##### Show Solidarity

- The moral responsibility of showing solidarity with other patients, marching together towards cure.
- The moral responsibility to share knowledge gained during treatment, and to pass this expertise to others in the community, making empowerment contagious.
- The moral responsibility to join in efforts to make the community TB Free.

1. International Standards for Tuberculosis Care:  
<http://www.who.int/tb/publications/2006/istc/en/index.html>
2. United Nations CESCR General Comment 14 on the right to health:  
[http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En)  
- WHO Ottawa Charter on health promotion:  
[www.who.int/healthpromotion/conferences/previous/ottawa/en](http://www.who.int/healthpromotion/conferences/previous/ottawa/en)  
- The Council of Europe Convention for the Protection of Human Rights and Dignity/ biology and medicine:  
<http://conventions.coe.int/treaty/EN/Treaties/Html/164.htm>  
- UNESCO Universal Draft Declaration on Bioethics and Human Rights:  
[http://portal.unesco.org/en/ev.php-URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)
3. Greater Involvement of People with Tuberculosis (GIPT):  
<http://www.worldcarecouncil.org/content/greater-involvement-people-tb-gipt>

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**Help turn these words into practice, and your rights into realities. Join the mobilization in your country for the implementation of the Patients' Charter for Tuberculosis Care. In common cause, with mutual respect, together we can raise the standards of care for people with TB and TB-HIV co-infection.**

**Learn more / downloads at <http://www.patientscharter.org>**

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## 5.7 Assignment 3: Silent wall discussion to address stigma and role of CSO's

1. What actions are needed to address stigma against TB?
2. What can CSO's do to address stigma, human rights' & patient rights' of TB patients?

# TB: Why you should not discriminate\*

\* Adapted from ICN Document: *TB/MDR TB Related Stigma and Discrimination*

### Impact of Stigma and Discrimination

Tuberculosis is an infectious disease caused by bacteria that any person can get. It is not a hereditary disease or a curse of God. It can be completely cured by taking regular and complete treatment. Stigma and discrimination against people diseased with TB can occur in many settings at the workplace, health care facilities, or within the community. Its manifestation can be as dramatic as physical violence or as subtle as avoidance. However, it is totally unnecessary and primarily based on myths.

**Stigma** is as old as history. Stigma and discrimination against people infected with TB can occur in many settings at the workplace, healthcare facilities, or within the community. Its manifestation can be as dramatic as physical violence or as subtle as avoidance. However, it is totally unnecessary and primarily based on myths. Beyond the economic consequences, stigma and discrimination against people with TB have a devastating social and psychological impact. Such attitudes obstruct health care providers in delivering effective treatment. Stigma often prevents people from seeking health care attention, which constitutes a direct public health threat to the community. Even when patients attend treatment, social disapproval of their family or community members decreases compliance with treatment. Proper adherence, however, is critical to avoid the development of multi-drug resistant TB (MDR-TB). Social isolation, experienced rejection, shame and blame due to TB diagnosis can lead to psychosomatic stress, loneliness and feelings of hopelessness.

Some of the causes of stigma & discrimination include:

- Lack of knowledge about TB transmission, diagnosis and treatment.
- Association with conditions already stigmatized, particularly HIV/AIDS, poverty, malnutrition, migration and poor hygienic living conditions.
- People with TB are often seen as being responsible for becoming infected.
- People living with TB are seen as guilty of infecting others.
- Lack of protective equipment for health care workers.
- Lack of access to treatment.

### TB related stigma and discrimination can be minimized!

It is important that employees and healthcare professionals understand the determinants and dynamics of stigma to ensure that they prevent the violation of human rights, that patients seek timely advice and achieve good treatment adherence. It is suggested that company management implement the following strategies to minimize TB related stigma and discrimination at the workplace:

- Provide a supportive work environment, where people can disclose their TB status without the threat of being stigmatized and risk losing their jobs. Have in place a policy that addresses this so that workers don't lose their jobs because of being diagnosed as TB; rather such TB patients are provided proper care and access to DOTS services.
- Influence people's attitudes through awareness about TB, to provide up to date information on TB epidemiology, diagnosis, transmission, treatment and address TB related stigma and discrimination. Increasing factual knowledge should be followed by experiential learning, which helps employees reflect their own attitudes about TB and understand individuals affected by TB stigma and discrimination.
- Involve those with personal experience with TB and set up "Support Groups". Such groups can encourage the exchange of experiences related to TB and address issues concerning social and workplace support.
- Initiate workplace campaigns to change attitudes. The aim of these campaigns is to provide accurate, up-to date information on TB ('TB is curable').
- Develop sustainability of TB anti-stigma campaigns through partnerships with private and public national and international companies.
- Respect confidentiality. Risks of disclosure might include negative responses, such as rejection, isolation and loss of employment. This can result in poor treatment adherence and/or the spread of TB to other employees.
- Link with existing HIV/AIDS anti-stigma workplace initiatives.
- Ensure occupational safety for health care staff and appropriate working conditions for all, e.g. ensuring good ventilation of premises and/ or applying air filtration.

TB anti-stigma interventions should be in place in every company.

## TB: Why you should not discriminate

The Myths	The Truth
<ul style="list-style-type: none"> <li>• TB is a life-threatening disease</li> </ul>	<ul style="list-style-type: none"> <li>• TB can be cured by taking a course of medicine</li> </ul>
<ul style="list-style-type: none"> <li>• You can become infected by TB by touching someone who has it or being with someone who has it for a few minutes</li> </ul>	<ul style="list-style-type: none"> <li>• TB is transmitted only by prolonged close contact with coughing infectious patients</li> </ul>
<ul style="list-style-type: none"> <li>• If someone has TB they are infectious</li> </ul>	<ul style="list-style-type: none"> <li>• TB patients who have taken their treatment for 2 weeks and are still taking treatment are usually not infectious</li> </ul>
<ul style="list-style-type: none"> <li>• Only the poor and malnourished get TB</li> </ul>	<ul style="list-style-type: none"> <li>• Anyone can get TB rich or poor and become unwilling host to bacteria</li> </ul>
<ul style="list-style-type: none"> <li>• Once you have TB you are doomed and cannot get treated</li> </ul>	<ul style="list-style-type: none"> <li>• TB treatment is freely available at government clinics, and correct treatment cures the vast majority of cases</li> </ul>



## Evaluation of Day 2

**Objectives:** Participants and trainers receive feedback from each other on content, process and working climate

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
16.45 - 17.00	How did participants and trainers find today's training?  For the next day: Recap of the day: purpose and methodology	Different participatory methods can be used. Examples can be found in the facilitator's manual  <b>Plenary:</b> Ask for volunteers		



**Recap**

**Objectives:** To summarize key learning points of the previous day and by doing so reinforce learning and program continuity

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.30 - 8.45	Key issues of the previous day	Participatory methods to be defined by the group of participants that is responsible for the recap		

**Session 6: Health Education**

**6.1 Objectives:** Participants are able to

- Identify their CSO's priority target groups for TB health education
- Present key lessons about health education for behavior change
- Develop, implement and evaluate a health education session for different target groups

Time: 3 hours 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.45 - 08.55	Session objectives, relevance, content, approach  CSO's Health education activities	<b>Plenary</b> Introduce the session  Link to session 2: CSOs activities in the field of health education and session 4: Stakeholders in TB control and their activities in health education	PPT with objectives	6.1. Objectives

Time	Content	Methodology	Trainers' materials	Participants' materials
8.55 - 09.25	<u>Health education for TB control</u> <ol style="list-style-type: none"> <li>1. Purpose <ul style="list-style-type: none"> <li>▪ Awareness raising</li> <li>▪ Information</li> <li>▪ Behavior change</li> </ul> </li> <li>2. Priority target groups <ul style="list-style-type: none"> <li>▪ Who are the risk groups?</li> <li>▪ Who lack information?</li> </ul> </li> <li>3. Key messages <ul style="list-style-type: none"> <li>▪ What is the most relevant information for these risk groups?</li> <li>▪ Clear, that can easily be understood and used in the context</li> <li>▪ Link to existing knowledge</li> <li>▪ Repeat the key messages</li> </ul> </li> </ol>	<p><b>Plenary</b> (5 minutes) Introduce the assignment</p> <p><b>Buzz Groups</b> (10 minutes) Discuss assignment 1 and write inputs on the flip charts (purpose, priority target groups, key messages)</p> <p><b>Plenary</b> ( 15 minutes) Discuss the results and add where needed</p>	3 Flip Charts: <ol style="list-style-type: none"> <li>1. Purpose</li> <li>2. Priority target groups</li> <li>3. Key messages</li> </ol>	6.2. Assignment 1: Health education for TB control

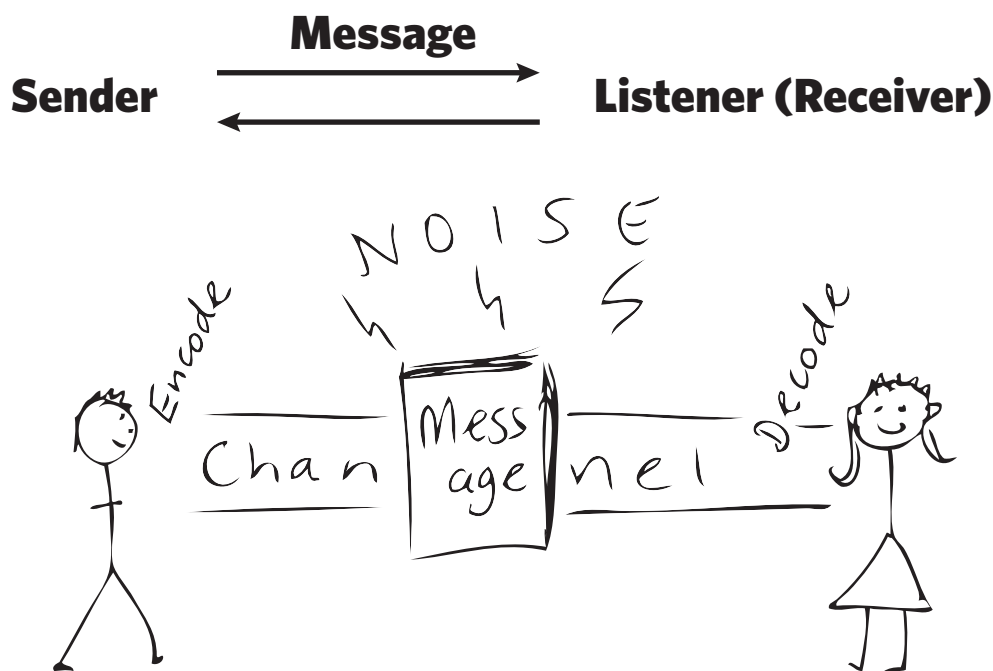
Time	Content	Methodology	Trainers' materials	Participants' materials
09.25 - 10.00	<p>Behavior change = ultimate goal</p> <p><u>Factors that enhance behavior change:</u></p> <ul style="list-style-type: none"> <li>▪ Knowledge</li> <li>▪ Recognize the message</li> <li>▪ Emotional touch</li> <li>▪ External support from peers</li> <li>▪ Own choice</li> <li>▪ Doable</li> <li>▪ Fear</li> </ul> <p><u>Factors that hinder behavior change</u></p> <ul style="list-style-type: none"> <li>▪ Stigma</li> <li>▪ Denial</li> <li>▪ Fear</li> <li>▪ Too complicated or expensive</li> <li>▪ Lack of knowledge</li> </ul> <p><u>Behavior Change Model:</u></p> <ul style="list-style-type: none"> <li>▪ Changing behavior is a long term process</li> <li>▪ Changes in knowledge, attitudes and practices are needed</li> <li>▪ People must be willing and be able to practice new behavior</li> <li>▪ Not a one way communication: not only sending messages but engaging people in discussions about the topic</li> </ul>	<p><b>Plenary</b> (5 minutes) Introduce the assignment</p> <p><b>Buzz Group</b> (5 minutes) Share a personal example of behavior change</p> <p><b>Plenary</b> (25 minutes) Share some experiences and list hindering and enhancing factors for behavior change.</p> <p>Present the behavior change model give practical examples of every step.</p>	Flip chart with Behavior change model	<p>6.3. Assignment 2: personal example of behavior change</p> <p>6.4. Behavior change model</p>
10.00 - 10.30	Coffee Break			

Time	Content	Methodology	Trainers' materials	Participants' materials
10.30 - 11.15	<p>Develop, implement and evaluate a health education session for different target groups</p> <p>Target Groups:</p> <ol style="list-style-type: none"> <li>1. Secondary school students</li> <li>2. Members of the women's groups</li> <li>3. DOTs providers</li> <li>4. Journalists</li> </ol> <p>A 10 minutes presentation</p> <p>Define characteristics of the target group, content, approach, IEC materials used</p>	<p><b>Plenary</b> (10 minutes) Introduce the assignment: Develop a health education session</p> <p><b>Sub Groups</b> (35 minutes) Divide the group in 4 subgroups, and assign a target group to every subgroup. Subgroups prepare their health education session</p>		<p>6.5. Assignment 3: Develop and implement a health education session</p> <p>IEC materials</p>
11.15 - 12.00	<p>Health Education Sessions</p> <p>Evaluation Criteria:</p> <ol style="list-style-type: none"> <li>1. Are content, methodology and IEC materials appropriate for the target group?</li> <li>2. How interactive is the session?</li> </ol>	<p><b>Sub Plenary Sessions</b></p> <p>There are 2 sub plenary sessions of 2 subgroups each. Every subgroup gives a 10 minute health education session and receives 5 minutes of feedback from the audience (the other subgroup). Then subgroup change roles Sub plenary defines lessons learned (10 minutes) to present in the plenary</p>		

Time	Content	Methodology	Trainers' materials	Participants' materials
12.00 - 12.20	<p><b>Lessons Learned</b></p> <p>1. Are content, methodology and IEC materials appropriate for the target group?</p> <p>2. How interactive is the session?</p> <p>Importance of interactive health education:</p> <ul style="list-style-type: none"> <li>a. Connect to target groups' knowledge, behavior , questions, willingness to change</li> <li>b. Involvement of target group = condition for change</li> <li>c. Learn more:</li> </ul> <p>You hear and you forget  You see and you remember  You do and you understand</p> <p>Communication model: sender, receiver, message and factors influencing the communication</p>	<p><b>Plenary</b></p> <p>Sub plenary groups present lessons learned</p> <p>Trainer summarizes and links the lessons learned to the communication model</p>		
12.20 - 12.30	<p>Reflection and Action</p> <ul style="list-style-type: none"> <li>▪ What are lessons learnt?</li> <li>▪ What can the CSO use for its action plan?</li> </ul>	<p>Mentee CSO members discuss together, mentors support them.  Mentee CSO members fill out their logbook.</p>		Logbook

## Background Information for the Trainer

### Communication process



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

Factors influencing communication are:

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

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

### 6.2 Assignment 1: Health education for TB control (10 minutes)

Discuss in buzz groups:

1. What is the purpose of health education for TB control?
2. Who are your priority target groups?
3. What are the key messages?

Write your answers on the different flip charts, only add that what is not on the flip chart yet.

### 6.3 Assignment 2: Personal example of behavior change

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

### 6.4 Behaviour Change

Behavior change is a process. People usually move through several intermediate steps before changing their behavior. These steps are:

**Pre-knowledgeable** - Is unaware of the problem or of their personal risk.

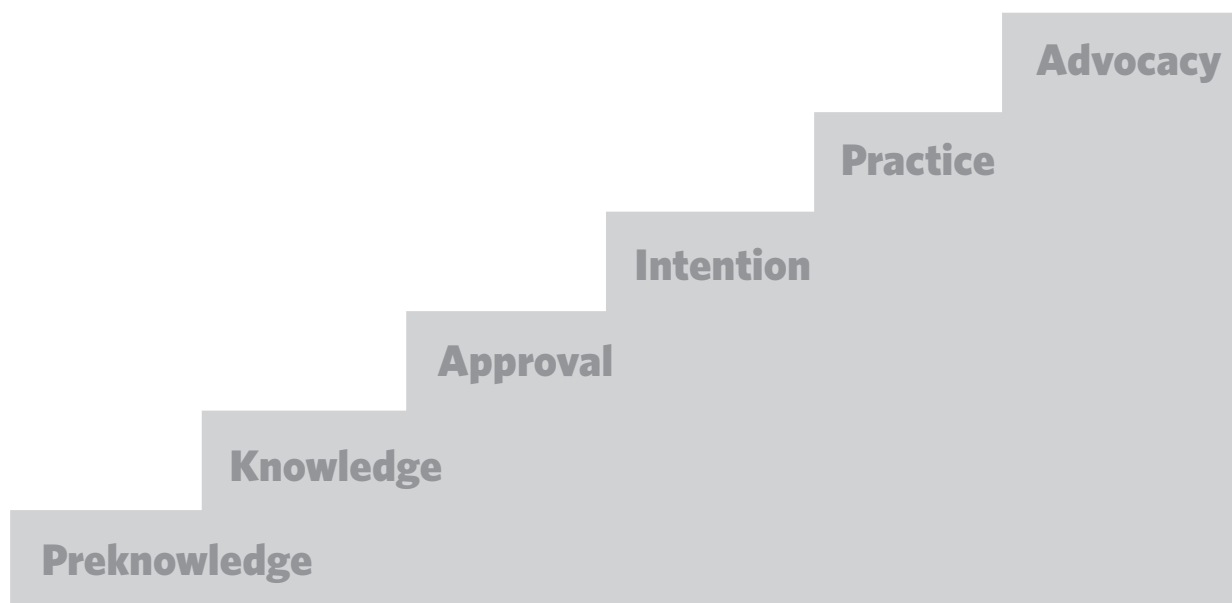
**Knowledgeable** - Is aware of the problem and knowledgeable about desired behaviors.

**Approving** - Is in favor of the desired behaviors.

**Intending** - Intends to personally take the desired actions.

**Practicing** - Practices the desired behaviors.

**Advocating** - Practices the desired behaviors and advocates them to others.



Behaviour-change communication aims to change knowledge, attitudes and practices among various groups of people. It frequently informs the public of the services that exist for diagnosis and treatment and relays a series of messages about the disease – such as “seek treatment if you have a cough for more than two weeks”, “TB hurts your lungs” or “TB is curable”. There is a simple rule with regard to communication: do it early, do it often, and don’t stop until the job is finished.

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

Behaviour-change communication creates an environment through which affected communities can discuss debate, organize and communicate their own perspectives on TB. It aims to change behaviour – such as persuading people with symptoms to seek treatment – and to foster social change, supporting processes in the community or elsewhere to spark debate that may shift social norms and/or eliminate barriers to new behaviour. People at different stages constitute distinct audiences. Thus, they usually need different messages and sometimes different approaches, whether through interpersonal channels, community channels, or mass media.

## **6.5 Assignment 3: Develop and implement a health education session**

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

1. The members of the female farmers' group in the district
2. DOTS providers in the district
3. Journalists in the province
4. Secondary School students

#### To Prepare

1. Describe the target group:
  - Why is this health education session relevant for them?
  - What do you expect them to know about TB?
  - What is their attitude towards TB?
2. Define the purpose of the health education session
3. Define the key content of the session
4. Define the methodology that you will use during the session (e.g. a talk, powerpoint presentation, ask questions, do a quiz etc.)
5. Which IEC materials will be used?

### **B. Implement the 10 minute health education session**

### **C. Ask the audience for feedback**



## Session 7: Social Mobilization

### 7.1 Objectives: Participants are able to:

- Define concept and purpose of social mobilization
- Present their CSO's social mobilization approach, the results and challenges faced
- Identify new allies to address TB challenges in their region

Time: 1 hour and 30 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
14.00 - 14.10	<p>Introduce the session: objectives, relevance, content and approach</p> <p>Introduce the subgroup work</p> <ol style="list-style-type: none"> <li>1. What is the purpose of community mobilization?</li> <li>2. Which social groups are active in your communities?</li> <li>3. How does you CSO mobilize the communities?</li> <li>4. What are the CSOs results with the community mobilization?</li> </ol>	<p><b>Plenary</b></p> <p>Introduction with PPT</p> <p>Introduce the assignment: Purpose, activities, results and challenges of community mobilization.</p> <p>Methodology: Every table has 1 flip chart on one of the topics addressed. Share within the group and summarize on the flip chart. Give the flip chart to the next table and work on the 2nd flip chart. etc.</p>	<p>PPT with objectives and program of the day</p> <p>Flip Charts On each flip chart a question to be discussed</p>	<p>7.1. Objectives</p> <p>7.2. Assignment 1</p>

Time	Content	Methodology	Trainers' materials	Participants' materials
14.10 - 14.40	<p><u>1. Purpose of Social Mobilization</u></p> <ul style="list-style-type: none"> <li>▪ Empower communities</li> <li>▪ Solve social problems</li> <li>▪ Improve services</li> </ul> <p><u>2. With whom?</u> Which social groups are active in your communities?</p> <p><u>3. How to mobilize the communities</u></p> <ul style="list-style-type: none"> <li>▪ Participate in all stages from planning, decision making to implementation</li> <li>▪ Build capacity of communities</li> <li>▪ Develop leadership</li> <li>▪ Start with communities concerns</li> <li>▪ Have short term visible results</li> </ul> <p><u>4. Results of community mobilization</u></p> <ul style="list-style-type: none"> <li>▪ Improved services</li> <li>▪ Better health outcomes</li> <li>▪ Cohesion</li> </ul> <p><u>5. Challenges of community mobilization</u></p> <ul style="list-style-type: none"> <li>▪ Create long term commitment</li> <li>▪ Limited number of active volunteers</li> <li>▪ Jealousy</li> </ul>	<p><b>In subgroups</b> (15 minutes) Work on the flip charts Trainers gives a signal when flip charts turn around</p> <p><b>Plenary</b> (15 minutes) Discuss the flip charts, wrap up and present some key messages</p>	PPT with key messages	7.3. Defining Social Mobilization

Time	Content	Methodology	Trainers' materials	Participants' materials
14.40 - 15.20	Expanding number of allies <ul style="list-style-type: none"> <li>▪ What challenges in TB prevention and care?</li> <li>▪ Which allies?</li> <li>▪ How to get allies on board?</li> </ul>	<p><b>Plenary</b> (10 minutes)            Discuss the need for new allies. Fill in together the table "identifying new allies" with an example from the group.</p> <p><b>In buzz groups</b> (15 minutes)            Identify one or two new allies</p> <p><b>Plenary</b> (15 minutes)            Share the examples and summarize conclusions</p>		7.4. Assignment 2: identifying new allies
15.20 - 15.35	Tea Break			

### 7.2 Assignment 1: Community mobilization approaches (15 minutes)

Discuss the topic that is on the flip chart and write your inputs down. Give the flip chart to the next table when indicated to by the trainers.

Topics:

- Purpose of Community Mobilization
- Which social groups are active in your communities?
- How the CSOs mobilize the communities?
- CSO's results with Community Mobilization
- What are the challenges you meet in community mobilization?

### 7.3 Defining Social Mobilization

Social mobilization is a process of engaging all sectors of the population in a community-wide effort to address health, social or environmental issues. It brings together policy makers and opinion leaders, local, state and national governments, professional groups, religious groups, businesses, and individual community members.

Social mobilization empowers individuals and groups to take some kind of action to facilitate change. Part of the process includes mobilizing necessary resources, disseminating information, generating support, and fostering cooperation across public and private sectors in the community. Anyone can initiate a community mobilization effort - the TB staff of local or district health departments, Community-based organizations (CBOs), or concerned physicians and other health professionals. All it takes is one person or a group to start the process and bring others into it.

### 7.4 Assignment 2: Identifying New Allies

	What is the problem or challenge?	Which change is needed?	What is your target?	Who can be your social mobilizer (agent of change)?	How to get the new allies on board?
1.	High defaulter rate among at risk slum dwellers	Special attention through home visits by treatment supporters, inclusion in state special benefit scheme	Provide social treatment supporters and guide patients to Ministry of Welfare procedures	Church members, Women's groups	
2.					
3.					

## Session 8: Advocacy in TB Control

### 8.1 Objectives: Participants are able to:

- Present the concept of advocacy and its relevance for their CSO
- Identify advocacy action points and advocacy target groups to face the TB challenges
- Present the golden rules for effective advocacy

**Time:** 1 hour

Time	Content	Methodology	Trainers' materials	Participants' materials
15.35 - 15.45	<p>Session objectives, relevance and content</p> <p>Defining advocacy</p> <p>How can it contribute to your work as CSO?</p>	<p><b>Plenary</b></p> <p>Introduce the session</p> <p>Interactive discussion on advocacy concept and experiences</p>	PPT: objectives	<p>8.1. Objectives</p> <p>8.2. Defining Advocacy</p>
15.45 - 16.15	<ol style="list-style-type: none"> <li>1. Define the TB challenge</li> <li>2. Define the advocacy points</li> <li>3. Identify the decision makers you need to address your advocacy to</li> </ol>	<p><b>Plenary</b> (5 minutes)</p> <p>Give some examples and introduce the assignment.</p> <p><b>Buzz Group</b> (10 minutes)</p> <p>Work on the assignment with your neighbor</p> <p><b>Plenary</b> (15 minutes)</p> <p>Share in plenary the buzz group results and write some examples on flip chart</p>		<p>8.3. Assignment: Defining a TB challenge and Advocacy points</p>

Time	Content	Methodology	Trainers' materials	Participants' materials
16.15 - 16.35	Components of an effective advocacy strategy <ol style="list-style-type: none"> <li>1. Clear and relevant advocacy points addressing priority challenges</li> <li>2. Target groups that can address these advocacy points</li> <li>3. Long term relationships building</li> <li>4. Interactive communication</li> </ol>	<p><b>Plenary</b> (10 Minutes) Share golden rules for advocacy approaches</p> <p><b>Individual</b> (5 minutes) Every participant writes down 1 or 2 advices to his/her organization to improve its advocacy.</p> <p><b>Plenary</b> (5 minutes) Share some advice</p>	Sources: TB/MDR-TB Advocacy toolkit Advocacy partnership: www. advocacypartnership.org	8.4. Advocacy strategy
16.35 - 16.50	Reflection and action <ul style="list-style-type: none"> <li>▪ What are lessons learnt of the afternoon sessions?</li> <li>▪ What can the CSO use for its action plan?</li> </ul>	Mentee CSO members discuss together, mentors support them. Mentee CSO members fill out their logbook.		Logbook

### 8.2 Defining advocacy

Advocacy has many definitions, but one is: "Advocacy is a process to bring about change in the policies, laws and practices of influential individuals, groups and institutions" It is a process of change, a series of activities linked to a defined goal. It can take many forms, written, spoken, sung or acted and it can vary also in time (few minutes to several years). Example: CSOs holding a press conference or jointly signing an open letter; meeting with country's Minister of Health, drama about patient rights' performed for key decision makers, etc. Advocacy is a key activity for civil society as influencer and watchdog, ensuring that governments and stakeholders keep their word.

### 8.3 Assignment: Identifying advocacy points and decision makers

Discuss in buzz groups the following questions and share them in plenary:

- Identify one of the TB challenges defined in the previous session (Social Mobilization).
- Define the advocacy point
- Define the decision makers you need to address your advocacy to.

### 8.4 Advocacy Strategy

An effective advocacy strategy has the following components:

1. Clear and relevant advocacy points addressing priority challenges
2. Target groups that can address these advocacy points
3. Long term relationships building
4. Interactive communication

#### 8.4.1 Clear and relevant advocacy points

To define the advocacy points, you first need to identify the major TB challenges. Here are some examples:

##### *Challenge 1:*

Laboratories for sputum microscopy are only in bigger health centers due to lack of lab personnel at lower levels, and limit access to early diagnostics.

##### *Advocacy Point:*

Create laboratory positions at decentralized labs in order to do TB microscopy.

##### *Challenge 2:*

Migrant and oftentimes illegal workers are not having access to (TB) services as they do not have the identity card which entitles them to public services.

##### *Advocacy Point:*

Facilitate access to free diagnostic and TB care for this vulnerable group.

#### 8.4.2 Target groups that can address these advocacy points

Identify the individuals and/or organizations that can make change the advocacy points. These may be people/organizations that have control over financial or human resources, political decision making etc.

#### 8.3.3 Long term relationship building

Advocacy means also investing in long term relationships, to build trust and commitment so that organizations/individuals are willing to use their power to facilitate change.

#### **8.4.4 Interactive Communication**

1. Find out who the person is: interests, what they are committed to, history..
2. Relate to them as a human being, not as an institution
3. Find common ground
4. Acknowledge them
5. Ask what they need to help move the cause forward, offer to help
6. Be polite
7. Have clear, concise, positive messages
8. Inspire them with your passion (not your anger)
9. Follow up on agreed actions (including your own)
10. Keep your promises (as a model for them)
11. Generate genuine partnerships
12. Work with patient advocates

Advocacy partnership: <http://www.advocacypartnership.org>



## Evaluation of Day 3

Objectives: Participants and trainers receive feedback from each other on content, process and working environment

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
16.45 - 17.00	How did participants and trainers find today's training?  For the next day: Volunteers to do the Recap	Different participatory methods can be used. Examples can be found in the facilitator's manual  <b>Plenary</b> Ask for volunteers to do the recap tomorrow morning		

**Recap**

**Objectives:** To summarize key learning points of the previous day and by doing so reinforce learning and program continuity

Time: 15 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.30 - 8.45	Key issues of the previous day	Participatory methods to be defined by the group of participants that is responsible for the recap		

**Session 9: Funding in TB control**

**9.1 Objectives:** Participants are able to:

- Give an overview of funding possibilities for CSO activities in TB control
- Present the Global Fund mechanism
- Identify their organization's opportunities to participate in GF proposal writing

Time: 1 hour and 30 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
08.45 - 08.55	Program of the day  Session objectives	<b>Plenary</b> Present the program of the day Present the session	PPT: objectives	9.1. Objectives

Time	Content	Methodology	Trainers' materials	Participants' materials
08.55 - 09.40	Funding of participating CSOs: 1. Current situation: <ul style="list-style-type: none"> <li>▪ Current funding sources</li> <li>▪ Funding challenges met</li> </ul> 2. Coming 5 years: <ul style="list-style-type: none"> <li>▪ Funding ambitions</li> <li>▪ Funding opportunities identified</li> <li>▪ Funding challenges</li> </ul>	<b>Plenary</b> (5 minutes) Introduce assignment 1: CSOs to make an overview of current and future funding sources and funding challenges.  <b>Subgroup</b> (15 minutes) Presentation of each CSO  <b>Plenary</b> (15 minutes) Presentations  <b>Plenary</b> (5 minutes) Summary on Funding sources, ambitions and challenges	Example on a flip chart with the funding sources and funding challenges	9.2. Assignment 1: Overview of current and future funding sources and funding challenges
09.40 - 10.00	Need for information on funding possibilities. Prepare the panel interview	Every CSO prepares the plenary interview: all questions to ask to the panel about funding in TB control. The mentoring organization supports the mentee organization		9.3. Assignment 2: Prepare the interview
10.00 - 10.30	Coffee Break			

Time	Content	Methodology	Trainers' materials	Participants' materials
10.30 - 11.15	<p>Topics for the interviews:            Funding opportunities            Funding mechanisms            How to participate in Global Fund mechanism</p> <p><b>CSO's strategies to address their funding challenges:</b></p> <ol style="list-style-type: none"> <li>a. Perform as an organization (annual plan, staff/volunteers with clear tasks/responsibilities, financial management, annual report)</li> <li>b. Have a good network and access to funding organizations</li> <li>c. Be informed about funding mechanisms</li> <li>d. Staff that is competent to write proposals, annual reports</li> </ol>	<p><b>Plenary</b>            Expert panel to answer questions raised by participants.            One CSO asks a question, one or two panel members answer etc.</p>		
11.15 - 11.30	<p>Reflection and action:</p> <ul style="list-style-type: none"> <li>▪ What are lessons learnt of the previous session</li> <li>▪ What can the CSO use for its action plan?</li> </ul>	<p>Mentee CSO members discuss together, mentors support them.            Mentee CSO members fill out their logbook.</p>		Logbook

### 9.2 Assignment 1: Current and future funding sources and funding challenges

Make an overview (on a flip chart) of your CSO's current funding sources and your ambitions for the coming 5 years. Present the overview in plenary.

<p><b>Name of the CSO:</b></p> <p><b>1. Current situation</b></p> <p><i>Funding sources</i></p> <p><i>Funding challenges met</i></p> <p><b>2. The coming 5 years</b></p> <p><i>Funding ambitions (Do you want to grow? How much?)</i></p> <p><i>Funding opportunities for the coming 5 years (which funding sources could you access?)</i></p> <p><i>Funding challenges expected</i></p>
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### 9.3 Assignment 2: Prepare the interview

Identify all questions related to CSO's funding for TB control, you would like to ask the panel.

## Session 10: Annual Action Plan

**10.1 Objectives:** Participants are able to:

- Develop a draft annual action plan for their organization
- Identify their role in the finalization and implementation of this plan
- Identify the organization's support needed for the finalization and implementation of this plan
- Use the monitoring and reporting tool

Time: 3 hours

Time	Content	Methodology	Trainers' materials	Participants' materials
11.30 - 11.40	Introduction of the session: Objectives, Content , Approach	<b>Plenary</b> Present the session	PPT slides	10.1 Objectives
11.40 - 12.00	<p><u>Annual Action Plan:</u></p> <p>A. To develop the organization's capacity B. To implement TB control activities</p> <p><u>Components of the annual action plan</u></p> <ul style="list-style-type: none"> <li>• The organization's ambitions</li> <li>• The planning</li> <li>• How to finalize the action plan</li> <li>• Trainees' role in finalization of the action plan</li> <li>• Support needed to finalize and implement the plan</li> </ul> <p><u>Make use of</u> The SWOT analysis, Stakeholders' analysis, Logbook</p> <p><u>Role of the mentoring organization</u> Mentor gives support to the mentee organization in developing the annual plan. Practice the mentoring role</p> <p><u>Presentation of the plan</u> Present the plan to one of the other CSOs and receive feedback</p>	<b>Plenary</b> Introduction of the assignment	PPT slides	10.2 Assignment to develop an annual action plan

<b>Time</b>	<b>Content</b>	<b>Methodology</b>	<b>Trainers' materials</b>	<b>Participants' materials</b>
12.00 - 12.30	Develop the CSO's draft annual plan	<p><b>Subgroups</b> Participants work in groups per CSO + one mentor to develop their annual action plan.</p> <p>Develop a presentation on flip chart or PPT.</p>		
12.30 - 14.00	Lunch			
14.00 - 14.30	Develop the CSO's draft annual plan (Continued)	<p><b>Subgroups</b> Continue group work</p>		
14.30 - 15.30	Presenting annual plan Feedback	<p><b>Sub plenary sessions</b> To present the CSO's annual plan to one of the other groups. Discussion and feedback to improve the action plan.</p>		
15.30 - 15.45	Tea Break			

Time	Content	Methodology	Trainers' materials	Participants' materials
15.45 - 16.15	<p>Monitoring implementation and reporting</p> <p><u>1. Why monitoring is important</u></p> <p>a. To adjust planning b. To learn and improve</p> <p><u>2. Develop a monitoring plan</u></p> <p>a. Who is responsible? b. Which tool to use? c. What is the monitoring frequency? d. What to do with the monitoring information?</p> <p><u>3. Reporting</u></p> <p>Why: to keep us informed → improve support to the CSOs &amp; accountability to donors To whom: Country project responsible &amp; mentoring organization How: Use reporting tool When: Every quarter Date of First Report</p>	<p><b>Plenary</b></p> <p>Present with PPT and discuss with the group</p>	PPT	10.3. Monitoring and reporting implementation
16.15 - 16.30	Way forward: Hopes and Fears	<p><b>Plenary</b></p> <p>Trainers ask participants for (1) Fears and (2) Hopes in finalizing the action plan</p>		



**10.2 Assignment to develop an annual action plan (60 minutes)**

Develop a draft action plan for your CSO for the coming year. The action plan needs to include (1) key activities in TB control and (2) developing the organization's capacity so that it will be able to contribute to TB control in your district/state.

This draft action plan needs to be discussed and developed further with your organization's team. Present the draft action plan to one of the other organizations (10 minutes) and ask for feedback (20 minutes).

**1. Define your CSO's ambitions for the coming year**

1.1 To build its organizational capacity

In which fields the organization's capacity needs to be built? Go back to the SWOT analysis and the stakeholders' analysis to identify your organization's weaknesses and to your logbook to use the suggestions developed during training course

1.2 To implement TB control activities

What tasks and responsibilities your organization will take up in the field of TB control? Make use of the ideas in your logbook.

**2. Develop an action plan (A) to build the organization's capacity**

Identify the activities needed to build the organization's capacity, the target group, when these activities will take place, who is responsible for this activity, if funding is needed and available.

Activity	Target group	When this activity takes place	Who is responsible for this activity	Funding needed yes/no	Funding available yes/no

**3. Develop an action plan (B) to implement TB control activities**

Identify the TB control activities to be implemented in the coming year, when these activities take place, who will be involved in the implementation of these activities, who is responsible for this activity, if funding is needed and if funding is available

Activity	Target group	When this activity takes place	Who is responsible for this activity	Funding needed yes/no	Funding available yes/no

#### **4. Finalize the action plan**

- 4.1. How and when do you plan to finalize this action plan (A+ B) ?
- 4.2. What is your role in the finalization of this action plan?
- 4.3. What support (from the mentoring organization and others) is needed in the development and implementation of this action plan?

### **10.3 Monitoring and reporting implementation**

#### **1. The organization's monitoring system**

Decide within your organization how to monitor the implementation of your annual action plan:

- a. Who is responsible for this?
- b. Which tool to use?
- c. What is the monitoring frequency?
- d. What to do with the monitoring information?

#### **2. Reporting**

Every mentee CSO makes a quarterly mentoring progress report and sends this to the country project coordinator and the mentoring organization on the dates given.

**Mentee Organization's Report**

Send to the Country Project Coordinator and the mentoring organization (Indicate the dates):

Name of the mentee organization:

Quarter:


**A. Activities and Progress**

TB control activities carried out	Please list the activities here:
Progress made in your organizational performance	Please list your progress here:
What were your challenges?	Please list your challenges here:

**B. Action Plan**

Have you implemented your action plan A in this quarter?	Which activities of your action plan A did you implement in this quarter?
	Which activities of your action plan A did you not implement this quarter?
	Which activities did you implement that are not in your action plan?

<p>Have you implemented your action plan B in this quarter?</p>	<p>Which activities of your action plan B did you implement in this quarter?</p>
	<p>Which activities of your action plan B did you not implement this quarter?</p>
	<p>Which activities did you implement that are not in your action plan?</p>
<p>What were the most important lessons that you learned?</p>	

## Session 11: Course Evaluation

Objectives: Participants evaluate the training

Time: 30 minutes

Time	Content	Methodology	Trainers' materials	Participants' materials
16.30 - 17.00	<ol style="list-style-type: none"><li>1. Importance of a training evaluation</li><li>2. Evaluation form</li><li>3. Information on mentoring workshop and stakeholders' meeting</li><li>4. Plenary closing</li></ol>	<p><b>Plenary</b> Explain the relevance and form of the final training evaluation.</p> <p><b>Plenary</b> Participants fill in evaluation form</p> <p><b>Plenary</b> Information on the next 2 workshop days</p> <p><b>Plenary Closing</b> By trainers</p>		Evaluation Form

## Participants' Materials

### Participants' Feedback Sheet

This feedback sheet has 2 components:

- A. To be filled in by all participants individually
- B. To be filled in per CSO

#### A: Individual feedback

Please rate (for every session) what you thought of the content and of the methodology. Write the numbers in the table behind the name of the session.

**Excellent**

5

**Good**

4

**All right**

3

**In need of improvement**

2

**Poor**

1

Title of Session	The content was...	The methodology was...
1. Introduction		
2. Presenting your organization		
3. TB and TB control		
4. TB, stigma and human rights		
5. Stakeholders in TB control		
6. TB health education		
7. Social Mobilization for TB control		
8. Advocacy for TB control		
9. Funding for TB control		
10. Action Planning		

Overall, did you learn in these four days what you needed to learn? (Please explain)

Which topics would you have liked to cover in the training that were not covered?

Which topics should have received more time?

Which topics could have been covered in less time?

Is the training material comprehensive enough? What should be added or removed?

Can the clarity of the training materials be improved? Yes / No (please circle your answer)

If yes: How

To what extent have you achieved your personal objectives for this training?

Fully	5	4	3	2	1	Not at all
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What is your overall rating of this training program?

Excellent	5	4	3	2	1	Poor
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Make any comments on your ratings that you feel will be of help to the designers of this training program.

**B: To fill in per organization**

Indicate with an X what type of organization you are:

Mentoring Organization	
Mentee Organization	

Please circle the score that most closely represents your views.

1. To what extent have you developed your knowledge and skills to contribute to TB control activities?

A lot	5	4	3	2	1	Not at all
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2. To what extent have you developed your knowledge and skills to build the capacity of your organization or to build the capacity of the mentee organizations?

A lot	5	4	3	2	1	Not at all
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3. To what extent have you developed your knowledge about the stakeholders in TB control?

A lot	5	4	3	2	1	Not at all
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4. To what extent would you recommend others with similar needs to your own to attend this training?

Could you explain why?

## 6. Methods for evaluation at the end of the training day

### 1. Evaluation line

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

#### Objectives

- To evaluate the training course
- To share this with other participants and trainers

#### Materials and Setting

An open space is needed where people can make a line.

A tape line on the floor indicated - and +

#### Design/steps

- Ask participants how they rate the the training/the module/the session. Participants position themselves on the line from - to +
- Participants discuss with other participants their positioning and if necessary reposition. It is important that in this stage participants share arguments
- When the line is definite, the facilitator invites some participants to explain their position.

#### Time

Introduction: 2 minutes

Making the line: 5 minutes

Plenary sharing: 5 minutes

#### Variation

Ask different questions, e.g.: How much did you learn? How did you find the facilitation?

### 2. Smiles

A quick exercise to measure participants' appreciation at the end of a session/day

#### Objectives

- To give feedback to trainers and integrate this feedback in the follow-up

#### Materials and Setting

A flip chart with smiles and markers

#### Design/Steps





- Participants give their feedback on the session/the workshop, by putting an X next to the appropriate smiley
- You could use alternative smilies to have more nuances in the scores.

#### Time

Introduction: 1 minute

Individual writing: 5 minutes



How do you rate the..	Content	Methodology
		
		
		
		

### 3. Papers in the Hat

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

#### Objectives

- To give feedback to trainers and integrate this feedback in the follow-up

#### Materials and Setting

A container (hat) and small pieces of paper

#### Design/Steps

Define the evaluation questions; e.g.

- What are your main learning points?
- What are your main eye openers of today's program?

#### Time

Introduction: 1 minute

Individual writing: 5 minutes

Reading the results: 10 minutes

#### Variation

Give 2 cards of different colors and 2 different questions, e.g. a question on today's program and a recommendation for the next day.