

# ENGAGE-TB

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

## Training of community health workers and community volunteers

### Facilitators' guide



World Health  
Organization

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## Declarations of interests

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

The following interests were declared:

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

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## Acronyms

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<b>CHW</b>	community health worker
<b>CV</b>	community volunteer
<b>NGO</b>	nongovernmental organization
<b>TB</b>	tuberculosis

### Community health workers

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

### Community volunteers

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



## Preamble

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

It is important for facilitators to be familiar with the content of the training course. For this reason, they are advised to print, read and keep a copy of the ENGAGE-TB implementation manual<sup>1</sup> with them, as it provides fuller explanations on each topic.

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

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

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

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

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

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

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