

ENGAGE-TB

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

Training Manual

**Curriculum and
Facilitators' Guide**

June 2014



**World Health
Organization**

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Declarations of interests

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

Meshack Ndirangu declared that during the past three years he held a position where he represented interests related to the subject of this publication.

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Acronyms and abbreviations

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

Preamble

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

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

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

PART A: THE TRAINING CURRICULUM

1.0 INTRODUCTION

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

1.1 Background

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

Almost 80% of TB cases among people living with HIV are in Africa. TB is the main cause of illness and death for people living with HIV. About one quarter of deaths of people with AIDS are linked to TB. At least one third of people with HIV also have latent TB, and they have a much higher risk of developing active TB disease. Intensified efforts to diagnose persons with multidrug-resistant TB, to enrol them on treatment, and to improve treatment outcomes are urgently needed. In addition, TB is linked to chronic diseases such as diabetes and factors that lead to ill health, such as tobacco and drug use, alcoholism and malnutrition. These are often associated with poverty, crowded living conditions and poor access to basic hygiene measures. Pregnant women and young children are also very vulnerable to TB.

1.2 Purpose of the training

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

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