



TB HIV Training for Village Health Volunteers



Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria



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INTRODUCTION

- TB is a burden in the whole world as well as South Sudan
- Sudan is 17th among the 22 countries in the Eastern Mediterranean Region (EMR)
- There has been an increase from 45,221 TB cases in 1990 to 93,808 in 2007
- TB affects all ages but it is worse between 15 to 49 years
- 15 - 20% of all TB patients in Southern Sudan have HIV
- TB is the commonest cause of death among People Living With HIV/AIDS (PLWHAs)
- TB is preventable and curable if medicines are taken correctly.
- Your support and contribution is necessary for community sensitization to help in TB control

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GENERAL HEALTH

- Find out the different communities in the meeting.
- Ask: What are common greetings in your community-in different local languages?
- Ask pairs of volunteers with same language to come forward and role-play an extended greeting that includes an enquiry about their health.

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TB DEFINITIONS: MEANINGS OF WORDS DESCRIBING DISEASE

- **A symptom** is what one complains of but cannot be seen or felt by another person. It may indicate an illness.
- **A sign** is what can be seen or felt both by the patient and another person.
- Wellness (Health) is a state of physical, mental, spiritual, and social wellbeing and not merely the absence of disease.
- If one can accept that signs or symptoms suggest illness, then he or she may seek quick medical intervention.

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DIFFERENTIATING SIGNS AND SYMPTOMS

- Use the greeting exercise as recorded on flip chart to differentiate for participants.
- Insert examples in the table.

Signs	Symptoms

UNDERSTANDING TUBERCULOSIS

- Participants work in two's to give the answers to these questions – 10-15 minutes
- What is TB? What causes it? How does it spread?
- Difference between TB disease and TB infection? 2 or more groups of 2 people each.
- Who is at risk of getting TB?
- Which parts of the body does TB affect? Which parts does it not affect? Why?

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PRESENTING REPORT FROM THE EXERCISE

- Ask every participant to say TB in their mother tongue – record on flip chart
- Each group takes 5 minutes to present their answer and respond to questions from the participants

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TB HAS EXISTED

Ethnic community/ Type of TB disease	TB lungs	TB glands	TB bones
Dinka	Tuany hôl or Weth puôu	Weth Gueng	Weth adul
Nuer			
Arabic	Ghôa		
Atuot	Ahal		

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BASIC FACTS

- TB is an airborne disease
- It is caused by bacteria called *Mycobacterium tuberculosis*.
- A word for TB has existed and still exists in all languages in Southern Sudan

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**THERE IS A
DIFFERENCE
BETWEEN TB INFECTION
AND TB DISEASE**

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TB INFECTION

- People can be infected with TB germs but not feel sick because their immune system is able to fight the germs.
- TB infection means that someone has TB germs in his or her body.
- People who are infected with TB germs but are not sick cannot spread the disease to other people.
- Some people who have a TB infection are healthy. Most people with a TB infection who have a healthy immune system will never become sick with TB.
- This does not usually require treatment

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TB DISEASE

- The disease develops when the immune system can no longer fight the TB germs, and the germs begin to multiply.
 - Examples of causes of low immunity include:
 - Infection with HIV
 - Chronic diseases like diabetes and cancer
 - Malnutrition
 - Very young babies and old people
- When this happens, people start to feel sick.
- The most common reason why people develop TB disease is a weak immune system, especially when they are infected with HIV.

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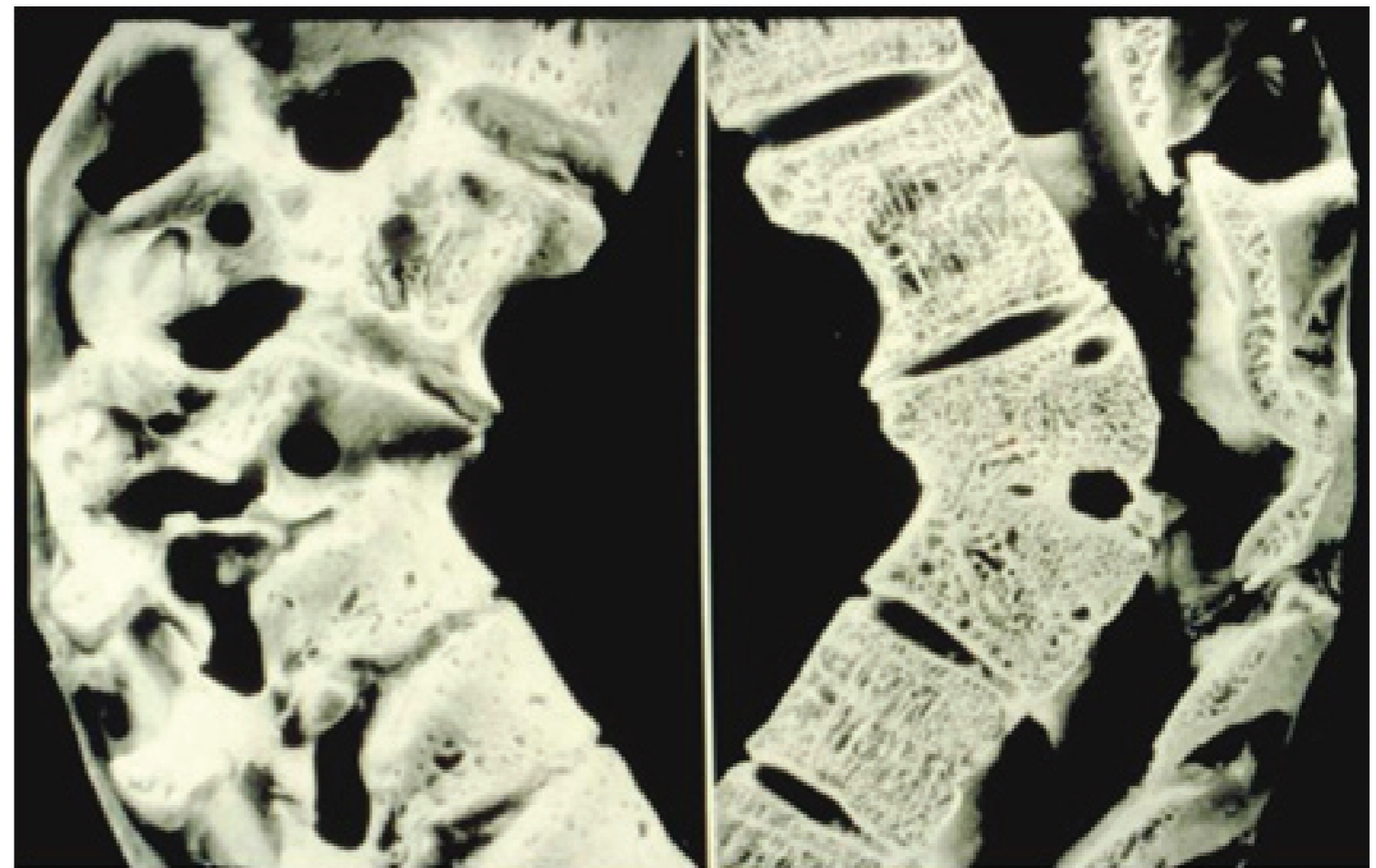
PARTS OF THE BODY AFFECTED BY TB DISEASE

- Commonly the Lungs – 80%
- But ANY part of the body can be affected except:
 - Hair
 - Nails
 - Teeth
- Why not affected? THESE ARE DEAD CELLS

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OTHER PARTS OF BODY AFFECTED BY TB

- Lymph nodes
- Bones e.g. spine
- Skin
- Intestines
- Covering of the heart
- Reproductive system e.g. orchitis, ovaries, uterus
- Covering of the brain - meninges



*Kastert J, Uehlinger E. In: Handbuch der Tuberkulose, vol 4, p 461
Hein J, Kleinschmidt H, Uehlinger E (eds). Thieme, Stuttgart, 1964
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PEOPLE AT RISK OF GETTING TB DISEASE

- People of all ages can develop TB disease
- People with TB infection who have a weak immune system are most at risk of becoming sick with TB (developing TB disease)
 - People Living With HIV and AIDS,
 - Chronic diseases like diabetes and cancer,
 - malnutrition,
 - Heavy smoking and alcoholism
 - Children under five years old and elderly people have a much higher chance of becoming sick with TB disease
 - Medicines that reduce immunity e.g. cancer medicines

NB: Their bodily defenses are not strong enough to resist TB infection becoming TB disease

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BASIC FACTS CONT...

- In 2007, there were 93,808 TB patients treated in Sudan. These patients are spread throughout the country, but some areas have more of the patients than others. Of all the TB cases reported the Northern Sudan reports 80% and the Southern 20%.
- Larger towns, cattle camps, flood camps and army barracks have a unique lifestyle and heavy population leading to overcrowding and therefore easy spread of the disease.
- TB is a contributing factor to poverty, leading to a cycle of “ill health and poverty”.

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HOW TB DISEASE IS SPREAD

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TB DISEASE SPREADS LIKE PLANT SEEDS

- Group work – 20 minutes. Write on flip chart
- How does a plant disperse its seeds? Give names of local plants and how their seeds are dispersed. 2 groups
- List diseases that are spread in a manner similar to seeds? Give some examples of different diseases and how they are spread. 2 groups
- Report from group work – 10 minutes each

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HOW TB IS SPREAD

- TB spreads easily from one person with TB disease to another without TB disease.
- When a person with TB disease coughs, spits, laughs or sneezes without covering his or her mouth, people nearby can breathe in the air that contain the germs.
- The germs can remain in the air for long periods of time.
- The TB germs can survive in the dark for a long time. Direct sunlight kills TB germs in five minutes
- Overcrowding and poor ventilation are particularly risky.



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HOW TB IS NOT SPREAD

- You cannot get TB germs from:
 - Inheriting from your parents
 - shaking hands with people suffering TB disease
 - sharing drinking containers or utensils, cigarettes with people suffering TB disease
 - sexual contact
 - Some types of food and water
 - blood transfusion
 - from mosquito bites.



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UNDERSTANDING SIGNS AND SYMPTOMS OF TB

- Volunteers demonstrate examples of different types of coughs. After each volunteer has demonstrated a cough, other participants describe that cough.
- Brain storming – record on flip chart
- Are all coughs caused by the same illness? Is it possible to identify an illness by listening to the cough? What are the different types of illnesses whose symptoms include a cough? What does a cough produce?
- What are the signs and symptoms of TB?

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BASIC FACTS ABOUT CAUSES OF COUGH

- There are many causes of a cough. These may include:
 - allergies,
 - pneumonia,
 - asthma,
 - bronchitis,
 - foreign body along the airway and
 - TB among others.
- The cough due to TB does not go away with over-the-counter medicine.

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SIGNS AND SYMPTOMS OF TB DISEASE

- Coughing for more than two weeks.
- Sputum containing blood.
- Chest pain.

- Difficulty in breathing.
- Fever.
- Sweating at night, even when the weather is cold.

- Losing weight.
- Loss of appetite.
- Tiredness.

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**SIGNS AND SYMPTOMS OF TB
OUTSIDE THE LUNGS DEPENDS
ON THE SITE AFFECTED
E.G. LYMPH NODE TB**



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TRUE AND UNTRUE STORIES ABOUT TB

- Group work – 10 minutes. All groups to answer the 3 questions.
- In your local community, what do people believe as the cause of TB?
- What is the belief on the spread of TB from one person to another?
- What do you think about the beliefs?
- Report presentation – 10 minutes each. Discuss all identifying truths and untruths.

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CORRECTING UNTRUE STORIES ABOUT TB

- TB is well known to have a cause that is a bacteria. Therefore:
- TB is not a taboo
- TB is not hereditary (i.e. it does not run in the family)
- TB is not sexually transmitted
- TB is not brought about by witchcraft
- TB is not transmitted from an infected mother to her unborn child during pregnancy
- TB is not caused by trauma/injury to the chest.
- TB is not got from doing heavy work, exposing to cold weather or insect/mosquito bites

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DIAGNOSIS AND TREATMENT OF TB

- Group work – 30 minutes then 10 minutes each for presentations
- Group 1
- What would you do if you had a cough?
- What would you do if the cough lasted for one week?
- What would you do if the cough lasted for two weeks?
- What would you do if you coughed up blood?

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GROUP 2

- Why would some people delay seeking early diagnosis for TB?
- What are some practical solutions to the reasons you have given? Indicate who should offer the solution e.g. patient, community, government, health worker.

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GROUP 3

- What tests are done to suspected TB patient?
- What is the cost?
- List reasons why it is necessary for TB disease to be detected early.
- List reasons why it is necessary for detected TB patients need to be treated early

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TB DIAGNOSIS AND TREATMENT: BASIC FACTS

- Confirmation of TB disease is by having sputum examined in a laboratory
- TB is curable. Drugs taken according to weight.
- Diagnosis and treatment is free in GoSS, NGOs
- TB drugs are a combination of many tablets taken for 6 or 8 months. Treatment must be regularly taken daily and completed
- Treatment support (DOT-support) is necessary and can be done by Community Health workers, Village Health Volunteer, family member, etc.



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BASIC FACTS CONT...

- Coughs that are caused by bacteria other than TB respond to antibiotics.
- Other coughs respond to cough suppressants or antihistamines.
- Coughs due to TB persist despite these remedies and need specific treatment.
- The test and treatment for TB is free in government, mission, and many recognised institutions run by NGOs
- Early diagnosis and prompt treatment is very important in cutting the chain of transmission.
- Sputum smear microscopy is the most useful and cost-effective diagnostic tool in Southern Sudan. It is possible to detect most smear positive cases of pulmonary TB using sputum smear microscopic examination in your nearest facility.

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HOW TO GET THE SPUTUM FOR EXAMINATION SAFELY

- Collected 3 samples in 2 days - SMS.
- Need to be in open place for safety of others.
- If travelling with sample to hospital, avoid contamination.
- Tightly cover the container



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TREATMENT OF TUBERCULOSIS DISEASE

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UNDERSTANDING TB TREATMENT AND YOUR ROLE AS TREATMENT SUPPORTER

- Who among you has had TB Disease? What were your experiences?
- Who has had a relative or friend treated for TB disease? What were your experiences?
- Anybody you know who had TB? If yes, did he/she get cured? If not cured, what was the outcome of treatment?

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GROUP WORK - 30 MINUTES - PRESENTATION 10 MINUTES EACH.

Group 1

- Your doctor has informed you that you are suffering from TB. What would be your next step?
- Do you think it matters how soon you start the treatment for TB disease?
- If so, why? What are the consequences if it is not treated quickly?

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GROUP 2

- How long does TB treatment take?
- What happens if a TB patient does not complete treatment?
- What action will you take if a TB patient refused to take TB treatment?
- Suggest what you think could be your role in ensuring TB patients complete treatment.

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GROUP 3

- You can use the patient you saw or your own imagination to answer this question:
- What kind of complaints do patients have resulting from the effects of drugs they take for TB disease?

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BASIC FACTS

- TB can only be treated with specific drugs that should not be bought from chemist without the health worker's advise.
- Anti-TB drug treatment is effective but only when it is taken correctly
- It is important that TB patients complete their treatment. The treatment is based on a combination of drugs taken for at least six months, in two phases: an initial phase of two months and a continuation phase of four months. The combination of drugs varies in different countries.
- TB drugs in use in Southern Sudan are tablets. Some few patients are given injections – these are people who have been treated before for TB or defaulted and now returns for treatment. These drugs need to be taken daily without missing a dose—thus the need for a treatment supporter. The dosages for these drugs depend on the age and weight of the patient and therefore vary from one patient to another.
- Your role in treatment is to supervise drug swallowing and support patients complete full duration of treatment

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SIDE EFFECTS OF TB DRUGS

- TB drugs can have a number of side effects like any other drug. Although home remedies can relieve some side effects, patients should seek medical advice if they persist. Common side effects and potential remedies include:
- Red colouration of urine. This will subside by the time phase I is over. Patient should continue taking drugs.
- Itching. Antihistamines such as Piriton will clear this in about three days. If it persists, consult the health worker.

Skin rash. See health worker.

- Yellow colouration of eyes. This is a serious side effect. Must see health worker.
- Abdominal disturbances. This includes diarrhoea, nausea, and vomiting. Encourage patient to take plenty of fluids.
- Poor vision and/or colour blindness. This can be worse in children. See health worker.
- Numbness of hands and feet. This is a serious side effect. Must see health worker.

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THE ROLE OF DOT IN TB TREATMENT

Brain storming session

- What is DOT? What is DOTS?
- How can we help patients complete treatment? – List all responses on flip chart
- Revise responses on previous group work on consequences of not completing or irregularly taking TB treatment.

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THREE GAMES TO HELP YOU UNDERSTAND YOUR ROLE AS TREATMENT SUPPORTER

- Three groups to do in turns as others observe – 30 minutes each. Introduce the games from the facilitator's manual
- The coin – Group 1
- The TB treatment river – Group 2
- The random box/card/blindfolding – Group 3
- Use the outcomes to explain defaulting treatment and the role of the village health volunteer as supporter to prevent default.

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HOW TO DO DOT

- Patient selects a supporter of choice
- The supporter is approached by the patient/relative and agrees to supervise
- The supporter keeps the drugs, gives the patient his/her daily dose at the agreed time and place and observes the actual swallowing
- The patient keeps the appointment card and produces it to be marked by the supporter daily after swallowing drugs
- The supporter reminds the patient scheduled appointments including sputum follow-up
- The supporter can be CHW, Vhv, family member e.t.c.

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REVIEW OF THE CONSEQUENCES OF NONADHERENCE

- It is important for people with active TB to complete the full treatment to avoid developing drug resistance. This might make it difficult for the TB disease to be cured.
- Supervision of drug swallowing by the village health volunteer and the family member should be continued throughout the full duration of treatment.
- People may find it difficult to take anti-TB drugs for a long period of time, but a well-supervised programme can help them adhere to the treatment regimen by encouraging them.
- When drugs are not correctly taken or the full course not completed, the TB germs get used to the inadequate dose of the drugs and therefore become resistant. Drugs to treat resistant type is expensive and not readily found.
- To prevent MDR/XDR TB, it is recommended that all TB patients' treatment be supervised to ensure adherence. Patients should also take charge of their own lives and ensure completion of treatment as prescribed.

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UNDERSTANDING TB CARE IN SPECIAL GROUPS

- Brain storming
- Which type of people do you think require special care during TB treatment? List them
- Suggest the care you will take when dealing with the mentioned groups of people

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SPECIAL GROUPS

- Children
 - Remember to take weight for correct dosages.
 - Do not give half adult dose!!!
- Pregnant mothers
 - Drugs may affect the unborn baby.
 - Mother should be treated.
 - Mother should breastfeed normally, no harm.
- People infected with TB and HIV at the same time – this is dealt with in next unit

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TB AND HIV

- Group work – 30 minutes then 10 minutes per group presentation

Group 1

- What is HIV?
- What is AIDS?
- Differentiate between infection and disease in relation to HIV/AIDS
- Signs and symptoms of AIDS

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Group 2

- How does HIV and TB relate?
- How does HIV affect TB?
- How does TB affect HIV?

Group 3

- How can one know he/she has HIV infection?
- How do you treat HIV/AIDS in your community? In hospital?
- If one has both diseases (TB and HIV AIDS) what should be done?

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GAME TO EXPLAIN TB AND HIV RELATIONSHIP

- Take group through casual sex as risk (mix, greet, 2 HIV+, feelings, mix again till “last man standing”)
- Divide class into 2. One group is the HIV viruses in a person and the other group are the white blood cells (lymphocytes) that defend the body. Role play till most cells are damaged.
- Now introduce TB HIV walk from facilitator’s guide. 2 volunteers, one each from the 2 groups.

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- **TB HIV collaboration**

- This collaboration enables Control of the HIV epidemic and prevention of new infections through the implementation of all of the accepted prevention interventions. These include:
 - Screening persons living with HIV for active TB and referral of newly diagnosed HIV-positive individuals for TB screening.
 - Screening all TB patients for HIV and provision of care.
- The goal of collaborative TB/HIV services is to reduce the burden of TB in People Living With HIV and vice versa

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PREVENTION AND CONTROL OF TB

- People who are sick with TB can prevent spreading TB to others in their family and community by:
 - Going for treatment and being cured of TB.
 - Covering their mouth and nose when coughing and sneezing.
 - Making sure that people who have spent time with them, particularly children and adults who are coughing, get tested for TB.
- Avoiding overcrowding.
- Staying in a well-ventilated house.
- Preventing yourself from getting HIV infection.
- Immunizing young children with BCG vaccine, which is given at birth. The vaccine protects them against severe forms of TB (e.g., TB meningitis and miliary TB).
- Eating a well-balanced diet, by using locally available food.

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COUGH - TO - CURE PATHWAY

- Debating session-1 hr. First explain briefly the pathway and the six necessary steps.
- Motion: What makes people not to follow the steps as required?
- Proposing side: Giving the things they have put in place but people not following
- Opposing side: Giving the many missing or wrong things in the community or hospital that make people not to follow the six steps.
- Use 30 minutes to summarize the cough – to - cure pathway from the facilitator's guide-draw.

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STIGMA AND DISCRIMINATION

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BRAIN STORMING

- What is stigma?
- What is discrimination?
- How do you know someone is being stigmatized? Discriminated?
- List examples of diseases that people are usually stigmatized on.

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STIGMA AND DISCRIMINATION

- Any action that leads to reduction of a person's or group's status in the eyes of the society.
- Stigma can result from:
 - a physical characteristic, such as the visible symptoms of disease,
 - a negative attitude towards the behavior of a group such as people living with AIDS
- Discrimination is stigma in action.
- Stigma related to TB, HIV, and AIDS is intimately linked to discrimination.

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Forms of stigma

- Physical and social isolation from family, friends, and community.
- Gossip, name calling, and judging.
- Loss of rights and decision-making power.

Signs of stigma and discrimination are:

- Self-denial among those infected by TB–HIV.
- Those affected and infected by TB–HIV not opening up about their status.

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- What causes stigma?
- What are the effects of stigma on TB HIV?
- Why should stigma issue be addressed in the community?

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CAUSES OF STIGMA

- Ignorance of the facts regarding TB–HIV.
- Irrational fears and beliefs about the causes of TB–HIV.
- Negative attitudes of leaders towards those living with TB–HIV.
- A lack of a working policy on TB–HIV.

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EFFECTS OF STIGMA ON TB HIV PATIENTS

- TB and HIV/AIDS-related stigma is the single greatest challenge to slowing the spread of the disease and seeking early care. It makes coping with and fighting the disease challenging.
- Stigma can cause patients to become withdrawn, fearful, silent, and secretive. It can lead them to not accept their condition
- It can make a person delay going for early diagnosis and treatment for TB–HIV/ AIDS.
- It can cause a person to discontinue TB treatment.
- Stigma can also lead to loss of jobs. This is because some employers may dismiss an employee due to their status.
- Stigma can also make people feel worthless, inferior, and ashamed of themselves. It makes them feel as though they have let their families and community down, although it is the family/community that has let them down by not offering the necessary help and support that the sick require in their time of need.

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WHY SHOULD YOU KNOW ABOUT STIGMA?

- To understand the beliefs and attitudes community members have towards TB and HIV.
- To be able to give the correct information.
- There are many myths about TB and HIV that can contribute to stigma. These may include:
 - being bewitched,
 - having a curse,
 - inheriting TB from your father or mother,
 - thinking that TB is a disease of the poor,
 - thinking that when someone has TB he or she must also have HIV.

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HOW TO DEAL WITH STIGMA

- **Begin with yourself.**
 - Examine your own attitudes, assumptions, and beliefs about TB/HIV/AIDS and people living with TB, HIV or AIDS.
- **Reach out to your family and village.**
 - Examine the role that you can play to promote dialogue, understanding, and support for people living with TB, HIV and AIDS in your workplace, family, village and community.
- **Express your knowledge**
 - Share your knowledge on TB/HIV/AIDS, especially about how TB/HIV is and is not transmitted.
 - Find creative ways and real-life stories to share information with your colleagues, TB patients, family members and village.

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- **Effect change**

- Advocate to end TB/HIV/AIDS-related stigma and discrimination in your workplace, family, and the village at large
- Promote improved care and support for people living with TB/HIV/AIDS.

- **Think positively**

- Speak out and mobilize others to speak out against TB/HIV/AIDS-related stigma and discrimination.
- Use language that acknowledges and accepts people living with TB/HIV/AIDS as part of a family, a workplace, and a community.
- Listen to and honour the courageous voices and experiences of people living with TB, HIV, and AIDS.

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**YOUR ROLE IN
SENSITIZING YOUR VILLAGE
AND COMMUNITY ABOUT TB**

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HOW AND WHAT INFORMATION TO SHARE

- The information to be shared should be the right information at the right time and to the right audience at the right place
- Should include:
 - Before people are tested for TB.
 - After people are tested and learn they are sick with TB disease.
 - When people are undergoing treatment for TB.

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BEFORE DIAGNOSIS

- Aim –To encourage people to seek prompt diagnosis

TB signs and symptoms

- Need for TB testing at a health facility to correctly diagnose the disease.
- It is important for people to know that TB testing and treatment is free and that TB is curable.
- This process and time time can be long and costly for the patient and family.
- Families, friends, and neighbors might also be wondering whether he or she has TB and if their own health is at risk.

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STARTING AND CONTINUING TREATMENT

- After people learn they have TB
 - ~ Just because someone has been diagnosed with TB disease does not mean that he will go for treatment
 - ~ It is important for people to know that with proper treatment TB is curable even in people who are HIV positive.
- During treatment
 - ~ Starting one on TB treatment does not mean that he or she will continue with treatment properly therefore
 - ~ It's important for family and community members to support him or her to continue until he or she completes treatment.
 - ~ People who do not follow treatment properly
 - will not be cured of TB
 - they are still infectious to others
 - and it will become more difficult for them to be cured as they can develop resistant to the drugs they were taking.
 - People need support during this time from their families, community members, friends, and health workers to ensure that they complete their treatment.

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SUMMARY QUESTIONS

- What germ causes TB?
- When is someone considered to have TB infection? TB disease?
- Which organs are affected by TB?
- Do all people with TB infection become sick?
- What keeps a person from becoming sick with TB?
- What are the symptoms of active TB?
- When are people with TB infectious?
- How is TB spread?

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WAY FORWARD

- This is an exercise where participants sit in groups according to the villages they come from indicating how they want to start their work.
 - Immediately – to start
 - Near future – needs time for preparation
 - Later – needs funding, consultation

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LIST OF AAA FIELD STAFF CONTRIBUTORS

- Lucia Kalekye Muema – Matron, Yirol
- Muturi Edith Wairimu -Matron Adior
- Nampewo Olivia – Matron, Bunagok
- Abraham Akuot Zhiauwut – Nurse, Bunagok
- Doris N. B. Muthiani – Program Officer
- Janet Mwikali Muthike – TB Officer, Bunagok
- Wellington M. Kasimu – TB Officer, Adior
- Pimer Gladys – Nurse, Yirol
- Emmanuel Akuacjok Igai – Nurse, Yirol
- Joesph Mabor Majak – Nurse, Yirol
- Virginia Wangui Kamau – Nurse, Yirol
- Benjamin Bol Mathew – TB Officer, Yirol
- Joseph Chol Lual - Assistant TB Officer, Nyamllell
- Santino Lual Tong - Nurse counselor, Nyamllell
- Martin Chol Duang - Lab Assistant, Nyamllell
- Olivia Juma - Counselor, Nyamllell
- Wanjiru Nancy -Nurse/Matron, Nyamllell
- Albino Garang Ayii – Counselor, Nyamllell
- Luka Lual Mayom, Lab Assistant, Nyamllell
- Stephen Musoke – TB Officer Aweil
- Exodus Akok – Assistant TB Officer Gordhim
- Catherine Kamwitha – TB Oficer Gordhim
- Paulino Mou – TB Nurse Assistant Gordhim
- Angelo Majok - Nurse Gordhim
- Deng' Ajou – Laboratory Assistant Gordhim
- James Yel Kuol – Clinical Officer Aweil
- Achol Lual Nyang' – Nurse Aweil

I am Stopping TB, You too can Stop it. Join me



THANK YOU

Written by: Ng'uela Ronald

P.O Box 147-40404, Rongo, (Kenya)

Tel. +254 728 562515, Email: ngura2004@yahoo.com

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info@do-designandprint.co.ke / do.designprint@gmail.com

Tel: +254 722 271926 (Kenya)

For more information contact

Arkangelo Ali Association - AAA / Medical Coordinator

P.O. Box 21102 - 00505 NAIROBI (KENYA)

Tel. + 254 722 672 932 (Kenya) / Tel. + 249 910 554 044 (Sudan)

Email address: arkangeloassociation52@yahoo.it

Website www.arkangelo.org

