

# Management of Tuberculosis Training for Health Facility Staff

SECOND EDITION

## E. Identify and Supervise Community TB Treatment Supporters



World Health  
Organization



K N C V



TUBERCULOSIS FOUNDATION



**Management of Tuberculosis  
Training for Health Facility Staff  
Second Edition**

**E**

**IDENTIFY AND SUPERVISE  
COMMUNITY TB TREATMENT  
SUPPORTERS**



**TUBERCULOSIS FOUNDATION**



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# Identify and Supervise Community TB Treatment Supporters

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# Identify and Supervise Community TB Treatment Supporters

## Introduction

A patient's adherence to treatment instructions, that is, taking all the recommended drugs as directed, is a key factor in successful treatment. In many countries, a significant number of patients stop treatment early for various reasons. Directly observing treatment, that is, watching the patient swallowing every scheduled dose, is the most effective method to promote adherence. The emergence and spread of MDR and XDR-TB further reinforces the absolute necessity of helping a TB patient not to miss any drug doses.

A TB patient who must travel far each day to obtain treatment is unlikely to complete treatment. One of the aims of a TB control programme is therefore to organize TB services as a part of general health services expanded to the community, so that TB treatment is available as close as possible to a patient's home or workplace. Many TB patients live or work close to a health facility. For these patients, a health facility worker will directly observe their treatment.

Some TB patients live far away or do not find it convenient to come to a health facility for treatment. These patients should select a treatment supporter in the community to directly observe treatment at a place and time more convenient for the TB patient. This module describes how to help a patient identify a suitable community TB treatment supporter and how to supervise the treatment supporter.

A community TB treatment supporter has a very important role: to make sure that a patient who will not go to a health facility for treatment takes every dose of anti-TB drugs, as directed, until the end of treatment. The treatment supporter must be polite and considerate of the patient's needs at every contact. A good, supportive relationship between the patient and community TB treatment supporter will help motivate the patient to come for treatment. A negative attitude towards a patient can cause treatment default. A good community TB treatment supporter listens sympathetically to the patient's concerns, and identifies and resolves potential barriers to treatment before they cause default. The treatment supporter immediately notices non-adherence (missed doses), and provides information and encouragement to the patient to complete the treatment.

Module C: *Treat TB Patients* describes the steps that a health worker takes to initiate treatment for a TB patient. (Some are described further in additional modules.) Those steps are:

- Select the patient's treatment regimen or refer the patient to a clinician for prescription of TB treatment
- Help the patient decide where to receive directly-observed treatment
- Prepare the patient's *TB Treatment Card*

- Inform the patient and family about TB, transmission of the disease, risk factors and treatment
- **Help the patient choose a community TB treatment supporter (if needed); prepare the supporter**
- Obtain or prepare a drug box for the patient

The step shown in bold print is described in detail in this module. Note that this module is written for a health facility worker, not for a community TB treatment supporter. It describes how a health worker and a TB patient identify a suitable community TB treatment supporter, and then how the health worker supervises this treatment supporter.

## Objectives of this module

### Participants will learn:

### Refer to section:

- |  |   |
|--|---|
| • How to help the patient choose an effective community TB treatment supporter                             | 1 |
| • How to train and supply a community TB treatment supporter with anti-TB drugs                            | 2 |
| • How to supervise and resupply the community TB treatment supporter with anti-TB drugs on a monthly basis | 3 |
| • Steps to take if a community TB treatment supporter does not collect the next month's supply of drugs    | 4 |

If you need to look up an unfamiliar word, refer to the glossary at the end of module A: *Introduction*.

## **1. Help the patient choose a community TB treatment supporter**

If a patient's treatment will need to be observed by a community TB treatment supporter, you must help the patient select a community member who could serve in this role. Keep in mind that the community TB treatment supporter will need to have contact with the health facility to obtain drug supplies and be supervised. The health facility must assign someone to supervise the community TB treatment supporter.

### **1.1 Discuss possible community TB treatment supporters**

To be an effective community TB treatment supporter, an individual must be reliable, convenient and acceptable to the patient. The treatment supporter must also be able to be supplied with drugs and willing to accept supervision by the health facility. Talk with the TB patient about possible treatment supporters in the community, keeping these factors in mind.

Discuss with the patient the characteristics of an effective community TB treatment supporter. A treatment supporter must be able and willing to:

- be trained by the health services to perform the tasks of a TB treatment supporter
- attend every appointment for the duration of the regimen (initial and continuation phases)
- be kind to the patient and interested in the patient's welfare
- be careful in administering drugs and writing on the *TB Treatment Card*
- respect confidentiality
- follow up if any problems occur or if the patient does not come for an appointment
- come to the health facility for supervision and to obtain a resupply of drugs (or a health worker will need to visit and deliver the drugs).

In addition, if the patient will be treated using the Retreatment regimen, which includes streptomycin injections for the first 2 months, then only a person who is trained to give sterile injections can be the patient's treatment supporter.

Ask the patient about:

- the patient's situation, including factors such as where and when the patient works, whom the patient sees each day, available transport and whether the family is supportive or disapproving;
- possible community TB treatment supporters who would be reliable, convenient and acceptable, such as a neighbour, a co-worker or supervisor in the workplace, a community health worker or a village leader;
- where and when the patient could meet regularly with a community TB treatment supporter.

Listen carefully to understand the patient's situation and the factors that may make it difficult to receive treatment every day. Listen to the patient's suggestions for a community TB treatment supporter who would be convenient and acceptable to the patient.

As you discuss possible community TB treatment supporters, focus only on individuals who can be supplied with drugs and will accept supervision by the health facility. Some individuals already have an established relationship with the health services because they are already paid for, or have responsibility for, health-related activities. These individuals are most likely to carry out all the responsibilities of a community TB treatment supporter effectively. The order of preference in terms of supervision by the health services is as follows:

1. trained community health worker
2. health facility staff in the community (such as in his or her own village after work)<sup>1</sup>
3. member of the community willing to volunteer.

You may be aware of individuals who have been community TB treatment supporters for other TB patients and could be a treatment supporter for this patient. For example, you may suggest:

- a community health worker who is already trained to be a TB treatment supporter
- an ART supporter who is available every day in the community and can be trained to perform additional tasks
- a trained volunteer in the factory where the patient works
- a shopkeeper or pharmacist in a local store
- non-health personnel working at the health facility outside normal opening hours
- a former TB patient, living in the same community, who has successfully completed treatment.

Family members may be treatment supporters if they have the respect of the patient and are trained and supervised. Family members are often the treatment supporter in cases where they are already providing health-care support, such as for a bedridden person or a very young child. It is possible for an illiterate person to be an effective treatment supporter if given proper training.

A private practitioner such as a private doctor, traditional healer or pharmacist can be a treatment supporter but must accept supervision by the health facility (which is implementing the recommendations of the national TB control programme).

If a TB patient is HIV-positive and is receiving support and care from an HIV supporter or has regular contact with an ART supporter, the same individual might be able to serve as the patient's TB treatment supporter. However, this is not necessarily true because the functions and frequency of contact are different. It is sometimes advisable that patients have a TB treatment supporter who is best suited to provide directly-observed treatment for TB, and then have additional people who provide other types of support (for example, breastfeeding support, or for ART adherence).

The most important function of a TB treatment supporter is providing directly-observed treatment, which means having daily contact with the patient. All TB treatment supporters, whether they are health workers, family members, neighbours, co-workers, former TB

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<sup>1</sup> If the patient's treatment regimen will include streptomycin, only a health worker who is trained to give sterile injections can be the patient's community TB treatment supporter.

patients, or community leaders, must be trained and supervised to perform the essential tasks of this important job.

If the patient suggests an unfamiliar individual as a community TB treatment supporter, ask the patient some questions about the individual. Ask questions about the characteristics mentioned above to determine whether that individual is likely to be effective. If the suggested individual does not seem suitable, for example, because of a conflict with other responsibilities, point this out. Then ask the patient for another suggestion. Ask questions to help the patient identify a suitable community TB treatment supporter, for example, “Is there someone whom you see on most days? Is there a neighbour or co-worker who you would feel comfortable about having as your treatment supporter?”

Discuss where and when the patient could meet regularly with the community TB treatment supporter, such as in the workplace or at the treatment supporter’s home. Discuss times that would be most convenient for the patient to come for treatment.

Agree on the best candidate for the community TB treatment supporter. Record the individual’s name and address. Then plan how you can meet together to discuss whether the individual is suitable and interested.

## **1.2 Meet with a possible community TB treatment supporter**

How you set up a meeting with a possible treatment supporter will depend on who that person is. For example, if the potential treatment supporter is the patient’s neighbour or co-worker, the patient would bring him or her to the health facility the next day to meet with you. If it is a health facility worker who lives in the same village or a community health worker, you may arrange the meeting.

It may take up to a few days to identify a suitable community TB treatment supporter and provide training. Initiation of the TB patient’s treatment should not wait, however. Provide directly-observed treatment at the health facility for a few days until the treatment supporter can begin. It is important to ensure that treatment will be well organized and can continue. An incentive of some sort, preferably nonmonetary, may be provided to encourage a community member to become a treatment supporter.

When you meet the possible community TB treatment supporter, be sure that the individual is interested, will be available and understands the responsibilities:

- Explain why directly-observed treatment is important to cure TB.
- Review the tasks of a community TB treatment supporter (including directly observing treatment daily and coming to the health facility monthly for supervision and to obtain a resupply of drugs).
- Explain how long the supporter will be needed (for the duration of the regimen).

If the individual is suitable and agrees to be a community TB treatment supporter for this patient, help the patient and community TB treatment supporter agree on the time and place that they will meet daily for directly-observed treatment.



**STOP**

**Now do Exercise A – Role Play and Discussion**

When you have reached this point in the module, you are ready to do Exercise A. Read the instructions for Exercise A beginning on page 26. When everyone is ready, the facilitator will conduct the role play.

## 2. Prepare a community TB treatment supporter

### 2.1 Copy the patient's *TB Treatment Card* for the community TB treatment supporter

Copy all the information from the patient's *TB Treatment Card* (name, address, laboratory results, drug regimen, etc.) to another *TB Treatment Card*. Write the name and address of the community TB treatment supporter on both cards. Also write the months in the phase and mark the Sundays (or whatever day will be skipped each week) with a dash (–), so that the community TB treatment supporter will only have to tick (✓) after giving directly-observed treatment.

**Tick appropriate box after the drugs have been administered**

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (—●—) through number of days supplied. Ø = drugs not taken

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given
Month																																	
Dec 2007						✓		–							–							–								–			
Jan 2008					–							–							–														
Feb	–								–							–							–										

Drugs given to supporter	
Date	Doses

The original card will be kept at the health facility. Give the duplicate card to the treatment supporter to keep.

### 2.2 Train the community TB treatment supporter

Training is important for all TB treatment supporters, whether they are family members, community members or health workers. The amount of training needed will vary depending on what the individual already knows about TB and directly-observed treatment. Those who have been community TB treatment supporters previously or who have experienced TB treatment themselves may need less training. For those who have been community TB treatment supporters previously, simply review the tasks and your expectations to be sure that you have a common understanding. Those who have never been treatment supporters before will need to be taught how to carry out the tasks of a treatment supporter and given some information about TB. You should also visit community TB treatment supporters during the first month to be sure that they know what to do, and to answer any questions. If a treatment supporter is illiterate, you will need to modify your training accordingly.

#### 2.2.1 Decide what to teach the community TB treatment supporter

Community TB treatment supporters need basic **information** about TB and its treatment in order to understand what they are doing and why. They also need to know **how to perform** the specific tasks.

A health worker who is a community TB treatment supporter will already know how to reinforce key information about TB and its treatment, and discuss any questions or fears that the patient has. If the treatment supporter is a community member without specific health training, it is unrealistic to expect the treatment supporter to answer more than basic

questions about TB or concerns about treatment. Community TB treatment supporters should refer patients to a health worker for more information.

### **Essential tasks of a community TB treatment supporter**

- Agree on a time and place to meet the TB patient. It is best to take the drugs at the same time each day. Do not make the patient wait.
- Give the patient the anti-TB drugs at each appointment according to the schedule. Check the drugs to be sure that they are correct. Watch the patient swallow all the drugs for the day. They must be taken together to make sure that they work together.
- Record on the *TB Treatment Card* each time the patient takes the drugs.
- Be aware of possible side-effects. Have the patient eat food with the tablets if needed to reduce nausea. Refer the patient to the health facility if the side-effects continue.
- If the patient is HIV-positive, pay close attention to the patient's symptoms and if the patient worsens, refer the patient to a health facility for care.
- Encourage the patient to continue coming for TB treatment.
- Respond quickly if the patient misses a scheduled treatment. When a patient misses a dose for more than 24 hours, visit the patient's home. Find out what caused the interruption. Give the treatment. If you are unable to find the patient or convince the patient to continue the treatment, contact the health facility for help without delay.
- Go to the health facility to collect a resupply of drugs each month. Ask the patient to accompany you if possible. Show the patient's *TB Treatment Card*. Review how the patient is doing and discuss any problems.
- Make arrangements if you or the patient will be away for a few days. Give the patient enough drugs to self-administer for a maximum of 1 week or refer the patient to the health facility to decide what is to be done. Someone else may be asked to help during this time.
- Be sure that the patient goes to the health facility when the next follow-up sputum examination is due. If the patient is a child, be certain that the child visits a clinician for assessment every 2 months.



## Important information for a community TB treatment supporter

### About TB

- TB is a disease caused by germs. It spreads most easily when it is in a person's lungs.
- TB spreads when someone with TB coughs or sneezes TB germs into the air, and others breathe in these germs and become infected. It is not spread by food, dishes or clothes.
- TB can be stopped from spreading by treating and curing people who have it.
- People with TB have many different symptoms. The major symptom of TB in the lungs is coughing for more than 2 weeks. Other symptoms are bloody sputum, night sweats, fever and weight loss.
- TB can be cured if the patient takes anti-TB drugs regularly, on schedule, for the full duration of treatment, that is, until the patient has taken all doses needed.
- It is important for the TB patient to take all the anti-TB drugs for the entire treatment, or the disease may become incurable.
- A patient can prevent the spread of TB by:
  - Taking regular treatment to become cured of TB
  - Covering the mouth and nose when coughing or sneezing, and
  - Opening windows and doors to allow fresh air to flow through the home.

### About giving treatment

- Give the patient the drugs in a well-ventilated place. If the patient takes the drugs regularly, he or she will become non-infectious in about 2 weeks.
- Mark the *TB Treatment Card* with a tick (✓) on the corresponding date after you have observed the patient swallowing the drugs.
- For a daily regimen, it is customary to give 6 doses per week. (One dose may be self-administered on the weekend.)
- Possible minor side-effects:
  - No desire to eat, nausea, abdominal pain – give drugs with food or gruel.
  - Joint pains – refer patient to health facility.
  - Burning sensation in the feet – refer patient to health facility.
  - Orange or red urine – reassure the patient that this is normal for the drug.
- Possible major side-effects:
  - Itching of skin, skin rash, deafness, dizziness, jaundice, vomiting repeatedly, difficulty with vision. If any major side-effect occurs, stop anti-TB drugs immediately and inform the health facility worker. Refer the patient urgently to the health facility.
- If the patient misses a dose, give the missed dose on return. Do not give a double dose on any day. Then continue according to the schedule. The duration of treatment will be extended to complete all doses in the regimen.
- Periodically, the patient will need to go the health facility for sputum collection for follow-up sputum smear examinations. Most patients must go for follow-up sputum examinations at the end of the initial phase, after 5 months of treatment, and in the last month of treatment.



**STOP**

**Now read: *A guide for tuberculosis treatment supporters***

Turn to Annex B, *A guide for tuberculosis treatment supporters* (page 47). (Or, your facilitator may give you a separate copy of the booklet.) Take a few minutes to read through this guide now. Remember that it is written for community TB treatment supporters (not health facility staff). You can use it when training a community TB treatment supporter, and you may give a copy to the supporter to keep.

When you finish reading the guide, return to this page and continue reading until the next stop sign.

### **2.2.2 Use good teaching methods**

Learning new tasks, and training others, is a familiar part of life. Think about a time when you learnt a new skill, such as swimming, or cooking rice. If you had a good teacher, that person probably:

- first **told** you how (**information**),
- then **showed** you how (**example**), and
- then helped you **practise** until you could do it yourself.

These simple elements of good teaching can be used in training the community TB treatment supporter to perform the tasks. It is not necessary to use standard methods of hearing a lecture or reading a textbook. It is necessary to **practise** doing the tasks.

- **Information:** Inform the community TB treatment supporter about the tasks and describe them. You can provide information by reading aloud a description such as in *A guide for tuberculosis treatment supporters*, or by explaining in your own words. Give other relevant information, such as when and why to perform the tasks, and the supplies needed.
- **Examples:** Demonstrate how to perform the tasks. Show how to handle the drugs, how to write on the card, etc. A demonstration is often combined with giving information. A demonstration, on the job or in a training situation, is an effective teaching method.
- **Practice:** Ask the community TB treatment supporter to perform the tasks, or part of the tasks, as you watch. Give guidance while the treatment supporter tries. Doing a task helps a person learn and remember it much more effectively than just hearing a description or watching you. When the treatment supporter performs a task well, give praise. If the treatment supporter makes a mistake or is unsure, give the specific help

needed. You may need to answer a question, or demonstrate again how to perform the task. Then ask the treatment supporter to try again to do it correctly.

Not every teaching element is necessary to teach every task. It may be enough to describe a simple task and then let the treatment supporter try it. Give just enough instruction that the treatment supporter is able to practise the task successfully.

### **2.2.3 Provide relevant practice**

**If a task involves making a decision**, the community TB treatment supporter will need to practise making that decision. Describe a situation in which a decision must be made, and ask the treatment supporter what to do. For example, ask the treatment supporter what to do if the patient came for treatment a day late.

**If a task involves communicating information**, the learner will need to practise communicating. Communication can be practised in a role play. For example, pretend to be a TB patient who is losing interest in coming for TB treatment. Ask the community TB treatment supporter to practise encouraging you to continue your treatment.

**If a task involves doing something**, such as handling drugs or writing on the *TB Treatment Card*, the learner will need to practise that procedure. Create a situation to practise. For example, describe the treatment observed or days missed, and ask the community TB treatment supporter to record the treatment given on the *TB Treatment Card*.

It is best when the practice is as similar to the real work situation as possible. For example, it would be good training if you arrange for the community TB treatment supporter to directly observe treatment of one of your TB patients who comes to the health facility during the treatment supporter's training. You could watch the supporter give directly-observed treatment to the patient, correct any mistakes on the spot and give additional instruction needed.

### **2.2.4 Use checking questions to assess what the community TB treatment supporter has learnt**

**Checking questions** are questions intended to find out what a person has learnt, so that you can provide more information or clarify your instructions as needed. Ask checking questions that require more of an answer than simply "yes" or "no." Ask questions that begin with "What," "When" or "How."

For example, after training what to do when a patient stops coming for treatment, ask:

"If a patient misses two doses, what will you do?"

"If you cannot locate the patient, or cannot convince the patient to take the treatment, what will you do next?"

An example training plan that contains the elements of good training is given in Annex A.

## 2.3 Provide the first month's drug supply

Give the patient's first month's supply of anti-TB drugs to the community TB treatment supporter (not the patient). When training the community TB treatment supporter, you showed the supporter the drugs and how they are packaged, and the number of tablets to give at each appointment. Show the supporter that you are providing enough drugs for 1 month now. This will be 28 doses for a daily regimen or 12 doses for a 3 times per week regimen. If possible, provide a sturdy box for the community TB treatment supporter to transport and store the drugs. Record on both copies of the *TB Treatment Card* the date and the number of doses that you have given to the community TB treatment supporter.

**Drugs given to supporter**

DATE	DOSES
5 April	28

Record the number of doses.

Before those drugs are all gone, the treatment supporter should bring the *TB Treatment Card* and return to the health facility to collect the next month's supply of drugs.

Ask where the treatment supporter will keep the drugs. It should be in a cool, dry place, safe from children.

**STOP**

### **Now read Annex A, *Training plan for community TB treatment supporters***

Turn to Annex A, *Training plan for a new community TB treatment supporter* (page 42). Take a few minutes and read through this plan now.

When you have finished reading the training plan, go to page 13 and follow the instructions at that stop sign.



**STOP**

### **Now do Exercise B – Role play**

When you have reached this point in the module, you are ready to do Exercise B. Turn to page 30 and read the instructions. When everyone is ready, the facilitator will conduct the role play.

## **3. Supervise and resupply the community TB treatment supporter with anti-TB drugs**

A staff member at the health facility should be assigned responsibility for supervising the community TB treatment supporter.

Each month, the community TB treatment supporter will come to the health facility to collect the patient's drugs for another month. If possible, the patient should also come. This is your opportunity to supervise the supporter's work. Treatment supporters need regular instruction and supervision by health facility staff to sustain their motivation and ensure a good-quality outcome. In some locations, it is necessary for a health worker to visit the community TB treatment supporter to deliver the next month's drugs and carry out monthly supervision.

### **3.1 Copy the entries onto the *TB Treatment Card***

Check the community TB treatment supporter's *TB Treatment Card* to see whether the patient is taking the drugs on schedule and the supporter is marking the card correctly. Copy the ticks on the supporter's copy of the *TB Treatment Card* to the original *TB Treatment Card* kept at the health facility. Be sure to copy the ticks accurately so that the duplicate card and the original card both show the dates on which treatment was actually given.

Also check whether the community TB treatment supporter has written any comments at the bottom of the card and, if so, copy them also.

### **3.2 Identify problems and discuss them with the community TB treatment supporter**

As you copy the entries, you will see whether the patient is receiving treatment according to schedule or is missing days. Also ask the community TB treatment supporter whether there were any problems in the past month. Problems could include drug side-effects, missed days or reluctance to take drugs.

Ask the community TB treatment supporter (or the patient) to describe how the problem was discussed or addressed. Listen carefully to be certain that the treatment supporter has advised the patient correctly. Review or provide key information as needed.

If there are missed days, ask why. Discuss possible ways to solve the problem. If you suspect the treatment supporter may be discouraging the patient, because of attitude or unavailability or for any other reason, discuss this problem with the treatment supporter and speak with the patient. Sometimes the solution is to select a different community TB treatment supporter.

If the treatment supporter is marking the card incorrectly, discuss this. Ask how the supporter marks the card now, and show how to record correctly.

If the patient has had side-effects, ask the community TB treatment supporter (or the patient) to describe them to you. Listen carefully to be certain that the treatment supporter has advised the patient correctly, and give additional information if needed.

Ask the community TB treatment supporter what questions or concerns the patient had. Ask how the treatment supporter has been answering the patient, and whether there were any questions that could not be answered. Review or provide key information as needed.

Ask the treatment supporter whether there are any signs that the patient may stop coming for treatment (default). For example, the patient may be increasingly distressed that she is unable to carry out her daily responsibilities because of the time required to come for treatment every day. Or, a patient may be feeling better now and complaining about continuing the treatment. If you suspect that the patient may default, first try to determine or understand the patient's situation, and then help the patient and treatment supporter improve it. This could include talking with the patient to reinforce the importance of continuing the treatment, or helping to find ways to overcome a problem (such as discussing a quicker way to accomplish the treatment each day).

If the patient is reluctant to take the drugs, or has fears or concerns, discuss these with the patient. (If the patient is not present, ask the treatment supporter to send the patient to the health facility to discuss the fears or questions with a health worker.)

### **3.3 Check whether the patient is soon due for a follow-up sputum examination or visit to a clinician**

Check the patient's *TB Treatment Card* to see whether the patient will be due in the next month for a sputum smear microscopy examination. If so, tell the community TB treatment supporter (and the patient if present) the week when sputum should be collected. Give the treatment supporter a sputum container to give to the patient when the time comes. If needed, review the reason for the sputum examination so that the supporter can explain this to the patient.

When the week for follow-up sputum examination arrives:

- The community TB treatment supporter should give the sputum container to the patient to collect the first sputum sample at home early the next morning.
- The patient should collect the sample and carry it to the health facility.

- At the health facility, the patient should hand over the first sample and collect a second sputum sample.

A few days later, the patient and the community TB treatment supporter should return to the health facility to learn the results of the follow-up sputum smear examination and the patient's treatment progress.

If the patient should go for a follow-up visit to a clinician, tell the community TB treatment supporter when to send the patient. Patients should meet with a clinician or other health worker when the results of follow-up sputum examinations are available. A patient may also be examined periodically by a clinician who can assess clinical progress.

### 3.4 Resupply the community TB treatment supporter with anti-TB drugs

Read the card to see the drugs needed in the next month. Take the drugs from the patient's drug box kept at the health facility. Record the drugs provided to the community TB treatment supporter on both the original *TB Treatment Card* and the treatment supporter's copy.

**Drugs given to supporter**

DATE	DOSES
<i>5 April</i>	<i>26</i>
<i>7 May</i>	<i>28</i>

Record the date you provided a resupply and the number of doses.

Usually, you will just take out the next month's drugs from the patient's drug box and give them to the supporter. This will be 28 doses for a daily regimen or 12 doses for a 3 times per week regimen.

At the end of the initial phase, you will inform the patient about the results of the sputum smear and will provide the drugs for the first month of the continuation phase of treatment to the treatment supporter.

#### **If the patient's sputum smear examination results were positive:**

- Explain to the patient and the community TB treatment supporter that the sputum examination found that tubercle bacilli are still present.
- Discuss with the patient and the community TB treatment supporter to confirm whether treatment has actually been directly observed each day. If not, try to solve the problem.
- Ask the treatment supporter to continue directly-observed treatment and record this on the front of the patient's *TB Treatment Card* each day.

- For a patient on the New patient regimen, ask the supporter to send the patient for another sputum examination after one more month (at the end of the 3rd month).

**If the patient's sputum smear results were negative:**

- Explain to the patient that the initial phase of treatment has worked well. The patient is no longer infectious.

**To begin the continuation phase of treatment:**

- Explain that the patient must finish all doses of the initial-phase drugs, and then start the continuation-phase drugs.
- Check the back of the patient's *TB Treatment Card* for the correct drugs for the continuation phase. Be sure that the correct drugs are in the patient's drug box.
- Explain to the patient about the continuation phase of treatment, including what to do differently from the initial phase, the drugs to take and the schedule, and how long this treatment phase will last (how many doses to take).
- Give one month's supply of drugs to the community TB treatment supporter.
  - Ask checking questions to be sure that the treatment supporter knows the correct dose and frequency (for example, this may be a change from daily to 3 times per week).
  - Show the community TB treatment supporter how to mark the back of the card each time treatment is observed.

### **3.5 Thank and give support to the community TB treatment supporter**

Each month when you meet with the community TB treatment supporter, give assurance that support has an important impact. Directly observing treatment is the most effective way to ensure that the patient takes the correct treatment. By listening and encouraging the patient, the treatment supporter is also motivating the patient to keep coming for treatment. The treatment supporter is also helping prevent the spread of TB to other members of the family and community. Tell the treatment supporter that you realize that this job requires considerable time and effort and you appreciate it.

**STOP**

**Now do Exercise C – Written Exercise**

When you reach this point in the module, turn to Exercise C on page 34 and follow the instructions. Do the exercise by yourself and then discuss your answers with a facilitator.



#### **4. Take action if a community TB treatment supporter fails to collect the next month's supply of drugs**

If a community TB treatment supporter does not come to the health facility to collect the next month's supply of anti-TB drugs, promptly make a home visit to the community TB treatment supporter, and to the patient if necessary, to find out about the problem. Be sure that the patient receives the treatment as soon as possible, so that no more doses are missed.

When you find the community TB treatment supporter, find out why the drugs were not collected. Discuss the impact of not collecting the drugs or collecting them late. If the community TB treatment supporter is not able to travel to the health facility, it may be necessary for the health facility to deliver the drugs to the treatment supporter.

Also discuss with the patient whether the community TB treatment supporter is providing and observing treatment in a timely and supportive way and should continue in that role. If not, collaborate with the patient to find another community TB treatment supporter and prepare the new supporter without delay. In the meantime, have the patient come to the health facility for directly-observed treatment.

## Summary of important points

- A community TB treatment supporter must be reliable, convenient and acceptable to the patient, able to be supplied with drugs and willing to be supervised by the health facility.
- If the patient will not come to the health facility for directly-observed treatment, he or she should choose a TB treatment supporter in his or her own community. Help the patient to select a suitable treatment supporter by explaining the characteristics of an effective one. Ask about the patient's situation, ideas on possible treatment supporters who would be convenient and acceptable, and where and when the patient could meet the supporter regularly to receive treatment. When you agree on a possible individual, plan a meeting to discuss whether the individual is suitable and interested.
- To prepare a community TB treatment supporter:
  - Make a copy of the patient's *TB Treatment Card* for the treatment supporter.
  - Train the community treatment supporter to perform the essential tasks.
  - Provide the first month's drug supply.
- When training a community TB treatment supporter:
  - Use good teaching methods, including providing essential information, giving examples (demonstration), providing relevant practice and asking checking questions. *A guide for tuberculosis treatment supporters* provides essential information.
  - Remember that practice in doing a task will help a community TB treatment supporter learn it much more effectively than just hearing a description or watching.
  - Also use checking questions to assess what the treatment supporter has learnt.
- To supervise and resupply the community TB treatment supporter with drugs each month:
  - Copy the treatment supporter's entries to the original *TB Treatment Card*.
  - Identify problems, such as missed doses or an incorrectly marked card, and discuss them with the community TB treatment supporter.
  - Ask the treatment supporter whether the patient has questions or concerns. Ask whether there are any signs that the patient may stop coming for treatment (default). Provide information as needed. Discuss any problems and help find a way to improve the situation.
  - Check whether the TB patient is due in the next month for follow-up sputum examination and, if so, tell the supporter when to send the patient to the health facility.
  - Give the community TB treatment supporter the next month's supply of drugs. Thank the treatment supporter.
- If a community TB treatment supporter does not come to the health facility to collect the next month's supply of drugs, promptly visit the supporter, and the patient if necessary, to find out why the problem occurred. It may be necessary to deliver the drugs to the community TB treatment supporter or to replace the treatment supporter.

## Self-assessment questions



*Answer the self-assessment questions below to check what you have learnt. Then compare your answers to those on page 22.*

1. Which of the following people is not likely to be an effective community TB treatment supporter for a woman aged 23 years? (You may mark more than one.)
  - a) her husband who said he can do it, but he will not come for training or supervision
  - b) the supervisor at the shop where she works
  - c) a leprosy worker who comes to her village one day every 2 weeks
  - d) her village health worker
  - e) a friend who teaches at her son's school
2. If a patient's TB regimen includes streptomycin injections, what type of person can be a community TB treatment supporter? Why?
3. When you make a copy of the patient's *TB Treatment Card*, who keeps the copy and who keeps the original?
4. Of the main elements of good training – information, examples and practice – which is most important?
5. List at least three main tasks that a health worker does to supervise a community TB treatment supporter at a monthly visit to the health facility.

—

—

—

6. A community TB treatment supporter was due to come in to collect next month's supply of drugs last week, but did not come in. You think that the patient must be out of drugs by now. What should you do?

***Now compare your answers with those on the next page.***



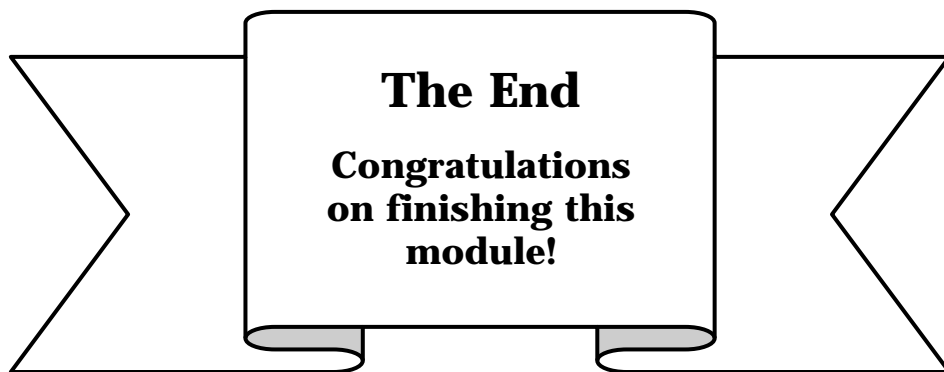
## Answers to self-assessment questions

*If you had difficulty answering any question, turn back and study the section indicated. If you do not understand something, discuss it with a facilitator.*

1. *The following people are not likely to be good treatment supporters for this woman:*
  - a) *her husband who said he can do it, but he will not come for training or supervision*
  - c) *a leprosy worker who comes to her village one day every 2 weeks (because the leprosy worker is not available often enough)*  
*(See section 1)*
2. *The community TB treatment supporter must be a health worker who has the necessary training and supplies to give sterile injections of streptomycin. This person usually works at the health facility but might directly observe treatment in his or her own village. (See 1.1)*
3. *The original TB Treatment Card stays at the health facility. The duplicate card is given to the community TB treatment supporter, who keeps it and marks it each time after directly observing treatment. (See 2.1)*
4. *Practice is the most important element of training, because it is most effective in helping a community TB treatment supporter learn and remember. It also shows the health worker whether the treatment supporter can do the task. (See 2.2.2)*
5. *You should have listed three of the tasks below (in your own words):*
  - *Copy the entries on the community TB treatment supporter's TB Treatment Card onto the original TB Treatment Card.*
  - *Identify any problems shown on the card or mentioned by the community treatment supporter and discuss them.*
  - *Check whether the patient is soon due for a follow-up sputum examination or visit to a clinician and, if so, tell the supporter when to send the patient to the health facility.*
  - *Give the community treatment supporter another month's supply of drugs.*
  - *Thank the community treatment supporter.**(See section 3)*
6. *You (the health worker) must go and find the community TB treatment supporter. Make a home visit to the community TB treatment supporter and to the patient if necessary. Find out the reason that the supporter did not come to collect the drugs.*

*Be sure that the patient receives the treatment as soon as possible, so that no more days are missed.*

*If the community TB treatment supporter is not able to travel to the health facility, plan to take the drugs to the supporter. If the patient does not find the community TB treatment supporter to be supportive and timely, replace the treatment supporter. (See section 4)*



## **Exercises for Module E:**

### **Identify and Supervise Community TB Treatment Supporters**

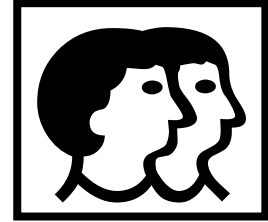






## Exercise A

### Role Play and Discussion – Helping a patient choose a community TB treatment supporter



For this exercise, your facilitator will divide the participants into groups of three to enact a role play. One person will act as the health worker, one as the TB patient and one as an observer. Then you will change roles and repeat the role play. By repeating the role play several times, each person will have a turn in each role.

#### Background

In this role play, Mrs Marsi from Bel Village is a new TB patient who was never treated for TB before. The health worker has already informed Mrs Marsi that she has TB, and has provided information about TB and its treatment. Because Bel Village is too far from the health centre (2 hours to travel each way), the patient will not be able to come to the health centre for daily treatment. She will need a community TB treatment supporter. This role play should cover only the part of the meeting in which the patient selects a suitable community TB treatment supporter.

#### Instructions for the health worker

In this role play, your goal is to help a new TB patient choose a suitable community TB treatment supporter. Below is a suggested list of points to cover:

- Explain to the patient how a treatment supporter in the community could help and the characteristics needed in an effective community TB treatment supporter.
- Ask about:
  - the patient's situation, including factors such as where and when the patient works, whom the patient sees each day, available transport, whether the family is supportive;
  - the patient's ideas on possible individuals who would be convenient and acceptable TB treatment supporters;
  - when and where the patient could meet regularly with a community TB treatment supporter.
- Discuss possible TB treatment supporters and whether they are likely to be effective. Focus on individuals who will be reliable, can be supplied with drugs and will accept supervision by the health facility. Suggest any community TB treatment supporters that you know could do the job.
- Agree on a specific person (find out name and address).
- Plan how you will meet with the potential community TB treatment supporter to find out whether he or she is suitable and interested.

### **Additional information for the health worker – Exercise A, Role Play**

You know that the community health worker in Bel Village has been a TB treatment supporter before. You do not know any other experienced community TB treatment supporters in the area.

### **Instructions for the TB patient**

Read the background information in the box below. As the patient, you should respond realistically to the health worker. The box below provides some information. You should make up additional information (consistent with the role) as needed.

### **Information for the TB patient – Exercise A, Role Play**

Your name is Mrs Marsi and you live in Bel Village. Your home is too far from the health centre to travel there often (2 hours to travel each way). When asked to suggest possible community TB treatment supporters, suggest a family member and also someone at work. There is a community health worker in your village.

When the health worker asks you questions about places and times that you could come for treatment, and questions about possible supporters, make up realistic answers.

### **Instructions for the observer**

Watch the role play and listen to how the health worker conducts the discussion. Make notes by the questions below. When the role play is over, you will be asked to share your observations.

- Did the health worker explain how a community TB treatment supporter could help and the characteristics of an effective treatment supporter?
- Did the health worker ask about:
  - the patient's situation?
  - the patient's ideas on possible community TB treatment supporters?
  - when and where the patient could meet regularly with a community TB treatment supporter?

- Did the health worker explore whether the suggested community TB treatment supporter could be trained for the tasks, be present for appointments, and come to the health facility monthly for supervision and resupply with drugs?
- Did the patient choose the community TB treatment supporter, or did the health worker force a decision on the patient?
- Does the health worker now know the name and address of the potential community TB treatment supporter? Is there a plan for how to contact the individual?

**When you have finished the first role play,** the observer should comment briefly. Then switch roles and do the role play again. Repeating the role play will help you to become more familiar and comfortable with the steps of this discussion with a patient. Repeat until each person has practised the role of a health worker. Then turn to the next page and read the questions that will be discussed.

### ***Group discussion***

**After the role plays are completed**, the facilitator will lead a discussion of the questions below.

1. Can most TB patients who are detected at your health facility conveniently come to the health facility for directly-observed treatment?
2. Have you used community TB treatment supporters before?
3. If yes, what types of community TB treatment supporters have been effective? What problems were encountered?

If no, can you try using community TB treatment supporters in the future? What type of treatment supporters could be effective and acceptable to patients?



**When the group has finished the discussion,  
GO BACK to page 7 and continue reading  
until you reach the next stop sign.**



## Exercise B

### Role Play – Training a community TB treatment supporter

For this exercise, your facilitator will divide the participants into groups of three to enact a role play. One person will act as the facility health worker, one as the new community TB treatment supporter and one as a TB patient. You will change roles and continue the role play so that each person will have a turn in each role.

In this role play, your group will practise three steps from Annex A, *Training plan for a new community TB treatment supporter*. Each of you will act as the health worker to teach one of the steps, just as written in the training plan. The steps from the plan that you will carry out are:

5. Teach how to give directly-observed treatment.
6. Teach how to mark the *TB Treatment Card* after giving directly-observed treatment.
7. Teach about side-effects.

Your group will need the following supplies:

- One dose of the drugs that the treatment supporter should give the patient  
Your facilitator should give you the drugs to use in the role play.
- A glass of water
- The patient's *TB Treatment Card*  
(Finish preparing the card on page 32 by recording the drugs that the treatment supporter will use.)
- *A guide for tuberculosis treatment supporters* (Annex B or a separate copy)
- One or two other *TB Treatment Cards* to use in teaching step 6  
(You may use pages 81–86 in module C: *Treat TB Patients* as example treatment cards. Or, you may use any other completed treatment cards in any module or answer sheet.)

#### How to prepare for the role play:

- Agree among yourselves who will teach each of the steps of the training plan: 5, 6 or 7. Also agree who will play the other roles of the patient and the community TB treatment supporter.
- Turn to Annex A, pages 42–45, and find the instructions for teaching your step. Study the instructions for a few minutes until you are ready to carry out the role play. Leave your module open to the training plan so that you can refer to it during the role play.
- Be sure that you have the supplies that you will need for your role play.

### To conduct the role play:

- The “health worker” carries out step 5 in the training plan, following the instructions as written.
- Switch roles so that another person is the “health worker” and carries out step 6 in the training plan.
- Switch roles again and carry out step 7.

### Discussion:

When the entire role play is finished, take turns answering the following questions:

Think about when you played the role of the community TB treatment supporter.

- Did you practise the task enough that you could do it on your own later?
- What could the health worker have done that would have helped you learn the task better?



When the group has finished this exercise, **GO BACK** to page 13 and read until the next stop sign.

## Exercise B

## Tuberculosis Treatment Card

District TB Register No. \_\_\_\_\_

Name: Mary Abatu

Sex: ☐ M ☒ F Date of registration in District TB Register: \_\_\_\_\_

Age: 19 Health facility: Patangeta Health Centre

33 Primos Road, Patangeta

Address of treatment supporter (if applicable)

Disease site (check one)

☒ Pulmonary    ☐ Extrapulmonary, specify \_\_\_\_\_

**Type of patient** (check one)

☒ New
 ☐ Treatment after default  
☐ Relapse
 ☐ Treatment after failure  
☐ Transfer in
 ☐ Other

Before the role play, write in the drugs that will be given to this patient.

### **I. INITIAL PHASE** - prescribed regimen and dosages

Regimen: ☐ New ☐ Retreatment

Number of tablets per dose, doses per week, dosage of S:

(RHZE)

S

Cotrimoxazole

ARV

Other

**Referral by:**

☒ Self-referral  
☐ Community member  
☐ Public facility  
☐ Private facility/provider:

☐ Other, specify:

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0	16-10-09	667-2	+++	39

TB/HIV		
	Date	Result*
HIV test		
HIV test		
CPT start		
ART start		

\* (Pos) Positive; (Neg) Negative; (I) Discordant/Inconclusive; (ND) Not Done/unknown

**Tick appropriate box after the drugs have been administered**

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line ( —●— ) through number of days supplied. Ø = drugs not taken

[illegible]

## II. CONTINUATION PHASE

Number of tablets per dose, doses per week

(RH)	(RHE)	Other

**Daily intake observed:** enter ✓. **Periodic supply:** enter 0 on day when drugs are collected and draw a horizontal line ( ———●) through number of days supplied. Ø = drugs not taken

[illegible]

Write the subscript number 3 after the letter(s) for the drug to indicate 3 doses of that drug per week. In the box, write the number of tablets that this patient should take for each dose during the continuation phase.

<b>Chest X-ray (at start)</b>
Date:
(-) Normal
(+) Abnormal
(ND) Not done

HIV care	
Pre ART Register No.	
CD4 result	
ART eligibility (Y/N/ <i>Unknown</i> )	
Date eligibility assessed	
ART Register No.	

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Treatment outcome

Date of decision \_\_\_\_\_

- ☐ Cure
- ☐ Treatment completed
- ☐ Died
- ☐ Treatment failure
- ☐ Default
- ☐ Transfer out

Household contacts				
First names and surnames	Age	Relationship to case	Date seen	Result
Indira Abatu	41	mother		
Asheena Khan	36	cousin		

Name and address of contact person: AJ Wanstu, 40 Primos Rd, Patangeta





## Exercise C

### Written Exercise – Checking and copying entries from a *TB Treatment Card*

In this exercise, you will check a *TB Treatment Card* completed by a community TB treatment supporter and copy the entries to the original *TB Treatment Card* kept at the health centre.

#### On 19 February

The *TB Treatment Card* on pages 37–38 is Aya Patel's card, which you keep at the health centre. Examine this card. See that on 18 February, the health worker gave Aya the first dose. On 19 February, the health worker trained the community TB treatment supporter, Raj Kumari, and gave him 27 doses to administer to Mrs Patel.

#### On 20 March

Mr Kumari returned to the health centre to pick up a resupply of drugs because he has only 1 day's supply left. The health worker copied the ticks on the community TB treatment supporter's card to the copy of the card that is kept at the health centre. The health worker noticed two irregularities to discuss with Mr Kumari:

- The community TB treatment supporter was giving the drugs to the patient and ticking the card 7 days per week, rather than 6. The health worker explained that this was not necessary, and not more effective. The patient should not come for treatment one day per week, probably Sunday, which is recorded by a dash on that day.
- The patient was out of town on 8–10 March, and this was correctly recorded on the card. However, the community TB treatment supporter should have been warned of the absence to give the patient drugs for 2 days of self-administration (one day was Sunday).

The health worker gave Mr Kumari another month's supply of drugs and recorded that on the card (28 doses on 20/3). The health worker also asked that Mrs Patel return on 18 April for the 2-month follow-up sputum smear examination and gave the supporter a sputum container to give to Mrs Patel on 17 April.

#### On 18 April

Mrs Patel, the patient, and Mr Kumari, the community TB treatment supporter, came to the health centre this morning, 18 April. On pages 39–40 is the card that Mr Kumari brought with him today. He needs another month's supply of drugs, because the supply for last month is almost gone. Mrs Patel came also because this is the day for her follow-up sputum examination. She brought a sputum sample.

1. Copy the ticks for the past month on the community TB treatment supporter's copy of the *TB Treatment Card* (page 39) to the copy of the card that is kept at the health centre (page 37).
2. Identify any problems with giving treatment or with marking the card that you can identify from looking at the community TB treatment supporter's copy of the *TB Treatment Card*. These may be new problems or problems that have continued in the second month (after the health worker gave more explanation about how to mark the card).
  - a) Has Mr Kumari stopped giving treatment on Sundays?
  - b) Did the patient go out of town again and, if so, was the patient given drugs for self-administration during the absence?
  - c) Have you identified any new problems? If so, describe the problems:
  - d) What should the health worker discuss with the community TB treatment supporter?
  - e) What drugs should the health worker give to the community TB treatment supporter today? How many doses and how many tablets?

When you have finished this exercise, review  
your work with a facilitator.



Then **GO BACK** to page 17. Read  
section 4 and work to the end of the  
module (page 23).

Copy kept at Health Centre

**Tuberculosis Treatment Card**

District TB Register No. 1119

Name: Aya Patel

Sex: ☐ M ☒ F Date of registration in District TB Register: 19 Feb 2009

Age: 30 Health facility: Nikobo Health Centre

Address: 15 Centre Street, Parmu

Name / address of treatment supporter (if applicable)

Raj Kumari, 900 Market Street, Parmu

**I. INITIAL PHASE** - prescribed regimen and dosages

Regimen: ☒ New ☐ Retreatment

Number of tablets per dose, doses per week, dosage of S:

(RHZE)	S
3	

Cotrimoxazole	ARV	Other

**Referral by:**

- ☐ Self-referral  
☒ Community member  
☐ Public facility  
☐ Private facility/provider:

☐ Other, specify:

**Disease site** (check one)

☒ Pulmonary ☐ Extrapulmonary, specify

**Type of patient** (check one)

- ☒ New ☐ Treatment after default  
☐ Relapse ☐ Treatment after failure  
☐ Transfer in ☐ Other

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0	14-2-09	781	+++	44

TB/HIV		
	Date	Result*
HIV test	10-2-09	neg
HIV test		
CPT start		
ART start		

\* (Pos) Positive; (Neg) Negative; (I) Discordant/Inconclusive; (ND) Not Done/unknown

**Tick appropriate box after the drugs have been administered**

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line ( —●— ) through number of days supplied. Ø = drugs not taken

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given	Drugs given to supporter	
Month																																		Date	Doses
Feb			-							-							-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	19-2	27
March	✓	✓	✓	✓	✓	✓	✓	Ø	Ø	Ø	✓	✓	✓	✓	✓	✓	✓	✓	✓															20-3	28

## II. CONTINUATION PHASE

Number of tablets per dose, doses per week

(RH) <sub>3</sub>	(RHE)	Other
3		

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line ( ———● ) through number of days supplied. Ø = drugs not taken

[illegible]

<b>Chest X-ray (at start)</b>
Date:
(-) Normal
(+) Abnormal
(ND) Not done

HIV care	
Pre ART Register No.	
CD4 result	
ART eligibility (Y/N/Unknown)	
Date eligibility assessed	
ART Register No.	

**Comments:** March 8-10 - out of town

## Household contacts

**Treatment outcome**

Date of decision \_\_\_\_\_

☐ Cure

☐ Treatment completed

☐ Died

☐ Treatment failure

☐ Default

☐ Transfer out

First names and surnames	Age	Relationship to case	Date seen	Result
Ramesh Patel	52	husband	23/2	cough, Smeear No
Vinod Patel	12	son		

Name and address of contact person: R. J. Shaw 32B Government House Parma (uncle)

# Community TB Treatment Supporter's copy

## Tuberculosis Treatment Card

District TB Register No. 1119

Name: Aya Patel

Sex: ☐ M ☒ F Date of registration in District TB Register: 19 Feb 2009

Age: 30 Health facility: Nikoba Health Centre

Address: 15 Centre Street, Parmu

Name / address of treatment supporter (if applicable)

Raj Kumari, 900 Market Street, Parmu

### I. INITIAL PHASE - prescribed regimen and dosages

Regimen: ☒ New ☐ Retreatment

Number of tablets per dose, doses per week, dosage of S:

(RHZE)	S
<u>3</u>	

Cotrimoxazole	ARV	Other

### Referral by:

- ☐ Self-referral  
☒ Community member  
☐ Public facility  
☐ Private facility/provider:

☐ Other, specify: \_\_\_\_\_

### Disease site (check one)

☒ Pulmonary ☐ Extrapulmonary, specify \_\_\_\_\_

### Type of patient (check one)

- ☒ New ☐ Treatment after default  
☐ Relapse ☐ Treatment after failure  
☐ Transfer in ☐ Other

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
<u>0</u>	<u>14-2-09</u>	<u>781</u>	<u>+++</u>	<u>44</u>

TB/HIV		
	Date	Result*
HIV test	<u>10-2-09</u>	<u>neg</u>
HIV test		
CPT start		
ART start		

\* (Pos) Positive; (Neg) Negative; (I) Discordant/Inconclusive; (ND) Not Done/unknown

### Tick appropriate box after the drugs have been administered

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (—●—) through number of days supplied. Ø = drugs not taken

Day Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given	Drugs given to supporter		
	Date	Dose																																		
Feb			—							—							—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11	11	19-2	27	
March	✓	✓	✓	✓	✓	✓	✓	0	0	0	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	✓	—	26	37	20-3	28
April	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓						1								

## II. CONTINUATION PHASE

Number of tablets per dose, doses per week

(RH) <sub>3</sub>	(RHE)	Other
3		

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line ( ———• ) through number of days supplied. Ø = drugs not taken

Day Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given

### Chest X-ray (at start)

Date:

(-) Normal

(+) Abnormal

(ND) Not done

### HIV care

Pre ART Register No.

CD4 result

ART eligibility (Y/N/Unknown)

Date eligibility assessed

ART Register No.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Household contacts

First names and surnames	Age	Relationship to case	Date seen	Result
Ramesh Patel	52	husband	23/2	cough, sneezing
Vinod Patel	12	son		

### Treatment outcome

Date of decision \_\_\_\_\_

☐ Cure

☐ Treatment completed

☐ Died

☐ Treatment failure

☐ Default

☐ Transfer out

Name and address of contact person: RJ Shaw, 32 B Government House, Parmu (uncle)





## **Annexes**

A. Training plan for a new community TB treatment supporter.....	43
B. A guide for tuberculosis treatment supporters.....	48



# Training plan for a new community TB treatment supporter

## Materials needed:

- *A guide for tuberculosis treatment supporters*<sup>1</sup> (a copy for the community TB treatment supporter to keep and one for the trainer)
- One or two *TB Treatment Cards* for different patients (actual patients' cards or prepared examples)
- A prepared example card with all general patient information and drug regimen filled in. (The treatment supporter will practise marking treatment on it.)

Specific to the patient who will begin treatment:

- Copy of the patient's *TB Treatment Card* (prepared for the community TB treatment supporter)
- First month's supply of the patient's anti-TB drugs
- A storage box (to store a month's drugs) to give to the community TB treatment supporter

**Time required:** One hour or less

## General guidelines for training a community TB treatment supporter:

Use relevant teaching methods listed below to teach important tasks and information. Be sure that the treatment supporter **practises** important tasks. Ask **checking questions** to be sure that the treatment supporter **remembers** important information.

- Give **information** about each task and how to do it.
- Give **examples**, such as showing the tablets or giving a demonstration.
- Have the learner **practise** the tasks, as you give guidance and feedback.
- Ask **checking questions** to assess what the learner remembers.

## Suggested steps of a training session:

### 1. Introduction

- Explain that you are going to teach some information about TB and what do to as a community TB treatment supporter.
- Give the treatment supporter a copy of *A guide for tuberculosis treatment supporters*. (Section numbers in the steps below refer to sections in this guide.)

### 2. Review information about TB and its treatment by going through sections 1–5 in *A guide for tuberculosis treatment supporters* with the treatment supporter. Section by section:

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<sup>1</sup> *A guide for tuberculosis treatment supporters*. Geneva, World Health Organization, 2002 (WHO/CDS/TB/2002.300). An updated version is provided in Annex B of this module.

- **Information:** Review the text with the treatment supporter. Discuss the text, answering any questions from the treatment supporter, commenting on the text and discussing how this differs (if it does) from what most people believe.
  - **Check understanding:** Ask some checking questions to review and see whether the treatment supporter recalls the most important points.
3. Review the role and tasks of the community TB treatment supporter.
- **Information:** Review sections 6 and 7 with the treatment supporter. Give explanations as appropriate. Answer questions from the treatment supporter.
  - **Check understanding:** Ask the treatment supporter some checking questions about the tasks of a treatment supporter.
4. Teach how to read the *TB Treatment Card* to see what drugs to give the patient.
- **Information:** On the patient's *TB Treatment Card*, explain how to read the abbreviations for the drugs and the numbers of tablets to give the patient as one dose. Explain the schedule shown on the card. Explain that on a daily schedule, it is customary to skip a dose on Sunday (or the customary day off). The treatment will still be effective.
  - **Example:** Show the exact drugs that the treatment supporter should give the patient at each appointment. (If these are in a blister pack, this step is easy. If they are not, spend more time to teach the supporter what each of the tablets looks like and how many of each to give, so that the supporter will give the correct tablets, even if faced with a packaging error.)
  - **Practice:** Ask the treatment supporter to read the drugs to give from the *TB Treatment Card* and show you the correct tablets to give each day. Listen and watch carefully. Praise what is correct and give help as needed.
5. Teach how to give directly-observed treatment.
- **Information:** Review with the treatment supporter section 9 "How do you give the TB drugs?" from *A guide for tuberculosis treatment supporters*. Explain that it is most important to actually see the patient swallow the tablets. It is not acceptable to give the patient the tablets to swallow later, either for your or the patient's convenience.
  - **Example:** Demonstrate how to give directly-observed treatment. Pretend that the supporter is a TB patient. Then, greet the patient, take out the *TB Treatment Card*, take out the drugs from the box, give them to the patient with a glass of water, etc. (The treatment supporter should only pretend to swallow the tablets, however.)
  - **Practice:** If the TB patient is present, have the treatment supporter provide today's dose to the patient while you watch and provide guidance as needed. If the patient is

not present, ask the treatment supporter to pretend that you are a TB patient and practise giving you directly-observed treatment.

- **Check understanding:** Ask the treatment supporter, “Suppose the patient complained of an upset stomach and wanted to carry the tablets home to take after eating. What would you do?” Discuss the best response.

6. Teach how to mark the *TB Treatment Card* after giving directly-observed treatment.

- **Information:** Review with the treatment supporter section 8 “How do you use the *TB Treatment Card*?” Remind the treatment supporter never to tick the card until and unless the patient is observed taking the drugs.
- **Example:** Show the treatment supporter how one or two actual patients’ cards have been marked, as examples. Explain what the ticks (✓) mean, how they are placed under the correct date, and other notations (such as “0” for missed appointments, and “—” for a day with no appointment).
- **Practice:** If the TB patient is present, have the treatment supporter mark the card to indicate the dose just observed. If the patient is not present, give the treatment supporter a prepared example *TB Treatment Card*. Ask the supporter to pretend that the patient has just taken the treatment, and mark the card on the correct date. Then describe, day by day, a few days of treatment observed or days missed and ask the treatment supporter to mark the *TB Treatment Card*. Check the ticks and help the treatment supporter if necessary. Continue until you feel the supporter can do it correctly.

7. Teach about side-effects.

- **Information:** Review with the treatment supporter section 10 “What are the possible side-effects/bad reactions to TB drugs?” Explain that the patient may complain of side-effects. The supporter should also observe the patient’s appearance and ask whether the patient is experiencing any problems.
- **Practice:** Ask a series of questions to help the treatment supporter become familiar with the list of side-effects and what to do. For example, ask the following questions. The supporter should look at the list and say what should be done:
  - If the patient complains of nausea, what would you do?
  - If the patient complains of orange or red urine?
  - Itching skin?
  - Vomiting and confusion?
  - Lack of appetite and stomach ache?
  - Pain in the joints?
  - If you notice the patient’s skin looks yellow?
  - If the patient has stomach ache and vomited once last night?

Ask questions such as the above until you feel confident that the supporter will know what to tell the patient.

8. Teach how to encourage the patient to continue coming for TB treatment.
  - **Information:** Review with the treatment supporter section 11 “You can make a real difference.”
  - **Examples:** Suggest some example things to say to TB patients to praise them and encourage them to continue the treatment.
  - **Practice:** Ask the treatment supporter to practise saying some encouraging things to you. (This will help the supporter to remember them.)
9. Teach what to do if a patient missed a scheduled treatment.
  - **Information:** Tell the treatment supporter to take action when patient is more than 24 hours late for a dose. Explain what to do:
    - Visit the patient’s home.
    - Find out what is causing the problem and discuss what to do to prevent missed doses in the future.
    - Give the treatment.
    - If the patient cannot be found or cannot be convinced to continue treatment, contact the health facility for help without delay.
  - **Check understanding:** Ask the supporter some checking questions about what to do when the patient misses an appointment.
10. Teach how to obtain a resupply of drugs.
  - **Information:** Ask the treatment supporter to return to the health facility each month for a resupply of drugs. Come a few days before the month’s drugs are finished, so there will be no day when the supply is completely gone. Ask the supporter to bring the *TB Treatment Card*. You will copy the ticks or other notes on the treatment supporter’s card to the original card. You will also discuss any problems.
  - **Check understanding:** Ask the supporter some checking questions, such as, “When will you return for the next month’s drugs? What will you bring with you?”
11. Teach what to do if the patient or the supporter must be away for a few days.
  - **Information:** Explain that the treatment supporter may give the patient enough drugs for self-administration for a maximum of 1 week. Alternatively, the treatment supporter may refer the patient to the health facility to decide what is to be done. The treatment supporter and the patient may also ask someone else to help during this time.
  - **Check understanding:** Ask the treatment supporter what to do if the patient or supporter must be away. (This is a good issue to discuss again after some experience, such as when the treatment supporter comes for a resupply of drugs.)

12. Teach when to send the patient back to the health facility for follow-up.

- **Information:** Explain that the patient will need to return to the health facility for follow-up sputum examinations two or three times during the treatment and also for check-ups with a clinician. You will tell the supporter when the patient needs to come to the health facility.
- **Check understanding:** Ask the treatment supporter to tell you the reasons the patient will need to return to the health facility periodically.

13. Conclusion

- Ask whether the treatment supporter has any questions about the tasks and how to do them.
- Ask the supporter to keep a copy of *A guide for tuberculosis treatment supporters* safe, and refer to it as needed or for a reminder.
- Thank and encourage the community TB treatment supporter.

# A GUIDE FOR Tuberculosis Treatment Supporters



**World Health Organization  
Geneva**

Adapted from *A guide for tuberculosis treatment supporters*. Geneva, World Health Organization, 2002 (WHO/CDS/TB/2002.300). Writing committee: Monique Munz and Karin Bergstrom for the WHO Stop TB Department. Contributors: Fabio Luelmo, Dermot Maher, Mario Raviglione (WHO Stop TB); and Patricia Whitesell Shirey (ACT International, Atlanta; GA, USA). Design: Marilyn Langfeld. Illustrations: Janet Petitpierre. **Revision of the text is in the context of these revised modules and does not constitute a formal revision of the document.**



## 1. *What is tuberculosis?*

Tuberculosis, or TB, is a disease caused by germs. TB germs can settle anywhere in the body. We most often hear about TB of the lungs. The TB germ makes many more germs that damage parts of the body, such as the person's lungs. When the lungs are damaged, the person cannot breathe easily.

**TB is a disease caused by germs. It spreads most easily when it is in a person's lungs.**

TB can be cured with the right treatment. Patients who do not receive the correct treatment can die from TB. TB in the lungs is dangerous for other people because it spreads easily from person to person.

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

TB symptoms depend on where the TB germs are in the body. The general symptoms of TB are:

- Cough
- Bloody sputum
- Fever
- Sweating at night, even when the weather is cold
- Weight loss.

**People with TB have many different symptoms. The major symptom of TB in the lungs is coughing for more than 2–3 weeks. It is best to go to a health facility for a check-up.**

When TB is in the lungs, the major symptom is cough that continues for a long time (more than 2–3 weeks). The patient also produces a great deal of sputum (mucus and saliva) that may contain blood.

Some symptoms of TB can look like other illnesses, so it is important that the person gets a check-up at a health facility.

### 3. *How is TB spread?*

TB in the lungs is dangerous for other people because it spreads easily. When a person sick with TB coughs or sneezes, TB germs are spread into the air. These germs go inside another person's lungs when the air with these germs is breathed in. It is easy to pass these germs on to family members when there are many people living in a small closed-in space, and there is not enough fresh air. Anyone can get TB.

**TB spreads to others when someone with TB coughs or sneezes TB germs into the air.**



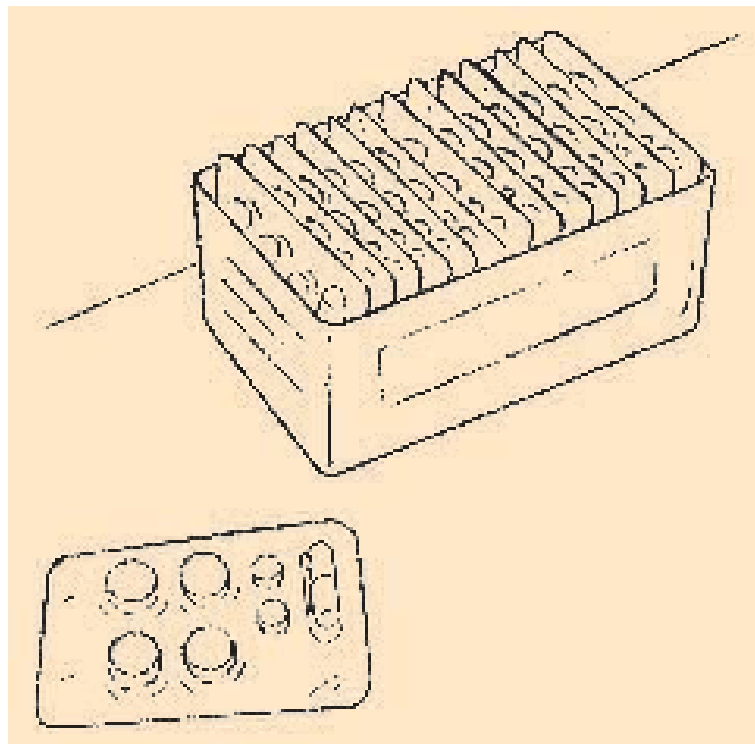
#### 4. *Why is it so important for a TB patient to take the correct TB drugs for the full duration of the treatment?*

The drugs that kill the TB germs are called “TB drugs”. TB can be cured if the patient takes these drugs regularly, on schedule, for the full duration of the treatment, even when feeling better after taking treatment for some time.

TB can cause death if it is not correctly and completely treated. The patient will continue to transmit TB to others in the family or community if he does not take all his TB drugs. Taking only some of the drugs or not completing the whole treatment will not cure TB. It is dangerous not to follow the treatment correctly and take only some of the TB drugs because the disease may then become incurable.

Some people have to spend some time in hospital. Most of the treatment to cure TB can be given at the health centre or near the patient’s home. Treatment **must** be observed by the health-care worker or community TB treatment supporter.

It is important for the TB patient to take all the TB drugs regularly, on schedule, for the full duration of the treatment or else the disease may become incurable.



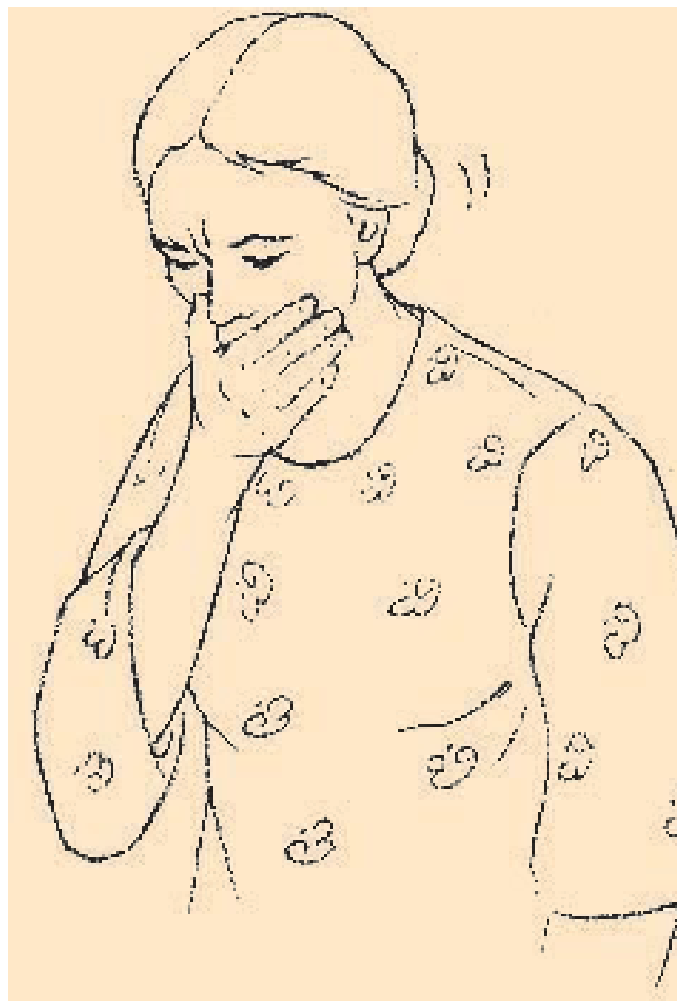
## 5. ***How can a TB patient prevent TB from spreading?***

- By taking treatment and being cured of TB to prevent the spread of TB to others in the family and in the community.
- By covering the mouth and nose when coughing and sneezing.
- By opening windows and doors to allow fresh air to flow through the home.

**A TB patient can prevent TB from spreading by:**

- **taking treatment and being cured of TB**
- **covering the mouth and nose when coughing or sneezing**
- **opening windows and doors to allow fresh air to flow through the home.**

Make sure that people in contact with the TB patient, particularly children and adults who are coughing, are examined for TB.



## 6. ***What is your role as a TB Treatment Supporter?***

The patient has chosen you as the TB Treatment Supporter and trusts you. Your main role is to make sure that the patient takes the TB drugs regularly, on schedule, for the full duration of the treatment.

It is important that the patient feels comfortable with you and can ask questions about TB and its treatment. The patient may be very ill and feel ashamed about having TB. You will need to reassure the patient that you will be there throughout the treatment so that the TB can be completely cured.

Listening to and encouraging the TB patient and the family is another way of supporting the TB patient.

**The main role of the TB Treatment Supporter is to make sure that the patient takes the TB drugs regularly, on schedule, for the full duration of the treatment. Part of this support is listening to and encouraging the patient.**



## **7. What are your tasks as the TB Treatment Supporter?**

Your tasks as the TB Treatment Supporter are very important. You must:

- Agree on a time and place to meet with the TB patient. Do not make the patient wait.
- Give the patient the TB drugs at each appointment according to the schedule. Look at the drugs to be sure they are correct. Watch the patient swallow all the drugs.
- Record on the TB Treatment Card each time the patient takes the drugs. (The TB Treatment Card is explained in the next section in this booklet.)
- Be aware of possible side-effects. Encourage the patient to eat food with the drugs if needed to reduce nausea. Refer the patient to the health facility if the side-effects continue.
- Pay close attention to symptoms especially if the patient is HIV-positive. Refer the patient to the health facility for care if the patient's condition worsens.
- Encourage the patient to continue coming for TB treatment.
- Respond quickly if the patient misses a scheduled treatment. When a patient misses a dose for more than 24 hours, visit the patient's home. Find out about the problem that caused the interruption. Give the treatment. If you are unable to find the patient or convince the patient to continue the treatment, contact the health centre for help without delay.

**As the TB Treatment Supporter, you provide ongoing support to the TB patient by:**

- **watching the patient take the correct TB drugs**
- **marking the TB Treatment Card after the drugs are taken**
- **encouraging the patient to continue coming for TB treatment**
- **making sure there is always a supply of drugs for the patient**
- **referring the patient to the health facility if there are problems**
- **making sure the patient goes to the health facility when a follow-up sputum examination is due.**

- Go to the health centre to collect a re-supply of drugs each month. Show the patient's TB Treatment Card. Review how the patient is doing and discuss any problems.



- If you or the patient will be away for a few days, make arrangements for the patient to take the drugs without your support. Give the patient enough drugs to take for a maximum of one week or refer the patient to the health facility to decide what is to be done. Someone else may be asked to help during this time.
- Be sure the patient goes to the health facility when a follow-up sputum examination is due.
- If the patient is a child, be sure the child visits a clinician for assessment every 2 months.

## 8. How do you use the TB Treatment Card?

To kill the TB germs, the patient must take the TB drugs according to the schedule. You are there to support the patient and to help make sure the patient takes the drugs correctly. The TB Treatment Card will help you to ensure that you give the patient the right TB drugs at the correct time. It is important for you to **watch** the patient take the TB drugs as scheduled and then **mark** it on the TB Treatment Card.

**Mark the TB Treatment Card each time you see the patient take the TB drugs.**

You will take the TB Treatment Card to the health facility before all of the TB drugs are finished. The health facility staff will look at the TB Treatment Card to see whether the patient has been taking the TB drugs on schedule and will give you the patient's next supply of drugs.

**Mark ✓ on the correct day on the TB Treatment Card each time you observe the patient swallowing the TB drugs.**

Tick appropriate box after the drugs have been administered

MONTH \ DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Number doses this month	Total number doses given
July																											✓	–	✓	✓	✓	4	4
Aug	✓	✓	✓	–	✓	✓	✓	Ø	✓	✓	–	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	26	30
Sept	–	✓	✓																														

Please turn over for continuation phase



## **9. How do you give the TB drugs?**

The staff at the health centre will write on the TB Treatment Card for your patient how many of each TB drug the patient should take at each appointment.

When the patient comes to you:

- Take out the patient's TB Treatment Card.
- Pour a glass of water for your patient (if the TB drugs cause nausea, the patient can take them with food, milk or gruel).
- Take out all the TB drugs that the patient should take today.

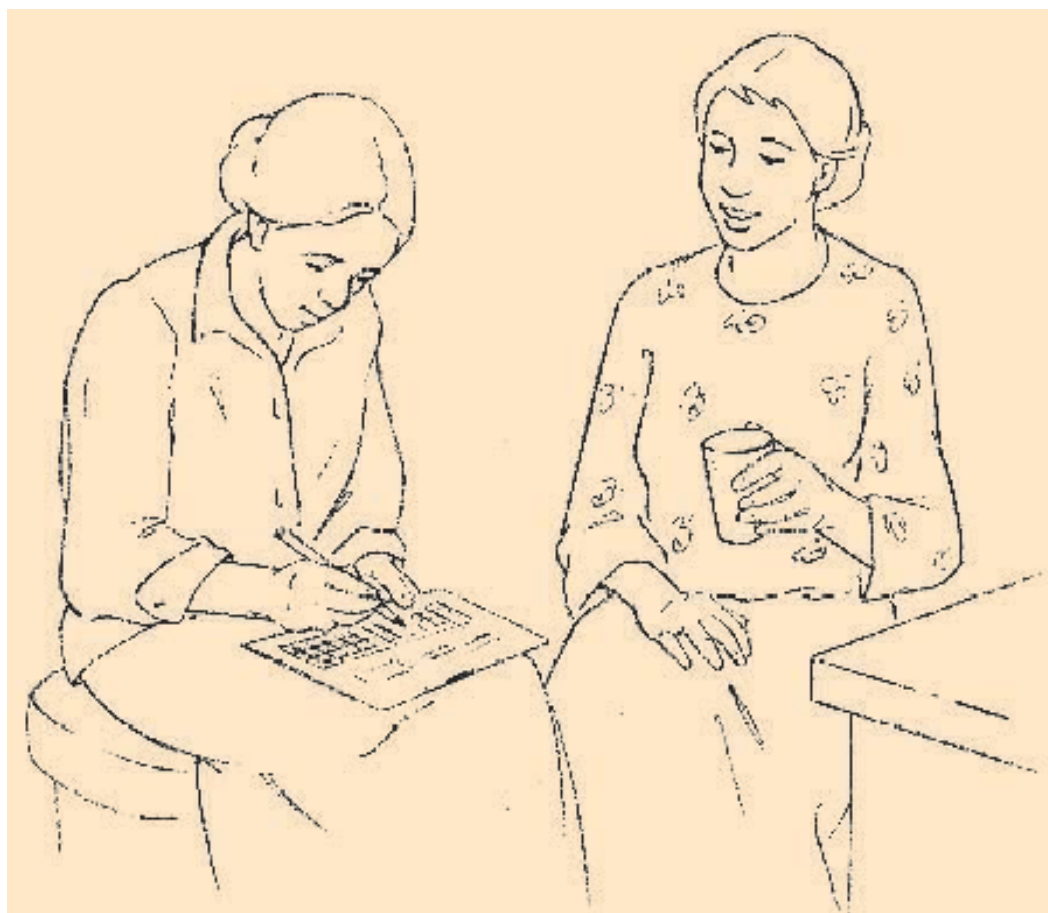


- Put the tablets into the patient's hand and then watch the patient swallow the tablets one at a time. If the patient finds it difficult to swallow them one after the other, allow the patient a short breathing space. The TB drugs must be taken together to make sure they work together properly.

**You must watch the patient swallow all the TB drugs each time.**



- Record the treatment on the TB Treatment Card.



## 10. What are the possible side-effects or reactions to TB drugs?

Tell the patient that TB drugs sometimes cause reactions or side-effects. At each appointment, ask how the patient is feeling. Listen carefully to the patient's answer in case any side-effects have occurred. Some reactions are not dangerous and you need only to reassure the patient. Other reactions may be dangerous so you must stop the treatment and send the patient immediately to a health facility.

The TB drugs may have side-effects. The patient should tell you when there are any reactions so you know what to do.

Reaction to TB drugs	Your response
<b>Not dangerous:</b> <ul style="list-style-type: none"> <li>• Nausea, no desire to eat, stomach ache, gas</li> <li>• Orange or red urine</li> <li>• Pain in the joints</li> <li>• Burning sensation in the feet</li> </ul>	<b>Continue treatment:</b> <ul style="list-style-type: none"> <li>• Reassure the patient and give drugs with food, milk or gruel.</li> <li>• Reassure the patient that this is expected with rifampicin, one of the TB drugs.</li> <li>• Refer the patient to the health centre.</li> <li>• Refer the patient to the health centre.</li> </ul>
<b>Dangerous:</b> <ul style="list-style-type: none"> <li>• Skin rash and itching</li> <li>• Deafness</li> <li>• Dizziness</li> <li>• Skin and/or eyes turn yellow</li> <li>• Vomiting repeatedly</li> <li>• Difficulty with vision</li> </ul>	<b>STOP treatment and send the patient immediately to a health facility.</b>

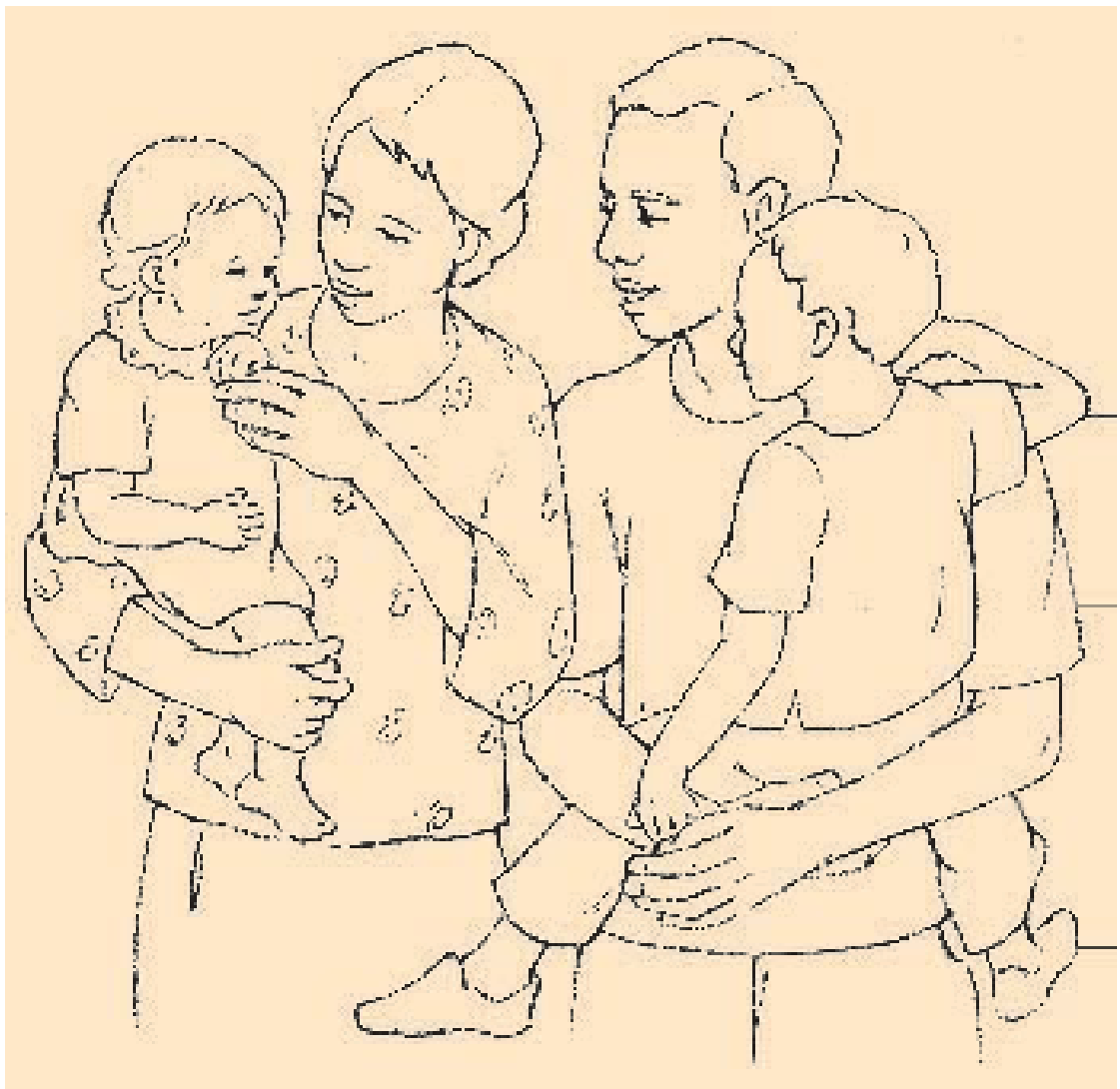
Side-effects are more common in HIV-positive people. There are additional possible side-effects of simultaneous TB treatment and ART.

<b>Reaction to simultaneous TB treatment and ART</b>	<b>Your response</b>
<p><b>Not dangerous:</b></p> <ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Headache</li> <li>• Cough or difficult breathing</li> <li>• Blue or black nails</li> <li>• Fever</li> <li>• Very pale</li> </ul>	<p><b>Continue treatment:</b></p> <ul style="list-style-type: none"> <li>• Rehydrate. Reassure the patient that if diarrhoea is due to ART, it will improve in a few weeks.</li> <li>• Reassure the patient that, if on AZT or EFV, headache will improve. Give paracetamol or aspirin (acetylsalicylic acid) if you are able.</li> <li>• Refer the patient to the health centre for assessment.</li> <li>• Reassure the patient that this is normal with AZT.</li> <li>• Check for common causes. Refer to a health facility.</li> <li>• Refer to a health facility.</li> </ul>
<p><b>Dangerous:</b></p> <ul style="list-style-type: none"> <li>• Abdominal or flank pain</li> <li>• Psychosis, depression</li> </ul>	<p><b>STOP treatment and send the patient immediately to a health facility for any dangerous side-effects.</b></p>

## ***11. You can make a real difference.***

Making sure that the patient takes the TB drugs correctly will help to cure the TB patient. Your support and encouragement will help to strengthen the patient's will to complete the whole TB treatment. When the patient takes the TB drugs correctly, it will also help prevent TB from spreading to other family members and to the community.

**The TB Treatment Supporter helps the patient get well and prevents TB from spreading to the family and community.**



## **KEY MESSAGES**

1. Tuberculosis, or TB, is a disease caused by germs. It spreads most easily when it is in a person's lungs.
2. People with TB have many different symptoms. The major symptom of TB in the lungs is coughing for more than 2–3 weeks. It is best to go to a health facility for a check-up.
3. TB may spread to others when someone with TB coughs or sneezes TB germs into the air.
4. It is important for the TB patient to take all the TB drugs regularly, on schedule, for the full duration of the treatment, or else the disease may become incurable.
5. A TB patient can prevent the spread of TB by:
  - taking treatment and being cured of TB
  - covering the mouth and nose when coughing or sneezing
  - opening windows and doors to allow fresh air to flow through the home.
6. The TB Treatment Supporter's main role is to make sure that the patient takes the TB drugs regularly, on schedule, for the full duration of the treatment. You will also need to listen and encourage the patient as part of this support.
7. As the TB Treatment Supporter, you provide ongoing support to the patient by:
  - watching the patient take the right TB drugs
  - marking the TB Treatment Card after the drugs are taken
  - encouraging the patient to continue coming for TB treatment
  - making sure there is always a supply of drugs for the patient
  - referring the patient to the health facility if there are problems
  - making sure the patient goes to the health facility when a follow-up sputum examination is due.
8. Mark the TB Treatment Card each time the patient takes the TB drugs.
9. You must watch the patient swallow the drugs each time.
10. The TB treatment may cause reactions or side-effects. The patient should tell you when there are any reactions so you know what to do. People who are on TB treatment and ART may have more reactions.
11. Any time that you think a patient is significantly worse, refer the patient to the health facility immediately.
12. The TB Treatment Supporter helps the patient get well and prevents TB from spreading to the family and community.











