



# **TRAINING MODULE FOR NGO STAFF INVOLVED IN URBAN DOTS PROJECT (UDP) - MUMBAI**

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**Inter Aide Development India**

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| <b>DURATION OF TRAINING:</b> | Session I – 2 hours<br>Session II – 3 hours              |
| <b>PARTICIPANTS:</b>         | Session I – All NGOs' staff<br>Session II – NGOs TB team |
| <b>METHODOLOGY:</b>          | Participatory  |

The training will be carried out in two sessions. The first session will deal with the general aspects of Tuberculosis as a disease and the basics of diagnosis and treatment. The second session will cover RNTCP in detail.

The first session is for all the staff i.e. it can also be attended by staff of the NGO from other departments like Family Development Programme, Income Generation Programme, Education, etc.

The second session will be a refresher session about RNTCP for the TB teams and will also provide an opportunity to solve some of their doubts and practical difficulties.

The first session will cover:

- Socioepidemiology of TB
- Routes and sources of transmission
- Symptoms of TB
- Sites affected
- Diagnosis
- Treatment in brief

The second session will cover:

- Details of diagnosis
- Categorisation
- Treatment regimens
- RNTCP definitions
- Special situations
- Filling of cards

## **PURPOSE OF THE TRAINING COURSE**

Tuberculosis (TB) remains a major public health problem in India. Every year approximately 18 lakh people develop TB and about 4 lakh die from it. India accounts for one fifth of global incidence of TB and tops the list of 22 high TB burden countries. Unless sustained and appropriate action is taken, approximately 20 lakh people in India are estimated to die of TB in the next five years.

TB kills more adults in India than any other infectious disease.

In India, EVERY DAY:

- more than 40,000 people become newly infected with the tubercle bacilli
- more than 5000 develop TB
- more than 1000 people die of TB (i.e. 1 death every 1 ½ minutes)

Despite the existence of a National Tuberculosis Programme since 1962, there was little impact on the TB burden till 1992. This programme could not achieve the objectives because of low priority, managerial weaknesses, over dependence on X-rays for diagnosis and inadequate funding. Incomplete treatment was the norm rather than exception due to low rates of treatment adherence and lack of supervision.

On the recommendations of an expert committee, a revised strategy to control TB was pilot-tested in 1993 in a population of 23.5 lakh and thereafter increased in phased manner. A full-fledged programme was started in 1997 and rapidly expanded with excellent results. This Revised National Tuberculosis Control Programme (RNTCP) uses the DOTS (Directly Observed Treatment, Short-course chemotherapy) strategy, which is based on results of tuberculosis research done in India.

During the course of this training you will learn the objectives, strategies, diagnosis, classifications of disease, and treatment categorization in RNTCP.

The following pages give a detailed outline of the two training sessions: purpose, contents, methodology, tools.

## FIRST SESSION

| <b>Steps</b>                     | <b>Objective</b><br><i>What staff should know / do after the training</i>   | <b>Contents</b><br><i>Essential information to be passed to staff</i>  | <b>Methodology</b><br><i>Organisation of the training session</i>   | <b>Tools</b><br><i>Material used for training</i> |
|----------------------------------|---|--|---|---|
| Introduction<br>15 – 20 mins     | <ol style="list-style-type: none"> <li>1. Know about TB</li> <li>2. Understand the gravity of the TB situation</li> </ol>           | <p>Socio-epidemiology of TB</p> <ul style="list-style-type: none"> <li>▪ Extent of the problem – some figures from Mumbai and India</li> <li>▪ Both the sexes are affected</li> <li>▪ Mainly affects the economically productive age group between 15-55 years</li> <li>▪ Socio-economic impact of TB</li> </ul> | <ol style="list-style-type: none"> <li>1. Brief introduction</li> <li>2. Participatory sequence:               <ul style="list-style-type: none"> <li>• Question the participants:                   <ol style="list-style-type: none"> <li>i. What do you know about TB?</li> <li>ii. Who is affected?</li> <li>iii. What are the effects of TB?</li> </ol> </li> <li>• Rephrase the questions ensure maximum participation from participants.</li> </ul> </li> <li>3. Rephrase or correct the answers and clarify further showing statistical information.</li> </ol> | Transparencies and OHP                            |
| Cause and spread<br>15 – 20 mins | <ol style="list-style-type: none"> <li>1. Know the routes of transmission and spread</li> <li>2. Know the symptoms of TB</li> </ol> | <ul style="list-style-type: none"> <li>▪ Tuberculosis – the cause</li> <li>▪ Routes and sources of transmission (Clearing myths regarding isolation of TB patients, sharing TB patients' food and utensils).</li> <li>▪ Sites affected by TB.</li> <li>▪ Symptoms of TB.</li> </ul>                              | <p>Participatory sequence:</p> <ul style="list-style-type: none"> <li>• Question the participants:           <ol style="list-style-type: none"> <li>i. How is TB caused?</li> <li>ii. How does it spread?</li> <li>iii. Which part of body is affected?</li> <li>iv. When should you suspect that someone can have TB?</li> </ol> </li> <li>• Develop upon the replies received to give correct information</li> </ul>  | Transparencies and OHP                            |

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| <p>Diagnosis<br/>15 – 20 mins</p>      | <p>1. Understand the procedure for diagnosis</p> <p>2. Know how and where to refer patients for diagnosis</p>                                       | <ul style="list-style-type: none"> <li>▪ 3 Sputum samples for diagnosis: Spot – Overnight – Spot</li> <li>▪ Public and private Microscopy Centres, Sputum Collection Centres</li> </ul> | <p>Participatory sequence:</p> <ul style="list-style-type: none"> <li>• Question the participants: <ul style="list-style-type: none"> <li>i. How can you know whether a person has TB?</li> <li>ii. Where can he be diagnosed?</li> </ul> </li> <li>• Develop upon the replies received to give correct information</li> <li>• Show a copy of the Laboratory request form</li> </ul> | <ul style="list-style-type: none"> <li>i. Transparencies and OHP</li> <li>ii. RNTCP Laboratory request form</li> </ul>                      |
| <p>Treatment in brief<br/>30 mins</p>  | <p>Know the general principles of treatment</p>   | <ul style="list-style-type: none"> <li>▪ DOTS strategy</li> <li>▪ DOTS centres</li> <li>▪ Importance of treatment</li> </ul>  | <ul style="list-style-type: none"> <li>• Explain the principles and components of DOTS strategy</li> <li>• Show a few DOTS boxes (PWB), IP and CP blisters and treatment and ID cards</li> </ul>   | <ul style="list-style-type: none"> <li>i. Transparencies and OHP</li> <li>ii. RNTCP boxes, drug blisters, treatment and ID cards</li> </ul> |
| <p>Closure of the training session</p> | <p>Thank all the participants</p> <ul style="list-style-type: none"> <li>• Provide contact numbers of project staff in case of problems.</li> </ul> |   |  |   |

## SECOND SESSION

| <b>Steps</b>  | <b>Objective</b><br><i>What staff should know / do after the training</i>   | <b>Contents</b><br><i>Essential information to be passed to staff</i>   | <b>Methodology</b><br><i>Organisation of the training session</i>  | <b>Tools</b><br><i>Material used for training</i> |
|---|---|---|--|---|
| Details of diagnosis<br>30 mins                                     | Know the basics for diagnosis   | <ul style="list-style-type: none"> <li>▪ New diagnostic algorithm</li> <li>▪ Sputum examination as the best diagnostic method (cheap, fast, specific)</li> <li>▪ Advantages over X-ray diagnosis</li> <li>▪ Basis for 3 samples</li> <li>▪ Advice to patients for coughing out sputum</li> <li>▪ Good sputum sample</li> </ul>  | <ul style="list-style-type: none"> <li>• Question about the basis of               <ol style="list-style-type: none"> <li>i. Sputum examination</li> <li>ii. 3 samples</li> </ol> </li> <li>• Open discussion with participants</li> <li>• Develop upon the replies received to give correct information</li> </ul>                                  | Transparencies and OHP                            |
| RNTCP definitions, Categorisation and treatment regimens<br>45 mins | <ol style="list-style-type: none"> <li>1. Know the various definitions under RNTCP</li> <li>2. Understand the different categories of patients</li> <li>3. Know the regimen for each category of patient</li> </ol> | <ul style="list-style-type: none"> <li>▪ RNTCP definitions – case definition, type, outcome</li> <li>▪ Categorization of patients – categories in short, drugs used</li> <li>▪ A brief summary of the treatment regimen (duration, categories, IP and CP, drugs used)</li> <li>▪ Basis for (WHY???) -               <ul style="list-style-type: none"> <li>- Combined use of 3 or 4 drugs</li> <li>- Alternate day therapy</li> <li>- Treatment for 6-8 months</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Question about the basis of               <ol style="list-style-type: none"> <li>i. DOT</li> <li>ii. Alternate day therapy</li> <li>iii. Duration of treatment</li> </ol> </li> <li>• Open discussion with participants</li> <li>• Develop upon the replies received to give correct information</li> </ul> | Transparencies and OHP                            |

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|                               | 4. Know the basis for the strategies of DOTS  | <ul style="list-style-type: none"> <li>- Regular treatment</li> <li>- DOT</li> <li>▪ Follow up sputum examinations – periodicity, basis</li> </ul>   |   |   |
| Special situations<br>30 mins | Know about actions to be taken for some special situations  | <ul style="list-style-type: none"> <li>▪ Paediatric TB</li> <li>▪ TB in pregnancy and postnatal period</li> <li>▪ Side effects - Difference between intolerance and real side effects of drugs - Reassurance of patients in case of intolerance and referral to the MO in case of suspected side effects</li> <li>▪ Drug resistance: concept and general mechanism, effects of drug resistance, treatment – expensive, 2<sup>nd</sup> line, more side effects</li> </ul> | Explanation   | Transparencies and OHP                                      |
| Filling of cards<br>30 mins   | <p>1. Understand the new treatment card format</p> <p>2. Know the correct method of filling up I card, treatment card, lab. form etc.</p> | <ul style="list-style-type: none"> <li>▪ Changes in the lab. request form, treatment card</li> <li>▪ Appropriate information to be filled in respective cards</li> </ul>   | <ul style="list-style-type: none"> <li>• Explain the changes in the treatment card format</li> <li>• Exercise for filling up cards</li> </ul> | <p>i. Transparencies and OHP</p> <p>ii. Treatment cards</p> |

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| <p>Communication<br/>30 mins</p>       | <p>1. Understand the importance of good communication with the patients</p> <p>2. Know the correct information to be passed on</p> | <ul style="list-style-type: none"> <li>▪ Regular Follow up of patients - Information about TB, treatment regimen, importance of completing treatment etc. to be given to patients at the first meeting, during subsequent clinic visits and home visits</li> <li>▪ Their role in case-holding – building a rapport with the patient, understanding their difficulties, supporting, advising and referring them at the right time to the right place</li> <li>▪ Examination of symptomatic contacts and contacts of sputum positive patients</li> </ul> | <ul style="list-style-type: none"> <li>• Question about the significance of their role</li> <li>• Explain its importance</li> <li>• Open discussion on information to be given to patients and their families</li> </ul>        |  |
| <p>Practical problems<br/>30 mins</p>  | <p>Receive some answers to practical problems</p>  |  | <ul style="list-style-type: none"> <li>• Open discussion on the practical problems faced during day to day work</li> <li>• Try to obtain solutions from within the group</li> <li>• Provide alternatives if required</li> </ul> |  |
| <p>Closure of the training session</p> | <p>Thank all the participants<br/>Provide contact numbers of project staff in case of problems.</p>                                |  |   |  |