



TB HIV Community-Linked Radio Program

2009 Edition



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



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Acronyms

AAA	Arkangelo Ali Association
AFB	Acid-fast bacilli
AIDS	Acquired immune deficiency syndrome
ARVs	Antiretroviral drugs
CB DOT	Community-based directly observed therapy
CHW	Community Health Worker
CPT	Cotrimoxazole Prophylactic Therapy
DOT	Directly observed therapy
DOTS	Directly Observed Treatment Short course
EMR	Eastern Mediterranean Region
EPTB	Extra-pulmonary tuberculosis
GoSS	Government of Southern Sudan
HIV	Human immunodeficiency virus
MDR TB	Multidrug-resistant tuberculosis
PTB	Pulmonary tuberculosis
PLWHAs	People living with HIV and AIDS
SMS	Short Message Services
TB	Tuberculosis
UNDP	United Nations Development Program
XDR TB	Extensively drug-resistant tuberculosis
WHO	World Health Organization

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How to use this Radio Program manual

This radio program has been designed for use by FM radio stations to sensitize the community on TB and TB HIV issues. A topic outline is designed for each show to include an objective, the purpose of the show, key messages and potential presenter/ DJ questions for discussions that should be covered during the show. The guest speakers will be drawn from the TB officers, health workers working in the TB clinics and former/ current TB and TB HIV persons since these individuals best understood the situation on the ground and could provide realistic solutions to problems and correctly answer the questions as moderated by the radio presenter. Where there is no health staff, the radio presenters shall play both roles and make a discussion on the topics. The show can also be pre-recorded and aired at agreed time. The general format of the show will include approximately 20 minutes for discussion with the guest speakers and then 10 minutes for music interlude and airing radio spots.

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Introduction

Arkangelo Ali Association (AAA) received a grant from the Global Fund to fight Aids, tuberculosis and Malaria (GFATM) through to address two gaps in current TB control efforts in Sudan: diagnosis and treatment of multi-drug resistant TB, and advocacy, communication and social mobilization to strengthen TB control efforts. AAA with other implementers will be at liberty to use this mass media document to implement advocacy, communication and social mobilization activities in support of TB and TB/HIV control.

The purpose of this radio talk show program is to educate the public on a wide range of issues concerning TB and TB HIV. The format of this show will be an interactive community-linked radio program utilizing guest speakers such as health care providers and community members, and former/current TB and TB HIV persons from the community. The show will be broadcasted live with popular moderators who shall stimulate good discussions. The moderator shall use the local languages or English.

Radio Promos and spots

The radio stations should develop promos that are designed to encourage listeners to tune into the shows on a regular basis. These will be aired a few times each day throughout the week, especially on days prior to the program. In a bid to reach a special audience, the promos should be translated to languages that can be understood. The concentration and frequency of these promos, spots and live talk shows or pre-recorded programs should be increased on the first three months of the year leading to the World TB Day.

Radio stations selection, monitoring and evaluation

Selection of radio stations will depend on available FM stations that have a coverage including Southern Sudan

and are able to broadcast in local languages. There is need to choose FM stations that secure prime time slots at discounted rates. The radio stations should be selected on the basis of their reach and popularity. Geographical reach in urban and rural areas should be analyzed in the process to determine which radio stations are most ideal for which region. This then should be monitored and evaluated preferably half-yearly.

The impact of the radio programs will be measured according to the following:

- a) The combination of selecting radio stations with high listenership, choosing prime time program slots and dynamic moderators
- b) Where feasible, the number of calls/sms that will be received during the shows and even after the shows will indicate that high numbers of people were listening.
- c) The callers asking for the guest speaker to share his personal telephone number over the air so he can further discuss his problem after the show is a good sign of confidence.
- d) The types of questions that the persons will be asking during/after the program can be an immediate evaluation of usefulness of the show.
- e) Evidence of people walking into TB clinics and asking to be tested for TB could mean sensitization through the radio was successful.

Suggested topics for the radio shows

Show 1: Introduction to TB (definition, and impact)

Show 2: TB Basics (transmission, signs and symptoms)

Show 3: TB & TB HIV dual infection

Show 4: Intensified case finding and screening for TB disease

Show 5: Treatment of TB disease

Show 6: Drug Adherence and side effects of TB drugs (why adhere, consequences if don't, MDR TB, XDR TB)

Show 7: Role of Family/Treatment Supporters

Show 8: TB care in special groups (pregnant women, children, prisoners)

Show 9: Stigma and discrimination

Show 10: Prevention of TB

Show 11: TB and TB HIV radio program recap and summary

Show 1: Introduction to TB

Purpose: To educate the public about the definition TB, as well as the impact of TB so they might seek appropriate treatment

Objective: After this show, the audience will be able to understand the definition, , TB infection TB disease and impact of TB; will recognize the TB disease and impact of TB therefore will be willing to seek treatment.

Important points to discuss

What is TB?

- TB is a bacterial infection (germ) that infects any part of the body except hair, nails and teeth.

TB Infection

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

TB Disease

- TB disease develops when the immune system can no longer fight the TB germs, and the germs begin to multiply
 - Examples of causes of low immunity include:
 - Infection with HIV
 - Chronic diseases like diabetes and cancer
 - Malnutrition
 - Very young babies and old people
- When this happens, people start to feel sick.
- The most common TB is the one that affects the lung. The other type of TB affects other parts of the body (other than the lungs).
- TB of the lung is infectious. It can pass from one person with TB to the other without TB.
- Anyone can get TB but:
 - TB is more common among 15- 49 year olds. Since this is a very productive age group, if many people in this audience get sick with TB

it can affect the country's economy.

- TB is also more common in male than females. (For every 1 female, 1.4 males are infected.)

Impact & Burden of TB

- TB is a burden in Southern Sudan
- Sudan is 17th in Eastern Mediterranean Region (EMR)
- There has been dramatic increase from 45,221 TB cases in 1990 to 93,808 in 2007
- TB affects all ages but worse between 15-49
- 15-20% of all TB patients in Southern Sudan have HIV
- TB is commonest cause of deaths among PLWHAs
- TB is preventable and curable
- Your support and contribution is necessary for community sensitization to help in TB control
- Anyone can get TB.
- Some people get sick only with TB.
- Some people get sick only with HIV.
- Some people are sick with TB & HIV at the same time.
- HIV weakens the immune system. Someone infected with HIV and infected with TB is more likely to become sick with TB than someone infected with TB who does not have HIV. This is why many HIV positive people suffer from TB.
- 15 -20 % of TB patients are affected with HIV. That means that one out of every four people with TB has HIV.

Potential presenter/DJ questions for discussion:

- Can you explain exactly what TB is?
- I've heard that there are different kinds of TB. Is that true? What are the differences? Which type of TB is most dangerous for humans?
- How serious a problem is TB in Southern Sudan?
- Why should someone listening to our show right now be concerned about TB?
- Who is more likely to get TB?
- It seems like people often associate TB with HIV/AIDS. Can you explain how these two diseases are related? How are they different?
- So just to be clear – just because someone has TB does not mean they have HIV, right? Someone can be sick with TB or someone can be sick with HIV or someone can be sick with TB and HIV at the same time. Is that right?

Show 2: TB basics on transmission and signs/symptoms

Purpose: To create awareness about the mode of transmission of TB germs from one person infected to the other not infected and signs and symptoms

Objective: After this show, the audience will know how TB is spread from one person to another, how TB is not transmitted and signs/symptoms; will be willing to take measures to protect themselves and their family members from getting TB.

Important points to discuss:

How TB spreads

- TB is a bacterial infection. It is a medical health problem and a public health problem.
- TB is spread by germs in air droplets.
- When a person sick with TB coughs, sneezes, talks, or laughs without covering his or her mouth, germs are released in the air. Other people who are nearby can breathe in those germs and get sick with TB.
- This is the most common way TB is spread from person to person.

TB is not spread by:

- Hereditary or genes from one family member to another. You can't be born with TB.
- Sexual intercourse or transmission of bodily fluids.
- Through witchcraft and curses. TB is a medical condition, an infection in the body.
- Heavy work
- Trauma or injury
- HIV infected mother to her unborn child during pregnancy
- Through sharing of food, drinks, plates or utensils or sharing of any other physical items.

People who are at risk of getting TB disease

- People who are likely to get TB may already have a low immune system because their body is not able to fight off diseases adequately. Thus, they are more susceptible.
- For example, this might include people who are HIV positive, diabetics, people who have cancer or are malnourished, people with severe kidney disease, as well as people who are heavy smokers, drug users or abuse alcohol.

What are the signs and symptoms of TB disease?

- The main signs and symptoms of TB infection of the lung are
 - cough of more than 2 weeks
 - night sweats even when its cold

- loss of appetite leading to weight loss
- fever
- Tiredness
- Chest pain
- Coughing blood
- Trouble breathing

- If you have any of these symptoms, you should immediately visit your nearest health facility for a TB screening test.
- If you think you or a family member has TB, visit the nearest health facility immediately for a TB screening.
- It is important that people with TB try to prevent transmission by:
 - Covering their mouth when they cough, sneeze or laugh.
 - Cough into a tissue and then throw the tissue away immediately after.
 - Open your bedroom windows to have fresh air and circulation of air
- If you suspect someone else has TB speak with him/her and tell them you are concerned about their health. Encourage them to go for TB screening.
- When talking to others, be positive and friendly. If you are mean or you isolate the person that will not help to solve the problem.
- Remember, anyone can get TB! Even you. Think about how you would want to be treated if you got TB and treat others in that manner.
- TB is increasingly becoming a serious problem in Southern Sudan but together we can improve the health of our communities.

Potential presenter questions for discussion:

- How does someone get TB? How is it spread?
- A friend of mine told me that you can get TB from your parents; that you are born with it. Is that true?
- Can you get TB by sharing cups, plates, utensils or other food and drink?
- What are some of the signs or symptoms people should look for to recognize TB?
- If someone suspects they have TB, what should they do?
- Are certain people more at risk of getting TB than others? Who and why are they more susceptible?
- What should a person do if they think they have TB?
- What are some ways that a person with TB can prevent transmitting the infection to others?
- What are some precautions that others can take to prevent getting TB?
- What should you do if you think a friend or family member has TB? (How could you talk to someone about going for a TB screening?)

Show 3: TB & TB HIV dual infection

Purpose: To increase awareness on the relationship between TB and TB HIV

Objectives: After this show, the audience will understand the relationship between TB and TB HIV and know how they impact each other

Important points to discuss:

- Some people are sick only with TB
- Some people are sick only with HIV
- Some people are sick with TB and HIV at the same time
- Having TB does not mean that someone has HIV
- Having HIV does not mean someone has TB
- TB is preventable. HIV is preventable
- TB is curable- even if you have HIV. HIV is manageable.
- HIV weakens the immune system. Someone infected with HIV and infected with TB is more likely to become sick with TB than someone infected with TB who is not infected with HIV
- TB speeds up the HIV infection to AIDS. HIV infection speeds up progression of TB infection to disease
- TB is leading cause of death among people with HIV
- Person who is HIV positive has a 50% chance of getting TB in their lifetime
- Having TB does not mean you are a bad person.
- Having HIV/AIDS does not mean that you are a bad person
- If you seek services for TB or HIV/AIDS, you can live healthier and get on with your life
- Having TB or HIV/AIDS or both is not a sin or a curse. These are both biological diseases that can be managed
- TB is not a taboo, neither is HIV/AIDS.
- TB, HIV/AIDS are not hereditary (does not run in the family)
- TB is not sexually transmitted. HIV/AIDS is sexually transmitted
- TB and HIV/AIDS are not brought about by witchcraft
- TB is not transmitted from an infected mother to her unborn child during pregnancy but HIV infection can be transmitted from mother to her unborn child
- TB is not caused by trauma/injury to the chest
- If you suspect you have TB, it is advisable to go for screening
- If you are screened for TB and you test positive, you should ask the provider for a HIV test as you start the TB treatment.
- TB is not a sure indicator of AIDS
- Patients have a choice to opt out of a HIV/AIDS test but it is advisable to take the test to the best of your interest.

Show 4: Intensified case finding and screening for TB disease

Purpose: To encourage people to go for TB screening

Objectives: After this show, the audience will know the importance of screening and available TB services; will go for screening if they have symptoms and will be convinced to seek help for the problem and have confidence in the Health Facility

Important points to discuss

- A problem can only be solved if we face it. If you think you have TB, get screened so you can get treatment and move on with your life. “A stitch in time saves nine.”
- If you have any of these symptoms for TB, go for screening at a health facility immediately:
 - A cough of 2 weeks or more
 - unexplained weight loss
 - sweating at night even when it is cold
 - trouble in breathing
 - chest pain
 - coughing blood
 - loss of appetite
- When you go for TB screening, your sputum will be taken by a health worker and examined under a microscope.
- Sputum testing is free at all government health facilities.
- The health worker may suggest other tests for TB, which you should accept. These tests will help verify the diagnosis and might include an x-ray.
- If TB test is positive, the patient will need to follow the advice of health staff and take the TB drugs until he/she is cured.
- TB treatment is available and free at all government health facilities.
- If you are screened for TB and you test positive, you should ask the provider for a HIV test. This will help you to be diagnosed correctly and to get the treatment you need to live a healthy and productive life.
- Remember, TB is not a sure indicator of AIDS.
- Patients can opt out of a HIV/AIDS test but it is advisable to take the test because it is your health and it's in your best interest to know if you have HIV/AIDS so you can manage the disease and live a healthy life.
- Avoid treating yourself for TB and self-

medicating, as well as using cough medicines.

Cough medicines do not cure TB. If you have persistent cough, go to a health facility immediately for screening and treatment.

- Screening for TB is available at all major health facilities and selected private mission hospitals.
- Your best option and cheapest option to know if you have TB is to visit a government health facility.
- Government health facilities are fully equipped to diagnose and treat TB.
- Health workers are trained and have the skills to diagnose and treat TB.
- The sooner you take a step to get screened for TB, the sooner you can be treated and get on with your life and feel better.
- Life is yours. Although you live for others, you also must live for yourself.
- There is nothing shameful about having TB. It is a biological/medical disease. TB can happen to anyone.
- If you delay in getting screened and treatment, your health decreases and you might infect your beloved ones.

Potential presenter questions for discussion

- What are the symptoms of TB that we should watch out for?
- What happens when you go to a health facility to get screened for TB?
- Why is it important to go for a TB test right away? What happens if I don't get tested?
- Will I be tested for HIV if I go for a TB test?
- Do cough medicines cure TB?
- Is screening and treatment free at government health facilities?
- I'd like to go for screening, but sometimes health workers are not that friendly and I'm afraid that my information will not be kept confidential. What should I do?
- I've had a cough for several weeks that I just can't get rid of. I've been taking cough medicine, but it doesn't seem to help. What should I do?

You know people believe that if you have TB, you have HIV. Is that true? I don't want people to think I have HIV if I go for a TB test.

Show 5: TB Treatment: What people need to know

Purpose: To generate confidence and knowledge that a cure is possible with TB drugs if the patient takes a complete course of treatment.

Objectives: After this show, the audience will know how to treat TB and what's involved, as well as the side effects of TB drugs; they will take the full course of treatment if they have TB or ensure relatives, friends and loved ones take full course of treatment at home; and they will not fear TB patients who are on TB treatment.

Important points to discuss

- TB can be treated. It is curable.
- If you have symptoms for TB, visit a health facility immediately to be tested. At the facility, the health worker will take a sputum sample and examine it under a microscopy. If the TB test is positive, the patient will need to follow the advice of the health workers and take TB drugs until they are cured.
- Cough medicines do NOT cure TB.
- The treatment for TB requires a combination of different drugs. These drugs are taken once a day for six or eight months.
- It is best to take the drugs at the same time every day. This helps the drugs work together to fight TB.
- It is better to take TB drugs without food or after a small meal.
- TB treatment is given in two phases. In the first phase, which is two months, the patient is given one set of drugs. In the second phase, which is 4 or 6 months, the patient is given another set of drugs.
- TB drugs are packed in kits. Each kit contains all the drugs needed for treatment. Each kit is labeled with the patient's name. The kit will remain at the health facility.
- Patients are required to pick up their drugs each week from the health facility. Patients should take all the drugs in the kit until it is empty.
- The dosage of drugs you get as a TB patient depends on your body weight.
- Drugs are provided in a fixed dose combination to reduce the number of pills a patient has to take. You will not receive injections unless you have been diagnosed with TB before.
- When a TB patient takes the drugs each day, he or she MUST be supervised by someone of their choice within the community. This is usually a family member, a friend, employer, school matron/teacher, a community health worker, etc.
- This supervision is part of Community TB care referred to as Community Based Directly Observed Therapy (CB DOT).
- CB DOT is a good approach because many people do not take their medicines on time because of side effects or because they forget.
- If people do not finish their complete TB treatment, it can cause drug resistance, which means the medicines will no longer work to cure TB.
- CB DOTs can help a patient complete treatment comfortably at home near loved ones.
- A TB patient can be cured of TB whether or not that person had HIV/AIDS.
- Common side effects of TB drugs include:
 - nausea
 - vomiting
 - itching
 - red colouration of urine and other body fluids
 - joint pains
 - numbness of limbs
 - jaundice
 - poor or blurred vision or colour blindness
- These side effects are not always present. But if they occur, visit your health worker for advice.
- Treatment is ABSOLUTELY FREE in all

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government health facilities, NGOs and mission in Southern Sudan.

- Starting TB treatment early will save your life or that of a loved one who is infected with TB; TAKE ACTION NOW!!!!

Presenter/DJ questions for discussion:

- Is TB curable? What if you have HIV/AIDS, is it still curable?
- How is TB treated?
- How many drugs do you have to take? What is your advice about taking the drugs?
- How long do you have to take the drugs?
- Does a TB patient get all the drugs at one time and carry home or do they have to make several visits to the health facility?
- What are some of the side effects of TB drugs?
- What should someone do if they experience side effects or have a problem with the drugs?
- What happens if someone does not complete their treatment for TB?
- I have heard about this Community TB care. Can you explain what this is?

Questions that can be asked to a TB patient if willing to go on air

- When did you start and where are you being treated for TB?
- How long have you already taken your TB medicines? How long will you take your medicines to complete the full treatment?
- Are you improving on the treatment you are receiving?
- What makes you think you are improving?
- Were you admitted to hospital for this TB treatment?
- If no, how do you get your drugs?
- How do you take the drugs?

Have you ever experienced any side effects?

Show 6: Drug adherence and side effects of TB drugs

Purpose: To motivate TB patients and the community to seek treatment and adhere to treatment instructions.

Objectives: After this show, the audience will know the importance of adhering to treatment instructions, the consequences of not adhering and facts about MDR TB, XDR; TB they will encourage TB patients to adhere to treatment; and they will have an attitude that TB treatment from public hospitals is effective, free and being offered by competent health workers.

Important points to discuss

- TB is curable and treatment is free in all government health facilities.
- TB treatment in government health facilities is provided by well trained and competent health workers.
- To be cured of TB, a patient must follow the instructions given by the health care worker. This means taking the required drugs on a daily basis for 6 or 8 months as indicated by the health care worker.
- If a person fails to take the TB drugs as required or fails to complete the whole dose, it will cause the person to have worse symptoms of the disease and the disease will become harder to cure.
- Some people have problems adhering to the drugs because they experience side effects from the drugs such as:
 1. nausea
 2. vomiting
 3. itching
 4. red colouration of urine and other body fluids
 5. joint pains
 6. numbness of limbs

7. jaundice

8. poor or blurred vision or colour blindness

NB: TB patient experiencing these problems should consult a health care provider.

- If a TB patients experience yellowness of the eyes, palms or skin; poor vision, body numbness and shortness of the breath they should see a health care provider immediately.
- Some people have problems adhering to the drugs because it is a long period of time to take drugs and they sometimes forget. For this reason the GoSS and some NGOs are encouraging the use of this community approach - Community-Based Directly Observed Treatment or (CB-DOT) to improve adherence.
- When a TB patient gets treatment at a health facility, they will be asked to pick someone within the community (family member, a friend, employer, school matron/teacher, a community health worker, etc.) to supervise their daily intake of medication. These shall be the treatment supporters to the patient.
- When a TB patient is not taking drugs according to instructions given by the health worker, this is called non-adherence.
- When someone does not take their drugs or complete the full treatment for TB, it can cause drug resistance, which means that the commonly used medicines will no longer work to cure the TB disease.
- Drug resistant TB is a kind of TB that cannot be cured by the common TB medicines.
- When people do not take all the medicine, it allows the disease to fight back and eventually the drugs will no longer work.
- One very dangerous type of drug resistant TB is multi-drug resistant TB or MDR-TB. This TB is resistant to the two most powerful drugs in the

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combination of TB drugs.

- MDR TB can be treated but the treatment lasts for much longer and is very expensive and has very serious side effects for patients.
- Adhering to the TB treatment will help to reduce the transmission of TB, reduce deaths from TB, reduce relapses in TB and reduce the possibility of a stronger version of TB emerging (MDR-TB).

Potential presenter questions for discussion

- How can someone be cured of TB?
- How can we be sure that health workers know what to do about TB?
- What are some reasons why people do not adhere to the TB treatment?
- I have heard that the side effects for some TB drugs can cause a person to not want to take the medicines. Can you describe the possible side effects?

- What should someone do if they have side effects?
- There is a program to help people to remember to take their drugs called CB-DOT. What is this program about?
- Why is it important for TB patients to take their medicines as directed and complete the full treatment for TB?
- What is drug-resistance TB? What happens in the person's body?
- Is drug resistant TB worse than regular TB? Why? How?
- How can someone be treated for drug-resistant TB?
- If there are some TB patients listening now who have missed their drugs or have not completed their medication, what should they do?

What does TB treatment cost? What does drug-resistant TB treatment cost?

Show 7: Role of family and Treatment supporter

Purpose: To motivate the family / treatment supporters to encourage TB suspects to go for testing and treatment and to positively support TB patient during their TB treatment.

Objectives: After this show, the audience will know how family members and treatment supporters can support family members/friends who have TB; will encourage people to go for TB Treatment and support them through their treatment; and will have a confident feeling that TB can be treated and cured and be in position to confidently discuss TB issues within their community

Important points to discuss

- If you think someone you know has TB because you recognize the symptoms (like a cough for more than 2 weeks), encourage that person to go for testing and offer to go with the person for the appointment if possible.
- It's important that people are tested for TB and treated immediately. Otherwise they could get sicker, die or infect other people. The sooner you go for treatment the better it will be for you and the community at large.
- If you have a family member/friend with TB, help them to remember to take their drugs every day as directed by the health worker and also encourage them also to go for HIV testing at the nearest VCT centre.
- TB patients have to take drugs for a period of 6 or 8 months, which is a long time. So they need encouragement and support to completely finish their treatment.
- When a TB patient is diagnosed and goes for treatment the person is given an appointment card. On this card, the family member or treatment supporter is supposed to tick it on a daily basis after they observe the patient swallow the drugs. Every day, the family member/treatment supporter should watch the patient take the drugs and then tick the card at an agreed time and place to make it regular. The drugs should be kept by the supporter and the card kept by the patient. This card must be produced by the patient to be marked by the supporter after the drug swallowing is observed.
- Family members/treatment supporters should be positive and supportive to TB patients. Be a good listener about their fears or concerns and encourage them to live positively.
- If your family member, friend or someone you know has stopped taking their TB drugs before the full course was completed, encourage them to go back to the health facility for reassessment and further advice and treatment. The continuation of treatment will depend on how long the patient has not been taking the drug.
- Sometimes a person feels better before the treatment is complete. To be completely well, they must finish all the drugs otherwise TB can come back or the person can develop another type of TB that might be more difficult and expensive to treat. That's why it is important for TB patients to finish their treatment.
- Family members/treatment supporters can ensure that TB patients have a balanced diet. A good diet will help strengthen a TB patient's immune system to fight off TB. A balanced diet includes meat, liver, fish, milk or beans (for body building/ proteins and minerals), vegetables and fruits (for vitamins), bread, ugali, chapatti and potatoes (carbohydrates) and drinking lots of water.
- Family members/treatment supporters can offer to go with TB patients to the health facility for

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weekly visits when collecting drugs and check ups.

- Family members/treatment supporters to encourage friends/family that TB health care facilities are well-equipped and approved by the government for testing and treating TB cases. TB and HIV services are free in government health facilities.
- Remember, some people get sick with only TB. Some people get sick only with HIV. Some people are sick with TB & HIV at the same time. It is important to get tested for HIV if you have TB. It is better to know what might be hurting your body and take steps to fix that than to pretend nothing is wrong.

NB: If a family member or treatment supporter is the guest in the radio station, they should share their experience and talk about how they helped their loved one(s) get cured from TB.

Potential presenter questions for discussion

- What should someone do if they think a family member or friend has TB?
- Why is it important to go for TB screening if you think someone has TB?
- Why do TB patients need family members or friends to support them while they are being treated for TB? How does this help the patient?
- What can a family member or treatment supporter actually do to help a person on TB treatment? (Ask guest to share their experiences – how did he/she support the patient?)
- Is there anything special that a TB patient should eat while on treatment?
- I know some people who were taking the TB

drugs, but then they felt better so they stopped taking the medication. What's wrong with that? They felt better, aren't they ok now?

- My brother was diagnosed with TB, but stopped taking the medication after a couple of months. He thinks he is better. What should I advise him to do?
- Can family members and treatment supporters go with the TB patient to the health facility?
- Should TB patients also be tested for HIV? Why or why not?
- There is a lot of fear in our community about HIV/AIDS. Some people would rather not get tested for this because they fear knowing the result. Do you have any advice on how to convince someone to go for an HIV/AIDS test?

Show 8: TB care in special groups

Purpose: To encourage women, pregnant women, prisoners and parent/guardians of children under 12 years to seek early TB testing and treatment and to know that TB is curable in these special groups.

Objectives: After this show, the audience will know why people considered to belong to special groups also need to go for TB and TB HIV testing and treatment just like any other person. The target audience will be motivated to seek TB testing and treatment early; and will feel free and motivated to take those pregnant women, prisoners and children suspected of having TB for TB testing and treatment early.

Important points to discuss

- Anyone can get TB.
- TB is curable. TB can be treated.

TB & pregnancy

- Pregnancy itself is not a risk factor for TB.
- If a woman has TB, it is better to avoid getting pregnant until the TB treatment is completed.
- However, if pregnancy occurs and you have TB, do not terminate the pregnancy. But it is important to visit a health care worker right away and get treatment.
- TB can not be passed from a pregnant woman to the unborn baby.
- If a woman is pregnant and she has TB, but does not get treatment, there is an increased risk of miscarriage or the development of an abnormality in the foetus.
- Pregnant women who been coughing for two weeks or more should go for TB test. They should be sure to inform the health worker that she is pregnant.

- TB screening and treatment is FREE at all government health facilities.
- If you are a woman being treated for TB, it is important to know that there are some TB drugs (i.e. Rifampicin) which make hormonal contraception less effective, so additional precautions need to be taken for birth control during tuberculosis treatment.
- Not being treated for TB is much more dangerous to a pregnant woman and the foetus than taking the medications for TB.
- It is relatively safe for a pregnant woman to take TB medications. On rare occasions, the TB drugs may interrupt or alter the normal development of a foetus and the results will be evident at birth. Since does not occur that often, doctors advise that pregnant women should be treated with the full course of TB treatment when they are diagnosed with TB.
- It is safe for women with TB to breastfeed their babies.

TB & children

- Infants should be immunized with BCG vaccine at birth or as soon as possible after birth. It is also important to immunize children against other disease such as measles which can lower the immune system of the child. A low immune system can cause a child to become infected with TB.
- Most of TB infection in children is caused by other family members who have TB. If a family member has symptoms of TB, encourage them to go for screening and complete the treatment immediately to prevent the spread of the disease to the children.
- Families living with someone who has TB can try to prevent transmission by:

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- Covering their mouth when they cough, sneeze or laugh.
- Cough into a tissue and then throw the tissue away immediately after.
- Open your bedroom windows to have fresh air and circulation of air

Remember, TB is not spread by:

- Hereditary or genes from one family member to another. You can't be born with TB.
- Sexual intercourse or transmission of bodily fluids.
- Through witchcraft and curses. TB is a medical condition, an infection in the body.
- Heavy work
- Trauma or injury
- From a HIV infected mother to her unborn child during pregnancy
- Through sharing of food, drinks, plates or utensils or sharing of any other physical items.

Nutrition: A good diet will help strengthen the children's immune system to prevent TB. Children should eat a balanced diet which includes meat, liver, fish, milk or beans (for body building/proteins and minerals), vegetables and fruits (for vitamins), bread, ugali, chapatti and potatoes (carbohydrates) and drink plenty of water.

TB & prisoners

- Prisoners live together in congested cells.
- A prisoner with TB can easily spread the disease to the other inmates, prison staff and their families if not diagnosed early and treatment started promptly.
- Care of the inmates drugs and documents can be challenging. They can get lost, shared or damaged. This can lead to MDR TB.

Potential presenter questions for discussion

1. Should you avoid getting pregnant if you have TB? Why?
2. Is there any kind of problem if you are taking hormonal contraceptive and TB drugs?
3. How dangerous is TB for a pregnant mother and her unborn child?
4. Can TB be passed from the pregnant mother to the unborn child?
5. What should a pregnant woman do if she suspects that she has TB?
6. Are the TB treatment drugs dangerous to the unborn baby? So is it better to simply not be treated for TB if you are pregnant?
7. Is TB dangerous to young children? How so?
8. How can you prevent young children from getting TB?
9. How do most children get TB?
10. How can a family prevent its young children from getting TB?
11. What important history should be obtained from an inmate during admission?

What should the prison staff do when an inmate is being released?

Show 9: Stigma and Discrimination on TB and TB HIV

Purpose: To demonstrate how caring and positive encouragement helps to provoke treatment seeking behavior. To illustrate how futile and self-defeating it is to subject others to stigma and discrimination.

Objectives: By the end of this show the listeners will:

- Know what it feels like to be subjected to stigma and discrimination; will desist from behaviors and actions that are likely to subject others to stigma and discrimination due to observable signs and explained symptoms of tuberculosis; and will positively encourage others to go for TB screening and relate with others with understanding even if their health has visibly deteriorated.
- Understand that subjecting others to stigma and discrimination does not help in reducing the burden of TB in our midst; will learn that many people often unconsciously contribute to stigma from careless references, labels and tags; will realize how insensitive society has been and learn to relate more proactively towards people on TB treatment and anti-retroviral therapy; and embrace a supportive and caring attitude towards those on medium term treatment to lifelong therapies as in TB and HIV.

Important points to discuss

1. Stigma stems from ignorance and fear.
2. It is also fueled by myths and unfounded beliefs about certain health phenomena in individuals, families or communities.
3. Social stigma seeks to discriminate an individual from the group, family, associates or peers on the basis of their perceived difference in health or physical appearance.
4. Stigma has many forms: thoughts, comments, gossip, jokes, name-calling, actions, loss of rights and decision-making power, condemnation and exclusion or isolation.
5. Stigma is harmful to us, our families and communities. We can make a difference by changing our own thinking and actions.
6. Stigma or discrimination makes an individual feel different, less human, neglected and unwanted. It also makes one feel ignored and gives rise to feelings of loneliness, dejection self pity and helplessness. It is worse if self-

imposed.

7. Sometimes it is easier to criticize others instead of helping to change a situation for the better. It's important that we all take a look at the way we behave and examine the way we act towards others.
8. Before you rush to judge someone else, learn the facts about TB infection, prevention and treatment.
9. We need each other to win the war against TB.
10. We share the air that we breathe. The air through which the bacteria for TB are transmitted.
11. Why is it easier to label others using observable signs in a TB suspect than to take positive action and encourage someone to go for screening for TB?
12. Stigma affects even health workers. Should you find a health worker showing indifference during your visit for screening, do not let it stop you from learning about your health status.
13. Health workers also suffer fatigue and gradual burn-out effects: They are only human. Do not let the attitudes of health workers stop you from asking questions and getting the information and care you deserve.
14. Stigma reduction programs for health workers needs to be in place. Be assured, together with them we will be overcoming institution and community-based stigma.
15. Stigma only widens the differences between us instead of bringing us closer together to solve the problem of TB and TB HIV.
16. Talking about a TB suspect in whispers or in low tones is neither a method of helping the suspect nor preventing yourself from contracting it.
17. TB suspects /patients have not been bewitched. TB patients/suspects are not under a curse. TB is a bacterial infection – a medical disease spread by tiny germs.
18. How would you feel if your beloved ones had their personal effects like cups, spoons, plates, bedding, clothing, food and water carried to an isolated corner of your home?
19. How would you feel if the bread-winner in the

- family were to lose his /her job on account of coughing or losing body weight?
20. People with TB or HIV/AIDS are not bad people. They are not cursed or sinners. They simply have a biological/medical disease that must be managed.
 21. Know the facts about TB and TB HIV to avoid unwarranted labeling of others that might lead to stigma!
 22. Anyone can get TB. The TB suspect could be your own friend, parent, spouse, child or even you.
 23. You are more likely to be remembered for saving a life than attending a preventable funeral.
 24. Loss of body weight - though a strong point of concern for ones health - is not a good enough reason to judge and label someone as having TB or HIV.
 25. TB is neither HIV nor AIDS. Some people get sick only with TB. Some people get sick only with HIV. Some people are sick with TB & HIV at the same time.
 26. Let's not wait to help fellow Sudanese to get diagnosed and treated for TB. Why wait for someone to deteriorate?
 27. Timely screening is essential for treatment. TB screening and treatment services are FREE in all government health facilities.
 28. I am because you are; and because you are, we are. *We need each other.*
 29. Woe unto the fingers that point at others and the lips that whisper about others' health. The feet the visit the sick and carry them to the physician are blessed.

How we can prevent stigma

- All of us want to be welcomed, loved and cared for, especially when we are sick. Remember to treat people as you yourself would like to be treated.
- Having TB or HIV/AIDS does not mean you are a bad person. You have nothing to hide or feel ashamed about. These are biological, medical diseases that require treatment.
- The more you share your own stories and talk about HIV/AIDS or TB, the more you will realize there are lots of other people around you struggling with the same issues.
- The best you can do to those who stigmatize you is to forgive them and pursue a healthier life.

Potential presenter questions for discussion

1. What is stigma and discrimination? Can you give me some examples?
2. How does stigma impact someone with TB? How does this make you feel? (Ask the TB patient)
3. Can you share some of your experiences with stigma with our listeners? How did this impact you and your health?
4. Why do you think people act this way? Fear? Lack of knowledge?
5. What are some things that people can do to avoid stigmatizing or discriminating against people with TB or HIV/AIDS?
6. Does stigma even impact health workers? How so?
7. What should a person do if they face stigma from a health worker or someone in the community?
8. Are people with TB or HIV/AIDS bad people?
9. What's the benefit of helping support someone with TB or HIV/AIDS to someone who isn't sick?
10. Do you have any advice for people that want to talk to their family about their TB or HIV/AIDS status? What kind of advice do you have for people that have faced a lot of stigma about this and feel depressed?
11. If the Sudan people did not stigmatize against their fellow Sudanese who had TB or TB and HIV what do you think our country would be like?

Note: I'd like to share this true story (names have been changed), which is an example of stigma:

There was a certain woman living in a rented house in a town. She was checked in a hospital and told she had TB. Following the health worker's advise she was tested for HIV and found to have HIV too. She went home and told the husband and the following week the husband married another woman and left the home and has never been seen again. She went and told her chief and she was asked "what can we do for you and you looked for the disease yourself". Nobody wants to sell to her anything in the market and whenever she passes anywhere they say "You know that woman has AIDS, he is going to die".

Show 10: Prevention of TB

Purpose: To motivate the general public to take action on the prevention of TB for themselves and community members and hence contribute to TB free Sudan.

Objectives: After this show, the audience will know that tuberculosis is a preventable disease; will take action to prevent tuberculosis; and will feel capable to protect themselves from TB.

Important points to discuss

1. TB is preventable, treatable and curable.
2. TB is spread by germs in air droplets.
3. When a person sick with TB coughs, sneezes, talks or laughs without covering their mouth, germs are released into the air. Other people who are nearby can breathe in those germs and get sick with TB.
4. This is the most common way TB is spread from a person who is sick with TB to a person who is not sick. **Remember, TB is not spread by:**
 - Hereditary or genes from one family member to another. You can't be born with TB.
 - Sexual intercourse or transmission of bodily fluids.
 - Through witchcraft and curses. TB is a medical condition, an infection in the body.
 - Heavy work
 - Trauma or injury
 - From a HIV infected mother to her unborn child during pregnancy
 - Through sharing of food, drinks, plates or utensils or sharing of any other physical items.
5. Anybody who has a cough should cover his or her nose and mouth when coughing or sneezing using clean cloth or tissue. Afterwards wash the cloth in hot water and soap. If using a tissue, throw it in a pit latrine.
6. Avoid spitting carelessly in public.
7. Keep your house/bedroom windows open for good circulation of air and try to expose the rooms to lots of sunlight. This helps to kill any TB germs.
8. Make sure your children receive BCG vaccinations at birth or as soon as possible after birth to help the child stay healthy and prevent severe forms of TB.
9. Having TB does not mean that someone has HIV. Having HIV does not mean that someone has TB.
10. However, HIV speeds up the progression of TB. HIV weakens the immune system which makes it harder for the body to fight off other diseases. Someone infected with HIV and infected with TB

is more likely to become sick with TB.

11. Therefore, one way to help prevent TB disease is to get tested for HIV and know your status. Early testing and management of HIV will reduce a person's susceptibility to developing TB disease.
12. A good diet will help you to have a strong immune system which will fight off diseases like TB. So, eat a balanced diet which includes meat, liver, fish, milk or beans (for body building/proteins and minerals), vegetables and fruits (for vitamins), bread, ugali, chapatti and potatoes (carbohydrates) and drink plenty of water.
13. Smoking increases your chances of developing TB by weakening your lungs, so you should avoid smoking.
14. Excessive alcohol consumption lowers your immune system, which could make you more likely to get TB. Excessive drinking should be avoided.
15. If you have been coughing for 2 weeks or more you should go for TB testing immediately which is offered FREE in government health facilities.
16. The longer you wait to get tested for TB, the more people you might infect with the disease. Help yourself and others by going for a TB test as soon as you have symptoms of the disease.
17. Persons on TB treatment should complete their treatment to avoid spreading the disease to others and avoid developing a new type of TB which is more difficult to prevent and expensive to treat.

Potential presenter questions for discussion

1. How is TB spread?
2. If it's spread in the air, it seems that TB would be a difficult thing to protect yourself against. What measures can people take to protect themselves from TB?
3. If you are a person with TB, what should you be doing to prevent spreading the disease to your loved ones and others?
4. What can be done to prevent young children from getting TB?
5. How can getting tested for HIV help protect you from TB?
6. How can we build up our body's immune system to fight against a disease like TB?
7. Why is it important to get tested for TB when you see the symptoms?

Why is it important for a person on TB treatment to complete that treatment?

Show 11: TB and TB HIV radio program recap and summary

Purpose: To educate the public about the danger of TB, as well as signs and symptoms and address any myths and misconceptions so they will be motivated to take action

Objectives: After this show, the audience will know the dangers and facts about TB; will recognize the signs and symptoms of TB and be willing to seek treatment.

Important points to discuss

1. TB is preventable, treatable and curable.
2. TB is a bacterial infection (germ) that infects any part of the body except hair, nails and teeth.
3. There are 2 types of TB infection. The most common TB is the one that affects the lung. The other type of TB affects other parts of the body (other than the lungs).
4. TB of the lung is contagious. It can pass from one person to the other.
5. TB is a serious health problem in Sudan. Each of us needs to play a role in trying to address this health problem in our community and within our families.
6. TB is spread by germs in air droplets.
7. When a person sick with TB coughs, sneezes, talks or laughs without covering their mouth, germs are released into the air. Other people who are nearby can breathe in those germs and get sick with TB.
8. This is the most common way TB is spread from person to person. **Remember, TB is not spread by:**
 - Hereditary or genes from one family member to another. You can't be born with TB.
 - Sexual intercourse or transmission of bodily fluids.
 - Through witchcraft and curses. TB is a medical condition, an infection in the body.
 - Heavy work
 - Trauma or injury
 - From a HIV infected mother to her unborn child during pregnancy
 - Through sharing of food, drinks, plates or utensils or sharing of any other physical items.
9. Anyone can get TB.
10. Some people get sick only with TB.
11. Some people get sick only with HIV.
12. Some people are sick with TB & HIV at the same time.

13. HIV weakens the immune system. Someone infected with HIV and infected with TB is more likely to become sick with TB than someone infected with TB who does not have HIV. This is why many HIV+ people suffer from TB.
14. 15 to 20 % of TB patients are affected with HIV. That means that one out of every four people with TB have HIV.
15. The main signs and symptoms of TB infection of the lung are
 - cough of 2 week or more
 - night sweats even when its cold
 - loss of appetite leading to weight loss
 - fever
 - Tiredness
 - Chest pain
 - Coughing blood
 - Trouble breathing
16. If you have any of these symptoms, you should immediately visit your nearest health facility for a TB screening test.
17. TB screening and treatment is FREE at all government health facilities.
18. The longer you wait to get tested for TB, the more people you might infect with the disease. Help yourself and others by going for a TB test as soon as you have symptoms of the disease.
19. Persons on TB treatment should complete their treatment to avoid spreading the disease to others and avoid developing a new type of TB which is more difficult to prevent and expensive to treat.

Potential presenter questions for discussion

1. What is TB?
2. How is TB spread?
3. What is the relationship between TB and HIV?
4. If you have TB, does it mean you are HIV positive?
5. What are the signs and symptoms of TB?
6. If someone thinks they have TB, what should they do?
7. Can you get TB through witchcraft?

Can you get TB by sharing cups, plates, utensils or other food and drink?

Annex: List of field officers who contributed to the finalization of this document.

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3	Angelo Majok Mou	Nurse	Gordhim
4	Catherine Kamwitha	TB Officer	Gorthim
5	Exodus Akok Dut	Assistant TB Officer	Gordhim
6	James Yell Kuol	Clinical Officer	Aweil
7	Achol Lual Nyang	Nurse	Aweil
8	Stephen Musoke	TB Officer	Aweil
9	William Deng Tong	Lab Assistant	Aweil
10	Daniel Atuer	Lab Technician	Aweil
11	Joseph Chol Lual	Assistant TB Officer	Nyamlell
12	Santino Lual Tong	Nurse counselor	Nyamlell
13	Martin Chol Duang	Lab Assistant	Nyamlell
14	Olivia A Juma	Counselor	Nyamlell
15	Wanjiru Nancy	Nurse/Matron	Nyamlell
16	Albino Garang Ayii	Counselor	Nyamlell
17	Luka Lual Mayom	Lab Assistant	Nyamlell
18	Nampewo Olivia	Nurse/Matron	Bunagok
19	Abraham Akuot Zhiauwut	Nurse	Bunagok
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21	Benjamin Bol	Lab Technician/TB Officer	Yirol
22	Emmanuel Akuocjok Igai	Nurse	Yirol
23	Doris N. B. Mathiani	Lab Scientist/Program Officer	Yirol
24	Lucia Kalekye Mwema	Nurse/Matron	Yirol
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