



# TIMS

## TB IN THE MINING SECTOR IN SOUTHERN AFRICA

Facilitators' Guide

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# 1. DEFINITION OF KEY WORDS

You can use the pack of cards for this. These are some words that are commonly used in the mining industry. We want us to have the same understanding of their meaning

<i>“accident”</i>	means an accident resulting in injury to a worker or in damage to, or destruction of, any artificial aid used by a worker in the course of employment;
<i>“ACT”</i>	means an operation in which procedures are taken from.
<i>“Artisanal Miner”</i>	means an artisanal miner or small-scale miner or a subsistence miner. They are not officially employed by a mining company, but rather work independently, mining or panning for minerals using their own resources.
<i>“actuary”</i>	means the person appointed by the Board under section of the law to carry out functions under a Legal Act
<i>“assessment”</i>	means an assessment or a provisional assessment made under the ACT
<i>“Board”</i>	means the Workers’ Compensation Fund Control Board established by section a section under that ACT
<i>“business”</i>	means any industry, undertaking, trade, occupation or other activity in which any worker is employed e.g. mining industry;
<i>“certificate”</i>	means any certificate issued by the Examiner under the Act;
<i>“child”</i>	means any person below the age of eighteen years;
<i>“children’s allowance”</i>	means the monthly allowance payable in respect of a child or children of a disabled or deceased worker under the ACT;
<i>“Commissioner”</i>	means the Worker’s Compensation Commissioner appointed under section a section of the ACT;
<i>“compensation”</i>	means compensation under the Act, and includes medical aid and any benefit of any nature to which a worker or that worker’s dependents may be entitled under the Act and children shall be construed accordingly;
<i>“disablement”</i>	in relation to a worker, means disablement which results in the loss or diminution of wage-earning capacity or in the reduction of the chances of obtaining employment;
<i>“dissolved Boards”</i>	means the Workers’ Compensation Board and the Pneumoconiosis Compensation Board established under the Workers’ Compensation Act and the Pneumoconiosis Act, respectively;
<i>“earnings”</i>	means the average remuneration of a worker at the time of an accident or disease calculated in the manner provided by law;
<i>“employer”</i>	means a person regarded as, or deemed to be, an employer under section a section of the ACT, and includes a principal and the lawful representatives, successors or assigns of that person or principal;
<i>“Examiner”</i>	means any person, body of persons or institution appointed by the Ministry overseeing the ACT,
<i>“Ex Mine Workers”</i>	means a group of people, who at one point were employed in mines but due various reasons they are no longer employed at the mines.
<i>“Fund”</i>	means the Workers’ Compensation Fund established under a Section of the ACT;
<i>“injury”</i>	means a personal injury and includes the contraction of a disease;
<i>“medical aid”</i>	means any or all of the benefits prescribed in in the ACT
<i>“Miner”</i>	means, (a) Any person employed or who has been employed at a scheduled mine and the nature of the employment necessitates working below the surface of the ground or in any scheduled place; “partial disablement ” in relation to a worker means— (a) The inability of that worker, as a result of an accident or disease in respect of which compensation is payable, to perform the whole of the work at which that worker was employed at the time of the accident or incidence of the disease; (b) The inability to obtain other suitable work at the same rate of earnings as the worker was receiving at the time of the accident or incidence of the disease;
<i>“pension”</i>	means the amount payable monthly under the ACT, this is not the same as a compensation
<i>“pneumoconiosis”</i>	means any form of lung disease due to the inhalation of dust;
<i>“total disablement”</i>	in relation to a worker, means the inability of that worker, as a result of an accident or disease in respect of which compensation is payable, to perform the work for which the worker was employed at the time of the accident or other suitable work
<i>“Union of Mine Workers”</i>	means a trade union for miners which aims to recruit and unite into a single labour organisation all workers employed in the mining, energy, construction and allied industries in order to enhance their economic and social welfare.

## 2. INTRODUCTION

This document is a facilitators' guide for conducting a toolkit Training in Advocacy for Community Systems Strengthening for TB in the Mines in Southern Africa. The guide is meant to provide an overview of the methodological processes to be followed in conducting the training.

## 3. OVERALL OBJECTIVES OF THIS GUIDE

- To build the capacity of CSOs on Community System Strengthening, Human Rights and Gender as related to TB in the mines in Southern Africa.
- To orient and train CSOs on the use of toolkit and related documents to enable them to utilise the toolkit in their advocacy.
- To strengthen the capacity of CSOs to review, facilitate implement and monitor relevant health and compensation policies and plans within the countries and regions.

## 4. HOW AND WHY THE AUDIENCE WAS SELECTED

The toolkit has primary and secondary audiences. The training is supposed to be conducted with people drawn from these groups. The primary and secondary audiences are outlined below.

### 4.1 PRIMARY AUDIENCE

- Miners and Ex-miners, migrant miners,
- Spouses and Families of Miners and Ex-miners.

### 4.2 SECONDARY AUDIENCES

- Policy Makers;
- Occupational Safety and Health Officials in mining areas;
- Communities surrounding mining areas;
- Mine Workers' Unions; and
- TB service providers.

## 5. HOW THE TRAINING IS GOING TO BE CONDUCTED

The training is focused on joint learning between facilitators and audiences. Mostly participatory methodologies are encouraged. The process can be facilitated using any of the following methods:

- Lectures,
- Group discussions,
- Video aided conversations;
- Question and Answer sessions.

## 6. EXPECTATIONS

- CSOs sensitized on gender and human rights, and trained on the toolkit and how to use it as part of their advocacy.
- Enhanced capacity CSOs to implement toolkit guidance and to train others in the toolkit.



## 7.0 TRAINING BY MODULE

### MODULE 1 INTRODUCTION TO TB AND SILICOSIS



#### OBJECTIVES OF THE MODULE

- This module intends to provide an overview of TB, HIV and Silicosis;
- It intends to provide information on ways of transmission for TB, HIV and Silicosis;
- It will provide ways of preventing TB, HIV and Silicosis; and
- It will provide ways of treating and managing TB, HIV and Silicosis.



#### LEARNING EXPECTATIONS

- Participants will get an overall understanding of TB, HIV and Silicosis
- Participants will get an overall understanding on ways of transmission for TB, HIV and Silicosis;
- Participants will get an understanding on ways of preventing TB, HIV and Silicosis; and
- Participants will get an understanding of ways of treating and managing TB, HIV and Silicosis.



#### TIME

This session will take 30 minutes.



#### PROCEDURE

- Divide the participants into three groups (A, B and C);
- In their groups they should answer the following:

##### GROUP A

- What is TB?
- How Can I Get TB?
- Symptoms of (Pulmonary) TB
- What Do I Do if I Have Symptoms of TB?
- What Can I Do to Minimize The Risk of Getting TB?

##### GROUP B

- What is Silicosis?
- What are the Symptoms of Silicosis?
- How Can I Minimize the risk of Getting Silicosis?

##### GROUP C

- What is HIV?
- How is HIV transmitted?
- How can I not get HIV?
- How can I reduce the risk of getting HIV?

After 5 minutes, each group will nominate a presenter who will present their information. After all groups have presented the facilitator will present using PowerPoint Presentations to providing answers to the questions as follows:

#### WHAT IS TB?

- TB is short for Tuberculosis
- It is an infectious disease caused by a bacteria called Mycobacteria Tuberculosis;
- TB affects the lungs (pulmonary) and other parts of the body;
- TB can be cured;

#### HOW CAN I GET TB?

- TB is spread through the air from an infected person to another;
- You can get TB if you are in close contact with an infectious person when they cough, talk, laugh, spit, sing or sneeze;

#### SYMPTOMS OF (PULMONARY) TB

- Cough for more than two weeks
- Chest Pains;
- Lack of Appetite;
- Unexplained Weight Loss;
- Fever and Night Sweats;
- Fatigue;

#### WHAT DO I DO IF I HAVE SYMPTOMS OF TB?

- Visit your nearest health facility
- Get screened for TB

#### HOW IS TB SCREENED AND TESTED?

- The first test the health care worker will do is a sputum test
- TB is curable, but you need to stay on TB medicines 6 months or 8 months if you have previously been treated for TB
- Never interrupt your treatment.

#### WHAT CAN I DO TO MINIMIZE THE RISK OF GETTING TB?

- Using a mask to protect from dust while working inside mines;
- Lead a healthy lifestyle by eating a balanced diet, reducing the use alcohol and saying “no” to tobacco and addictive drugs;
- Improving ventilation by keeping windows open in rooms and public transport; avoid overcrowded areas

#### WHAT IS SILICOSIS?

Silicosis is a disabling, no reversible and sometimes fatal lung disease caused by overexposure to respirable crystalline silica.

#### WHAT ARE THE SYMPTOMS OF SILICOSIS?

Because silicosis affects the lungs the symptoms are similar:

- Shortness of breath following physical exertion;
- Severe cough;
- Fatigue;
- Loss of appetite;
- Chest pains; and
- Fever

#### HOW CAN I MINIMIZE THE RISK OF GETTING SILICOSIS?

- Wear protective clothing, i.e. dust mask
- Know which work operations can lead to silica exposure;
- Participate in any air monitoring or training programs offered by the employer;

#### WHAT IS HIV?

- HIV is a virus that attacks the cells in your body that fights disease, making it harder for your body to protect you from infections;
- You can carry the HIV virus in your body without knowing about it and infect others;
- If the virus is not treated, it can lead to a life-threatening disease called AIDS;
- HIV/AIDS cannot be cured but can be treated.

#### HOW IS HIV TRANSMITTED?

- By having unprotected sex with an infected partner;
- By sharing infected blood through sharp objects that include needles and razor blades;
- Through mother to child during pregnancy, child birth and breastfeeding.

#### HOW CAN I NOT GET HIV?

- By kissing, hugging or touching;
- Sharing plates, glasses, spoons or eating together;
- Using the same toilets, baths and showers;
- Through insect bites.

#### HOW CAN I REDUCE THE RISK OF GETTING HIV?

- Getting tested and knowing your partner's HIV status;
- Using condoms every time you have sex;
- Not sharing syringes or needles if you inject drugs.

After providing the correct information the facilitator should ask the following questions:

- Is there any information about TB, Silicosis and HIV you may require?

The facilitator should note down all questions.

After noting questions conclude the session by thanking the participants and giving them reference materials.



## MODULE 2 RIGHT TO INFORMATION



### OBJECTIVES OF THE MODULE

- The objective of this module is to provide guidance on how to develop and distribute health information for mining communities (miners and ex-miners and the general public – simplified)



### LEARNING EXPECTATIONS

- To understand the different steps and logical sequence in developing and distributing simplified health information for mining communities (miners and ex-miners and the general public – simplified).
- Participants are expected to have a clear understanding of how they can develop and distribute simplified health information for mining communities



### TIME

- This session will take 30 minutes



### PROCEDURE

- Divide the participants into two groups (A and B). This should take 10 minutes. They will respond to the following questions:

#### GROUP A

- What do you think are the most important information needs on TB, Silicosis and HIV among Mineworkers and Ex Mineworkers?
- How can the information needs on TB and Silicosis be addressed;
- Outline the steps you followed until you came up with the messages;

#### GROUP B

- What do you think are the most important sources of information on TB, Silicosis and HIV among Mineworkers and Ex Mineworkers?
- What considerations should be made to ensure that information on TB, Silicosis and HIV is accessible to Mineworkers, Ex Mineworkers and other mining communities?
- What do you think are the best ways for distributing information on TB, Silicosis and HIV is accessible to Mineworkers, Ex Mineworkers and other mining communities?

### PROCEDURE

- After group deliberations each of the groups will nominate a presenter who will outline what they would have discussed in their groups.
- The Facilitator will then outline the key steps in developing and distributing simplified information on TB, Silicosis and HIV as outlined below:

### UNDERSTANDING AND DEFINING THE PROBLEM

- This involves research on TB related challenges within specific mining communities targeted;
- Understand the information gaps associated with the TB related challenges within specific mining communities targeted;
- Gaps may be analysed as follows:
  - Limited information about what is TB, ways of transmission and acquisition, symptoms, ways of prevention; processes of screening and accessing treatment;
  - Lack of information about where and how to seek treatment;
  - Lack of information about the support mechanisms that should be available when someone is enrolled onto treatment.

### DEVELOPING APPROPRIATE AND SIMPLIFIED HEALTH INFORMATION FOR MINING COMMUNITIES (MINERS AND EX-MINERS AND THE GENERAL PUBLIC – SIMPLIFIED)

- Use gaps identified above to come up with information needs;
- Develop key messages for each of the gaps identified;
- Translate messages into different languages based on language competencies of relevant mining communities (miners and ex-miners and the general public)
- Pre-test messages with relevant mining communities (miners and ex-miners and the general public)

### DISTRIBUTING HEALTH INFORMATION FOR MINING COMMUNITIES (MINERS AND EX-MINERS)

- Assess the key sources of information for mining communities;
- Adapt messages into key formats that are accessible to mining communities;
- Considerations for accessibility include language, literacy etc.;
- Formats include video clips, audio clips, brochures, pamphlets,
- Provide information through a combination of channels as appropriate;
- Distribution can be through Interpersonal Communication, Educational Videos, Community Radio and other channels as may be appropriate in the specific context.

After the presenter the facilitator should ask the following questions:

- Are the steps outlined here adequate?
- Are there any suggestions for improvement?

**ALL FEEDBACK SHOULD BE RECORDED AND THE SESSION CAN BE CONCLUDED.**







## MODULE 3 RIGHT TO HEALTH AND WORKPLACE POLICIES



### OBJECTIVES OF THE MODULE

- The module intends to provide guidance on how to identify and document health and safety violations in mining communities (Services Available for TB (PSS) Demand Creation for TB Services); and
- It aims to provide information and guidance on how to seek recourse when there has been rights violations



### LEARNING EXPECTATIONS

- Improved knowledge about health rights in the context of TB, Silicosis and HIV among Mineworkers, Ex Mineworkers and communities;
- Improved knowledge of the procedures to be followed when there are rights violations.



### TIME

- This session will take 45 minutes



### PROCEDURE

- This session will have three segments, which includes the introductory group work, presentations, facilitator presentation, additional questions and closing.

#### STEP 1

- The facilitator should split participants into two groups (A and B). Each of the groups will answer the following questions:

#### GROUP A

- Do you know your rights if you get TB at the Workplace? Name the rights you know
- Do you know your rights if you get Silicosis? Name the rights you know

#### GROUP B

- Do you know what to do if you have to leave your work because you got TB or silicosis because of your work?
- How often do you access/get information on rights about what to do if you are sick because of your work or you have to leave work because you can't continue any more or you have had to stop work because the job was too difficult for you

### FEEDBACK

After deliberating in groups, ask representatives from each of the groups to present what they would have discussed.

### VIDEO

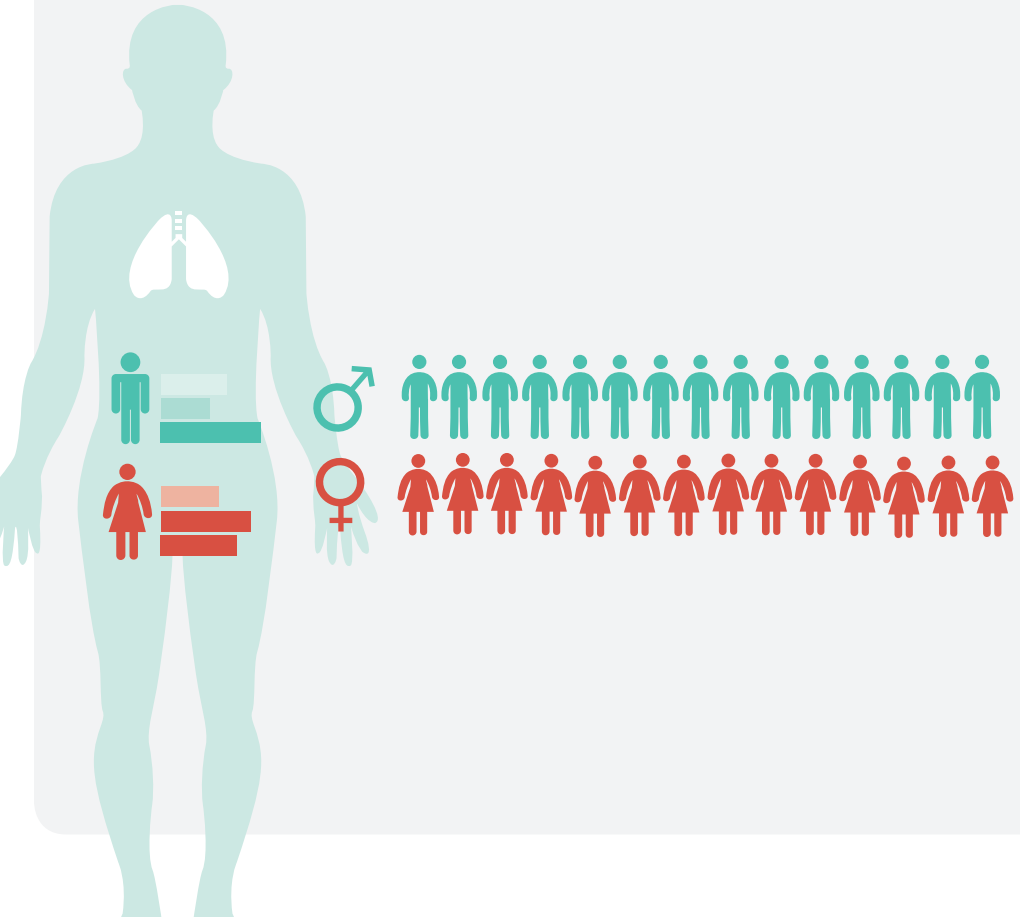
The facilitator will show the video on the right to health and afterwards ask questions as follows:

- What are the health rights issues that are illustrated by the video?
- Is the video communicating clearly?

### SUMMARY AND CLOSING

The facilitator will conclude by reiterating the following take away messages from the video

- Mining companies have a responsibility to provide adequate health and safety services for employees;
- There should be workplace policies that articulate mining companies' responsibilities towards mine employees;
- Miners need to engage employers to address practices that put them at risk and exposes their health;
- Employers are supposed to provide adequate health and safety services for miners and ex miners;
- Miners and ex miners need to be provided with information on how to ensure their health is protected through appropriate health and safety measures, accessible screening and treatment services and adequate occupational health support post-employment.





## MODULE 4 THE RIGHT TO COMPENSATION

### OBJECTIVES OF THE MODULE

- To provide information on the right to compensation; and
- To provide information about the steps/procedures to be followed in claiming compensation.

### LEARNING EXPECTATIONS

- Improved information about the right to compensation; and
- Improved knowledge about the steps/procedures to be followed in claiming compensation.

### TIME

- This session will take 40 minutes

### PROCEDURE

- Divide the participants into two Groups (A and B) and ask them to complete the following questions in the next 10 minutes.

#### GROUP A

- What is Compensation?
- How does one become eligible for compensation after having worked in the mines?

#### GROUP B

- What challenges are faced by Mineworkers and Ex Mineworkers in trying to get compensation?
- What steps can be followed when trying to get compensation?

#### VIDEO

Once groups have all presented, the facilitator will play the video on the right to compensation.

After the video has been played out the facilitator will ask participants what they learnt about compensation from the video;

The facilitator will ask if the video covered all issues related to compensation;

The facilitator will ask if there are any other questions.

#### SUMMARY AND CLOSING

After the discussions based on the video, the facilitator will summarise the session with takeaway messages from the video as follows:

- There are legal provisions that can support your compensation claims;
- It is important to understand the conditions under which one becomes eligible to claim compensation;
- There are tests and specific criteria that is defined which should be met for someone to be awarded compensation.

The facilitator will also provide an overview of procedures to be followed in claiming compensation in Tanzania.



## OBJECTIVES OF THE MODULE

- To provide information on the need to empower spouses and families of Mineworkers and Ex Mineworkers;
- To provide guidance on how to address gender related challenges which increases the vulnerability of Mineworkers and Ex Mineworkers' spouses and families.



## LEARNING EXPECTATIONS

- Improved knowledge about the need to support and empower spouses of Mineworkers and Ex Mineworkers;
- Improved knowledge on how to empower Mineworkers and Ex Mineworkers' spouses and families.



## TIME

- This session will take 40 minutes



## PROCEDURE

Divide the participants into two groups (A and B). In these groups should answer the following questions.

### GROUP A

- What are the challenges that spouses and families of Mineworkers and Ex Mineworkers face in relation to Mineworkers and Ex Mineworkers contracting TB or Silicosis?
- What should be done to ensure that spouses and families of Mineworkers and Ex Mineworkers are empowered in the event of Mineworkers and Ex Mineworkers contract TB or Silicosis?

### GROUP B

- Are you aware of existing mining sector workplace policies that are gender appropriate?
- What are the barriers of accessing compensation services by spouses/families, female ex-miners, ex-miners and migrants?
- What are the social and cultural barriers to accessing health services among Mineworkers and Ex Mineworkers?

### VIDEO

Once groups have all presented, the facilitator will play the video on spouses and families as well as policies and perspectives.

After the video has been played out the facilitator will ask participants what they learnt;

The facilitator will ask if the video covered all issues related to spouses and families as well as policies and policies related to gender;

The facilitator will ask if there are any other questions or need for clarifications on information provided in the video.

### SUMMARY AND CLOSING

After the discussions based on the video, the facilitator will summarise the session with takeaway messages from the video as follows:

- Spouses and families of miners and ex miners need to have information about TB including signs and symptoms;
- Miners and ex miners need to ensure their spouses and families know processes and procedures for claiming compensation;
- Mining companies need to provide support towards safe accommodation and easy access to compensation for workers;
- Mine workers unions need to provide support that makes it easy for spouses and families of mine workers and ex miners can access compensation in the event of incapacitation due to illness or death; and
- Governments need to work on policy frameworks that promote universal access to health including for undocumented migrant workers.



## MODULE 6: GENDER AND GENDER INEQUALITY



### OBJECTIVES OF THE MODULE

- To provide key information that allows partners of miners and ex miners to understand health rights and compensation procedures.
- To encourage miners and ex-miners to be transparent to their partners to minimise the spreading TB to their families.



### LEARNING EXPECTATIONS

- Miners and ex miners need to ensure their partners know processes and procedures for claiming compensation.
- Mine workers who are predominantly male need to ensure their partners are aware of their health status and can access health services when need arises.
- Partners of miners and ex miners need to have information about TB including signs and symptoms;



### TIME

- This session will take 40 minutes



### PROCEDURE

Divide the participants into two groups (A and B). In these groups should answer the following questions.

#### GROUP A

- What are the factors that contribute to dependency on spouses (mostly male) for finances to access health services?
- What can be done to increase access to their husbands' information, policies and procedures to claim compensation?

#### GROUP B

- What kind of mechanisms can be put in place that can trace spouses for compensation of their employees and former employees?
- Discuss how undetected and untreated miners pose transmission risk to their spouses/families.

### VIDEO

- Once groups have all presented, the facilitator will play the video on gender and gender inequality; After the video has been played out the facilitator will ask participants what they learnt;
- The facilitator will ask if the video covered all issues related to gender and gender inequality; and
- The facilitator will ask if there are any other questions or need for clarifications on information provided in the video.

### SUMMARY AND CLOSING

After the discussions based on the video, the facilitator will summarise the session with takeaway messages from the video as follows:

- Partners of miners and ex miners need to have information about TB including signs and symptoms;
- Miners and ex miners need to ensure their partners know processes and procedures for claiming compensation.
- Mine workers who are predominantly male need to ensure their partners are aware of their health status.
- Mine works need to ensure their partners are included in the mining company health policies.
- Mining companies to put in place user- friendly compensation mechanisms for partners of miners and ex- miners.



## MODULE 7: APPROPRIATE AND QUALITY SERVICE DELIVERY



### OBJECTIVES OF THE MODULE

- To outline key challenges that affect the provision of adequate community health services;
- To provide key information on ways of seeking services if they are not available within communities.



### LEARNING EXPECTATIONS

- Improved understanding of factors that affect provision of adequate community health services; and
- Improved understanding on ways of seeking services if they are not available within communities.



### TIME

- This session will take 40 minutes



### PROCEDURE

Divide the participants into two groups (A and B). In these groups should answer the following questions

#### GROUP A

- What factors affect the capacities of health facilities to be able to provide adequate services to miners, ex miners, along with their spouses/families and communities?

#### GROUP B

- What can be done to strengthen linkages between health facilities/health service providers and communities to ensure miners, ex miners, along with their spouses/families and communities are well served?

### VIDEO

Once groups have all presented, the facilitator will play the video on appropriate and quality health services.

After the video has been played out the facilitator will ask participants what they learnt;

The facilitator will ask if the video covered all issues related to appropriate and quality health services.

The facilitator will ask if there are any other questions or need for clarifications on information provided in the video.

### SUMMARY AND CLOSING

After the discussions based on the video, the facilitator will summarise the session with takeaway messages from the video as follows:

- Health facilities in areas with high TB prevalence need to be equipped to provide adequate, quality support for miners, ex-miners, their spouses/families as well as communities surrounding the mines;
- Health service providers need to be capacitated in order for them to be able to provide quality services and support to miners, ex-miners, their spouses/families as well as communities surrounding the mines;
- Miners, ex-miners, their spouses/families as well as communities surrounding the mines need to cultivate positive relationships with health service providers in order to ensure they access quality services and receive support;
- Referral networks need to be strengthened to ensure that distance and geographical locations do not contribute towards compromised care and support for miners, ex-miners, their spouses/families as well as communities surrounding the mines.



## MODULE 8: SUSTAINING COMMUNITY ADVOCACY



### OBJECTIVES OF THE MODULE

- To provide guidance on raising community awareness about issues of human rights, community livelihoods, environment, gender and mining as well as youth and mining advocacy;
- To provide guidance on how to influence policies in favour of the marginalised mining communities;



### LEARNING EXPECTATIONS

- Improved understanding around issues of human rights, community livelihoods, environment, gender and mining as well as youth and mining advocacy;
- Improved understanding of how to influence policies in favour of marginalised communities.



### TIME

- This session will take 40 minutes



### PROCEDURE

Divide the participants into two groups (A and B). In these groups should answer the following questions.

#### GROUP A

- What are the key human rights issues which require community advocacy?

#### GROUP B

- What can be done to strengthen linkages between health facilities/health service providers and communities to ensure miners, ex miners, along with their spouses/families and communities are well served?

## VIDEO

- Once groups have all presented, the facilitator will play the video on appropriate and quality health services.
- After the video has been played out the facilitator will ask participants what they learnt;
- The facilitator will ask if the video covered all issues related to community advocacy.
- The facilitator will ask if there are any other questions or need for clarifications on information provided in the video.

## SUMMARY AND CLOSING

After the discussions based on the video, the facilitator will summarise the session with takeaway messages from the video as follows:

- Mining communities need to have information about TB including signs and symptoms;
- Mining companies need to provide support to the community towards easy access to health services, compensation and better environment;
- Governments need to work on policy frameworks that protect communities affected by mining activities.
- Governments should ensure continuous engagement of the community in development of policies and programmes.
- There should be deliberate efforts towards raising awareness on TB in the mines to the general public.
- There is need to empower mining communities so that that can hold decision makers and mining companies accountable for the damage they cause.
- Capacity building and Coordination of mining communities (including Unions and Miners Associations, Ex- Miners Associations) to develop and sustain an advocacy agenda.
- It is fundamental to empower Unions and Miners Association, Ex- Miners Associations on the rights of Miners and Ex- Miners as relate to TB and Silicosis





## MODULE 9: THE RIGHT TO GOOD NUTRITION



### OBJECTIVES OF THE MODULE

- To help improve health outcomes for miners, ex miners and their family member with TB, through improved nutritional care and support.
- To emphasize the integration of nutritional assessment, advice and treatment into clinical health care for people with TB.



### LEARNING EXPECTATIONS

- Improved understanding around issues of nutrition;
- Return on investment by mining companies to ensure they have healthy employees.
- Proper nutrition will increase productivity
- Increased treatment outcomes and adherence
- Reduced TB deaths
- Decreased incidences of TB in the mines



### TIME

- This session will take 40 minutes



### PROCEDURE

Choose two participants.

One participant will act as an 'TB patient' while the other acts as a 'health care worker'

The focus of the interaction is on nutrition counselling for TB patients.

### CASE SCENARIO:

TB patient is concerned about the following:

What am I allowed to eat? / Should I avoid all fatty foods?

How can I keep my food safe?

I don't feel like eating.

## SUMMARY AND CLOSING

After the discussions based on the Role Play, the facilitator will summarise the session with takeaway messages from the Role Play as follows:

- Miners and examiners with TB should avoid tobacco and tobacco products, alcohol in any form, as it increases the risk of TB drugs toxicity;
- Malnutrition, compounded by tobacco and alcohol use and diabetes can put people at heightened risk of TB and make it harder for them to access care.
- Diet of TB patients should be adequate with all essential nutrients. If a TB patient, continues to lose weight and/or has a poor appetite and/or has other accompanying issues, refer them to a specialist for re- assessment;
- Health care services providers should conduct nutrition assessment for people with TB as nutrition assessment and management are key components of TB treatment success;
- Family members needs to have proper knowledge about nutrition to support members of their families that are miners;
- Proper nutrition is one way of preventing TB
- Miners and their families have the right to access information on good nutrition.
- TB patients should be assessed for and then helped to deal with problems that would affect appetite and intake.
- Mining companies and/or mine owners should provide meal packages for miners that go underground for more than a day;
- If the miner/ ex-miner is the sole bread winner and is not getting proper nutrition dies, it leaves their families in poverty;
- A person with TB should aim to have a healthy balanced diet. A healthy balanced diet can be achieved by having foods from the following basic food types;

TYPES OF FOOD	MAJOR NUTRIENTS	FOODS
Energy rich foods	Carbohydrates & fats	Whole grain cereals, millets. Vegetable oils, ghee, butter. Nuts and oil seeds. Sugars
Body building foods	Proteins	Pulses, nuts and some oilseeds. Milks & milk products Meat, fish, poultry
Protective foods	Vitamins & minerals	Green leafy vegetables. Other vegetables & fruits. Eggs, milk & milk products and flesh foods



## ANNEX 1: SAMPLE TRAINING AGENDA

TIME	ACTIVITY	RESPONSIBLE
<b>DAY 1</b>		
0830-0845	Arrival and Registration	
0845-0900	Introductions	
0900-0930	Introduction to the Process (Objectives and Outcomes)	
0930-1000	Background to the process	
1000-1030	Presentation of Toolkit	
1030-1100	TEA BREAK	
1100-1130	Presentation of Toolkit Cntd	
1130-1200	Feedback on the toolkit	
1200-1230	Presentation of the video toolkit	
1230-1300	Presentation of the toolkit language	
1300-1400	LUNCH	
1400-1430	Feedback on the video toolkit	
1430-1500	Feedback on the video toolkit	
1500-1530	Preparations for training	
1530-1600	Summary and Closure	
<b>DAY 2</b>		
0830-0845	Arrival and Registration	
0845-0900	Introductions	
0900-0930	Introduction to the Training (Objectives and Outcomes)	
0930-0945	Module 1 Presentation	
0945-1000	Module 1 Feedback	
1000-1015	TEA BREAK	
1015-1030	Module 2 Presentation	
1030-1045	Module 2 Feedback	
1045-1100	Module 3 Presentation	
1100-1115	Module 3 Feedback	
1115-1130	Module 4 Presentation	
1130-1145	Module 4 Feedback	
1145-1200	Module 5 Presentation	
1200-1215	Module 5 Feedback	
1215-1230	Module 6 Presentation	
1230-1245	Module 6 Feedback	
1245-1300	Discussion	
1300-1400	LUNCH	
1400-1415	Module 7 Presentation	
1415-1430	Module 7 Feedback	
1430-1445	Module 8 Presentation	
1445-1500	Module 8 Feedback	
1500-1515	Module 9 Presentation	
1515-1530	Module 9 Feedback	
1530-1600	Overall Discussion and Summary	
1600-1630	Finalization and Closure	

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