



TIMS

TB IN THE MINING SECTOR IN SOUTHERN AFRICA

Toolkit Manual

ACKNOWLEDGEMENTS

This Toolkit Framework in Advocacy for Community Systems Strengthening under the Tuberculosis in the Mining Sector in Southern Africa (TIMS) project was developed by the Eastern Africa National Networks of AIDS Service Organizations (EANNASO) through consultations with CSOs, Government, Mine workers, Chambers of Mines and the Private sector. The toolkit is in line with the WHO Guidance for Tuberculosis. It was funded by The African Comprehensive HIV/AIDS Partnerships (ACHAP) who were selected by Wits Health Consortium to implement the Community Systems Strengthening Module of TIMS.

FOREWORD

The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) is pleased to introduce a toolkit in advocacy for community systems strengthening for TB in the mines in Southern Africa. EANNASO is a regional network of national networks of civil societies and community based organizations in seven Eastern Africa Countries, namely: Burundi, Ethiopia, Kenya, Uganda, Tanzania (including Zanzibar), Rwanda, and South Sudan. The Southern African region has some of the highest TB/HIV co-infection rates in the world ranging from 52 percent (in Mozambique) to 72 percent (in Lesotho). One third of all TB infections in Southern Africa are linked to mining. Incidence in the region is also much higher averaging at 591 cases per 100 000 people compared to the global average of 126 cases per 100,000 people.

The purpose of this toolkit is to support CSOs to train communities and reduce human rights and gender barriers to accessing services and compensation related to TB in the mines in Southern Africa. This is an important tool that will support the World Health Organization End-TB strategy 2015 to 2020. There are a wide variety of toolkits on TB programs throughout the world. These toolkits have been designed to meet their respective TB program, utilize available resources, and meet management and regulation concerns. Because most of the toolkits are general, this toolkit will provide specific information to the mining sector where Stop TB Partnership has recognised miners as a key population that need more attention. This toolkit provides the guidance and resources to help ensure that all who are eligible will have access to health services and compensation. It supports appropriate community-centred interventions to a consistently high standard which are integral to the success of tackling TB in Southern Africa mines and which may also serve as a blueprint for interventions in other regions.



ACRONYMS AND ABBREVIATIONS

ACHAP	African Comprehensive HIV/AIDS Partnerships
AU	The African Union
CCM	Country Coordinating Mechanisms
CS	Civil Societies
CSOs	Civil Society Organisations
EANNASO	Eastern Africa National Networks of AIDS Service Organizations
ILO	International Labour Organisation
PR	Principal Recipient
RCM	Regional Coordinating Mechanism
SADC	Southern African Development Community
TB	Tuberculosis
TIMS	TB in the Mines in Southern Africa
UN	United Nations
WHC	Wits Health Consortium
WHO	World Health Organization

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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

"accident"	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;
"ACT"	means an operation in which procedures are taken from.
"Artisanal Miner"	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.
"actuary"	means the person appointed by the Board under section of the law to carry out functions under a Legal Act
"assessment"	means an assessment or a provisional assessment made under the ACT
"Board"	means the Workers' Compensation Fund Control Board established by section a section under that ACT
"business"	means any industry, undertaking, trade, occupation or other activity in which any worker is employed e.g. mining industry;
"certificate"	means any certificate issued by the Examiner under the Act;
"child"	means any person below the age of eighteen years;
"children's allowance"	means the monthly allowance payable in respect of a child or children of a disabled or deceased worker under the ACT;
"Commissioner"	means the Worker's Compensation Commissioner appointed under section a section of the ACT;
"compensation"	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;
"disablement"	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;
"dissolved Boards"	means the Workers' Compensation Board and the Pneumoconiosis Compensation Board established under the Workers' Compensation Act and the Pneumoconiosis Act, respectively;
"earnings"	means the average remuneration of a worker at the time of an accident or disease calculated in the manner provided by law;
"employer"	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;
"Examiner"	means any person, body of persons or institution appointed by the Ministry overseeing the ACT,
"Ex Mine Workers"	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.
"Fund"	means the Workers' Compensation Fund established under a Section of the ACT;
"injury"	means a personal injury and includes the contraction of a disease;
"medical aid"	means any or all of the benefits prescribed in in the ACT
"Miner"	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;
"pension"	means the amount payable monthly under the ACT, this is not the same as a compensation
"pneumoconiosis"	means any form of lung disease due to the inhalation of dust;
"total disablement"	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
"Union of Mine Workers"	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.



1.0 BACKGROUND OF TB IN THE MINES

The Southern African Development Community (SADC) region has some of the highest TB/HIV co-infection rates in the world ranging from 50 percent to 77 percent (WHO, 2017). One third of all TB infections in Southern Africa are linked to mining. Despite it being a treatable illness, prevalence rates are going up and cure rates remain unacceptably low. Southern Africa has some of the highest rates of TB infection in the world, averaging at 591 cases per 100 000 people compared to the global average of 126 cases per 100 000 people (Ibid). The mining sector in Southern Africa accounts for the highest level of TB infections in the region.

South Africa is known historically for drawing miners from the 'Frontline States', and "the rates of TB in South Africa's gold mines are the highest in the world: 3000 to 7000 per 100,000 per population, representing an infection rate of four to seven times the general population" (WHO, 2012). Nearly one third of new mine workers become infected with HIV within the first eighteen months of employment. Around 2 million ex-miners have returned to their home countries from South Africa, many of whom have active symptoms (Hanifa, 2009). Some of the contributing factors to this are: prolonged exposure to silica dust, poor living conditions, high HIV prevalence, and poor access to health care. Mobile populations contribute to a breakdown in continuity of care. An added concern is the ability to access pension funds and obtaining workers compensation for death, injury or illness contracted as a result of working conditions, particularly tuberculosis and silicosis. Human rights and gender barriers have been identified as main concerns to accessing treatment (for TB, TB/HIV, Silicosis) and compensation services.

Tuberculosis in the Mining Sector in Southern Africa (TIMS) is a programme that was initiated to create a regionally coordinated response to TB and related illnesses affecting mineworkers, ex-mineworkers, their families and communities in Southern Africa. The Southern African Development Community (SADC), through the SADC Declaration, provided statutory commitment to the programme and galvanised the Global Fund to support a regional TB response in the mining sector.

The Global Fund is a financing institution, providing support to countries in the response to the three diseases; HIV and AIDS, tuberculosis and malaria. By challenging barriers and embracing innovative approaches, the Global Fund partnership strives for maximum impact. The main goal is save millions of lives and provides prevention, treatment and care services to hundreds of

millions of people, helping to revitalize entire communities, strengthen local health systems and improve economies.

With the goal to significantly decrease the incidence of TB in the mining sector, 10 Southern African countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe) submitted a proposal to the Global Fund in January 2015. In January 2016, a landmark grant was awarded to help fulfil this goal. Wits Health Consortium (WHC) was awarded as the Principal Recipient (PR) to implement this important grant, with oversight provided by a Regional Coordinating Mechanism (RCM). TIMS is the innovative multi-stakeholder programme involving representatives from the ten country coordinating mechanisms (CCM), Ministries of Health, Mineral Resources and Labour; mining companies; current and ex-mineworkers' associations; labour unions; development agencies; civil society and research institutions through a Regional Coordinating Mechanism (RCM). The initiative will focus on creating a regionally coordinated response to the issue of tuberculosis and related illnesses in mineworkers, ex-mineworkers, their families and communities.

The African Comprehensive HIV/AIDS Partnerships (ACHAP) was in 2016 selected by Wits Health Consortium to implement the Community Systems Strengthening Module of the Global Fund TB in the Mines in Southern Africa (TIMS) project. ACHAP is an independent NGO based in Gaborone, Botswana and is active in throughout Southern Africa. In order to attain the above goal, ACHAP identified the Eastern Africa National Networks of AIDS Service Organizations (EANNASO) to develop and deliver a toolkit for guiding development of country-level community based interventions to be implemented by partner CSOs.

EANNASO served as the Global Fund civil society and community group's regional communication and coordination platform for Anglophone Africa (2014 – 2016) and has prioritized access to information for civil society and community groups, in order to enhance the impact of capacity building and learning. EANNASO has used different media (infographic posters, video toolkits, physical toolkits) in most commonly spoken languages in the region, (English, French, kiSwahili, Portuguese, etc.) in implementing its work. As part of this project, EANNASO has developed a training toolkit to support CSOs to train communities and reduce human rights and gender barriers to accessing services and compensation related to TB in the mines in Southern Africa. EANNASO will also build the capacity of CSOs and mentor them to advocate for issues related to TB in the mine in ten southern African countries.

2.0 THE TOOLKIT

2.1 Purpose of the Toolkit

This toolkit is meant to provide guidance on development of regional-level community based interventions to be implemented by partner CSOs as part of the TB in the Mines in Southern Africa (TIMS) project.

2.2 Why a Toolkit

Mineworkers and Ex Mineworkers face key challenges most of which are beyond the scope of Occupational Safety and Health Departments of their employers. Civil Society Organisations on the other hand play a crucial role in providing information, advocating for rights and creating demand for health services. However, there is no standardized guidance that allow CSOs to implement activities with Mine workers and Ex Mineworkers.

2.3 Users of the Toolkit

The Toolkit will be used by CSOs working around TB in the mining sector, Occupational Safety and Health Departments in Mines, Mine Workers Unions and other stakeholders involved with TB in the Mining Sector.



2.4 Audiences

Primary Audience

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

Secondary Audiences

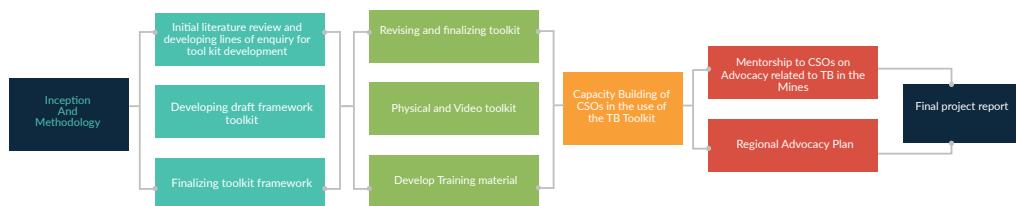
- Policy Makers;
- Occupational Safety and Health Officials in mining areas;
- Communities surrounding mining areas;
- Mine Workers' Unions; and
- TB service providers.

2.5 Structure of the Toolkit

The toolkit consists of module that cover different aspects related to Advocacy and Community Systems Strengthening for TB in the Mines. There will be a printed version of the toolkit as well as a video version. The toolkit is organised into modules as outlined below:

- Module 1 Introduction to TB and Silicosis
- Module 2 Right to Information
- Module 3 Right to Health
- Module 4 The Right to Compensation
- Module 5 (A) Families and Spouses
- Module 5 (B) Policies and Perspectives
- Module 6 Gender and Gender Inequality
- Module 7: Appropriate and Quality Service Delivery
- Module 8: Sustaining Community Advocacy
- Module 9: The Right to Nutrition

2.6 Toolkit Development Process





3.0 TOOLKIT MODULES

3.1 HUMAN RIGHTS

MODULE 1: INTRODUCTION TO TB AND SILICOSIS

- Basic Information on TB and Rationale for TB in The Mining sector in Southern Africa (TIMS) project

What is TB?

MODULE 1: INTRODUCTION TO TB AND SILICOSIS

- Basic Information on TB and Rationale for TB in The Mining sector in Southern Africa (TIMS) project
- WHAT IS TB?
- It is an infectious disease caused by a bacteria called Mycobacteria Tuberculosis;
- TB affects the lungs and sometimes affects other parts of the body; and
- TB can be cured.

HOW CAN I GET TB?

- TB is spread through the air from one person to another;
- If you are HIV+ or have silicosis, your chances of getting TB are higher; and
- You can get TB if you are in close contact with someone who is sick with TB when they cough, talk, laugh, spit, sing or sneeze;

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 using alcohol in moderation and saying “no” to tobacco and addictive drugs; and
- Improving ventilation by keeping windows open in rooms.

SYMPTOMS OF TB

- Prolonged Cough;
- Chest Pains;
- Lack of Appetite;
- Weight Loss;
- Fever and Night Sweats; and
- Fatigue.

WHAT DO I DO IF I HAVE SYMPTOMS OF TB?

- Ask your health worker to visit you and check you for symptoms of TB; and
- Get screened for TB.

WHAT IS HIV/AIDS?

- 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; and
- HIV/AIDS cannot be cured but can be treated.

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; and
- 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; and
- Not sharing syringes or needles if you inject drugs.

GET TESTED FOR TB

If your results are positive

- You have TB;
- You can get medication and be cured;
- You should take your medication as told at the health facility;
- You need to stay on TB medication for at least 6 months;
- Never interrupt your treatment. Get yourself tested for HIV;
- Make an effort not to infect others whilst you are infectious with TB (the nurse or doctor will tell you when you are no longer infectious – usually after about a month of treatment): Cover your mouth and nose while talking, coughing, singing, spitting, laughing or sneezing at all times;
- If you migrate back home or to another work place you can get a treatment and referral card; and
- You will need to take these treatment and referral cards to the clinic nearest to your home or to your new location.
- If your results are negative
- Get tested again if your symptoms persist; and Get yourself tested for HIV.

WHAT ABOUT MY FAMILY AND FRIENDS IF I HAVE TB?

- If you are infected, reduce the risk of transmitting TB to them by covering your nose and mouth;
- Talk to your friends, family and colleagues as they can help you and provide support throughout your treatment;
- Tell them about what you know and what you have learnt about TB; and
- Ask the health worker to speak to people who are around you including family, friends and colleagues to screen them for symptoms of TB.

SILICOSIS

Silicosis is a disabling, nonreversible and sometimes fatal lung disease caused by overexposure to crystalline silica. Silica is the second most common mineral in the earth's crust and is a major component of sand, rock, and mineral ores. Overexposure to dust that contains microscopic particles of crystalline silica can cause scar tissue to form in the lungs, which reduces the lungs' ability to extract oxygen from the air we breathe. The symptoms of silicosis included; shortness of breath following physical exertion; Severe cough; Fatigue; Loss of appetite; Chest pains; and Fever. Silicosis is screened through a medical examination that includes a complete work history and a chest X-ray and lung function test. Silicosis cannot be cured and

MODULE 2: THE RIGHT TO INFORMATION

- How to develop and distribute health information for mining communities (miners and ex-miners and the general public – simplified)

Information provided to mine workers, ex-mineworkers and targeted communities in peri-mining and labour-sending areas is inadequate, inconsistent, and often not informed by research. As a result, there is a need for civil society organizations to fill this gap, particularly in providing simple and accessible information that is available in local languages and interpretable by those who may have limited levels of literacy. There is a key role for civil society to play in developing, designing and disseminating this kind of vital health and rights information to mine workers and mining communities.

How to develop health information for mining communities (miners and ex-miners and the general public – simplified)

Understanding and defining the problem

- This involves research on TB related challenges within specific mining communities targeted; and
- Understand the information gaps associated with the TB related challenges within specific mining communities targeted.

Gaps maybe 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; and
- 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); and
- 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; and
- Distribution can be through Interpersonal Communication, Educational Videos, Community Radio and other channels as may be appropriate in the specific context.

MODULE 3: THE RIGHT TO HEALTH AND WORKPLACE POLICIES

Across the region, mineworkers are exposed to conditions that predispose them to silicosis, TB, MDR-TB and other respiratory diseases. This module will build viewers' capacity on what these conditions are, why mine work exacerbates vulnerability to these diseases, and why exposure to these diseases in one's place of work may be a human rights violation. The module will provide guidance on how to document such human rights violations, and how to use that information to advocate for improved working conditions. This module will also address the lack of occupational health services post-employment. Often, mining companies have no system to provide occupational health services to ex-mineworkers and their families despite regulations. This, too, is a violation of the right to health which viewers will understand, and learn how to respond. This module is supposed to provide the following guidance:

- How to identify and document health and safety violations in mining communities (Services Available for TB (PSS) Demand Creation for TB Services); and
- How to seek recourse when there has been rights violations.

Identifying Health and safety violations

- Mine workers and Ex-Mine Workers may have knowledge about TB and Silicosis but will need an understanding of their rights, how to identify violations as well as how to engage employers on prevention, treatment, support as well as compensation. The key issues to be addressed with this module are as follows;
- Mines do not always ensure that there are adequate safety and occupational health services within their workspaces;
- In the context of TB there is usually overcrowded and inadequate accommodation for miners. This accelerates transmission due to limited ventilation;
- There is limited or no access to TB screening services that are accessible to Mine workers and Ex Mine Workers;
- There are limited or no workplace policies that support miners and ex miners;
- Lack of support programmes when miners are on treatment; and
- There is limited occupational health services post-employment which leaves ex-miners vulnerable.

What will Miners and Ex Miners need to know?

- Miners have a right to health and that includes not being exposed to working conditions that puts their health at risk. This

mostly includes exposure to dust. Workers need to be able to know this information;

- Employers need to make sure that there are clear steps to reduce exposure to dust for miners;
- Reducing exposure to dust may be done through elimination through processes like wet drilling;
- Exposure may be reduced by utilising equipment that reduces dust for miners;
- Miners also need to be Personal Protective Equipment (PPE) which includes masks;
- Miners need to know that it is their right to have their work adapted to their capabilities in light of their state of physical and mental health;
- Miners need to know that employers are supposed to provide health promotion and protection activities;
- Miners and Ex Mine workers need to know that Employers are supposed to provide compensation for occupational injuries and diseases. This includes compensation for silicosis, silico-tuberculosis and other workplace related health challenges; and
- Miners and Ex Miners need to know the structures that represent them in collective bargaining processes so that they pursue their issues collectively.

What should Miners do to ensure their rights are upheld?

- Through their unions they need to ensure that prevention mechanisms are put in place;
- Through their unions they need to make sure there are mechanisms to protect them at the workplace; and
- Through their unions Miners and Ex Miners need to ask for and be provided with information on procedures for claiming compensation.

KEY MESSAGES THAT MINERS AND EX MINERS SHOULD KNOW

- Employers have a responsibility to provide prevention services to miners to ensure that they are not exposed to dust, occupational diseases and occupational injuries;
- Employers have a responsibility to protect Miners from occupational diseases and occupational injuries;
- Miners and Ex Miners have a right to be compensated for occupational injuries and diseases; and
- Miners and Ex Miners have a responsibility to know about procedures for engaging employers on issues of prevention, protection and compensation.



STORYLINE

VIDEO SCRIPT FOR RIGHT TO HEALTH AND WORKPLACE POLICIES

This script provides an overview of the storyline to be followed in developing a video to deliver messages around the right to health and safety within the workplace as well as the need for appropriate workplace policies.

KEY ISSUES

- Challenges with provision of adequate safety and occupational health services within mines;
- Overcrowded and inadequate accommodation for miners;
- Limited to no access to TB screening services;
- Absence of strong workplace policies that support miners;
- Lack of support programmes when miners are on treatment; and
- Absence of occupational health services post-employment.

OBJECTIVE OF THE VIDEO

The objectives of this video toolkit are as follows:

- To illustrate the challenges related to the absence of adequate safety and occupational health services within mines;
- To provide information on how to access screening and treatment services;
- To provide guidance on advocating for treatment support and occupational support post-employment

PRIMARY TARGET AUDIENCE

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

SECONDARY AUDIENCES

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

STORYLINE

- Tinashe has worked for different mines in the Midlands Province of Zimbabwe for the past 25 years;
- In all the 5 mines he has worked for there has not been adequate safety and occupational health systems to protect workers;
- The accommodation provided by the mines has always been inadequate and their spouses could not visit them;
- During all these years he has seen a lot of colleagues falling sick and being diagnosed with TB;
- However, most of them are only diagnosed with TB once they have left work due to continuous illness and limited capacity to work;
- Even those who get treatment and try to come back to work often fail to cope with the rigours of work;
- Some are not even admitted back into work because the employers feel that they will be likely to fall sick again;

- Tinashe has been worried about his own welfare and is scared of what will happen to him if he falls sick;
- He really wants some information on how he can access treatment when he falls sick and how he can also access occupational health post employment.

NARRATION

- All mine workers have a right to health and safety;
- Miners need to identify and report 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 know 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.

CONTINUATION

- During work break, Tinashe discusses with his colleagues about the dangers they face due to inadequate safety, screening, treatment and support;
- Some of his colleagues warn him that these were the issues that gets them fired;
- One colleague highlighted there is need to utilize the workers union to raise this issue with Mine Management;
- They collected all safety and health concerns which they will share with Mine Management.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- 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

Mineworkers and Ex-mineworkers are entitled to compensation for occupational diseases. However, many mine workers and most ex-mineworkers have difficulties accessing compensation due to outmoded or weak legislation and a bureaucratic system with institutional and capacity challenges. From the South African Medical Association (SAMA), (2017) Roadmap, top priority intervention in the TIMS program according to civil society organizations and affected community groups is: "The Global Fund programme will conduct a review of current One-Stop Service Centres (OSSCs), establishing a technology system linking the centres to compensation funds." For this intervention, South African Medical Association (SAMA), (2017) requested the following capacity building in order to effectively engage:

1. Capacity building on technological systems that link compensation issues in all countries;
 2. Capacity Building on how to access existing health facilities and compensation; and
 3. Dissemination of information on compensation procedures to be prioritised.
- As such, this module will focus on those three priorities as an expressed need from mine workers associations and other key populations and affected communities.
 -

KEY ISSUES

- In most instances there is no information on the eligibility criteria for compensation;
- There are weak policy frameworks around the processes of accessing compensation and the need for Employers to put in place relevant mechanisms;
- Miners and Ex Miners do not know the circumstances in which they are eligible for compensation; and
- In some instances issues of compensation are not properly legislated which usually leave Miners and Ex Miners disadvantages.

WHAT SHOULD HAPPEN?

- There is need for legislative support especially specific legislation outlining the occupational lung diseases which are compensable;
- The circumstances through which occupational lung diseases develop also form the basis for determining if a disease is compensable; and
- Periodic or Beneficial Medical Examinations (BME) for Ex-Miners should be offered after an employee has left work;
- There should be clear legislative support aimed at ensuring that ex mineworkers have access to occupational health facilities where they can get the necessary tests done to determine their eligibility for compensation;
- There should also be clear linkages with Social Security systems to facilitate access to compensation for those found to be eligible;
- There should be legislation to cater for monthly pension payments as opposed to once-off lump sum payments in the event of pneumoconiosis;
- There should be legislation to cover for medical expenses and assistive devices that improve the quality of life of the ex-mineworker with the disease; and
- Mine Workers will need to know the procedures in place within their different countries.

Key Messages that Miners and Ex Miners should know

- 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; and
- There are tests and specific criteria that are defined which should be met for someone to be awarded compensation.





COUNTRY FRAMEWORKS

BOTSWANA

Process and procedures

Claiming for compensation

Ex-miners should present all the medical examination documents and other particular documents for the approval of compensation. The Ex Mineworkers are eligible if they are diagnosed with a mining related disease by medical practitioner and should provide Name of mine, SAMRASS Code, Mine Code, Mine Address. There will be need for the following:

- Supply ALL available information on personal details.
- Indicate the employee's designated working area
- Medical examination documents (Details of the diseases)
- Date diagnosed: The date when the employee was diagnosed of TB
- Disease:

Compensation will be awarded based on severity of the disease

LESOTHO

Legislation

In order that compensation may be obtained under the compensatory Act, a claim for compensation shall, in the case of disablement, be lodged with the Commissioner or the exempted employer, within twelve months after the date of the accident or incidence of the disease or, in the case of death, within twelve months after the date of the death. Failure to meet the act's requirement the Commissioner Committee will not issue the compensation.

Claiming compensation

The first thing that needs to be done, if one has been diagnosed of TB, and you work or used to work at the mines, is to get a medical examination. This is a special examination called a "Benefit Medical Examination" (BME), which has to be done by one of the following –

- A hospital or clinic at the mine where you worked
- The MBOD
- One-stop service centres

The certification committee, made up of doctors who are approved by the Minister of Health, will sign the compensable occupational lung disease form. The above documents are sent to the mine where one was/is serving and the claim can be made.



MALAWI

Claiming compensation

A claim for compensation will be lodged by or on behalf of the claimant with the commissioner or the employer or the mutual association concerned, as the case may be, within 12 months after the date of the accident or, in the case of death, within 12 months after the date of death. An employee who claims compensation or to whom compensation has been paid or is payable will be required by the Director-General or the employer or mutual association concerned to submit himself to an examination by the medical practitioner designated by the Director-General or the employer or mutual association concerned. The following documents are needed

- Employer's report of an occupational disease
- First medical report in respect of Tuberculosis
- Exposure history or duration of employment.
- Progress medical report in respect with tuberculosis
- Medical report detailing the employee's symptoms and the degree of TB

The office of compensation commissioner will consider and adjudicate all the documents upon receive.

MOZAMBIQUE

Legislation

Miners and ex miners are entitled to have a medical practitioner nominated by the worker, to be present at any examination made.

Claiming Compensation

The first thing that needs to be done, if one has been diagnosed of TB, and works or used to work at the mines, is to get a medical examination. This is a special examination called a "Benefit Medical Examination" (BME), which has to be done by one of the following:

- A hospital or clinic at the mine where you worked;
- The MBOD; and
- One-stop service centres

The certification committee, made up of doctors who are approved by the Minister of Health, will sign the compensable occupational lung disease form. The above documents are sent to the mine where one was/is serving and the claim can be made.

NAMIBIA

Legislation

Introduction of the modern short course treatment (only lasting 6 months) and the policy of return to work as soon as the person is non-infectious and fit, drastically reduced the need for compensation for loss of earnings.

For one to claim his or her compensatory funds the following documents should be produced:

- Employer's report of an occupational disease
- First medical report in respect of Tuberculosis
- Notice of Tuberculosis and claim for compensation.
- Exposure history or duration of employment.
- Progress medical report in respect with tuberculosis
- Medical report detailing the employee's symptoms and the degree of TB

The office of compensation commissioner will consider and adjudicate all the documents upon receipt.



SOUTH AFRICA

Legislations

According to laws of South Africa, that is, the Occupational Disease in Mines and Works Act of 1973 (ODMWA), anyone who has been exposed to risk work while working on the mines or classified works, has the right to have his or her compensatory packages after diagnosed with TB. According to this law, it is the duty of every employee to process his or her compensatory documents in time. The Act governs the lifelong monitoring and surveillance of former miners and evaluation of both former and active miners for possible compensable occupational lung diseases. The surveillance of an active miner is the responsibility of the employer as stipulated under the Mine Health and Safety Act which came into effect in 1997

The government has promulgated two laws

- Compensation for Permanent Disability Within similar permanent impairment / disability ratings, miners and non-miners will receive differing amounts of financial compensation. Miners have worse provision for permanent disability.
- First or second degree: lump sum payment. First Degree: maximum is R39 300. It is salary based and the maximum salary allowed in the calculations is R2 500 per month. Second degree: Minimum compensation is R28 773 and maximum R87 500, if not previously compensated.

SWAZILAND

Compensation Claim procedure

Procedure for submitting a claim for an occupational disease under the Occupational Diseases in Mines and Works Act (ODMWA)

1 The following forms must be submitted to the MBOD when submitting a claim

- Medical Form: GW 24/56 (single).
- Tuberculosis (TB)*.
- Worker identification and fingerprints: GW 24/17 (duplicate).
- Labour history: Annexure to GW 24/64 or GW 24/16 (single).

2. When the MBOD certifies that an occupational lung disease was diagnosed, the Compensation Commissioner will send the following form for completion:

- GW 24/77: Application for a benefit.

3. For a worker with TB who has suffered loss of earnings, the Compensation Commissioner will send the following form for completion as soon as the employer notifies the Compensation Commissioner that the worker has resumed employment:

- * GW 24/78: Application for partial repayment of loss of earnings.



TANZANIA

Legislation

The Chamber of Mines and gold mining companies have provided financial assistance to the MBOD/CCOD (Compensation Commission for Occupational Diseases) to set up "One Stop" occupational health services for ex-mineworkers in Tanzania. Miners who suffer from TB are compensable in two instances. First, where they lose earnings and, second, where there is permanent impairment of lung function. In all instances, cases of occupational TB should be submitted to the Medical Bureau for Occupational Diseases (MBOD). No claim for compensation under this Act shall be considered unless it is lodged with the exempted employer or the Commissioner in the manner prescribed within twelve months after the date of the accident or incidence of the disease, or in the case of death, within twelve months after the death.

Claiming Compensation

In order for miner or ex miner to get compensation, the following steps must be met.

- Employer's report of an occupational disease;
- First medical report in respect of Tuberculosis;
- Notice of Tuberculosis and claim for compensation;
- Exposure history or duration of employment;
- Progress medical report in respect with tuberculosis; and
- Medical report detailing the employee's symptoms and the degree of TB.

ZAMBIA

Claiming Compensation

The first thing that needs to be done, if one is suffering from TB as a result of dust or other conditions in mines, is to get a medical examination kit. To claim compensation the below documents should be produced:

- Employer's report of an occupational disease
- First medical report in respect of Tuberculosis
- Notice of Tuberculosis and claim for compensation.
- Exposure history or duration of employment.
- Progress medical report in respect with tuberculosis
- Medical report detailing the employee's symptoms and the degree of TB

There is a real difference in who the worker can see to start a claim, including no system of guaranteed payment for any medical practitioner who assists a miner with a successful compensation claim, this may deprive the miner of a choice of doctor.

Zimbabwe

To be able to claim compensation, one would need a referral letter from the doctor and the Certifying Authority. There is a real difference in who the worker can see to start a claim, including no system of guaranteed payment for any medical practitioner who assists a miner with a successful compensation claim, this may deprive the miner of a choice of doctor. Having the above documents one can then request his or her package from the mine he/ she served prior to their illness/diagnosis.



STORYLINE

VIDEO SCRIPT FOR RIGHT TO HEALTH AND WORKPLACE POLICIES

This script provides an overview of the process to be followed in developing a video to deliver messages around the right to compensation for miners and ex miners. It further intends to outline processes to be followed in seeking compensation.

OBJECTIVE OF THE VIDEO

The objectives of this video toolkit are as follows:

- To provide key information that allows miners, ex miners and their families to understand health and safety violations;
- To know available TB services; and
- To provide an understanding of steps to follow when claiming compensation.

PRIMARY TARGET AUDIENCE

- Miners, Ex-miners and their families;

SECONDARY AUDIENCES

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

STORYLINE

- Patrick, an ex mine worker will outline his story about working in the mines for 15 years.
- During the years of work they did not have protective clothing and no health insurance meaning that they had to finance themselves whenever they wanted to access health services.
- There were also challenges with working conditions where it was difficult to get time off to travel to access health services when he was not feeling well.
- When he got sick he was forced to take unpaid leave and had to vacate the mine accommodation he was using.
- Patrick was finally diagnosed with TB and silicosis which meant that he could not continue working in the mines.
- Due to the fact that his health challenges were primarily a result of limited protection within the work environment, he engaged the Mine so that he could be compensated
- He got treatment with support of his family members and now is unemployed as his health no longer allows him to;
- When he went back to try and get his compensation he could not get assistance from the company;
- He was advised to seek support from the workers union but they indicated that they were not able to assist since assistance could only be provided by the HR Department.

VOICE OVER NARRATION SHOULD ASK THE FOLLOWING QUESTIONS

- What should Patrick do regarding his situation?
- What services are should be available to ensure situations similar to the one Patrick found himself in are avoided?
- How can Patrick claim his compensation from his former employers?

NARRATION BY PATRICK

When you work in the mines it is important to work through the mine workers union to ensure the following:

- That there are adequate safety measures for workers;
- There should be educational sessions focusing on signs and symptoms of TB, how to get screened, where to get screened and
- There should be health facilities on site or there is provision of referrals to health facilities;
- There should be health insurance to ensure workers can access services;
- There should be clarity on sick leave and clear processes for applying for it;
- All employees should be provided with clear information on how to claim compensation.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- Mine workers and ex mine workers have a right to TB information and services;
- Mine workers and ex mine workers have a responsibility to seek services when they experience any signs and symptoms of TB;
- Mine workers have a right to compensation and employers need to provide information on how compensation claims can be made; and
- Mine workers and ex mine workers need to ensure they have adequate information about procedures that have to be followed in order to access compensation.

MODULE 9: THE RIGHT TO GOOD NUTRITION

The module provides information on nutrition to help improve health outcomes for miners, ex miners and their family member with TB, through improved nutritional care and support. Undernutrition increases the risk of tuberculosis and in turn tuberculosis can lead to malnutrition. Undernutrition is therefore highly prevalent among people with tuberculosis. It has been demonstrated that undernutrition is a risk factor for progression from tuberculosis infection to active tuberculosis disease and that undernutrition at the time of diagnosis of active tuberculosis is a predictor of increased risk of death and tuberculosis relapse.

This module puts emphasis and guidance on the WHO principles and recommendations for nutritional care and support of patients with TB as part of their regular TB care. However, it does not consider the provision of food as part of a package of enablers to improve TB treatment adherence or as means to mitigate the negative financial consequences of TB.

As per WHO nutrition guidelines, five guiding principles are key for providing nutritional care and support as an integral part of TB care and prevention.

1. All people with active TB should receive TB diagnosis, treatment and care according to WHO guidelines and international standards of care. When malnutrition is identified at the time of TB diagnosis, TB is considered a key causal factor that needs to be addressed. It is essential that nutrition assessment and assistance do not divert resources from optimal TB diagnosis and care. Concerns about weight loss or failure to gain weight during TB treatment should trigger further clinical assessment (e.g. resistance to TB drugs, poor adherence, comorbid conditions) and nutrition assessment of the causes of undernutrition, in order to determine the most appropriate interventions.
2. An adequate diet, containing all essential macro- and micronutrients, is necessary for the well-being and health of all people, including those with TB infection or TB disease.
3. Because of the clear bidirectional causal link between undernutrition and active TB, nutrition screening, assessment and management are integral components of TB treatment and care.
4. Poverty and food insecurity are both causes and consequences of TB, and those involved in TB care therefore play an important role in recognizing and addressing these wider socioeconomic issues.

5. TB is commonly accompanied by comorbidities such as HIV, diabetes mellitus, smoking and alcohol or substance abuse, which have their own nutritional implications, and these should be fully considered during nutrition screening, assessment and counselling.

KEY ISSUES

- Miners especially artisanal miners often do not have appropriate nutrition. Those that go underground can stay for more than 24 hours without proper meals;
- Malnutrition increases the risk of TB and TB increases the risk of malnutrition;
- Malnutrition can increase the risk of latent TB turning into an active TB as it lowers the body's immunity, making it easier for the bacteria to attack an individual;
- Infants and children under the age of five, pregnant women and elderly are the most vulnerable to TB infection due to weak immune systems;
- TB increases risk of mortality for people on treatment who have low body mass index;
- Food insecurity and poverty may prevent people from seeking diagnosis and or initiating and adhering to treatment;
- TB affects individual nutrition status and treatment adherence and outcomes due to reduced appetite and ability to take food and the body to absorb nutrients;

WHAT SHOULD HAPPEN?

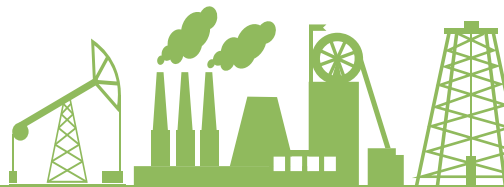
- Patients with TB should be nutritionally assessed and receive the same nutritional care and support as other individuals or populations of similar nutritional status, in agreement with all relevant WHO recommendations.

The WHO Nutritional care and support for patients with tuberculosis Guideline can be accessed through the link below
https://www.who.int/nutrition/publications/guidelines/nutcare_support_patients_with_tb/en/

- 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

- Physical activity, if a person with TB is able to carry out any physical activity then this can be beneficial. Physical activity helps food intake to



3.2 GENDER

MODULE 5: FAMILIES AND SPOUSES: POLICIES AND PERSPECTIVES

MODULE 5 (A): FAMILIES AND SPOUSES

Mining is a predominantly male occupation. The health services or benefits provided to mineworkers by the mine (if provided – many have none) are not extended to their spouses and/or family. This includes TB and HIV treatment and care services. Further compounding this, spouses of migrants mine workers are separated for long periods, and this situation increases vulnerability to HIV infection. Some mining companies, especially the large ones, have started providing family housing units, though the coverage is still not adequate. This module will build viewers capacity on the HIV and TB risks that the wives and children of mine workers face and how this is exacerbated by gender inequality and gendered barriers to access.

KEY ISSUES

- Spouses/families of miners are not aware of their rights when it comes to compensation;
- Spouses/families of miners lack information concerning compensation claim processes;
- Mining companies do not provide access to health centers in the mines to spouses/families of miners and spouses/families of migrant miners back home;
- High risk of exposure to contracting TB for spouses when miners return home and have limited access to health care services;
- Lack of knowledge on how to implement infection control measures by the spouses/families of miners;
- Overcrowding and poor ventilation of houses provided by mining companies increases chances of contracting TB;
- Inadequate housing for miners to be joined by the spouses/families (especially migrant miners);
- Spousal separation due to inadequate housing;
- Lack of clear information by spouses/families on claiming processes and existence of compensation legislation and policy; and
- Lack of access to health centres by spouses/families in the mines.

What should be done?

- When someone with TB is coughing they need to cover their mouth;
- TB is curable and there is need for spouses and family members to support Miners and Ex Mineworkers with TB;
- When a Miner or Ex Mineworker has TB, it is important for them and their spouse to be tested for HIV;
- Ventilation issues for the CHW's home visit (advice to open the windows)
- When you are working in the mines your families need to know that you have a right to compensation in the event of occupational diseases/injuries;
- TB is spread through the air from one person to another and there is need for proper ventilation in the household. This can be done by opening windows;
- When your spouse has TB, family members should visit to health facility so that they can be screened;
- Miners and Mineworkers unions need to advocate for better accommodation to allow for spouses and families of miners to be accommodated so as to reduce spousal separation; and
- Miners and Mineworkers unions need to advocate for improved access to health services for Miners when they are employed as well as post-employment occupational health support;

Key Messages from this module

- Conditions in Mining environments expose Miners and Ex Mineworkers to occupational diseases;
- There is need for spouses and family members of Miners and Ex Mineworkers to receive adequate Information on TB and HIV including the vulnerability of miners and ex miners;
- The risk of infection that is heightened by separation due to the nature of work in the mines and accommodation challenges; and
- Gender inequalities including limited disclosure of health conditions by Miners and Ex Mine workers exacerbate HIV and TB risks that the wives and children of mine workers face.



STORYLINE

VIDEO SCRIPT FOR RIGHT TO HEALTH AND WORKPLACE POLICIES

This script provides an overview of the storyline to be followed in developing a video to deliver messages around identifying and documenting information needs of spouses and families of miners and ex miners so that they understand process of providing support. It further intends to outline the services available to ensure miners and ex miners receive requisite services and support.

KEY ISSUES

- Spouses/families of miners are not aware of their rights when it comes to compensation;
- Spouses/families of miners lack information concerning compensation claim processes;
- Mining companies do not provide access to health centers in the mines to spouses/families of miners and spouses/families of migrant miners back home;
- High risk of exposure to contracting TB for spouses when miners return home and have limited access to health care services;
- Lack of knowledge on how to implement infection control measures by the spouses/families of miners;
- Overcrowding and poor ventilation of houses provided by mining companies increases chances of contracting TB;
- Inadequate housing for miners to be joined by the spouses/families (especially migrant miners);
- Spousal separation due to inadequate housing;
- Lack of clear information by spouses/families on claiming processes and existence of compensation legislation and policy; and
- Lack of access to health centres by spouses/families in the mines.

OBJECTIVE OF THE VIDEO

The objectives of this video are as follows:

- To provide key information that allows spouses and families of miners and ex miners to understand health rights and compensation procedures; and
- To provide information on available support services.

PRIMARY TARGET AUDIENCE

- Spouses and Families of Miners and Ex-miners; and
- Miners and Ex-miners.

SECONDARY AUDIENCES

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

STORYLINE

- Constança is a 35 year old who lives in Xai Xai, Gaza Province Mozambique with her three children, mother in law and her husband's four siblings;
- Constança's husband Alfonso works in the mines in South Africa and he has been working there for the past 12 years;
- For three times in the past 2 years Alfonso has been sick, admitted into hospital, gotten better and returned to the mines;
- Even when Alfonso was clearly not well he has insisted that he goes back to work because he fears that he will lose his job;
- When Alfonso gets seriously ill Constança has to go to South Africa and she has to bring him back to Xai Xai as he cannot access treatment since he does not have adequate documentation;
- Even if she wanted to stay longer and look after her husband, the accommodation provided by the mine is overcrowded and comprises predominantly of men;
- When Alfonso fell sick for the third time and they took him to the hospital in Xai Xai he was screened for TB;
- He was diagnosed with TB and was started on treatment (DOTS); and



STORYLINE

VIDEO SCRIPT FOR RIGHT TO HEALTH AND WORKPLACE POLICIES

This script provides an overview of the storyline to be followed in developing a video to deliver messages around identifying and documenting information needs of spouses and families of miners and ex miners so that they understand process of providing support. It further intends to outline the services available to ensure miners and ex miners receive requisite services and support.

NARRATION

It is important for miners, ex miners, their spouses and their families to understand the signs and symptoms of TB:

- TB is an infectious diseases;
- When there is someone in the family who is coughing it is important to make sure you keep windows open and they should hold their mouth when they cough (infection control);
- When miners or ex miners have TB symptoms that include persistent coughing you need to ensure that they get screened.

CONTINUATION

- After Alfonso started feeling better and getting stronger he started to talk about going back to his job in the mine because his contract will be terminated if he missed work for extended periods of time;
- His family insisted that instead of Alfonso going back to work, Constança need to travel and inform his Employers about his illness and explore ways of getting some of the money that her husband is entitled to;
- Upon arriving at his workplace in South Africa she was informed that the Mine did not know her as there was no documentation to prove she was Alfonso's wife;
- She was also informed that even if she Alfonso's wife there was nothing the mine could do to assist her;
- She was also informed that Alfonso was not part of the Workers Union so she could not be assisted by the union;
- Constança had to travel back to Xai Xai with nothing and they are now struggling because Alfonso was the sole breadwinner; and
- They do not have adequate food so Alfonso is not taking his medication as prescribed.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- 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 5 (B): POLICIES AND PERSPECTIVES

Women are increasingly being hired in different positions in the mining sector. The mining company policies need to integrate gender to ensure that the needs of women are met. This module will have a strong focus on policy advocacy and how this can be made most effective by using evidence and by leveraging positive experiences in other countries, harnessing this as a strong value-add for the regional approach. Further, there are harmful gender norms that prevent men from acknowledging the need for health care, with cultural norms that entrench harmful conceptualizations of masculinity that prevent men and boys from accessing health care and treatment. This is a clear gendered barrier to care. This module will tackle these issues and provide the viewer with strategies to challenge such views.

KEY ISSUES

- Mining Companies do not have policies that facilitate equal opportunities based on capacities for women and men;
- There are negative social attitudes that contribute towards Miners and Ex Mineworkers not sharing information about their health with spouses and family members;
- There are negative social attitudes that contribute towards Miners and Ex Mineworkers not seeking treatment services early and sometimes not adhering to treatment; and
- There are no for programmes that address negative social attitudes that promote and perpetuate gender inequality.

WHAT NEEDS TO BE DONE?

- Mine workers unions need to engage with employers to ensure there are policies in place that address gender driven inequalities; and
- There is need for information provision and awareness raising aimed at transforming negative attitudes that contribute towards poor disclosure and inadequate health seeking behaviours among men.

KEY MESSAGES

- Miners, Ex Mineworkers and Unions need to ensure that the employment policies in place are gender sensitive so that they address the different needs as well as capabilities of women and men;
- Miners and Ex Miners need to be provided with information and education that allows them to share information about their health with spouses and their family members; and
- Spouses and families of Miners and Ex Mine workers need to know about TB and HIV as well as be able to provide adequate support.





STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

KEY ISSUES

- Spouses/families of miners are not aware of their rights when it comes to compensation;
- Spouses/families of miners lack information concerning compensation claim processes;
- Mining companies do not provide access to health centers in the mines to spouses/families of miners and spouses/families of migrant miners back home;
- High risk of exposure to contracting TB for spouses when miners return home and have limited access to health care services;
- Lack of knowledge on how to implement infection control measures by the spouses/families of miners;
- Overcrowding and poor ventilation of houses provided by mining companies increases chances of contracting TB;
- Inadequate housing for miners to be joined by the spouses/families (especially migrant miners);
- Spousal separation due to inadequate housing;
- Lack of clear information by spouses/families on claiming processes and existence of compensation legislation and policy; and
- Lack of access to health centres by spouses/families in the mines.

OBJECTIVE OF THE VIDEO

The objectives of this video are as follows:

- To provide key information that allows spouses and families of miners and ex miners to understand health rights and compensation procedures; and
- To provide information on available support services.

PRIMARY TARGET AUDIENCE

- Spouses and Families of Miners and Ex-miners; and
- Miners and Ex-miners.

SECONDARY AUDIENCES

- Occupational Safety and Health Officials in mining areas;
- Communities surrounding mining areas; and
- Mine Workers' Unions.

STORYLINE

- Constança is a 35 year old who lives in Xai Xai, Gaza Province Mozambique with her three children, mother in law and her husband's four siblings;
- Constança's husband Alfonso works in the mines in South Africa and he has been working there for the past 12 years;
- For three times in the past 2 years Alfonso has been sick, admitted into hospital, gotten better and returned to the mines;
- Even when Alfonso was clearly not well he has insisted that he goes back to work because he fears that he will lose his job;
- When Alfonso gets seriously ill Constança has to go to South Africa and she has to bring him back to Xai Xai as he cannot access treatment since he does not have adequate documentation;
- Even if she wanted to stay longer and look after her husband, the accommodation provided by the mine is overcrowded and comprises predominantly of men;
- When Alfonso fell sick for the third time and they took him to the hospital in Xai Xai he was screened for TB;
- He was diagnosed with TB and was started on treatment (DOTS); and
- The health worker told her that TB can be transferred through the air and there may be need for other members of the household to be screened since Alfonso had been coughing seriously.



STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

NARRATION

It is important for miners, ex miners, their spouses and their families to understand the signs and symptoms of TB:

- TB is an infectious diseases;
- When there is someone in the family who is coughing it is important to make sure you keep windows open and they should hold their mouth when they cough (infection control);
- When miners or ex miners have TB symptoms that include persistent coughing you need to ensure that they get screened.

CONTINUATION

- After Alfonso started feeling better and getting stronger he started to talk about going back to his job in the mine because his contract will be terminated if he missed work for extended periods of time;
- His family insisted that instead of Alfonso going back to work, Constança need to travel and inform his Employers about his illness and explore ways of getting some of the money that her husband is entitled to;
- Upon arriving at his workplace in South Africa she was informed that the Mine did not know her as there was no documentation to prove she was Alfonso's wife;
- She was also informed that even if she Alfonso's wife there was nothing the mine could do to assist her;
- She was also informed that Alfonso was not part of the Workers Union so she could not be assisted by the union;
- Constança had to travel back to Xai Xai with nothing and they are now struggling because Alfonso was the sole breadwinner; and
- They do not have adequate food so Alfonso is not taking his medication as prescribed.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- 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

Most of the ex-mineworkers' associations are male dominated and have weak technical capacity in addressing gender issues, if any, and limited linkages to civil society organizations that predominantly promote women rights. This module will have a strong focus on available technical assistance for these groups, and how they can access this kind of support. The emphasis is to leverage additional capacity building and to promote greater sustainability of the program through diversified support.

KEY ISSUES

- There are technical capacity challenges facing mine workers' associations and these constrain their capacities to advocate for their rights including better working conditions;
- Ex-mineworkers' associations are male dominated and have limited space for women which makes it difficult to mainstream gender;
- There are challenges for widows of Ex Mineworkers to access support or compensation because associations do not provide platforms for them to participate.

WHAT NEEDS TO BE DONE?

- Mapping of existing ex-mineworkers associations (who are they, what is their leadership structure, to what extent do they facilitate gender equality);
- Conducting capacity assessments of the ex mineworkers associations focusing on their technical capacity strengths, weaknesses and technical capacity support needs; and
- What are the capacity building/strengthening opportunities for the ex-mineworkers associations?

KEY ISSUES

- Health facilities do not have appropriate equipment to be able to provide adequate services to miners, ex miners, along with their spouses/families and communities;
- Health workers do not have adequate capacities to provide quality services to miners, ex miners, along with their spouses/families and communities; and
- There are weak linkages between health facilities/health service providers and communities they serve which limits potential for community based TB care.

WHAT NEEDS TO BE DONE?

- Understanding the key technical capacity challenges that constrain Health Service Provider capacities to provide services to miners, ex-miners, their families and the mining community;
- There are some technical capacity enhancement opportunities available for Health Service Providers to enable them to fully support miners, ex-miners, their families and the mining community;
- There should be ways through which Health Service Providers access available technical capacity enhancement opportunities to enable them to fully support miners, ex-miners, their families and the mining community;
- Assessment of technical capacity needs to enable Health Service Providers to enable them to fully support miners, ex-miners, their families and the mining community;
- Development of Health Service Provider technical capacity enhancement plans to ensure that they are able to support miners, ex-miners, their families and the mining community; and
- Technical capacity building/enhancement for Health Service Provider to ensure that they are able to fully support miners, ex-miners, their families and the mining community.

MODULE 7: APPROPRIATE AND QUALITY SERVICE DELIVERY

The modules will prioritise that service supply aspects are addressed. This comes from an understanding that constraints around access to services for miners, ex-miners, their families and the mining community are a result of limited capacities among Health Service Cares/ Providers. This module will focus on available capacity building support to ensure that health service providers adequately serve miners, ex-miners, their families and the mining community.



STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

This script provides an overview of the storyline to be followed in developing a video to deliver messages around strengthening the capacities of health service providers so that they can be able to provide appropriate community health services.

KEY ISSUES

- Health facilities do not have appropriate equipment to be able to provide adequate services to miners, ex miners, along with their spouses/families and communities.
- Health workers do not have adequate capacities to provide quality services to miners, ex miners, along with their spouses/families and communities;
- There are weak linkages between health facilities/health service providers and communities they serve which limits potential for community based TB care.

OBJECTIVE OF THE VIDEO

- To advocate for the provision of adequate community health services;
- To provide key information ways of seeking services if they are not available within communities.

PRIMARY TARGET AUDIENCE

- Health Service providers;
- Spouses of Miners and Ex-miners; and
- Miners and Ex-miners.

SECONDARY AUDIENCES

- Government Departments of Health;
- Communities surrounding mining areas;
- Mining companies; and
- Government.

STORYLINE

- Chitapa Health Centre is located within mining communities in Kitwe, Zambia.
- The health facility was built in 1982 and predominantly serves miners, ex-miners, their spouses/families as well as communities surrounding the mines;
- TB is highly prevalent in the area and one in two patients assisted at the facility have TB related illnesses;
- Chileshe is the Nurse in Charge and has worked at the health facility for the past 17 years;
- Since she joined the hospital, they have always had inadequate equipment for TB screening and they always have to refer clients to the provincial hospital;
- Chileshe highlights that the prevalence of TB in the areas should have been enough justification for improved equipment at the facility;
- She also outlined that in addition to discussing with Senior Ministry of Health officials about the need to provide equipment to enhance provision of quality services, they have also tried to engage Mining companies;



STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

- Miners and Ex Miners highlighted that the health facility was not useful and in their view it is better to go straight to the Provincial Hospital since going to Chipata will not assist;
- They also highlighted that health workers at the Provincial Hospital provide more information about TB as well as adherence but at Chipata no information is provided despite the area having high TB prevalence;

NARRATION

- It is important for Mining Companies and Health Departments to ensure that health facilities in areas with high TB prevalence have adequate equipment (i.e. X-rays, laboratory services) to ensure miners, ex miners, their spouses and their families receive quality services;
- Health workers need to be capacitated in order for them to be able to provide information about TB prevention, treatment adherence and support needs;
- Miners, ex miners, their spouses and their families need to understand ways of engaging health service providers in order to ensure that they receive quality services.

CONTINUATION

- Chileshe highlights that due to the absence of proper equipment some patients die before they can go to the Provincial Hospital; i.e. X-rays machine, sputum examination services etc
- She outlines that the fact that the health facility is not well equipped has resulted in miners and ex miners feeling that health staff and not helpful;
- The fact that the health facility is also not equipped to provide services makes it difficult for health workers to conduct outreaches to provide information which is crucial for prevention as well as treatment adherence and support in relation to TB;
- The downward referral system is also not well developed and patients from that community who are enrolled on treatment by the Provincial hospital cannot be supported properly in the community;
- Chileshe concludes by outlining that there is great potential for the facility to adequately support the community if there are appropriate investments in equipment, training for health workers and social mobilisation as well as demand generation.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- 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.

3.3 POLICIES AND ADVOCACY

MODULE 8: SUSTAINING COMMUNITY ADVOCACY

Advocacy is a critical in influencing decision makers especially so that they ensure corporate responsibility by mining companies and advocate for TB funding from governments etc.). The module will include specific focus on adoption and implementation of the RESULTS grassroots advocacy methodology.

KEY ISSUES

- Perceived sense of helplessness by mining communities to hold mining companies and decision makers accountable.
- Less engagement of communities in developing and implementation of policies (national and regional) that support TB control programmes in the mines.
- Mining companies hinder communities' access to health care services.
- Communities' lack the resources and facilities to deal with severe illness.
- There are growing human and environmental rights abuses committed by the mining companies in the mining communities.

WHAT NEEDS TO BE DONE?

- Identifying advocacy issues through research and consultations with all relevant stakeholders;
- Prioritise advocacy needs based on the availability of evidence, the likelihood of influencing decisions, the resources available as well as the competencies in place;
- Identify key power holders in the different communities. These may include political leaders, business leaders, employers, government departments;
- Designing advocacy strategies including ways of engagement (meetings, petitions, utilising the media, using champions etc.); and
- Tracking and measuring the effectiveness of advocacy initiatives.



STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

This script provides an overview of the storyline to be followed in developing a video to deliver messages around sustaining community advocacy so that the community understands a way in which they can advocate for better health environment. It further intends to outline the services available to ensure the communities receive requisite services and support.

KEY ISSUES

- Perceived sense of helplessness by mining communities to hold mining companies and decision makers accountable.
- Decision makers and duty bearers developing and implementing detrimental policies without stakeholder consensus and consultation.
- Less engagement of communities in developing and implementation of policies (national and regional) that support TB control programmes in the mines.
- Mining companies hinder communities' access to health care services.
- Communities' lack the resources and facilities to deal with severe illness.
- Growing human and environmental rights abuses committed by the mining companies in the mining communities.

OBJECTIVE OF THE VIDEO

The objectives of this video are as follows:

- To raise community awareness about issues on human rights, community livelihood, environment, gender and mining and youth and mining advocacy.
- To ultimately transform into a social movement which is well structured with resources and capacity to influence policies in favour of the marginalised mining communities.
- To promote community owned policies and legislation on TB.

PRIMARY TARGET AUDIENCE

- Spouses and Families of Miners and Ex-miners; and
- Miners and Ex-miners.
- Communities surrounding mining areas

SECONDARY AUDIENCES

- Mine Workers' Unions;
- TB service providers;
- Decision Makers and Duty Bearers (Mines companies, Ministry of mines etc); and
- Unions and Miners Associations.

STORYLINE

- Kimandolu is mine located in Lilongwe operated by Granite Co. Ltd.
- The mining activities have polluted the nearby river, and causing soil infertility that make even the nearby community fail to do agricultural activities.
- Dust comes when they blast bombs; it goes up together with smoke and cause Air pollution that in turn cause silicosis as when the air inhaled.



STORYLINE

VIDEO SCRIPT FOR SPOUSES AND FAMILIES/POLICIES AND PERSPECTIVES

- When the wind is blowing houses, water and vegetables are all covered in dust.
- The quality of life of communities living near the mine has deteriorated and several lives have been lost.

NARRATION

It is important for the mining community to ensure the following things are implemented:

- adequate safety measures for the mining community;
- Better legislation and regulations for environmental conservation.
- There should be educational sessions focusing on signs and symptoms of TB, how to get screened, where to get screened and
- There should be health facilities on site or there is provision of referrals to health facilities.

CONTINUATION

- As a result, communities including children, women and men organized themselves in order to resist this situation.
- Angelina, who is one of the women leaders of this resistance movement, has paid a high price for her participation in the barricade.
- Like 100 of her companions, she is now facing civil and criminal prosecution for impacting the company's operations and diminishing its profits.
- After several investigations in to the matter, the mining company was fined and was closed till it meets the mining standards.
- It was also found out that some government officials have received bribes in favour of the mine.

TAKE AWAY MESSAGES THROUGH NARRATION WITH EMPHASIS

- 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

ANNEX 1: : TOOLKIT TRAINING MATERIALS FOR COMMUNITY SYSTEMS STRENGTHENING TOOLKIT FOR TB IN THE MINES IN SOUTHERN AFRICA

MODULE 1: INTRODUCTION TO TB AND SILICOSIS: TRAINING MATERIAL 1:

A pack of cards A4/A5 one side the question and on the other side the answers

WHAT IS TB?

- TB is short for Tuberculosis
- It is an infectious disease caused by 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 of 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;

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MODULE 2: RIGHT TO INFORMATION:
TRAINING MATERIAL 1: THE INFORMATION MILL



MODULE 2: RIGHT TO INFORMATION:

TRAINING MATERIAL 2: A NEEDS ASSESSMENT TEMPLATE

NO.	QUESTION	RESPONSE	NUMBER OF	% OF RESPONDENTS WITH SIMILAR RESPONSES
KNOWLEDGE ON RIGHTS				
1.	Do you know your Rights if you get TB at the Workplace?	Yes or No		
2.	Name one Right			
3.	Do you know your Rights if you get Silicosis?			
4.	Name one Right			
5.	Who is entitled to claim their Rights?			
6.	How do you know you have Rights			
7.	Do you know what to do if you have to leave your work because you got TB or silicosis because of your work?			
INFORMATION ON RIGHTS				
8.	Where (channels) do you get information on your Rights			
9.	What type of information on Rights do you know			
10.	How often do you 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			
11.	Why is it key to access information on your Rights – Do you think its important for you to know your Rights?			
SUGGESTIONS				
12.	What do you think needs to be done to ensure communities access information on their Rights – How do you think the communities can get the information			
13.	What type of information should be developed to support communities to know their Rights – What type of information do you think people that are like you or are part of your community need			

MODULE 2: RIGHT TO INFORMATION: TRAINING MATERIAL 3: Q & A SESSION:

Show the video on the right to information

- a) Do they think the questions were relevant?
- b) Are there other questions that could have been included?
- c) Did the video assist them in understanding why it is important for them to know their Rights?

MODULE 3: RIGHT TO HEALTH: TRAINING MATERIAL 1: KNOW YOUR RIGHTS

- a) Objectives of the Module
- b) What we are expecting them to learn
- c) Show video before sharing the information
- d) Let them discuss whether the video is clear

ORGANIZATION	DOCUMENT	CLAUSE	WHAT IT SAYS
SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)	Code of conduct on tuberculosis (TB) in the mining sector	Article 6(2)	Promoting a Supportive Policy and legislative environment for TB, TB and HIV, Silicosis and other occupational respiratory diseases control in the mining sector.
UNITED NATIONS (UN)	Universal Declaration of Human Rights 1948 signed on Dec. 10, 1948m stated that "		Everyone has the right to a standard of living adequate for the health and well-being of oneself and one's family, including... medical care."
WORLD HEALTH ORGANIZATION (WHO)	World Health Assembly resolution	58.33	Everyone should have access to health care services and should not suffer financial hardship when obtaining these services."
THE AFRICAN UNION (AU)	Maputo plan of action 2016 - 2030	Key strategies for operationalizing the continental policy	Optimizing the functioning of health system for Reproductive, Sexual, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) by: Strengthening primary health care systems by linking comprehensive, quality RMNCAH, HIV/AIDS, Malaria/TB services at all levels of the health system;

MODULE 4: THE RIGHT TO COMPENSATION:
TRAINING MATERIAL 1: KNOW YOUR COMPENSATION PROVISIONS

ORGANIZATION	DOCUMENT	CLAUSE	WHAT IT SAYS
SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)	Code of conduct on tuberculosis (TB) in the mining sector	Article 10 (1)(iii)	Mine Employers and their Associations to “adhere to laws and policies that ensure safety, health and compensation for mineworkers, ex-mineworkers and their families and communities.
		Article 6(2)(iii)	Create a legislative environment that supports compensation of mineworkers and/or ex-mineworkers that contract occupational TB and/or Silicosis
INTERNATIONAL LABOUR ORGANISATION (ILO)	C042 - Workmen's Compensation (Occupational Diseases) Convention (Revised), 1934 (No. 42)	Article 1(1)	Each Member of the ILO which ratifies this Convention undertakes to provide that compensation shall be payable to workmen incapacitated by occupational diseases, or, in case of death from such diseases, to their dependants, in accordance with the general principles of the national legislation relating to compensation for industrial accidents.

MODULE 5 (A): SPOUSES AND FAMILIES:
TRAINING MATERIAL 1: WORKPLACE POLICY KNOWLEDGE MILL

STEP 4

Spouses and families of miners and ex-miners have access to health services

STEP 1;

Miners need to understand the workplace policies

STEP 3;

Spouses and families of miners and ex-miners know their Rights

STEP 2;

Share information with their families



MODULE 5(B): POLICIES AND PERSPECTIVES: TRAINING MATERIAL 1: PLENARY DISCUSSIONS

- Are you aware of the 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?

MODULE 5(B) : WORK PLACE POLICIES ROLE PLAY: TRAINING MATERIAL 2

Instructions

During the training let the community volunteer to take part in the role play, read the story to those who have volunteered to take part in the role play. Provide them with 10 minutes to practise.

Below is the storyline.

Tinashe has worked for different mines in the Midlands Province of Zimbabwe for the past 25 years. In all the 5 mines, he has worked for there has not been adequate safety and occupational health systems to protect workers. The accommodation provided by the mines has always been inadequate and their spouses could not visit them. During all these years he has seen a lot of colleagues falling sick and being diagnosed with TB. However, most of them are only diagnosed with TB once they have left work due to continuous illness and limited capacity to work. Even those who get treatment and try to come back to work often fail to cope with the rigours of work. Some are not even admitted back into work because the employers feel that they will be likely to fall sick again. Tinashe has been worried about his own welfare and is scared of what will happen to him if he falls sick. He really wants some information on how he can access treatment when he falls sick and how he can also access occupational health post-employment. During work break, Tinashe discusses with his colleagues about the dangers they face due to inadequate safety, screening, treatment and support. Some of his colleagues warn him that these were the issues that gets them fired. One colleague highlighted there is need to utilize the workers union to raise this issue with Mine Management. They collected all safety and health concerns which they will share with Mine Management.

Open community discussion

After the role play, ask them the following questions to initiate a discussion for the workplace policies.

- 1) Where can Tinashe get information on how he can access treatment when he falls sick and how he can also access occupational health post-employment?
- 2) What are the work place policies?
- 3) From the story, what situations/issues would be covered through work policies on occupation health diseases?
- 4) What are the benefits of workplace policies?
- 5) What can be done to identify gaps in occupational health diseases control work place programmes for miners and their families?

Where there no workplace policies, how can employers be engaged to put in place

MODULE 8: SUSTAINING COMMUNITY ADVOCACY:

TRAINING MATERIAL 1: MEETING WITH DECISION MAKERS: THING TO CONSIDER WHEN PREPARING FOR A MEETING

STEP 1

Getting the meeting

1. Know who your representative is.
2. Find out when and how you can meet your representative.
3. Book your meeting.

Before the meeting

1. Do your research.
2. Prepare an agenda.
3. Agree roles.
4. Practice speaking.
5. Prepare your materials.

STEP 2

At the meeting:

1. Share your story.
2. Acknowledge your representative.
3. Be concise.
4. Know both sides of the story.
5. Avoid an argument.
6. Make the issues real.
7. Make clear requests and ask for a response.

STEP 3

1. After the meeting
2. Congratulate yourself.
3. Send a 'thank you'.
4. Follow-up
 - Follow-up Commitments that were made by the decision makers
 - Ensure civil societies fulfil their part of commitment
 - Document the process and the results
 - Disseminate your data using various mechanisms or channels

MODULE 8: SUSTAINING COMMUNITY ADVOCACY:

TRAINING MATERIAL 2: SAMPLE LETTER TO THE DECISION MAKER

REF:

HON. SPEAKER

THE NATIONAL PARLIAMENT

[INSERT A COUNTRY]

P. O BOX [INSERT A BOX NUMBER]

[INSERT A CITY], [INSERT A COUNTRY]

[DATE]

Dear [TITLE] [NAME OF MP],

RE: INVITATION TO ATTEND MINING COMMUNITY DIALOGUE ON TB RESPONSE ON [INSERT A DATE], [INSERT A LOCATION AND VENUE].

Tuberculosis (TB) is one of the communicable diseases that has threatened the health and social wellbeing of [country] persistently for decades. We recognize and highly appreciate the immense investments by the Government of [COUNTRY] in terms of financial and human resource that has significantly reduced new TB infections, enrolled thousands of TB patients on treatment and provided social support to active TB and Multidrug resistant TB (MDR-TB) patients including Ex-TB patients.

The role of the Parliament in ensuring policies and legal framework to aid adequate resources and robust strategies are put in place, implemented and monitored cannot be overemphasized. [NAME OF ORGANISATION] as a community advocate believes that the interface between decision and policy makers through an effective information system, community dialogues and action towards new cases detection, improved access to quality treatment and care and social support can lead to ENDING TB and other occupational diseases in in the mining sector.

This letter is to invite you to attend a community dialogue on TB response in [NAME OF THE MINE] on [DATE AND TIME], [LOCATION AND VENUE]. The purpose of the dialogue is to provide a platform to update the MPs on community TB response and discuss how best MPs can contribute more effectively to the national TB response through better community collaboration.

For more information, kindly attached the concept note for the proposed dialogue session including the proposed agenda and. For any clarification, you may reach us on [INSERT EMAIL ADDRESS AND PHONE NUMBER]

Sincerely,

(Your name)

MODULE 8: SUSTAINING COMMUNITY ADVOCACY:
TRAINING MATERIAL 3: SAMPLE EDITORIAL

The following imaginary editorial is intended as an example of incorporating the framing research into a standard media format, in the form of an op/ed. Please note that facts, references, and names included in this speech are for sample purposes only, not for citation.

By Joseph,

ESTABLISH COMMUNITY RESPONSIBILITY FOR PROBLEM SOLVING.	When's the last time you ate lunch at one of the local schools? Food is the fuel that drives our minds and bodies, yet our local school menu is based on heavily processed food filled with sugar. We expect students to do A-plus work, but we are feeding them C-minus food. Our communities and our schools can do better.
SUGGEST IT WASN'T ALWAYS THIS WAY. INTRODUCE SIMPLIFYING MODEL.	<p>The nutritional problems facing schools are just one symptom of an out-of-control food system. The fictional comic philosopher, Alfred E. Newman, sums up the situation well: "We are living in a world today where lemonade is made from artificial flavors and furniture polish is made from real lemons." The priorities are all wrong.</p> <p>During my father's lifetime, the United States food system has changed dramatically and in ways that damage our health and environment. The way we produce food has the power to alter the foundations of our lives. Farming chemicals like pesticides and weed-killer are permanently altering our soil and water. Long-distance transportation of food requires enormous amounts of fossil fuels which surround the earth and trap in heat, leading to global warming.</p>
INCLUDE LEGACY VALUE.	If things can go so wrong in just one generation, then certainly we can take substantial steps to fix these problems before the next generation inherits something even worse.
SUGGEST A SPECIFIC POLICY SOLUTION.	Let's start fixing our food system by starting with schools. Science tells us that nutrition has a direct relation to a student's ability and willingness to learn. As of now, school lunches are not providing the nutrition that students need to become healthy, happy, and productive learners. Part of the problem is that school lunches rely on heavily processed food with little nutritional content. We need school lunches that will provide all of the necessary vitamins, proteins, minerals and Omega- 3 fatty acids which are critical to brain function and which are often deficient in Americans' diets.
PROVIDE EXAMPLES OF SUCCESS.	Schools across the country have succeeded in establishing extremely healthy meals for students within existing school budgets. Several schools have introduced salad bars with fresh, whole foods from local farmers. In Colorado, for example, schools have tested organic foods and farm-to-school programs which have both improved nutritional intake, and dropped the cost of food as much as 30% due to decreased transportation and processing costs. Not only are these programs wildly popular with students, but they have also been greeted enthusiastically by schoolteachers, counsellors and administrators who see the immediate benefits. Everyone agrees: nurturing the future means more than filling our heads with knowledge. It also requires filling our bodies with the fuel we need to process that knowledge. We can't do only one part of this equation and get the desired results. Adults need to step up to the plate and organize our food system in such a way that good nutrition in schools is the norm, not the exception.
CLOSE WITH LEGACY VALUE.	On behalf of my generation and generations to come, I am asking adults to get control of the runaway food system, and begin to pay attention to the long-term consequences of food production decisions made today. If not now, when?

MODULE 8: SUSTAINING COMMUNITY ADVOCACY:
TRAINING MATERIAL 4: HOLDING A CONSULTATION/TOWN HALL MEETING
AMONGST CS AND COMMUNITIES

- Determine the Objectives of the meeting (the meeting should not last for more than two hours);
- Develop and agree on an Agenda, speakers and messages of the meeting
- Identify the participants and send invitations using phones, mega phone community mobilises (house to house); and
- When making preparation for the meeting ensure it does not last more than two hours.

TB IN THE MINES IN SOUTHERN AFRICA (TIMS)

WWW.TIMSSA.CO.ZA